Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 6, 2002

ADMINISTRATIVE ORDER
No. 125 s. 2002

SUBJECT: National NFP Strategic Plan Year 2002-2006

1.0. Background/Rationale

Modern Natural Family Planning (NFP) methods were recognized as effective along with other methods in the Philippine Family Flaming Program (PFPP) when these were included in the method mix of the PFPP in 19911 (DC No. 101-A s1994). However, detailed guidelines were not issued until October 1996 (DC No. 299-A s1996) on Lactational Amenorrhea Method (LAM) and May 1997 (DC No. 130 s1997) on the institutionalization of the other NFP methods.

Initial trainings on NFP were conducted but these were limited to core courses. Training quality and follow-up were also poor. Thus, mainly due to the lack of adequate resources and programming support, NFP usage is as low as 0.1% among currently married women aged 20 - 39 years old (NSO 1999 PP Survey). Random visits of trained health providers confirm the low level of technical expertise and confidence on NFP among frontline health providers at the health service units and hospitals.

Considering a modern method contraceptive prevalence rate of only 32.4, as many as 67.6% of currently married women stand to benefit from using modern NFP methods. Considering further that NFP is the only method acceptable to the Catholic Church, the strong potential contribution of the method to health risk reduction through partnerships between church and government units cannot be over emphasized. It is also observed that many women on temporary methods, such as oral contraceptives and condoms, suddenly stop usage when supplies run out or side effects are felt. More often than not, they could not immediately visit the health facility to shift to another method. If couples were routinely trained on NFP, they could practice the method during the transitions while they are not yet able to get their refill of pills or condoms or are not yet able to return for counseling.

Mainstreaming NFP is also important in order to enforce the policy of providing full information to couples in their choice of PP methods. Until NFP is made easily and adequately available, decisions on contraceptive choices cannot be said to be genuinely informed choices.

To accelerate the mainstreaming of NFP, there is urgent need to raise Fertility Awareness so that NFP can be more easily understood and applied as a family planning method. Largely due to lack

of accurate information and health education, the term "natural" is still loosely used by many Filipinos to refer to all practices that do not involve devices or drugs, for instance, the use of ampalaya price to prevent pregnancy. Sometimes, the term is also used to refer to not having any family planning method at all. These misconceptions are found not only among the poor sectors of society but also among health providers and elite groups. Awareness of the fertile and infertile phases of a woman's cycle (fertility awareness) is low, especially among adolescents.

In addition, there are other confusing messages that hinder the mainstreaming of NFP in the Philippines, such as:

1. That the level of education affects the couple's success in NFP: The level of formal education does not appear to be a factor in a person's ability to learn NFP. In a WHO 5-country study, 93% of the women, representing a wide range of socioeconomic and educational levels, were able to correctly identity fertile and infertile phases during the first cycle. An NFP center where 48% of women are illiterate was just as successful at NFP compared to 2 other centers where the women had postgraduate education.

2. That breastfeeding mothers and women with irregular cycles cannot use NFP: While this may apply to the rhythm method, this does not apply to the modern NFP methods. Breastfeeding mothers and women with irregular cycles can still successfully use the modern NFP methods.

3. That there is the need to have complete abstinence from intercourse for a whole month before using the cervical mucus method: This is not necessary and only creates undue tension in the couple. In addition, many women have already instinctively noticed the changes in their cervical mucus even before formal instructions about it.

4. That women with alcoholic husbands cannot use NFP. While it is generally believed that drunk men demand sexual intercourse, studies in Bukidnon showed that all the men really wanted was attention and care from their wives. Medical studies also show that drunk men cannot sustain an erection.

The main bulk of current frontline health providers of family planning services in the Philippines, especially at the local government health centers and stations, have not yet been adequately trained on the modern NFP methods. The general attitude is that NFP does not work and that this is a tedious method to teach and to monitor. Of the few government health providers trained in NFP, only some have applied the method successfully thus far. Most of the successful NFP counselors are found among non-government organizations and church groups.

It seems that among the proponents of hormonal contraceptives and sterilization, there are fears that NFP might replace what they consider as "more effective" methods of family planning. They are worried that undue quantities of resources may be diverted to training on NFP methods that they consider less effective.

Recently, Congress allocated additional resources amounting to PhP 50 million for activities to

mainstream NFP. This initiative is an opportunity to facilitate the mainstreaming of NFP in PFPP.

2.0. Coverage and Scope

This strategic plan focuses on the policies, standards, strategies and activities needed to mainstream the Natural Family Planning (NFP) methods within the PFPP from Year 2002- 2006 This plan shall apply to all government and non-government institutions providing services in family planning, safe motherhood, adolescent health and other reproductive health services. Considering the various previous issuances on this subject, this plan will integrate and reformulate all previous related policies, guidelines and instructions to provide a more comprehensive, practical and operationally relevant framework on mainstreaming NFP. This plan shalLalso guide the utilization of the funds provided for this purpose.

3.0. Definition of Terms and Classification of NFP Methods

The following shall be the standard definition and classification of NFP methods:

Natural Family Planning (NFP) refers to an educational process of planning or preventing pregnancy based on observation by the couple of naturally occurring signs and symptoms of the fertile and infertile phases of the woman's menstrual cycle. People who use NFP to avoid or delay pregnancy abstain from intercourse on potentially fertile days; while those wanting to achieve pregnancy use NFP to identify the fertile phase and hence maximize the probability of pregnancy.

NFP is not really a method of contraception but rather a technique for determining the fertile period. The abstinence during this period is what prevents pregnancy.

Fertility Awareness (FA) refers to the recognition of fertile and infertile phases of a woman's reproductive cycle. It is not NFP since it is limited and not correlated with the timing of intercourse. This can be used as an introduction or orientation o young people who are not yet sexually active, especially girls who just had their first few menstrual periods.

NFP methods have been classified as either traditional or modern. Since 1994 (DC No. 101-A s1994), the rhythm method has been deleted from the official program methods of the PFPP, while the withdrawal method has never been officially endorsed from the beginning. Thus, only the modern NFP methods are recognized as official NFP methods of the PFPP.

Traditional Methods of Natural Family Planning

Rhythm or calendar method - This was the first NFP method developed from as early as the 19205 based on the observation that for most women, ovulation occurs about 2 weeks after the first day of menstruation. Abstinence from intercourse was based mainly on counting the days in the calendar. However, since a significant number of women may not have regular periods, and that many women may change their menstrual pattern due to various reasons, including illness, this method was not regarded as reliable. Newer NFP methods based on day-to-day monitoring of physiologic

signs of fertility have now been developed.

Withdrawal - While this method is not really classified by the World Health Organization ONHO) as NFP, many Filipino couples consider this among the "natural" family planning methods since it also does not involve the use of devices, gadgets or drugs. The penis is withdrawn from the vagina just before ejaculation. However, the timing of the male should be perfect for this method to succeed. It was also noted that some sperms may be secreted into the vagina even before ejaculation.

Modern Methods of Natural Family Planning

Cervical Mucus Method - This has also been referred to as the ovulation or Billings' method. This involves the daily observation of the naturally occurring changes of the cervical mucus during the various stages of a woman's menstrual cycle based on sensation of dryness or wetness and the appearance and character of the cervical mucus (whether clear, slippery like raw egg white or cloudy and thick). Wet days are considered relatively fertile days, while dry days are relatively infertile days. The fertile phase begins at the time the wet mucus appears and ends on the third day after the peak of wet mucus. The post-ovulatory or late infertile phase begins on the fourth day after peak mucus until the first day of the next menstruation. In this method, a pre-ovulatory or early infertile phase can also be detected. However, to avoid confusing residual ejaculate with mucus, couples should avoid consecutive days of intercourse during the early 'dry' phase. Vaginal infections may increase discharge and sensation of wetness.

Basal Body Temperature Method (BBT) - This method involves the daily charting of the woman's body temperature at rest, before she does any other activity, at the same time each day, after at least 3 hours of uninterrupted sleep. A woman's BBT rises right after her ovulation period due to the rise in progesterone level, and remains high until the next menstruation. This "thermal shift", i.e. the rise in temperature, marks the time when ovulation has occurred. The post-ovulatory (late) infertile phase begins on the third day after the temperature shift is observed. This method can be used only to identity the post- ovulatory infertile phase of the woman's cycle. In the beginning, temperature-taking might not be easy for women who have not previously used a thermometer. There are some problems in breakage so reserve thermometers should be available. Errors in charting can also occur. Women who have irregular hours of sleep, like nurses who go on duty in some evenings, may not be able to use this method during those days.

Sympto-Thermal Method (STM) - This method combines the observations of the cervical mucus and rise in BBT, as well as other signs of ovulation such as tenderness of the breasts, mid-cycle pain, spotting or bleeding, and abdominal heaviness. Women may also observe changes in the position, degree of opening, and texture of the cervix, or include calendar calculations. The fertile phase is marked by the appearance of wet cervical mucus until the third day of elevated temperature or the fourth day after the peak of mucus, whichever comes first.

Lactational Amenorrhea Method (LAM) - This method takes advantage of the normal physiologic response of the woman's body to a suckling infant, which is to inhibit ovulation. By instituting "full

(exclusive) or nearly full" breastfeeding immediately after giving birth, this method can prevent ovulation until about 6 months after delivery. Full breastfeeding, also called exclusive breastfeeding, means that the infant is fed only breast-milk on demand. The infant does not receive any other feed such as water, juices, vitamins, minerals or other milks or food. Nearly full breastfeeding means that, in addition to breast-milk, the infant also receives vitamins, water, juice or ritualistic food sparingly or infrequently. Breastfeeding should be started immediately after birth and should continue on demand day and night with no, more than 4-hour intervals between day feeds and no more than 6-hour intervals between night-feeds This method should be supplemented with other family planning methods once the postpartum woman menstruates or, even if she has not yet menstruated, when the infant turns 6 months old.

NFP Innovations

Recently, there are efforts to simplify some of the NFP methods. The two methods currently under study are:

Two-Days Wet and Dry Method - This is a variation of the Cervical Mucus Method emphasizing "wet and dry" days: wet days for those days when the cervical mucus is clear and slippery; and dry days for those days when the cervical mucus is cloudy, thick and scanty. Research will have to confirm the effectiveness of this simplified approach.

Standard Days Method (SDM) - This is a calendar-based method wherein, through computer modeling using menstrual cycle data from large groups of women, a population-based fertile window is identified. These findings are translated into a necklace where the population-based fertile window is colored differently. A rubber is used to mark the days of the woman's cycle. Some groups feel that the long period of abstinence using the SDM might discourage couples from using NFP altogether. This long period of abstinence in SDM might have been the factor that led couples to use condom during the fertile days in the local studies on SDM, leading to reduced method effectiveness. While SDM is still under study, it should be used only as an adjunct with the other already established modern NFP methods and should not be preferred over the other NFP methods.

4.0. Other General Technical Considerations

The following information shall be recognized as the important technical basis for the acceptance of NFP as an effective method of family planning:

4.1. Advantages ofNFP

The advantages of NFP include:

• NFP promotes close involvement of the man and shared responsibility of the couple for planning their family, enhances communication and cooperation and respect for each other within the family
• NFP promotes self awareness and self-discipline, develops self-reliance, independence and confidence especially since it is not dependent on medically qualified personnel

• There are no physical side effects and no contraindications, virtually all couples can use NFP
• NFP can be used to plan the family in two ways: either to avoid or to achieve a pregnancy

The use of NFP would be must successful if the following are met:

• NFP techniques are initially taught by trained NFP teachers with a period of instruction of about 3 months or the equivalent of 3 menstrual cycles
• There is strong commitment and motivation of both partners, including the discipline to keep daily records of signs of fertility

So far, the only observed adverse effect of NFP is that some couples experience emotional stress due to the need to abstain from intercourse for about 8-16 days depending on the method and menstrual cycles of the woman. Tension may also be caused by uncertainty about the effectiveness of the methods.

4.2. Effectiveness of NFP

The effectiveness of NFP, as expressed in terms of number of pregnancies that occur in 100 women using the method for at least 12 months, is estimated to be 95%-99%, or a theoretical failure rate between 1% - 5%, depending on the NFP method used. (Sympto-thermal Method about 99%, Cervical Mucus and BBT methods about 98%, and Standard Days Method about 95.25%).

Comparing all family planning methods, sterilization is rated to be most effective (failure rate of less than 1%) while hormonal contraceptives (oral, injectable or implantable) and intrauterine devices have theoretical failure rates between 0.3% to 3%. Barrier contraceptives or spermicides (e.g. condom, diaphragm, cervical cap, cervical foam) have theoretical failure rates between 1% to 5%.

It should be noted that while in many of these the method itself may be theoretically extremely effective, the way the method is used in practice may make it less effective.

4.3. Classification of NFP providers and users

The following shall be the terms used for NFP providers and users:

4.3.1. NFP Teacher/Counselor: is a person (medical, paramedical or non-medical/ non-paramedical) trained and duly accredited by the Department of Health (DOH) or by a DOH-accredited NFP training institution to explain NFP and to coach/ supervise NFP acceptors and users. The NFP teacher/counselor should have successfully used the method herself/ himself for at least 4 months and should have had experience in supervising at least 3 NFP acceptors and users for at least 4 months.

4.3.2. NFP New Acceptor: is a couple or a client who has used NFP for 3 menstrual cycles, validated by an NFP Teacher/ Counselor. A-couple or client who has been using NFP for less than 3

months are considered "learning users".

4.3.3. NFP Current User: is a couple or a client who has used NFP for at least 4 menstrual cycles (the 3rd cycle previously validated by an NFP Teacher/Counselor). The couple/ client is reported as a continuing user for as long as they remain on the method.

4.3.4 NFP Drop Out: is a couple or a client who either stops using NFP or starts to use an artificial method, for instance, condom, in addition to NFP.

4.3.5. Method Failure: refers to pregnancies resulting in spite of correct and consistent use of NFP by a Current User.

5.0. Goals and Objectives

The overall goal is to reduce health risks to women and children due to short birth intervals and too frequent pregnancies and childbirth. With better-spaced children and better-planned family size, parenting will be more effective leading to a more productive and caring family life. These goals are going to be achieved through improvement of family planning services by mainstreaming NFP as one of the modern methods of family planning. With the emphasis of NFP on couple communication, cooperation and shared responsibility, the social goals will be more likely achieved through NFP than any other family planning method.

The specific objectives of this plan are: By Year 2006,

1. To raise fertility awareness of at least 75% of young women immediately before or soon after menarche and of 75% of young men at puberty in preparation for responsible sexuality and family life

2. To train or retrain at least 75% of frontline health providers on modern NFP methods

3. To raise NFP use rate to 20% among currently married women / couples who are not yet using any method of contraception

There are also wider developmental goals in terms of promoting sustainable socio-economic development and social and family responsibility.

6.0. General Policies

The following general policies shall guide the mainstreaming and provision of NFP services:

6.1. Training:

6.1.1. A Basic Course on Modern NFP Methods designed specifically for this purpose shall be provided by DOH and other DOH-accredited NFP training institutions to all health facility staff and

volunteers who are involved in services for FP, safe motherhood, adolescent health and other reproductive health elements.

6.1.2. NFP shall be incorporated as an integral part of the Basic FP Course of the DOH as soon as there are trainers at the national, regional and local government levels. Basic Courses already incorporating NFP shall be called the Enhanced FP Course.

6.1.3. Health facility staff who have previously completed the Basic FP Course may go through the Basic Course on Modern NFP Methods only; while those who have not yet been trained in the Basic FP Course shall be trained using the Enhanced FP Course.

6.1.4. Volunteers, especially from religious groups, who may want to be trained only on NFP may be given only the Specific Basic Course on Modern NFP Methods.

6.2. Service Delivery

6.2.1. All modern NFP methods shall be routinely and thoroughly explained and offered to couples/ clients before they make their final method choice. The couple shall be allowed to select their method according to their preferences and lifestyle. This means that no NFP method shall be "positioned as a better method" over other NFP methods in any predefined situation.

6.2.2. Due to limited resources, the logistics to be provided through DOH shall be limited to essential training and counseling supplies and materials such as manuals, modules and low-cost charts. The cost of devices such as thermometers (preferably regular thermometers) and other devices such as necklaces shall not come from funds of the DOH since these are better shouldered by the user to allow choice according to their preference.

6.2.3. All DOH facilities especially the DOH retained hospitals shall incorporate NFP in their reproductive health services especially in maternal and child health clinics.

6.3. Advocacy

6.3.1. Fertility Awareness orientation shall be the main mechanism of advocacy for NFP and may be targeted to the health providers, the general public aged 15-49 years, especially adolescents and young adults in various settings such as the school, community, and other venues of education and communication

6.3.2. Advocacy and information, communication and education materials shall be based on prototype messages and materials that shall be distributed by DOH or accredited partner agencies.

7.0. Strategies

The following shall be the strategies to mainstream NFP:

7.1. Policy and organizational strengthening, Policies shall be clarified and widely disseminated to distinguish fertility awareness (that is, recognition of fertile and infertile phases of a woman's reproductive cycle, including cervical mucus and basal body temperature changes) from NFP so that fertility awareness training can begin at adolescence. The concept of abstinence and family planning can then be more easily added when the adolescents enter into married life. Policies will also be slowly redirected so that, as soon as there are adequately trained staff on NFP at the frontline levels, NFP will eventually be regarded not only as one among several methods that couples can choose from but as a basic method that all couples should know, regardless of method finally chosen by the couple. NFP will be the back-up method for any other temporary FP method since NFP empowers the couple and does not lead to dependence on medical/ paramedical personnel.

7.2. Advocacy and orientation on Fertility Awareness: To lay down a wide net of awareness of the advantages of NFP and to dispel myths on NFP, orientations will be conducted at various levels and using multi-media communication. The following activities can be done: orientation of various church groups (ecumenical), development of EEC materials, symposia in schools, churches, communities, seminars on adolescent awareness and responsible sexuality, among others.

7.3. Training and certification of frontline health providers: Since the availability of competent and well-oriented trainers is key to the success of NFP mainstreaming, focus will be on training or, if needed, retraining of midwives, nurses, doctors at all levels especially the local government level. Private practitioners shall also be recruited within the church network to include NFP in their services. Volunteer couples and Barangay Health Workers shall also be trained in NFP services. In order to ensure high quality services and to avoid confusion on the methods being taught, certification of-NF P providers will be necessary. Validation of proficiency and renewal of certificates will be done based on the quality of NFP services provided.

7.4. Raising the capability of facilities and services: As soon as there are adequate numbers of health staff trained in NFP, they can very easily include in their counseling activities advice for infertile couples on how to achieve a pregnancy, thus improving FP services to include fertility services through NFP. FP clinics with good NFP services can be repositioned as Fertility Clinics that will also provide advice to couples who cannot achieve a pregnancy. This will enhance the dual role ofNFP and will increase the understanding and demand for the method. Current clinic-based services shall be expanded to include home and community NFP services.

7.5. Networking and development of support groups at all levels especially in the community: Successful NFP users/ couples shall be organized to support new NFP users so that the training is reinforced at the home level. Invaluable experience and visible strategies of NGOs shall be utilized.

7.6. Monitoring and evaluation: Agreed measurable indicators shall be developed in order to monitor the various components of the plan. The important items to be monitored include the following: implementation of activities and strategies according to the plan, gaps in the plan that, were detected, additional resources needed, improvement in techniques of advocacy or training, or linkages, and changes in selected social indicators such as improved family stability or

communication, changes in family size and structure such as longer birth spacing, client satisfaction, and others.

8.0. Organization and Management

In order to ensure wide and open participation, a multi-sectoral National NFP Committee and multi-sectoral Regional and Local NFP Committees shall be created as ad hoc bodies to oversee the planning and coordination of NFP mainstreaming activities. These committees shall cease to exist when NFP is considered successfully integrated within the PFPP. The continuation of these committees shall be assessed every 5 years.

8.1. Composition of NFP Committees:

The NFP Committees at the national, regional and LGU levels shall be composed of individuals from government or non-government organizations who are already actively involved in NFP using all modern NFP methods, with adequate experience in proper training and counseling on the modern NFP methods. Individuals who are not yet actively involved in NFP may also become members of the NFP committees provided they have been trained by DOH or DOH-accredited agencies on the Basic Course for Modern NFP Methods.

At the Regional level, the DOH Regional Director, after training on NFP, shall be the chairperson of the Regional NFP Committee.

An appropriate Department Order shall be issued to govern the specific membership and subcommittees of the National NFP Committee Appropriate Regional Orders shall be issued to define the specific membership and subcommittees of the Regional NFP Committees.

8.2. Functions of NFP Committees:

The NFP Committees at various levels shall have the following functions:

National NFP Committee:

1. Based on the National NFP Strategic Plan Year 2002-2006, coordinate the preparation of the National NFP Operational Plan for each year; and recommend this to the Secretary of Health for approval;

2. At the end of each Five-Year National NFP Strategic Plan, coordinate the planning for the succeeding Five-Year Strategic Plans;

3. Review and recommend Regional NFP Operational Plans for approval of the Secretary of Health;

4. In coordination with the appropriate DOH units, oversee the funding allocation and utilization of

NFP funds that come from government and non-government sources;

5. In collaboration with the appropriate DOH units, coordinate the proper implementation of the national activities based on the approved National NFP Operational Plan;

6. Perform other functions that may be required by the Secretary of Health.

Regional NFP Committee:

1. Based on the National NFP Strategic Plan Year 2002-2006, coordinate the preparation of Regional NFP Operational Plan for each year, and endorse this to the National NFP Committee for review and endorsement to the Secretary of Health for approval;

2. Review and approve local government proposals for NFP activities incorporating these in the Regional NFP Operational Plan for each year;

3. Perform other functions that may be required by the Secretary of Health.

Sub-regional NFP Committees may also be created depending on the operational and managerial demands at the local levels. The Regional NFP Committee or the Local Chief Executive may initiate Local NFP Committees when necessary.

The National NFP Committee shall report to the Undersecretary of Health specifically assigned to be the adviser of the committee.

8.4. Funding mechanism and process:

NFP funds appropriated by Congress through the Department of Health and other funds that may be donated to the DOH by non-government agencies shall be allocated based on the appropriateness of the operational plans as these conform with the national strategic plan. Only activities duly incorporated in approved NFP operational plans shall be funded. Thus, Regional Health Directors shall endorse funding for regional and sub-regional activities by endorsing the Regional NFP Operational Plan to the National NFP Committee. For year 2002, this process shall be implemented immediately upon effectivity of this Order. In Year 2003 and succeeding years, Regional NFP Operational Plans shall be submitted to the National NFP Committee for review not later than the end of November of the preceding year. The Regional NFP Committees shall be involved in any revision or enhancement needed to get the plans approved. Duly-approved Operational Plans shall be officially approved with funding allocations.

Activities may be reprogrammed through the same process of endorsement and approval through the Regional and National NFP Committees. Allocation of Regional funds for NFP shall also be based only on approved NFP Operational Plans.

9.0. Timetable and Budget

The following shall be the phases of the plan:

YEAR 1 Awareness-raising and basic technical capability building and networking
YEAR 2 Monitoring of progress, expansion of services and networks, sustenance of awareness-raising and capability building activities
YEAR 3 Mid-term evaluation and redirection (if needed)
YEAR 4 Expansion of coverage and higher quality improvement of services
YEAR 5 End of term evaluation and phase out or strategic planning for next 5 years

In the first year of implementation, P50 million pesos have been allocated by Congress. This shall be used to create high awareness and acceptance of NFP among the health staff and general public as well as technical capability building and networking.

In the succeeding years, DOH shall allocate funds according to the specific activities identified for the year. DOH should also identify other sources of funds from partners and donors.

10.0. Reporting, Monitoring and Evaluation

10.1. Reporting Forms and Procedures: The items listed in section 4.3. shall be incorporated in the existing DOH reporting and FHSIS forms for Family Planning.

10.2. Monitoring and Evaluation Procedures: Monitoring of plan implementation and performance shall be incorporated in regular monitoring activities of the DOH.

Additional or special monitoring and evaluation activities shall be incorporated in the specific operational plans as necessary.

11.0. Repealing Clause

This Order revises, modifies or rescinds all other orders and circulars that are inconsistent or conflict with the provisions of this Order, especially DC 101-A s. 1991, DC 229-A s. 1996, DC 130 s. 1997, AO 43 s. 2000, AO 49 s. 2001 and AO 50 s. 2001. All other previous provisions that are still consistent with this Order shall continue to be in effect.

12.0. Effectivity

This order shall take effect immediately.

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