Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

OCT 30 2014

ADMINISTRATIVE ORDER
No. 2014- 0042

SUBJECT : Guidelines on Implementation of Mobile Outreach Services for Family Planning

I. RATIONALE/BACKGROUND

Section 6 of Republic Act no. 10354, otherwise known as, "The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012" stipulates that people, especially in geographically isolated or highly populated and depressed areas, shall have access to hospitals and facilities with adequate and qualified personnel, equipment and supplies, and shall not be neglected by providing other means such as home visits or mobile health care clinics as needed. It even mandates the National Government, through the DOH, to provide necessary funding and assistance for its effective implementation.

Supplementary to this, Section 13 of the same law mandates the National Government and LGUs to provide Mobile Health Care Service (MHCS) appropriate to a locality's terrain in order to deliver health care goods and services especially to the poor and the needy. This mandate is elaborated under Section 5.12 of the implementing rules and regulation (IRR) of the RPRH Act, which explained that the MHCS could be in the form of a van or other means of transportation appropriate to the terrain and health care needs of the target locality. Furthermore, Section 5.13 of the same IRR mandates the DOH to develop standards for MHCS providers, which shall define the services that they should be able to provide. Among the services contemplated by said provision are: Dispensing or distribution of family planning health products; and, Family planning procedures, which may include IUD insertion, BTL using mini laparotomy under local anesthesia, and NSV among others.

Pursuant to the foregoing, this Administrative Order is being issued to specify the particulars for FP Outreach using MHCS aimed at providing modern family planning (FP) services in underserved areas. This Order also consider common issues in implementing medical outreach programs, namely: insufficient number of available trained hospital personnel; operational difficulties in dealing with the logistics; absence of a clear protocol for identifying and screening clients; and, lack of clear financial incentives for itinerant teams. Moreover, existing policies on the conduct of medical outreach cover only government providers, thus, missing on the opportunity to scale up delivery of quality modern FP services that can be brought about by including the private service providers. This Order shall provide standards for the use of MHCS during FP Outreach in order to ensure that they effectively respond to the unmet need of women especially in underserved areas. Ultimately, this Order hopes to contribute to the scaling up of the delivery of modern FP services with the end in view of reducing unmet need especially among the poor.

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II. OBJECTIVE

A. This Administrative Order shall have the following objectives:

1. Provide standards, protocol and management arrangements for FP Outreach, using MHCS or not, particularly for providing services, namely, bilateral tubal ligation, mini laparotomy under local anesthesia (BTL MLLA), no-scalpel vasectomy (NSV), intrauterine device (IUD) and subdermal implant;
2. Issue concrete criteria for assessing the efficiency and quality of service provided by public and private FP Outreach provider; and,
3. Furnish public and private service providers with information about available financing sources that may be tapped for the conduct of FP Outreach using MHCS or not especially for underserved areas.

III. SCOPE AND COVERAGE

This Order shall apply to DOH Central Office units, Regional Offices (ROs), DOH-retained hospitals, development partners, private health care providers, local government units, and all other entities contemplated by Sections 5.12 to 5.13 of the IRR of the RPRH Act of 2012.

It shall cover the standards, protocol and management arrangements for the conduct of FP Outreach, whether or not using MHCS, for the provision of modern FP procedures.

IV. GENERAL GUIDELINES

A. FP Outreach, whether using MHCS or not, particularly those that are supposed to provide BTL MLLA, NSV, IUD, and subdermal implant services shall be conducted as an alternative approach where trained and competent team of FP providers from higher level facilities (e.g. DOH retained hospitals/ medical centers, provincial hospitals) perform selected FP services in lower level host facilities in areas where any or all of the following conditions concur: (1) high unmet need for FP; (2) with demand for LAPM/LARC FP methods; (3) where trained service providers are either inadequate or not available; and, (4) where investing in fix service sites is not feasible (i.e. low case load unless aggregated).

B. FP Outreach shall be venues where physicians trained on BTL MLLA and other health professional trained on IUD insertion and subdermal implantation could gain proficiency; This can be done on the condition that a trainer shall always be present to fully supervise the conduct of services that are being rendered by said doctor or health professional and that the said trainer is the lead physician for BTL MLLA services of the Mobile FP Outreach Team specified under Section V.A. below.

C. New FP methods shall be introduced during FP Outreach only after the conduct of health promotion activities, which has the following components: (1) Informing households and families on the new FP method; (2) Counseling of clients regarding the most appropriate method; (3) Training of providers on the provision of the new FP method; and, (4) Identification of referral facilities for management of complications and adverse reactions.

D. The conduct of FP Outreach shall be preceded by preliminary activities that justifies the need for FP Outreach, namely: organization of outreach team; identification of host facilities; demand generation; and, counseling and screening of clients as regards appropriate services that should be provided to them.

V. SPECIFIC GUIDELINES

A. An FP Outreach using MHCS or not shall be implemented by Mobile FP Outreach Teams composed of at least the following: (1) Physician trained on the provision of BTL MLLA, NSV, IUD, and subdermal implant services; (2) FP-trained nurse; (3) FP-trained midwife; (4) circulating staff, and a (5) driver. It is required that each team shall be trained on the management of emergencies, which includes the use of all types of emergency equipment and drugs.

B. A Mobile FP Outreach Team can be composed of personnel from higher level public and private health facilities.

C. Mobile FP Outreach Teams shall be used to respond to demand for FP services that cannot be responded to in the locality. This can be done on the condition that the number of clients to be served shall determine the appropriate number of teams and that the number of teams to be mobilized shall be dependent upon available resources care of DOH, LGUs, NGOs and development partners.

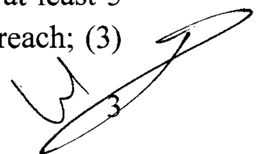
D. Each surgeon of the Mobile FP Outreach Team shall provide BTL MLLA and/or NSV services to a maximum of 30 clients per day in order to ensure the quality of services that are being provided. Additional teams can be formed to cover additional clients, following the recommended ratio (i.e.1 team: 30 clients).

E. An FP Outreach using MHCS or not shall be conducted in a Host Facility, which is a hospital or an out-patient clinic like RHUs and CHOs with the following: (1) bed space for its authorized bed capacity in accordance with DOH Guidelines in the Planning and Design of Hospitals; (2) an operating room with standard equipment and provision for sterilization of equipment and supplies; and, (3) a post-operative recovery room; *Provided that*, in case such type of facility is unavailable, a Host Facility can be any facility that complies with the following minimum requirements:

1. For BTL MLLA – a space simulating a restricted operating room measuring 3m x 3m in size, including provisions for a semi-restricted area such as examination area, pre-operative waiting area, recovery area, toilet facilities and changing facilities for clients and staff; and,
2. For NSV – an enclosed clinic that is well-ventilated and with fly-proof area

F. FP Outreach shall result from an agreement among the concerned DOH RO, Mobile FP Outreach Team, and Host Facility, which stipulates at least the roles and functions of parties, number of clients to be served, number of teams needed to cover clients, logistical arrangements, PhilHealth revenue sharing, and limitations to the cooperation among parties.

G. Mobile FP Outreach Teams shall each be equipped with the following: (1) at least 5 mini laparotomy sets; (2) at least 3 NSV sets during each scheduled FP Outreach; (3)



OR table and OR light; (4) mini sterilizer or boiler; and, (5) drugs and supplies for at least 30 clients.

H. At least two weeks before the scheduled outreach, the RHU staff - RHM/PHN shall confirm the interest of the clients to avail of FP services and remind them to abstain from sex or use a backup method to avoid the possibility of pregnancy during the provision of LAPM services. Clients shall be advised to bring a companion with them during the outreach. They shall also be reminded to bring their Member Data Record (MDR) or PhilHealth ID if they are PhilHealth members/dependents. Members of 4Ps may just be requested to bring their 4Ps ID.

I. An emergency back-up facility, i.e. a health facility with supplies, equipment, and trained and experienced staff necessary to handle any complications, shall be informed about the conduct of FP outreach services. Such facility shall be prepared to receive clients from the FP Outreach sites.

J. The physician in the Mobile FP Outreach Team shall manage complications during and/or right after a FP Outreach procedure. Patients shall be referred to the emergency back-up facility in case the physician is unable to do so and transportation in times of emergency shall be borne by the Host Facility.

VI. IMPLEMENTATION ARRANGEMENTS

A. The steps in setting up and implementing FP Outreach are as follows:

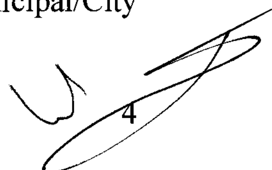
1. Determine Demand for FP Services. Demand for FP services shall come from the following sources: (1) data gathered by community health volunteers and community level providers in a locality; (2) estimated unmet need for FP of the poor, which could be derived from the National Household Targeting System for Poverty Reduction (NHTS-PR); and (3) other sources of information that is used by DOH ROs and P/CHOs as guide for program planning and determining resource requirements.

2. Organize Mobile FP Outreach Team/s. The number of teams shall follow the specifications hereinabove Section V.D., given that each team shall comply with the staff composition prescribed hereinabove Section V.A.

3. Identify Host Facility. The P/CHO shall identify the health facility of out-patient clinic in accordance with hereinabove Section V.E., which shall serve as venue for the FP Outreach.

4. Forge Agreements among Necessary Parties. The concerned DOH RO and/or P/CHO shall coordinate and negotiate with public or private higher level facilities and Host Facility, as contemplated hereinabove Sections IV.A and V.B, respectively, regarding the mobilization of Mobile FP Outreach teams.

5. Verify List of Potential Clients. Information on the number, names and residence of potential clients with unmet need for modern FP shall be obtained from the following sources: (1) Target Client List (TCL); (2) Community Health Team (CHT) or volunteer reports on health use plans/referrals for FP; (3) Municipal/City



Link database; (4) reports coming from POPCOM Barangay Service Point Officers; and, (5) faith-based organizations and similar sources.

6. Initial Counseling and Screening of Clients. Rural Health Midwives (RHMs)/Public Health Nurses (PHNs) or other providers assisting the Rural Health Unit (RHU) shall conduct initial FP counseling and screening of FP clients referred to them to determine the appropriateness of long-acting permanent method (LAPM) or long-acting reversible contraception (LARC) to the patient.

7. Ensure Informed Choice Among Clients. The PHO, in coordination with C/MHOs shall endeavor to invite clients to the upcoming FP Outreach as well as inform families and households about available services, assess risks and identify unmet need, and direct CHTs or volunteers to refer clients to midwives for counseling and screening for eligibility to receive BTL MLLA, NSV, IUD and subdermal implant services.

8. Secure Transportation and Meals for Clients. The LGU of the concerned P/C/MHO shall provide the means for transportation to and from the Host Facility as well as meals for the Mobile FP Outreach Team, host facility staff, and participating staff/volunteers of P/C/MHO and RHUs. Accommodation shall also be provided on a need basis.

B. The conduct of FP Outreach shall abide by the systematic client flow and appropriate clinical and surgical care as follows: (Please refer to Annex "A" - Diagram of Client Flow During FP Outreach activities)

1. Registration of clients who will avail of FP outreach services on a "first come first served" basis. Clients should fill out individual patient records. Health promotion materials can be shown or shared while clients wait for services to be given.

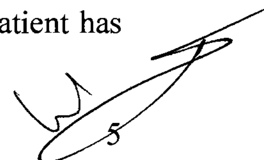
2. Counseling and final assessment of client eligibility for LAPM/LARC shall be conducted at the host facility prior to any procedure. Counseling provides an opportunity for clients to learn about all methods of family planning so that they are better able to make informed choices of appropriate methods to use.

3. Pre-procedure assessment shall be conducted on clients by a physician trained on FP particularly BTL-MLLA, NSV, IUD and/or subdermal implant using the WHO-Medical Eligibility Criteria (MEC). (Please refer to Annex "B" – MEC Categories)

   a) For clients assessed eligible for LAPM/LARC

      i Providers shall ask eligible clients who decide to proceed with the chosen procedure for their signed consent form or ask them to sign one in case they do not have one yet. The form should show the signatures of the client and the spouse (in case of married clients) or of the parent/guardian (in case of minors). Providers shall thoroughly discuss its content and purpose with the client.

      ii Those who decide to back out shall be referred to FP-trained health staff and provided with a method of their choice. If the patient has



to be referred to another facility, the host facility shall coordinate with the referral facility prior to transferring the client.

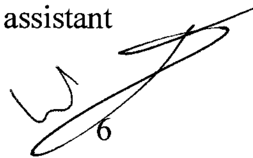
b) For clients assessed not yet eligible for LAPM/LARC (i.e. falling in MEC category C, D or S)

i The provider shall offer alternative temporary methods of contraception to clients until such time that they are finally able to avail of the LAPM/LARC method.

4. If the client decides to proceed with the chosen procedure, the surgical assistant shall prepare clients for surgical procedure. In cases wherein clients decide to avail of another procedure, the clients shall be referred to FP-trained health staff and be counseled and provided with other FP methods.
5. FP trained physician shall provide BTL MLLA, NSV and subdermal implant services to clients that should be compliant with proper surgical and infection prevention techniques (Please refer to Annex "C" – Standard Infection Prevention Procedures in the Delivery of FP Outreach Services)
6. Post-operative care, such as the following, shall be provided especially to BTL clients: (1) ushering to a recovery room after the procedure; (2) monitoring of vital signs for the next 10, 20 and 30 minutes after procedure; (3) provision of pain relievers and antibiotics good for 5 days; and (4) provision of 500 mg amoxicillin capsule and 500 mg mefenamic acid 3 times a day for breastfeeding women, and Doxycycline for one week for non-breastfeeding women.
7. Before discharging clients, the Host Facility shall provide both verbal and written post-operative instructions, which should specify the date of the follow-up visit, the names of the health provider, health facility, and the Mobile FP Outreach Team Leader or Coordinator. For BTL clients, removal of sutures shall be referred to a hospital/facility or the RHU covering the residence of the client.

C. The procedures for recording, reporting and monitoring are as follows:

1. All FP clients shall have their FP Form 1 completely filled out prior to any FP procedure such as BTL, NSV, IUD or subdermal implant
2. The hospital statistical report form for FP shall be submitted quarterly or after every outreach visit to their respective provincial health office. For outreach activities outside the hospital, the complete record of the FP client shall be incorporated in the TCL which shall be submitted on a quarterly basis to their respective PHOs.
3. The host facility shall keep a record containing the date of the conduct of any FP procedure such as BTL, NSV, IUD or subdermal implants, complete name of client, age, address, contact number (for follow-up visits), number of children, procedure performed, name of VSC trained doctor and operative assistant who conducted the procedure, signed by both client and VSC provider/s. It shall also keep a surgical record containing the date of VSC procedure, the operative techniques, complete name of client, age, complete name of VSC trained doctor and operative assistant who conducted the procedure, signed by both client and VSC provider/s.



4. To assess the quality of services provided during the outreach, the DOH RO and PHO shall conduct exit interviews with clients, local health workers and LGU officials. (client fills up forms) The feedback report is presented to the outreach team and partners to identify areas that need further improvement in the next FP outreach. It will also be used as basis in assessing the need of the area for LAPM. Outreach services may not be sustained in communities when there are only very few clients. The report may be used to assess the capacities of outreach providers. (Please refer to Annex "D" – Sample FP outreach feedback form for clients)

VII. FINANCING SCHEMES

A. The concerned DOH RO shall provide and manage funds for the conduct of FP Outreach Services to augment resources of the concerned PHO. It shall support the operation of the Mobile FP Outreach Team, such as, commodities and supplies, including funds and other resources for managing complication and adverse reactions. The DOH RO can also contract private providers for the purpose of augmenting the capacities, commodities, supplies and equipment of government providers of LAPM services.

B. Members of Mobile FP Outreach Teams and the Host Facility shall be accredited by the Philippine Health Insurance Corporation (PhilHealth) to be reimbursed for services rendered (i.e. PhilHealth case rate packages for BTL, NSV and IUD insertion). For such situation, the Mobile FP Outreach Team and the Host Facility shall agree on their preferred sharing scheme.

C. LGUs shall provide logistical support to the conduct of outreach services, which shall include though not limited to the provision of the following: Room and board for the outreach team, emergency services including funds for hospitalization of clients with complications, transport service for the outreach team and potential FP clients especially those living in remote areas, food for FP providers and clients, additional supplies and commodities, support staff including CHTs/local health workers, paraphernalia to promote FP outreach in the area. It shall also support conduct of health promotion activities in communities and orientation of health providers on the follow-up care, management of adverse reactions and complications and referral to higher-level facilities when needed.

D. The DOH-RO may use its Local Health Systems Development (LHSD) fund to augment resources of government and private providers of Mobile FP Outreach providers. It may provide drugs, commodities and supplies to support outreach services. It may outsource private providers to augment the capacities, commodities, supplies and equipment of government providers of LAPM services.

E. The Gender and Development (GAD) fund and health budget of the LGU may be tapped to support logistics for Mobile FP Outreach.

F. NGOs, private providers and other partners may use their resources to provide logistical support for the conduct of Mobile FP Outreach.

VIII. ROLES AND RESPONSIBILITIES

A. Women and Men's Health Development Division (formerly Family Health Office) shall:

1. Develop and review standards in delivery of FP services
2. Allocate, procure and distribute commodities and supplies to DOH-ROs, PHOs, hospitals and RHUs/CHOs

B. DOH Regional Offices shall:

1. Determine need for outreach services including specific services with Provincial Health Offices or City Health Offices and identify host facilities, schedules and resources needed
2. Negotiate with DOH Regional Hospitals and Medical Centers or contract private practitioners to conduct FP Outreach services
3. Allocate and distribute resources such as equipment, supplies, commodities and funds to support FP outreach services including management of complications
4. Coordinate with other DOH units for equipment and supplies for FP outreach services

C. DOH Regional Hospitals/Medical Center and Private Sector for Outreach Services shall:

1. Maintain standards, competency
2. Create and deploy FP Outreach Teams based on schedules agreed upon with the PHO and/or DOH RO
3. Contract and/or develop incentive mechanisms for private sector to provide FP Outreach services
4. Allocate resources for training of FP Outreach Teams, procurement of commodities, supplies and equipment, travel allowances and other incidental expenses, management of complications and adverse reactions
5. Monitor performance of providers in the provision of FP services through interviews of clients, observation of processes and conduct of products in FP outreach sites

D. Local Government Units – Provinces shall:

1. Act as the overall coordinator of the LAPM outreach/itinerant services in the province/city/municipality
2. Identify outreach sites which may be Level 1 or II hospitals, qualified CHOs or RHUs
3. Coordinate with the host facility and/or municipal LGUs in ensuring that demand generation activities are undertaken so that enough clients are available during the actual conduct of the activity; conduct FP counseling and pre-screening of potential clients; provide services to clients for follow-up care and those with adverse reactions or complications

4. Schedule the conduct of outreach services quarterly and/or as requested
5. Ensure/prepare necessary equipment and adequate supplies needed at the site and allocate adequate funds for the activities
6. Ensure that host facilities are accredited by PhilHealth and Negotiate with FP Outreach Teams for sharing scheme of PhilHealth reimbursements

E. Host Facility

1. Ensures availability of supplies/equipment, and that instruments are in good working condition; make sure that the designated Operating Room facility is ready and disinfected; ensures availability of emergency medicines and supplies
2. Arranges for board, lodging and security of members of the visiting outreach team;

F. PhilHealth

1. Provide PhilHealth members information on the status of their membership and benefits as members
2. Orient health providers on requirements for accreditation, service packages and assist hospitals and RHUs/CHO in filing claims for outreach services

IX. REPEALING CLAUSE

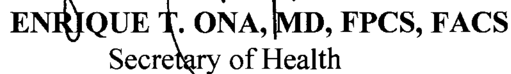
All orders, rules, regulations and other related issuances inconsistent with or contrary to this Order are hereby repealed, amended or modified accordingly. All provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

X. SEPARABILITY CLAUSE

In the event that any provision or part of this Order be declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

XI. EFFECTIVITY

This Administrative Order shall take effect after fifteen (15) working days following its publication in a newspaper of national circulation and upon submission to the University of the Philippines Law Center.



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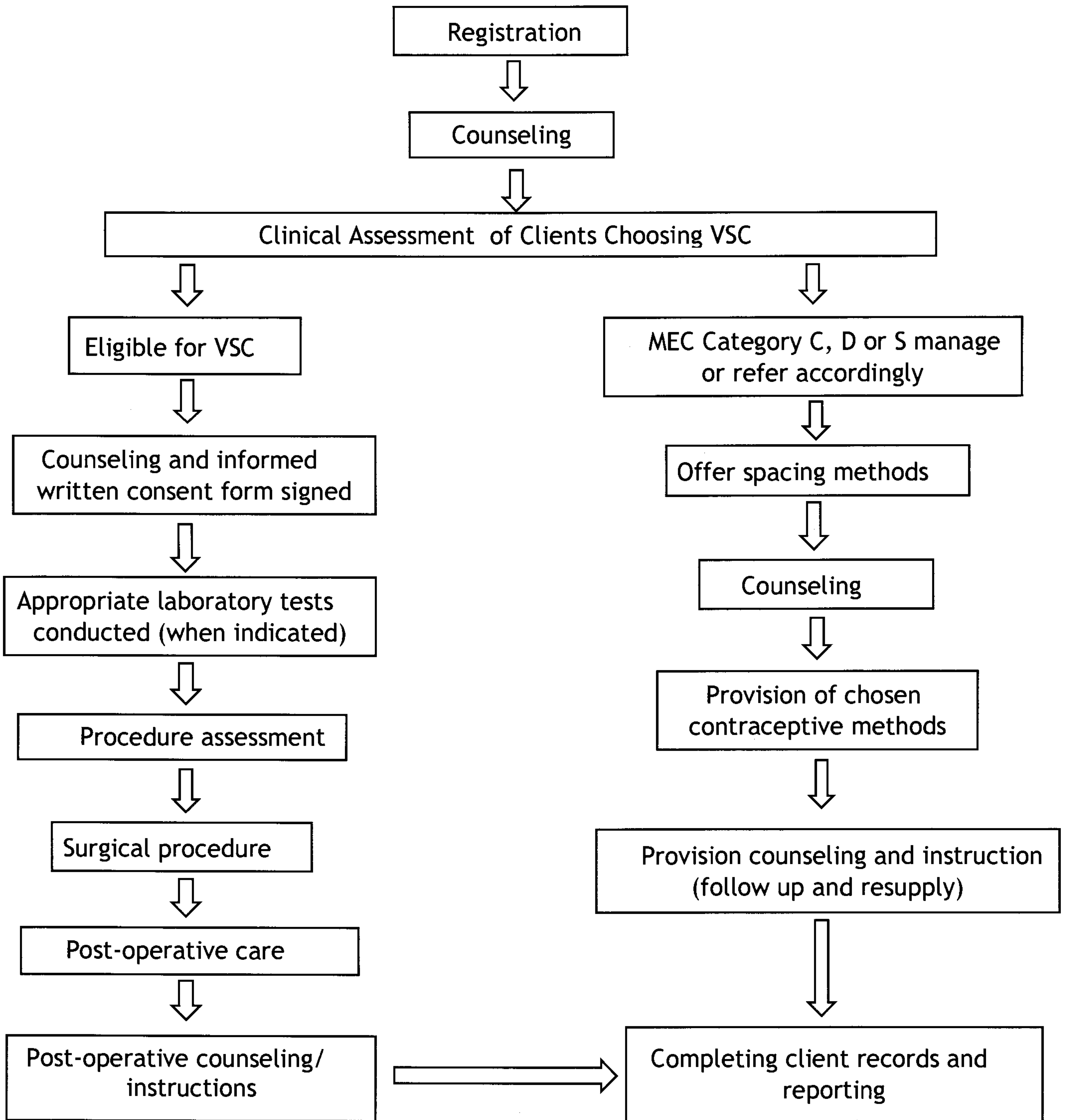
Secretary of Health

ANNEX A. Diagram of Client Flow



ANNEX B. Medical Eligibility Criteria (MEC) Categorization

Table 1. World Health Organization Medical Eligibility Criteria for Contraceptive Use	
WHO Category	**Conditions/Classifications Criteria**
Category 1	The method has no restrictions.
Category 2	The advantages of the method generally outweigh the theoretical or proven risks.
Category 3	The theoretical or proven risks usually outweigh the advantages of using the method.
Category 4	The method has an unacceptable health risk.

Where resources for clinical judgment are limited, the four-category classification framework can be simplified into two categories (Table 2).

Table 2. Simplified Two-Category Classification		
WHO Category	**With clinical judgment**	**With limited clinical judgment**
Category 1	Use the method in any circumstances.	Use
Category 2	Generally use the method.	Use
Category 3	Use of the method is not usually recommended unless other appropriate methods are not available or acceptable.	Do not use
Category 4	Method must not be used.	Do not use

Conversely, fertility awareness-based methods are classified (Table 3) based on whether a method is safe to use (A); whether extra precautions, preparations, or counseling are required (C); or whether the use of a method should be delayed until circumstances change (D). For female and male sterilization, a fourth category (S) signifies that a special arrangement should be made for the procedure (Table 4).

Table 3. MEC for Fertility Awareness-based Methods	
MEC Categories	**Conditions/classifications criteria**
A (Accept)	The method has no restrictions.
C (Caution)	The method requires extra or special counseling to ensure correct use.
D (Delay)	The method should be delayed until a condition is evaluated or corrected. An alternative temporary method of contraception should be offered.

Table 4. MEC for Female and Male Sterilization	
Accept (A)	There is no medical reason to deny sterilization to a person with this condition.
Caution (C)	This procedure is normally conducted in a routine setting but with extra preparation and precautions.
Delay (D)	The procedure is delayed until the condition is evaluated and/or corrected. An alternative temporary method of contraception should be provided.
Special (S)	The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anesthesia, and other backup medical support. For these conditions, the capacity to decide on the most appropriate procedure and anesthesia regimen is also needed. Alternative temporary methods of contraception should be provided if referral is required or there is otherwise any delay.

ANNEX C. Standard Infection Prevention Procedures

- Hand washing supplies should be provided, including running water or a pail and pitcher. If neither of these is available, alcohol rub is not a substitute. The accepted practice is to wash hands with soap and water and for every ten times (10x) that the alcohol rub was used. This is to deal with the buildup of moisturizers that comes with the hand rub.

- Clients must change into clean operating room clothing prior to surgery and preparation of the skin (e.g. clipping of pubic hair, swabbing with antiseptic, etc.) should be emphasized.

- Staff must wear standard operating room gowns, masks and caps. Only new, sterile disposable gloves should be used per patient. Do not reuse gloves even if re-sterilized

- All instruments used for the procedure must also be sterilized between cases.

- Finally, waste must be disposed of according to infection prevention guidelines.

ANNEX D. Sample FP Outreach Feedback Form

Questions	Yes	No	Remarks
1. The outreach activity started on time as scheduled			
2. Waiting time is not long			
3. You were assisted by staff and given instructions where to proceed during registration			
4. You were given adequate information and counseling on the various FP methods by staff before and during the FP outreach activity			
5. You were requested to fill up and sign an informed consent form prior to provision of FP method			
6. The method or procedure of your choice was explained to you by the health provider before the actual procedure			
7. You were given clean surgical clothing prior to operation			
8. Privacy was maintained during the procedure			
9. You were given enough time to rest after the surgical procedure before you were discharged			
10. You were given clear instructions on how to take post-op medicines, what signs and symptoms to watch out for and where to go in case there will be complications			
11. The staff and members of the outreach team were helpful and respectful			
12. In general, were you satisfied with the services provided to you during the FP outreach activity?			