

PH ABU 324

# PROFIT

- *Private Health Care Providers*
- *Employer-Provided Services*
- *Innovative Investments and Transfers*

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**Promoting Financial Investments and Transfers**



Deloitte Touche Tohmatsu International  
In association with

Boston University Center for International Health    Multinational Strategies, Inc.    Development Associates, Inc.    Family Health International

# PROFIT

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**HEALTH CARE PROVIDERS  
IN THE PHILIPPINES:  
TESTING A PRIVATE SECTOR  
APPROACH TO  
FAMILY PLANNING**

Conducted for PROFIT by the:  
Philippine Survey & Research Center, Inc. (PSRC)

Submitted to:  
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Family Planning Services Division

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Boston University Center for International Health

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# INTRODUCTION

## INTRODUCTION

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This is a report for an exploratory and concept development test on a loan fund training program prepared for **PROFIT** by the **PHILIPPINE SURVEY AND RESEARCH CENTER INC. (PSRC)**.

## BACKGROUND

The **PROFIT** Project seeks to mobilize private sector participation in family planning-related activities in developing countries.

The product under consideration is establishing a loan fund and training program for health care providers. This loan fund can be used for establishment of their own office/clinics, expansion of an existing facility and purchase of basic equipment, supplies and marketing. As part of the loan program, the borrower would be offered training in business management and family planning. In return, the borrower would agree to feature family planning in their clinic/practice.

## OBJECTIVES

To gather data on the following:

- 1) Current system of developing business among the private sector
  - source of funding/capital
  - whether independently or group together
- 2) General overview of the provider's practice
- 3) General overview of extent of existing family planning practices/issues
- 4) General reactions to and interest in the concept of lending fund directed towards private medical providers and predicated on the creation and expansion of family planning and related services (i.e., maternal and child care)

in terms of:

- spontaneous reactions
- likes/dislikes
- perceived advantages/disadvantages
- availment interest
  - how much funding they will seek
  - how much interest rates they are willing to pay
  - how would they use the funds
  - interest in training (business/family planning)

PROBE: Among what type of provider (Midwife vs. Doctor vs Nurse, Urban vs. Rural) is there greatest interest.

- 5) Suggestions for improvement

Additionally, to gather information on the following:

potential beneficiary groups  
 potential market size of family planning services

## **USE OF RESULTS**

The results of the qualitative interviews will help in finetuning the concept.

## **METHODOLOGY**

Focus Group Discussion (FGD) and in-depth interviews. This is in the form of unstructured group discussion, wherein there is freedom of expression and the participants are encouraged to say what they think about the topics being discussed.

Trained facilitators conducted the discussions. Although the discussions were essentially in a free-wheeling manner, discussion/interview guides were prepared to make sure that all pertinent topics were covered. The interviews were recorded on tape with full knowledge of the participants.

For Metro Manila, the group discussions were held at the PSRC's audio-visual room, which is specifically designed for focus group discussions and psychological tests. The audio-visual room is complete with video and recording apparatus and has an observation cubicle with one-way mirror. For other areas, the discussions were held in a place conducive to this type of activity. For the doctor interviews, methodology was one-on-one in depth interviews.

## SAMPLE SIZE/RESPONDENT CRITERIA

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### 1) *Focus Group Discussions*

There were eight (8) groups, as follows:

	NURSES	MIDWIVES
<b>Urban</b>		
Metro Manila	1 grp (+ 1 mini group)	1 grp
Metro Cebu	1 grp	1 grp
<b>Rural</b>		
Batangas	1 grp	1 grp
Davao	1 grp	1 grp

All respondents were private practitioners; government employees but have private practice on the side; or public health workers. They should be neutral to positively predisposed to family planning.

### 2) *In-Depth Interviews*

There were thirty (30) in-depth interviews among doctors of different levels:

- General Practitioners
- OB/Gyne/Surgeons
- Residents specializing in fields related to family planning (i.e., Obstetrics, Gynecology, Surgery)

Breakdown by locale, specialization as follows:

	TOTAL	RES	OB/GYNE	GP	SURGEON
<u>Urban</u>					
Manila	8	3	2	2	1
Cebu	7	2	2	1	2
<u>Rural</u>					
Batangas	8	2	3	1	2
Davao	7	2	2	1	2
TOTAL	30	9	9	5	7
Male	13	2	2	3	6
Female	17	7	7	2	1
TOTAL	30	9	9	5	7

## **LOCATION**

For urban areas, Metro Manila and Metro Cebu (Cebu is the most urbanized area outside Metro Manila).

For the rural areas, Batangas and Davao. Respondents for the rural areas were sourced from key cities/provincial capitals of Batangas and Davao, or rural areas adjacent to it, since medical practitioners reside in, but service areas outside of, the town proper.

Batangas was chosen to represent Southern Tagalog, a region representative and characteristic of Total Philippines, while Davao was chosen to represent Mindanao.

**TIMETABLE**

Discussion/Interview Dates - Sept. 21 - Oct. 30, 1993

Submission of Full Report - December 13, 1993

**THE CONCEPT IN STUDY IS AS FOLLOWS:**

## THE LOAN FUND CONCEPT

A LOAN FUND SOLELY FOR PRIVATE MEDICAL PROVIDERS. THIS FUND SHALL HAVE ATTRACTIVE INTEREST RATES AND PAYMENT TERMS.

THIS FUND IS INTENDED TO HELP YOU MEET YOUR NEEDS (INCLUDING EQUIPMENT AND TRAINING) FOR EXPANDING (OR STARTING) YOUR PRIVATE MEDICAL PRACTICE.

YOU MAY AVAIL OF THIS FUND IF YOU ARE INTERESTED IN EXPANDING WOMEN'S HEALTH, INCLUDING FAMILY PLANNING SERVICES AND/OR MATERNAL AND CHILD HEALTH CARE SERVICES IN YOUR PRACTICES.

ANG PONDONG PAGPAPAUTANG TANGING PARA SA MGA PRIBADONG MEDICAL PROVIDERS. ANG PONDONG ITO AY MAY INTEREST RATES AT PAYMENT TERMS (PARAAN NG PAGSAYAD) NA KAAKIT-AKIT.

INTENSYON NG PONDONG ITO NA TULUNGAN KAYO SA INYONG MGA PANGANGAILANGAN (KASAMA ANG MGA KAGAMITAN AT PAGSASANAY) PARA SA PAG-JUMPISA O PAGPAPALAGO NG INYONG PRIBADO O SARILING MEDICAL PRACTICE.

MAAARI KAYONG KUMUHA NITONG PONDONG ITO KUNG KAYO AY INTERESADO SA PAGPAPALAWAK NG SERBISYO UKOL SA WOMEN'S HEALTH KASAMA ANG FAMILY PLANNING AT O MATERNAL AND CHILD HEALTH CARE SA INYONG PRACTICE.

**BEST AVAILABLE DOCUMENT**

## **NOTE OF CAUTION**

The findings in this study may not be projected to the general population because of the limited sample size, sampling method used and characteristics of the sample.

The findings are mere hypotheses and have to be quantified in a study involving a larger and more representative sample.

# SUMMARY

## SUMMARY AND IMPLICATIONS

### I. FAMILY PLANNING PRACTICE

1. Medical practitioners, in general, are very open to Family Planning. In fact, they think it is necessary given the country's economic conditions.
2. Although there are barriers, such as religious beliefs, ignorance / misconceptions regarding effects and lack of training among medical practitioners, the medical practitioners note that Filipinos are more open to Family Planning now. According to them, the most popular methods are the pills and the condoms.
3. Midwives are very active promoters of FP because they have a wider reach of the population, and also because most of them are trained to render FP services.

Nurses, generally, render less FP services because they merely assist doctors and get rotated to different fields, where FP may not even be required. However, among nurses types, the public health nurses and company/industrial nurses are more active in rendering FP, because most of their centers/companies are affiliated with Family planning Agencies. They also dispense pills and condoms for free.

Among doctors, the OB/Gynes render the most FP services, followed by the GPs, because Family Planning is within their line of specializations.

## II. INTEREST LEVEL IN THE CONCEPT/POTENTIAL BENEFICIARY GROUP

4. Among the three respondent types in study, the doctors appear to be the primary potential beneficiary group of the loan fund concept. Although the midwives show as much enthusiasm for expansion or putting up their own private practice, their interest in availing of the loan is tempered by concern over their financial capabilities. Their salaries range from P3-6 thousand and the monthly amortization they can afford is around P1,000.

Nurses, on the other hand, are not interested in the concept's offer since they have very little independent functions. In fact, they have very limited ideas on the kind of private practice they can have.

## III. PROJECTED USE

5. Most doctors or residents have plans of putting up or expanding their private practice. The most common plans are to have their own clinics, or even hospitals, and to sub-specialize or take further studies.

Among midwives, the most common plan for private practice is setting up their own lying-in clinics.

## IV. CONCERNS/ISSUES ON FAMILY PLANNING CLAUSE

- 6) Among doctors, the concept is found to be most relevant to Obstetrician/Gynecologists (including residents in this field) followed by General Practitioners. The concept does not seem as relevant for Surgeons. because even if they are trained to perform family planning surgeries or operations, surgeons consider these outside their specialization. While they may provide FP counseling and education, they consider the rendering of other services as trespassing onto the OB/Gyne's and GPs fields.
- 7) The OB/Gynes and the GP's have no problems with the FP clause as these are in line with their specialization. In fact, even having a requirement or a commitment does not seem to significantly diminish their interest in the concept.

## V. RELEVANT COMPONENTS OF THE CONCEPT

- 8) The concept cannot be fully judged and valued as it is, since it does not present the rates and terms, details of which are very crucial to eliciting or diminishing interest.

In fact, the factors that are of prime importance in influencing interest of the medical practitioners to avail of this loan fund are the "attractive interest rates and payment terms", which they expect would be lower and lighter/easier than banks.

- 9) Among midwives and nurses, appropriate conduits for this loan fund are the NGOs and cooperatives, because they perceive these bodies to be less strict and formal than banks. They can also provide support and assistance. Doctors, on the other hand, feel that medical associations are the appropriate bodies to introduce this concept, because they know the needs and capabilities of doctors best.

## VI. SUCCESS FACTORS FOR THE CONCEPT

- 10) Although the medical practitioners may have very concrete plans, it is quite apparent that they lack the business acumen for private practice.

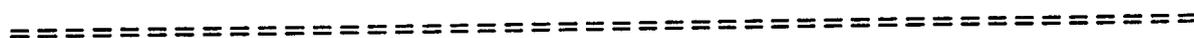
Midwives, for example can visualize what they want their lying-in clinic to be. However, aside from having very little knowledge on existing rates and terms or costs of equipment/machines, they are totally at a loss on how to start and go about putting up their lying-in clinics.

Doctors can present the details of their future clinics or hospitals and can even estimate the capital and resources needed for these. However, they are also not that well-versed with business and admit they need support in terms of implementation.

- 11) Research suggests that modules or packages complete with details and how-to's will be appreciated by the medical practitioners. Likewise, seminars and trainings on business/entrepreneurship and other follow-up or support services will boost the confidence of these medical practitioners to avail of this loan and have their own private practice.

**DETAILED FINDINGS ON  
MIDWIVES**

## DETAILED FINDINGS ON MIDWIVES



### I. CURRENT PRACTICE

#### A. SCHEDULES / SERVICES RENDER

1. The midwives' main duties are pre-natal care, delivery and post-natal care, done either through home visits or at the hospital/health center. Other secondary duties are taking vital signs; and rendering family planning services in the form of counseling/education and dispensing pills and condoms at the public health centers.
  
2. It is interesting to note that in areas outside Metro Manila (Batangas, Cebu and Davao), the midwives' duties (especially those working in Public Health Centers) are greatly expanded to cover even nurses' and doctors' duties. This is because of the lack of medical practitioners. Hence, a midwife would usually cover a number of barangays and is responsible for the population of those areas. More often than not, the midwife would also reside in an area, even though that is not her real home-base, because she is on-call 24 hours a day. For instance, Batangas midwives cover 13 barangays each, while Davao midwives handle certain areas with populations ranging from 3000 to 8000 each. Usually, each area has only one doctor who visits about once a week.
  
3. These expanded midwife duties would include diagnosis of simple cases, such as respiratory tract diseases (coughs and cold, sputum examinations for diagnosis of tuberculosis, etc); prescribing medicines; first aid injections and immunizations; charting; registration of birth certificates; supervising hilots (herbal doctors); and even cleaning their public health office. In fact, one midwife commented that they are the "frontliners - a doctor, nurse and midwife rolled into one."

*"Sa dami ng trabaho sa government, lahat ng functions ginagawa namin. Emergencies like wounds, collapse, immunization. Lahat!"  
(With all the work in the government, we do all functions. Emergencies like wounds, collapse, immunization. Everything!)*

*Davao midwife*

4. Another reason for this expanded duty is the lack of knowledge on the coverage of a midwife's duties. It is apparent that in all groups covered, the midwives themselves are unclear what they can and cannot do.

*"Nag-iissue ako ng anesthesia kasi licensed ako. Kasi ngayon may batas na pwede ng mag-issue ang mga midwife ng anesthesia. Yung iba hindi alam ito."  
(I issue anesthesia because I am licenced. Because now there is a law that allows midwives to issue anesthesia. Others do not know this.)*

*Metro Manila midwife*

- 5a. While Metro Manila midwives tend to be more cautious and would leave areas they are unsure of or are unlicensed to perform to doctors and nurses, rural area (and even Cebu) midwives would render services they are trained to provide as long as these do not involve complicated cases. Thus, it is not uncommon for midwives in those areas to administer anesthesia, perform episiotomy and sutures. In family planning, they also insert IUDs and perform pap smears.
- 5b. Private practitioners tend to limit their duties to pre-natal, delivery and post-partum services. Services outside these are just referred to health centers or doctors.

*"Sa private practice, talagang panganganak lang. Pag immunization, pinapapunta na lang namin sa health center kasi kumpleto ang mga gamot doon. Libre pa. Sa family planning, nag-a-advise kami pero pinapapunta namin sila sa health center pag gusto ng IUD o vasectomy."  
(It's solely deliveries in private practice. We just ask them to go to health centers for immunization because the medicines are complete and free there. We advise them on family planning, but we make them go to the health centers if they want IUD or vasectomy.)*

*Metro Manila midwife*

6. Midwives working in health centers render, on average, an 8-hour shift per day. In Metro Manila, house calls beyond those hours or the shifts are considered private practice. In other areas, house calls beyond those hours are still considered part of their duty. In fact, Batangas, Cebu and Davao government health center workers claim that "they are not allowed" to have private practice and that they should strictly consider themselves on call 24 hours a day.

*"Ako nasa health center pero nagsa-side line din ako pagkatapos."  
(I work with the health center, but I also do sideline job after office.)*

*Metro Manila midwife*

*"No it's not private practice (house calls). Basta among time, 24 hours man ang government. Job talaga namin iyan."  
(... Anytime.... Even if it's with the government. That's our job.)*

*"Kahit night time ang delivery, ma-credit yan sa health center."  
(Even if the delivery is at night, the credit will go to the health center.)*

*"Hindi kami pwede (mag-sideline). Bawal sa amin ang private practice."  
(We cannot do sideline. Private practice is not allowed.)*

*Davao midwives*

B. EQUIPMENT

1. A must equipment for midwives is the "bag" composed of:
  - stethoscope
  - sphygmomanometer (blood pressure apparatus)
  - forceps
  - scissors
  - gloves
  - clamps
  
2. This bag is worth about ₱4,000. According to them, they already have equipment because these are musts for students of midwifery. Although there are still other necessary materials and equipment, most of them just use substitutes. For instance, instead of a sterilizer or an autoclave equipment, they just either use Lysol, a disinfecting pill or boil their equipment.

C. PATIENT PROFILE

1. The number of patients midwives see varies. Private practitioners expectedly have fewer patients- around 5-20 per month. These are almost always delivery cases. Health center workers see more patients and are involved in more diverse cases.
  
- 2a. Specific to delivery cases, however, those who go to midwives are almost always indigents and from depressed areas who cannot afford hospital fees.

*"Ang mga patients ko talaga mga indigents. Yung mga kapos na kapos."  
(My patients are indigents. Those who are very poor.)*

*Batangas midwife*

- 2b. The midwives also report that aside from the poor, unwed mothers and mistresses who are well-off go to them to be discreet.

*"Ang mga pasyente ko, mga well-off family von, yung mga unwed mothers. Kasi nagtatago sila. Hindi alam ng mga magulang nila. Mayroon din may mga married na nabuntis ng may asawa na nagtatago."  
(My patients are from the well-to-do families. Unwed mothers who are hiding from their parents. There are also those who are mistresses and are hiding.)*

*Cebu midwife*

- 2c. Others who go to midwives are those who are well-off and in the case of rural areas, are in the city but have gotten used to the practice/the midwife. These are people who are already "suki" (long-time patients/customers).

*"Talagang pasyente mo na. Parang suki mo na. First, second, third, fourth, sa iyo na."  
(They are really your long time patients. First, second, third, fourth deliveries ... they are yours.)*

*Metro Manila midwife*

- 2d. They may also be people who can afford hospital bills, but are just practical. In fact, one midwife cited that she even has nurses for patients.

*May mga pasyente rin akong upper class na sanay na sa amin."  
(I also have upper class patients who are already used to me.)*

*Cebu midwife*

*"Sa akin nasa city kasi halos lahat ng pasyente ko practical lang kasi. Siguro mas pipiliin nila yung clinic ko kaysa hospital kasi malaki ang diperensya. Pag sa hospital ka dito usually P9,000 samantalang sa clinic ko hindi ka makakaabot ng libo, alaga ka pa."  
(Most of my patients are from the city and are just practical. Probably, they choose to give birth in my clinic rather than in the hospital because of the difference in cost. If you give birth in the hospital, you usually spend about ₱9,000, whereas in the clinic, it does not even reach ₱1,000. And yet, you're even well taken care of.)*

*Davao midwife*

*"Para sa akin hindi lang mahirap kasi ilang nurse na ang pinaanak ko eh. Kasi sayang lang ang ibabayad nila. Babayad sila ng P10,000 sa ospital, ganoon din naman ang pagpupuanak. Yung mga pinapaanank ko hindi nanan parang mababa ang mga tayo nila, kung бага nagtipid sila."  
(For me, it's not only the poor who give birth in the clinic. Even nurses. Some of my patients are nurses. They could save if they give birth in the clinic. You pay ₱10,000 in the hospital and yet, receive the same service. Some of my patients are not really poor, they really just want to save.)*

*Metro Manila midwife*

D. SALARY

- 1a. Deliveries by a private midwife would range from P500- P1500 for a primagravida case (first born) and P300-1000 for multigravida cases (second, third, and so on). ( Expectedly, Metro Manila midwives tend to charge more than their Cebu and rural counterparts).
- 1b. Those in health centers who have private practice on the side would average P2700-P4400 monthly, depending on their level (Midwife 1, 2 or 3).
- 2a. Common among all groups is the unfixed delivery rates. Sometimes, payment just comes in the form of a verbal thank you or in kind, such as meat, fruits, etc. Thus, even midwives in private practice sometimes make only as much as those employed in the government.

*"Para sa akin, hindi ako nagcha-charge, depende sa kanila kung magbigay sila ng one hundred, fifty pesos, yung iba five hundred, depende na rin sa kanila. Pero mostly TY."  
(Me, I don't charge. It depends on them if they want to pay. They give ₱100, ₱50. Some give ₱500. But it's mostly just "thank you's".)*

*Cebu midwife*

*"Kasi minsan meron akong papaunakin, bibigyan ka na lang ng manok, ganyan instead na pera kasi nga walang maibayad sa iyo."  
(Sometimes, I receive chicken as form of payment if they really do not have any money to pay.)*

*"Yung ate ko talaga, thank you lang talaga. Ang sakit pa niyan pinaanak mo na, kukumarehen ka pa!"  
(My sister did not pay me anything ... just thank you. To top it all, she even made me the godmother of her child.)*

*Metro Manila midwife*

- 2b. The disparity in payment is due to the fact that most patients do not have the means to pay. Midwives, on the other hand, do not force them to pay. Most often, they just charge what they feel the patient can afford.
- 2c. Health center workers are even more generous by not talking about payments at all. Their work ethic is that if the patient gives, then they accept. Otherwise, they render the service free of charge.

*"Pagnag-kusang-loob sila at nagbigay, tinatanggap namin, pero kung wala naman talaga, okay lang. Hindi kami nani-ningil."*

*(If they voluntarily pay, we accept it. But if they really do not have money to pay, it's okay. We do not charge.)*

*Batangas midwife*

E. PROBLEMS ENCOUNTERED

1. Midwives complain that the biggest problem encountered in their line of work (whether private or government) is their small salary, which is not commensurate to the amount of work they put in. They wail over the fact that they have no fixed rates, nor can they enforce fixed rates, unlike doctors who have fixed service charges.

*"Kung sa health center parang mababa ang bayad kung sa private naman, mababa din."  
(If with the health center, the pay is low, with private clinics, it's also low.)*

*"Hindi ka makakasingil ng malaki, ng gusto mong singil hindi katulad ng doctor na pagsinabing P150. May standard sila."  
(You cannot charge high even if you want to. Unlike doctors, who can demand their price. If they say P150 then you pay P150. They have standard fees.)*

*Metro Manila midwife*

- 2a. They also feel that the midwifery is not a respected profession; that people look down on them and doubt their capabilities as medical practitioners. According to them, people consider nursing as more respectable because it is a 4-year course while their 2-year course is considered something like a vocational course only. In actuality, however, they feel that they are just as competent as nurses and, in many instances, especially among rural health center workers, they are able to render more services. They emphasize, for example, that they are licensed to deliver while nurses are not.

*"Tinitingnan yung kakayahan ko. Kagaya ko muliit ako, tinitingnan agad yung kakayahan kong magpa-anak. Yun agad ang tanong sa akin."  
(They check your capabilities. Like me, I am small, they doubt my capability to deliver babies.)*

*Meiro Manila midwife*

*"Mababā ang tingin ng tao kasi two years lang yung midwife samantalang yung nurses four year course. Ang Filipino kasi pag mataas yung profession mo, mas mataas ang tingin sa iyo. Samantalang kung tutuusin mo para na ring 4 years yung napag-aralan namin. BSN parang bachelor tapos sa midwife parang sinasabi nilang vocational course lang pero ang functions the same lang. Hindi pa sila nagpapa-anak."  
(People look down on us because midwifery is only a 2-year course, whereas nursing is a 4-year course. Filipinos tend to look at midwives as graduates of vocational course, unlike nursing which they consider a bachelor course. Nonetheless, midwives and nurses are almost the same in function. Nurses do not even deliver babies.)*

*Davao midwife*

- 2b. Other hazards of the trade are the dangers they face while making house calls. These include hold-ups, the inconvenience of going to far-flung areas, and, sometimes, lodging problems for the night.

*"Ang problema talaga sa aming mga midwife yung lumalabas ka during midnight. Sometimes sinusundo ka ng hindi mo kilalala. May experience nga ako noong 1987, pag-uwi ko hinold-up pa ako. Madaling araw, mga quarter to five."*

*(Our problem really is going out at night. Sometimes you will be fetched by someone you don't know. In fact, I had an experience in 1987. On the way back, I was even robbed. It was early morning .. around quarter to five.)*

*Cebu midwife*

- 2c. Other complaints are difficult patients and the frequent brown-outs which make assisting childbirth difficult.

*"May mahirap na pasyente. Sasabihin ayaw ko na, ayaw ko na! May first baby na naipit dahil first time, parang hindi pa sila marunong umire..!"*

*(There are difficult patients. They become scandalous, saying they don't want to give birth anymore. There was a first born baby who got squeezed because the mother did not know how to push.)*

*"Ngayon ang problema sa pagmi-midwife pag house call, yung brown out kailangan pa may rechargeable flashlight."*

*(The problem encountered by midwives now are the brownouts. You always need a rechargeable flashlight.)*

*Metro Manila midwife*

3. The only fulfillment they get is the satisfaction of performing a normal delivery and seeing their patients happy.

*"Masaya pagnanganak na, fulfilled ka kung normal. Tapos makikita mong masaya yung pasyente mo, tuwang-tuwa sa iyo yung mother, yung asawa, tapos ipinagmamalaki na ikaw ang nagpaanak. Tapos makikita mo yung pinanganak mo malaki na iyon, binata't dalaga na..."*

*(It's fun. If your patient has given birth to a normal child, you feel fulfilled. Then you see your patient, her husband and family very happy. They give you praises and recognition for delivering their child. After that, you see their children grow up.)*

*Metro Munila midwife*

## II. FAMILY PLANNING AND RELATED SERVICES

1. The bulk of family planning services rendered by midwives comes in the form of post partum counseling/education. They say that they make it a point to talk about family planning if the mother has already 3 or 4 children.
2. If the patient is the one who requests for education, then they do the "cafeteria method", which is talking about all the methods and objectively presenting the pros and cons of each. According to the midwives, they never decide for the patients; the family planning method is always the couple's choice.
3. The most popular forms of family planning, however, are the pills and the condoms, as endorsed by Health Secretary Juan Flavio Velasco's campaign.

*"Yung condom dahil sa AIDS. Yung ad ni Flavio Velasco-use condom. Malakas ang condom kaya 100% siya.  
(Condoms - because of AIDS. Flavio's ad - it uses condom.  
The use of condom is strong now, 100%).*

*Davao midwife*

4. Likewise, the midwives would rather suggest artificial methods than natural because they feel that natural methods rarely work. For instance, they cite that the rhythm method does not work because couples, especially in the depressed areas, do not have any form of entertainment other than sex. They also say that when the husband is drunk, they forget and dismiss the counting involved with rhythm.
5. Family planning related services that midwives render are pre and post-natal care and immunizations.

6. Health workers, because they have targets to meet, render more family planning services than private practitioners (who only do counseling). For instance, health workers should have a certain percentage of "new acceptors", "continuing users" and so on per month in their areas of assignment. Health centers also dispense free pills or condoms and can perform surgical operations, such as vasectomy and tubal ligation. However, there are no penalties involved if the targets are not met.

*"Kasi usually sila na ang nagpupunta sa health center dahil alam naman nila iyon. Tsaka kumpleto doon, eh. Sa akin walang gamit."*

*(They themselves go to the center because they know it's complete there. I don't have equipment here.)*

*Metro Manila midwife  
(private practitioner)*

7. There is hardly any revenue involved with family planning. Counseling, pills and condoms are given for free. In health centers, IUD insertions and other operations are also done for free or a very minimal fee.

### III. FAMILY PLANNING ISSUES AND CONCERNS

- 1a. Midwives take it upon themselves to give Family Planning advice, even if their patients do not ask for it, especially when they see their patients' conditions- a jobless husband, children with nothing to eat, squalid quarters and so on.

*"Pag nakikita mo yung condition, maraming anak, walang trabaho, talaga namang hindi pwedeng hindi ka mag-advise. Parang mas malaking kasalanan ang hindi."  
(When you see their condition - plenty of children and jobless, you cannot help but advise them. It's like a sin if you don't.)*

*Butangas midwife.*

*"Nagsasabi ako kasi nakikita ko talaga na naghihirap sila. Mahirap talaga. Minsan bumisita ka sa kanila, ang pananghalian nila saging."  
(I give advice because I really see that they are having a hard time. One time I visited them, their lunch was bananas.)*

*"Meron akong nakita, 12 na ang anak nila. Yung mother pag nagbuntis, naglalasing iyan para hindi niya ma-feel yung pain. Tapos ang lugar nila bangin, talagang dapat i-motivate mo sila."  
(I met one couple who already had 12 children. When the mother would get pregnant, she would get drunk so she won't feel the pain. They live along a cliff. You really have to motivate them.)*

*Davuo midwife*

- 1b. To the midwives' minds, they are doing their share to improve the economy by rendering family planning services.

*"At saka kasi sa sitwasyon ng bansa natin, talagang kailangang-kailangan nating tulungan sila. Kasi yun din ang magpagpapababa o isa yan sa mga makakapagpapababa sa economy natin kung iisipin mo naman na talagang pag dumami tayo talagang lalo tayong mababaon sa hirap."  
(With the situation of our country now, we really have to help them. Overpopulation is also one of the causes why we have poor economy.)*

*Metro Manila midwife*

2. According to the midwives, Filipinos are more open to family planning nowadays. While before, midwives have to go seek them out, now they themselves go to the medical practitioners. This is true regardless of age, residential location (city vs. country) and gender.

*"Last 1971, nahirapan akong mag-motivate noon. Ngayon sila pa ang pumupunta."  
(Last 1971, I had a hard time motivating them. Now, they are the ones who go to me.)*

*Cebu midwife*

3. However, although family planning is always a couple's choice, the midwives observe that those who go to them are mostly the females/wives. The males may go to them for condoms but most of the time they seek consultation for their wives.

4. Despite the headway family planning has achieved in terms of acceptance, some-barriers they cite are the...

- 4a. Church's strong stand against family planning (recently, Cardinal Sin and the health secretary engaged in a strong debate over this issue)

*"Sa simbahan, ganyan nga, bawal. Masama raw. Taloy kailangan mo na naman i-explain ito. Istart ka na naman na sasabihin mo na naman. Kailangan ma-convince mo na naman iyon."  
(The church prohibits it. They say it's bad. So, we're having a hard time explaining it. Now, we have a hard time explaining all over again. You have to convince them all over again.)*

*Metro Manila midwife*

Being Catholics, the midwives acknowledge that the Church has a right to proclaim their stand and that they somehow feel guilty as well. However, they justify their actions by saying that there is no abortion involved in family planning and that family planning is simply "spacing". It also ensures the health of the mothers and existing family members. Besides, they feel that it is a greater sin to just ignore their condition, when they could do something to alleviate their plight.

*"Coordinator ako ng Family Planning Program namin pero parang nagui-guilty na ako kasi bawat sermon na lang ng pari parang pinagpapahagingan ako tungkol sa family planning. Parang gusto ko na nga mag-resign."  
(I am a coordinator for the Family Planning Program, but I feel guilty everytime the priest gives sermon. As if he hits me indirectly. I feel like resigning already.)*

*Batangas midwife*

*"Hindi nila alam na ang Family Planning is spacing. Hindi naman ibig sabihin hihinto ka."  
(They don't know that family planning is spacing. It does not necessarily mean that you will stop giving birth.)*

*"Pero if the patient is well, why don't you help her? The more you sin (kung hindi ka magfa-family planning) dahil humihinga na siya. Ang mga unborn babies, unborn pa."  
(But if the patient is well, why don't you help her? It will be more sinful if you will not practice family planning because she's breathing; she's living. Unborn babies are still unborn.)*

*Cebu midwife*

*"Kasalanan din ang pagbayarin rin ang mga buhay na anak."  
(It is also a sin to let your living children pay for your responsibility.)*

*"It's better than abortion. Kung nagfamily-planning siya de hindi siya mag-iisip na ipalaglag."  
(... If she practiced family planning, then she would not have thought of abortion.)*

*Davao midwife*

4b. In-laws / parents who prohibit their children from engaging in family planning

In the Philippines where extended families are common and deference to older people is a must, in-laws who do not believe in family planning affect the decision of some couples.

*"Hindi namin nane-meet yung quota namin dahil sa mga old folks ba. Kung minsan ayaw nilang payagan yung mga anak nila."*

*(We don't get to meet our quota because of the old folks. Sometimes, they really won't permit their children.)*

*Taguanga midwife*

*"Meron din gustong mag-accept pero ayaw talaga ng mother o grandmother."*

*(There are also some who really want to accept but their mother or grandmother would not allow it.)*

*Davao midwife*

4c. Misconceptions regarding the different methods.

These misconceptions are common in the rural areas - condoms are thought to constrict blood, users of pills experience migraines; and those who have undergone surgeries or operations experience marked increase or decrease in desire for sex, weight gain or loss and so on.

*"Marami, kasi iba-iba ang sinasabi pag permanent na method. Meron daw nawawala na yung ano nila sa sex, meron naman daw gustong-gustong sex. May tataba, papayat."*

*(Many things. Different people say different things on the permanent methods. There are those who say they lose their desire for sex. On the other hand, some say they desire sex so much. There are those who get fat, others lose weight.)*

*Metro Manila midwife*

*"Yung iba akala nila pag family planning wala na silang love when it comes to sex."*

*(The others think that if you practice family planning, you lose your love when it comes to sex.)*

*Cebu midwife*

*"Yung isang lalake, nagpa-vasectomy tapos hindi na daw nabuhay (erection) pagkatapos ng operasyon. Pero psychological lang iyon."*

*(There was this guy who had a vasectomy and complained that he won't have erection after the operation. But that's all psychological.)*

*Butangas midwife*

- 4d. Lack of government support / no follow-up; lack of training on family planning methods

The midwives cite that sometimes, the health centers run out of stocks and are incapable of handling complications stemming from family planning methods.

*"Ang problema sa government, kulang ng supplies. Halimbawa, kung magkakaroon ng complications, infections sa IUD. Walang enough supply. May mga pasyenteng hindi talaga maka-afford ng ganot. Paano na lang iyon?"  
(The problem with our government is that it lacks supplies. For example, in cases of complications, infections in IUD. There's no supply of medicine and there are patients who cannot afford to buy medicine. What will happen?)*

*"Ang problema ko there are times na magpunta ang mga pasyente for IUD insertion eh paano ko maka-insert na hindi ako trained?"  
(My problem really is there are patients who go to me for IUD insertions. But I am not properly trained.)*

*Davao midwife*

#### IV. EXPANSION PLANS

- 1a. On a spontaneous basis, most midwives do not seem to have the vision to improve their practice. In fact, most of them appear to be contented with what they do and what they have at the moment. One respondent's reply best captures this:

*"Ewan ko. Hanggang diyan na lang ata ako."  
(I don't know. I think I can only go this far.)*

*Metro Manila midwife*

- 1b. Due, perhaps, to the amount of work they have and the lack of financial resources to come up with alternatives, some midwives even say that their dream is just to "have less work."

*"Ang pangarap ko mabawasan ang trabaho ko!"  
(My dream is to have my work lessened.)*

*Batangas midwife*

2. A common dream, however, is to move up the career path of a midwife. After graduation, one dreams of becoming a trainee in a health center because, owing to the variety of cases, it is here where experience can be amassed. Naturally, the trainee would wish to be absorbed by the center to get a monthly pay (trainees just get allowance or an honorarium fee). As a full-time government employee, the next step is to move up from Midwife 1 to 2 to 3.

Afterwards, because they are already "tired" at this point, an alternative is to have private practice (home deliveries).

3. According to the midwives, private practice is advisable because...
  - schedules are more flexible (own time)
  - work load is lighter/ there is less pressure
  - the focus of work is mostly deliveries (unlike in health center where you do so many other things)
  - higher income

*"Kasi financially nakikita ko na mas malaki ang income ko sa private practice. No regrets ako kasi nakikita ko na pataas ako. Kasi sa Favie salary lang ako. Tapos nagtrabaho ako sa government at ang nangyari nasa ay questionable pa ang pay namin. Every four months lang dumadating ang sweldo. Kaya naisipan ko nang magprivate practice. Hindi ako pressured sa pera at sa time. (Financially, income from private practice is higher. I have no regrets, as I can see I am on my way up. When I was connected with Favie, I was only on salary. Then I worked for the government and while there, our monthly pay was even questionable. We were receiving our wages only every four months. That's why I decided to have private practice. Here, I am not pressured with time and money.)*

*"Kasi ang hinahabol ko diyan hindi ako pressured. Pwede akong sa bahay lang unlike pag nasa city health na kailangan talagang mag-work 8 hours, tapos may reporting. Sa akin at least sarili ko. Ako mismo ang taga-record." (With private practice, what I am really after is less pressure. I can just stay at home, unlike in the health centers where you really have to work for 8 hours. Then, there are even reports to make. When you're in the house, you yourself are solely responsible. You keep your own records.)*

Davao midwife

4. However, private practice or making house calls is not something all midwives would wish for. There are some who just want to remain in health centers. Moreover, there are also some who, after having a private practice, decided to go back as a government employee. Deterrents to private practice are the following:

4a. Unstable income

Unlike government workers who get a fixed income, private practitioners have to seek out patients themselves. They have to contend with seasonalities and competition, such as hilots (herbal doctors); health centers which deliver for free; and other midwives with private practice.

*"Sa private practice mag-o-on-call ka lang; hindi permanenteng magkapera ka. Hindi naman permanenteng may mag papa-aanak sa iyo. Unless sa government ka..."*  
*(In private practice, you are just on-call, you don't have a steady income. You don't get to deliver babies always. Unlike if you are in the government ...)*

*Davao midwife*

4b. There are more risks involved

Unlike in health centers, where you still have supervision, a private practitioner is totally on her own and responsible for whatever outcome.

*"Buhay kasi ng pasyente ang hawak mo, hindi kaayua ng mga nasa hospital na may sasagot sa iyo. Pag nasa bahay ka, ikaw mismo ang sasagot. Kunsensya mo ang nakataya dito."*  
*(The life of your patient is in your hands; unlike in the hospital, where there will be someone who can answer for you. When you deliver babies at the house of the mother, you are responsible for everything. Your conscience is at stake.)*

*Cebu midwife*

5. Health center workers also feel that they would have a hard time moving to private practice because their patients are already used to their free services. They feel they will have a difficult time charging their patients for their services.

*"Mahirap from gobyerno to private practice. Kasi kilala ka na na TY. Mahirap maningil."  
(It's hard to shift from government to private practice, because people are used to getting your services for free. It would be hard to charge.)*

*Batangas midwife*

6. The idea of having a sideline is, however, very appealing to them. Most midwives say that they would want something to augment their income, like selling fried bananas, fried fish, buy-and-sell of house and lot, a garments boutique, piggery and so on.

7. Likewise, they want continuing education and training in fields related to midwifery (suturing, dressing, etc) or in family planning methods, such as IUD insertions and other operations. Currently, there are seminars being offered, but unless they are recommended and sponsored by the health centers or some pharmaceutical companies, they have to pay.

*"Kailangan recommendation talaga. Hindi naman pwedeng ma-train kung wala."*

*(You really need recommendation. You cannot go into training if you don't have one.)*

*"Hindi ka makakasali kung private practice ka unless kung may mag-sponsor sa iyo. Katulad ng mga drug companies."*

*(If you are in private practice you cannot join, unless somebody will sponsor you. Like for example, drug companies.)*

*Davao midwives*

*"May bayad. Ibig sabihin may mga fees kami diyan kaya kung gusto mo rin lang naman maka-avail ng ganoon, magbabayad ka pa rin- three hundred, five hundred."*

*(There's a certain amount you have to pay. If you want to go into training seminars, you have to pay about ₱300 - ₱500.)*

*Cebu midwife*

8. There are also some who want to be clinical instructors. However, this entails taking some education units. A very common aspiration is also to go abroad, like in Saudi Arabia and the USA, so they can earn in dollars.

9. Related to their line of work, the ultimate dream of a midwife is to have her own lying-in clinic. For midwives, the attraction of a lying-in clinic is the flexibility of work schedules and load and a higher income. They also say that there is an opportunity for lying in clinics because, compared to hospitals, services in a lying-in clinic would be cheaper.

For instance, those who have lying-in clinics say they only charge P1000.00 for a three day stay in the clinic. This includes delivery and post-natal care.

*"Kasi sa mahal ng mga hospital, may opportunity para sa mga lying-in clinic na ganito."  
(Because hospital charges are so expensive, there is an opportunity for these lying-in clinics.)*

*Metro Manila midwife*

10. Although this represents the ultimate goal, very few, however, have actually taken time to think through setting up a lying in-clinic because they feel that it is just beyond their means to fund one.

One midwife, who already has her own lying-in, shares that she was just fortunate to be given land and building to house her clinic. Also, she says that the lying-in has been a product of many years of planning and a great deal of guts to put up.

*"Maswerte lang siguro ako kasi may nanay akong medyo mabait sa akin. Dati na iyong bahay. Kung бага parang residential iyan tapos ewan ko kung anong nangyari, nag-change ang mind ko, ginawa kong clinic... Kasi kahit nang nag-aaral pa ako noon, nag-iipon na ako ng mga instrumento talaga kasi plano ko talaga na mag-sarili someday."  
(I guess I'm just lucky because I have a mother who is kind to me. The clinic was originally a house situated in a residential area. I don't know what happened, but, one day, I just decided to convert it to a clinic. Even while I was still studying, I was already saving for equipment because it was really my dream to be on my own someday.)*

*Davao midwife*

Moreover, she admits that her lying in is far from being state of the art. She has two beds and a delivery table which are all make-do. Even her equipment are just innovations. For instance, she uses a typical kitchen steamer to serve as sterilizer and her containers are old Nescafe coffee bottles. (See pictures in Appendices 1.6 & 1.7) Nevertheless, this type of lying in typifies what midwives dream of. Apparently, they are not dreaming of a high-tech clinic, but something which they can just operate from a garage or some extra areas in their house. As one respondent puts it...

*"Kung ideal, hindi mo talaga makukuha iyan.  
(If it's really the ideal, you surely won't get it.*

*Davao midwife*

11. Another plan for expansion mentioned is the maternity clinic, which is a step above a lying-in clinic. It is bigger (composed of more than 5 beds) and usually managed by a group of midwives. It is also housed in one separate building.

## V. REACTIONS TO THE CONCEPT

### A. SPONTANEOUS REACTIONS

- 1a. Initial spontaneous reactions to the concept are positive. Almost all the midwives who participated in the study consider the idea as "the answer to their dreams/prayers."
- 1b. The main points of attraction with the concept are that it is a fund for them: a fund which can finance their needs in training and education and for setting-up businesses related to their profession.
- 2a. An instant dampener to their enthusiasm, however, are the payment terms. Although the details are not specified, the midwives already feel that it will be beyond them given their current financial status.

*"Baka hindi ako makabayad...  
(I might not be able to pay.)*

*Batangas midwife*

- 2b. Their next question is "how?". Although they may have ideas where they might use the fund, planning and putting up their dream expansion plans appear to be difficult for them. Thus, they say that this idea is only as good as its chances of working.

*"Maaganda kung mag-wo-work."  
(It's nice if it will work.)*

*Metro Manila midwife*

3. The midwives also noted that the expansion plans that are only acceptable for this loan fund are those related to their profession. Thus, while the FP requirement is not a major negative, there is some disappointment sensed that they cannot use this to finance the education of their children, put up their piggery, jewelry business and so on.

B. PROJECTED USE

1. The midwives say that this loan fund can be used to finance their...
  - clinic
  - education (training and seminars)
  - and, for those who already have lying-in clinics, additional equipment, or perhaps, a maternity clinic
2. For all options, the midwives do not have a clear idea as to how much it will cost to put them up, and consequently, how much they will borrow. This is further complicated with rent or buy decisions for land/location and so on.
3. Their plans and corresponding cost as follows:
  - a. According to the midwives the steps necessary to put up a lying-in clinic are the following:
    - Survey possible number of patients, competitors in the area
    - Tie -up with a doctor who will be a retainer to the clinic
    - Get a license for the clinic
    - Look for location (extension of their house? rent? buy?)
    - Construction of the clinic
    - Procure fixtures, the minimum requirements being:
      - delivery table
      - beds (1 or 2)
      - Equipment/Instruments (a complete bag, gloves, etc.)
      - Office Materials (obstetrical records, etc.)
      - Staffing (other midwives or trainees/students)
  - b. Fixtures need not be bought. Almost all midwives interviewed who have lying-in clinics just had their fixtures made from wood scraps (see pictures in Appendix #1).
  - c. According to the midwives, the total amount to be put in a lying-in clinic varies, depending on how advanced it is. An estimate is about P15,000 for the place and P30,000 for all equipment for a make-do lying-in. A more realistic estimate however is about P100,000-300,000.

A midwife with a lying in clinic in Davao (about 45 square meters, with 2 beds, 1 delivery table), estimates the whole clinic to be worth 250,000. To run it, she says she needs only about P3000 monthly.
  - d. Other necessary equipment for a lying-in clinic are the autoclave, which costs around ₱15,000; and the suction machine, also worth around P15,000.
  - e. Trainings and seminars cost around P500 per session.
  - f. A maternity clinic with a capacity of 20, plus a staff of three midwives, is estimated to cost P500,000.00.

C. REACTIONS TO THE FAMILY PLANNING CLAUSE

1. According to the midwives, the Family Planning Clause is acceptable because, even if it is not required, they would render it anyway if they have a lying-in or maternity clinic. Also, the training and further education they wish to get is also within the line of Family Planning.

Likewise, they feel there is no contradiction between Family Planning and maternal/child care because the two go hand in hand and are performed by midwives.

D. RELEVANT / KEY COMPONENTS

1. The amount to be borrowed also depends on the type of lying-in clinic planned. Off-hand, the midwives say that they will probably borrow from ₱30,000 - ₱150,000.
2. One thing they are sure of, however, is that they could only afford to pay around ₱100 - ₱1,000 monthly. They would also need a repayment period of 5-10 years.
3. Although the midwives are not at all familiar with current payment terms, they take the phrase "attractive interest rates" to mean the lowest possible or, to their perception, around 2%.
4. Collateral is something they could not put up.
5. The midwives feel that the best bodies to introduce this loan fund concept would be NGOs, cooperatives, government agencies, because they are more lenient, more personal and would provide support and follow-up.

*"Ang mga NGO nakakausap ng direktso. Bibisita sa clinic. Kung may problem, may taong tutulong. Support not just loan."*

*(You can talk to the people of NGO personally. They will visit your clinic. If you have a problem, there will be someone who will help. There should be support, not just loan.)*

*Metro Manila midwife*

6. Although there is security with banks and there is assurance that you are remitting to a credible institution, the midwives perceive them to be distant - very strict, formal and complicated. Banks are also known to have very high interest rates.

*"Masyadong mataas ang interest rates. Kung hindi ka makakabayad, mapo-forfeit ka. Hindi puwedeng paki-usapan."*

*(The interest rates are too high. If you cannot pay, you forfeit. You cannot bargain with them.)*

*Metro Manila midwife*

*"Mahirap sa hangko. Maraming pasikot-sikot. Istriktong masyado. Malulunod ka sa interes."*

*(It's difficult with banks. It's complicated. Banks are too strict. You will drown in the interest rates.)*

*Davao midwife*

Exceptions to this, however, are development and government banks, such as PNB and DBP.

7. Other Institutions which could introduce this loan fund are medical schools, Family Planning agencies and puericulture centers.

## E. RATING OF THE CONCEPT

1. The concept is given an average rating as follows:

Metro Manila	-	8.8	(out of 10 point interest scale)	
Cebu	-	4.7	(out of 7 point interest scale)	- somewhat interested
Batangas	-	5.0	(out of 7 point interest scale)	- somewhat interested
Davao	-	5.7	(out of 7 point interest scale)	- somewhat interested interested

2. Although the concept is received positively, the ratings from all areas under study appear to be "somewhat interested" only. The main reason for this (as shown by their responses to factors that could interest them/hinder them) is their lack of courage to put up their own private practice. Given their current financial capacity, putting into reality their expansion plans is such a big risk for them. Most of them do not know how to start or how to go about it. They wonder about their expansion plans' turn out and if they could meet the performance covenants. They are unsure if Family Planning can be a financially viable business venture.
3. Those who are more interested with the concept are those who already have lying-in clinics or private practice and would just want to expand or upgrade. This is also appealing among health center workers (25-40 years old) who are tired of being government employees and want a chance at getting a higher income.
4. Young midwives or fresh graduates are notably not as interested with this concept because at this point, they feel they are too raw to start out on their own or have private practice. They feel being a health worker is still the best way to first gain some experience. Also, most of them are still entertaining options of either going abroad or taking on another profession.  
  
Old midwives (40 and above), on the other hand, simply lack the energy to put up their own private practice at this point in their lives, when they would rather just retire.

F. SUGGESTIONS FOR IMPROVEMENT OF THE CONCEPT

A suggestion is to have this concept structured and packaged with all details specified. The respondents voiced out that if they are shown a successful model to emulate, then they would be more inclined to avail of the loan.

*"Kung meron ng umutang na nag-click, magiging inspirasyon."  
(If there's already one who borrowed and succeeded, then that will be an inspiration.)*

*Batangas midwife*

*"Dapat may mga guidelines. Sa contract at sa maari naming gawin."  
(There should be guidelines on the contract and on how far we can go.)*

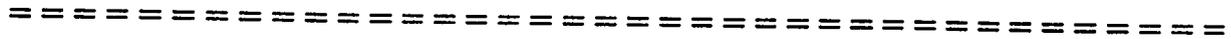
*"I need evidence or proof that it will succeed."*

*"Dapat black and white ang rates. Meron rin sanang contract para sa grupo ... like corporations."  
(The rates should be put into paper. There should also be contracts for groups or corporations.)*

*Davao midwife*

**DETAILED FINDINGS ON  
NURSES**

## DETAILED FINDINGS ON NURSES



### I. CURRENT PRACTICE

#### A. SCHEDULES/SERVICES RENDER/SALARY

There are five types of nurses: hospital/staff nurses; public health nurses; company/industrial nurses; school nurses and special nurses.

1a. Staff nurses are those who work in hospitals. They define their work to be "total patient care" since they are in charge of patients confined in the hospital. According to them the services they render are "routinized" and consist of the following:

- carrying out doctors' orders
- doing rounds/ charts
- giving medications
- vital signs

1b. Staff nurses follow an 8-hour shifting and earn an average of P3500-P5600 monthly, depending on their level (Staff Nurse 1, Staff Nurse 2, Chief Nurse). They also get rotated among different fields of specialization (i.e. pediatrics, internal medicine, etc.)

1c. The main advantage of being a staff nurse is the exposure. They get to experience a variety of cases, which is good training for new graduates or those who wish to work abroad. Likewise, they get to practice everything they have learned in nursing school. Another bonus is the gifts which they sometimes receive from patients.

*"Sa dami ng ginagawa nagagamit lahat ng napag-aralan ko." (With all the things that I do, I really get to practice everything I have learned in school.)*

*Batangas nurse*

1d. The downside of being a staff nurse, however, are their schedules, as they cannot choose their shifts. It is therefore inevitable that they will have some graveyard shifts.

- 2a. Public health nurses work in government centers and earn about ₱4,000 monthly. Although they do not have shifting and follow an 8-5 schedule, they go out on field during the day to their areas of assignment. Rural public health nurses, together with midwives, are assigned 1 unit, composed of a number of barrios (10-20). They render the following services:
- immunizations (BCG, DPT, Polio, TT, anti-measles and hepatitis, etc)
  - family planning and Maternal/Child care
  - supervision of midwives
- 2b. Public health centers devote each day to a particular activity. For instance, they have an immunization day, an Operation Timbang day, an IUD insertion day and so on. However, they are not very strict about their scheduled duties. Patients who come for other services not on the assigned day are still welcomed and given attention.

*"We have consultations everyday. But on Monday, we give family planning contraceptives, then injections for tuberculosis. We entertain emergency patients with fever and diarrhea. Then Tuesday for morbidity check-up, from new-born to adult check-up. Wednesday is immunization day and Thursday, that is for pre-natal. Friday we insert IUDs, we give contraceptives to our patients... That is the schedule, but if there are patients coming, even if it's not on scheduled day, we entertain pa rin kami."*

*Cebu nurse*

- 2c. The advantage of being a public health nurse is that duties last only from 8-5. This is very convenient for those who are already married and prioritize their family life.

*"I choose (sic) Public Health nurse because I am already married and I want my family to be intact. After office hours, we are one again."*

*Cebu nurse*

Also because they go out and render different services, they are looked at 'like doctors and midwives'. Additionally, they are rich in experience and training, since they handle all ages, gender and types /cases of patients.

*"Nagagawa na rin namin ang trabaho ng doctor." (We can also do the job of the doctor.)*

*Batangas nurse*

*"In the absence of a doctor we are the ones who face the patients. If the patient is okay for immunization, we immunize without the doctor."*

*Cebu nurse*

*"Sa public health, when the doctor is out, you are automatically the doctor." (In the public health centers, when the doctor is out, you are automatically the doctor).*

*"Kung absent ang doctor pwede kang maging doctor at the same time magiging midwife ka pa." (If the doctor is absent, you can be the doctor, at the same time, the midwife.)*

*Davao nurse*

- 2d. The disadvantages of being a public health nurse are the amount of work and the risks involved while on field. These nurses say that, because they handle all types of cases/patients, they are exposed to diseases.

3a. Industrial nurses work in companies (mostly manufacturing). Depending on company hours, these nurses may also go on 8-hour shifting. Unlike the other nurses, who see and handle patients everyday, industrial nurses just wait for patients, if any, to come to the clinic. Their duties include the following:

treatment and diagnosis of common illnesses, such as cough, colds, headache, dysmenorrhea, LBM, malingering, etc.

dispensing medicines (first and second dosages only) for these common illnesses or follow-up dosage for maintenance such as hypertension and diabetes (not allowed to dispense antibiotics)

attending to work-related emergencies (wounds, cuts, burns, eye irritations, etc.)

rendering family planning advice/counseling; dispensing free pills and condoms

administrative duties

-- updating SSS reports, sick leaves, maternity leaves, health-related leave credits

-- preparing daily, weekly, monthly reports to the Dept. Of Health, Dept. Of Labor

-- completing population surveys

conducting annual physical examinations

coordinating activities like talks, movies with management and employees

coordinating with government agencies, like Dept. of Health, for monthly activities, such as Sight Saving Month

3b. The nurses attend to all employees who go to the clinic. However, severe cases or those requiring operations are referred to a medical retainer who visits a few hours daily.

*"During bottling operations, minimum of 5 patients get abrasions, mga wounds, maliit lang na sugat. Minimum of three patients a month for stitches. I call for a physician para magtaka." (During bottling operations, 5 patients, at the minimum get abrasions or small wounds. There we get a minimum of 3 patients a month for stitches. I call for a physician to do the stitching).*

*Davao nurse*

- 3c. However, if there is a nearby hospital (within 1 kilometer radius), a doctor is not needed in the company clinic. The nurse just refers serious cases to the hospital.
- 3d. Among different types of nurses, industrial nurses earn the highest at ₱3500 - ₱7000, depending on their level and the company.
- 3e. Aside from the higher pay, other advantages are the lighter work load and other privileges, like free meals and being in an air-conditioned room all day.

*"Nakaupo ka lang. Naghihintay ka lang ng patient. May time pa talaḡang walang pasyenteng pumapasok." (You just sit there. Waiting for patients to come in. There are even times where there are no patients.)*

*Metro Manila nurse*

- 3f. The disadvantages of being a company nurse, however, are that they do other things, specifically paperwork and coordination, and less of 'nursing'.

- 4a. A school nurse earns a minimum of ₱100 daily and basically handles cases from the school population. Her duties include...
- dispensing OTC medicines and antihistamines, antibiotics with the physicians' prescription
  - rendering emergency measures
  - vital signs
- 4b. According to the nurses, the advantage of being a school nurse is the light load. However, the respondents say that being a school nurse is not good training. The cases handled are very simple and patients are limited to children.
- 5a. The special nurse is the only type of nurse purely in private practice.
- 5b. Unlike other types of nurses who handle many patients, special nurses handle only one patient at a time and usually reside in the patient's house. Their duties would vary depending on their patient's illness.
- 5c. It is notable that those who work as special nurses are those who just graduated and are still waiting for their license or those who are in-between jobs.
- 5d. The advantage of being a special nurse is the light load they have. The negative side of it, however, is that they get patients only through recommendations. Moreover there is no fixed salary for special nurses. They cite that there is a group called PDN (Private Duty Nurses), which facilitates employment and ensures a fixed salary. However, the association requires a membership fee, which new nurses could not yet afford.

*"Sa PDN, your name will be listed there. You will be called but mostly for hospital cases. You have to undergo training and your rate will be higher. But you have to pay a fee. So in our case na pa contact-contact lang, mas lower ang rate namin." (PDN lists your name and calls you, although they're mostly hospital cases. You have to undergo training and your rates will be higher. But you have to pay a fee to be a member of PDN. So, in our case, where we only wait for referrals or recommendations, our rates are lower.)*

*Cebu nurse*

- 5e. Currently, a special nurse receives about P300-P500 per 12 hours, depending on the shift (night shifts pay more) and the generosity of the family. The rates could be lower if the nurse is still unlicensed. One young special nurse says that she was given only P100 a day before because she still did not have her license.

*"Parang exploited ako. P100 for 12 hours lang ako dahil wala pa akong license noon." ( It seems like I was exploited before because I got only P100 for every 12 hours. I didn't have my license that time.)*

*Cebu nurse*

- 5f. It is also common for special nurses to have relatives as patients. Although they may not be paid well, the family pays her in kind or through some other forms.

*"Walang bayad sa akin pero yung mga relatives ko ang nagbayad ng exam ko for the States." (I am not paid but my relatives shouldered the fee for the US exams.)*

*Metro Manila nurse*

- 5g. Another disadvantage cited is that, aside from the patients, the special nurse also has to get along well with the family of the patient.

*"Pakikisamahan mo pa pati relatives." (You have to get along even with the relatives.)*

*Metro Manila nurse*

## B. EQUIPMENT

Although the nurses' duties vary depending on their type, the most common equipment they need are the following:

- thermometer
- sphygmomanometer (blood pressure apparatus)
- delivery set (for emergencies)

## C. PROBLEMS ENCOUNTERED

1. The foremost problem facing nurses is their low salary. Given their amount of work, not a few of them even question why they are in that profession.

*"Why do I do this service?"*

*"Do I really like this service or just took this because uso (the fad?)?"*

*Metro Manila Nurses*

2. Fresh graduates also complain that, even if they train in a hospital, it is very difficult to get absorbed. They say that to get in, one needs a backer.

*"Mahirap talaga. Isang taon na akong trainee. Tapos allowance lang monthly ang nakukuha ko. Tapos hindi ko pa alam kung kukunin ako ng hospital. Parang kailangan pa ng backer sa loob." (It's really hard. I've been a trainee for already a year and I'm only getting a monthly allowance. And I don't even know if the hospital will get me. It looks like I need a backer from the hospital to get in.)*

*Barangas nurse*

3. Other problems facing nurses are the patients themselves. They feel that sometimes they become "shock absorbers" of the patients' discomfort and frustrations.

*"Napro-project sa nurse ang feelings ng patient." (The feelings of the patient are projected to the nurse.)*

*Metro Manila nurse*

4. Still another problem is the risk of contracting diseases, given the lack of protection or preventive measures.

*"Walang protection masyado. Halimbawa sa health risk. Risky ang trabaho natin sa pasyente gaya sa hospital." (There is not much protection. We have health risks because of our job and because of the patients we're exposed to in the hospital.)*

*Davao nurse*

5. A common feeling is that the nursing profession also does not command respect. They feel that nurses are just seen as maids and are always in the shadow of doctors or even midwives.

*"Ang pagtingin ng tao sa amin especially sa doctor nati-small kami." (The way people look at us. We are belittled compared to doctors.)*

*"Minsan parang maid na lang kami." (Sometimes we're just like maids/help.)*

*Cebu nurse*

## II. FAMILY PLANNING AND RELATED SERVICES

- 1a. The family planning services nurses render come mostly in the form of counseling because everything else has to be supervised by the doctor.

*"The only thing a nurse can do without a doctor is counseling. We handle teaching only. Kasi even injections have to be supervised."*

*Metro Manila nurse*

- 1b. Counseling is usually done after delivery, especially if the mother has had three children already. Before discharging, the nurses give health, diet and personal hygiene teachings.

*"Ako pagnakatatlo na, talagang nag-aadvise akong magpangugong sila o magpatali o kung ano man ang mas hiyang sa kanila."*

*(If the mother has three children already, I really advice her to have a tubal ligation or whatever method suits her.)*

*Batangas nurse*

*"Before idischarge namin, nagbibigay kami ng teachings. Kasama na lahat yun. Kung kelan siya pwede kumilos, magpa-sexy, mag-exercise, personal hygiene." (Before we discharge, we give teachings, which include everything-when she can move around, start exercising and regaining her figure, personal hygiene.)*

*Metro Manila nurse*

- 2a. By types, it appears that company nurses are more proactive in rendering FP services because companies are usually affiliated with FP agencies, like FPOP; POPCOM (Population Commission); PCPD (Phil. Center for Population and Development), which is under the RPMCH (Responsible Parenthood Maternal and Childhood Program). These agencies help them come up with activities for the employees, such as movies and lectures related to FP . They also give training seminars for the nurses.

*"I attended a training in PGH for one month in different, comprehensive basic family planning course for the benefit of the employees."*

*Metro Manila nurse*

- 2b. In coordination with these agencies, some company nurses are in charge of forming networks, among the employees, to speed up acceptance and dissemination of FP methods. They form a pool of "Kaugnays", who in turn reach out to other co-workers.

*"What I did last September, I trained 15 people. Kailangan para ma-reach na pang mga taong iyon. Yung taga-doon mismo. I trained them for two days and then for Saturday we are going to have a program for giving certificate of attendance. I call them Kaugnay." (I trained 15 people last September. These people will then reach out to others. I trained them for two days and, this Saturday, we have a program where we will give them certificates of attendance. We call them Kaugnays.)*

*Metro Manila nurse*

- 2c. In terms of other operations, however, the company nurse still has to refer the patients to doctors or hospitals for IUD insertions, pap smears, tubal ligation and other procedures.
- 2d. Public health nurses are also more active than their other counterparts because health centers specifically have a Family Planning day and require nurses to 'motivate'. Public Health centers also let the nurses attend FP Training. Thus, these nurses could perform operations on their own.

*"Kami na mismo ang nag-iinsert ng IUD because we are trained to do it. Mostly nurses and midwives in City Health are allowed to do it because we have attended a Comprehensive Family Planning Training for 1 month." (We insert the IUDs ourselves because we were trained. Nurses and midwives in the city health are usually allowed to perform them because we have attended a Comprehensive Family Planning training for 1 month.)*

*Cebu nurse*

- 2e. Staff nurses rarely get to render family planning, unless they are rotating in Obstetrics.

*"Very rare kasi I handle Pediatrics. Meron lang kung ang areas ay OB. (You only render if you're in OB)"*

*Cebu nurse*

3. By locale, rural nurses are more active in rendering FP services because of the lack of medical practitioners. Unlike in Metro Manila, where everything has to be supervised by the doctors, rural nurses have no choice but to train in IUD insertions and other operations and perform them without the doctor's supervision.

### III. FAMILY PLANNING ISSUES AND CONCERNS

1. According to the nurses, people, including males, are now more open and educated about family planning. Compared to a few years back, when they were embarrassed to talk about it, couples themselves now seek counseling. In these cases, most nurses go by the "cafeteria method", where they discuss each and every method, including their advantages and disadvantages. Final choice is always left to the couple.

*"Sometimes, the patients will be the ones to come over to our center and they want to have family planning. Lots of them are educated already."*

*Cebu nurse*

*"Kadalasan dito sa atin sa Philippines, ang babae lang talaga ang humihingi ng advice sa center. But in a way, nakikita na namin na marami, na-observe na namin na ang husband and wife nagpupunta na sa health center." (Here in the Philippines, it's usually the female who asks for advice, but lately, we observe that it's the husband and wife now who go to the health center.)*

*Davao nurse*

2. The most popular forms of family planning are the pills and condom, because of their convenience and cost. However, the nurses also believe that discipline is key, regardless of method.

*"It's a matter of discipline. No matter how you present all those artificial or natural methods, if iba rin ang tingin nila, walang kwenta (... if they look at it in a different way, then it's useless)."*

*Cebu nurse*

3. Despite its progress, however, some hindrance to acceptance of FP, as observed by the nurses, are the following:

the belief among poor people that children are their only asset

misconceptions/ ignorance on FP methods (i.e. pills cause cancer and headaches, condoms reduce satisfaction, tubal ligations result to general body fatigue and vasectomy diminishes manhood)

FP runs contrary to religious beliefs

- 4a. Personally, however, nurses are all for Family Planning because they believe that it is just actually spacing. They say FP is a sign of maturity, on the couple's part, because there is planning or management involved, and that it naturally goes hand-in-hand with responsible parenthood.

*"It is a solution to over-population!"*

*"One way of solving our economic problems."*

*Cebu nurses*

*"Parang ito ay maturity coupled with responsibility. Yung hang pag-punta mo talaga sa pag-aasawa there is planning involved. There is management. It goes hand-in hand with responsible parenthood."*

*(This shows maturity and responsibility because there is planning involved. There is management. It goes hand-in-hand with responsible parenthood)*

*Metro Manila nurse*

- 4b. Also, they believe that, even if they themselves are Catholics, they are doing the nation a favor by promoting family planning.

*"Ako katoliko pero hindi ako nakakonsensya dahil natutulungan ko sila." (I am a Catholic, but I am not bothered by my conscience because I am able to help them.)*

*Batangas nurse*

- 4c. Moreover, FP ensures protection of the health of the mothers and their children.
- 4d. For their part, therefore, nurses feel compelled to 'motivate' patients on family planning, especially when they see it is badly needed.

*"We deal with clients, especially the poor ones, with plenty of children and the father has no job. We really motivate them to do family planning."*

*Cebu nurse*

#### IV. EXPANSION PLANS

- 1a. Due to seemingly limited earnings and growth prospects, it appears that nurses do not have much ambition with regard to their career. In fact, some of them see nursing as a dead-end.

*"Status quo. Hanggang diyan ka na lang. (Just that.)  
Unless you aspire."*

*Batangas nurse*

- 1b. Not surprising, therefore, is the prevalent wish of many to go abroad and practice nursing there.

*"Ang aspiration ko kaginhawaan ng buhay. Paano? To go  
abroad."  
(My aspiration is to have a comfortable living. How? To go  
abroad.)*

*Davao nurse*

- 1c. Some are also contemplating having small businesses on the side, like a sari-sari store, orchid garden and so on.

2. A natural career path, however is for trainees to be absorbed in the hospital or health center; for government and hospital nurse to move up from staff to head or chief nurse; and for company nurse to be promoted to a higher level. However, they admit that this takes a long time.

*"Wala kang nakikitang bata na chief nurse. Pagtumanda ka lang gagawing chief nurse." (You never see a young chief nurse. It's only when you're old that they promote you to chief nurse.)*

*Batangas nurse*

- 3a. There are a few who have private practice on the side, like performing vital signs or family planning, for a fee.

*"Tapos may sideline pa. Kung may special patient's request gaya ng blood pressure o pap smear tapos magbabayad sila. Depende na sa kanila parang donation lang. Pero ang pap smear mga P40.00. (I also have a sideline. If there is a special request from a patient like, for example, blood pressure or pap smear and they pay. The amount depends on them. It's just like a donation. But a pap smear is around P40.00.)*

*Davao nurse*

- 3b. However, their private practice are kept confidential. In fact, these nurses even call them "under-the-table" deals because to their minds, nurses cannot have private practice, unless she is a special nurse. Nurses also have very few individual functions or those they can do without a doctor's supervision.

*"May extra income ako but under-the-table." (I get extra income but it's 'under-the-table'.)*

*Davao nurse*

- 3c. They cannot do house calls or deliveries, even if they know how, because they are not licensed to. It is in this area where nurses feel very frustrated.

*"Unlike the midwives that they have DOS (deliveries outside) the district services, we are not allowed to have deliveries outside. We have midwives, so we give it to them."*

*Cebu nurses*

- 3d. The only nurses who have private practice in the open are those who are also midwives. These nurses-midwives deliver after clinic/hospital hours.

*"Nagdedeliver rin ako. P400 pag multi, P600 pag prime."  
(I also deliver. P400 if it's multi. P600 if it's prime.)*

*Davao nurse*

- 3e. Because of all these, private practice is rarely entertained. The nurses also foresee that putting up their own private practice will just create friction, especially with doctors.

*"If the nurse has private practice, it will create competition with the doctors. They will get jealous."*

*Batangas nurse*

- 3f. Lastly, most of them do not have private practice, simply because they do not have extra time.

*"We have no more time."*

*Cebu nurse*

4a. Nevertheless, some expansion plans they mentioned that nurses can take are the following:

- continuing education (trainings and seminars by the Philippine Nursing Association)
- take MA in nursing
- become a teacher/clinical instructor
- handle review classes
- put up a pharmacy/sell medicines
- put up a day care center
- put up an FP clinic
- put up a recruitment agency for nurses who wish to go abroad

4b. Despite the number of options, however, the nurses recognize that some of these expansion plans are not feasible in the short-term. For instance, becoming an instructor or handling review classes require an MA or even a doctorate in nursing (aside from a license from Dept. Of Labor plus the problems of staffing). Putting up businesses, like pharmacy and FP clinic, requires a partnership, with a pharmacist, doctor or midwife, for them to be licensed.

4c. On the other hand, taking an MA is only possible for older/higher level nurses, who have more flexibility with their schedules. Young nurses say they cannot take an MA, unless they study full-time, because they still have no control over their schedules.

4d. Trainings and seminars appear to be the most feasible options for nurses, but, even then, they require registration fees costing about P1000 per session.

V. REACTIONS TO THE CONCEPT

A. SPONTANEOUS REACTIONS

1. The concept is seen to be beneficial to nurses because it can help them with their financial needs. Giving them a private practice also uplifts their status.
2. The concept is, however, met with as much questions centering on the payment terms, the feasibility of putting up a private practice and its implications on their license. It was mentioned that part of the nursing law is for them to follow doctors' orders at all times.

*"How? How much?"*

*"How are we going to start?"*

*"Will it not affect our present work?"*

*"Papatagan ba tayo ng companya nating mag-private practice? (Will we be allowed by our company to have private practice?)*

*"Kaya ba nating walang doctor?" (Can we make it without a doctor?)*

*"Baka ma-revoke ang license natin. Diba sa nursing law we should always carry doctor's order?" (Our license might be revoked. Isn't it that the nursing law states that we should always carry doctor's orders?)*

*Cebu nurses*

*"How much will it cost?"*

*Metro Manila nurses*

B. PROJECTED USE

1. Projected use of this loan fund do not come spontaneously to the nurses.

*MODERATOR: Para saan niyo naman gagamitin itong pondo na mahihiram?  
(Where will you use the fund that you will borrow?)*

*RESPONDENT: Pag-iisipan ko pa.  
(I still have to think about it.)*

*Davao nurse*

*MODERATOR: Ano ang tingin niyo sa idea?  
(What do you think of the idea?)*

*RESPONDENT: Wala akong idea.  
(I don't have any idea.)*

*Cebu nurse*

One respondent mentioned that the only use he could think of for this loan fund is for his trip abroad.

*"Wala akong maisip dito kundi pamasaha sa abroad." (I cannot think of any use for this, except to use for my plane fare to go abroad.)*

*Davao nurse*

2. Nevertheless, the possible private practice or expansion plans they feel they can use the loan fund for and their corresponding cost estimates are the following:

Family Planning Clinic or Maternity Clinic,  
which can offer pregnancy tests, pre-natal care,  
X-rays, dental services, laboratories  
(estimated to cost from P50,000 to P500,000 at most)

Office for nurses-where people can call for special services

Day care centers (estimated to cost around P100,000 or  
P30-50,000 excluding location)

Home for the aged

Medical supplies boutique (estimated to cost  
around P500,000.)

Masters degree in Nursing (estimated to cost  
around P20-50,000)

C. REACTIONS TO THE FAMILY PLANNING CLAUSE

- 1a. The FP clause appears to be limiting to the plans and, in fact, seen to be a disadvantage by some in this respondent group. Should the requirement hold, the nurses say that plans for the Home for the Aged and the Medical Supplies boutique are automatically out.

*"Ito ang disadvantage nito. Ma-oblige kang magpractice nitong FP." (This is the disadvantage of this. You are obliged to practice FP.)*

*Davao nurse*

- 1b. The nurses say that they can do some family planning counseling and education in the day care centers and the nursing office, but that is as far as it can go. Even at that, rendering family planning will just be incidental.

*"Pwedeng free counseling pero ilang oras lang iyon." (We can give free counseling, but still that is only for a few hours.)*

*Davao nurse*

- 1c. Likewise, the FP clause limits the masters degree they can take to just Obstetrics, Gynecology and Family Health, unless, as the nurses offered, unless the thesis topic is on Family Planning.

D. RELEVANT / KEY COMPONENTS

1. The nurses had a hard time estimating the amount they would borrow, should they be interested in this loan fund, because their expansion plans are also not yet very clear and defined in their minds. They estimate it to be around P50,000, however.

The nurses are unaware of the prevailing rates. However, they perceive interest rates to be a low 1.5- 5%, repayment period to reach around 25 years and a monthly payment of only P1000.00

- 2a. The perceived institutions which can introduce this loan fund concept are...

- banks
- cooperatives
- NGOs
- PNA (Philippine Nursing Association)
- the private sector/private individuals (municipal treasurer)
- Department of Health
- foreign agencies
- medical associations like PAMET, PNA

- 2b. There are some perceptions, however, that banks have high interest rates. Cooperatives are seen to be more personal and more lenient with terms.

*"Sa kooperatiba, kilala na namin sila. Kilala nila kami, Magkakakilala." ( We know the people in the cooperatives. They also know us. People there know each other.)*

*Metro Manila nurse*

3. Other segments which the nurses feel may benefit from this loan fund are the midwives and the doctors.

E. RATING OF THE CONCEPT

1. Using a 7-point interest scale, the concept is given an average rating as follows:

Metro Manila	-	6.2 (Interested)
	-	5.2 (Somewhat Interested)
Cebu	-	4.4 (Neither Interested nor Disinterested)
Batangas	-	5.5 (Interested/Somewhat Interested)
Davao	-	6.0 (Interested)

2a. The concept is seen to be a first and, therefore, unique.

*"First time akong nakakita ng ganitong ideya. Maganda."  
(It is the first time for me to see an idea like this. Nice.)*

*Metro Manila nurse*

:

2b. Those who rated the concept highly did so because they feel that this presents an opportunity for them to improve their life.

*"I want to get rich!"*

*Cebu nurse*

*"Kailangan ko ng pera." (I need money.)*

*Davao nurse*

- 2c. However, those who are not so interested with the concept had other plans in mind, like going abroad, or had other priorities, like family.

*"I am disinterested because I have children and my husband doesn't want me to work na. Gusto na nga akong mag-resign." (I am disinterested because I have children and my husband doesn't want me to work. In fact, he even wants me to resign.)*

*"I am just very open. Open pa ako ngayon kung anong mangyayari. Mag-aabroad ba ako o ano. So I'm not interested in it." (I am just very open. I'm still open now to options of going abroad or whatever. So I'm not interested in it.)*

*Cebu nurses*

- 2d. The FP clause is also seen by others as a hindrance. The requirement somehow lessened the interest of some.

*"May hadlang. Ang condisyon, iyong 3rd. Babaan ko ng 4." (There is a hindrance. The condition stated in the third paragraph. I'll lower my rating to 4.)*

*Davao nurse*

- 2e. A big deterrent is also the uncertainty regarding their capabilities as debtors and as entrepreneurs/business-women.

*"Am I qualified?"*

*"This involves money. Nakakarakot. (it's scary)."*

*Metro Manila nurse*

- 2f. Thus, most of them feel that they need to make a careful study, first, before finally deciding on whether they will be interested to avail of the loan or not. Otherwise, they think that this just presents additional problems.

*"Somewhat interested but I am anticipating we might come into problems. Ayoko nang magka-problema (I don't want to have problems anymore)."*

*Cebu nurse*

*"I still need to plan. Find out how to start, what will be my plans."*

*Batangas nurse*

**DETAILED FINDINGS ON  
DOCTORS**

## DETAILED FINDINGS ON DOCTORS

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### I. CURRENT PRACTICE

#### A. PLACE OF PRACTICE AND INCOME

- 1a. All of the residents interviewed do not have any private practice because they are still in residency training. By doctor types, it appears that Ob/Gynes and General Practitioners are more likely to have private practice compared to surgeons.
  
- 1b. All Ob/Gynes interviewed have their own clinics while GPs either have their own clinics, hold office in a hospital or do house calls. Surgeons usually have their offices in the hospitals.

[TABLE 1]

- 2a. Since residents are in training, they see more patients in a week. In hospitals, the number of patients they see may range from 25-300. In contrast, all other doctor types see only about 5-100 patients in the hospital.
  
- 2b. Ob/Gynes notably see more patients (ranging from 6-280) while in their group clinic or in their individual practice, while General Practitioners see more patients in the hospitals.

[TABLE 2]

- 2c. Aside from their usual practice, General Practitioners also attend free clinics, where they usually see around 100 patients a day.

TABLE 1  
OWNERSHIP OF PRIVATE PRACTICE

	TOTAL	RESIDENTS	OB/GYNES	GP'S	SURGEONS
BASE: TOTAL INTERVIEWS:	(30)	(9)	(9)	(5)	(7)
	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>
YES	16	1	9	3	4
NO	14	8	1	2	3

TABLE 2  
AVERAGE # OF PATIENTS SEE IN A WEEK

	TOTAL	RESIDENTS	OB/GYNES	GP'S	SURGEONS
BASE: TOTAL INTERVIEWS:	(30)	(9)	(9)	(5)	(7)
	#	#	#	#	#
<u>HOSPITALS</u>					
1-50	11	3	5	1	2
51-100	3	1	1	1	2
101-150	2	2	1	1	1
151-200	1	1	1	1	1
201-250	1	1	1	1	1
251-300	2	2	1	1	1
<u>GROUP CLINIC</u>					
1-10	1	1	1	1	1
11-20	2	1	1	1	1
21-30	1	1	1	1	1
31-40	2	1	2	1	1
41-50	1	1	1	1	1
Free Clinic (100)	1	1	1	1	1
<u>INDIVIDUAL</u>					
1-10	2	1	1	1	1
11-20	1	1	1	1	1
21-30	1	1	1	1	1
31-40	1	1	1	1	1
41-50	2	1	1	1	1
More than 50	3	1	1	1	1
<u>PUBLIC GOVERNMENT</u>					
10	1	1	1	1	1
50	2	1	1	1	1
200	1	1	1	1	1

NOTE: Multiple Responses

3. The following table lists down the services most in demand, greatest revenue earning and most profitable services for all residents and doctor types:

**TABLE 3. GENERAL PROFILE OF SERVICES  
BY TYPE OF HOSPITALIZATION**

	RESIDENTS	OB/GYNES	GPs	SURGEONS
SERVICES MOST IN DEMAND	Consultations/ Counseling Minor or General Surgeries Deliveries Medical Check-ups	Consultations Deliveries Surgeries/Operations	Consultations Medical Check-ups Minor Surgeries	Consultations Minor Surgeries Major Surgeries
GREATEST REVENUE EARNING SERVICES	(Receive Fixed Salaries)	Consultations/ Counseling Deliveries Operations/Surgeries Pre-Natal Check-ups Dispensing Medicines Pap Smears	Consultations Medical Check-ups Minor Surgeries	Consultations Minor Surgeries Major Surgeries
MOST PROFITABLE SERVICES	(Receive Fixed Salaries)	Deliveries (Hospitals) Consultations/ Counseling (Group Clinics)	Consultations Medical Check-ups	Consultations Surgeries

- 4a. Residents earn anywhere from ₱2,500 - ₱10,000 monthly for the services they render in the hospitals.
- 4b. There is a wide discrepancy in terms of income for Ob/Gynes. For hospitals, Ob/Gynes may earn anywhere from ₱5,000-₱80,000 depending on their experience and status. Likewise, in group clinics, an Ob/Gyne may earn from ₱2,500-₱40,000. The lower end are those of salaried physicians while the upper end are of private practitioners. An Ob/Gyne interviewed who has her own clinic estimates her monthly private practice income to be ₱100,000.00.
- 4c. Practitioners earn around ₱2,500-₱10,000 while surgeons earn anywhere from ₱2,500-₱25,000 monthly regardless of location of practice. Again, the lower end is of salaried physicians and new doctors while the upper end are of private practitioners.

[TABLE 4]

B. PATIENT PROFILE

- 5. Patient profile appears to cut across locale, doctor types and location of practice. In general, the bulk of the patients these medical practitioners see come from the lower or middle income groups. Only about 10-20% are from the upper class.

TABLE 4  
MONTHLY INCOME

	HOSPITAL		GRP. CLINIC		INDIVIDUAL		PUBLIC GOVT.		LYING-IN		HOUSE CALLS	
	P	NP	P	NP	P	NP	P	NP	P	NP	P	NP
	#	#	#	#	#	#	#	#	#	#	#	#
Below 2,500	1	-	-	-	-	-	-	-	-	-	-	-
2,500-5,000	3	4	2	-	1	-	-	-	-	-	-	-
5,000-10,000	1	4	2	-	1	-	-	-	-	-	1	-
10,000-15,000	-	-	1	-	-	-	-	3	1	-	-	-
15,000-20,000	1	-	-	-	-	-	-	-	-	-	-	-
20,000-25,000	-	-	1	-	2	-	1	-	1	-	-	-
Above 25,000	2	-	1	-	1	-	-	-	-	-	-	-
Refused	1	-	-	-	-	-	-	-	-	-	-	-
No comment	1	-	-	-	-	-	-	-	-	-	-	-

LEGEND:

P - with Private Practice

NP - No Private Practice

## II. FAMILY PLANNING AND FP RELATED SERVICES

1. Residents and Ob/Gynes provide the most FP services such as:
  - gynecological exams
  - pap smears
  - family planning counseling
  - mammograms and breast exams
  - in-house lab or diagnostic services
  - sterilizations
  - immunizations
  - prescribing family planning products
  - IUD insertions
  - dispensing family planning products
  
2. For all these services, either the doctors or the residents render or perform the services themselves. However, there are a few (2 out of 18 residents/Ob/Gynes) who allow nurses to perform gynecological exams, pap smears, diagnostic services, immunizations and FP counseling. Likewise a few medical technicians are allowed to do the in-house laboratory, or diagnostic services. By locale, it appears that Batangas has the most incidence of nurses, med-tech or nurse-midwives performing these FP and FP-related services.

[TABLE 5]

3. Ob/Gynes who do not render mammograms or breast exams, pap smears and sterilizations reason that they do not have the facilities or the machines to do these.

[TABLE 5]

4. Among GPs, the services they render most are Family Planning Counseling and immunizations. However, some (3 out of 5 GPs) would render gynecological exams, mammograms and breast exams, pap smears, in-house laboratory or diagnostic services, and prescribing/dispensing FP medicines. In some cases, they would refer patients to Obstetrician/Gynecologists for these services or they simply do not have the equipment, machines or products to render these services.

[TABLE 5]

5. The FP services most surgeons render are mammograms and breast exams, followed by Family Planning Counseling. A few (1 out of 7), would give gynecological exams and immunizations, but they hardly render in-house laboratory or diagnostic services, prescribe / dispense FP products and anIUD insertions. They say that Family Planning is basically out of their specialization and that they leave these cases to the Ob/Gynes. Upon being asked why he does not render FP services a surgeon simply answered: "I'm a surgeon."

[TABLE 5]

**TABLE 5**  
**FAMILY PLANNING AND RELATED SERVICES RENDERED AND**  
**WHO RENDER (BY LOCALE AND SPECIALIZATION)**

	LOCALE				SPECIALIZATION			
	MANILA	CEBU	DAVAO	BATANGAS	RESIDENTS	OB/GYNES	GR'S	SURGEONS
<b>BASE: TOTAL INTERVIEWS:</b>	(8)	(7)	(7)	(8)	(9)	(9)	(5)	(7)
	#	#	#	#	#	#	#	#
<u>GYNECOLOGICAL EXAMS</u>								
Doctor	7	4	6	4	8	9	3	1
Nurse	-	-	-	2	2	-	-	-
<u>MAMMOGRAMS &amp; BREAST EXAMS</u>								
Doctor	5	4	7	7	7	6	3	7
<u>PAP SMEARS</u>								
Doctor	5	3	6	4	8	8	2	-
Nurse	-	-	-	1	1	-	-	-
<u>IN-HOUSE LABORATORY OR</u> <u>DIAGNOSTIC SERVICES</u>								
Doctor	6	-	5	3	6	5	3	-
Med-Technician	1	-	-	3	2	2	-	-
<u>IMMUNIZATIONS</u>								
Doctor	6	4	4	2	8	4	4	1
Nurse	-	-	-	1	1	-	-	-

**FAMILY PLANNING AND RELATED SERVICES RENDERED AND WHO RENDER (BY LOCALE AND SPECIALIZATION)... (Cont'd)**

	LOCALE				SPECIALIZATION			
	MANILA	CEBU	DAVAO	BATANGAS	RESIDENTS	OB/GYNES	GP'S	SURGEONS
<b>BASE: TOTAL INTERVIEWS:</b>	(8)	(7)	(7)	(8)	(9)	(9)	(5)	(7)
	#	#	#	#	#	#	#	#
<u>FAMILY PLANNING COUNSELING</u>								
Doctor	6	5	6	6	8	8	5	3
Nurse	-	-	-	2	2	-	-	-
<u>PRESCRIBING FAMILY PLANNING PRODUCTS</u>								
Doctor	5	1	6	2	5	7	3	-
<u>DISPENSING FAMILY PLANNING PRODUCTS</u>								
Doctors	3	1	3	2	4	4	2	-
<u>STERILIZATIONS</u>								
Doctor	4	3	4	3	6	7	-	2
No answer	1	-	-	-	-	-	1	-
<u>IUD INSERTIONS</u>								
Doctor	2	2	4	2	5	6	1	-
Nurse	-	-	-	1	1	-	-	-
Nurse/Midwife	-	-	-	1	1	-	-	-
No answer	2	-	-	-	-	1	1	-

6. Except for surgeons, almost all doctors, regardless of locale, have received FP training. Aside from getting FP training while in medical school, residents are actually getting on-going training for this. On the other hand, Ob-Gynes and GPs have had their FP training dating back 5-10 years ago.

[TABLE 6]

7. Those who render family planning services do so for free (especially residents and GPs). If they do get some income from it, it amounts to only about 10% of total income.

[TABLE 7]

**TABLE 6**  
**FAMILY PLANNING TRAINING**

	LOCALE				SPECIALIZATION				
	TOTAL	MANILA	CEBU	DAVAO	BATANGAS	RESIDENTS	OB/GYNES	GP'S	SURGEONS
BASE: TOTAL INTERVIEWS:	(30)	(8)	(7)	(9)	(7)	(9)	(9)	(5)	(7)
	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>	<del>≠</del>
YES	19	7	2	5	5	6	8	5	-
NO	11	1	5	3	2	3	1	-	7

**TABLE 7**  
**% OF INCOME FROM RENDERING OR SELLING FP PRODUCTS/SERVICES**

	LOCALE				SPECIALIZATION			
	MANILA	CEBU	DAVAO	BATANGAS	RESIDENTS	OB/GYNES	GP'S	SURGEONS
<b>BASE: TOTAL INTERVIEWS:</b>	(8)	(7)	(7)	(8)	(9)	(9)	(5)	(7)
	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>
None	3	1	2	3	5	1	3	-
1%	1	-	-	-	-	-	-	1
10%	2	-	1	1	-	4	-	-
20%	1	-	-	-	-	-	1	-
30%	1	-	-	-	-	-	1	-
No answer/Don't know	-	6	4	4	4	4	-	6

### III. EXPANSION PLANS

- 1a. Doctors put up their own private practice primarily because of the higher income they can get, as compared to just working in a private or government hospital, where salary is fixed. In fact, they say that what they can earn in private practice is more than double, sometimes even triple that of a salaried doctor (except if the latter is already a director or a head of a department.)

*"Alam mo ang private practice is much better than a salaried doctor, definitely 100%. Unless you are a director or a head of a department. Yun lang ang mga physicians na may gusto ng salaried practice. Lahat ng private practice malaki ang income, double, triple ang income sa private practice in terms of money." (Having private practice is much better than being a salaried doctor by 100%. Only heads of departments or directors like to be salaried physicians. But all private practitioners earn more, sometimes double or triple that of a salaried doctor).*

*Batangas GP*

*"Ganoon naman talaga iyon. (It's really like that) If you want to earn more and see more patients, you have to have a private practice."*

*Manila Surgeon*

- 1b. Private practice gives doctors the opportunities to practice what they have learned, to hone their skills and learn how to handle patients, to be independent and to rely on their own capabilities.

*"I established private practice to establish habits in handling patients."*

*Manila Resident (Ob)*

*"You should put up your own private practice para mag-practice what you've been practicing. Sayang lang yong mga residente hindi mag-private practice." (You should put up your own private practice so you can practice what you have learned. It's a loss for residents who do not go into private practice.)*

*Davao Ob/Gyne*

- 1c. Private practice is also more self-fulfilling.

*"Mas satisfied. Kita mo iyon. You always have room for improvement depende sa sipag mo." (It's more satisfying because you earned it. You always have room for improvement, depending on how much effort you put in.)*

*Manila Ob/Gyne*

- 1d. Other reasons why doctors go to private practice are the flexibility in time schedules, and the absence of red-tape common in government hospitals.

*"Pag private practice, mas flexible ang time mo. Pwede kang hindi mag-clinic o pwede kang mag-extend." (Your time is more flexible in private practice. You can choose not to hold clinic or you can extend your hours.)*

*Manila Ob/Gyne*

*"Specialist ako. Ayaw ko naman sa government. Maraming red tape. Hindi ko yon kaya." (I am a specialist. I don't want to work in the government because of bureaucratic red tape. I can't have that.)*

*Batangas Ob/Gyne*

2. The doctors who already have their private practice financed it from different sources, namely personal savings, parents, husbands, other family members, loan from banks or a combination of these.

*"At first we put up a small barong-barong clinic, then later on we borrowed money from DBP. That's why we put up a hospital."*

*Davao Ob/Gyne*

*"From my parents! Support"*

*Davao Ob/Gyne*

*"From my own money and from my parents."*

*Davao Surgeon*

*"Husband ko ang aking sponsor." (My husband was my sponsor.)*

*Batangas Ob/gyne*

*"Utang sa banko and some parts from my brothers and my father." (Loan from the banks and some parts from my brothers and father.)*

*Cebu Surgeon*

3. Almost all of those who have private practice own 100% of their practice. There were only 3 out of 15 who have private practice who own a portion (30-50%) of their practice.
4. According to the residents, the reason why they do not have private practice is because they are still in training and are too raw and lacking in experience to have their own at this point in time. They say that it is better to have private practice after taking specialization.

*"After you graduate from medicine, hindi mo pa alam ang lahat. (You still don't know everything.) You should undergo training of medicine for specialty or specialization. After finishing your residency, you can put up now your own private practice."*

*Davao Resident (Ob)*

- 4a. In fact, it was mentioned that private practice by residents is not even allowed.

*"It's prohibited. We're not allowed to have private practice."*

*Manila Resident (Surgeon)*

- 4b. The same goes for some doctors who feel that they still need more experience before they put up their own private practice.

*"Well, I have plans to put up my own private practice, pero at present part ako ng training hospital. After my training, yon, it's the time to start my own private practice."  
(Well, I have plans to put up my own private practice but at present, I am part of a training staff in the hospital. After my training, then that's the time to start my own private practice.)*

*Batangas Surgeon*

- 5a. Half of the respondents interviewed are interested in putting up their own private practice. This is particularly true for residents.

[TABLE 8]

- 5b. Interest is very much present among those who have no private practice. Among those who already have private practice, interest to expand is tentative. Only 2 out of 9 Ob/Gynes answered yes. The rest either answered no or did not give any answer.

[TABLE 8]

- 5c. Among GPs, 2 out of 5 expressed their interest while the rest had no answer. out of 7 Surgeons answered yes while the rest are either no or gave no answer.

[TABLE 8]

**TABLE 8**  
**INTEREST TO START/EXPAND PRIVATE PRACTICE**

	LOCALE					SPECIALIZATION				WITH PRIVATE PRACTICE	NO PRIVATE PRACTICE
	TOTAL	MLA	CEBU	DAYAO	BATANGAS	RESIDENTS	OB/ GYNES	GP'S	SURGEONS		
BASE: TOTAL INTERVIEWS:	(30)	(8)	(7)	(8)	(7)	(9)	(8)	(5)	(7)	(16)	(14)
	#	#	#	#	#	#	#	#	#	#	#
YES	14	4	3	4	3	7	2	2	3	2	12
NO	6		1	2	3	-	4	-	2	6	-
NO ANSWER	10	4	3	2	1	2	3	3	2	8	2

- 6a. Among residents, the most common expansion plans are to put up their own clinic or take further training (post-graduate studies).

*"To have my own clinic and have a private practice in a, private hospital in Batangas, San Juan."*

*Batangas Resident (Ob)*

*"To go on sub-specialty or further studies on a different field, either here or abroad."*

*Manila Resident (Surgery)*

- 6b. However, not all the residents have ready plans. Although they express interest in putting up their own private practice in the future, some of them have not worked out exactly what they want or what they want to do.
- 7a. Doctors also plan to have or expand their clinics, but they also have different plans according to their specializations. For instance, it is common among surgeons to specialize in a particular surgery, like cosmetic or plastic surgery. GPs also want to sub-specialize in a certain field.

[TABLE 9]

*"To have my own clinic someday!"*

*Davao Surgeon*

*"Magkaroon ng sariling clinic at saka training sa pediatrics. Mag-schooling pa ulit sa government training hospitals." (To have my own clinic and to train in pediatrics. To study again in government training hospitals.)*

*Manila GP*

*"To train for cosmetic surgery kahit one year lang especially in Japan." (To train for cosmetic surgery, even for only a year, especially in Japan.)*

*Manila Surgeon*

*"Mag specialize sa dermatology." (To specialize in dermatology.)*

*Cebu GP*

- 7b. Ob/Gynes on the other hand, plan to put up their own maternity clinics.
8. Some of those who already have their own private practice have no expansion plans at the moment, reasoning that they already have their own clinics. However, there are also some who, despite having their own clinics, still have plans for improvements or expansions- to have a bigger place, to have more patients, to add more staff, to have other clinics, to put up a charity center and so on.

[TABLE 9]

*"Naku marami. To get a bigger site. Ang liit kasi ng lugar kong ito considering I'm operating 24 hours daily and may lying-in ako. Sa ngayon, nag-re-rent lang ako. I really want to have a bigger place of my own. Kasi gusto ko yung madagdaagan ang delivery room ko. And I have also bigger plans like putting up a Day Care, a cooperative for the mothers, marami pa. But for now, yung lugar. Ito ngang lugar ko, 150 square meters pina-estimate ko aabutin daw ng 5 million pag binili ko. Eh wala naman akong ganitong kalaking halaga. ( A lot! To get a bigger site because my place is so small, considering I'm operating 24 hours and I have a lying-in. Right now, I'm only renting. I really want to have a bigger place of my own because I want to expand my delivery room. And I also have bigger plans, like putting up a Day Care, a cooperative for the mothers and many more. But for now, my priority is the place. In fact, if you estimate this 150 square meter place I am renting now it will amount to 5 million, if you buy it.)*

*Manila Ob/Gyne*

*"Hopefully, to be able to bring in financial pledges or partnership for medical services outside Metro Manila. A private practice that would eventually mobilize in putting up a charity center.*

*Manila Obstetrician*

TABLE 9  
EXPANSION PLANS AMONG PRIVATE PRACTITIONERS  
AND NON-PRIVATE PRACTITIONERS

	P	NP
BASE:	(16)	(14)
		*
	#	#
Have own clinic/private practice	1	9
Sub-specialty	—	2
Undergo post-graduate studies/addtl years of training	—	1
Attend seminars related to OB/Opening clinic	—	1
To bring in financial pledges or partnership for medical services outside Metro Manila	1	—
Get bigger site	1	—
Do charity work	1	—
A private practice that would mobilize in putting up charity center	1	—
Put up day-care centers/coop for mothers	1	—
To have own lying-in,maternity clinic	2	—
To have own medical overseas contract worker clinic	1	—
Train for cosmetic surgery (Japan)	1	—
Activate medical clinic	—	1
Put up a hospital	—	1
Pediatric-training in gov't. training hospitals	1	—
24-hour out-patient doctor	1	—
Additional midwife	1	—
Additional beds	1	—
No answer	2	—

LEGEND:

P — With Private Practice

NP — No Private Practice

\* — Multiple answers

- 9a. For a General Practitioner or a Surgeon planning to put up his or her own clinic, the expansion needs plus the corresponding costs are as follows:

Physical Location/infrastructure

land, space, building	₱100,000- ₱1 Million
-----------------------	-------------------------

Equipment

GP: table, chairs, medical cabinet, instruments	₱50,000- ₱500,000
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Surgery: Surgical Instruments for X-rays and laboratories	₱100,000
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Products

GP: medicine, medical supplies	₱20,000- ₱500,000
--------------------------------	----------------------

Surgery: Medicines	₱100,00
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Staffing

Midwife/nursing aid caretaker	₱15,000 (₱1-₱3000/asst.)
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Training

Surgery: Training in hospital administration, training in surgical techniques/ fellowship	₱20-30,000
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- 9b. Note, however, that there are also some doctors who dream very big. For example, a General Practitioner planning to have her own clinic in a 2-storey building estimates infrastructure to cost ₱2-3 million, equipment to cost ₱1 million and staffing to be ₱20-30,000 per month.
- 9c. Similarly, a resident surgeon planning to put up his own hospital in Tarlac estimates it to cost ₱7-10 million.
- 9d. Cosmetic Surgery training for 1 year in Japan is estimated to cost ₱200,000.
- 9e. A specialty training (for example, pulmonary training) is around ₱10,000.

- 10a. A resident in Ob/Gyne or an Ob/Gyne doctor planning to put up his/her own clinic or maternity clinic/hospital would need the following:

Physical Location/Infrastructure

building/space ₱75-500,000

Equipment

Table, speculum, Instruments for deliveries, suction machine, lights, forceps ₱10-50,000

Products

Medicines, Antibiotics, Oxytoxic, Pain Reliever, needles ₱10-50,000

Staffing

Midwife, secretary, Nurse ₱10-20,000  
₱3,000/asst

Training

Seminars especially for Ob/Gynes ₱5-10,000

- 10b. The doctor who plans to up a charity hospital estimates total cost to be ₱7-10 million. He already has land in Negros. Bacolod so this only covers a building, operating/delivery room complex and nursery, charity hospital production needs, a staffing of 5 physicans, 10-12 nurses, 2-3 orderlies. 1 duty guard, etc.

11. Regardless of the plans of the doctor types, expansion plans of these doctors range from 3-10 years.

[TABLE 10]

TABLE 10  
TIMETABLE FOR EXPANSION PLANS

	TOTAL	RESIDENTS	OB/GYNES	GP'S	SURGEONS
BASE: TOTAL INTERVIEWS:	(30)	(9)	(9)	(5)	(7)
	#	#	#	#	#
Within next 3 years	6	3	2	1	1
3-5 years	5	3	1	1	2
5-10 years	7	3	1	3	1
No plans	5	1	4	1	2
No answer	5	1	2	1	1

12. Most of these plans will be financed from personal savings and funds or, if not, from bank loans. Respondents, however, will also rely on other family members, such as parents, aunts or husband, to be their financial sources.

TABLE 11  
FINANCIAL SOURCES OF PLANS

	TOTAL
BASE: TOTAL INTERVIEWS:	(30)
	#
Personal savings	12
From family members (Auntie, Parents, Husband)	4
Loan from banks	3
No plans	6
No answer	5

#### IV. REACTIONS TO THE CONCEPT

##### A. SPONTANEOUS REACTIONS / ADVANTAGES AND DISADVANTAGES

- 1a. The spontaneous reaction to the concept is that a loan fund like this would be very useful, especially for those starting their private practice, since funding is always a main concern.
- 1b. To residents who are planning to go on their own, the concept is even considered to be "the answer to their dreams."

*"Good because it will help those doctors who have plans to expand or further their medical practice or those who want to put up their own clinic."*

*Batangas Ob/Gyne*

*"You will have ready cash. At least meron funding for whatever project." (You will have ready cash. At least you can have funding for whatever project.)*

*Batangas Ob/gyne*

- 1c. Ob/Gynes and GPs particularly feel that this concept is very relevant to them.

*"This is good for Ob/Gyne and the GP!"*

*Cebu Ob/Gyne*

- Id. The doctors also took note that the loan will be provided at "attractive rates."
- le. Moreover, some felt that the FP clause is good since it is one way of preventing over-population.

*"The intention is to expand family planning services so it would curtail the explosive population growth.*

*"This will motivate young doctors/nurses to go into maternal and child health care ."*

*Davao Surgeons*

- 2a. However, there are those who feel that, although this is a good idea on the overall, it may not apply to all practices, such as surgery.

*It does not apply to my practice.*

*Batangas Surgeon*

- 2b. Also, the doctors find the concept very general. They question the training, the payment terms, the target and so on.

*"Masyadong general yung terms. Hindi mo alam kung saan ka ite-train, kung how long. Hindi mo alam kung papaano ka magbabayad, kung ano ang interest." (The terms are too general. You don't know where you will be trained or how long. You don't know how you will pay and what the interest is.)*

*Batangas Ob/Gyne*

*"You didn't put specification of the doctor."  
Cebu Surgeon*

*"Masyadong broad yung interest rates. It's not indicated if it's lower or what," (The interest rates are too broad. It's not indicated if it's lower or what.)*

*Batangas Ob/Gyne*

- 2c. There are also some who consider the FP negative because to begin with, they do not believe in Family Planning.

*"What kind of Family Planning services are this? I'm not in favor of FP. it's against Catholic principles."*

*Manda Resident (Ob)*

- 3a. According to the doctors, the primary advantage of such a loan fund is that it gives doctors the opportunity to set up their own private practice or improve themselves professionally.
- 3b. The benefits are not only for the medical practitioners. The doctors feel that these advantages will also redound to the patients since they will have more, better, and perhaps, even cheaper service.

*"You provide us with the necessary equipment and training, not only for us doctors, but most especially patients."*

*Batangas Obstetrician*

- 3c. Among rural doctors, additional equipment mean that they do not have to send their patients to Manila. They also see this as an opportunity to improve their practice since they will be complete with training and equipment.

*"Malaking advantage yon. I-improve ang practice nitong mga specialist. Gagaling ang mga taga-Batangas. Kasi what's happening maraming specialist kulang sa facilities, ang ginagawa sila mismo- private patients nila dinadala nila sa medical centers sa Maynila." (This is a big advantage. It will improve the practice of specialists. The doctors of Batangas will improve because right now, what's happening is that we lack facilities. Even private practitioners send their patients to medical centers in Manila.)*

*Batangas GP*

- 3d. A fund like this also spares them of having to borrow from banks, the process of which is very tedious and takes a long time.

*"Instead of borrowing from the banks, which takes a long time. I hope that this office will not give us a hard time in borrowing money. It will take a short time to process the loan."*

*Davao Oh/Gyne*

- 4a. Most of the doctors cannot find any disadvantages with this concept. The only thing they cited is the Family Planning requirement, which they feel is too restricting. Surgeons, who cannot comply with this, find the clause too exclusive to Ob/Gyne, GPs or related specializations.

*"The commitment to do a particular service like yung family planning. Eh tulad ko, surgeon. Mahirap." (for someone like me, a surgeon, it will be difficult.)*

*Manila Surgeon*

*"What if like me? I can't avail of this fund because I'm a surgeon. It's not related to my field of specialization."*

*Davao Surgeon*

- 4b. Some also anticipate the penalties that may be levied on them supposing they cannot pay or meet the requirements.

*"Paano kung hindi makabayad sa loan fund na ito? Is there a penalty to those debtor? Syempre meron talaga." What if you can't pay this loan fund? Is there a penalty to the debtor? I'm sure there will be.)*

*Davao Surgeon*

B. PROJECTED USE

1. The expansion plans they will be interested to use this fund for are basically the plans they mentioned prior to exposure to the concept. The most common plans, regardless of specialization, are clinics or hospitals. Other plans are:
  - to procure equipment that are not normally available here, such as mammography
  - provide Maternal and Child Health Care Services
  - put up charity center
  
- 2a. A third of the doctors interviewed say that their anticipated loan amount for their plans is more than ₱200,000.00. 8 out of 30 estimate their loan to be ₱50-100,000 while 2 estimate it to be below ₱50,000. The rest have no answers or comments.
  
- 2b. By locale, Metro Manila doctors anticipate borrowing a bigger loan amount than their rural counterparts. Likewise, private practitioners will tend to borrow more than non-private practitioners.

[TABLE 12]

**TABLE 12  
ANTICIPATED LOAN AMOUNT**

	LOCALE					SPECIALIZATION					WITH PRIVATE PRACTICE	NO PRIVATE PRACTICE
	TOTAL	MLA	CEBU	DAVAO	BATANGAS	REGIDENTS	OB/ GYNES	GP'S	SURGEONS			
<b>BASE: TOTAL INTERVIEWS:</b>	(30)	(8)	(7)	(8)	(7)	(9)	(9)	(5)	(7)	(16)	(14)	
	#	#	#	#	#	#	#	#	#	#	#	
Below P50,000	2	-	2	-	-	2	-	-	-	-	2	
P50-100,000	8	-	3	3	2	2	2	2	2	3	5	
P100-150,000	-	-	-	-	-	-	-	-	-	-	-	
P150-200,000	-	-	-	-	-	-	-	-	-	-	-	
Above P200,000	11	8	-	1	2	5	3	2	1	7	4	
No comment	2	-	-	2	-	-	1	-	1	1	1	
None	3	-	1	2	-	-	1	-	2	3	-	
No answer	1	-	-	-	3	-	2	1	1	3	2	

C. REACTIONS TO THE FP CLAUSE

- 1a. Among Ob/Gynes and General Practitioners, the FP clause does not seem to be a problem. In fact they feel it is a good way to educate and control the population.

*"Good because there are a lot of young women today na nabubuntis (getting pregnant). So you can help them through giving information, seminars, discussing to them what's necessary.*

*Batangas Ob/Gyne*

- 1b. Rendering FP services means not having to let the patients go to health centers.

*"Makakarulong in your own area. Hindi na sila kailangan magpunta sa health centers. You can already provide primary health care." (It can help your area because your patients need not go to the health centers. You can already provide primary health care.)*

*Davao Resident (Ob/Gyne)*

- 1c. There are also some doctors, especially Ob/Gynes and GPs, who say that the FP clause is not a problem, because promoting Family Planning is consistent with their objectives.

*"That's really my target. To expand women's health and FP services. I'll go all out for this."*

*Manila GP*

*"It fits my specialization. Siyempre (of course), you will expand the women's health and family planning services in my practice."*

*Davao Ob/Gyne*

*"Okay. I am for it. In fact, ginagawa ko naman na you ngayon. And ang plans ko geared towards that. Dapat nga. Dapat lang. Sa dami ba namaa ng tao." (Okay. I am for it. In fact I am already doing this. And my plans are geared to that as well. It really should be. What with the number of people!)*

*Manila Ob/Gyne*

- 2a. If they avail of this fund, the residents, OB/Gynes and the General Practitioners say that they can render all of the family planning and family planning services. This is especially true if they already have the complete equipment and facilities.
  
- 2b. Only 1 or 2 (out of 7) surgeons say they can render FP. The rest, however, still can not or are not willing to render pap smears, in-house laboratory or diagnostic services, family planning counseling and sterilizations.

D. RELEVANT / KEY COMPONENTS

1. Most doctors do not have an idea on existing rates and payment terms. They just say that based on the concept, the interest should be the same as bank rates or preferably lower, around 2 - 7%. The loan should be paid quarterly or annually. Payment terms should range from 5 - 20 years. The doctors cannot think of any collateral- they suggested piece of land, car, the business itself and even jokingly, their license. However, there are suggestions for it to be a clean loan or character loan, with no collateral needed.
  
2. The main factor that will encourage doctors to avail of this loan are reasonable terms. They claim that if the interest rates are low, if the repayment period and the collateral are reasonable, then they will be very interested in availing of the loan fund.
  
3. On the other hand, the factors that will hinder them from availing of it are:
  - 3a. High interest rates
  - 3b. - Capability to pay

*"Baka hindi ko makita ang ibabayad ko especially now kokonti ang pasyente ko." ( I might not be able to earn back my payment, especially now that I have few patients.)*

*Batangas GP*

*"Okay. But how do we pay?"*

*Cebu Surgeon*

3c. An attitude of not wanting to have debts

*"Kung minsan kasi meron ayaw umutang o humiram kagaya ko kasi problema yung hindi mo alam kung gaano karaming pasyente ang makukuha mo."*

*(There are some who don't like to borrow or loan like me because my problem is I don't know how many patients I can get.)*

*Manila GP*

*"Dili ko gusto mangutang."*

*(I don't like borrowing.)*

*Davao Ob/Gyne*

3d. Stiff performance covenants

*"If there is a contract that is very restrictive and demanding. Such as you should do this and do that."*

*Batangas Obstetrician*

*"If they finance my training for cosmetic surgery, how many years am I committed to render services promoting Family Planning?"*

*Manila Surgeon*

3e. Red tape

*"If it takes time to go to different persons just to get your loan."*

*Davao Ob/Gyn*

- 4a. Doctors find medical associations, like the Philippine Medical Association, to be the most appropriate body to introduce this concept, because they feel that these groups know them better. Also, communication or dealing with them will be easier.

[TABLE 13]

*"They understand the user / borrower better. You can communicate better with them. With medical associations, you can bargain and say what you want."*

*Manila Ob/Gyne*

*"Madaling tumawag ng meetings kung may mga seminars biglang i-inject ito. Sama-sama lahat ang doctors."  
(It's easier for them to call for meetings. During seminars, they can just inject this. All the doctors are there.)*

*Batangas Resident (Ob)*

:

- 4b. This is followed by banks because, according to doctors, "they know how to handle money best."

[TABLE 13]

*"Because they are in the position to introduce that and they are the easiest way. They know how to handle things when it comes to money."*

*Batangas Ob/Gyne*

Banks are professional, efficient and safe.

*"Mas reliable and mga yan. Efficient. Business-like. Walang mga tayo-tayo diyan. Basta kung ano ang napag-usapan niyo, stick kayo sa pinaag-usapan." (They are more reliable and efficient. Business-like. There are no undue favoritism. You stick to whatever you have agreed upon).*

*Batangas Ob/Gyne*

*"Mas safe kasi hindi umaalis yung banko. May opisina. (It's safer because banks are not fly by night.)"*

*Manila Ob/Gyne*

TABLE 13  
BODY MOST APPROPRIATE  
TO INTRODUCE LOAN

	TOTAL
BASE: TOTAL RESPONSES: (Multiple Responses)	(38)
	#
Medical Associations/Societies	11
Banks	8
NGO	4
Cooperatives	3
Private Group	2
Hospitals	2
SSS	2
Others (DCH, PAFP/PCGS, etc.)	3
No Idea	1

- 4c. NGOs and Cooperatives are also perceived to be appropriate bodies because they are easily approachable. Terms and collection are also very easy.

*"Konting red tapes. Di masyadong bureaucracy. Madaling lapitan ang NGOs." (There is very little red tape or bureaucracy. NGOs are very easy to approach.)*

*Batangas Surgeon*

*"Cooperative style, pwede araw-araw ang collection. And ang approval ng loan mo, based on your standing in the community. Parang character reference lang. Kasi wala naman akong i-co-collateral. Hindi ko rin naman papayagang hindi ako makabayad at mawawala itong medical clinic sa akin. 'Pag sa banko maraming papeles ang hihingin sa iyo pag sa government naman o private group palakasan o red tape." (Cooperative style where collection can be daily and approval of the loan can be based on your standing in the community. Like a character reference. Because I don't have any collateral to offer. On the other hand, I can't let them take away my clinic. If this is coursed through the banks, they will be requiring a lot of documents. Government or private groups are bureaucratic.)*

*Manila Ob/Gyne*

- 4d. Other suggestions are SSS because of its low interest rates, Family Planning Groups, Hospitals and Private Groups.

5. The doctors interviewed feel that the Ob/Gyne doctors would benefit most from this loan fund followed by residents in general and midwives.

TABLE 14  
WHO WOULD BENEFIT MOST

	TOTAL
BASE: TOTAL RESPONSES: -(Multiple Responses)	(81)
	#
OB/Gyne	15
Residents	9
Midwives	9
Nurses	4
Doctors (Unspecified)	7
Family Medicine	3
Pediatrician	2
Surgeon	2
Medicine	1
GP	1
Others	6
No Answer	2

E. RATING OF THE CONCEPT

- 1a. 90% of the doctors rated the concept either good or excellent. Only 2 out of 30 rated it fair while 1 out of 30, a surgeon, rated it very poor.
  
- 1b. By locale, Metro Manila doctors would tend to give the concept a higher rating than their rural counterparts.

[TABLE 15]

TABLE 15  
RATING OF CONCEPT

	LOCALE					SPECIALIZATION					
	TOTAL	MLA	CEBU	DAVAO	BATANGAS	RESIDENTS	OB/ GYNES	GP'S	SURGEONS	WITH PRIVATE PRACTICE	NO PRIVATE PRACTICE
BASE: TOTAL INTERVIEWS:	(30)	(8)	(7)	(8)	(7)	(9)	(9)	(5)	(7)	(10)	(14)
	#	#	#	#	#	#	#	#	#	#	#
Excellent	12	6	1	3	2	4	2	4	2	7	5
Good	15	2	5	4	4	5	5	1	4	8	7
Fair	2	-	-	1	1	-	2	-	-	1	1
Poor	-	-	-	-	-	-	-	-	-	-	-
Very Poor	1	-	1	-	-	-	-	-	1	-	1

- 2a. Interest in availing of the loan fund appears to be high. Majority of those interviewed show interest. Interest is higher among residents than the other doctor types.
- 2b. The Ob/Gynes and the GPs interviewed have differing reactions to the concept. 5 out of 9 Ob/Gynes as well as 4 out of 5 GPs say they are somewhat to definitely interested in it. The rest, however are scattered from being noncommittal about it to being disinterested in it very much.
- 2c. Only 1 surgeon out of 7 is interested in it very much while 3 are somewhat interested. The rest have little or no interest.
- 2d. Interest in availing of the loan fund is just about the same, regardless of whether the doctor has private practice or not.

[TABLE 16]

**TABLE 16**  
**INTEREST IN AVAILING OF THE LOAN FUND**

	TOTAL	RESIDENTS	OB/GYNES	GP'S	SURGEONS	WITH PRIVATE PRACTICE	NO PRIVATE PRACTICE
BASE: TOTAL INTERVIEWS:	(30)	(9)	(0)	(5)	(7)	(10)	(14)
	#	#	#	#	#	#	#
Interested Very Much	10	4	3	2	1	5	5
Interested	1	-	-	1	-	-	1
Somewhat Interested	11	5	2	1	3	5	6
Neither Interested or Disinterested	2	-	1	-	1	2	-
Somewhat Disinterested	1	-	1	-	-	-	1
Disinterested	2	-	1	1	-	2	-
Disinterested Very Much	3	-	1	-	2	2	1

- 3a. The doctors say it is hard to judge the concept because it is still incomplete. In fact, this is the reason why some of them gave a rating of being 'neither interested nor disinterested'.

*"I'm not yet sure of this program.*

*"Hindi na-specify yung interest rate, payment terms. Manaya mataas yan." (The rates and the payment terms are not specified. For all you know, it might be high.)*

*Batangas Residents (Ob)*

- 3b. On the other hand, those who expressed keen interest in the concept are those who really need financial support for their expansion plans. This would include residents who no longer have to worry about where to source their capital.

*"I don't know the terms yet I'm interested because I already have plans to build a hospital."*

*Manila Resident (Surgery)*

- 3c. Overall, Surgeons are not very interested in the concept because they feel it does not apply to them.
- 3d. There are some who are disinterested because they perceive the rates to be high. Although they see the merits of the concept, they still feel that this is a business, foremost, and that it will operate like a business.

*"Kasi pautang mulaki ang babayaran mo. Business yan eh." (This is a loan so you really have to pay. This is expected because it's a business.)*

*Davao Surgeon*

- 3e. Others who may not be very excited about the idea are those who already have their own private practice or equipment and just need minimal amount to improve or expand.

*"I'm disinterested because I already have my own clinic."*

*Manila GP*

- 4a. Looking at top box (interested very much) scores, interest in a loan fund that requires a commitment on Family appears to dip a little.
- 4b. Generally, however, the doctors are still interested (Top 3 Box). In fact, there are even some who actually increased their interest ratings for a loan fund that requires a certain commitment to FP.

[TABLE 17]

Here are their reasons:

*"If that quota will be met, it's good."*

*"Kasi, sure ka kapag magkaroon ka ng lying-in, magko-concentrate ka sa Family Planning."*  
*(Because you are sure that if you put up your own lying-in, you would be concentrating on Family Planning.)*

*Batangas Residents (Ob/Gyne)*

*"Kailangan yan. Mabui ito, kasi gustong lumaban ng simbahan."*  
*(This is needed. This is good because the Church wants to contradict it.)*

*Batangas GP*

*"Siguro it's positive na I can meet the quota kung provided nga ng idea na iyan."*  
*(Perhaps I can meet my quota if the loan fund really calls for it.)*

*Batangas Surgeon*

**TABLE 17**  
**INTEREST IN CONCEPT IF THERE IS A**  
**FAMILY PLANNING REQUIREMENT**

	TOTAL	RESIDENTS	OB/GYNES	GP'S	SURGEONS	WITH PRIVATE PRACTICE	NO PRIVATE PRACTICE
<b>BASE: TOTAL INTERVIEWS:</b>	<b>(30)</b>	<b>(9)</b>	<b>(9)</b>	<b>(5)</b>	<b>(7)</b>	<b>(16)</b>	<b>(14)</b>
	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>
Interested Very Much	6	3	1	1	1	3	3
Interested	10	4	1	4	1	3	7
Somewhat Interested	4	1	2	-	1	3	1
Neither Interested or Disinterested	3	-	2	-	1	2	1
Somewhat Disinterested	2	-	1	-	1	1	1
Disinterested	3	1	1	-	1	2	-
Disinterested Very Much	1	-	1	-	-	1	1
No Answer	1	-	-	-	1	1	-

- 4c. Those who remain as interested say that Family Planning is not bad anyway. Moreover, they perceive the requirement to be reasonable.

*"I'm all for family planning. I believe they will require a reasonable quota."*

*Manila Resident (Ob)*

- 4d. Ob/Gynes and GPs also feel that since FP is within their line of duty, they will not have a hard time complying or meeting the requirements.

*"Kasi sure ka pag nagka-clinic ka mag-co-concentrate ka sa Family Planning kaya interested in it." (It naturally follows that, if you have a clinic, you will concentrate on Family Planning, so I am interested in it).*

*Batangas Ob/Gyne*

*"I'll go all out for this and I am very much into Family Planning. It wouldn't affect me- the quota."*

*Manila GP*

- 4e. On the other hand, there are those who do not like the FP requirement because it puts pressure on them.

*"Ayaw ko ang nagko-quota. Kasi masyadong pressure iyon eh." (I don't like having quotas. It's too much pressure.)*

*Batangas Ob/Gyne*

- 4f. Also, for some doctor types, like surgeons, this makes it harder for them to meet the requirements of the loan.

*"Hindi ko na magagawa ito." (I can't meet this anymore.)*

*Davao Surgeon*

F. SUGGESTIONS FOR IMPROVEMENT

Suggestions for improvement of the concept are to:

1. Package the loan fund. Since doctors are not very familiar with business matters, it would be good if the concept can already provide some guidelines and implementation mechanism.

*"Tungkol sa pera yan. Anong alam ng doctors diyan? Kayo ang mag-iintroduce, kayo ang mag-isip and then i-present niyo sa doctor. Dapat i-present niyo mula objectives hanggang advantages." (That's money matters. What do we doctors know about those things? You're the one introducing it, you should also be the one to think about it, then just present it to the doctors. You should present it from the objectives up to the advantages.)*

*Batangas GP*

*"Formulate all the terms. Specify the conditions needed for the loan fund."*

*Cebu Resident (Ob)*

*"Everything should be tailored."*

*Manila Resident (Ob)*

2. Have follow-up seminars on handling business and the like.

*"After they advertise, they should conduct some seminars or discussions, so that those who want to avail of the loan fund should have more understanding on how the mode of payments will be, the interest rates and procedures in availing of that fund."*

*Batangas Ob/Gyne*

*"If you could provide an informative discussion. More detailed information so that we can understand it better."*

*Batangas Resident (Cb)*

3. Give priorities to areas where there are very few clinics or hospitals; priorities to doctors who will put up private practice outside Metro Manila; there should be a quota per area.

*"To give priority to clients who wish to make loans to build institutions outside Metro Manila. There should be priority to places that do not have clinics and hospitals and then, there should be a quota as to how many of these institutions can be built in one zone. There should be zoning and census."*

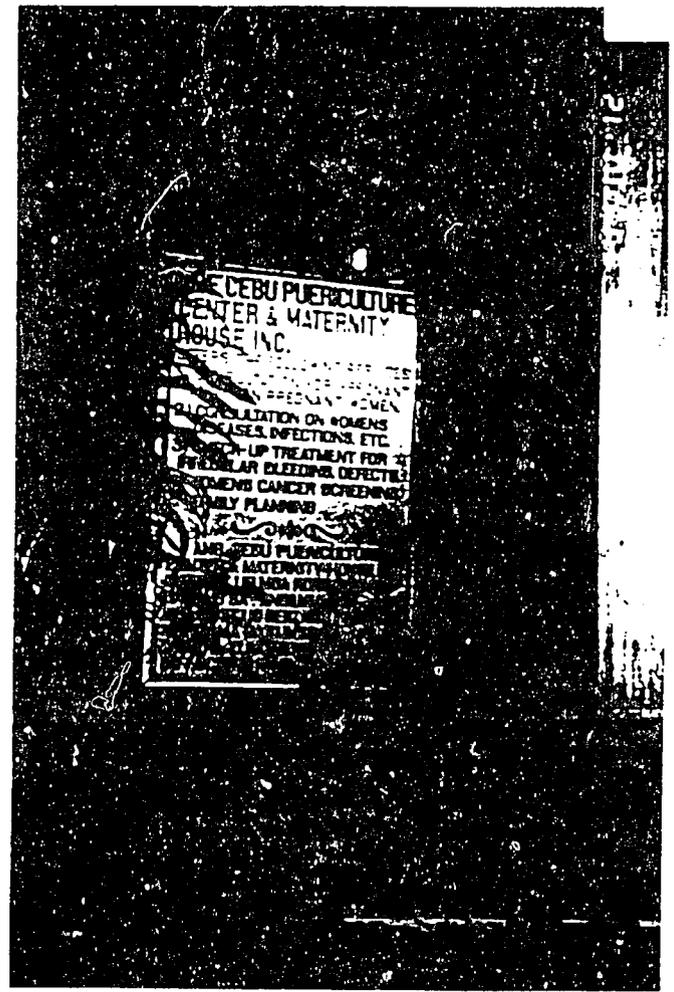
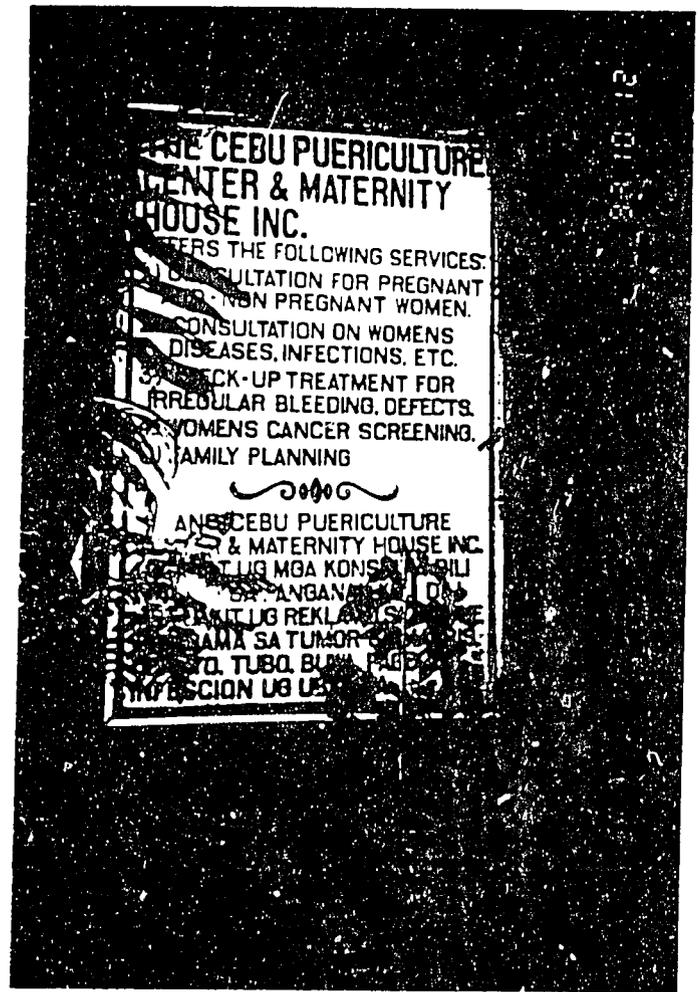
*Manila Resident (Ob)*

4. Broaden the scope to target not only those in Ob/Gyne and GP but other specializations as well.
5. Remove the family Planning requirement.
6. Target not just individuals but groups of doctors.
7. Advertise in TV, radio or print to reach more doctors.

# APPENDICES

## APPENDIX 1

### Pictures of Lying In Clinics



A Puericulture Center in Cebu and the services it offers.

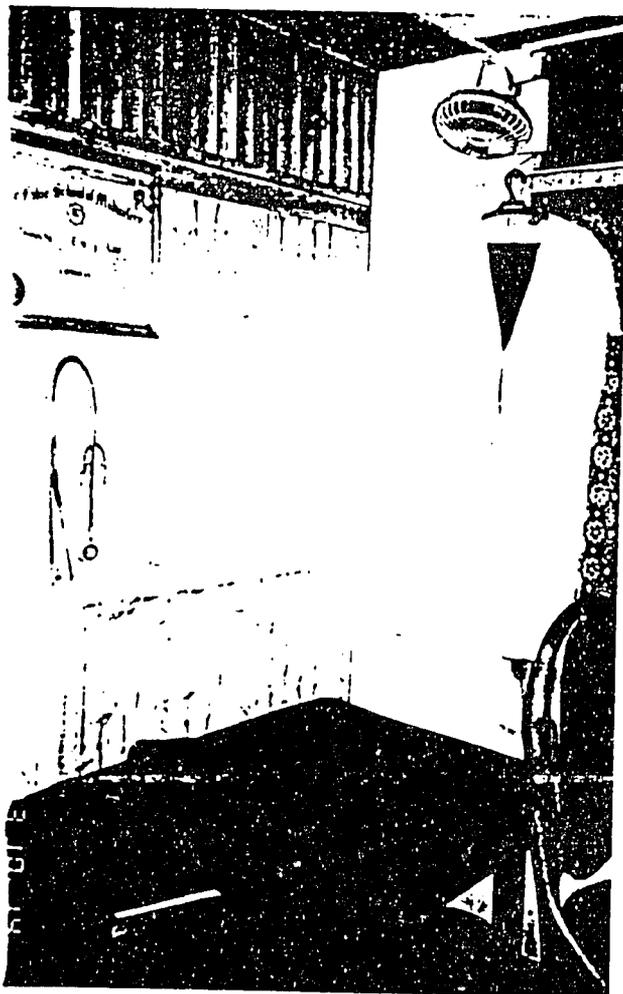


Facade of a lying in clinic in Davao (45 sq. meters).

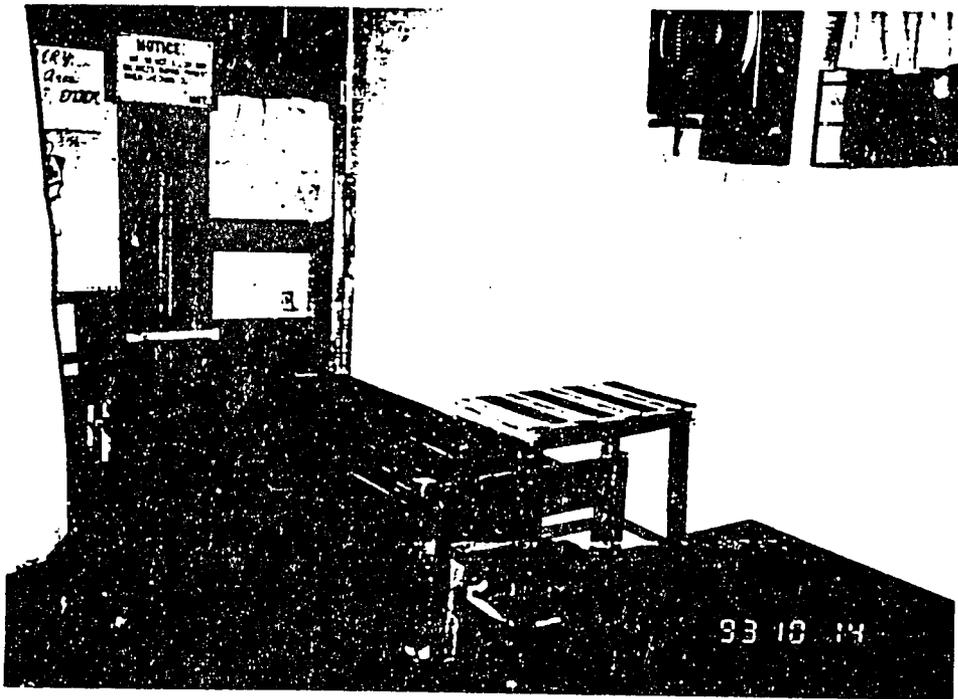
(The house of the midwife is on the second floor;  
the clinic on the first floor.)



The office where obstetrical records are kept.



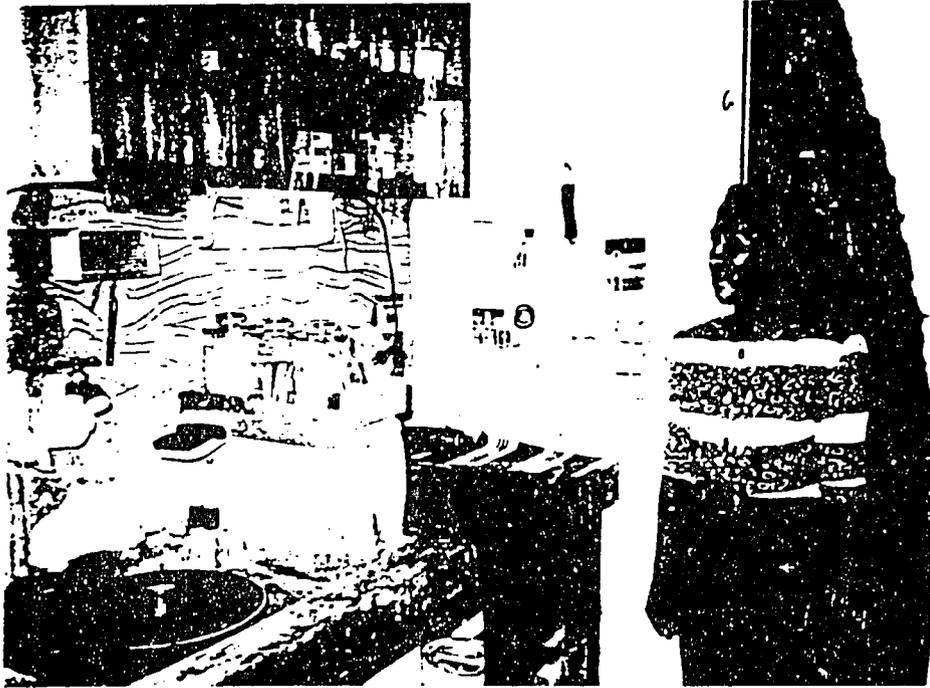
The check-up room.



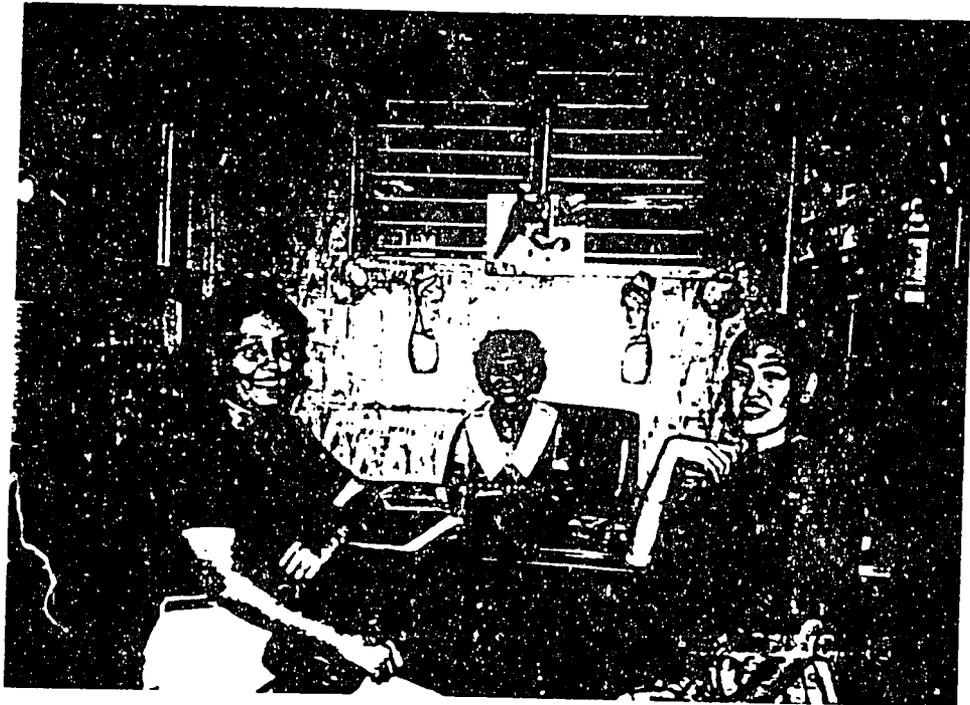
Two maternity beds.



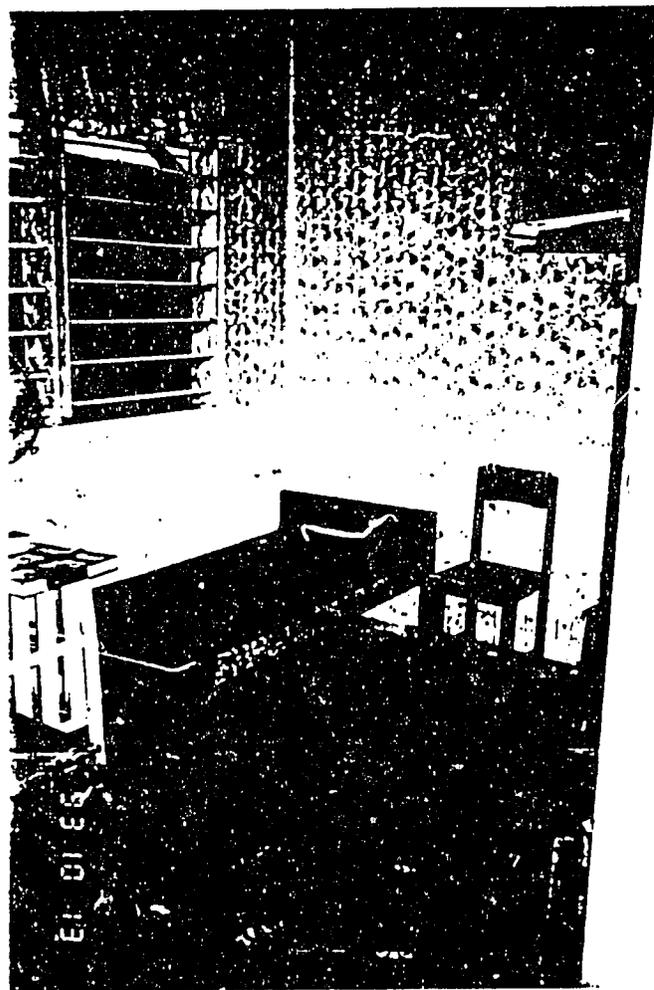
The owner / midwife.  
Delivery table made from wood and vinyl at the bottom left.



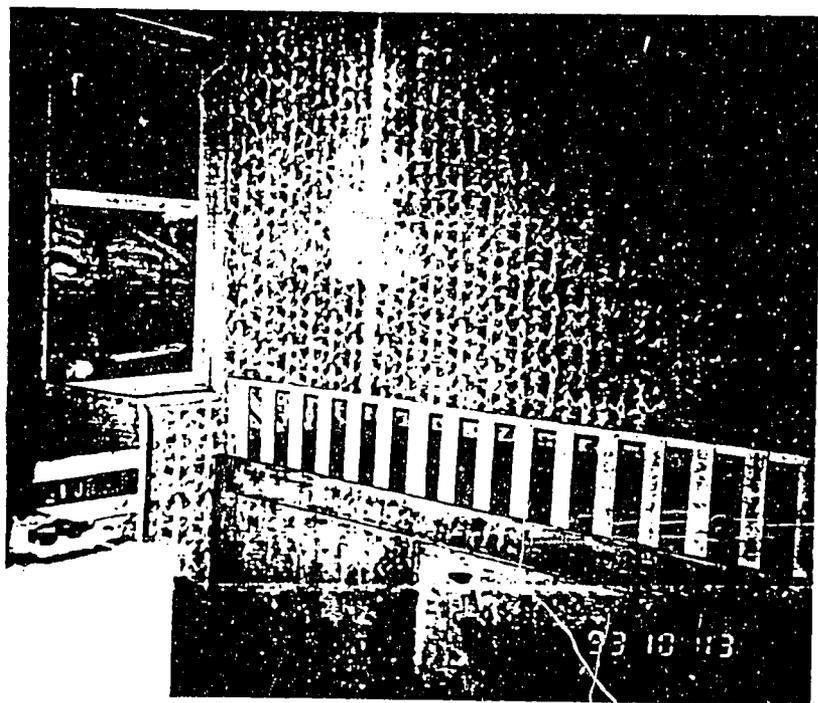
The nursery.



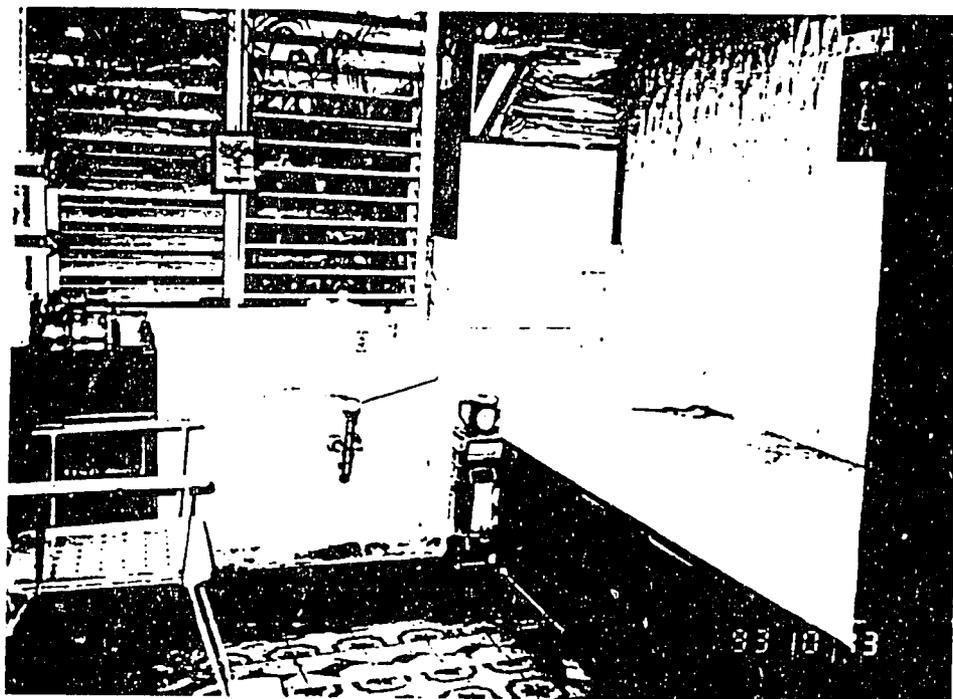
An OB/Gyne (center) in her office (Cebu).



The lying-in has two maternity beds.



The nursery.



The check-up room.

## APPENDIX 2

### Discussion Guide for Midwives and Nurses (FGD's)

DISCUSSION GUIDE

PROJECT CODE: "FUND"

---

I. INTRODUCTION

- Getting to know you
- Purpose of study
- Confidentiality of study, respondents' identity

II. CURRENT PRACTICE

- 1) Services rendered
- 2) Location and hours
- 3) Number/Types of patients  
(Sex, Income level, Demographic profile)

III. FUNDING

- 1) Funding requirements
- 2) Sources of funding/funding practices
- 3) Funding concerns
- 4) Extent of practice - related financial obligation
- 5) Revenue and value of current practice

IV. EXISTING FP/FP Related Services (if any)

- 1) Time/Resources spent on FP
- 2) Services provided
- 3) Products dispensed
- 4) Attitudes/Concerns regarding FP

V. EXPANSION PLANS

- 1) Interest in/Plans for expansion
- 2) Priorities (i.e., services, products-dispensed, etc.)
- 3) Factors consider (i.e., location, technical, financial, etc.)

## VI. REACTION TO TRIGGER CONCEPT

- 1) Spontaneous reactions
- 2) Likes/dislikes
- 3) Advantages/disadvantages
- 4) Relevance/Importance
- 5) Reactions to specific features
  - establishment of new or expansion of existing medial practices/services
  - lending fund specifically directed towards private medical practitioners
  - inclusion and expansion of FP/FP related services into one's current/planned medical practice
  - access to family planning training and other incentives such as equipment and business training.
- 6) Expectations/Perceptions on
  - amount of loan available
  - components of the fund (interest rate, payment period, collateral, amortization, etc.)
- 7) Suggestions for improvements
- 8) Availment interest
- 9) Perceived beneficiary group/s

## APPENDIX 3

### Questionnaire for Doctor Interviews

NAME: \_\_\_\_\_  
 SPECIALIZATION: \_\_\_\_\_  
 HOSPITAL/CLINIC: \_\_\_\_\_  
 CLINIC ADDRESS: \_\_\_\_\_  
 CLINIC HOURS: \_\_\_\_\_

AGE: \_\_\_\_\_  
 SEX: M \_\_\_\_\_ F \_\_\_\_\_

1. How long have you been practicing?

- Less than 5 years ( )
- 5-10 years ( )
- 10-15 years ( )
- 15-20 years ( )
- More than 20 years ( )

BEST AVAILABLE DOCUMENT

2. a. Do you own a private practice? YES ( ) NO ( )  
 b. What type of practice?

- CLINIC ( )
  - OFFICE IN A HOSPITAL ( )
  - HOUSE CALLS ( )
  - OTHERS (specify) ( )
- \_\_\_\_\_

3. Where do you practice?

	Name/Location	Hours per week	Average number of patients per week	Length of time in practice
Hospital(s)				
Group Clinic(s)				
Individual				
Public/Gov't.				
Others				

4. What are the three (3) medical services most in demand in your practice?

Practice Location	Services Most in Demand		
	1	2	3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. What are the three (3) greatest revenue earning services of your practice and how much does each one contribute?

Practice Location	Services Generating Most Revenues	Percent Contribution to Total Profits		
		1	2	3
_____	1	_____	_____	_____%
	2	_____	_____	_____%
	3	_____	_____	_____%
_____	1	_____	_____	_____%
	2	_____	_____	_____%
	3	_____	_____	_____%
_____	1	_____	_____	_____%
	2	_____	_____	_____%
	3	_____	_____	_____%

6. What are the three (3) most profitable services of your practice and how much does each contribute to total profits?

Practice Location	Services Generating Most Profits	Percent Contribution to Total Profits
_____	1 _____	_____ %
	2 _____	_____ %
	3 _____	_____ %
_____	1 _____	_____ %
	2 _____	_____ %
	3 _____	_____ %
_____	1 _____	_____ %
	2 _____	_____ %
	3 _____	_____ %

What is the average economic profile of your patients?

PRACTICE LOCATION	PATIENT ECONOMIC PROFILE			
	<table border="1"> <thead> <tr> <th>LOW INCOME (Household monthly income of ₱15,000 and below)</th> <th>MIDDLE INCOME (Household monthly income of ₱15-25,000)</th> <th>UPPER INCOME (Household monthly income of 25,000 &amp; bel)</th> </tr> </thead> </table>	LOW INCOME (Household monthly income of ₱15,000 and below)	MIDDLE INCOME (Household monthly income of ₱15-25,000)	UPPER INCOME (Household monthly income of 25,000 & bel)
LOW INCOME (Household monthly income of ₱15,000 and below)	MIDDLE INCOME (Household monthly income of ₱15-25,000)	UPPER INCOME (Household monthly income of 25,000 & bel)		
1				
2				
3				

8. What is your estimated monthly income from your practice/different practices?

	Practice/Location	
	1	2
Below 2,500 Pesos	_____	_____
2,500-5,000 Pesos	_____	_____
5-10,000 Pesos	_____	_____
10-15,000 Pesos	_____	_____
15-20,000 Pesos	_____	_____
20-25,000 Pesos	_____	_____

BEST AVAILABLE DOCUMENT

NAME: \_\_\_\_\_  
HOSPITAL: \_\_\_\_\_

AREA	SPECIALIZATION		
Manila	1	Resident	Original ( )
Batangas	2	- Obstetrics	1 Substitute ( )
Cebu	3	- Gynecology	2
Davao	4	OB/Gyne	3
		General Practitioner	4
		Surgeon	5

HOSPITAL: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

=====

INTRODUCTION: First of all, thank you for agreeing to be interviewed today. I am \_\_\_\_\_ from the PSRC, an independent research agency and we are conducting a survey on doctors. Your opinion is of great importance to the success of the study so please feel free to give your honest opinion whether it be positive or negative.

Before we begin, can you please fill this out first?

[HAND QUESTIONNAIRE TO DOCTOR]

I. CURRENT PRACTICE AND EXPANSION PLANS

First, we would like to discuss your current practice and then your plans expansion.

[IF DOCTOR HAS A PRIVATE PRACTICE]

1a. Why did you start a private practice?

\_\_\_\_\_  
\_\_\_\_\_

1b. How did you finance your private practice?

\_\_\_\_\_  
\_\_\_\_\_

1c. How much/what percentage of your practice do you own? \_\_\_\_\_

[IF DOCTOR DOESN'T OWN OR HAS NO PRIVATE PRACTICE]

2a. Why did you choose not to start your own private practice?

\_\_\_\_\_  
\_\_\_\_\_

2b. Would you be interested in starting or expanding your own private practice?

YES ( )                      NO ( )

What are your expansion plans or what are your plans to further your medical practice?

\_\_\_\_\_  
\_\_\_\_\_

4a. Given these plans, what will be your expansion needs, if any, in terms of (READ OUT)

4b. How much do you think each of these will cost?

	COST
Physical/Location/Infrastructure: _____	_____
Equipment: _____	_____
Products: _____	_____
Staffing: _____	_____
Training (Business, Medical, etc.): _____	_____
Others: _____	_____

5. What is your timetable for this?

Within next 3 years	1
3-5 years	2
5-10 years	3
Others (specify)	
_____	

6. What or who will be your financial source for these plans?

Loan from Banks	1
Personal Savings/Funds	2
Sponsor/Grants/Scholarships	3
Others (specify)	
_____	

II. FAMILY PLANNING AND FAMILY RELATED SERVICES

7a. Now, we would like to discuss the services you provide for maternal and child health care and family planning. Which of the following services do you provide in these areas? [SHOWCARD]

	7b. WHO PROVIDES	7c. WHY NOT PROVIDE
Gynecological Exams _____	1	_____
Mammograms and Breast Exams _____	2	_____
Pap smears _____	3	_____
In-house laboratory or diagnostic services _____	4	_____
Immunizations _____	5	_____
Family Planning Counseling _____	6	_____
Prescribing Family Planning Products _____	7	_____
Dispensing Family Planning Products _____	8	_____
Sterilizations _____	9	_____
IUD insertions _____	10	_____
Others (specify) _____	11	_____

7b. (For each "YES" answer, ask) Who provides the service?

- Doctor (D)
- Midwife (M)
- Nurses (N)

7c. (If answer to any of the above listed services is "NONE", ask) Why do you not provide the (unprovided service)? (Note: ask for each unprovided service on the list)

8a. Have you or any of your associates ever received FP training?

- Yes ( )
- No ( )

8b. When was the last time you underwent such training? \_\_\_\_\_

9. How much or what percentage, if any, of your income come from rendering or selling family planning products or services?  
\_\_\_\_\_

III. REACTIONS TO CONCEPT

I have here an idea which I want you to read. Please read it thoroughly then I will ask your opinion about it.

[INTERVIEWER: Allow sufficient time for the respondent to read/go over the concept.]

10. Please tell me how you feel about the idea you have read? Would you say it is.... [SHOWCARD]

- EXCELLENT 1
- GOOD 2
- FAIR 3
- POOR 4
- VERY POOR 5

11. What can you say about what you have just read?

STARTED POSITIVELY: \_\_\_\_\_

STARTED NEGATIVELY: \_\_\_\_\_

12a. What, if any do you like about the idea?

\_\_\_\_\_

12b. What, if any don't you like about it?

\_\_\_\_\_

13a. What do you think are the advantages of having a loan fund like this?

\_\_\_\_\_

13b. What, on the other hand, are the disadvantages of this?

\_\_\_\_\_

14. Supposing this is already in existence, for what expansion plans would you be interested in using the fund? What else?

\_\_\_\_\_

15. What are the factors that will encourage you to avail of this loan fund?

\_\_\_\_\_

16. What are the factors that will hinder you from availing of this loan fund?

\_\_\_\_\_

17. What do you think of this loan fund which requires that you expand the women's health, including family planning services in your practice?

POSITIVES: \_\_\_\_\_

NEGATIVES: \_\_\_\_\_

18. Which of the following maternal and child care and family planning services could you render when you avail of this fund? [SHOWCARD]

- Gynecological Exams \_\_\_\_\_ 1
- Mammogram and Breast exam \_\_\_\_\_ 2
- Pap smears \_\_\_\_\_ 3
- In-house laboratory or diagnostic services \_\_\_\_\_ 4
- Immunizations \_\_\_\_\_ 5
- Family Planning Counseling \_\_\_\_\_ 6
- Prescribing Family Planning Products \_\_\_\_\_ 7
- Dispensing Family Planning Products \_\_\_\_\_ 8
- Sterilizations \_\_\_\_\_ 9
- IUD insertions \_\_\_\_\_ 10
- Others (specify) \_\_\_\_\_

19. Using this seven-point scale, how interested or disinterested are you in availing of this loan fund to expand your private medical practice? Would you say you are....

- Interested in it very much 7
- Interested in it 6
- Somewhat interested in it 5
- Neither interested nor disinterested in it 4
- Somewhat disinterested in it 3
- Disinterested in it 2
- Disinterested in it very much 1

20. Why do you say you are \_\_\_\_\_ (ANSWER in Q.19) \_\_\_\_\_?

21. If there is a requirement of having a certain quota for the family planning or family planning related services which you say you can render, how interested or disinterested will you be in availing of this loan fund? Would you say you are...

- Interested in it very much 7
- Interested in it 6
- Somewhat interested in it 5
- Neither interested nor disinterested in it 4
- Somewhat disinterested in it 3
- Disinterested in it 2
- Disinterested in it very much 1

22. Why do you say you are \_\_\_\_\_ (ANSWER IN Q21) \_\_\_\_\_ if there is a quota on the family planning or family planning related services you should render?

23. Who else do you think would benefit from this loan fund?

- Residents 1
- Doctors 2
- (specify field)
- Nurses 3
- Midwives 4
- Others (specify)

24. What is your anticipated loan amount for your expansion plan/s?

- Below P50,000 1
- P50-100,000 2
- P100-150,000 3
- P150-200,000 4

25. What are your expectations or perceptions on the fund features such as... [READ OUT]

INTEREST RATE: \_\_\_\_\_

AMORTIZATION: \_\_\_\_\_

PAYMENT PERIOD: \_\_\_\_\_

COLLATERAL: \_\_\_\_\_

26. What body do you think is the most appropriate way to introduce this loan fund concept? Why?

- Bank 1 \_\_\_\_\_
- Cooperatives 2 \_\_\_\_\_
- NGO 3 \_\_\_\_\_
- Private Group 4 \_\_\_\_\_
- Medical Asst'n 5 \_\_\_\_\_
- Others (specify) \_\_\_\_\_

27. Would you have any suggestions on how to structure, improve or implement this concept so that doctors like you may be more interested to avail of it?

\_\_\_\_\_  
\_\_\_\_\_

THANK YOU VERY MUCH!

**BEST AVAILABLE DOCUMENT**