Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

September 25, 2002

ADMINISTRATIVE ORDER
No. 153 s. 2002

SUBJECT: Implementing Guidelines for the Creation and Operationalization of Outreach/Itinerant Teams for Voluntary Sterilization Services

I. Background and Rationale

The ultimate goal of the Family Planning Program has always been the improvement of the quality of life of the Filipino family. As such, the program efforts to assistcouples or individuals to meet their desired family size or fertility intentions are geared towards achieving healthier, happier and productive individuals and families.

Meeting the unmet needs for Family Planning CFP) services both for spacing and limiting methods, however, remains a major challenge for the program. The 1998 National Demographic Survey showed a 20 % (2.0 million) unmet demand for PP services among women of reproductive age. Of these, 11% (or 1.1 million) do not want to have additional children yet they are unable to avail of services. These therefore reflect. the backlog in terms of provision of permanent methods. Moreover, there ,is also an estimated 300,000 to 500,000 abortions per year indicating a huge number of unplanned, unintended or unwanted pregnancies. Abortions also reflect failure of provision of Family Planning services.

Increasing access and availability of Voluntary Steriliaation (VS) services both bilateral tubal ligation (BTL) and vasectomy therefore emerged as vital and, urgent concerns of the Family Planning Program. The current use of surgical FP methods in only 10.3% for BTL and 0.2% for vasectomy, clearly illustrating the need for an invigorated, concerted action to reinforce the past and ongoing efforts in strengthening the VS program including the identification of new and innovative strategies - and approaches. The provision of VS services had encountered various difficult: programmatic challenges. To respond to these challenges, the DOH and other key stakeholders have been working to put together and implement a comprehensive program to make quality VS services available and accessible to Filipino couples. Previous efforts undertaken under the VS program have included the following:

1. Improving the availability and accessibility of services through assistance to upgrade'DOI-I and LGU hospitals to become VS capable sites with appropriate equipment and trained VS providers.

2. Strengthening selected DOH regional hospitals and medical centers to become functional training centers for VS.

3. Strengthening the capability of key FP staff in the Centers for Health Development (CHD) to become effective monitors of the VS program.

4. Improving referral mechanisms between the peripheral field health units and the VS service sites to strengthen dissemination of information on the availability of VS services to potential clients inside hospitals as well as outside in the surrounding community.

5. Providing augmentation funds/enternal resources through special projects to reduce costs of the procedure (including drugs and supplies) to make the services more affordable.

On top of these efforts, it was recognized that among the lingering causal factors that continue to hinder clients from availing of VS services include physical/geographic inaccessibility and the limited number of VS sites which have the capability to routinely offer VS services. Another persistent constraint involved the transportation costs that would have to be shouldered by the clients, their companion (usually a member of the family), and the Barangay Health Worker, if the referral VS hospital is far from the client's residence.

All of the above constraints could be adequately addressed by the fielding of outreach/Itinerant VS. Teams and by bringing the services to the communities where the potential VS clients live.

In this regard, the Department of Health issued Administrative Order No. 50-A s. 2001, mandating all DOH hospitals to create FP Itinerant Teams and make them available for dispatch to respond to the needs for surgical methods specifically in urban and rural poor communities. Furthermore, this AO also provides that "family planning shall form part of the standard services to be delivered by these hospitals in all its medical missions and outreach activities".

II. Coverage and Scope

The coverage and scope for the provision of itinerant VS service should include areas in the country where there is a need to bring the VS service directly to communities where the clients live. The DOH Center for Health and Development in coordination with the concerned DOH hOSpital and the LGU community should identify these areas as follows:

a. Communities where there is a documented demand for surgical FP methods and where trained service providers are not available to provide VS services.
b. Communities where the existing VS sites are inadequate to meet the demand for VS.

III. Creation of Itinerant Teams

A) Organizational Structure

The itinerant VS teams should be organized in all DOH regional hospitals and medical centers, which will serve as the base of the team. There should be a minimum of two VS teams per hospital. The Chief of the respective regional hospital or medical center through the chairperson of the Obstetrics and Gynecology Department will be responsible for the creation and organization of the teams. A hOSpital order should be issued to create and operationalize the itinerant VS teams.

B) Staff Composition

One itinerant VS team will be composed of the following:

a) A BTL surgeon who is proficient in minilapardtomy under local anesthesia (ML-LA) procedure
b) A trained Vasectomy surgeon
c) A surgical nurse or midwife
d) A circulating staff

IV. Operationalization

A) Service Delivery

1) Facilities, Equipment and Instruments

- If the itinerant VS site is a hospital (DOH or LGU managed), it should make available an operating room facility that complies with minimum requirements for performing minor surgery, tubal ligation, and vasectomy procedures.

- If the itinerant VS site is a health center or non-hospital venue, it should be refurbished to comply with the minimum requirements for providing ML-LA and No-Scalpel Vasectomy (NSV).

- For ML—LA, a space is identified that could be refurbished to simulate a restricted operating room, measuring 3m x 3m x 3m in size, including provisions for a semi- restricted area.

- For NSV, this procedure could be performed in a clinic that is enclosed, well ventilated and with fly- -proof windows.

- The itinerant VS teams should be equipped with a minimum of five (5) minilaparotomy sets and three (3) no scalpel vasectomy sets during each scheduled itinerant VS services When necessary, a team should bring with them an OR table, OR light and a mini sterilizer or boiler.

2) Drugs and Supplies

- The DOH regional hospital or medical center should maintain a minimum stock level of drugs and supplies adequate for 30 clients which the team will bring to the site during the schedule for itinerant VS service.

- The Center for Health Development should provide augmentation funds for the purchase of drugs and supplies for VS provision to be used by the itinerant teams from the DOH hospitals

- Alternatively and whenever appropriate, the outreach Itinerant team/VS site or the LGU community may be tapped to provide VS drugs and supplies

3) Personnel requirements including duties and responsibilities

a. Itinerant Team

- Two itinerant VS teams should be dispatched during the scheduled itinerant services.

- The itinerant VS surgeons will be responsible for screening and final selection of clients, verification of informed consent, assurance of quality of care, including proper infection prevention practices.

- The provision of voluntary sterilization should be performed in accordance with the DOH approved minilaparotomy under local anesthesia for female clients, and no— scalpel vasectomy technique for male acceptors.

- Members of the itinerant VS team must ensure preper examination and monitoring of clients 1n the immediate post-operative period and upon discharge on the same day.

- The itinerant VS team must secure copies of the records of all BTL and Vasectomy cases performed and will be responsible for submitting reports of performance to the DOH- Center for Health Development every month

b. Staff of the Outreach VS site

- FP counseling should be provided by trained staff of the outreach VS site. Counseling activities should be done regularly and during the scheduled outreach VS services.

- The staff of the outreach VS site should provide both verbal and written post-operative instructions including follow—up schedules to the client prior to discharge

- They shall keep charts/records of all BTL and Vasectomy clients, complete name of clients, age, address, number of children and the date the procedure, was performed.

- A medical personnel should be made available and tasked to do follow up visits;

4) FP counseling and information dissemination activities

- All clients undergoing BTL or vasectomy should undergo FP counseling prior to the procedure. The staff of the outreach VS site should be properly trained to provide FP counseling.

- Informed, consent must be explained by the surgeon to the potential VS clients during the counseling. Signature for consent should then be secured after the client has decided to undergo the procedure.

- The Center for Health DeveIOpment will be responsible for coordinating activities with the Local Government Unit in connection with strengthening referral activities, linkages with other NGOs, and information dissemination for outreach VS services.

- Barangay Health Workers should actively seek out and identify potential clients from the surrounding communities and refer them to the outreach VS sites for appropriate screening and counseling.

- All referrals should be adequately documented, both at the referring and referral units utilizing appropriate referral forms.

5) Schedule of VS servites

- The DOH regional hospital or medical center should coordinate with the outreach VS site in arranging a 2-day schedule for itinerant VS services to be regularly conducted on a monthly basis.

- The CHD should assist the DOH hospital itinerant team and VS site in the appropriate scheduling of the itinerant VS services

B) Financial Resources

a. The DOH regional hospitals and medical centers should ensure that funds for itinerant VS teams including medical missions and outreach services are incorporated in their regular annual budget preparation and annual procurement plan. This is to reiterate the same provision in the DOH A. O. No. 50 s. 2001 that said health facilities should also allocate funds for the operation of the itinerant VS team e. g. traveling cost, etc.

b. The DOH-Center for Family and Environmental Health and the DOH Center for Health Development should provide the augmentation funds to DOH-retained hospitals to support the VS program including the itinerant VS teams.

V. Supervision and Management

a. The Chief of Hospital through the Chairperson of the Obstetrics and Gynecology Department should ensure that the itinerant VS teams are operational and functional as provided for in the guidelines.

b. The Center for Health Development~~ should exercise oversight functions and ensure that the regional hospitals and medical centers at their respective areas are delivering outreach VS services

through the itinerant VS teams, as they had been mandated.

This Order shall take effect immediately.

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