



United States  
Agency for  
International  
Development

# **A Report on Establishing Surgical Sterility Centers in Five Convergence Hospitals**

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*Annex C available in hard copy only*

## **I. BACKGROUND**

PhilHealth provides coverage for certain ambulatory surgical procedures. This includes bilateral tubal ligation and non-scalpel vasectomy, which are classified by PhilHealth as simple surgeries. Previously, it has an RUV of 30 and is paid on a case-rate basis. However, in a PHIC Circular No. 34 dated October 1, 2002, Philhealth benefits for these procedures are now computed similar to other surgical procedures with an RUV of 15.

It was noted before that providers rarely charge the procedure for PhilHealth reimbursement. One of the reasons for this is that the reimbursement process was not well established.

In order for hospitals to benefit from such coverage, HSRTAP initiated the establishment of surgical sterilization centers in the district hospitals of Bindoy, Negros Oriental and Bailan, Capiz.

A three-pronged approach was identified as a compulsory requirement necessary to fully organize surgical sterility service centers. This includes the following activities: a) orientation of the hospital on the process for claiming PhilHealth payment for these procedures, b) addressing the recruitment capability of the Barangay Health Workers, and c) ensuring surgical sterilization skills particularly on non-scalpel vasectomy.

The lessons learned from the Bindoy and Bailan experience became the basis in the establishment of surgical sterilization service centers in five convergent district hospitals.

## **II. PROCESS**

The process applied in the establishment of surgical sterilization service centers can be divided into three phases.

### ***First Phase: Preparatory Phase***

This phase include doing an initial assessment of the capabilities of district hospitals to become surgical sterilization centers. This also include doing preliminary coordination activities with PMTAT, Engender Health, the CHDs and other concerned agencies or institutions to map out possible areas of assistance.

The initial assessment revealed that most convergent district hospitals lack trained surgeons on non-scalpel vasectomy. Obviously, there are very few vasectomy volunteers, some areas in fact has no volunteers.

Moreover, tertiary hospitals that have the capability to conduct skills training on the non-scalpel vasectomy technique also face the problem on the absence of recruits.

***Second Phase: Actual Site Visits***

Included in this phase are actual site visits. Plans on establishing surgical sterilization service centers are laid out during this phase.

Separate site visits were done in Baliuag District Hospital in Bulacan, Bayambang and Urdaneta District Hospitals in Pangasinan, Norala District Hospital in South Cotabato and in the provincial hospitals in Nueva Vizcaya and Misamis Occidental. Nueva Vizcaya has one provincial wide inter-local health zone (ILHZ). This makes the provincial hospital the focal hospital and in this case, the service center for surgical sterilization services. On the other hand, Misamis Occidental Provincial Hospital forms part of the Oroquieta ILHZ, HSRTAP's pilot ILHZ. Consultations with the respective Chiefs of Hospital, Administrative Officers, Chief Nurses and surgeons were done.

***Third Phase: Monitoring***

This phase includes gathering updates on the activities undertaken to fully organize service centers. This also includes identifying blocks and opportunities and making the necessary changes.

The team is currently at this stage. The assessment workshop held on November 7, 2002 at the Manila Midtown Hotel became an occasion to gather preliminary reports on the establishment of surgical sterilization service centers. However, the hospital group was not able to get first hand reports from Bulacan since target participants from the said province were not able to attend the affair because of an equally important meeting with the local government executives.

**III. THE THREE PRONGED APPROACH AND ACTIONS TAKEN**

- **Establishing the Philhealth reimbursement procedures for ambulatory surgical sterilization centers**

Orientations on the procedures for claiming reimbursements were done in four district hospitals and two provincial hospitals. The procedures for claiming PhilHealth payment for the cited surgical procedures generally apply to all district hospitals. There were no difficulties encountered.

- **Addressing the recruitment capability of the Barangay Health Workers.**

The staff of the Rural Health Stations and Barangay Health Stations, which include nurses, midwives, and BHWs surrounding a surgical sterility center are considered effective partners in recruiting vasectomy volunteers. As such, BHWs are trained on the recruitment procedures. The other RHU/BHS staff are trained on family planning counseling. MSH-PMTAT conducts such training in the Matching Grant Program (MGP) sites. However, Bulacan, South Cotabato and Misamis Occidental are the only MGP sites and it was quite unfortunate that even though these three provinces are MGP areas, their focal areas for training do not coincide with HSRTAP's focal hospitals in the pilot ILHZs. Nevertheless, this was considered still as somewhat advantageous in terms of coordinating capability-building activities for BHWs.

In Pangasinan, arrangements for surgical sterilization procedures in Bayambang District Hospital and Urdaneta District Hospital were made. Recruitment of vasectomy volunteers will be done by BSPOs in the municipalities of Urdaneta and Malasiqui, in coordination with the Provincial Population Office.

In Misamis Occidental, the hospital would need to recruit volunteers for the procedure. Region X's Center for Health Development volunteered to conduct the training of Misamis Occidental's BHWs on the recruitment of volunteers.

In Bulacan, training on recruitment and family planning counseling were arranged with the provincial hospital as well as with PMTAT since Bulacan is an MGP site.

In Nueva Vizcaya, the Chief of Hospital committed to mobilize hospital staff in recruiting vasectomy volunteers.

Norala District Hospital, on the other hand, suggested that their surgeon be sent to any training facility first before going on full swing with recruitment. They believe that they may be creating a demand that would not be responded to immediately because of the lack of trained providers.

- **Ensuring surgical sterilization skills particularly on non-scalpel vasectomy.**

The Department of Health requires that the physician performing vasectomy follow an accepted protocol. To assure adherence to this, the DOH only recognizes physicians either trained by Engenderhealth or

those who have obtained their training in either of the following surgical sterilization training centers namely, Ilocos Training and Regional Medical Center, Cagayan Valley Regional Hospital and Urdaneta District Hospital in Pangasinan.

Unfortunately, these training centers have very little caseload for vasectomy. Thus, trainees will have to wait for sometime before these sites can gather enough cases.

In Bago City, a system for recruiting vasectomy volunteers exists. Hence, trainees can be sent to the area to observe the procedure and have hands on experience on vasectomy.

However, since sending participants to Bago City would be costly, ways on how to build their capacity other than sending physicians to Bago were thought of.

For Pangasinan, Misamis Occidental and Nueva Vizcaya, Engender Health will train the physicians, once a considerable number of vasectomy volunteers have been recruited

In Bulacan, however, the provincial hospital has a trained surgeon in non-scalpel vasectomy. Necessary coordination was made for the trained surgeon to transfer the non-scalpel vasectomy technology to the surgeons in Baliuag District Hospital.

For Norala District Hospital, HSRTAP is assisting the hospital in exploring possible logistically reasonable venues, where the surgeons can be trained on the non-scalpel technique.

#### **IV. ISSUES AND CONCERNS**

Based on preliminary reports, progress seems to be sluggish. There appears to be an obvious lag particularly on recruitment. The lack of volunteers for vasectomy would be one of the major obstacles in the full development of surgical sterilization service centers, particularly in the convergence areas. As reported earlier, most of the target service centers opted to have on-site training of their surgeons. Naturally, this will have an effect on PhilHealth's reimbursement processes.

## **V. RECOMMENDATION**

The importance of strengthening the recruitment process should not be overlooked. Nevertheless, HSRTAP continuously provide assistance by coordinating with the concerned CHDs and provincial offices, PMTAT, Engender Health and other concerned agencies or organizations.

Very important would be the follow-through activities that should be done to ensure success. There is a need to identify the group that would follow-up the progress in organizing service centers for surgical sterilization.

Once everything is in place, PhilHealth benefit utilization data for these surgical sterilization procedures should be obtained, as this will now become a significant indicator to ascertain the degree of accomplishment in terms of establishing a surgical sterilization service center. Moreover, this will provide vital inputs as we review the implementation process and outline future steps.

## **ANNEX A**

### **2002 BHW Training Schedule in PMTAT-MGP Sites**

**BHW TRAINING SCHEDULE FOR 2002**  
**(As of Wednesday, August 7, 2002)**

Date	NCR	1	2	3	4	5	6	7	8	9	10	11	12	CAR	CARAGA	ARMM
May 13-17	NCR-CHD TOT 1 <sup>st</sup> batch															
May 20-24	NCR-CHD TOT 2 <sup>nd</sup> batch															
May 27-31																
June 3-7	BHW-Taguig (Sea Breeze 2 batches)															
June 10-14	Davao TOT for CBT (10- 13)															
June 17-21	BHW-Makati  BHW- Caloocan City (2 batches)															
June 24-28																
July 1-5		July 2-4 Binalonan, Pangasinan (27 pax)										Davao del Sur (25 pax)				
July 8-12	BHW- Caloocan City (2 <sup>nd</sup> & 3 <sup>rd</sup> batch)	July 9-11 Pangasinan (20 pax)					July 9-12 Bindoy, Negros Or (20 pax)					July 8-10 Davao del Sur (25 pax) Davao del Norte (27 pax) Davao Oriental (20 pax)  July 10-12 Davao del Sur (25 pax)	TOT-CBT FP Kidapawan Cotabato Sulatan Kudarat Iligan City Lanao del Norte Region 12 (24 pax)			

Date	NCR	1	2	3	4	5	6	7	8	9	10	11	12	CAR	CARAGA	ARMM
												South Cotabato (25 pax) Davao del Norte (28 pax) Davao Oriental (20 pax)				
July 15-19																
July 22-26	BHW-San Juan (Robinsdale Hotel)  BHW- Pasay (Dona Marta HC)  BHW- Caloocan City (6 <sup>th</sup> & 7 <sup>th</sup> batch)	3 <sup>rd</sup> batch Pangasinan (20 pax)			Provincial TOT (Region 5)			Jul 23-26 Bindoy, Negros Or (20 pax)				July 22-24 Davao del Sur (25 pax) Davao del Norte (26 pax)  July 24-25 Davao del Sur (25 pax) South Cotabato (25 pax) Davao del Norte (25 pax)	Kidapawan (22 pax)			
Jul 29 -Aug 2	BHW- Caloocan City (8 <sup>th</sup> & 9 <sup>th</sup> batch)  BHW- Quezon City (1 <sup>st</sup> batch)  BHW-Taguig (5 <sup>th</sup> batch)	4 <sup>th</sup> Batch Pangasinan (20 pax)										July 29-31 Davao del Sur (25 pax) South Cotabato (25 pax)  Davao Oriental (26 pax)	Kidapawan (22 pax)			

Date	NCR	1	2	3	4	5	6	7	8	9	10	11	12	CAR	CARAGA	ARMM
												Jul 31- Aug 2 Davao del Norte (25 pax) Davao Oriental (27 pax)				
Aug 5-9	Taguig (6 <sup>th</sup> batch)  BHW-Makati City last batch  BHW- Quezon City (2 <sup>nd</sup> & 3 <sup>rd</sup> batch)								South Leyte (2 batches or 30 BHW per batch)			Aug 5-7 Davao del Norte (25 pax)  Davao Or (30 pax)  • Aug 7-9 South Cotabato (25 pax) Davao Or (20 pax)	Sultan Kudarat (22 pax)			
Aug 12-16	Taguig (7 <sup>th</sup> batch) last batch  BHW – Quezon City (4 <sup>th</sup> & 5 <sup>th</sup> batch)								Catarman N. Samar (2 batches or 30 BHW per batch)			Aug 12-14 Davao del Norte (25 pax)  Aug 13-15 Davao Or (20 pax)  Aug 14-15 Davao del Norte (25 pax) South Cotabato (25 pax)	Sultan Kudarat (22 pax)  Cotabato Province (24 pax)			
Aug 19-23												• South Cotabato (25 pax) Davao del Norte (25				ARMM Provincial TOT for BHW (27 live-in/ 20

Date	NCR	1	2	3	4	5	6	7	8	9	10	11	12	CAR	CARAGA	ARMM
Aug 26-30	VSC – Pasay (Dona Marta HC)											pax) • Aug 28-30 South Cotabato (23 pax) Davao del Norte (25 pax)  Aug 27-29 Davao Or (25 pax)	Cotabato Province (24 pax)			live-out) Lanao del Sur (20 pax)
Sept 2-6										Provincial TOT for Region 10 (25 pax)			Cotabato Province (24 pax)			
Sept 9-13													Sultan Kudarat (22 pax)			
Sept 16-20													Cotabato Province (24 pax)			
Sept 23-27													Lanao del Norte (24 pax)			Sept 24-28 Sulu (20 pax)
Sept 30-Oct 4																
Oct 7-11																
Oct 14-18																
Oct 21-25																Tawi-tawi (20pax)
Oct 28-Nov 1																
Nov 4-8																
Nov 11-15																
Nov 18-22																
Nov 25-29																

## **ANNEX B**

### **Consultative Meetings, List of Attendees**

Pangasinan  
August 29, 2002

Attendees:

Dr. Nemesia Mejia, PHO  
Dr. Nicolas Miguel, COH, Bayambang District Hospital, Bayambang, Pangasinan  
Dr. Edwin Murillo, COH, Don Amadeo Perez Sr. Memorial Gen. Hospital, Urdaneta City  
Mrs. Luz Muego, Provincial Population Officer

Baliuag District Hospital  
September 6, 2002

Attendees:

Dr. Agapito Pascual, COH  
Ms. Ester Ladarilag, Administrative Officer  
Mrs. Delia Torres, Chief Nurse  
Selected physicians from the Department of Surgery

Misamis Occidental Provincial Hospital  
September 13, 2002

Attendees:

Dr. Rachel Micarandayo, PHO I  
E. Cabural, Administrative Officer  
D. Mondoy, Chief Nurse

Nueva Viscaya Provincial Hospital  
September 18, 2002

Attendees:

Dr. Aurora Agustin, OIC-CHO  
Dr. Violeta Rumbawa, Medical Specialist I  
Ms. Margarita Dumlao, Administrative Officer  
Ms. Armie Garcia, Nurse IV

Norala District Hospital  
October 2, 2002

Attendees:

Dr. Conrado Braña, COH  
Mr. Julito Sadabu, Administrative Officer II  
Ms. Nadine Sabio, Nurse IV