

***This handbook is dedicated to all health workers in Eastern
Visayas who take care of pregnant women and babies...***

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REFERENCE & OTHER RELATED SOURCES

- 1 CHT Orientation Training Kit, JICA/DOH SMACHS-EV Project (Powerpoint)
- 2 “Guide for Community Health Teams 2014 Edition”, Department of Health, Philippines
- 3 “Reference Materials on Maternal and Child Health Related Policy Issues for Inter-Local Health Zones (ILHZ)”, JICA/DOH SMACHS-EV Project, August 2013

LIST OF ACRONYMS AND ABBREVIATIONS

BHS	Barangay Health Station
BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholar
CHT	Community Health Team
DHC	District Health Center
DOH RO8	Department of Health Regional Office VIII
ILHZ	Inter-Local Health Zone
IRA	Internal Revenue Allotment
JICA	Japan International Cooperation Agency
KP	Kalusugan Pangkalahatan (Universal Health Care)
LGU	Local Government Unit
MC Book	Mother and Child Book
MCH	Maternal and Child Health
MNDR	Maternal and Neonatal Death Review
MHO	Municipal Health Officer
MNCHN	Maternal, Newborn and Child Health and Nutrition (Health Policy)
MO	Medical Officer
PHN	Public Health Nurse
PHO	Provincial Health Office
RHU	Rural Health Unit
SMACHS-EV	Project for Strengthening Maternal and Child Health Services in Eastern Visayas

FOREWORD

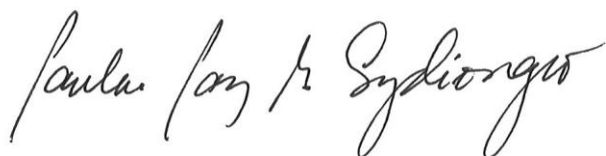


First and foremost, I would like to express my sincere thanks and appreciation to the JICA SMACHS-EV (Strengthening Maternal and Child Health Services in Eastern Visayas) Project Team for their continuous efforts and assistance to the people in Eastern Visayas, particularly pregnant women and newborns in Leyte Province and Ormoc City.

The SMACHS-EV Project commenced in July 2010 and aims to contribute to the reduction of maternal and neonatal mortality, in line with our country's commitment to achieve the Millennium Development Goals 4 and 5. It is being implemented by the Department of Health Regional Office No. 8 together with the Project Team, along with Leyte Province and Ormoc City.

One of the Project outputs is the institutionalization of Community Health Teams (CHTs) in the areas covered by the Project. To this end, the Project has several accomplishments including the training of CHTs and the development of CHT training materials such as the CHT Guidebook that was written during its first year.

The CHT Guidebook was revised in keeping with the "*Kalusugan Pangkalahatan*" thrust of the Department of Health on the CHT. We commend and congratulate the Project for this new effort. We also wish to extend our thanks to all those who contributed to the preparation of the revised guidebook entitled "Handbook for Community Health Team."

A handwritten signature in black ink that reads "Paula Paz M. Sydiongco". The signature is written in a cursive, flowing style.

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INTRODUCTION

The Community Health Team (CHT) plays a vital role in the health of the community, especially mothers and children in it. To help achieve the Millennium Development Goals on health, particularly MDGs 4 and 5, the Department of Health trained and deployed CHTs whose primary task is to assist underserved families, help them in determining their health needs, and link them to health facilities.

The JICA assisted SMACHS-EV Project developed a "Guidebook for Community Health Team" during its initial phase for the use by health workers, mainly the CHT members. Taking into consideration the "*Kalusugan Pangkalahatan (KP)*" thrust on CHT, the guidebook was revised and updated and is now entitled "Handbook for Community Health Team". It is a supplementary document to the existing KP-CHT materials.

The handbook consists of two parts: Part I, Handbook for CHT Members; and Part 2, Handbook for CHT Supervisors. The handbook provides an overview of the roles and responsibilities of both CHT members and supervisors. It clarifies the fundamental tasks that they are to perform and presents some basic information on the health of the mother and the newborn.

We hope that this material will serve as a useful tool for CHT members, supervisors and health personnel working for the protection and health of mothers and children. We are convinced that the contribution of the CHT to public health is invaluable. May this handbook help the CHT members, supervisors and health personnel, yield even greater benefits to the communities that they serve, and may they earn the recognition that they deserve.

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PART 1:

Handbook for CHT Members



I. Community Health Team

1. What is a Community Health Team?

A Community Health Team (CHT), formerly known as “Women’s Health Team,” was introduced as an essential component of the Women’s Health and Safe Motherhood (WHSM) intervention framework. It is an effective community-based support system that aims to:

- (1) ensure that all pregnant and postpartum women and newborns in the community, particularly the poor and disadvantaged, are adequately served;
- (2) lead the effort in convincing mothers to shift from home birth to facility-based delivery.

In August 2011, the Department of Health announced a new strategy, “*Kalusugan Pangkalahatan* (Universal Health Care) Execution Plan and Implementation Arrangement (DO No. 2011-0188)”. The strategy aims at improving, streamlining and scaling up the strategies of the health sector reform agenda to address inequalities in health outcomes by ensuring that Filipinos, especially the poor, have access to high-quality health care. In this strategy, CHTs were given a more important role as a link between health facilities and communities. They are organized in each barangay to provide direct assistance to the families and help navigate them through the health system.



2. CHT Organization, Roles and Responsibilities

The Community Health Team is composed of the following members: (1) Barangay Captain; (2) Rural Health Midwife (assigned to the barangay); (3) Barangay Kagawad on Health; (4) Barangay Secretary; and (5) CHT Members (Barangay Health Workers, Barangay Nutrition Scholars, and any volunteer who completed an orientation on a CHT course and is willing to serve the community).

*Each barangay is required to have **at least one Community Health Team**. Some municipalities may have one CHT member in every “purok,” depending on their needs and the size of the barangay.*

The Rural Health Midwife is the CHT supervisor¹ in her assigned catchment area, and directly supervises CHT members who conduct routine work at their assigned community. Each CHT should identify a focal person among the CHT members who will serve as a liaison officer between the midwife and the members, and be responsible for disseminating necessary information among the members.

In addition, the Municipal Health Officer (MHO)/Medical Officer (MO), and Public Health Nurse (PHN) are the immediate supervisors of the midwife. They provide overall supervision and assistance in CHT activities conducted in their RHU/DHC.

3. Tasks of CHT Members on MCH services

The following summarizes the expected functions of CHT members.

(1) Identifying and tracking of pregnant/postpartum women and newborns

- 1) Pregnancy Tracking: Identify every pregnancy in the community through:
 - Visiting all the households every month and asking if anyone is pregnant;

¹ Some RHUs/DHCs might have Nurse Deployment Program (NDP) or other job-order staff members who support the midwife in CHT operations at the barangay level.

- Attending or holding a women's meeting and asking for support from the families;
- Working closely with the midwife or nurse at a health center;
- Asking or visiting other people in the community to let the midwife or nurse know if someone is pregnant.

2) Postpartum and Newborn Tracking: Identify postpartum mothers and newborns in the community.

(2) Home Visits and Counseling

1) Home visits

- Visiting all pregnant women
- Visiting all postpartum women and newborns

2) Counseling for pregnant women

Providing counseling sessions for pregnant women on:

- Importance of prenatal check-up at a health facility
- Birth and Emergency planning
- Danger signs during pregnancy
- Helpful tips for health during pregnancy
- Immunization and iron folate intake
- Baby care routine
- Newborn Screening



3) Counseling for postpartum women and newborns

Providing counseling sessions for postpartum women and newborns on:

- Importance of postpartum and newborn check-up at a health center or by a midwife
- Danger signs of a postpartum woman
- Danger signs of a newborn
- Care during the first few weeks after birth
- Feeding recommendations and exclusive breastfeeding
- Immunization

- Family planning

(3) Referring pregnant women, mothers and babies to a health facility, and conducting follow-up visits

- 1) Helping the pregnant woman or mother seek care at the designated health facility, and conducting follow-up visits
- 2) Accompanying the pregnant woman to the health facility for delivery (*Please note that sometimes CHT members may be unable to accompany the pregnant woman)



(4) Assisting the midwife in outreach activities

e.g., Bloodletting Day, adolescent and youth camps

(5) Reporting to the midwife

- 1) Pregnancy Tracking Report
- 2) Postpartum & Newborn Tracking Report
- 3) Verbal reporting of maternal and neonatal deaths
- 4) CHT Monthly Report

(6) Attending meetings

- 1) CHT monthly meetings at the Barangay Health Station (BHS)/Rural Health Unit (RHU)/District Health Center (DHC)
- 2) Barangay Sessions to update the progress and results of CHT operations

(7) Coordination with local officials

- 1) Coordinating with the barangay captain or other barangay officials the needed transportation of clients in emergency situation
- 2) Reporting households who do not have a PhilHealth Card

NOTE There are also things that CHT members should NOT do.

-DON'Ts-

What CHT members should NOT do

1. Giving any medical interventions
2. Giving false assurance regarding health condition
3. Telling other people about private information of mother's and newborn's health condition
4. Being inconsiderate and rude to the client



CHT-13

II. Understanding Maternal and Child Health

1. Promoting the Health of Pregnant Women

During the prenatal period, CHT members conduct counseling sessions to the pregnant woman and her family regarding the importance of prenatal care visits to a health center, necessary preparation for delivery, and essential health information during pregnancy. Please refer to “Table 3: MC Book Reference” (P.19) for details.

1.1 Importance of Prenatal Care Visits

CHT members should be able to explain to mothers the importance of prenatal care visits and facility-based delivery.

What kind of care will be given at a health facility during a prenatal care visit?

1. Examination of the pregnant woman
2. Provision of iron with folic acid tablets to prevent anemia and strengthen her blood
3. Immunizations to prevent tetanus
4. Advice on home care for the pregnant woman and ensuring healthy growth of the baby
5. Preparation for birth at a health center
6. Information on the danger signs, the importance of seeking early care, family planning, and feeding an infant and a young child
7. Testing for infections such as HIV, STIs, and providing treatment and care if needed

How many prenatal visits to a health facility or midwife are needed?

The minimum recommended number of prenatal visits is **4²**.

- **1st: As early as possible (1st trimester: 0-84 days or up to 12 weeks)**
- **2nd: 85-189 days or 13-27 weeks (2nd trimester)**

² The definition of trimesters are based on “Field Health Service Information System ver 2. 2012”, National Epidemiology Center, Department of Health, Manila, Philippines

- 3rd: 190 days or more/28 weeks or more (3rd trimester)
- 4th: 190 days or more/28 weeks or more (3rd trimester)

Why should a mother deliver her baby at a health facility?

- All women are at **risk of complications at childbirth**
- **We cannot predict** who among the pregnant women will develop complications.
- Most maternal deaths occur during labor, delivery, and the immediate postpartum period.



It is safer for the mother to deliver, and for the baby to be born, at a health facility.

1.2 Birth and Emergency Plan

The **Birth and Emergency Plan** is a mother's detailed plan of action for her pregnancy and childbirth. **The MC Book contains a "Birth and Emergency Plan"** for each pregnancy. It helps families to:

- Think ahead and know what needs to be prepared for a safe delivery;
- Decide how to overcome any difficulties they may face.



(1) Contents of a "Birth and Emergency Plan" (MC Book, P.14)

A Birth and Emergency Plan includes the following:

- Identification of a CHT partner;
- Identification of the BEmONC facility where the woman will give birth;
- Identification of a means of transportation;
- Information on financing childbirth;
- Identification of a contact person and a referral hospital in case of

emergency; and

- Identification of two (2) possible blood donors

Please see **Annex 1** for a sample Birth and Emergency Plan format with instructions.

(2) Process of Developing a “Birth and Emergency Plan”

- The plan will be first developed by a pregnant woman through active consultation with the midwife during her first prenatal check-up.
- **CHT members will confirm and re-confirm the plan** with the pregnant woman and members of her family at the community during a home visit.
- **CHT members will continue to follow up on the status** of each item in the pregnant woman’s birth plan until the time of her delivery.



*The Birth and Emergency Plan should always involve **the woman’s husband, partner and family members!!!!***

1.3 Danger Signs during Pregnancy

CHT members should be able to recognize the danger signs of the woman during pregnancy, and refer the client to a health facility immediately when such cases are identified. They are also expected to educate pregnant women on the danger signs during pregnancy. Common danger signs are listed in **Annex 2**.



2. Promoting the Health of Postpartum Women and Newborns

During the postpartum and postnatal period, CHT members conduct counseling sessions to the postpartum mother and her family regarding the importance of postnatal care visit at a health facility or by a midwife. The members also provide essential health information during the postnatal period (see “Table 3: MC Book Reference” (P.19)). This section describes some of the important information.

2.1 Importance of Postnatal Care Visits

CHT members should be able to explain to mothers the importance of postnatal care visits.

Why should the mother receive postnatal care at a health facility or by a midwife?

1. Health professionals would **examine the mother and the baby to prevent and detect any problem.**
2. The mother would **receive iron with folic acid tablets and advice on family planning.**
3. **The baby can receive the necessary vaccinations to protect him or her from illness.**



How many postpartum and newborn visits to a health facility or by a midwife are needed?

The minimum recommended number is **4**.

- **1st: After 24 hours upon delivery³**
- **2nd: Within the 1st week, preferably 2-3 days after delivery**
- **3rd: Around 2–3 weeks**
- **4th: Around 4–6 weeks**



2.2 Danger Signs of a Postpartum Woman and Newborn

CHT members should be able to recognize the danger signs of the postpartum woman and the newborn, and refer them to a health facility when such cases are identified. The danger signs of the postpartum woman and the newborn are described in the MC Book. Common danger signs of the newborn are also listed in **Annex 3**.

³ The first postpartum and newborn care is done at the hospital right after the delivery, and it will be considered the first visit.

2.3 Feeding Recommendations and Exclusive Breastfeeding

Breastmilk is the best food for the baby. It provides all the energy and nutrients that the baby needs, and protects the baby from illness. It is the CHT member's role to educate the mother about the importance of breastmilk and to encourage her to practice exclusive breastfeeding. The following advice should be given to the mother.



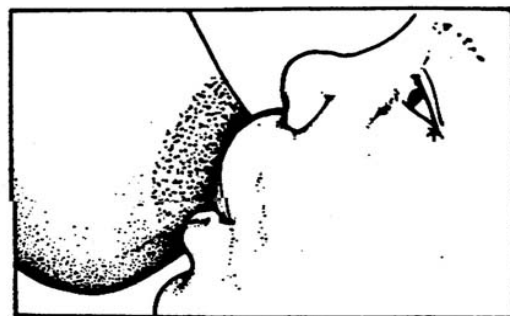
- A baby should be given **only breastmilk for the first six months.**
- **Breastmilk provides all the food and fluids** that the baby needs: **no other food or fluids, even water, should be given** to the baby during this period.
- The mother should breastfeed the baby on demand, day and night. It will promote milk production so that the baby will be healthy and grow well.

CHT members should also promote proper breastfeeding of the baby by observing the mother's breastfeeding. If the attachment is not good or the sucking is not effective, the CHT members should try to help the mother improve it.

★ Good Attachment of the Baby ★



Good Attachment



Poor Attachment

1. *More areola is seen above than below the baby's mouth.*
2. *The baby's mouth is wide open.*
3. *The baby's lower lip is turned outwards.*
4. *The baby's chin is touching the breast.*

★ Good Positioning of the Baby ★



Good Positioning



Poor Positioning

1. *The baby's head and body are in line (the baby's neck is not twisted).*
2. *The baby is held close to the mother's body.*
3. *The baby's whole body is supported.*

2.4 Newborn Screening

Newborn Screening is a very simple procedural test to see if the baby has harmful or potentially fatal disorders. It is a simple blood test done to the baby **after 24 hours to 72 hours from birth**. If the baby is diagnosed early, the disorder can be managed and the child can grow healthy. In contrast, if it is not detected, it can cause mental retardation or death of the child. CHT members should encourage the mother to bring the baby to the health center for newborn screening at the proper time.



III. Home Visits for Mothers and Babies

1. Purpose of a Home Visit

A home visit is one of the important tasks of CHT members who are expected to:

- (1) Perform maternal and child health activities within their catchment area.
- (2) Provide essential health information to the client in her house.
- (3) Meet and support pregnant women and postpartum mothers with newborns in their environment.



A home visit provides a natural environment to educate the pregnant/postpartum woman and her family and enable them to discuss their concerns and needs openly with the CHT members.

2. Schedule of Home Visits by CHT Members

The CHT members conduct home visits to two types of client: pregnant women; and postpartum women and newborns. For each type of client, they are expected to conduct **at least four (4) home visits**. The record of a CHT member's home visit to a pregnant or postpartum woman is part of the required information for the Pregnancy Tracking Report and the Postpartum and Newborn Tracking Report. Tables 1 and 2 show when to conduct such home visits.

Table 1: Proper Timing for Home Visits to a Pregnant Woman

1st HOME VISIT	At least 1 week before the end of 1st Trimester (0-84 days/up to 12 weeks)
2nd HOME VISIT	2nd Trimester (85-189 days/13-27 weeks)
3rd HOME VISIT	3rd Trimester (190 days or more/28 weeks or more)
4th HOME VISIT	3rd Trimester (190 days or more/28 weeks or more)

Table 2: Proper Timing for Home Visits to a Postpartum Woman and a Newborn

1st HOME VISIT	After 24 hours upon delivery⁴
2nd HOME VISIT	Within 1st week (Preferably 2-3 days after delivery)
3rd HOME VISIT	2 to 3 weeks
4th HOME VISIT	4 to 6 weeks

It should be also noted that CHT members are required to conduct other activities aside from MCH services, and they are expected to conduct home visits to their clients every month to update the health status of family members. These activities should be integrated with home visits to the pregnant and postpartum mothers.

⁴ For the 1st Home Visit, the client could be visited at the hospital/RHU as she is already receiving postpartum care in the facility after the delivery.

3. Communication Skills and Steps of Conducting Home Visits

Good communication skills help CHT members develop a good relationship with their client. It is important for CHT members to be good listeners, ask relevant questions, and understand the family's concerns. They should also be able to provide proper information on health matters and help the family provide the best care possible for the mother and her newborn.



Five Steps of Conducting Home Visits

STEP 1: Greet and build good relations!

- Be friendly and respectful.
- Speak in a gentle voice.
- Explain why you are visiting the woman and her family.
- Talk to the whole family.
- Nonverbal message: Your body can also talk! (e.g., smiling, facial expression, gestures, eye to eye contact)

STEP 2: Ask and listen!

- Ask open-ended questions.
Instead of “Are you...?” use “How & What...?”
- Use body language to show that you are listening to the family.
- Repeat what the mother or family says.
- Empathize and show that you understand what she or he feels.
- Avoid words that may sound judging.
e.g., “How is the baby sleeping?” rather than “Does the baby sleep well?”

STEP 3: Give relevant information!

- Try not to make it sound like instructions; make it like a story.
- Give advice based on the family situation; customize it for each family.
- Make suggestions.
- Give information in short sentences.

- Use simple language, not technical words
e.g., Use “weak blood” instead of “anemia”.

STEP 4: Check understanding and discuss what the family will do!

- Have the mother or family members repeat what needs to be done in her or their own words
- Encourage the family to tell you what they plan to do about what you discussed
- Encourage them to tell you what will be their concerns or problems
- Discuss possible ways to solve any problems

STEP 5: Thank the family!

- Decide with the family when you will visit them again
- Inform the mother and her family to contact you for any health concerns, especially pre-natal/postnatal care
- Thank the family for accepting you!



IV. CHT Tools and Mother and Child Book

1. CHT Tools

CHT members should take the following items when they conduct their work, particularly during a home visit.

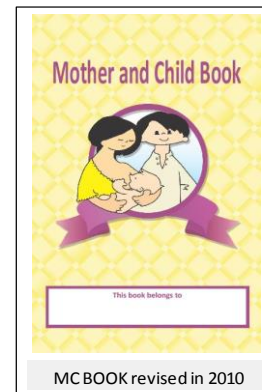
- (1) CHT Forms
- (2) Mother and Child Book (MC Book)
- (3) CHT Handbook (this handbook)
- (4) Family Health Guide
- (5) List of Emergency Contacts
- (6) List of Health Facilities
- (6) Pens and a notebook
- (7) Others (e.g., IEC materials)



The details of the CHT forms will be discussed in a later chapter.

2. Mother and Child Book

The Mother and Child Book (MC Book) is to be given to each pregnant woman during the first prenatal visit to a midwife and to be used until the child becomes 6 years old. It is a comprehensive tool that consists of the mother's record, the child's record, and key health information.



2.1 Purpose of the MC Book

The purpose of the MC Book are as follows:

- (1) **Record important health information** such as the mother's condition during pregnancy, labor and delivery, and the postpartum period, the dates and kinds of vaccinations given, the results of health check-ups, and the growth and development of the child.
- (2) **Serve as a guide** to help mothers gain correct health knowledge so that they understand better what they have to go through during every pregnancy, childbirth, and postpartum period.
- (3) **Teach essential child care tips** for parents to respond to the health needs of newborns and rear healthy children.
- (4) **Serve as a referral tool** to health facilities, whether government or private, to assure the woman's easy access to health services and continuity of care.
- (5) **Serve as a valued childhood souvenir**, memento or remembrance as it is passed on to the grown-up child.

2.2 How Can the CHT Member Use the “MC Book”?

CHT members are expected to utilize the MC Book fully during a home visit by:

- Referring to the MC Book at each stage of their home visit and
- Checking the record on the client’s MC Book to monitor the status of the pregnant woman or the postpartum mother and her newborn during the home visit.

It is essential that **CHT members are familiar with the contents of the MC Book prior to their home visit.** To that end, the CHT supervisors should provide necessary support. Table 3 shows the topics and relevant pages of the MC Book that the CHT member should refer to at each stage of a home visit.



Table 3 MC Book Reference

Prenatal Home Visit			
Stage of Home Visit	Timing of Visit	Topics to be covered	Pages to be referred in MC book
1st Visit	During 1st Trimester	Reminding mothers of 1st prenatal-check up at health center	
2nd Visit	During 2nd Trimester	★Birth and Emergency Plan	Page 14
		Preparation for Giving Birth	Page 15
		Warning Signs During Pregnancy	Page 4
		Some Helpful Tips for Health During Pregnancy	Page 9
		Check Mother's MC Book for TT and Iron Folate	Page 5 & 7
		Reminding mothers of 2nd prenatal-check up at health center	
3rd Visit	During 3rd Trimester	★Confirming the Birth & Emergency Plan	Page 14
		Reviewing the previous topics	
		Baby Care Routine	Page 13
		Information on the First Few Weeks After Birth	Page 23-24
		Check Mother's MC Book for TT and Iron Folate	Page 5 & 7
		Reminding mothers of 3rd prenatal-check up at health center	
4th Visit	During 3rd Trimester	★Confirming the Birth & Emergency Plan	Page 14
		Reviewing the previous topics	
		Check Mother's MC Book for TT and Iron Folate	Page 5 & 7
		Reminding mothers of 4th prenatal-check up at health center	

Postnatal Home Visit			
Stage of Home Visit	Timing of Visit	Topics to be covered	Pages to be referred in MC book
1st Visit	Within 24 hours after delivery	Follow-up on the status of the postpartum woman and her newborn after delivery	
		Postpartum Care Within 42 days-with Particular Focus on the <u>Danger Signs</u>	Page 18
		Postnatal Care with Focus on Danger Signs of Newborns	Page 21
		Reminding mothers of Baby Care Routine	Page 13
		Reminding mothers of Information on the First Few Weeks After Birth	Page 23-24
2nd Visit	1st Week (Preferably 2-3 days after delivery)	Reviewing the previous topics	
		Feeding Recommendations	Page 26-28
		Check Mother's MC Book for immunization and FP	Page 5, 25, 17
		Reminding mothers of 2nd postpartum & neonatal check up and newborn screening. Check on exclusive breastfeeding.	
3rd Visit	2-3 weeks	Reviewing the previous topics	
		Reminding mothers of 3rd postpartum & neonatal check up, and check on exclusive breastfeeding.	
4th Visit	4-6 weeks	Reviewing the previous topics	
		Reminding mothers of 4th postpartum & neonatal check-up (6 weeks) and immunization. Check on exclusive breastfeeding.	

V. Reporting

1. Reporting Process

The primary source of health data is the community. Thus CHT members, who are the frontline workers in the community, play an essential role in the collection of data.

CHT members submit their report to the CHT supervisor, (i.e., a midwife) every month. The CHT supervisors consolidates the data in the reports and then submit the consolidated reports to the municipal or district health office. The data are further consolidated at the provincial or city health office and then submitted to the Department of Health. By this time, the data have become important national-level statistics on health. The data are especially important for identifying maternal and neonatal deaths.

2. Necessary Reports for CHT Members

CHT members need to prepare, and submit to the CHT supervisor, a number of forms and reports. Table 4 below shows a summary of these reports and forms.

Table 4 : CHT Reports & Forms (as of October 2014)

Form Number	Title	Remark
Form 1	CHT Household Profile	National format
Form 2	CHT Risk Assessment Checklist & Health Plan	National format
Form 3	CHT Referral Slip	National format
Form 4	CHT Program Performance Status Report	National format
-----	CHT Log book	National format
Form 3A	Pregnancy Tracking Form	Regional format
Form 3B	Postpartum & Newborn Tracking Form	Regional format

All reports that are submitted by CHT members are collected, reviewed, and updated by the CHT supervisor. The CHT supervisor keeps consolidated reports of every barangay in her or his catchment area for monitoring and supervision.

2.1 Tracking of the Pregnant & Postpartum Woman

Tracking pregnant and postpartum women is an important activity of CHT members. CHT members conduct pregnancy tracking to identify the expectant mothers in the community so that they can follow up with them regarding the proper prenatal care for safe delivery. Tracking of the postpartum woman is also conducted by CHT members to follow up on the status of the mothers and their babies and collect essential information on their maternal and newborn care after delivery.



Tracking pregnant women in the first trimester is challenging. Many CHT members work hard and sometimes come up with creative ideas to track a pregnant woman with the goal of achieving four prenatal care visits during her pregnancy.

Let's think of how a CHT member can find pregnant women in the community!



- Visiting all the households every month and asking if anyone is pregnant
- Attending or holding women's meetings and asking families to inform the CHT member when anyone is pregnant
- Working closely with the midwife or nurse at a health facility to identify all pregnant women
- Asking or visiting other people in the community, such as the teachers and the barangay officials, to let her know if someone is pregnant

2.2 Pregnancy Tracking Report

The Pregnancy Tracking Report provides basic information about all the pregnant women in the community concerning their prenatal care (at least one visit in each of the first and second trimesters and two visits in the third trimester). It gives a general appraisal of the pregnant woman's condition as well as the outcome of her pregnancy. The box below shows the necessary information for this report. **Annex 5** provides the step-by-step instructions for completing the report.

Necessary Information for Pregnancy Tracking Report

- Record of the availability of the MC Book and a Birth and Emergency Plan
- Record of the CHT member's home visits to the pregnant women
- Record of prenatal care provided by a midwife or a health center
- Basic information in relation to the pregnant woman's prenatal care
- Pregnant woman's condition and outcome of her pregnancy

2.3 Postpartum and Newborn Tracking Report

The Postpartum and Newborn Tracking Report aims to follow up on the status of the postpartum mother and her baby up to 42 days after childbirth. It contains essential information on maternal and newborn care after delivery. The box below shows the necessary information for this report. **Annex 6** provides the instructions for completing this report.

Necessary Information for Postpartum and Newborn Tracking Report

- Frequency of home visits by the CHT member
- Postpartum and newborn care services received at a health facility or from a midwife
- Family planning method used

- Status of exclusive breastfeeding
- Status of newborn screening and immunization for the baby

2.4 CHT Monthly Report

The CHT Monthly Report is a consolidated record of a CHT member's activities based on his or her Pregnancy and Postpartum and Newborn Tracking Report (see *Annex 7* for a sample).

- It is the record of the activities of each CHT member in a given month.
- The report is developed and presented by the CHT member and the CHT supervisor during the monthly meeting and posted on the wall at the BHS to share with the other members.
- The record from the previous months should be properly filed as part of BHS's master record.
- The CHT supervisor validates the data by comparing it with the tracking reports while formulating the report.
- The CHT supervisor and teammates discuss any concerns or issues related to the activities described in the Monthly Reports and then take appropriate actions to improve the CHT members' performances.



2.5 Reporting of Maternal and Neonatal Death

Reports of maternal and neonatal deaths are integral parts of any health service delivery system. CHT members are the primary sources of information on this matter in the community.

The assigned CHT members in the community must provide an immediate verbal report to the CHT supervisor whenever a case of maternal or neonatal death is identified in the community. The CHT member can help the CHT supervisor to collect and fill out the necessary information on the Maternal and Neonatal Mortality Reporting Forms. The information will be used and assessed during the Maternal and Neonatal Death Review meetings at the municipal, district, ILHZ, provincial, and city levels.

VI. Meeting

The CHT members are expected to attend **two types of meetings**: (1) CHT monthly meeting at BHS/RHU/DHC and (2) barangay sessions. It is important that CHT members develop a monthly schedule that accommodates each meeting so that all the CHT members plan their activities accordingly to be sure they will attend.

1. CHT Monthly Meeting

A CHT meeting should be held at each BHS or RHU/DHC every month. At this meeting, each CHT member reports his or her activities to the CHT supervisor by submitting the necessary reports. The CHT supervisor updates his or her records based on these reports as well as on the monthly report that is formulated by the team.

The CHT supervisor facilitates the discussion at the meeting regarding the issues and concerns related to CHT activities. The schedule of activities for the coming month and any new information, such as **health policies and programs and special activities in the community**, also should be shared

in the meeting.

2. Barangay Sessions

The CHT members, together with the CHT supervisor, are encouraged to attend barangay sessions. These sessions may not be frequent, but they are a great opportunity to develop good relations with the members of the community in the CHT members' catchment areas. The sessions help to generate support from the barangay leaders for the health of pregnant and postpartum women and newborns. At barangay sessions, the CHT members are expected to update the Barangay Council on the progress and results of their CHT operation.



MEMO:



PART 2:

Handbook for CHT Supervisors



I. CHT Supervisors: Roles and Responsibilities

CHT supervisors play an important role in the implementation of CHT activities. Good performances by CHT members always result from good supervision and monitoring by CHT supervisors who provide technical advice, support, and encouragement to the CHT members.

The Rural Health Midwife serves as the CHT supervisor in her or his assigned catchment area. The CHT supervisor works closely with barangay officials, Public Health Nurses (PHN), and Municipal Health Officers (MHO) or Medical Officers (MO) in her or his catchment area and municipality or district.

In addition, the MHO/ MO, and PHN are the immediate supervisors of the midwife. They provide overall supervision and assistance for CHT activities conducted in their RHU/DHC. They work closely with the mayor, Inter-Local Health Zone (ILHZ), and provincial or city health officer on the implementation of CHT activities.

The following is a summary of the expected duties and responsibilities of health personnel in CHT operations.

Rural Health Midwife

(1) Duties as the CHT supervisor

- 1) Manage the inventory of CHT members, and assign CHT members to their respective catchment areas.
- 2) Train and re-orient CHT members to their tasks.
- 3) Disseminate the information needed to support CHT members.
- 4) Conduct monthly monitoring and supervision of CHT activities in the assigned catchment area.
- 5) Give feedback on CHT members' performances at monthly meetings.
- 6) Advocate and facilitate CHT incentives or honoraria.

(2) Distributing the Mother and Child Book (MC Book)

- 1) Distribute copies of the MC Book to all pregnant women.
- 2) Help the CHT members and the pregnant women to complete the

necessary information in the MC Book.

- 3) Help the pregnant women to develop their birth and emergency plans and ensure the accomplishment of their plan in coordination with the CHT members.

(3) Consultation at health centers and home visits

- 1) Provide consultation sessions for the pregnant women on prenatal, postnatal and newborn care; newborn screening; immunization; family planning; and nutrition.
- 2) Conduct follow-up visits to pregnant women, postpartum mothers, and newborns.



(4) Reporting

- 1) Collect the CHT members' reports, consolidate them, and share relevant information with their immediate supervisors (i.e., PHN and MHO/MO).
- 2) Review and develop the CHT Monthly Report based on the pregnancy and postpartum & newborn tracking reports collected from the CHT members every month.
- 3) Generate data needed for the Maternal Death Report and the Neonatal Death Report.
- 4) Report maternal and neonatal deaths.
- 5) Submit any other reports required by the MHO/MO/PHN.

(5) Meeting

- 1) Conduct a monthly CHT meeting at the BHS to discuss concerns and problems and to provide appropriate coaching and mentoring to CHT members based on their CHT Monthly Reports.
- 2) Attend monthly or quarterly regular meetings at RHU/DHC.
- 3) Attend a Maternal and Neonatal Death Review meeting.

(6) Coordination with local officials

- 1) Provide updates of CHT operation to the barangay captains or other designated officials.
- 2) Coordinate with local officials regarding (a) transportation of clients in emergencies, (b) logistical needs of the CHT operation, (c) CHT incentives, and (d) support for MCH services.

Public Health Nurse (PHN), MHO/MO

- (1) Collect the report from the Rural Health Midwife, consolidate the midwives' CHT Monthly Reports and share relevant information with RHU staff (For PHN only).
- (2) Conduct monthly or quarterly CHT meetings at RHU/DHC.
- (3) Conduct monitoring and follow-up activities aiming to improve CHT activities (e.g., capacity enhancement activities for CHT members and supervisors)
- (4) Maintain and update the inventory of CHT members in RHU/DHC
- (5) Advocate community support for CHT members with the local political leaders (e.g., policies, incentives).
- (6) Conduct MNDR meetings at the municipal and ILHZ levels.
- (7) Conduct CHT recognition and awarding activities to promote good performance of CHT members.



II. Monitoring of CHT Members and Their Activities

1. Management of CHT inventory

One of important areas in managing CHT operations is the management of the CHT members. CHT supervisors, with their immediate supervisors (i.e. PHN, MHO/MO), must ensure that the appropriate number of CHT members is assigned to each catchment area and that these CHT members are properly oriented to their tasks and equipped with tools to conduct their work in the community. Specific criteria for recruiting CHT members are available in the CHT Guidebook available from DOH.⁵



The CHT inventory is an essential tool for CHT supervisors to manage their volunteers. The inventory should include at least the following basic information about the CHT member: (1) names, (2) age, (3) position (e.g., BHW/BNS or BSPO), (4) assigned area with the number of households, and (5) the date of the most recently attended orientation. The inventory should be updated periodically, at least every six months. The inventory information helps the CHT supervisor monitor the performance of the CHT members. For example, if a CHT member resigns, the CHT supervisor can identify and recruit a new member or assign an existing CHT member to that community. The record of a CHT member's most recently attended orientation also helps the CHT supervisors identify which CHT members need re-orientation to their work.

The number of necessary CHT members depends on the number of existing households and the geographical size and terrain of the community (i.e., population density). In the national KP-CHT Guide, revised in 2014, the standard ratio of CHT members to total number of households

⁵ "CHT guidebook for Community Health Teams 2014 Edition", Department of Health, Philippines

was presented as follows:⁶

Densely Populated Barangay	1: 50
Plain/ Standard Barangay	1:30
Barangay with Difficult Terrain	1:15

In KP-CHT implementation, the number of necessary CHT members in a community is based on the number of NHTS families in the community. This is because the priority of KP-CHT program is to support the poorest of the poor. However, the Region 8 initiative expands CHT activities to include all households. Therefore, the calculations above should be applied to target all the households of an area.

The involvement of local governments, including a barangay captain and barangay officials, is also important for the management of CHT members. CHT members should be recognizable by local government officials so they may more easily obtain needed support from them.

2. Analyzing the CHT Monthly Report

The CHT Monthly Report is a consolidated record of a CHT member's activities based on his or her Pregnancy and Postpartum and Newborn Tracking Reports. CHT supervisors are required to validate the data by comparing it with the tracking reports while formulating the report at the CHT monthly meeting. The Monthly Report must be submitted at the higher supervisory level every month and one copy should be posted on the wall at BHS for sharing among the CHT members.

Through the CHT monthly report, the CHT supervisors can obtain the following essential information:

(1) Status of Pregnancy Tracking by CHT members:

1) **Number of pregnant women tracked by CHT members:**

The CHT supervisor can identify how many pregnant women are in the catchment area and can compare this number with her or his TCL

⁶ "CHT guidebook for Community Health Teams 2014 Edition", Department of Health, Philippines

record. In addition, the number of newly tracked pregnant women in a given month can be compared with the expected number of pregnant women calculated for the given population per month⁷. These activities can be used to assess CHT member's tracking performance.

2) Availability of MC book and birth and emergency plan among the tracked clients:

CHT supervisors must make sure that all pregnant women in their catchment area have the MC book and a birth and emergency plan. Using the information in the CHT Monthly Report, CHT supervisors can check the status of MC books and plans and follow up when necessary.

(2) Status of Delivery and PNV4 and Postpartum Tracking

CHT supervisors can assess the status of the pregnant women who were tracked by the CHT members. This information gives the supervisor information about the performance of the CHT members. It also creates opportunities to discuss the challenges that are confronted by the CHT members. Please refer to **Annex 7** for a sample CHT Monthly Report at BHS and relevant instructions.

Through the analyses of the CHT Monthly Reports, the CHT supervisors can monitor the performance of CHT members as well as assess the status of the pregnant women in the catchment areas. It is important for CHT supervisors to conduct the analysis with the CHT members during a CHT monthly meeting. This helps the CHT supervisors to understand why there may be gaps in information (e.g., unavailability of MC book or a low rate of facility delivery) by discussing it with the CHT member who is in charge of an area. In addition, this information must be recorded in the "remark" column. This documentation helps the PHNs and MHO/MO understand the situation at BHS when they consolidate the CHT Monthly Reports at municipal or district level.

⁷ Population x 2.7% / 12 month = expected number of the pregnant woman per month from "Field Health Service Information System ver 2. 2012", National Epidemiology Center, Department of Health, Manila, Philippines

Sample Analysis of CHT monthly Report at RHU level

Point 1:

Newly tracked pregnant

How is the number compared to: TCL? Expected number of monthly pregnant in RHU?

Point 2: Status of MCB, Birth Plan

Among all the tracked pregnant, how many pregnant having these?

- **17% of pregnant women has MC book**
 - **56% has a birth & emergency plan**
- What's the reason of these gaps???

No	Municipalities	Month	PREGNANCY TRACKING						
			No. of women tracked			No. of women with MC Book	No. of women with accomplished birth plan	No. of women with complete HV this month	No. of women with PNV4 this month
			Last month	New	Total				
1	2	3	4	5	6	7	8	9	10
1	MacArthur	August	119	34	153	27	85	0	4

Ideally, all the numbers in these columns should be the same: Why there is a gap?

No	Municipalities	Month	DELIVERIES THIS MONTH				POST PARTUM TRACKING	No. of pregnant women to be tracked next month	Remarks
			No. of women who delivered this month	No. of women who delivered at HF	No. of women who delivered with completed 4 HV	No. of women who delivered with completed PNV4	No. of women with completed PP HV this month		
1	2	3	11	12	13	14	15	16	17
1	MacArthur	August	9	8	0	5	2	145	

Point 3: Status of FBD, PNV4, HV, PP2

How many tracked pregnant delivered this month?

Of those delivered, how many delivered at Health Facility?

- FBD: 88% (8 cases/9 deliveries)
- PNV4: 56%
- CHT's HV (4times): 0%

Point 4: Remark

Remark should be used to identify problems:

E.g., why they didn't deliver at HF? What is the reason for failing 4HV, what did they use to make a birth plan if no MC book avail etc.

3. Conducting CHT Monthly Meetings



CHT supervisors should hold monthly meetings with CHT members at their respective barangay health centers. The purposes of CHT monthly meetings are:

- (1) Validate the information in the reports submitted by the CHT members;
- (2) Develop a CHT monthly report (by team);
- (3) Discuss issues and concerns related to the CHT activities of the past month;
- (4) Make action plans to address identified problems and challenges faced by CHT members;
- (5) Clarify technical issues and other operational issues on the ground; and
- (6) Provide directives, updates, and/or technical guidance on CHT processes and programs.

The use of a meeting agenda is important to ensure a successful and productive meeting and achieve the desired results within the time allocated for the meeting. The agenda also keeps everyone focused on the issues they need to discuss. The following box shows an outline of the recommended agenda for the CHT monthly meetings.

Recommended Agenda for CHT Monthly meeting

1. Reporting of accomplishment for the month
2. Discussion on issues, concerns, and technical guidance/support
3. Action planning and monitoring the implementation of the action plan
4. Other matters (e.g., directives, updates, and program protocols)
5. Scheduling and agreement of the next meeting

It is also recommended that the CHT supervisors follow these simple steps for conducting a CHT monthly meeting.

STEPS on Conducting a CHT Monthly Meeting



1. Check Attendance in the meeting

- (1) Before the start of the meeting, make sure that all CHT members sign in the attendance sheet or logbook
- (2) Read the minutes of the previous meeting and decide the minutes taker for the meeting



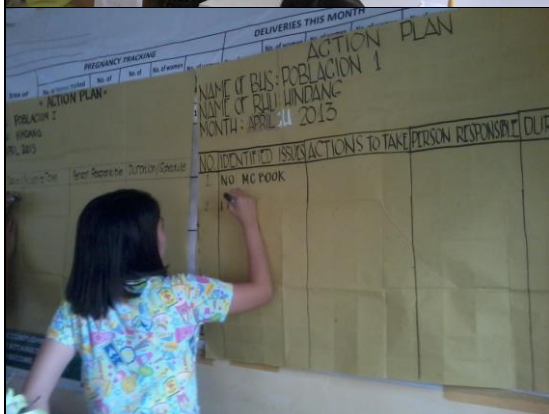
2. Discussion

- (1) Confirmation of the action to follow up from the previous meeting
- (2) Reporting of accomplishment for the month by CHT members
- (3) Sharing concerns and good practices



Reporting of Accomplishment

CHT members report their accomplishment in front of the group, and the CHT supervisor records their data in the CHT monthly report



3. Action Plan Making

The team develops a list of action plans based on the issues identified during the meeting. The CHT supervisor facilitates well and plans concrete actions to resolve the issues

NO IDENTIFIED ISSUES	ACTION TO TAKE	PERSON RESPONSIBLE	DURATION / SCHED
1 NO MC BOOK for 5 pregnant women (some from private)	Assign CHT member to confirm if private practitioner provides book/ book / prenatal book	Maghina Jobalae - 1 Clarita Abrasado - 2	April 2, 2015 April 2, 2015
NO Birth Plan for 2 pregnant women	Assign CHT member to confirm page # of MC book & advise to go to the RHL to have consultation with the Midwife	Nida Baldaras Rosemarie Acampalado	April 1, 2015 April 1, 2015
2 untracked pregnant - 3	Conduct home visit & include it in pregnancy tracking for next month	Nida Baldaras - 1 Eudesa Ariona - 2	April 4, 2015 April 1, 2015

4. Other matters

Other matters (e.g., updates) will be discussed with CHT members.

5. Scheduling the next meeting

The CHT supervisors wraps up the meeting, reviews the agreement made at the meeting, and schedules the next meeting.

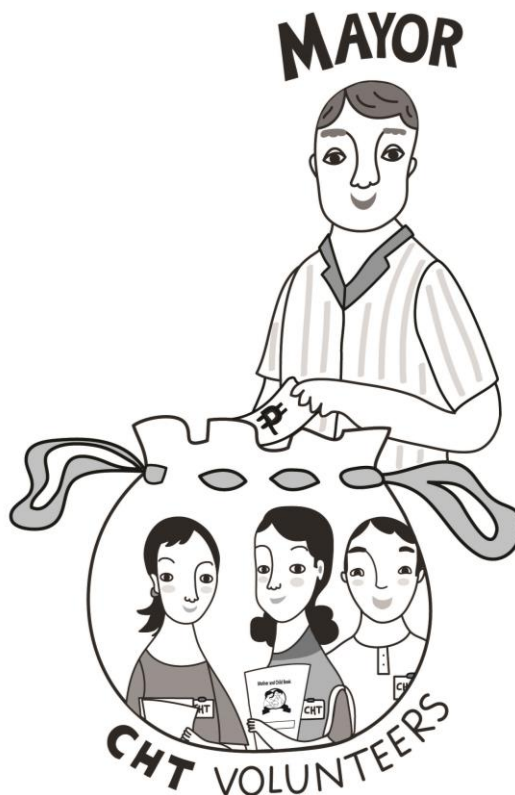
III. Promoting the Work of CHT Members through Local Support

1. CHT Incentives

Muhammad Ali, an American boxer, famously said, “*service to others is the rent you pay for your room here on Earth*”. The term “volunteer” usually applies to people who perform services willingly without any remuneration.

At first, the Department of Health thought of the CHT member as nothing more than a community health volunteer. However, the increasing importance of their roles and tasks in the KP Program makes it difficult to limit CHT members to that definition.

In reality, a CHT member's work sometimes entails out-of-pocket expenses for things such as his or her transportation between a client and health facilities or for basic logistics (e.g., notebooks and pencils). In the SMACHS-EV Project, many CHT members terminated their work because of financial difficulties and a lack of motivation.



As of October 2014, the DOH-KP strategy provides for a small monthly financial incentive to registered CHT members. However, in the long run, it is imperative for LGUs to create a system that provides stable financial support for CHT members.

Two possible ways to support CHT members financially are suggested by the lessons learned from the SMACHS-EV Project. Both approaches need strong local government involvement along with support from the provincial or city health offices and the Department of Health.⁸

- (1) **Enactment of the Ordinance on Incentives for Volunteers at the Municipal Level.** As of October 2014, 26 of 41 municipalities in the Province of Leyte have passed ordinances that provide incentives for CHT members.
- (2) **Use of Internal Revenue Allotment (IRA) at Barangay Level.** In some

⁸ For more information on ordinance on Incentive for Volunteers, please refer to "Reference Materials on Maternal and Child Health Related Policy Issues for Inter-Local Health Zones (ILHZ)" developed by JICA/DOH SMACHS EV Project in August 2013.

barangays of the Province of Leyte and Ormoc City, incentives are provided in the amount of Php100.00 to 150.00 per month to CHT members.

It is strongly recommended that standards should be set that CHT members must meet in order to receive incentives. The criteria of the standard should be consistent with a CHT member's performance of his or her expected work, which should promote good performance.

Sample Criteria for CHT Incentives

1. *Submission of monthly CHT reports*
2. *Attendance to monthly CHT meeting*
3. *Referral of the client to a health center (based on an actual case)*
4. *100% accomplishment of Home Visits to the Pregnant and/or Postpartum mothers.*

2. CHT Recognition and Awarding

Good CHT member performance benefits everyone. The services at RHUs/DHCs will reach the people in the local community who are most in need. Therefore, in addition to the financial incentive mentioned in the previous section, another form of motivation can be given to CHT members to encourage high levels of performance and sustainability of CHT activities.

Recognition of CHT members and awarding them for work well done is one of the strategies to motivate CHT members to attend meetings and do a good job. In the SMACHS-EV Project, CHT recognition and awarding was used to acknowledge the remarkable dedication and willingness of



CHT members to help people in the community. The result of CHT recognition was an improvement in CHT performance in reporting, attendance at meetings, and tracking of pregnant women and postpartum mothers. In 2012, the SMACHS-EV Project developed two levels of screening to determine awarding. The first screening was conducted at the RHU/DHC level and the second screening was at the city and provincial level, with the goal of selecting the top performers.

(1) Level 1 Criteria for awarding CHT Members

To promote good performance by the CHT members, the criteria for awarding them should be based on fulfillment of their expected roles. All CHT members who qualify for all the criteria should be considered as awardees and selected as nominees for one of the “Three Outstanding Performers”.

Level 1 Criteria for awarding CHT Members
Criteria 1: 100% report submission for the past three months
<p>Methods:</p> <p>(1) Identify specific months to check submission of the reports.</p> <p>(2) Review the consolidated CHT monthly report at the barangay level to confirm the status of CHT’s report submission.</p>
Criteria 2: Average 90% of Postpartum women tracked by CHT member with PNV4
<p>Methods:</p> <p>(1) Review the consolidated CHT Monthly Report at the barangay level, together with CHT member’s Pregnancy Tracking Form for the relevant months.</p> <p>(2) The percentage of the mother who delivered with PNV4 shall be calculated by month, and the average of the applicable months shall be computed.</p> <p>(3) The denominator should be the number of applicable months (three months) because some CHT members may not have any delivery in one of the relevant months.</p>
Criteria 3: Average of 80% of tracked pregnant women having a birth plan
<p>Methods:</p> <p>(1) Review the consolidated CHT Monthly Report at the barangay level, together with CHT member’s Pregnancy Tracking Form for the relevant months.</p> <p>(2) Section of a blood donor even if incomplete, shall be considered as “accomplished” if there is a remark for the reason.</p>

Criteria 4: 100% attendance of CHT monthly meetings
<p>Methods:</p> <p>(1) The attendance record of the CHT meeting at BHS should be the evidence (with a signature reflecting the name of the nominee).</p> <p>(2) The denominator should be the actual number of meetings held by the midwife during the three-month period.</p>

(2) Level 2 Criteria for awarding CHT Members: Outstanding Performers

Top-three outstanding performers shall be selected from all the nominees. This can further motivate CHT members for good performance, and it creates an opportunity to identify good practices because of the criteria used at this level. Identified good practices should be shared with all CHT members or CHT supervisors at CHT recognition and awarding ceremony.

Level 2 Criteria for awarding CHT Members
Criteria 1: Accomplishment of MNCHN related indicators (60%)
<p>Methods:</p> <p>The following will be assessed through CHT Monthly Report or tracking reports. The range of percentage should be decided based on the local situation:</p> <p>(1) 80% of tracked pregnant mothers having a birth plan -20%</p> <p>(2) 90% of the tracked postpartum women having the record of prenatal visits (4 times) -20%</p> <p>(3) 100% facility deliveries of the tracked pregnant mothers – 20%</p>
Criteria 2: Client Satisfaction Score (see “Annex 4 Client Satisfaction”) (20%)
<p>Methods:</p> <p>Interviews with mothers who were supported by CHT members (Client Satisfaction Survey) will be conducted. Three mothers who were tracked by the CHT nominee will be randomly interviewed regarding their satisfaction with the CHT</p>
Criteria 3: Score of CHT knowledge test (10%)
<p>Methods:</p> <p>The nominee will take a CHT knowledge test. In the Project, we used the Pre- and Post-Test of CHT Orientation for this test; however a new test can be developed based on the needs of the area.</p>
Criteria 4: X-factor (10%)
<p>Methods:</p> <p>X-factor can be set by the screening committee. This is a useful method when there are many CHT members with the same score. This screening is done through</p>

interviews with CHT members with the same score. This screening is done through interviews with CHT members, and CHT's innovative ideas or extra efforts to improve their service are usually evaluated with high points.

These criteria for awarding may be modified at both municipal and provincial levels depending on the local situation.

(3) Implementation of CHT recognition and awarding

CHT recognition and awarding should be conducted on an annual basis. Sustainability of this activity should contribute to the commitment of CHT members to their work. Although holding a large convention for CHT would be the ideal and would probably create more motivation in the CHT members, it is not always



feasible to do so because of limited financial resources. It is therefore suggested that recognizing and awarding CHT members be incorporated into an existing annual program or event, such as the annual Program Implementation Review meeting or an annual Christmas party at the RHU/DHC levels.

3. CHT Good Practices

As of October 2014, the SMACHS-EV Project had more than a year remaining in the Project. Yet, some good practices can be already observed in the Project's CHT operation. In this handbook, we define a "good practice" as **an innovative technique or method that has been practiced to enhance the achievement of a desired result.**

(1) Good Practices at RHU level

1) Monitoring of the Expected Delivery

Many RHUs in the Project areas of Leyte installed a “Monitoring Board for the Expected Delivery” to closely monitor the pregnant women. A yearly monitoring board has 12 pockets, one for each month. Each pocket holds the maternal records of the pregnant women whose babies are due in that month. At the beginning of a given month, the records inside that month’s pocket are transferred to the “This Month” pocket. The RHU staff then reviews the “This Month” maternal records to be sure to give special attention to those clients. The names of the women in the “This Month” pocket are organized by BHS or the catchment area. This procedure allows health personnel to monitor and track the pregnancies and deliveries of the women due that month. The information about each expected delivery is culled out from the pregnancy tracking forms that have been completed by the CHT members and the TCL.



Monitoring Board from RHU Mahaplag, Leyte

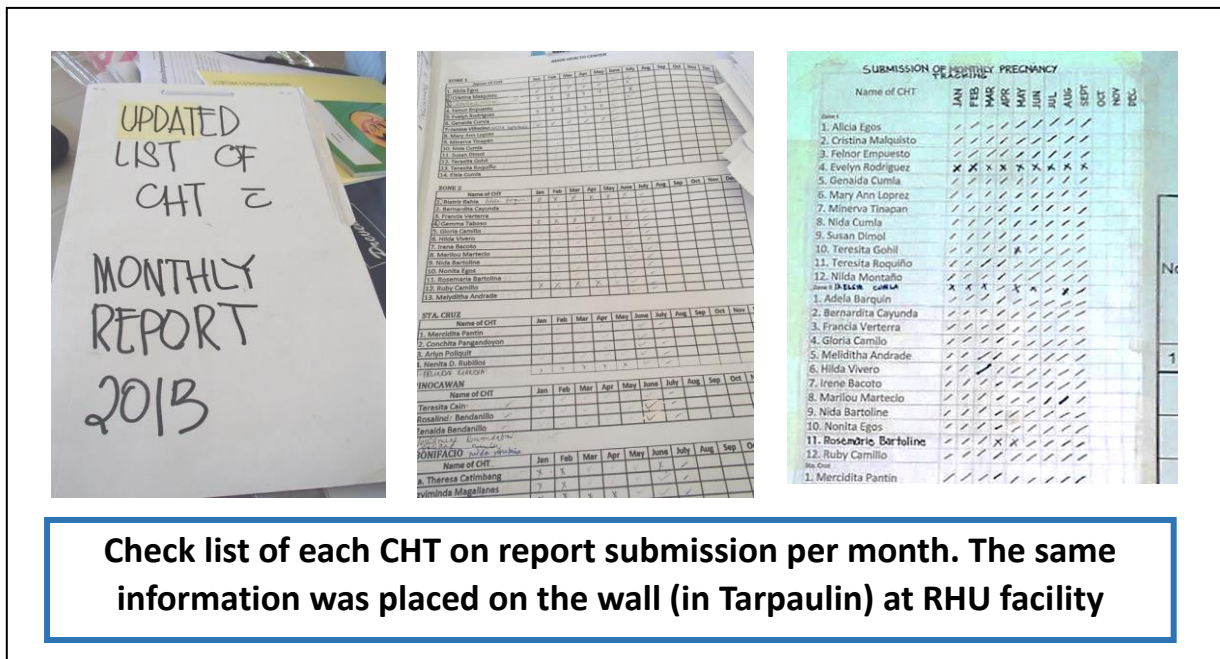
Figure 1: Sample Image of Monitoring Board for the Expected Delivery

2) Report Tracking Board

One of the RHUs in Leyte has developed a way to track the submission of reports by the CHT members. The facility has a posted tracking board or

checklist that lists the names of the CHTs in the catchment area. Each month is marked to indicate whether or not the CHT member submitted a report. Successive non-submission of reports means that the CHT member is inactive. This activity makes it easy and quick for the supervisor to note who among the CHTs is or is not active.

Figure 2: Monitoring of CHT Monthly Report at RHU Javier, Leyte



(2) Good Practices by CHT members

CHT members are also doing their best to monitor their clients and track women in the communities. We have identified some of the practices by CHT members in the SMACHS-EV Project sites who were awarded as Outstanding Performers. Their methods and strategies may not seem so extraordinary; but, when we consider their continuous efforts and limited financial resources, these practices surely deserve recognition.

1) Time rendered/flexible time

An adequate amount of time rendered for each visit is necessary to ensure the provision of quality services. To be most likely to have enough time for a proper visit, CHT members identify and visit the women at the most

convenient time for the women. For example, when a CHT member has clients who work on weekdays, the member visits them on the weekend.

2) Using mobile phones

Some CHT members take their duties very seriously by continually reminding their clients about their scheduled check-ups. Although these CHT members conduct home visits with the clients, they also send text messages to the client by mobile phone to remind them about the scheduled check-ups. CHT members usually bear the burden of the cost of sending these messages because this expense usually is not covered by any agency. Although it costs them money, our CHT member believe that this is a useful technique for establishing regular communication with the clients.

3) Peer talk

Women are usually hesitant to talk about being pregnant, which has been a big challenge for improving the status of PNV4. One innovative strategy shared by a CHT member in Dulag, Leyte, was to invite the woman to her home for a talk. This approach helped the CHT member gain the woman's trust. In some situations, a CHT member has purchased a pregnancy test kit for the woman. When the test turns out to be positive, the member has encouraged the woman to have a prenatal check-up. This method also helps achieve high PNV4 accomplishment among pregnant women.



MEMO:



ANNEXES