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Training on Field Health Services Information System (FHSIS) for Family Planning Maternal and Child Health (FP-MCH) for the Private Sector

Facilitator's Guide



Training on Field Health Services Information System (FHSIS) for Family Planning Maternal and Child Health (FP-MCH) for the Private Sector

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November 2014

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Abbreviations

AOG	Age of Gestation
BBT	Basal Body Temperature
BCG	Bacillus Calmette-Guerin
BF	Breastfeeding
BP	Blood Pressure
BTL	Bilateral Tubal Ligation
CM	Cervical Mucus
DPT	Diphtheria-Pertussis-Tetanus Vaccine
EDC	Expected Date of Confinement
FP-MCH	Family Planning-Maternal and Child Health
ITR	Individual Treatment Record
LAM	Lactational Amenorrhea Method
MI	FHSIS Monthly Report Form
MHO	Municipal Health Office/Officer
NFP	Natural Family Planning
OPV	Oral Polio Vaccine
PHN	Public Health Nurse
QI	FHSIS Quarterly Report Form
SDM	Standard Days Method
STM	Sympto-thermal Method
TCL	Target Client List
TT	Tetanus Toxoid

Background

The provision of Family Planning-Maternal and Child Health (FP-MCH) services in the Philippines has always been a function of the public sector under the leadership of the Philippine Department of Health (DOH) and the local health departments of provinces, cities and municipalities. With the current set up, the monitoring and evaluation of FP-MCH services has been focused only on public sector services resulting in the exclusion of information coming from the private sector. The emergence of the Public Private Partnership (PPP) concept has realized the importance of the private sector contribution in the provision of FP-MCH services. The big challenge now is how to accurately capture and incorporate the private sector data into the public sector recording and reporting information system.

To address this challenge, one of the PRISM2 technical assistance is directed at improving the local PPP efforts within the parameters of the national Family Health Services Information System (FHSIS) standards. This technical assistance is focused on making Monitoring and Evaluation (M&E) as part of the public sector function for the whole health sector extending compliance with the same standards among the private sector. Thus, through the stewardship of the public sector, this technical assistance aims to capture and include the private sector services into the official public health information system known as the Field Health Service Information System or FHSIS.

General Objective

To enable participants, specifically private practicing midwives (PPMs) to understand and correctly use the FHSIS reporting tools and forms.

Specific Objectives

At the end of the training, participants will:

- Understand the Field Health Service Information System
- Define the terms used for FP-MCH indicators
- Demonstrate an understanding of the reporting tools and forms under the FP-MCH FHSIS component
- Understand the FP-MCH reporting timeline under FHSIS.

Schedule of Activities

Time	Topics	Expected Products
Day 1		
8:00 – 8:30	Registration	
8:30 – 9:00	Opening Program <ul style="list-style-type: none"> • Welcome Remarks • Introduction of Participants • Training Objectives 	
9:00 – 10:00	Session 1: Overview and Components of FHSIS	Group output on FP-MCH services in the facility
10:00 – 10:15	Break	
10:15 – 12:00	Session 2A: Prenatal and Postpartum Maternal Care Indicators	Correctly filled out Individual Treatment Record
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 2B: Prenatal and Postpartum Target Client List	Correctly filled out TCLs for Prenatal and Postpartum
3:00 - 3:15	Break	
3:15 – 5:00	Session 2C: Monthly Form for Maternal Care Indicators	Correctly filled out MI Form
Day 2		
8:00 – 8:30	Recap	
8:30 – 10:30	Session 3A: Family Planning Indicators and Corresponding Target Client List	Correctly filled out TCL for FP
10:30 – 10:45	Break	
10:45 – 12:00	Session 3B: Monthly Report Form for Family Planning Indicators	Correctly filled out MI Form
12:00 – 1:00	Lunch	
1:00 – 2:30	Session 4A: Child Care Indicators and Corresponding Target Client List	Correctly filled out TCL for Child Care
2:30 – 3:30	Session 4B: Monthly Report Form for Child Care	Correctly filled out MI Form for Child Care
3:30 - 3:45	Break	
3:45 – 4:30	Session 5: Reporting Flow and Time lines of Reports	Agreed flow of reporting and dates of submission
4:30 – 5:00	Evaluation and Closing Program	

Session 1: Overview and Components of FHSIS

Objective:

At the end of the session, the participants would have:

1. Understood the importance of the Field Health Service Information System (FHSIS)
2. Understood the different FHSIS components

Time Allotment:

Instructions:	10 minutes
Presentation:	20 minutes
Exercise:	15 minutes
Plenary:	15 minutes

Facilitator's Notes:

- Divide the participants into groups, ensuring each group has a mix of participants. Random assignments are preferred.
- Assign the group leader and let each group choose their presenter, but state that the leader and presenter will change from session to session.
- Discuss the session guide.
- Underline the principles listed in the DOH FHSIS manual but emphasize that actual learning will be gained from the readings, exercises and group discussions.
- After each groups presents the results of their workshop, point out how similar or dissimilar the current FP-MCH services recording and reporting practices are in relation to the FHSIS. Emphasize that since both public and private FP-MCH service providers operate within the same service delivery network (SDN), recording and reporting practices should be standardized to ensure data is useful for facilities as well as for other decision makers, including local chief executives and program planners.

Materials for Facilitators:

- A PowerPoint presentation on the FHSIS. The resource person can customize the presentation to fit the local situation and context under which the training will be conducted. The context can vary, from building up a local program for PPMs to responding to a local need for FP-MCH service delivery data from private providers.

Session I Exercise

Overview and Components of FHSIS

1. List the FP-MCH services your facility provides:

2. Do you record the services you provide? ___YES ___NO

a. If yes, what recording forms are available in your facility?

b. If no, how do you keep track of your patients' progress?

3. Do you report the services you provide? ___YES ___NO

1. To whom do you report?

2. What forms do you use for reporting?

4. For what is my clinic data used?

Chapter I

(Source: DOH FHSIS Manual 2008 pp.1-3)

Introduction

The Field Health Service Information System (FHSIS) is a major component of the network of information sources developed by the Department of Health (DOH) to better manage its national health service delivery activities. The FHSIS was designed to provide data to monitor activities in each health program. Additional information, relevant to the programs, can be found from other sources, including the Hospital Services Information System, the Financial Information System, the Physical Resources Information System, and the Human Resources Information System.

The FHSIS is the official system of the Department of Health, and as per EO 352, was included by the National Statistical Coordination Board (NSCB) in a system of designated statistics. To date, the FHSIS is the only governmental information system that is used by all levels of the government. It remains viable because of the dedication of the health personnel in the field who recognize that information can be a powerful tool in improving the health of the Filipino people and in creating a more effective service delivery system.

However, some changes have occurred over time. The implementation of the Local Government Code (LGC) in 1992 challenged the full implementation of the FHSIS. Devolution has redefined the political responsibilities of both the DOH and the local government units (LGU). Some public health workers left, and were replaced by new personnel who assumed position without a clear and complete knowledge of the FHSIS. As the experiences caused by devolution deepen and as the mandates of the DOH and LGU health workers evolve, so too must the public health reporting system evolve to work within the context of a decentralized environment.

What is the Field Health Service Information System (FHSIS)?

- It is a network of information.
- It is intended to address the short term needs of DOH and LGU staff with managerial or supervisory functions in facilities and program areas.
- It monitors health service delivery nationwide.

What are the objectives of FHSIS?

- To provide a summary of the data on health service delivery and selected program accomplishment indicators at the barangay, municipality/city, district, provincial, regional and national levels.
- To provide data, which when combined with data from other sources, can be used for program monitoring and evaluation purposes.
- To provide a standardized facility-level data base which can be accessed for in-depth studies.
- To minimize the recording and reporting burden at the service delivery level in order to allow more time for patient care and promotive activities

Importance of FHSIS

- Helps local governments determine public health priorities.
- Basis for monitoring and evaluating the implementation of health programs.
- Basis for planning, budgeting, logistics and decision making at all levels.
- Source of data to detect unusual occurrences of a disease.
- Monitor the health status of the community.
- Helps midwives to follow-up with clients.
- Documents Rural Health Midwife (RHM)/Public Health Nurse (PHN) day to day activities.

Historical Background

- 1987 – Conceptualization
- 1988 – Consultative meetings
- 1989 – Pilot implementation (Region 4 & 7)
- 1990 – Nationwide implementation
- 1993 – Devolution
- 1996 – 1st modification (Modified FHSIS)
- 2006-2007 – 2nd modification (FHSIS v. 2008)

Objectives of Revision

To update/change indicators based on the present needs of the Central Office Program Managers and LGUs.

Features and Principles of 2008 Version

Key health indicators and targets that are monitored at the national level were identified under the 2008 FHSIS.

Chapter II

(Source: DOH FHSIS Manual 2008 pp.5-11)

Components of the FHSIS

A. Recording:

These are facility-based documents. Data is more detailed and contains information on the day to day activities of the individual health worker. The source of data for this component is derived from the services delivered to patients/clients.

I. Individual Treatment Record (ITR)

The fundamental building block or foundation of the FHSIS is the Individual Treatment Record. This is a document, form or piece of paper upon which is recorded the date, name and address of the patient who is presenting symptoms or complaints, and the diagnosis (if available), treatment and date of treatment. These records will be created for all patients seen at the clinic, and maintained as part health facilities' record system. This record may be as simple as the example below.

For Prenatal care, the ITR should contain the date, name, address of patient, last menstrual period (LMP), expected date of confine (EDC), and age of gestation (AOG). It should also include all findings during the prenatal check-up visits (weight, fundic height, fetal heart tone); medications given; prenatal advice (diet counselling) and risks identified. This record should be maintained for all pregnant mothers seen at the clinic.

Sample of ITR for Prenatal care:

DELA CRUZ, ROSE M.

2106 Rizal Avenue, Siniloan, Laguna

Age: 25 years

Birthday: February 7, 1980

Religion: Catholic

Weight: 115 lbs

Occupation: Housekeeper

4/15/2007

Complaint: Headache & vomiting

Vital signs: BP = 120/80 mmHG

Diagnosis:

Treatment/Recommendations:

NOTE: Do not rely on records maintained by the client/patient. In areas where the home-based maternal record is in use, there must still be a treatment record available in the facility.

For Family Planning, the ITR is the FP Record or FP Form I (Annex I). This is a one page form with the front page divided into five sections, namely: medical history; physical examination, pelvic examination, socio-demographic information (client's personal data, type of acceptor and FP method used) and acknowledgment section (contains statement that the client had been counselled and her signature). The back page is divided into columns and provides the following information: date of visit; method/supplies given (method/brand and number of units); remarks (medical observation, complaints/complications, services rendered/procedures/interventions done, reasons for stopping or changing method, other important comments); name of provider and signature and next service date. This record should be maintained at each health facility on all FP acceptors seen.

For Post-Partum Women, the ITR contains the mother's basic information, such as her name, age, address, date and time of delivery, date of postpartum visits, physical and pelvic examination findings and other treatment/findings such as vitamin A supplementation or date and time of breastfeeding initiation. This record should be maintained for all postpartum mothers seen at the clinic.

2. Target Client List (TCL)

The Target Client Lists constitute the second “building block” of the FHSIS and are intended to serve several purposes. First, the TCL can be used to plan and carry out patient care and service delivery. Such lists will be of considerable value to midwives/nurses in monitoring service delivery to individual clients, and in identifying groups of patients or “targets” who are part of the “eligible” group who qualify for Department programs. The primary advantage of maintaining the Target Client Lists is that the midwife/nurse does not have to go back to the individual patient/family records as frequently to monitor patient treatment or services to beneficiaries.

A second purpose of Target Client Lists is to facilitate the monitoring and supervision of service delivery activities. Third, the TCL can be used to report services delivered. Again, the objective is to avoid having to go back to individual patient/family records in order to complete the FHSIS Reporting. A fourth purpose of the Target Client Lists is to provide a clinic-level database which can be accessed for further studies.

The Target Client Lists to be maintained for FP-MCH in the 2008 FHSIS are as follows:

- Target Client List for Prenatal Care
- Target Client List for Postpartum Care
- Target Client List of Children Under 1 Year Old
- Target Client List for Family Planning

B. Reporting:

This is a summary of the data that is transmitted or submitted on a monthly basis to the Public Health Facility. The sources of data for this component are the records discussed in the previous section.

I. The Monthly Form: Program Report (MI)

The Monthly Form contains selected indicators categorized as maternal care, child care, family planning and disease control. These indicators are very similar to the TCL and Summary Table indicators. The midwife should copy the data from the Summary Table to the Monthly Form which she will then submit on a monthly basis to the PHN. It helps the midwife capture the monthly data, making it easier for the nurse to consolidate and prepare the quarterly report.

C. Flow of Reports in the Public Sector:

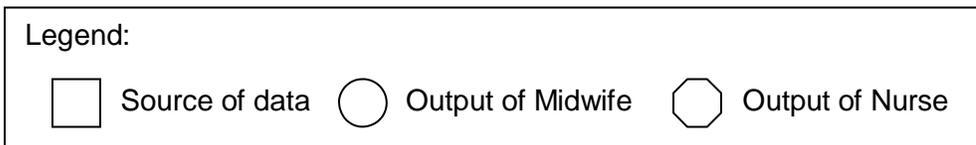
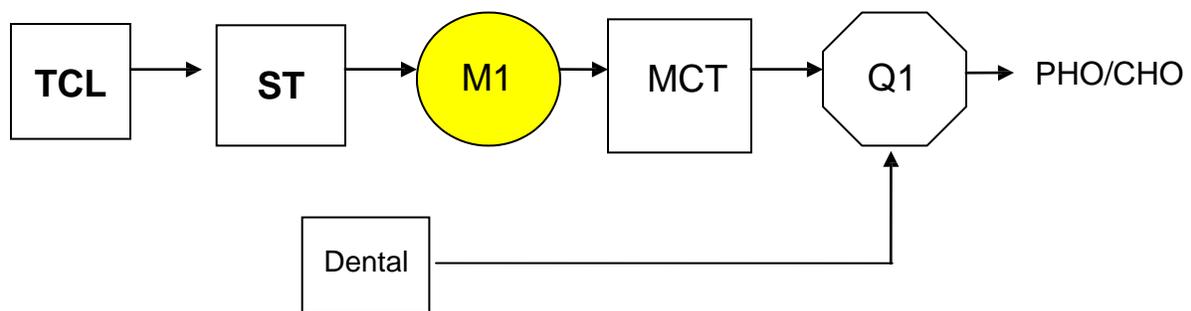
Locus of responsibility		Recording tools	Reporting		
Office	Person		Forms	Frequency	Schedule of Submission to higher level
BHS	Midwife	ITR TCL	Monthly Form (M1 & M2)	Monthly	Every second week of succeeding month
		ST	A-BHS Form	Annually	Every second week of January
		ST MCT	Quarterly Form (Q1 & Q2)	Quarterly	every third week of the first month of the succeeding quarter
RHU	PHN		Annual Forms (A1, A2, A3)	Annually	Every third week of January
PHO/CHO	Provincial / City FHSIS Coordinator		Quarterly Report (Q1 & Q2)	Quarterly	Every fourth week of the first month of the succeeding quarter
			Annual Report (A1, A2, A3)	Annually	Every fourth week of January
RHO	Regional FHSIS Coordinator		Quarterly Report	Quarterly	every second week of the second month of the succeeding quarter
			Annual Report (A1, A2, A3)	Annually	every second week of March

D. Output Reports:

Output Reports or tables will be produced at the Provincial Health Officer (PHO) using data from the FHSIS Reporting Forms. Computer-generated output reports are then sent to the RHU/MHO before being sent to the DOH and to the Regional Health Offices. The objective of the output formats is to make the reports useful for monitoring/management purposes at each level.

E. Relationship of Recording & Reporting Tools:

For Program Accomplishments:



Session 2A: Prenatal and Postpartum Maternal Care Indicators

Objectives:

At the end of the session the participants should be able to:

1. Fill out an Individual Treatment Record
2. Understand the Maternal Care indicators

Time Allotment:

Instructions:	5 minutes
Reading:	20 minutes
Exercise:	50 minutes
Plenary:	30 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Distribute the partially filled out Individual Treatment Records (ITRs) exercises **ONLY AFTER** each person in the group has finished reading the assigned pages.
- Remind the group that for each of the partially completed Individual Treatment Record, they should **ONLY COMPUTE FOR THE EDC, AOG AND TRIMESTER.** Each participant should work on the exercises individually at first, and then allow enough time for them to compare and discuss their final answers.
- During the plenary, remind the group to correct any errors in their outputs as the corrected outputs will be used as inputs in the next session.

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through a multimedia projector
- Partially Filled out Individual Treatment Records (ITRs) for five (5) clients, one set per participant
- Answer keys for session 2A

Maternal Care Indicators (source: FHSIS 2008 Data Dictionary)

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
I. Pregnant women with 4 or more prenatal visits	<p>The proportion of pregnant women who had 4 or more prenatal visits.</p> <p><u>Definition of Terms:</u></p> <p>Signs of Pregnancy according to three categories:</p> <p>a. Presumptive – (1) Breast changes, including feeling of tenderness, fullness, or tingling and enlargement or darkening of areola; (2) Nausea or vomiting upon arising; (3) Amenorrhea; (4) Frequent urination; (5) Fatigue; (6) Uterine enlargement in which the uterus can be palpated over the symphysis pubis; (7) Quickening (fetal movement felt by the woman); (8) Linea nigra (line of dark pigment on the abdomen); (9) Melasma (dark pigment on the face); and (10) Striae gravidarum (red streaks on the abdomen).</p> <p>b. Probable –(1) Serum laboratory test revealing the presence of human chorionic gonadotropin (hCG) hormone; (2) Chadwick's sign (vagina changes color from pink to violet); (3)</p>	<p><i>Numerator:</i> Number of pregnant women with 4 or more prenatal visits</p> <p><i>Denominator:</i> Total Population x 3.5%</p>	80%	<ul style="list-style-type: none"> • Prenatal Care TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	<ul style="list-style-type: none"> • An indicator of access and utilization of health care during pregnancy • It is strongly encouraged that the first prenatal visit is during the first trimester so that preventive, promotive health interventions (such as micronutrient supplementation, screening for complications) will be given to women in the earliest possible time.

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	<p>Goodell's sign (cervix softens); (4) Hegar's sign (lower uterine segment softens); (5) Sonographic evidence of gestational sac in which characteristic ring is evident; (6) Ballottement (fetus can be felt to rise against abdominal wall when lower uterine segment is tapped during bimanual examination); (7) Braxton Hicks contractions (periodic uterine tightening); and (8) Palpation of fetal outline through abdomen.</p> <p>c. Positive - (1) Sonographic evidence of fetal outline; (2) Fetal heart audible by Doppler ultrasound; and (3) Palpation of fetal movement through abdomen</p> <p>4 or more prenatal visits means that at least one visit occurs during the first trimester, one during the second trimester and at least 2 visits during the third trimester. If visits occurred outside the catchments RHU, that visit should be counted as part of the minimum requirements.</p> <p>Prenatal services include (1)</p>					

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	<p>complete physical examination of pregnant women (pregnancy status) (2) check for pre-eclampsia (3) check for anemia (4) check for syphilis (5) check/screen and treatment for STI and HIV status (6) respond to observed signs or volunteered problems (7) give preventive measures (8) advice and counsel on family planning (9) check on birth and emergency plan (10) check for nutritional status and (11) advocacy on breastfeeding.</p>					
<p>2. Pregnant women given 2 doses of Tetanus Toxoid</p>	<p>Proportion of pregnant women given 2 doses of Tetanus Toxoid</p>	<p><i>Numerator:</i> No. of pregnant women given 2 doses of Tetanus Toxoid <i>Denominator:</i> Total Population x 3.5%</p>		<ul style="list-style-type: none"> • Prenatal Care TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	<p>Assess the level of TT immunization protection among pregnant women.</p>
<p>3. Pregnant Women given TT2plus</p>	<p>Proportion of pregnant women given TT2 plus during her last pregnancy. <u>Definition of Terms:</u> TT2 plus includes 2nd, 3rd, 4th and 5th doses of Tetanus Toxoid given to pregnant women.</p>	<p><i>Numerator:</i> Number of pregnant women given TT2 plus <i>Denominator:</i> Total</p>		<ul style="list-style-type: none"> • Prenatal Care TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	<p>Assess the level of TT immunization protection among pregnant women.</p>

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
		Population x 3.5%				
4. Pregnant women given complete iron with folic acid supplementation	<p>Proportion of pregnant women given complete iron tablet with folic acid supplementation.</p> <p><u>Definition of Terms:</u></p> <p>Complete iron tablet with folic acid supplementation refers to 60 mg of elemental iron with 400 mcg Folic acid, once a day for 6 months or 180 tablets for the entire pregnancy period. The iron tablets referred to are those given for free to the mother by the RHUs and BHSs and do not include prescribed iron tablets. Iron tablet should be given as soon as pregnancy was diagnosed. If the pregnant women did not take full course of 180 tablets...she will not be considered.</p>	<p><i>Numerator:</i> Number of pregnant women given complete iron with folic acid supplementation</p> <p><i>Denominator:</i> Total Population x 3.5%</p>	80%	<ul style="list-style-type: none"> • Prenatal Care TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	There is a high prevalence of anemia in pregnant mothers. This indicator will tell us if adequate iron supplementation is given or taken by the mother.
5. Pregnant women given Vitamin A supplementation	<p>Proportion of pregnant women given Vitamin A supplementation.</p> <p><u>Definition of Terms:</u></p> <p>Vitamin A supplementation refers to 1 capsule/tablet of 10,000 I.U. twice a week to start from the 4th month of pregnancy until delivery.</p>	<p><i>Numerator:</i> Number of pregnant women given Vitamin A supplementation</p> <p><i>Denominator:</i> Total Population</p>		<ul style="list-style-type: none"> • Prenatal TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
		x 3.5%			level)	
6. Post partum women with at least 2 post-partum visits	<p>Proportion of post-partum women given at least 2 post-partum visits.</p> <p><u>Definition of Terms:</u> Post-partum visits refers to visits seen by the midwife/PHN/MHO at home or at the clinic twice or more than twice after delivery such that first visit should be within 24 hours upon delivery and the second visit within one week after delivery.</p> <p><i>Note:</i> Pregnant women who delivered in the hospital is already considered seen in the first visit which is 24 hours upon delivery.</p>	<p><i>Numerator:</i> Number of post partum women given at least 2 post-partum visits</p> <p><i>Denominator:</i> Total Population x 3% post-partum visits</p> <p><i>Denominator:</i> Total Population x 3%</p>		<ul style="list-style-type: none"> • Post-Partum TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	Majority of maternal morbidity and mortality occurs at the post- partum period. It is important that this complication be detected as soon as possible.
7. Post partum women given complete iron supplementation	<p>Proportion of post-partum women given complete iron supplementation.</p> <p><u>Definition of Terms:</u> Complete Iron Supplementation refers to 60 mg of Fe with 400 mcg Folic acid, once a day for 3 months or a total of 90 tablets. If postpartum mother did not take full course of 90 tablets...she will not be considered.</p>	<p><i>Numerator:</i> Number of post- partum women given complete iron supplementation</p> <p><i>Denominator:</i> Total Population x 3%</p>		<ul style="list-style-type: none"> • Post Partum TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	There is a high prevalence of anemia in postpartum and lactating women.

Nativity Indicators (Source: FHSIS 2008 Data Dictionary)

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
I. Births attended by skilled health personnel	<p>This refers to births attended by skilled health personnel.</p> <p><u>Definition of terms:</u> Skilled health personnel (sometimes referred to as skilled attendant) is defined as an accredited health professional such as midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. <i>This definition excludes traditional birth attendants whether trained or not, from the category of skilled health workers.</i></p>	<p><i>Numerator:</i> Total No. of Births attended by skilled health personnel</p> <p><i>Denominator:</i> Total No. of Livebirths</p>	70% (NOH 2005-2010)	LCR	Annual	<p>The indicator helps programme management at district, national and international levels by indicating whether safe motherhood programme are on target in the availability and utilization of professional assistance at delivery. In addition, the proportion of births attended by skilled personnel is a measure of the health system's functioning and potential to provide adequate coverage for deliveries. On the other hand, this indicator does not take account of the type and quality of care. "Proportion of births attended by skilled health personnel" is being accepted to be the</p>

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
						<i>most relevant due to the historical data showing a correlation between having skilled care at delivery and declining maternal mortality. (Graham et al. 2001). It is therefore, a key indicator for the Millennium Development Goal (MDG) 5 of improving maternal health and its target of reducing maternal mortality.”</i>
2. Deliveries by type and place	<p>This refers to deliveries by type (normal and others) and by place (home, hospital and other places)</p> <p><u>Definition of terms:</u></p> <p>Deliveries by Type: Normal – refers to livebirths by normal spontaneous delivery (NSD) Others – refers to livebirths delivered other than NSD</p> <p>Deliveries by Place - refers to livebirths that were delivered either at home, hospital and other places (other than the home, private hospital and clinics and government hospitals)</p>	<p><i>Numerator:</i></p> <ul style="list-style-type: none"> • No. of Normal Deliveries at home /hospital/ others • No. of Other Type of deliveries at home/ hospital/ others <p><i>Denominator:</i> Total No. of Deliveries</p>		LCR	Annual	
3. Births by	This refers to the number of births by type of	<i>Numerator:</i> No. of		Prenatal	Annual	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
type of pregnancy	<p>pregnancy either normal, risk or unknown.</p> <p><u>Definition of terms:</u> Normal – refers to pregnancy classified as normal Risk - refers to pregnancy that are classified as risk pregnancy.</p> <p><u>Factors for Risk Pregnancy are:</u> a. An age less than 18 or greater than 35 b. Being less than 145 cm (4’9”) tall c. Having a fourth (or more) baby d. Having had one or more of the following: <ul style="list-style-type: none"> ● a previous caesarean section ● 3 consecutive miscarriages or a stillborn baby ● postpartum hemorrhage e. Having one or more of the following medical conditions: <ul style="list-style-type: none"> ● Tuberculosis ● Heart Disease ● Diabetes ● Bronchial asthma ● Goiter Unknown – refers to pregnancy that are not classified under risk or normal pregnancy.</p>	<p>births by type of pregnancy</p> <ul style="list-style-type: none"> ● Normal ● Risk ● Unknown <p><i>Denominator:</i> Total No. of Deliveries</p>		TCL		

PINAGPALA MATERNITY CLINIC

No. 789 Dalandan St., Mabolo, Antipolo, Rizal | Telephone No. 123456789

SESSION 2A EXERCISE ANSWER KEY INDIVIDUAL TREATMENT RECORD

PATIENT INFORMATION:

Date of Registration: February 14, 2011		Family Serial Number: PCM2656	PhilHealth Number: 120087965139	
Last Name: Andres		Given Name: Nina	Middle Name: Jose	
Complete Address: #12 Santol St., Mabolo, Antipolo, Rizal				
Birthday: October 21, 1980	Age: 30	Height (cm): 156	Civil Status: Married	

PREGNANCY DETAILS:

Last Menstrual Period: December 19, 2010	Expected Date of Confinement: September 26, 2011	OB Score: G1P0 (0-0-0-0)
Risk Code: <input type="checkbox"/> A = An age less than 18 or greater than 35; Date Detected: _____ <input type="checkbox"/> B = Being less than 145 cm (4'9") tall; Date Detected: _____ <input type="checkbox"/> C = Having a fourth (or more) baby (or so called grandmulti) ; Date Detected: _____ <input type="checkbox"/> D = Having one or more of the ff: (a) a previous C section (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage; Date Detected: _____ <input type="checkbox"/> E = Having one or more of the ff medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter; Date Detected: _____		

TETANUS TOXOID VACCINATION STATUS AND VITAMIN A SUPPLEMENTATION:

<input checked="" type="checkbox"/> TT1, Date Given: 2003	<input type="checkbox"/> TT4, Date Given: _____
<input checked="" type="checkbox"/> TT2, Date Given: 2004	<input type="checkbox"/> TT5, Date Given: _____
<input checked="" type="checkbox"/> TT3, Date Given: February 14, 2011	Vitamin A, Date Given: _____

PRENATAL VISITS:

Date of 1 st Prenatal Visit: February 14, 2011	Trimester: <input checked="" type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/80 Temp: 37 °C Fundic Height: ____ PR: 88 Weight: 49 kg Fetal Heart Tone: ____ RR: 14	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Tetanus Toxoid vaccination given. Take iron tablets daily. Follow up when iron tablets are consumed.			
Date of 2 nd Prenatal Visit: March 25, 2011	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 120/80 Temp: 37 °C Fundic Height: ____ PR: 78 Weight: 51 kg Fetal Heart Tone: ____ RR: 18	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			

Date of 3rd Prenatal Visit: May 16, 2011 AOG: 21 1/7	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/70 Temp: 37 °C Fundic Height: 21 PR: 76 Weight: 54 kg Fetal Heart Tone: 130 RR: 16	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			

Date of 4th Prenatal Visit: July 4, 2011 AOG: 28 1/7	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 100/80 Temp: 37 °C Fundic Height: 29 PR: 78 Weight: 56 kg Fetal Heart Tone: 138 RR: 14	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			

Date of 5th Prenatal Visit: August 5, 2011 AOG: 32 5/7	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/70 Temp: 37 °C Fundic Height: 32 PR: 84 Weight: 58 kg Fetal Heart Tone: 140 RR: 18	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			

Date of 6th Prenatal Visit: September 4, 2011 AOG: 37	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 120/80 Temp: 37 °C Fundic Height: 36 PR: 88 Weight: 60 kg Fetal Heart Tone: 136 RR: 16	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed. Make necessary preparations for delivery.			

DELIVERY DETAILS:

Date and Time of Delivery: September 22, 2011 11:45 PM	Outcome and Sex: Live Birth Boy	Birth Weight (grams): 3,300	Place of Delivery: Pinagpala Maternity	Attended by: <i>(Name)</i> Midwife
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POST PARTUM VISITS:

Date of 1st PP Visit: September 23, 2011	Date breastfeeding was initiated: September 23, 2011	Time breastfeeding was initiated: 12:30 AM	Micronutrient Supplementation: <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input checked="" type="checkbox"/> Vitamin A
Management/Remarks: To follow up on or before September 30, 2011. Breastfeed exclusively for 6 months.			

<p><i>Date of 2nd PP Visit:</i></p> <p>September 27, 2011</p>	<p><i>Micronutrient Supplementation:</i></p> <p><input type="checkbox"/> Iron Tablets: Number Given: —</p> <p><input type="checkbox"/> Vitamin A</p>	<p><i>Management/Remarks:</i></p> <p>To follow up on October 26, 2011. Continue exclusive breastfeeding.</p>
<p><i>Date of 3^d PP Visit:</i></p> <p>October 26, 2011</p>	<p><i>Micronutrient Supplementation:</i></p> <p><input checked="" type="checkbox"/> Iron Tablets: Number Given: <u>30</u></p> <p><input type="checkbox"/> Vitamin A</p>	<p><i>Management/Remarks:</i></p> <p>Continue exclusive breastfeeding until baby is 6 months old.</p>

PINAGPALA MATERNITY CLINIC

No. 789 Dalandan St., Mabolo, Antipolo, Rizal | Telephone No. 123456789

SESSION 2A EXERCISE ANSWER KEY INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: March 16, 2011	Family Serial Number: PCM2669	PhilHealth Number: 120007654339	
Last Name: Bantugan	Given Name: Susan	Middle Name: Bien	
Complete Address: #254 Papaya St., Mabolo, Antipolo, Rizal			
Birthday: May 2, 1974	Age: 36	Height (cm): 155	

PREGNANCY DETAILS:

Last Menstrual Period: January 25, 2011	Expected Date of Confinement: November 1, 2011	OB Score: G3P2 (2-0-0-2)
Risk Code: <input checked="" type="checkbox"/> A = An age less than 18 or greater than 35; Date Detected: March 16, 2011 <input type="checkbox"/> B = Being less than 145 cm (4'9") tall; Date Detected: _____ <input type="checkbox"/> C = Having a fourth (or more) baby (or so called grandmulti) ; Date Detected: _____ <input type="checkbox"/> D = Having one or more of the ff: (a) a previous C section (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage; Date Detected: _____ <input type="checkbox"/> E = Having one or more of the ff medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter; Date Detected: _____		

TETANUS TOXOID VACCINATION STATUS AND VITAMIN A SUPPLEMENTATION:

<input checked="" type="checkbox"/> TT1, Date Given: March 16, 2011	<input type="checkbox"/> TT4, Date Given: _____
<input type="checkbox"/> TT2, Date Given: _____	<input type="checkbox"/> TT5, Date Given: _____
<input type="checkbox"/> TT3, Date Given: _____	Vitamin A, Date Given: _____

PRENATAL VISITS:

Date of 1 st Prenatal Visit: March 16, 2011 AOG: 7 1/7	Trimester: <input checked="" type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 90/70 Temp: 36.9 °C Fundic Height: ____ PR: 66 Weight: 50 kg Fetal Heart Tone: ____ RR: 14	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Tetanus Toxoid vaccination given. Follow up when iron tablets are consumed.			
Date of 2 nd Prenatal Visit: June 5, 2011 AOG: 18 5/7	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/70 Temp: 36 °C Fundic Height: 22 PR: 84 Weight: 52 kg Fetal Heart Tone: 132 RR: 18	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			
Date of 3 rd Prenatal Visit:	Trimester:	Vital Signs:	Number of Iron with

July 4, 2011 AOG: 22 6/7	<input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	BP: 100/80 Temp: 37 °C PR: 86 Weight: 54 kg RR: 16	Fundic Height: 23 Fetal Heart Tone: 144	Folic Acid Tablets Given: 30
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Management/Remarks:
 Take iron tablets daily. Follow up when iron tablets are consumed.

September 3, 2011 AOG: 31 4/7	<input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	BP: 110/70 Temp: 37 °C PR: 98 Weight: 56 kg RR: 16	Fundic Height: 32 Fetal Heart Tone: 148	Number of Iron with Folic Acid Tablets Given: 30
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Management/Remarks:
 Take iron tablets daily. Follow up when iron tablets are consumed.

Date of 5 th Prenatal Visit: AOG: __	<input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	BP: _____ Temp: __ °C PR: _____ Weight: __ kg RR: _____	Fundic Height: ____ Fetal Heart Tone: ____	Number of Iron with Folic Acid Tablets Given: ____
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Management/Remarks:

Date of 6 th Prenatal Visit: AOG: __	<input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	BP: _____ Temp: __ °C PR: _____ Weight: __ kg RR: _____	Fundic Height: ____ Fetal Heart Tone: ____	Number of Iron with Folic Acid Tablets Given: ____
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Management/Remarks:

DELIVERY DETAILS:

Date and Time of Delivery: November 1, 2011 3:45 PM	Outcome and Sex: Live Birth Boy	Birth Weight (grams): 3,100	Place of Delivery: Pinagpala Maternity	Attended by: <i>(Name)</i> Midwife
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POST PARTUM VISITS:

Date of 1 st PP Visit: November 1, 2011	Date breastfeeding was initiated: November 1, 2011	Time breastfeeding was initiated: 6:15 PM	Micronutrient Supplementation: <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input type="checkbox"/> Vitamin A
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Management/Remarks:
 To follow up on or before November 8, 2011. Breastfeed exclusively for 6 months.

<p><i>Date of 2nd PP Visit:</i></p> <p>November 11, 2011</p>	<p><i>Micronutrient Supplementation:</i></p> <p><input type="checkbox"/> Iron Tablets: Number Given: <u> </u></p> <p><input checked="" type="checkbox"/> Vitamin A</p>	<p><i>Management/Remarks:</i></p> <p>To follow up on December 11, 2011. Continue exclusive breastfeeding.</p>
<p><i>Date of 3rd PP Visit:</i></p> <p>December 15, 2011</p>	<p><i>Micronutrient Supplementation:</i></p> <p><input checked="" type="checkbox"/> Iron Tablets: Number Given: <u>30</u></p> <p><input type="checkbox"/> Vitamin A</p>	<p><i>Management/Remarks:</i></p> <p>Continue exclusive breastfeeding until baby is 6 months old.</p>

PINAGPALA MATERNITY CLINIC

No. 789 Dalandan St., Mabolo, Antipolo, Rizal | Telephone No. 123456789

SESSION 2A EXERCISE ANSWER KEY INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: June 1, 2011	Family Serial Number: PCM2672	PhilHealth Number: 120007654339	
Last Name: Caba	Given Name: Marilou	Middle Name: Cruz	
Complete Address: #113 Mangga St., Mabolo, Antipolo, Rizal			
Birthdate: December 19, 1982	Age: 28	Height (cm): 158	

PREGNANCY DETAILS:

Last Menstrual Period: March 28, 2011	Expected Date of Confinement: January 04, 2012	OB Score: G2P1 (1-0-0-1)
Risk Code: <input type="checkbox"/> A = An age less than 18 or greater than 35; Date Detected: _____ <input type="checkbox"/> B = Being less than 145 cm (4'9") tall; Date Detected: _____ <input type="checkbox"/> C = Having a fourth (or more) baby (or so called grandmulti) ; Date Detected: _____ <input type="checkbox"/> D = Having one or more of the ff: (a) a previous C section (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage; Date Detected: _____ <input checked="" type="checkbox"/> E = Having one or more of the ff medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter; Date Detected: June 1, 2011		

TETANUS TOXOID VACCINATION STATUS AND VITAMIN A SUPPLEMENTATION:

<input checked="" type="checkbox"/> TT1, Date Given: 2006	<input checked="" type="checkbox"/> TT4, Date Given: December 13, 2011
<input checked="" type="checkbox"/> TT2, Date Given: 2006	<input type="checkbox"/> TT5, Date Given: _____
<input checked="" type="checkbox"/> TT3, Date Given: 2008	Vitamin A, Date Given: _____

PRENATAL VISITS:

Date of 1 st Prenatal Visit: June 1, 2011 AOG: 9 2/7	Trimester: <input checked="" type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 90/60 Temp: 36.5 °C Fundic Height: ____ PR: 76 Weight: 52 kg Fetal Heart Tone: ____ RR: 16	Number of Iron with Folic Acid Tablets Given: 0
Management/Remarks: Tetanus Toxoid vaccination given. No available iron tablets			
Date of 2 nd Prenatal Visit: July 30, 2011 AOG: 17 5/7	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/70 Temp: 37 °C Fundic Height: ____ PR: 74 Weight: 53 kg Fetal Heart Tone: ____ RR: 14	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.			
Date of 3 rd Prenatal Visit: October 21, 2011 AOG: 29 4/7	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/80 Temp: 37 °C Fundic Height: 29 PR: 66 Weight: 57 kg Fetal Heart Tone: 140 RR: 18	Number of Iron with Folic Acid Tablets Given: 30

Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed.

<i>Date of 4th Prenatal Visit:</i> December 13, 2011 AOG: 37 1/7	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: 110/70 Temp: 37 °C PR: 88 Weight: 60 kg RR: 18 Fundic Height: 36 Fetal Heart Tone: 144	Number of Iron with Folic Acid Tablets Given: 30
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Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed.

<i>Date of 5th Prenatal Visit:</i> _____	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: _____ Temp: ____ °C PR: _____ Weight: ____ kg RR: _____ Fundic Height: ____ Fetal Heart Tone: ____	Number of Iron with Folic Acid Tablets Given: _____
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Management/Remarks:

<i>Date of 6th Prenatal Visit:</i> _____	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: _____ Temp: ____ °C PR: _____ Weight: ____ kg RR: _____ Fundic Height: ____ Fetal Heart Tone: ____	Number of Iron with Folic Acid Tablets Given: _____
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Management/Remarks:

DELIVERY DETAILS:

<i>Date and Time of Delivery:</i> December 31, 2011 4:15 PM	<i>Outcome and Sex:</i> Live Birth Girl	<i>Birth Weight (grams):</i> 3,400	<i>Place of Delivery:</i> Pinagpala Maternity	<i>Attended by:</i> <u>(Name)</u> Midwife
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POST PARTUM VISITS:

<i>Date of 1st PP Visit:</i> December 31, 2011	<i>Date breastfeeding was initiated:</i> December 31, 2011	<i>Time breastfeeding was initiated:</i> 5:10 PM	<i>Micronutrient Supplementation:</i> <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input checked="" type="checkbox"/> Vitamin A
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Management/Remarks:
To follow up on or before January 7, 2012. Breastfeed exclusively for 6 months.

<i>Date of 2nd PP Visit:</i> January 6, 2012	<i>Micronutrient Supplementation:</i> <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input type="checkbox"/> Vitamin A	<i>Management/Remarks:</i> To follow up on March 6, 2012. Continue exclusive breastfeeding. Given 30 more Iron tablets because client is going home to the
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		province.
<p><i>Date of 3rd PP Visit:</i></p> <p>March 6, 2012</p>	<p><i>Micronutrient Supplementation:</i></p> <p><input checked="" type="checkbox"/> Iron Tablets: Number Given: <u>30</u></p> <p><input type="checkbox"/> Vitamin A</p>	<p><i>Management/Remarks:</i></p> <p>Continue exclusive breastfeeding until baby is 6 months old.</p>

PINAGPALA MATERNITY CLINIC

No. 789 Dalandan St., Mabolo, Antipolo, Rizal | Telephone No. 123456789

SESSION 2A EXERCISE ANSWER KEY INDIVIDUAL TREATMENT RECORD

PATIENT INFORMATION:

Date of Registration: June 9, 2011	Family Serial Number: PCM2678	PhilHealth Number: 120001894139	
Last Name: Carlos	Given Name: Melanie	Middle Name: Miranda	
Complete Address: # 111 Pili St., Mabolo, Antipolo, Rizal			
Birthday: January 4, 1985	Age: 26	Height (cm): 143	

PREGNANCY DETAILS:

Last Menstrual Period: April 8, 2011	Expected Date of Confinement: January 15, 2012	OB Score: G3P2 (1-1-0-2)
Risk Code: <input type="checkbox"/> A = An age less than 18 or greater than 35; Date Detected: _____ <input checked="" type="checkbox"/> B = Being less than 145 cm (4'9") tall; Date Detected: April 8, 2011 <input type="checkbox"/> C = Having a fourth (or more) baby (or so called grandmulti) ; Date Detected: _____ <input type="checkbox"/> D = Having one or more of the ff: (a) a previous C section (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage; Date Detected: _____ <input type="checkbox"/> E = Having one or more of the ff medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter; Date Detected: _____		

TETANUS TOXOID VACCINATION STATUS AND VITAMIN A SUPPLEMENTATION:

<input checked="" type="checkbox"/> TT1, Date Given: June 9, 2011 <input checked="" type="checkbox"/> TT2, Date Given: December 3, 2011 <input type="checkbox"/> TT3, Date Given: _____	<input type="checkbox"/> TT4, Date Given: _____ <input type="checkbox"/> TT5, Date Given: _____ Vitamin A, Date Given: _____
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PRENATAL VISITS:

Date of 1 st Prenatal Visit: June 9, 2011	Trimester: <input checked="" type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 120/80 Temp: 37 °C Fundic Height: ____ PR: 87 Weight: 48 kg Fetal Heart Tone: ____ RR: 15	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: <i>Tetanus Toxoid vaccination given. Take iron tablets daily. Follow up when iron tablets are consumed.</i>			
Date of 2 nd Prenatal Visit: August 6, 2011	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 100/70 Temp: 37 °C Fundic Height: ____ PR: 71 Weight: 50 kg Fetal Heart Tone: ____ RR: 17	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: <i>Take iron tablets daily. Follow up when iron tablets are consumed.</i>			
Date of 3 rd Prenatal Visit: September 12, 2011	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/80 Temp: 37 °C Fundic Height: 22 PR: 77 Weight: 55 kg Fetal Heart Tone: 130 RR: 14	Number of Iron with Folic Acid Tablets Given: 30

Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed.

<i>Date of 4th Prenatal Visit:</i> October 11, 2011 AOG: 26 4/7	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: 110/70 Temp: 37 °C PR: 78 Weight: 58 kg RR: 16 Fundic Height: 28 Fetal Heart Tone: 138	Number of Iron with Folic Acid Tablets Given: 30
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Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed.

<i>Date of 5th Prenatal Visit:</i> November 10, 2011 AOG: 30 6/7	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: 120/70 Temp: 37 °C PR: 80 Weight: 60 kg RR: 18 Fundic Height: 33 Fetal Heart Tone: 140	Number of Iron with Folic Acid Tablets Given: 30
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Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed.

<i>Date of 6th Prenatal Visit:</i> December 3, 2011 AOG: 34 1/7	<i>Trimester:</i> <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input checked="" type="checkbox"/> 3 rd Trimester	<i>Vital Signs:</i> BP: 110/70 Temp: 37 °C PR: 98 Weight: 62 kg RR: 17 Fundic Height: 34 Fetal Heart Tone: 136	Number of Iron with Folic Acid Tablets Given: 30
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Management/Remarks:
Take iron tablets daily. Follow up when iron tablets are consumed. Make necessary preparations for delivery.

DELIVERY DETAILS:

<i>Date and Time of Delivery:</i> January 10, 2012 10:15 AM	<i>Outcome and Sex:</i> Live Birth Boy	<i>Birth Weight (grams):</i> 3,200	<i>Place of Delivery:</i> Pinagpala Maternity	<i>Attended by:</i> <u>Name</u> Midwife
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POST PARTUM VISITS:

<i>Date of 1st PP Visit:</i> January 10, 2012	<i>Date breastfeeding was initiated:</i> January 10, 2012	<i>Time breastfeeding was initiated:</i> 11:10 AM	<i>Micronutrient Supplementation:</i> <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input type="checkbox"/> Vitamin A
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Management/Remarks:
To follow up on January 15, 2012. Breastfeed exclusively for 6 months.

<i>Date of 2nd PP Visit:</i> January 15, 2012	<i>Micronutrient Supplementation:</i> <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input checked="" type="checkbox"/> Vitamin A	<i>Management/Remarks:</i> To follow up on March 10, 2012. Continue exclusive breastfeeding. Given 30 more Iron tabs because client is going home to the province.
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<i>Date of 3rd PP Visit:</i> March 10, 2012	<i>Micronutrient Supplementation:</i> <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input type="checkbox"/> Vitamin A	<i>Management/Remarks:</i> <i>Continue exclusive breastfeeding until baby is 6 months old.</i>
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PINAGPALA MATERNITY CLINIC

No. 789 Dalandan St., Mabolo, Antipolo, Rizal | Telephone No. 123456789

SESSION 2A EXERCISE ANSWER KEY INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: March 25, 2011	Family Serial Number: PCM2661	PhilHealth Number: 120087963354	
Last Name: Locsin	Given Name: Pangelina	Middle Name: Medina	
Complete Address: #161 Atis St., Mabolo, Antipolo, Rizal			
Birthday: September 8, 1983	Age: 27	Height (cm): 158	

PREGNANCY DETAILS:

Last Menstrual Period: January 15, 2011	Expected Date of Confinement: October 22, 2011	OB Score: G3P2(1-1-0-1)
Risk Code: <input type="checkbox"/> A = An age less than 18 or greater than 35; Date Detected: _____ <input type="checkbox"/> B = Being less than 145 cm (4'9") tall; Date Detected: _____ <input type="checkbox"/> C = Having a fourth (or more) baby (or so called grandmulti) ; Date Detected: _____ <input type="checkbox"/> D = Having one or more of the ff: (a) a previous C section (b) 3 consecutive miscarriages or stillborn baby and (c) postpartum hemorrhage; Date Detected: _____ <input type="checkbox"/> E = Having one or more of the ff medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter; Date Detected: _____		

TETANUS TOXOID VACCINATION STATUS AND VITAMIN A SUPPLEMENTATION:

<input checked="" type="checkbox"/> TT1, Date Given: March 25, 2011	<input type="checkbox"/> TT4, Date Given: _____
<input type="checkbox"/> TT2, Date Given: _____	<input type="checkbox"/> TT5, Date Given: _____
<input type="checkbox"/> TT3, Date Given: _____	Vitamin A, Date Given: _____

PRENATAL VISITS:

Date of 1 st Prenatal Visit: March 25, 2011 AOG: 9 6/7	Trimester: <input checked="" type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 120/80 Temp: 37 °C Fundic Height: ____ PR: 78 Weight: 51 kg Fetal Heart Tone: ____ RR: 14	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: <i>Tetanus Toxoid vaccination given. Take iron tablets daily. Follow up when iron tablets are consumed.</i>			
Date of 2 nd Prenatal Visit: May 15, 2011 AOG: 17 1/7	Trimester: <input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: 110/80 Temp: 37 °C Fundic Height: ____ PR: 88 Weight: 53 kg Fetal Heart Tone: ____ RR: 18	Number of Iron with Folic Acid Tablets Given: 30
Management/Remarks: <i>Take iron tablets daily. Follow up when iron tablets are consumed.</i>			
Date of 3 rd Prenatal Visit:	Trimester:	Vital Signs:	Number of Iron with

June 25, 2011 AOG: 23	<input type="checkbox"/> 1 st Trimester <input checked="" type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	BP: 110/70 Temp: 37 °C PR: 76 Weight: 55 kg RR: 16	Fundic Height: 21 Fetal Heart Tone: 130	Folic Acid Tablets Given: <p style="text-align: center;">30</p>
Management/Remarks: Take iron tablets daily. Follow up when iron tablets are consumed.				

Date of 4 th Prenatal Visit: _____	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: _____ Temp: ___ °C PR: _____ Weight: ___ kg RR: _____	Fundic Height: _____ Fetal Heart Tone: _____	Number of Iron with Folic Acid Tablets Given: <p style="text-align: center;">—</p>
Management/Remarks:				

Date of 5 th Prenatal Visit: _____	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: _____ Temp: ___ °C PR: _____ Weight: ___ kg RR: _____	Fundic Height: _____ Fetal Heart Tone: _____	Number of Iron with Folic Acid Tablets Given: <p style="text-align: center;">—</p>
Management/Remarks:				

Date of 6 th Prenatal Visit: _____	Trimester: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Vital Signs: BP: _____ Temp: ___ °C PR: _____ Weight: ___ kg RR: _____	Fundic Height: _____ Fetal Heart Tone: _____	Number of Iron with Folic Acid Tablets Given: <p style="text-align: center;">—</p>
Management/Remarks:				

DELIVERY DETAILS:

Date and Time of Delivery: October 21, 2011 12:17 PM	Outcome and Sex: Live Birth Boy	Birth Weight (grams): 3,100	Place of Delivery: Pinagpala Maternity	Attended by: Midwife
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POST PARTUM VISITS:

Date of 1 st PP Visit: October 21, 2011	Date breastfeeding was initiated: October 21, 2011	Time breastfeeding was initiated: 01:15 PM	Micronutrient Supplementation: <input checked="" type="checkbox"/> Iron Tablets: Number Given: 30 <input type="checkbox"/> Vitamin A
Management/Remarks: To follow up on or before October 28, 2011. Breastfeed exclusively for 6 months.			

Date of 2 nd PP Visit:	Micronutrient Supplementation:	Management/Remarks:
October 27, 2011	<input type="checkbox"/> Iron Tablets: Number Given: <u> </u> <input checked="" type="checkbox"/> Vitamin A	To follow up on November 27, 2011. Continue exclusive breastfeeding.
November 27, 2011	<input checked="" type="checkbox"/> Iron Tablets: Number Given: <u>30</u> <input type="checkbox"/> Vitamin A	Continue exclusive breastfeeding until baby is 6 months old.

Session 2B: Prenatal and Postpartum Target Client List

Objectives:

At the end of the session the participants should be able to:

1. Understand the guidelines in filling out the Target Client List
2. Correctly apply the guidelines in filling out the Target Client List for Maternal Care Indicators

Time Allotment:

Instructions:	10 minutes
Reading:	20 minutes
Exercise:	60 minutes
Plenary:	30 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Distribute the blank Prenatal and Postpartum Target Client List **ONLY AFTER** each person in the group has finished reading the assigned pages.
- Remind the group to do the exercises individually at first, then allow enough time for them to compare and discuss their final answers.
- During the plenary, remind the group to correct any errors in their outputs as the corrected outputs will be used as inputs in the next session.

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through multimedia projector
- Blank TCL for prenatal and postnatal, one set per participant
- Answer key for Session 2B

Chapter III

(Source: DOH FHSIS Manual 2008 pp.8-13)

Guidelines in Filling out FHSIS Tables

Target Client List for Prenatal Care (Annex 2)

The Target Client List for prenatal care should include all pregnant women eligible for prenatal care/service. The individual patient record or prenatal record must also be maintained together with this list to record information of importance to the patient, which otherwise would not be included in the client list (e.g., the FHB, Wt., BP) for every prenatal visit.

The Target Client List must be properly filled out and updated by the midwife in the BHS and the nurse/midwife in the RHU as soon as possible following a patient’s visit. The trained BHW can also be given the responsibility of recording, provided they are under the direct supervision of the nurse or midwife.

Column 1: Date of Registration – In this column, write the month, day and year a pregnant woman was first seen at the clinic for her prenatal visit.

Column 2: Family Serial Number – In this column, enter the number that corresponds to the number on the family folder or envelope or individual treatment record. This column will help you to easily retrieve records.

Column 3: Name – Write the given name, middle initial and family name of the woman.

Column 4: Address – Write the complete address: number of the house, name of the street, barangay, municipality and province. This column will help you to monitor or follow-up the client.

Column 5: Age – Write the age of the woman at her last birthday.

Column 6: Last Normal Menstrual Period / Gravida-Parity – LMP/GP - In this column, write two entries - First is the date of the last menstrual period (month, first day of LMP and the year) followed by the gravida-parity (G-P) of the client. LMP is important because this is the basis for computing the EDC of the mother while GP is important to know if pregnancy is at risk.

Example:

(5)	LMP/G-P (6)	(7)
	02-14-07/ 4-3	

This means that the last menstrual period of the woman was 02-14-07 and she had 4 pregnancies (gravida) including the current pregnancy and 3 deliveries (parity).

Column 7: EDC or Expected Date of Confinement –in this column, write the expected date of delivery. This column is important for follow-up visits to prevent post maturity.

Formula for Computing EDC:

LMP: January-March = + 9 mos. + 7 days + 0
 April-December = - 3 mos. + 7 days + 1 year

Example: LMP = 4 14 2007
 Formula = - 3 + 7 + 1
 EDC = 1 21 2008

Column 8: Prenatal Visit (Dates) – This has 3 sub-columns representing the trimester of pregnancy. All dates of prenatal visits, either clinic or home visits, for each pregnant woman, must be entered in this column corresponding to the trimester of pregnancy when the visit occurred. If a pregnant woman comes into the clinic in the first 3 months of her pregnancy (i.e., first trimester) enter the date of that check-up under column 8, 1st trimester. Dates of all succeeding visits should be indicated in the appropriate trimester column. It is possible that more than one date appears in each column. In addition, visits to other DOH facilities and private hospitals/clinics should also be recorded in this column as long as there is a way to validate that the visit is a PNV. This column is important for early detection of risky pregnancies, protecting both the mother and the baby.

Trimesters of Pregnancy:

- The First Trimester = the first 3 months (up to 12 weeks/0 to 84 days)
- The Second Trimester = the middle 3 months (13-27 weeks/85 to 189 days)
- The Third Trimester = the last 3 months (28 weeks/ 90 days and more)

Column 9: Tetanus Status – In this column, write the tetanus toxoid immunization already received by the pregnant woman (either from a past or present pregnancy) when she made her first visit to the facility. The record of past pregnancies can be used to obtain this information. Use the following codes:

Code	Description
TT1	The woman has received only one dose of tetanus toxoid during <u>this</u> pregnancy from other DOH facility (e.g. transferred residence)
TT1 & TT2	The woman has received 2 doses of tetanus toxoid <u>this</u> pregnancy from other DOH facility (e.g. transferred residence) and any woman who has received TT1 and TT2 during the past pregnancy.
TT3	The woman has received TT1 and TT2 together with TT3
TT4	The woman has received TT1, TT2, TT3 and TT4
TT5	The woman has received TT1, TT2, TT3, TT4 and TT5

Code	Description
TTL	Woman who is currently pregnant and has already received the 5 doses of the tetanus toxoid (Fully Immunized Mother)
NONE	Woman <u>without</u> previous history/record of tetanus immunization or women having her prenatal visit for her first pregnancy
UNKNOWN	If no information can be obtained from the records or history of the woman.

Column 10: Tetanus Toxoid Vaccination Given – In this column, write the date each tetanus toxoid is given during the course of the current pregnancy.

Tetanus Toxoid (TT) Immunization Schedule

TT Dose	Interval
TT1	As early as possible during first pregnancy or even in a non-pregnant woman of child bearing age
TT2	4 weeks after first dose within the same pregnancy
TT3	6 months after TT2
TT4	1 year after TT3
TT5	1 year after TT4

Column 11: Micronutrient Supplementation – This has two sub columns, iron and Vitamin A supplementation. For the columns on Vitamin A supplementation, write the date given; for the column on iron with folic acid supplementation, write the date and number of iron tablets given to the pregnant woman during her visit.

Column 12: RISK FACTOR/DATE DETECTED – Indicate in this column the risk factor (use codes) and the date this was detected. It is possible that several codes appear in this column. Risk factors are conditions that a woman has in her medical history or history of previous pregnancies or deliveries that put her at risk for complications in this pregnancy and/or delivery. Use the following codes/factors for risk pregnancy.

Codes	Risk Factor	Reason
A	An age less than 18 or greater than 35	
B	Being less than 145 cm (4'9") tall	At risk of cephalo-pelvic disproportion

C	Having a fourth (or more) baby (or so called multiparous)	The mother is most likely to have postpartum hemorrhage or malpresentation
D	Having one or more following: <ul style="list-style-type: none"> - A previous caesarean section - 3 consecutive miscarriages or a stillborn baby - Postpartum hemorrhage 	<ul style="list-style-type: none"> - She may need another caesarean section - She may have a condition that causes miscarriages and needs treatment or she may have an abnormal labor or a disease such as diabetes which needs treatment - She may have another postpartum hemorrhage with this delivery
E	Having one or more of the following medical conditions: <ul style="list-style-type: none"> - Tuberculosis - Heart Disease - Diabetes - Bronchial Asthma - Goiter 	

If the mother had a history of any of these factors, she should be closely monitored by the midwife or referred to a physician; she will probably need to deliver the baby in the hospital.

Column 13 Pregnancy – Write the date (month, day and year) when the current pregnancy was terminated in the sub-column labeled Date Terminated. In the Outcome sub-column, write the outcome of the pregnancy whether it is a live birth, stillbirth or abortion and the sex. It is possible that two codes appear in this sub-column. Use the following codes:

Code	Definition
LB	Livebirth - the complete expulsion or extraction from the mother’s womb of a product of conception, irrespective after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of muscles.
SB	Stillbirth – death of the fetus prior to the complete expulsion from the mother; the death is indicated by the fact that after separation, the fetus does not breath or show any evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. (20 weeks and above)

Code	Definition
AB	Abortion – termination of pregnancy before the fetus becomes viable. (before the 20 th week or 5 months of pregnancy)

Column 14: Livebirths – In cases of live birth, the weight of the infant ,in grams, must appear in the BIRTHWEIGHT sub-column. If there is more than 1 birth, all birth weights in grams must appear. In the PLACE OF DELIVERY sub-column, write “home” if delivery occurred at home, “hospital” if delivery occurred in the hospital and so on. It is possible that two entries appear in this sub-column in case of multiple births at different places. In the ATTENDED sub-column, write the corresponding code of the person’s designation with the highest professional rank.

Code	Designation
A	Doctor
B	Nurse
C	Midwife
D	Hilot/TBA
E	Others

Column 15: Remarks – Make a note under this column why a pregnant woman failed to return for the next prenatal care. Indicate dates and reasons such as transferred to another province, presently ill, hospitalized, etc. Also include other data of importance to the patient.

Target Client List for Postpartum Care (Annex 3)

The Target Client List for Postpartum Care will include all the women within the catchment area who had a delivery. This list should be considered as an extension of the TCL for Prenatal Care. The names of women are entered upon termination of pregnancy or women, whose terminations of pregnancy were not attended by the midwife or nurse, their names are also entered in the list upon knowledge of a birth in the catchment area, visit to facility or a home visit.

The list must be properly updated and exact dates indicated in each column by responsible personnel i.e. the midwife in the BHS, the nurse or the midwife in the RHU or the trained BHW under the direct supervision of the nurse or midwife.

Column 1: Date and Time of Delivery –In this column, write the month, day, year and time the pregnancy was terminated.

Column 2: Family Serial Number – Enter in this column the number that corresponds to the number on the family folder, envelope or ITR. This will facilitate retrieval of patient’s record.

Column 3: Name – Write the given name, middle initial and family name of the woman.

Column 4: Address – Write the complete address: number of the house, name of the street, barangay, municipality and province. This column will help you to monitor or follow-up the client.

Column 5: Date of Postpartum Visits – This column is divided into two sub-columns. Write the date of postpartum visits at home or at the clinic within 24 hours upon delivery and within one week after delivery.

Column 6: Date and Time Initiated Breastfeeding – write the date and the time the postpartum mother initiated breastfeeding.

Column 7: Date Supplementation was given – This column is divided into iron and vitamin supplementation. For iron supplementation column, write the date/s and number of tablet given to postpartum women. For Vitamin A, write only the date supplementation was given.

Column 8: Remarks – Under the remarks column, enter information which you feel is important to care for the postpartum mother.

SESSION 2B EXERCISE ANSWER KEY

TARGET CLIENT LIST FOR PRENATAL CARE

DATE OF REGISTRATION mm/dd/yy (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	AGE (5)	LMP/ G-P (6)	EDC (7)	DATE PRENATAL VISITS (8)		
							FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
02/14/11	PMC2656	NINA J. ANDRES	#12 Santol St., Mabolo, Antipolo, Rizal	30	12/19/10 G1P0	09/26/11	02/14/11	03/25/11; 05/16/11	07/04/11; 08/05/11; 09/04/11
03/16/11	PMC2669	SUSAN B. BANTUGAN	#254 Papaya St., Mabolo, Antipolo, Rizal	36	01/25/11 G3P2	11/01/11	03/16/11	06/05/11; 07/04/11	09/03/11
03/25/11	PMC2661	PANGELINA M. LOCSIN	#161 Atis St., Mabolo, Antipolo, Rizal	27	01/15/11 G3P2	10/22/11	03/25/11	05/15/11; 06/25/11	
06/01/11	PMC2672	MARILOU C .CABA	#113 Mangga St. Mabolo, Antipolo, Rizal	28	03/28/11 G2P1	01/04/12	06/01/11	07/30/11	10/21/11; 12/13/11
06/09/11	PMC2678	MELANIE M. CARLOS	#111 Pili St. Mabolo, Antipolo, Rizal	26	04/08/11 G3P2	01/15/12	06/09/11	08/06/11; 09/12/11; 10/11/11	11/10/11; 12/03/11

NOTE: First Trimester = the first 3 months (up to 12 weeks)
 Second Trimester = the middle 3 months (13-27 weeks)
 Third Trimester = the last 3 months (28 weeks and more)

SESSION 2B EXERCISE ANSWER KEY

TARGET CLIENT LIST FOR PRENATAL CARE

	TETANUS STATUS (9)	DATE TETANUS TOXOID VACCINE GIVEN (10)					MICRONUTRIENT SUPPLEMENTATION (11)						RISK CODE*/ DATE DETECTED (12)	PREGNANCY (13)		LIVEBIRTHS (14)			REMARKS (15)
		TT1	TT2	TT3	TT4	TT5	DATE GIVEN VIT. A	DATE & NO. IRON W/ FOLIC ACID WAS GIVEN						DATE TERMINATED	OUTCOME** Sex	BIRTH WEIGHT (grams)	PLACE OF DELIVERY	ATTENDE D BY***	
Andres	TT2			02/14/11			02/14/11	03/25/11	05/16/11	07/04/11	08/05/11	09/04/11		09/22/11	LB	3,300	Pinagpala Maternity Clinic	Midwife	
							30	30	30	30	30	30			Male				
Bantugan	NONE	03/16/11					03/16/11	06/05/11	07/04/11	09/03/11			A 03/16/11	11/01/11	LB	3,100	Pinagpala Maternity Clinic	Midwife	
							30	30	30	30					Male				
Locsin	NONE	03/25/11					03/25/11	05/15/11	06/25/11					10/21/11	LB	3,100	Pinagpala Maternity Clinic	Midwife	
							30	30	30						Male				
Caba	TT3				12/13/11		07/30/11	10/21/11	12/13/11				E 06/01/11	12/31/11	LB	3,400	Pinagpala Maternity Clinic	Midwife	
							30	30	30						Female				
Carlos	NONE	06/09/11	12/03/11				06/09/11	08/06/11	09/12/11	10/11/11	11/10/11	12/03/11	B 04/08/11	01/10/12	LB	3,200	Pinagpala Maternity Clinic	Midwife	
							30	30	30	30	30	30			Male				

* Risk Code: A = an age less than 18 or greater than 35
 B = being less than 145 cm (4'9") tall
 C = Having a fourth (or more) baby (or so called grandmulti)

D = Having has one or more of the ff: (a) a previous caesarian section (b) 3 consecutive miscarriages or stilborn baby and (c) postpartum hemorrhage

E = Having one or more of the following medical conditions: (1) Tuberculosis (2) Heart Disease (3) Diabetes (4) Bronchial Asthma (5) Goiter

** Outcome: LB = Livebirth
 SB = Stillbirth
 AB = Abortion

***Attendant: A= Doctor
 B = Nurse
 C = Midwife
 D = Hilot/TBA
 E = Others

Session 2C: Monthly Report Form for Maternal Care Indicators

Objectives:

At the end of the session, the participants will be able to:

1. Understand the steps in filling out the Monthly report (MI) for Prenatal and Postpartum.
2. Correctly fill out MI form for Prenatal and Postpartum.

Time Allotment:

Instructions: 5 minutes
Reading: 10 minutes
Exercise: 60 minutes
Plenary: 30 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Remind the participants that they will use the correctly filled out TCL from the Session 2B.
- Distribute the blank MI **ONLY AFTER** each person in the group has finished reading the assigned pages.
- Remind the group to do the exercises individually first, then allow enough time for them to compare and discuss their final answers.

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through multimedia projector
- Properly filled out TCL from Session 2B (one per participant)
- Blank MI for prenatal and postnatal (one per participant)
- Answer key for session 2C

Chapter IV (Source: DOH FHSIS Manual 2008 pp.77-79)

Guidelines in Filling out FHSIS Forms

Monthly Report Form for MCH (MI) (Annex 4)

The Monthly Form is the reporting form that the midwife fills out to report her accomplishments from the first day to the last day of the month and submits to the nurse at the Rural Health Unit (RHU/Municipal Health Center (MHC) for consolidation. Spaces are left blank for those indicators the municipality/city is responsible for generating.

a. Heading

Fill out the data asked for in the heading: the month and year being reported, the complete names of the BHS, the Municipality or City, Province and the Projected Population.

b. Maternal Care

- **Pregnant women with 4 or more prenatal visits** – write on the space provided the total number of pregnant women who had 4 or more prenatal visits during the month/quarter such that at least one visit occurs during the first trimester, one during the second trimester and at least 2 visits during the third trimester.
- **Pregnant women given 2 doses of Tetanus Toxoid** – write on the space provided the total number of pregnant women given 2 doses of Tetanus Toxoid during the month/quarter.
- **Pregnant women given TT2 plus** – on the space provided, write the total number of pregnant women given TT2 plus during the month/quarter. TT2 plus includes 2nd, 3rd, 4th and 5th doses of Tetanus Toxoid given to pregnant women.
- **Pregnant women given complete iron with folic acid supplementation** – on the space provided, write the total number of pregnant women given complete tablet of 60 mg of Fe with 400 mcg Folic acid, once a day for 6 months or 180 tablets. The iron tablets referred to are those given for free to the mother by the RHUs and BHSs and do not include prescribed iron tablets. Iron tablet should be given as soon as pregnancy is diagnosed. If the pregnant women did not take full course of the 180 tablets, she will not be included in the report.
- **Pregnant women given Vitamin A supplementation** – write on the space provided the total number of pregnant women given Vitamin A supplementation. Vitamin A supplementation refers to 1 capsule/tablet of 10,000 I.U. twice a week to start from the 4th month of pregnancy until delivery.
- **Post partum women with at least 2 postpartum visits** – on the space provided, write the total number of postpartum women who were seen by the midwife/PHN/MHO at home or at the clinic, twice or more than twice after delivery, such that the first visit should be within 24 hours upon delivery and the second visit within one week after delivery.

- **Post partum women given complete iron supplementation** – on the space provided, write the total number of postpartum women given complete tablet of 60 mcg of Fe with 400 mcg Folic acid, once a day for 3 months or a total of 90 tablets. If postpartum mother did not take full course of 90 tablets, she will not be included in the report.
- **Post partum women given Vitamin A supplementation** – on the space provided, write the total number of postpartum or lactating women given 200,000 I.U. of Vitamin A capsule within 4 weeks after delivery.
- **Post partum women initiated breastfeeding within 1 hour after delivery** – on the space provided, write the total number of postpartum or lactating women who initiated breastfeeding within 1 hour after giving birth.

SESSION 2C EXERCISE ANSWER KEY					FHSIS version 2008	
 		FHSIS REPORT for the MONTH of: <u>December</u> YEAR: <u>2011</u> Name of Birthing Home: <u>Pinagpala Maternity Clinic</u> Municipality/City: <u>Antipolo</u> Province: <u>Rizal</u> Projected Population of the Year: <u>245,135</u> <i>For submission to RHU</i>				
MATERNAL CARE					Number	
Pregnant women with 4 or more Prenatal Visits (Caba, Carlos)					2	
Pregnant women given 2 doses of Tetanus Toxoid (Carlos)					1	
Pregnant women given TT2 Plus (Carlos, Caba)					2	
Pregnant women given complete iron with Folic Acid supplementation (Carlos)					1	
Pregnant women given Vitamin A supplementation					0	
Postpartum women with at least 2 postpartum visits					0	
Postpartum women given complete iron supplementation					0	
Postpartum women given Vitamin A supplementation (Caba)					1	
Postpartum women initiated breastfeeding within one (1) hour after delivery (Caba)					1	
FAMILY PLANNING		Current User (Begin Month)	Acceptors		Dropout	Current User
			New	Other		
a.	Female Sterilization/BTL					
b.	Male Sterilization/Vasectomy					
c.	Pills					
d.	IUD					
e.	Injectables (DMPA)					
f.	NFP-CM					
g.	NFP-BBT					
h.	NFP-STM					
i.	NFP-Standard Days Method					
j.	NFP-LAM					
k.	Condom					

Session 3A: Family Planning Indicators and Corresponding Target Client List

Objective:

At the end of the session the participants should be able to:

1. Understand the FP indicators
2. Understand the guidelines in filling out the TCL for FP
3. Correctly apply the guidelines in filling out the TCL for FP

Time Allotment:

Instructions: 10 minutes

Reading: 20 minutes

Exercise: 60 minutes

Plenary: 30 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Distribute the filled out FP Form I and blank FP TCL **ONLY AFTER** each person in the group has finished reading the assigned pages.
- Instruct the participants to complete the target client list for the **Year 2012** using the filled out six (6) FP Form I **ASSUMING that TODAY is June 30, 2012**
- Remind the group to do the exercises individually first, then allow enough time for them to compare and discuss their final answers.
- During the plenary, remind the group to correct any errors in their outputs as the corrected outputs will be used as inputs to the next session.

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through multi-media projector
- Filled out six (6) FP Form I, one set per participant
- Blank TCL for FP, one set per participant
- Answer key to session 3A

FP Data Dictionary (Source: FHSIS 2008 Data Dictionary)

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
<p>I. Contraceptive Prevalence Rate (disaggregated by type of contraceptive used)</p>	<p>The proportion of married women of reproductive age (15-49 years of age) who are using (or whose partner is using) a FP method at a given point in time.</p> <p><u>Definition of Terms:</u></p> <p>Contraceptive methods - include clinic and supply (modern) methods and non-supply (traditional) methods. Clinic and supply methods include BTL and Vasectomy, intrauterine devices (IUDs), hormonal methods (oral pills, injectables and hormone-releasing implants). NFP Methods include Cervical Mucus Method (CCM), Basal Body Temperature (BBT), Symptothermal Method (STM), Lactational Amenorrhea Method (LAM) and Standard Days Method (SDM). Traditional methods include rhythm and withdrawal methods. Surgical sterilization is done for limiting pregnancies especially for couples who reached their desired number of children.</p> <p>Women of reproductive age refer to all women aged 15-49 years old. At Risk of pregnancy refers to women who are sexually active, fecund, not pregnant and not amenorrheic.</p>	<p>Numerator: Number of women of reproductive age who are using (or whose partner is using) a FP method at a given point in time Denominator: Number of women of reproductive age at risk of pregnancy (Total Population x 14.5%)</p> <p>Formula for CU = CU of previous month plus Acceptors (new from previous month + Other acceptors of present month) minus Drop-out of present month</p>	85%	<ul style="list-style-type: none"> ● FP TCL ● NSO 	<ul style="list-style-type: none"> ● Monthly BHS to RHU) ● Quarterly (RHU to next higher level) 	<p>This indicator is useful for measuring utilization of FP methods. It is a complementary output indicator to total fertility rate.</p> <p>Population-based sample surveys provide the most comprehensive data on contraceptive practice since they show the prevalence of all methods, including those that required no supplies or medical services. Estimates may also be obtained by smaller-scale or more focused surveys and by adding relevant questions to surveys on other topics (e.g. health programme prevalence or coverage surveys).</p>

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	<p>Technically speaking, the denominator should relate to the population at risk of pregnancy as cited above; in practice, however, information is generally obtained of women who are currently either married or in a stable relationship.</p> <p>Current Users (CU) - are FP clients who have been carried over from the previous months by adding the new acceptors from the previous month and adding the new acceptors of the present month and deducting the drop-outs of present month. This consists of CU for pills, IUD, injectables, condoms, NFP (BBT, CM, STM, LAM, SDM) Female and Male Sterilization.</p> <p>New Acceptor (NA) – a client using a contraceptive method for the first time or new to the program. It includes new acceptors for pills, IUD, injectables, condoms, NFP (BBT, CM, STM, LAM, and SDM), Female and Male Sterilization.</p> <p>Drop-outs – are number of clients who fail to return for the next service date.</p>					<p>Records kept by organized family planning programs are another main source of information about contraceptive practice. Such records are crucial to effective monitoring and management of programs, and they have the potential to provide timely updates and detailed trend information about numbers and characteristics of programme clients.</p> <p>Programme statistics have the serious drawback, however, of excluding the use of contraception obtained outside the programme, including modern methods supplies through non-programme sources (the private sector)</p>

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
						<p>as well as methods that do not require supplies or medical services. Other problems relate to incomplete data, double counting of users who enter the service delivery system at more than one point, deliberate inflation of service statistics, and poor data quality owing to other activities competing for the attention of those recording the information.</p>

Chapter III

(Source: DOH FHSIS Manual 2008 pp 24-26)

Target Client List for Family Planning

The TCL for FP will include all eligible women aged 15-49, and men who are receiving a family planning service provided by the reporting clinic. The FP services provided by the reporting clinic will include Condom, Depo-medroxy Progesterone Acetate (DMPA), Intra-Uterine Device (IUD), NFP-Lactational Amenorrhea Method (NFP-LAM), NFP-Basal Body Temperature (NFP- BBT), NFP-Cervical Mucus Method (NFP-CM), NFP-Symptothermal Method (NFP-STM), NFP- Standard Days Method (NFP-SDM) Pills, Female Sterilization/Bilateral Tubal Ligation (FSTR/BTL) and Male Sterilization/Vasectomy.

The TCL should be by Family Planning Method (Annex 5) and be updated immediately after a client visits the facility.

Column 1: Date of Registration – Indicate in this column, the date (month, day and year) an eligible client made the first clinic visit or the date when client restarted to benefit from a FP service.

Column 2: Family Serial Number – Indicate in this column the number that corresponds to the number on the family folder or envelope or individual treatment record. This column will facilitate retrieval of your record.

Column 3: Name – Write the given name, middle initial and family name of the client.

Column 4: Address – Write the complete address: number of the house, name of the street, barangay, municipality and province. This column will help you to monitor or follow-up the client.

Column 5: Age – Indicate in this column the age of the client as of last birthday.

Column 6: Type of Client – Indicate in this column any of the following categories:

Code	Type of Client
CU	Current Users – current users carried over from last year's client list.
NA	New Acceptors – a client who has NEVER accepted any FP method at any clinic before
CM	Changing Method – a user who is shifting to another Method
CC	Changing Clinic – a continuing user using the same method, however the client is new to the clinic
RS	Restart – a client who is previously a drop-out or stop using a FP method and who has accepted a FP method again. Classify as a re-start but considered as current users.

NOTE: For clients who are changing methods, they should be recorded as a DROP-OUT from their previous method and indicate the reason as 'CHANGING METHOD.' The client is still categorized as current users.

Column 7 – Previous Method – refers to last method used prior to accepting the new method.

Using the following codes: Add code for NONE to cover “New to Program”.

Codes	Methods
CON	Condom
INJ	Depo-medroxy Progesterone Acetate (DMPA)
IUD	Intra-Uterine Device
NFP-LAM	Lactational Amenorrhea Method
NFP-BBT	Natural Family Planning-Basal Body Temperature
NFP-CM	Natural Family Planning-Cervical Mucus Method
NFP-STM	Natural Family Planning-Symptothermal Method
NFP-SDM	Natural Family Planning-Standard Days Method
FSTR/BTL	Female Sterilization/Bilateral Tubal Ligation
MSTR/VASECTOMY	Male Sterilization/Vasectomy
PILLS	Pills

Column 8 – Follow-Up Visits – Write in this column two entries. The upper space should contain the scheduled date of visit and the lower space the actual date of visit. A client who is scheduled for a particular month and failed to make the clinic visit will have only one date entered in that particular month.

Column 9 – Dropout – If a client failed to return for the next service date, he or she is considered to be a dropout. Enter the date, the client became a dropout under the column “Date” and indicate the reason under column “Reason”. Possible reasons include: (use letter codes)

Codes	Reason
A	Pregnant
B	Desire to become pregnant
C	Medical complications
D	Fear of side effects
E	Changed clinic
F	Husband disapproves
G	Menopause
H	Lost or moved out of the area or residence
I	Failed to get supply
J	IUD expelled
K	Lack of supply
L	Unknown

FP Dropout Definitions

The following are the definitions for each method dropout:

- Pill:** A client is considered a dropout from the method if she failed to come and get her re-supply from the last 21 white pill up to the last brown pill. The service provider should do follow-up visits within this period before dropping her from the method.
- DMPA:** A client is considered a dropout if she failed to visit the clinic on her scheduled date of visit up to two weeks after the scheduled date of visit. The service provider should conduct follow-up visits during the above period prior to dropping her out from the method.
- IUD:** A client is considered a dropout if: 1) the client decided to have it removed; 2) the client's IUD was expelled and was not re-inserted and 3) the client did not return on the scheduled date of her follow-up visit on the first year after insertion; follow-up visits should be conducted **one month, six months, and 12 months after insertion** and then on a yearly basis thereafter. Follow-up of the client should be done before dropping her out from the method.
- Condom:** A client is considered a dropout if she/he fails to return for resupply on her scheduled visit
- LAM:** A client is considered a dropout if **ANY ONE of the three (3) conditions is not met:** 1) Mother has no menstruation or is amenorrheic within six months; or spotting or bleeding during the last 56 days postpartum is not considered return of menses; 2) Fully/exclusive breastfeeding means no other liquid or solid except breast milk given to the infant, intervals should not exceed four hours during the day and six hours at night; 3) Baby is less than six (6) months old.
- NFP:** A client is considered a dropout if the client fails to return to the clinic the last 2 weeks of the 3rd cycle to be validated by the service provider and to get the NFP autonomous user chart for succeeding cycles.

Voluntary Surgical Contraception:

- a. **Female Sterilization** – A client is considered a dropout if she reaches her menopausal age (45 years and above), or undergoes hysterectomy or bilateral salpingo-oophorectomy.

NOTE: Follow-up of clients should be done prior to dropping the client out of the method.

Column 10: Remarks – Indicate in this column the date and reason for every referral MADE to other clinic and referral RECEIVED from other clinic which can be due to medical complications or unavailable FP services and other pertinent findings significant to client care.

SESSION 3A EXERCISE

FP Form I

FAMILY PLANNING SERVICE RECORD*		SIDE A																
MEDICAL HISTORY		PHYSICAL EXAMINATION																
HEENT		Blood Pressure: <u>110/70</u> mmHg Weight: <u>48</u> kg/lbs Pulse Rate: <u>78</u> / min (N.V. = 70-80/min)																
<input checked="" type="checkbox"/> Epilepsy/Convulsion/Seizure <input checked="" type="checkbox"/> Severe headache/dizziness <input checked="" type="checkbox"/> Visual disturbance/blurring of vision <input checked="" type="checkbox"/> Yellowish conjunctiva <input checked="" type="checkbox"/> Enlarged thyroid		CONJUNCTIVA <input checked="" type="checkbox"/> Pale <input checked="" type="checkbox"/> Yellowish NECK <input checked="" type="checkbox"/> Enlarged thyroid <input checked="" type="checkbox"/> Enlarged lymph nodes BREAST <table style="display: inline-table; vertical-align: middle;"> <tr> <td></td> <td style="text-align: center;">Right Breast</td> <td style="text-align: center;">Left Breast</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Mass</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Mass</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Nipple discharge</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Nipple discharge</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Skin – orange peel or dimpling</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Skin – orange peel or dimpling</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Enlarged axillary lymph nodes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Enlarged axillary lymph nodes</td> </tr> </table>			Right Breast	Left Breast		<input checked="" type="checkbox"/> Mass	<input checked="" type="checkbox"/> Mass		<input checked="" type="checkbox"/> Nipple discharge	<input checked="" type="checkbox"/> Nipple discharge		<input checked="" type="checkbox"/> Skin – orange peel or dimpling	<input checked="" type="checkbox"/> Skin – orange peel or dimpling		<input checked="" type="checkbox"/> Enlarged axillary lymph nodes	<input checked="" type="checkbox"/> Enlarged axillary lymph nodes
	Right Breast	Left Breast																
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CHEST/HEART		THORAX																
<input checked="" type="checkbox"/> Severe chest pain <input checked="" type="checkbox"/> Shortness of breath and easy fatigability <input checked="" type="checkbox"/> Breast/axillary masses <input checked="" type="checkbox"/> Nipple discharges (specify if blood or pus) <input checked="" type="checkbox"/> Systolic of 140 & above <input checked="" type="checkbox"/> Diastolic of 90 & above <input checked="" type="checkbox"/> Family history of CVA (strokes), hypertension asthma, rheumatic heart disease		<input checked="" type="checkbox"/> Abnormal heart sounds/cardiac rate <input checked="" type="checkbox"/> Abnormal breath sounds/respiratory rate ABDOMEN <input checked="" type="checkbox"/> Enlarged liver <input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Tenderness																
ABDOMEN		EXTREMITIES																
<input checked="" type="checkbox"/> Mass in the abdomen <input checked="" type="checkbox"/> History of gallbladder disease <input checked="" type="checkbox"/> History of liver disease		<input checked="" type="checkbox"/> Edema <input checked="" type="checkbox"/> Varicosities																
GENITAL		PELVIC EXAMINATION																
<input checked="" type="checkbox"/> Mass in the uterus <input checked="" type="checkbox"/> Vaginal discharge <input checked="" type="checkbox"/> Intermenstrual bleeding <input checked="" type="checkbox"/> Postcoital bleeding		PERINEUM <input checked="" type="checkbox"/> Scars <input checked="" type="checkbox"/> Warts <input checked="" type="checkbox"/> Reddish <input checked="" type="checkbox"/> Laceration UTERUS Position <input checked="" type="checkbox"/> Mid <input checked="" type="checkbox"/> Anteфлекed <input checked="" type="checkbox"/> Retroфлекed Size <input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Large Mass <input checked="" type="checkbox"/> Uterine Depth: _____ cms. (for intended IUD users)																
EXTREMITIES		CERVIX																
<input checked="" type="checkbox"/> Severe varicosities <input checked="" type="checkbox"/> Swelling or severe pain in the legs not related to injuries		<input checked="" type="checkbox"/> Congested <input checked="" type="checkbox"/> Erosion <input checked="" type="checkbox"/> Discharge <input checked="" type="checkbox"/> Polyps/cysts <input checked="" type="checkbox"/> Laceration Consistency <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Soft																
SKIN		ADNEXA																
<input checked="" type="checkbox"/> Yellowish skin		<input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Tenderness																
HISTORY OF ANY OF THE FOLLOWING		RISKS FOR VIOLENCE AGAINST WOMEN (VAW)																
<input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Drug intake (anti-tuberculosis, anti-diabetic, anticonvulsant) <input checked="" type="checkbox"/> Bleeding tendencies (nose, gums, etc.) <input checked="" type="checkbox"/> Anemia <input checked="" type="checkbox"/> Diabetes		<input checked="" type="checkbox"/> History of domestic violence or VAW <input checked="" type="checkbox"/> Unpleasant relationship with partner <input checked="" type="checkbox"/> Partner does not approve of the visit to FP clinic <input checked="" type="checkbox"/> Partner disagrees to use FP																
OBSTETRICAL HISTORY		Referred to: <input type="checkbox"/> DSWD <input type="checkbox"/> WCPU <input type="checkbox"/> NGOs <input type="checkbox"/> Others (specify: _____)																
Number of pregnancies: <u>1</u> Full Term <u>0</u> Premature <u>0</u> Abortions <u>1</u> Living Children Date of last delivery <u>04/08/2011</u> Type of last delivery <u>NSD</u> Past menstrual period <u>02/15/2012</u> Last menstrual period <u>03/15/2012</u> Duration and character of Menstrual bleeding <u>3 days Normal</u>		ACKNOWLEDGEMENT:																
HISTORY OF ANY OF THE FOLLOWING		This is to certify that the Physician/Nurse/Midwife of the clinic has fully explained to me the different methods available in family planning and I freely choose the <u>PILLS</u> method. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Esperitu</u> Kim Esperitu <small>Client Signature over Printed Name</small> </div> <div style="text-align: center;"> <u>03/15/2012</u> Date </div> </div>																
STI RISKS		REASON FOR PRACTICING FP: <u>Wants to space children</u>																
<input checked="" type="checkbox"/> With history of multiple partners For Women: <input checked="" type="checkbox"/> Unusual discharge from vagina <input checked="" type="checkbox"/> Itching or sores in or around vagina <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Treated for STIs in the past For Men: <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Open sores anywhere in genital area <input checked="" type="checkbox"/> Pus coming from penis <input checked="" type="checkbox"/> Swollen testicles or penis <input checked="" type="checkbox"/> Treated for STIs in the past		CLIENT NO.: <u>PMC3695</u> TYPE OF ACCEPTOR: <input checked="" type="checkbox"/> New to the Program <input type="checkbox"/> Continuing User PREVIOUSLY USED METHOD: _____ NAME OF CLIENT: <u>Esperitu</u> <u>Kim</u> <u>M.</u> <u>L.</u> <u>07/13/1988</u> <u>High School</u> <u>None</u> <u>#46 Santol</u> <u>Barangay</u> <u>Antipolo</u> <u>Rizal</u> <u>Province</u> NAME OF SPOUSE: <u>Esperitu</u> <u>Richard</u> <u>H.</u> <u>11/01/1986</u> <u>College level</u> <u>Carpenter</u> <u>Barangay</u> <u>Municipality</u> <u>Average Monthly Income: PNP 15,000.00</u> NO. OF LIVING CHILDREN: <u>1</u> PLAN MORE CHILDREN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
STI RISKS		METHOD ACCEPTED: <input checked="" type="checkbox"/> COC <input type="checkbox"/> Contraceptive patch <input type="checkbox"/> POP <input type="checkbox"/> Injectable <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> BTL <input type="checkbox"/> VSC <input type="checkbox"/> LAM <input type="checkbox"/> SDM <input type="checkbox"/> BBT <input type="checkbox"/> Billings/Cervical Mucous/Ovulation Method <input type="checkbox"/> Sympo-thermal																
Reminder: For further evaluation, kindly refer to PHYSICIAN for any checked (✓) findings prior to provision of any method.																		

SESSION 3A EXERCISE

FP Form I

FAMILY PLANNING SERVICE RECORD*		SIDE A					
MEDICAL HISTORY		PHYSICAL EXAMINATION					
HEENT		Blood Pressure: <u>120/70</u> mmHg Weight: <u>53</u> kg/lbs Pulse Rate: <u>70</u> / min (N.V. = 70-80/min)					
<input checked="" type="checkbox"/> Epilepsy/Convulsion/Seizure <input checked="" type="checkbox"/> Severe headache/dizziness <input checked="" type="checkbox"/> Visual disturbance/blurring of vision <input checked="" type="checkbox"/> Yellowish conjunctiva <input checked="" type="checkbox"/> Enlarged thyroid		CONJUNCTIVA <input checked="" type="checkbox"/> Pale <input checked="" type="checkbox"/> Yellowish NECK <input checked="" type="checkbox"/> Enlarged thyroid <input checked="" type="checkbox"/> Enlarged lymph nodes BREAST <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">Right Breast</td> <td style="text-align: center;">Left Breast</td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Nipple discharge <input checked="" type="checkbox"/> Skin – orange peel or dimpling <input checked="" type="checkbox"/> Enlarged axillary lymph nodes </td> <td style="text-align: center;">   </td> </tr> </table>		Right Breast	Left Breast	<input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Nipple discharge <input checked="" type="checkbox"/> Skin – orange peel or dimpling <input checked="" type="checkbox"/> Enlarged axillary lymph nodes	 
Right Breast	Left Breast						
<input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Nipple discharge <input checked="" type="checkbox"/> Skin – orange peel or dimpling <input checked="" type="checkbox"/> Enlarged axillary lymph nodes	 						
CHEST/HEART		THORAX					
<input checked="" type="checkbox"/> Severe chest pain <input checked="" type="checkbox"/> Shortness of breath and easy fatigability <input checked="" type="checkbox"/> Breast/axillary masses <input checked="" type="checkbox"/> Nipple discharges (specify if blood or pus) <input checked="" type="checkbox"/> Systolic of 140 & above <input checked="" type="checkbox"/> Diastolic of 90 & above <input checked="" type="checkbox"/> Family history of CVA (strokes), hypertension asthma, rheumatic heart disease		<input checked="" type="checkbox"/> Abnormal heart sounds/cardiac rate <input checked="" type="checkbox"/> Abnormal breath sounds/respiratory rate ABDOMEN <input checked="" type="checkbox"/> Enlarged liver <input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Tenderness					
ABDOMEN		EXTREMITIES					
<input checked="" type="checkbox"/> Mass in the abdomen <input checked="" type="checkbox"/> History of gallbladder disease <input checked="" type="checkbox"/> History of liver disease		<input checked="" type="checkbox"/> Edema <input checked="" type="checkbox"/> Varicosities					
GENITAL		PELVIC EXAMINATION					
<input checked="" type="checkbox"/> Mass in the uterus <input checked="" type="checkbox"/> Vaginal discharge <input checked="" type="checkbox"/> Intermenstrual bleeding <input checked="" type="checkbox"/> Postcoital bleeding		PERINEUM <input checked="" type="checkbox"/> Scars <input checked="" type="checkbox"/> Warts <input checked="" type="checkbox"/> Reddish <input checked="" type="checkbox"/> Laceration VAGINA <input checked="" type="checkbox"/> Congested <input checked="" type="checkbox"/> Bartholin's cyst <input checked="" type="checkbox"/> Warts <input checked="" type="checkbox"/> Skene's Gland Discharge <input checked="" type="checkbox"/> Rectocele <input checked="" type="checkbox"/> Cystocele CERVIX <input checked="" type="checkbox"/> Congested <input checked="" type="checkbox"/> Erosion <input checked="" type="checkbox"/> Discharge <input checked="" type="checkbox"/> Polyps/cysts <input checked="" type="checkbox"/> Laceration Consistency <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Soft					
EXTREMITIES		UTERUS					
<input checked="" type="checkbox"/> Severe varicosities <input checked="" type="checkbox"/> Swelling or severe pain in the legs not related to injuries		Position <input checked="" type="checkbox"/> Mid <input checked="" type="checkbox"/> Anteфлекed <input checked="" type="checkbox"/> Retroфлекed Size <input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Large Mass <input checked="" type="checkbox"/> Uterine Depth: ___cms. (for intended IUD users)					
SKIN		ADNEXA					
<input checked="" type="checkbox"/> Yellowish skin		<input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Tenderness					
HISTORY OF ANY OF THE FOLLOWING		RISKS FOR VIOLENCE AGAINST WOMEN (VAW)					
<input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Drug intake (anti-tuberculosis, anti-diabetic, anticonvulsant) <input checked="" type="checkbox"/> Bleeding tendencies (nose, gums, etc.) <input checked="" type="checkbox"/> Anemia <input checked="" type="checkbox"/> Diabetes		<input checked="" type="checkbox"/> History of domestic violence or VAW <input checked="" type="checkbox"/> Unpleasant relationship with partner <input checked="" type="checkbox"/> Partner does not approve of the visit to FP clinic <input checked="" type="checkbox"/> Partner disagrees to use FP					
OBSTETRIC HISTORY		Referred to: <input type="checkbox"/> DSWD <input type="checkbox"/> WCPU <input type="checkbox"/> NGOs <input type="checkbox"/> Others (specify: _____)					
Number of pregnancies: <u>1</u> Full Term <u>1</u> Premature <u>0</u> Abortions <u>1</u> Living Children Date of last delivery <u>09/08/2010</u> Type of last delivery <u>NSD</u> Past menstrual period <u>02/17/2012</u> Last menstrual period <u>03/11/2012</u> Duration and character of Menstrual bleeding <u>4 days Normal</u>		ACKNOWLEDGEMENT:					
HISTORY OF ANY OF THE FOLLOWING		This is to certify that the Physician/Nurse/Midwife of the clinic has fully explained to me the different methods available in family planning and I freely choose the PILLS method.					
<input checked="" type="checkbox"/> Hydatidiform mole (within the last 12 months) <input checked="" type="checkbox"/> Ectopic pregnancy		<u>nhabacon</u> Nikka habacon <u>03/18/2012</u> Client Signature over Printed Name Date					
STI RISKS		DATE/TIME: <u>03/18/12 8:35 AM</u>					
<input checked="" type="checkbox"/> With history of multiple partners For Women: <input checked="" type="checkbox"/> Unusual discharge from vagina <input checked="" type="checkbox"/> Itching or sores in or around vagina <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Treated for STIs in the past For Men: <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Open sores anywhere in genital area <input checked="" type="checkbox"/> Pus coming from penis <input checked="" type="checkbox"/> Swollen testicles or penis <input checked="" type="checkbox"/> Treated for STIs in the past		PREVIOUSLY USED METHOD: _____ AVERAGE MONTHLY INCOME: <u>PHP 13,000.00</u>					
METHOD ACCEPTED:		REASON FOR PRACTICING FP: <u>Wants to space children</u>					
<input checked="" type="checkbox"/> COC <input type="checkbox"/> Contraceptive patch <input type="checkbox"/> POP <input type="checkbox"/> Injectable <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> BTL <input type="checkbox"/> VSC <input type="checkbox"/> LAM <input type="checkbox"/> SDM <input type="checkbox"/> BBT <input type="checkbox"/> Billings/Cervical Mucus/Ovulation Method <input type="checkbox"/> Sympto-thermal		CLIENT NO.: <u>PMC3723</u> TYPE OF ACCEPTOR: <input checked="" type="checkbox"/> New to the Program <input type="checkbox"/> Continuing User NAME OF CLIENT: <u>Habacon</u> LAST NAME <u>Nikka</u> M.I. <u>S.</u> DATE OF BIRTH (m/d/y/ear): <u>02/11/1983</u> Highest School: <u>High School</u> Highest Educ: <u>High School</u> Occupation: <u>Housewife</u> NO. STREET: <u>#77 Ubas St.</u> Mabolio Antipolo BARANGAY MUNICIPALITY: <u>BARANGAY MUNICIPALITY</u> PROVINCE: <u>Rizal</u> NAME OF SPOUSE: <u>Habacon</u> LAST NAME <u>Jay</u> M.I. <u>P.</u> DATE OF BIRTH (m/d/y/ear): <u>10/21/1981</u> College level: <u>College level</u> Occupation: <u>Carpenter</u> Average Monthly Income: <u>PHP 13,000.00</u>					
NO. OF LIVING CHILDREN: <u>1</u> PLAN MORE CHILDREN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
REMARKS:							
Reminder: For further evaluation, kindly refer to PHYSICIAN for any checked (✓) findings prior to provision of any method.							

SESSION 3A EXERCISE

FAMILY PLANNING SERVICE RECORD*		SIDE A	
MEDICAL HISTORY HEENT <input checked="" type="checkbox"/> Epilepsy/Convulsion/Seizure <input checked="" type="checkbox"/> Severe headache/dizziness <input checked="" type="checkbox"/> Visual disturbance/blurring of vision <input checked="" type="checkbox"/> Yellowish conjunctiva <input checked="" type="checkbox"/> Enlarged thyroid CHEST/HEART <input checked="" type="checkbox"/> Severe chest pain <input checked="" type="checkbox"/> Shortness of breath and easy fatigability <input checked="" type="checkbox"/> Breast/axillary masses <input checked="" type="checkbox"/> Nipple discharges (specify if blood or pus) <input checked="" type="checkbox"/> Systolic of 140 & above <input checked="" type="checkbox"/> Diastolic of 90 & above <input checked="" type="checkbox"/> Family history of CVA (strokes), hypertension asthma, rheumatic heart disease ABDOMEN <input checked="" type="checkbox"/> Mass in the abdomen <input checked="" type="checkbox"/> History of gallbladder disease <input checked="" type="checkbox"/> History of liver disease GENITAL <input checked="" type="checkbox"/> Mass in the uterus <input checked="" type="checkbox"/> Vaginal discharge <input checked="" type="checkbox"/> Intermenstrual bleeding <input checked="" type="checkbox"/> Postcoital bleeding EXTREMITIES <input checked="" type="checkbox"/> Severe varicosities <input checked="" type="checkbox"/> Swelling or severe pain in the legs not related to injuries SKIN <input checked="" type="checkbox"/> Yellowish skin HISTORY OF ANY OF THE FOLLOWING <input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Drug intake (anti-tuberculosis, anti-diabetic, anticonvulsant) <input checked="" type="checkbox"/> Bleeding tendencies (nose, gums, etc.) <input checked="" type="checkbox"/> Anemia <input checked="" type="checkbox"/> Diabetes OBSTETRIC HISTORY Number of pregnancies: <u>2</u> Full Term <u>0</u> Premature <u>0</u> Abortions <u>2</u> Living Children Date of last delivery <u>03/22/2008</u> Type of last delivery <u>CS</u> Past menstrual period <u>03/28/2011</u> Last menstrual period <u>04/22/2011</u> Duration and character of Menstrual bleeding <u>6 days Normal</u> HISTORY OF ANY OF THE FOLLOWING <input checked="" type="checkbox"/> Hydatidiform mole (within the last 12 months) <input checked="" type="checkbox"/> Ectopic pregnancy STI RISKS <input checked="" type="checkbox"/> With history of multiple partners For Women: <input checked="" type="checkbox"/> Unusual discharge from vagina <input checked="" type="checkbox"/> Itching or sores in or around vagina <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Treated for STIs in the past For Men: <input checked="" type="checkbox"/> Pain or burning sensation <input checked="" type="checkbox"/> Open sores anywhere in genital area <input checked="" type="checkbox"/> Pus coming from penis <input checked="" type="checkbox"/> Swollen testicles or penis <input checked="" type="checkbox"/> Treated for STIs in the past		PHYSICAL EXAMINATION Blood Pressure: <u>120/80</u> mmHg Weight: <u>52</u> kg/lbs Pulse Rate: <u>71</u> / min (N.V. = 70-80/min) CONJUNCTIVA <input checked="" type="checkbox"/> Pale <input checked="" type="checkbox"/> Yellowish NECK <input checked="" type="checkbox"/> Enlarged thyroid <input checked="" type="checkbox"/> Enlarged lymph nodes BREAST Right Breast Left Breast <input checked="" type="checkbox"/> Mass   <input checked="" type="checkbox"/> Nipple discharge <input checked="" type="checkbox"/> Skin – orange peel or dimpling <input checked="" type="checkbox"/> Enlarged axillary lymph nodes THORAX <input checked="" type="checkbox"/> Abnormal heart sounds/cardiac rate <input checked="" type="checkbox"/> Abnormal breath sounds/respiratory rate ABDOMEN <input checked="" type="checkbox"/> Enlarged liver <input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Tenderness EXTREMITIES <input checked="" type="checkbox"/> Edema <input checked="" type="checkbox"/> Varicosities PELVIC EXAMINATION PERINEUM UTERUS <input checked="" type="checkbox"/> Scars Position <input checked="" type="checkbox"/> Warts <input checked="" type="checkbox"/> Mid <input checked="" type="checkbox"/> Reddish <input checked="" type="checkbox"/> Anteflexed <input checked="" type="checkbox"/> Laceration <input checked="" type="checkbox"/> Retroflexed VAGINA Size <input checked="" type="checkbox"/> Congested <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Bartholin's cyst <input type="checkbox"/> Small <input checked="" type="checkbox"/> Warts <input type="checkbox"/> Large <input checked="" type="checkbox"/> Skene's Gland Mass <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Discharge Uterine Depth: _____ cms. <input checked="" type="checkbox"/> Rectocele (for intended IUD users) <input checked="" type="checkbox"/> Cystocele CERVIX ADNEXA <input checked="" type="checkbox"/> Congested <input checked="" type="checkbox"/> Mass <input checked="" type="checkbox"/> Erosion <input checked="" type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Discharge <input checked="" type="checkbox"/> Polyps/cysts <input checked="" type="checkbox"/> Laceration Consistency <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Soft RISKS FOR VIOLENCE AGAINST WOMEN (VAW) <input checked="" type="checkbox"/> History of domestic violence or VAW <input checked="" type="checkbox"/> Unpleasant relationship with partner <input checked="" type="checkbox"/> Partner does not approve of the visit to FP clinic <input checked="" type="checkbox"/> Partner disagrees to use FP Referred to: <input type="checkbox"/> DSWD <input type="checkbox"/> WCPU <input type="checkbox"/> NGOs <input type="checkbox"/> Others (specify: _____)	
METHOD ACCEPTED: <input type="checkbox"/> COC <input type="checkbox"/> Contraceptive patch <input type="checkbox"/> POP <input checked="" type="checkbox"/> Injectable <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> BTL <input type="checkbox"/> VSC <input type="checkbox"/> LAM <input type="checkbox"/> SDM <input type="checkbox"/> BBT <input type="checkbox"/> Billings/Cervical Mucus/Ovulation Method <input type="checkbox"/> Sympo-thermal		CLIENT NO.: PNC3523 TYPE OF ACCEPTOR: <input type="checkbox"/> New to the Program <input checked="" type="checkbox"/> Continuing User PREVIOUSLY USED METHOD: NAME OF CLIENT: Lustré DATE OF BIRTH (m/d/y/yr): 03/12/1982 College Grad Secretary #15 San Jose NAME OF SPOUSE: Lustré GIVEN NAME: Cristy M.I. S. DATE OF BIRTH (m/d/y/yr): 09/13/1978 College Grad Bank Teller NO. OF LIVING CHILDREN: 2 PLAN MORE CHILDREN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No REASON FOR PRACTICING FP: Wants to limit number of children AVERAGE MONTHLY INCOME: PHP 16,000.00 DATE/TIME: 04/28/11 10:30 AM BARANGAY: Mabolo ANTIPOLLO: Antipollo MUNICIPALITY: BARANGAY PROVINCE: Rizal	
ACKNOWLEDGEMENT: This is to certify that the Physician/Nurse/Midwife of the clinic has fully explained to me the different methods available in family planning and I freely choose the <u>Injectable</u> method. <i>Cristy</i> Cristy Lustré <u>04/28/2011</u> Client Signature Date over Printed Name		Reminder: For further evaluation, kindly refer to PHYSICIAN for any checked (✓) findings prior to provision of any method.	

SESSION 3A EXERCISE ANSWER KEY

FHSIS v. 2008

TCL-FP

TARGET CLIENT LIST FOR FAMILY PLANNING

PILLS

(PUT NAME OF FP METHOD)

DATE OF REGISTRATION mm/dd/yy (1)	FAMILY SERIAL NO. (2)	N A M E (3)	ADDRESS (4)	AGE (5)	TYPE OF CLIENT* (use codes) (6)	PREVIOUS METHOD** (use codes) (7)
10/24/11	PMC3674	Jessica U. Sanchez	#25 San Diego St., Mabolo, Antipolo, Rizal	33	CU	
03/15/12	PMC3695	Kim L. Espiritu	#46 Santol St, Mabolo, Antipolo, Rizal	23	NA	NONE
03/18/12	PMC3723	Nikka J. Habacon	#77 Ubas St, Mabolo, Antipolo, Rizal	29	NA	NONE
05/15/12	PMC3788	Sheryl O. Pascual	#89 Duhat St, Mabolo, Antipolo, Rizal	27	NA	NONE

SESSION 3A EXERCISE ANSWER KEY

FHSIS v. 2008

TCL-FP

TARGET CLIENT LIST FOR FAMILY PLANNING

INJECTABLE

(PUT NAME OF FP METHOD)

DATE OF REGISTRATION mm/dd/yy (1)	FAMILY SERIAL NO. (2)	N A M E (3)	ADDRESS (4)	AGE (5)	TYPE OF CLIENT* (use codes) (6)	PREVIOUS METHOD** (use codes) (7)
04/28/11	PMC3523	Cristy S. Lustre	#15 San Jose St., Mabolo, Antipolo Rizal	29	CU	
05/16/12	PMC3790	Glenda D. Aquino	#33 Sitaw St, Mabolo, Antipolo, Rizal	30	NA	NONE
03/18/12	PMC3723	Nikka J. Habacon	#77 Ubas St, Mabolo, Antipolo, Rizal	29	CM	Pills

* **Type of Client:** CU = Current Users
 NA = New Acceptors
 CM = Changing Method
 CC = Changing Clinic
 RS = Restart

** **Previous Method:**
 CON = Condom
 INJ = Depot-medroxy Progesterone Acetate (DMPA)
 IUD = Intra-uterine Device
 PILLS = Pills

NFP-BBT= Basal Body Temp
 NFP-CM = Cervical Mucus Method
 NFP-STM = Symptothermal Method
 NFP-LAM = Lactational Amenorrhea Method

NFP-SDM = Standard Days Method
 MSTR/Vasec = Male Ster/Vasectomy
 FSTR/BTL = Female Ster/Bilateral Tubal Ligation

SESSION 3A EXERCISE ANSWER KEY

TARGET CLIENT LIST FOR FAMILY PLANNING

Year: 2012

	FOLLOW-UP VISITS (Upper Space: Next Service Date / Lower Space: Date Accomplished)												DROP-OUTS		REMARKS/ ACTION TAKEN (10)
	(8)												(9)		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	REASON***	DATE	
Sanchez	01/18/12	02/14/12	03/14/12	04/12/12	05/10/12	06/07/12	07/05/12								
	01/18/12	02/14/12	03/13/12	04/12/12	05/09/12	06/07/12									
Espiritu				04/13/12	05/08/12	06/05/12	07/01/12								
			03/15/12	04/12/12	05/07/12	06/05/12									
Habacon				04/15/12	05/10/12	06/06/12							L	06/06/12	
			03/18/12	04/14/12	05/09/12	Drop out									
Pascual						06/12/12	07/06/12								
					05/15/12	06/12/12									

SESSION 3A EXERCISE ANSWER KEY

TARGET CLIENT LIST FOR FAMILY PLANNING

Year: 2012

	FOLLOW-UP VISITS (Upper Space: Next Service Date / Lower Space: Date Accomplished)												DROP-OUTS		REMARKS/ ACTION TAKEN (10)
	(8)												(9)		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	REASON***	DATE	
Lustre	01/24/12			04/24/12			07/24/12								
	01/24/12			04/23/12											
Aquino							08/16/12								
					05/16/12										
Habacon									09/06/12						
						06/06/12									

***Reasons:

- A = Pregnant
- B = Desire to become pregnant
- C = Medical complications
- D = Fear of side effects
- E = Changed Clinic

- F = Husband disapproves
- G = Menopause
- H = Lost or moved out of the area or residence
- I = Failed to get supply
- J = IUD expelled

- K = Lack of Supply
- L = Unknown

For LAM:

- A = Mother had a menstruation within 6 months after delivery
- B = No longer practicing fully/exclusively breastfeeding
- C = Baby is more than six (6) months old

Session 3B: Monthly Report Form for Family Planning Indicators

Objective:

At the end of the session, the participants will be able to:

1. Understand the steps in filling out the monthly report (MI) for FP
2. Correctly fill out MI form based on case studies

Time Allotment:

Instructions:	5 minutes
Reading:	10 minutes
Exercise:	40 minutes
Plenary discussion:	20 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Remind the participants that they will use the correctly filled out TCL from the previous session (Session 3A).
- Distribute the filled out MI for May 2012 and the blank MI for June 2012 **ONLY AFTER** each person in the group has finished reading the assigned pages. Participants will fill out the blank MI for June 2012.
- Remind the group to do the exercises individually first, then allow enough time for them to compare and discuss their final answers.

Materials for Facilitators:

- Session guide (in Word or in a PowerPoint presentation) shown through a multimedia projector
- Properly filled out TCL from Session 3A (one per participant)
- Filled out MI for May 2012
- Blank MI for FP (one per participant)
- Answer key for session 3B

Chapter IV
(Modified from: DOH FHSIS Manual 2008 pp.79-80)

Monthly Report Form for Family Planning (MI) (Annex 4) Family Planning

Current User (Begin Month) – carry over and write on the space provided, the total number of *Current User* from the **previous month** for each FP method.

New Acceptors – on the space provided, write the number of clients who are using a family planning method for the first time or a client who has **never** accepted any modern family planning method at any clinic before (new to the program) during the month. It includes new acceptors of pills, IUDs, injectables, condoms, NFP (BBT, CM, STM, SDM, and LAM) Female STR and Male STR.

Other Acceptors – on the space provided, write the number of clients who are classified as Changed Method, Changed Clinic and Restart during the month.

Dropouts – on the space provided, write the number of clients who dropped out during the month due to pregnancy, desire to become pregnant, medical complications, fear of side effects, changed clinic, husband disapproves, menopause, lost or moved out of the area or residence, failed to get supply, IUD expelled and other reasons.

Current User – to compute the Current User for the month, use the formula in the sample computation below.

Formula with sample computation for current users for the month of February

Current users from the <i>PREVIOUS month</i>	(Jan)	-	29
<u>+ New Acceptors from the <i>PREVIOUS month</i></u>	(Jan)	-	+ 6
+ Other acceptors from the PRESENT month	(Feb)	-	+ 4
<u>- Drop-outs from the PRESENT month</u>	(Feb)	-	<u>- 2</u>
= Current Users ending month of February		=	37

(Note: In preparing the quarterly report for this portion, the nurse at the RHU/MHC shall consolidate only the data of the third month of the quarter.)

SESSION 3B EXERCISE		FHSIS REPORT for the MONTH of: <u>May</u> YEAR: <u>2012</u>			FHSIS version 2008	
 		Name of Birthing Home: <u>Pinagpala Maternity Clinic</u> Municipality/City: <u>Antipolo</u> Province: <u>Rizal</u> Projected Population of the Year: <u>248,789</u> <i>For submission to RHU</i>			M1 Birthing Home / Lying-in Clinic	
MATERNAL CARE				Number		
Pregnant women with 4 or more Prenatal Visits				3		
Pregnant women given 2 doses of Tetanus Toxoid				2		
Pregnant women given TT2 Plus				3		
Pregnant women given complete iron with Folic Acid supplementation				2		
Pregnant women given Vitamin A supplementation				1		
Postpartum women with at least 2 postpartum visits				5		
Postpartum women given complete iron supplementation				2		
Postpartum women given Vitamin A supplementation				6		
Postpartum women initiated breastfeeding within one (1) hour after delivery				5		
FAMILY PLANNING		Current User (Begin Month)	Acceptors		Dropout	Current User
			New	Other		
a. Female Sterilization/BTL		0	0	0	0	0
b. Male Sterilization/Vasectomy		0	0	0	0	0
c. Pills		3 <i>(Sanchez, Espiritu, Habacon)</i>	1 <i>(Pascual)</i>	0	0	3 <i>(Sanchez, Espiritu, Habacon)</i>
d. IUD		0	0	0	0	0
e. Injectables (DMPA)		1 <i>(Lustre)</i>	1 <i>(Aquino)</i>	0	0	1 <i>(Lustre)</i>
f. NFP-CM		0	0	0	0	0
g. NFP-BBT		0	0	0	0	0
h. NFP-STM		0	0	0	0	0
i. NFP-Standard Days Method		0	0	0	0	0
j. NFP-LAM		0	0	0	0	0
k. Condom		0	0	0	0	0

SESSION 3B EXERCISE ANSWER KEY		FHSIS REPORT for the MONTH of: <u>June</u> YEAR: <u>2012</u>		FHSIS version 2008		
 		Name of Birthing Home: <u>Pinagpala Maternity Clinic</u> Municipality/City: <u>Antipolo</u> Province: <u>Rizal</u> Projected Population of the Year: <u>248,789</u> <i>For submission to RHU</i>		 M1 Birthing Home / Lying-in Clinic		
MATERNAL CARE				Number		
Pregnant women with 4 or more Prenatal Visits				3		
Pregnant women given 2 doses of Tetanus Toxoid				2		
Pregnant women given TT2 Plus				3		
Pregnant women given complete iron with Folic Acid supplementation				2		
Pregnant women given Vitamin A supplementation				1		
Postpartum women with at least 2 postpartum visits				5		
Postpartum women given complete iron supplementation				2		
Postpartum women given Vitamin A supplementation				6		
Postpartum women initiated breastfeeding within one (1) hour after delivery				5		
FAMILY PLANNING		Current User (Begin Month)	Acceptors		Dropout	Current User
			New	Other		
a. Female Sterilization/BTL	0	0	0	0	0	0
b. Male Sterilization/Vasectomy	0	0	0	0	0	0
c. Pills	3 (Sanchez, Espiritu, Habacon)	0	0	0	1 (Habacon)	3 (Sanchez, Espiritu, Pascual)
d. IUD	0	0	0	0	0	0
e. Injectables (DMPA)	1 (Lustre)	0	1 (Habacon)	0	0	3 (Habacon, Lustre, Aquino)
f. NFP-CM	0	0	0	0	0	0
g. NFP-BBT	0	0	0	0	0	0
h. NFP-STM	0	0	0	0	0	0
i. NFP-Standard Days Method	0	0	0	0	0	0
j. NFP-LAM	0	0	0	0	0	0
k. Condom	0	0	0	0	0	0

Session 4A: Child Care Indicators and Corresponding Target Client List

Objective:

At the end of the session the participants should be able to:

1. Understand the Child Care indicators
2. Understand the guidelines in filling out the TCL for Under 1 year old
3. Correctly apply the guidelines in filling out the TCL for Under 1 year old

Time Allotment:

Instructions: 5 minutes

Reading: 20 minutes

Exercise: 45 minutes

Plenary: 20 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress
- Distribute the ITRs and blank TCL for Under 1 year old **ONLY AFTER** each participant in the group has finished reading the assigned pages
- Remind the group to do the exercises individually first, then allow enough time for them to compare and discuss their final answers
- During the plenary, remind the group to correct any errors in their outputs as the corrected outputs will be used as inputs to the next session

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through multimedia projector
- Filled out Individual Treatment Records (ITRs) of 5 clients, one set per participant
- Blank TCL for Under 1 year old, one set per participant
- Answer key to Session 4A

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
1. Infant given BCG Vaccine (disaggregated by sex)	An infant who has received BCG vaccine anytime after birth before reaching one year of age.	Numerator: Number of infants given BCG Denominator: Total Population x 2.7%	95%	<ul style="list-style-type: none"> • Children < 1 TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born
2. Infant given DPT1, DPT2, DPT3 (disaggregated by sex)	An infant who received specific DPT antigens (DPT1, DPT2, or DPT3) before reaching one year old.	Numerator: Number of infant given DPT1/ DPT2/ DPT3 Denominator: Total Population x 2.7%	95%	<ul style="list-style-type: none"> • Children < 1 TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
3. Infant given OPV1, OPV2, OPV3 (disaggregated by sex)	An infant who received specific OPV antigens (either OPV1, OPV2, or OPV3) before reaching one year old	Numerator: Number of infant given OPV1/OPV2/ OPV3 Denominator: Total Population x 2.7%	95%	<ul style="list-style-type: none"> • Children < 1 TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
4. Infant given Hepatitis BI within 24 hours after birth (disaggregated by sex)	An infant who received 1 st dose of Hepatitis B vaccine within 24 hours after birth	Numerator: Number of infant given HepaBI w/in 24 hours after birth Denominator: Total Population x 2.7%	95%	<ul style="list-style-type: none"> • Children < 1 TCL • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
5. Infant	An infant who received	Numerator:	95%	<ul style="list-style-type: none"> • Children < 1 	<ul style="list-style-type: none"> • Monthly 	Basis for computation of FIC,

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
given Hepatitis B1 more than 24 hours after birth (disaggregated by sex)	1 st dose of Hepatitis B vaccine more than 24 hours after birth	Number of infant given HepaB1 more than 24 hours after birth Denominator: Total Population × 2.7%		TCL • NSO	(BHS to RHU) • Quarterly (RHU to next higher level)	number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
6. Infants given Hepatitis B2 and Hepatitis B3 Vaccine (disaggregated by sex)	An infant who received 2 nd /3 rd dose of Hepatitis B vaccine before reaching one year old Denominator: Total Population × 2.7%	Numerator: Number of infant given HepaB2/HepaB3 vaccine	95%	• Children < 1 TCL • NSO	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
7. Infant given anti-Measles vaccine (disaggregated by sex)	An infant who received one dose of anti-measles vaccine before reaching one year old	Numerator: Number of infant given anti-Measles vaccine Denominator: Total Population × 2.7%	95%	• Children < 1 TCL • NSO	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.
8. Fully Immunized Child (disaggregated by sex)	An infant who received 1 dose of BCG, 3 doses each of OPV, DPT, Hepatitis B and 1 dose of anti-Measles vaccine before reaching one year old.	Numerator: No. of Fully Immunized Child Denominator: Total Population × 2.7%	95%	• Children < 1 TCL • NSO	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	An overall program indicator to assess the proportion of full complement of immunization during the first year of life.
9. Completely	A child 12 to 23 months	Numerator: No.		• Children < 1	• Monthly	Basis for computation for

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
Immunized Child (disaggregated by sex)	of age who received 1 dose of BCG, 3 doses each of OPV, DPT, Hepatitis B and 1 dose of anti-Measles vaccine	of Completely Immunized Child Denominator: Total Population × 2.7%		TCL • NSO	(BHS to RHU) • Quarterly (RHU to next higher level)	the total population immunity for a certain birth cohort.
10. Child Protected at Birth (CPAB) (disaggregated by sex)	Refers to a child whose: 1) Mother has received 2 doses of TT during this pregnancy, provided TT2 was given at least a month prior to delivery, or 2) Mother has received at least 3 doses of TT anytime prior to pregnancy with this child	Numerator: Total No. of Pregnant mothers given at least TT2 or more Denominator: Total No. of Livebirths		• Children < 1 TCL	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	Tetanus Toxoid Immunization is given to pregnant women in order to protect the newborn and herself from tetanus.
11. Infants 6 mos. of age seen (disaggregated by sex)	Refers to infant 6 months of age seen.	No. of 6-month-olds seen		• Children < 1 TCL	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
12. Infants exclusively breastfed until 6 th month (disaggregated by sex)	A Child who was exclusively breastfed from birth to 6 months of age. Exclusive breastfeeding means no other food (including water) other than breast milk. Drops of vitamins and prescribed medication given while breastfeeding is still "exclusively breastfed."	Numerator: Total No. of Infants exclusively Breastfed until 6 th month Denominator: Total No. of Infants 6 months of age seen	50% by 20 10 80% by 20 15	• Children < 1 TCL	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	Exclusive BF for the first 6 months of life is the number one preventive strategy to save lives of below five children. This indicator also determines the progress of BF practice for program planning and policy direction and basis for research agenda to improve BF practice in the country to assess the implementation of EO5 I
13. Infant referred for newborn screening	This refers to infants referred for newborn screening. Referral slips may be used. <i>Note: NBS Referral is 48 hours of birth to 72 hours</i>	No. of Infants referred for newborn screening		• Children < 1 TCL	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	
14. Infant 6-11 months given Vitamin A supplementation	Refers to infant 6-11 months old given Vitamin A supplementation. <u>Definition of Terms:</u> Vitamin A supplementation refers to 1 dose of 100,000 I.U. One capsule is given anytime during the 6-11 months but usually given at 9 months	Numerator: No. of Infant 6-11 months old given Vitamin A supplementation Denominator: Total Population x 1.35%		• Children < 1 TCL • NSO	• Monthly (BHS to RHU) • Quarterly (RHU to next higher level)	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	during the measles immunization.					
15. Children 12-59 months given Vitamin A supplementation	Refers to children 12-59 months old given Vitamin A supplementation. <u>Definition of Terms:</u> Vitamin A supplementation refers to 200,000 I.U. Dosage and duration is 1 capsule every six months.	Numerator: No. of Children 12- 59 months old given Vitamin A supplementation Denominator: Total Population x 11%		<ul style="list-style-type: none"> • ITR • NSO 	<ul style="list-style-type: none"> • Monthly (BHS to RHU) • Quarterly (RHU to next higher level) 	

Chapter III
(Source: DOH FHSIS Manual 2008 pp.30-31)

Target Client List for Under One Year Old Children

The Target Client List for Under One Year Old Children should include all children under one year old eligible for immunization against the seven (7) vaccine preventable diseases (VPD), iron supplementation, newborn screening and breastfeeding. An entry should be made on on the TCL-PN when a baby is delivered. Also, include list of eligible newborns and infants from the local birth registration office and from births that occurred within the community, including transferees, to compile a complete list of the expected number of children. The updated recording of this list is the responsibility of the midwife in the BHS and the nurse/midwife in the RHU. A trained BHW or volunteer can also be given the responsibility of recording provided they are under the supervision of the nurse/midwife.

- Column 1: DATE OF REGISTRATION – Write in this column the month, day and year an infant was seen at the clinic or at home for health services.*
- Column 2: DATE OF BIRTH – Write in this column the month, day and year of birth. This column is important for immunization schedule.*
- Column 3: FAMILY SERIAL NUMBER – Indicate in this column the number that corresponds to the number of the family folder or envelope or individual treatment record. This column will help you to easily facilitate retrieval of your record.*
- Column 4: NAME OF CHILD – Write the complete name of the child. Column 5: SEX – Write the sex of infant. M for male and F for female.*
- Column 6: COMPLETE NAME OF MOTHER – Write in this column the name of the mother*
- Column 7: COMPLETE ADDRESS – Record the client's permanent place of residence. This column will help you to monitor or follow-up the client.*
- Column 8: DATE OF NEWBORN SCREENING – This is divided into two sub-columns. The first sub-column refers to those given referral only and on the second sub-column refers to newborn screening done in your health center. Only write the date.*
- Column 9: CHILD PROTECTED AT BIRTH (CPAB) – Write the Tetanus Toxoid Status of the mother in the sub-column TT STATUS and the Date the mother was assessed of her TT status.*
- Column 10: MICRONUTRIENT SUPPLEMENTATION – This column consists of two sub- columns. For Vitamin A Supplementation column, write the age in months and the date Vitamin A was given, and on the Iron column, write the birth weight of the infant and the date the iron was started and completed.*
- Column 11: DATE IMMUNIZATION RECEIVED – Indicate in these columns the exact date the child received each antigen or vaccine.*

Routine Immunization Schedule for Infants

Vaccine	Age	No. of Doses	Reason
BCG	Birth or Any time after birth	1	BCG is given at the earliest possible age protects against the possibility of infection from other family member
DPT1 DPT2 DPT3	6 weeks 10 weeks 14 weeks	3	An early start with DPT reduces the chance of severe pertussis, diphtheria and tetanus
OPV1 OPV2 OPV3	6 weeks 10 weeks 14 weeks	3	The extent of protection against polio is increased the earlier the OPV is given
Hepa B1 Hepa B2 Hepa B3	Birth (w/in 24 hrs) 6 weeks 14 weeks	3	An early start of Hepatitis B reduces the chance of being infected and becoming a carrier
Measles	9 months	1	At least 85% of measles can be prevented by immunization at this age

Column 12: *DATE FULLY IMMUNIZED* – Write the exact date the child was given the last dose of the scheduled immunization which makes the child a fully immunized child.

Note: A Fully Immunized Child (FIC) is a child that has received all of the following:

- One dose of BCG at birth or any time before reaching 12 months.
- Three (3) doses each of DPT, OPV and Hepatitis B as long as the 3rd dose is given before the child reaches 12 months of age.
- One dose of anti-measles vaccine before reaching 12 months.

Column 13: *CHILD WAS EXCLUSIVELY BREASTFED* – This column is divided into 6 sub- columns. For sub-columns “1st to 5th month”, put a check if the child was exclusively breastfed while in the sub-column “6th month,” write the date if the child was exclusively breastfed.

Column 14: *REMARKS* – Write the reasons why a child failed to return for the next scheduled immunization or why a child reaching 1 year of age was not fully immunized, to include illnesses, hospitalization, and other data of importance to the child.

PINAGPALA MATERNITY CLINIC

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SESSION 4A EXERCISE CHILD INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: September 22, 2011		Family Serial Number: PMC2656		
Last Name: Andres		Given Name: Philip	Middle Name: Jose	
Complete Address: #12 Santol St., Mabolo, Antipolo, Rizal				
Birthday: September 22, 2011	Age: 0	Sex: Male	Birth Weight (grams): 3,300	
Mother's Last Name: Andres		Mother's Given Name: Nina		Mother's Middle Name: Jose

TREATMENT DETAILS:

09/22/2011	<ul style="list-style-type: none"> > Born 09/22/2011 at 11:45 PM > Newborn care done
09/23/2011	<ul style="list-style-type: none"> > Breast feeding started at 12:30 am > Newborn screening done at this clinic > BCG and Hepatitis B1 given
11/05/2011	<ul style="list-style-type: none"> > Well baby checkup; 6 weeks old > DPT1, OPV1 and Hepatitis B2 given > Still on exclusive breastfeeding
11/23/2011	<ul style="list-style-type: none"> > Well baby checkup; 2 months old > Give iron supplement drops 0.3 ml daily until 6 months old > Still on exclusive breastfeeding
12/05/2011	<ul style="list-style-type: none"> > Well baby checkup > DPT2 and OPV2 given > Give iron supplement drops 0.3 ml daily until 6 months old > Still on exclusive breastfeeding
01/05/2012	<ul style="list-style-type: none"> > Well baby checkup > DPT3, OPV3 and Hepatitis B3 given > Give iron supplement drops 0.3 ml daily until 6 months old > Still on exclusive breastfeeding
03/25/2012	<ul style="list-style-type: none"> > Well baby check up; 6 months old > Given Vitamin A 100,000 IU > Mother introduced complementary foods last 03/23/2012 > Give iron supplement drops 0.3 ml daily until 03/30/2012 only
06/22/2012	<ul style="list-style-type: none"> > Well baby check up; 9 months old > Anti-measles vaccine given

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SESSION 4A EXERCISE CHILD INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

<i>Date of Registration:</i> October 21, 2011		<i>Family Serial Number:</i> PMC2661		
<i>Last Name:</i> Locsin		<i>Given Name:</i> Mark	<i>Middle Name:</i> Medina	
<i>Complete Address:</i> #161 Atis St., Mabolo, Antipolo, Rizal				
<i>Birthday:</i> October 21, 2011	<i>Age:</i> 0	<i>Sex:</i> Male	<i>Birth Weight (grams):</i> 3,100	
<i>Mother's Last Name:</i> Locsin		<i>Mother's Given Name:</i> Pangelina		<i>Mother's Middle Name:</i> Medina

TREATMENT DETAILS:

10/21/2011	<ul style="list-style-type: none"> > Born 10/21/2011 at 12:17 PM > Newborn care done > Referred to RHU for newborn screening scheduled on 10/22/2011 > Breast feeding started at 1:15 PM > BCG and Hepatitis B1 given
12/07/2011	<ul style="list-style-type: none"> > Well baby checkup; 6 weeks old > Newborn screening done at RHU on 10/22/2011 > DPT1, OPV1 and Hepatitis B2 given > Still on exclusive breastfeeding
01/07/2012	<ul style="list-style-type: none"> > Well baby checkup > DPT2 and OPV2 given > Still on exclusive breastfeeding
02/07/2012	<ul style="list-style-type: none"> > Well baby checkup > DPT3, OPV3 and Hepatitis B3 given > Mixed feeding at 4 months old
05/29/2012	<ul style="list-style-type: none"> > Well baby checkup; 7 months old > Given Vitamin A 100,000 IU > To come back at 9 months of age for anti-measles vaccine

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SESSION 4A EXERCISE CHILD INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

<i>Date of Registration:</i> November 1, 2011		<i>Family Serial Number:</i> PMC2669		
<i>Last Name:</i> Bantugan		<i>Given Name:</i> Jake	<i>Middle Name:</i> Bien	
<i>Complete Address:</i> #254 Papaya St., Mabolo, Antipolo, Rizal				
<i>Birthday:</i> November 1, 2011	<i>Age:</i> 0	<i>Sex:</i> Male	<i>Birth Weight (grams):</i> 3,100	
<i>Mother's Last Name:</i> Bantugan		<i>Mother's Given Name:</i> Susan		<i>Mother's Middle Name:</i> Bien

TREATMENT DETAILS:

11/01/2011	<ul style="list-style-type: none"> > Born 11/01/2011 at 3:45PM > Breast feeding started at 6:15PM > BCG and Hepatitis B1 given
11/02/2011	<ul style="list-style-type: none"> > Newborn screening done here > For discharge
12/16/2011	<ul style="list-style-type: none"> > Well baby checkup; 6 weeks old > DPT1, OPV1 and Hepatitis B2 given > Continue exclusive breastfeeding
01/05/2012	<ul style="list-style-type: none"> > Well baby check up > Give iron supplement 0.3 ml daily up to 6 months of age
01/16/2012	<ul style="list-style-type: none"> > Well baby check up > DPT2 and OPV2 given > Continue exclusive breastfeeding
02/16/2012	<ul style="list-style-type: none"> > Well baby check up > DPT3, OPV3 and Hepatitis B3 given > Continue exclusive breastfeeding
05/15/2012	<ul style="list-style-type: none"> > Well baby checkup; 6 months old > Iron supplementation completed last 05/05/2012 > Still on exclusive breastfeeding > To come back at 9 months of age for anti-measles vaccine

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SESSION 4A EXERCISE CHILD INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: December 31, 2011		Family Serial Number: PMC2672		
Last Name: Caba		Given Name: Cathy	Middle Name: Cruz	
Complete Address: #113 Mangga St., Mabolo, Antipolo, Rizal				
Birthdate: December 31, 2011	Age: 0	Sex: Female	Birth Weight (grams): 3,400	
Mother's Last Name: Caba		Mother's Given Name: Marilou		Mother's Middle Name: Cruz

TREATMENT DETAILS:

12/31/2011	<ul style="list-style-type: none"> > Born 12/31/2011 at 4:15 PM > Breast feeding started at 5:10 PM > Newborn care done > BCG given
01/01/2012	<ul style="list-style-type: none"> > Referred to RHU for newborn screening > To come back ASAP for Hepatitis B vaccination > May go home
01/02/2012	<ul style="list-style-type: none"> > Hepatitis B1 given > Well baby check up > To come back at 6 weeks of age for immunization
02/15/2012	<ul style="list-style-type: none"> > Well baby checkup; 6 weeks old > DPT1, OPV1 and Hepatitis B2 given > Continue exclusive breastfeeding
03/15/2012	<ul style="list-style-type: none"> > Well baby check up > DPT2 and OPV2 given > Continue exclusive breastfeeding
04/16/2012	<ul style="list-style-type: none"> > Well baby checkup; 4 months old > DPT3, OPV3 and Hepatitis B3 given > Mother started formula feeding at 4 months old > To come back at 9 months of age for anti-measles vaccine

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SESSION 4A EXERCISE CHILD INDIVIDUAL TREATMENT RECORD**PATIENT INFORMATION:**

Date of Registration: January 10, 2012		Family Serial Number: PMC2678		
Last Name: Carlos	Given Name: Vincent	Middle Name: Miranda		
Complete Address: #111 Pili St., Mabolo, Antipolo, Rizal				
Birthday: January 10, 2012	Age: 0	Sex: Male	Birth Weight (grams): 3,200	
Mother's Last Name: Carlos	Mother's Given Name: Melanie	Mother's Middle Name: Miranda		

TREATMENT DETAILS:

<i>01/10/2012</i>	<ul style="list-style-type: none"> > <i>Born 01/10/2012 at 10:15 AM</i> > <i>Breast feeding started at 11:10 AM</i> > <i>Newborn care done but referred to RHU for newborn screening on January 11, 2012</i> > <i>BCG and Hepatitis B1 given</i> > <i>To come back at 6 weeks of age for immunization</i>
<i>02/28/2012</i>	<ul style="list-style-type: none"> > <i>Well baby checkup</i> > <i>DPT1, OPV1 and Hepatitis B2 given</i> > <i>Continue exclusive breastfeeding</i>
<i>03/15/2012</i>	<ul style="list-style-type: none"> > <i>Well baby checkup</i> > <i>URTI</i> > <i>Give iron supplement 0.3 ml daily until six months old</i> > <i>To come back on 03/28/2012 for immunization</i>
<i>03/28/2012</i>	<ul style="list-style-type: none"> > <i>Well baby checkup</i> > <i>DPT2 and OPV2 given</i> > <i>Continue iron supplementation and exclusive breastfeeding</i>
<i>04/28/2012</i>	<ul style="list-style-type: none"> > <i>Well baby checkup</i> > <i>DPT3, OPV3 and Hepatitis B3 given</i> > <i>Mother started formula feeding yesterday</i> > <i>To come back at 9 months of age for anti-measles vaccine</i>

FHSIS v. 2008

TCL- <1

SESSION 4A EXERCISE ANSWER KEY

TARGET CLIENT LIST FOR CHILDREN UNDER 1 YEAR OLD

DATE OF REGISTRATION (mm/dd/yy) (1)	DATE OF BIRTH (mm/dd/yy) (2)	FAMILY SERIAL NUMBER (3)	NAME OF CHILD (4)	SEX (5)	COMPLETE NAME OF MOTHER (6)	COMPLETE ADDRESS (7)	DATE NEWBORN SCREENING (8)		CHILD PROTECTED AT BIRTH (CPAB)* (9)		MICRONUTRIENT SUPPLEMENTATION (10)				
							REFERRAL	DONE	DATE ASSESSED	TT STATUS	VITAMIN A		IRON**		
											AGE IN MOS.	DATE GIVEN	BIRTH WEIGHT	DATE STARTED	DATE COMPLETED
09/22/11	09/22/11	PMC2656	Philip J. Andres	M	Nina J. Andres	#12 Santol St., Mabolo, Antipolo, Rizal	—	09/23/11	09/22/11	TT3	6	03/25/12	3,300	11/23/11	03/30/12
10/21/11	10/21/11	PMC2661	Mark M. Locsin	M	Pangelina M. Locsin	#161 Atis St., Mabolo, Antipolo, Rizal	10/22/11	—			7	05/29/12	3,100	—	—
11/01/11	11/01/11	PMC2669	Jake B. Bantugan	M	Susan B. Bantugan	#254 Papaya St., Mabolo, Antipolo, Rizal	—	11/02/11					3,100	01/05/12	05/05/12
12/31/11	12/31/11	PMC2672	Cathy C. Caba	F	Marilou C. Caba	#113 Mangga St. Mabolo, Antipolo, Rizal	01/01/12	—	12/31/11	TT4			3,400	—	—
01/10/12	01/10/12	PMC2678	Vincent M. Carlos	M	Melanie M. Carlos	#111 Pili St. Mabolo, Antipolo, Rizal	01/11/12	—	01/10/12	TT2			3,200	03/15/12	06/15/12

* Child Protected at Birth (CPAB) - refers to a child whose (1) Mother has received 2 doses of TT during this pregnancy, provided TT2 was given at least a month prior to delivery, or (2) Mother has received at least 3 doses of TT anytime prior to pregnancy with this child.

** Dosage is 0.3ml once a day to start at 2 mos. of age until 6 months when complementary foods are given. (Preparation is 15 mg. elemental iron/0.6 ml)

Session 4B: Monthly Report Form for Child Care

Objective:

At the end of the session, the participants will be able to:

1. Understand the steps required to fill out the monthly report (MI) for Child Care indicators
2. Correctly fill out the MI form based on a given TCL for Under 1 Year Old.

Time Allotment:

Instructions:	5 minutes
Reading:	10 minutes
Exercise:	30 minutes
Plenary Discussion:	15 minutes

Facilitator's Notes:

- Ensure that participants are reading the assigned pages by going around and checking their progress.
- Remind the participants that they will use the correctly filled out TCL from Session 4A.
- Distribute the blank MI for Under 1 Year old **ONLY AFTER** each participant in the group has finished reading the assigned pages.
- Remind the group to do the exercises individually first, then allow enough time for them to compare and discuss their final answers.

Materials for Facilitators:

- Session guide (in Word or PowerPoint presentation) shown through multimedia projector
- Properly filled out TCL from session 4A (one per participant)
- Blank MI for child care (one per participant)
- Answer key for session 4B

Chapter IV

(Source: DOH FHSIS Manual 2008 pp.80-81)

Monthly Report Form for Child Care (M1) (Annex 7)

Immunization by antigen (BCG, DPT1 to DPT3, OPV1 to OPV 3, Hepatitis B2 to B3 and anti-Measles vaccine) – on the space provided, write the total number of infants 0-11 months who were given the specific antigen during the month/quarter.

Infant given Hepatitis B1 within 24 hours after birth –on the space provided, write the total number of infants given Hepatitis B1 within 24 hours after birth during the month/quarter.

Infant given Hepatitis B1 more than 24 hours after birth –on the space provided, write the total number of infants given Hepatitis B1 more than 24 hours after birth during the month/quarter.

Fully Immunized Child – on the space provided, write the total number of children 0-11 months who completed their immunization schedule during the month/quarter. To be fully immunized, the child must have been given BCG, 3 doses of DPT, 3 doses of OPV, 3 doses of Hepa B and one dose of anti-measles vaccine before reaching 1 year of age. The child is counted as FIC as soon as all the required vaccines are administered without waiting for the child to reach 1 year of age.

Completely Immunized Child (12-23 mos.) – on the space provided, write the total number of children 12-23 months of age who completed their immunization schedule during the month/quarter. To be completely immunized, the child must have been given BCG, 3 doses of DPT, 3 doses of OPV, 3 doses of Hepa B and one dose of anti-measles vaccine.

Child Protected at Birth (CPAB) – on the space provided, write the total number of children whose (1) Mother has received 2 doses of TT during this pregnancy, provided TT2 was given at least a month prior to delivery, or (2) Mother has received at least 3 doses of TT any time prior to pregnancy with this child.

Infants 6 months of age seen - on the space provided, write the total number of infants seen at 6 months at the facility or during a home visit.

Infants exclusively breastfed until 6 months - on the space provided, write the total number of infants who were being exclusively breastfed from birth up to 6 months. Exclusively breastfeeding is giving no other food (not even water) other than breast milk. Drops of vitamins and prescribed medication (by doctor only) given while breastfeeding is still “exclusive BF”.

Infant referred for newborn screening - write on the space provided the total number of infants given referral for newborn screening.

Infant 6-11 months old given Vitamin A - on the space provided, write the total number of infants 6-11 months old who were given Vitamin A Supplementation. Vitamin A supplementation refers to 1 dose of 100,000 I.U. One capsule is given anytime during the 6-11 months but usually given at 9 months during the measles immunization.

NOTE: Vitamin A given during Garantisadong Pambata should not be included in this report.

Children 12-59 months old given Vitamin A - write on the space provided the total number of children 12-59 months old given Vitamin A Supplementation. Vitamin A supplementation refers to 200,000 I.U. Dosage and duration is 1 capsule every six months.

NOTE: Vitamin A given during Garantisadong Pambata should not be included in this report.

Children 60-71 months old given Vitamin A - On the space provided, write the total number of children 60-71 months old who were given Vitamin A Supplementation. Vitamin A supplementation refers to 200,000 I.U. Dosage and duration is 1 capsule every six months.

NOTE: Vitamin A given during Garantisadong Pambata should not be included in this report.

SESSION 4B EXERCISE ANSWER KEY				FHSIS version 2008	
 		FHSIS REPORT for the MONTH of: <u>February</u> YEAR: <u>2012</u>		 Birthing Home / Lying-in Clinic	
		Name of Birthing Home: <u>Pinagpala Maternity Clinic</u>			
		Province: <u>Rizal</u>			
		Projected Population of the Year: <u>246,854</u>			
<i>For submission to RHU</i>					
CHILD CARE		Male	Female	CHILD CARE	
		Male	Female	Male	Female
• BCG	0	0	Infant 6-11 months old given Vitamin A	0	0
• DPT1 (Caba and Carlos)	1	1	Children 12-59 months old given Vit.A	0	0
• DPT2	0	0	Children 60-71 months old given Vit.A	0	0
• DPT3 (Locsin and Bantugan)	2	0	Sick Children 6-11 months seen	0	0
• OPV1 (Caba and Carlos)	1	1	Sick Children 12-59 months seen	0	0
• OPV2	0	0	Sick Children 60-71 months seen	0	0
• OPV3 (Locsin and Bantugan)	2	0	Sick Children 6-11 months given Vit A	0	0
• Hepa B1 w/in 24 hrs. after birth	0	0	Sick Children 12-59 months given Vit A	0	0
• Hepa B1 more than 24 hrs after birth	0	0	Sick Children 60-71 months given Vit A	0	0
• Hepatitis B2 (Caba and Carlos)	1	1	Infant 2-6 mos w/Low Birth Weight seen	0	0
• Hepatitis B3 (Locsin and Bantugan)	2	0	Infant 2-6 mos w/ LBW given iron	0	0
• Anti-Measles	0	0	Anemic Children 2-59 months old seen	0	0
Fully Immunized Child (0-11 mos)	0	0	Anemic Children 2-59 mos old given iron	0	0
Completely Immunized Child(12-23 mos)	0	0	Diarrhea cases 0-59 months old seen	0	0
Total Livebirths	0	0	Diarrhea cases 0-59 mos old given ORT	0	0
Child Protected at Birth (CPAB)	0	0	Diarrhea cases 0-59 mos old given ORS	0	0
Infant age 6 mos. seen	0	0	Diarrhea 0-59 mos given ORS w/ zinc	0	0
Infant exclusively breastfed until 6th mo.	0	0	Pneumonia cases 0-59 months old	0	0
Infant referred for newborn screening	0	0	Pneumonia cases 0-59 mos old given Tx	0	0

Session 5: Reporting Flow and Time Lines of Reports

Objective:

At the end of the session, the participants will be able to:

1. Agree on the reporting flow and time lines for reporting between private providers and their counterpart public health facility (Barangay Health Station or Rural Health Unit)

Time Allotment:

Plenary Discussion: 45 minutes

Facilitator's Notes:

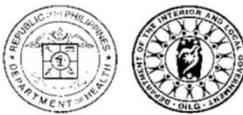
- Ensure that the PHO FHSIS coordinator presents the current reporting schedule first, and private providers are able to seek clarification including facility and person to whom the MI will be submitted on or before a given set date.
- Ensure that potential issues on FHSIS forms' reproduction are adequately
 - addressed by private and public providers.

Materials for Facilitators:

- White board marker and white board

ANNEXES

Annex 4: Monthly Report Form (M1) for Maternal Care and Family Planning

		FHSIS REPORT for the MONTH of: _____ YEAR: _____ Name of Birthing Home: _____ Municipality/City: _____ Province: _____ Projected Population of the Year: _____ <i>For submission to RHU</i>		FHSIS version 2008  Birthing Home / Lying-in Clinic	
MATERNAL CARE				Number	
Pregnant women with 4 or more Prenatal Visits					
Pregnant women given 2 doses of Tetanus Toxoid					
Pregnant women given TT2 Plus					
Pregnant women given complete iron with Folic Acid supplementation					
Pregnant women given Vitamin A supplementation					
Postpartum women with at least 2 postpartum visits					
Postpartum women given complete iron supplementation					
Postpartum women given Vitamin A supplementation					
Postpartum women initiated breastfeeding within one (1) hour after delivery					
FAMILY PLANNING	Current User (Begin Month)	Acceptors		Dropout	Current User
		New	Other		
a. Female Sterilization/BTL					
b. Male Sterilization/Vasectomy					
c. Pills					
d. IUD					
e. Injectables (DMPA)					
f. NFP-CM					
g. NFP-BBT					
h. NFP-STM					
i. NFP-Standard Days Method					
j. NFP-LAM					
k. Condom					

Annex 7: Monthly Report Form (M1) for Child Care

SESSION 4B EXERCISE				<i>FHSIS version 2008</i>	
 		FHSIS REPORT for the MONTH of: _____ YEAR: _____			
		Name of Birthing Home: _____ Municipality/City: _____ Province: _____ Projected Population of the Year: _____ <i>For submission to RHU</i>			
<i>CHILD CARE</i>		Male	Female	<i>CHILD CARE</i>	
• BCG				Infant 6-11 months old given Vitamin A	
• DPT1				Children 12-59 months old given Vit.A	
• DPT2				Children 60-71 months old given Vit.A	
• DPT3				Sick Children 6-11 months seen	
• OPV1				Sick Children 12-59 months seen	
• OPV2				Sick Children 60-71 months seen	
• OPV3				Sick Children 6-11 months given Vit A	
• Hepa B1 w/in 24 hrs. after birth				Sick Children 12-59 months given Vit A	
• Hepa B1 more than 24 hrs after birth				Sick Children 60-71 months given Vit A	
• Hepatitis B2				Infant 2-6 mos w/Low Birth Weight seen	
• Hepatitis B3				Infant 2-6 mos w/ LBW given iron	
• Anti-Measles				Anemic Children 2-59 months old seen	
Fully Immunized Child (0-11 mos)				Anemic Children 2-59 mos old given iron	
Completely Immunized Child(12-23 mos)				Diarrhea cases 0-59 months old seen	
Total Livebirths				Diarrhea cases 0-59 mos old given ORT	
Child Protected at Birth (CPAB)				Diarrhea cases 0-59 mos old given ORS	
Infant age 6 mos. seen				Diarrhea 0-59 mos given ORS w/ zinc	
Infant exclusively breastfed until 6th mo.				Pneumonia cases 0-59 months old	
Infant referred for newborn screening				Pneumonia cases 0-59 mos old given Tx	