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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

### Participant's Guide



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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 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 in 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 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 practice midwives 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**

<b>Time</b>	<b>Topics</b>	<b>Expected Products</b>
<b>Day 1</b>		
8:00 – 8:30	Registration	
8:30 – 9:00	Opening Program <ul style="list-style-type: none"> <li>• Welcome Remarks</li> <li>• Introduction of Participants</li> <li>• Training Objectives</li> </ul>	
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
<b>Day 2</b>		
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 will:

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

### Materials:

1. Participant's Guide
2. Copy of the FHSIS Introduction PowerPoint presentation

### Tasks:

1. Listen to a plenary presentation outlining the FHSIS components.
2. Sub-groups (as assigned by workshop facilitator) answer the following questions:
  - a. What FP-MCH services does your facility offer?
  - b. Do you record the services you provide in your facility? If yes, describe the recording forms you use?
  - c. Do you report these services? If yes, to whom do you report the services you provide? Describe the reporting forms you use.
  - d. For what purposes is clinic data used?
3. Finalize the group output, select a presenter and share the output in plenary.

### Product:

1. Group output on FP-MCH services in the facility presented in plenary



## **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 information sources developed by the Department of Health (DOH) to better manage its nationwide health service delivery activities. The FHSIS was designed to provide the basic service data needed to monitor activities in each health program. Additional information regarding these programs is available from other sources, such as 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 used by the Department of Health, and as per EO 352, was included by the National Statistical Coordination Board (NSCB) into a system of designated statistics. To date, the FHSIS is the only governmental information system used at all levels, including that of the barangay. It remains viable because of the dedication of the field health personnel who recognize that information can be a powerful tool in improving the health of the Filipino people and the effectiveness of health services delivery.

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 have moved on and were replaced by new personnel who assumed position without clear and complete knowledge of the FHSIS. With these changes, as the experiences of devolution deepen and as the mandates of the DOH and LGU health workers evolve, so too must the public health reporting system evolve within the context of a decentralized environment.

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

- The FHSIS is a network of information.
- The FHSIS is intended to address the short term needs of the DOH and LGU staff by providing managerial or supervisory functions in facilities and program areas.
- The FHSIS monitors the delivery of health service throughout the nation.

### **What are the objectives of the FHSIS?**

- To provide data on the delivery of health services 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 more 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 health programs implementation.
- Basis for planning, budgeting, logistics and decision making at all levels.
- Source of data to detect unusual occurrences of a disease.
- Monitor health status of the community.
- Helps midwives in following up clients.
- Documents Rural Health Midwife (RHM) / Public Health Nurse (PHN) day to day activities.

## **Historical Background**

- 1987 - Conceptualization stage
- 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**

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

## **Features and Principles of 2008 Version -**

Key health indicators to be monitored at the national level are identified and targeted under the FHSIS version 2008.

## Chapter II

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

### Components of FHSIS

#### A. Recording:

These are facility based documents. Data is more detailed and contains day to day activities of the health workers. The source of data for this component is 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, address of patient, presenting symptoms or complaint of the patient on consultation and the diagnosis (if available), treatment and date of treatment. This record will be maintained as part of the system of records at each health facility on all patients seen. This record may be as simple as the example below.

**For Prenatal care**, the ITR contains the date, name, address of patient, last menstrual period (LMP), expected date of confine (EDC), age of gestation (AOG). It will also record all findings during the prenatal check-up visits (weight, fundic height, fetal heart tone); medications given; prenatal advises (diet counseling) and risks identification. This record will be maintained for all pregnant mothers seen.

Sample of ITR for Prenatal care:

<b>DELA CRUZ, ROSE M.</b>	
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 portion 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 will be maintained at each health facility on all FP acceptors seen.

**For Post Partum women,** the ITR contains the basic information of the mother such as 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 will be maintained for all postpartum mothers seen.

## 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 is 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 clients in general and in particular to groups of patients identified as “targets” or part of the “eligible” group for one or another program of the Department. The primary advantage of maintaining the Target Client Lists is that the midwife/nurse does not have to go back to individual patient/family records as frequently in order 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. A third purpose is 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 in the FHSIS version 2008 for FP-MCH are as follows:

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

## B. Reporting:

These summarize the data that are 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 practically the same indicators found in the TCL and Summary Table. The midwife should copy the data from the Summary Table to the Monthly Form which she submits monthly to the PHN. It helps the midwife capture the monthly data so that it would be 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

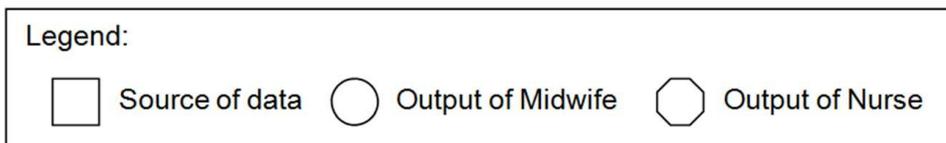
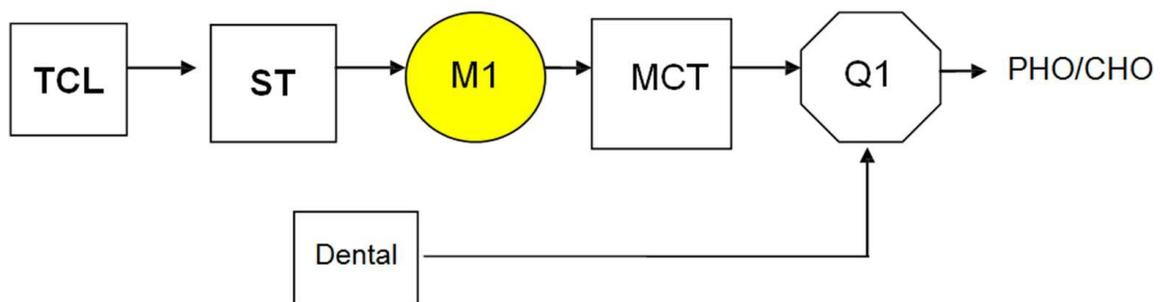
### D. Output Reports:

Output Reports or tables will be produced at the Provincial Health Office (PHO) from the data reported in FHSIS Reporting Forms. Computer-generated output reports are then disseminated down to the RHU/MHO and up through the DOH system to the Regional Health Offices. The objective in designing the output formats is to make the reports useful for monitoring/management purposes at each level.

### E. Relationship of Recording & Reporting Tools:

For Program Accomplishment:

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## Session 2A: Prenatal and Postpartum Maternal Care Indicators

### Objectives:

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

1. Understand how to fill out an Individual Treatment Record
2. Understand Maternal Care indicators

### Materials:

1. Data dictionary for maternal care indicators
2. Partially completed Individual Treatment Records

### Tasks:

1. The group selects a leader who ensures that all participants read through the definition of MCH indicators. The session facilitator clarifies any issues as the group identifies them.
2. For each of the partially completed Individual Treatment Records, compute only the EDC, AOG and Trimester of Pregnancy. Each participant works on the exercises individually at first. After all group members have answered the exercises, the group will discuss and agree upon their answers, and present their answers in plenary.

### Products:

1. Correctly filled out EDC, AOG and trimester of pregnancy in the Individual Treatment Records

**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><b>Signs of Pregnancy according to three categories:</b></p> <p><b>a. Presumptive</b> – (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>b. Probable</b> –(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"> <li>• Prenatal Care TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	<ul style="list-style-type: none"> <li>• An indicator of access and utilization of health care during pregnancy</li> <li>• 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.</li> </ul>

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><b>c. Positive</b> - (1) Sonographic evidence of fetal outline; (2) Fetal heart audible by Doppler ultrasound; and (3) Palpation of fetal movement through abdomen</p> <p><b>4 or more prenatal visits</b> 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><b>Prenatal services</b> include (1)</p>					

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	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.					
2. Pregnant women given 2 doses of Tetanus Toxoid	Proportion of pregnant women given 2 doses of Tetanus Toxoid	<i>Numerator:</i> No. of pregnant women given 2 doses of Tetanus Toxoid <i>Denominator:</i> Total Population x 3.5%		<ul style="list-style-type: none"> <li>• Prenatal Care TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	Assess the level of TT immunization protection among pregnant women.
3. Pregnant Women given TT2plus	Proportion of pregnant women given TT2 plus during her last pregnancy.  <u>Definition of Terms:</u> <b>TT2 plus</b> includes 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> doses of Tetanus Toxoid given to pregnant women.	<i>Numerator:</i> Number of pregnant women given TT2 plus <i>Denominator:</i> Total		<ul style="list-style-type: none"> <li>• Prenatal Care TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	Assess the level of TT immunization protection among pregnant women.

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><b>Complete iron tablet with folic acid supplementation</b> 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"> <li>• Prenatal Care TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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><b>Vitamin A supplementation</b> refers to 1 capsule/tablet of 10,000 I.U. twice a week to start from the 4<sup>th</sup> 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"> <li>• Prenatal TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher)</li> </ul>	

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>  <b>Post-partum visits</b> 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"> <li>• Post-Partum TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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>  <b>Complete Iron Supplementation</b> 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"> <li>• Post Partum TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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>  <b>Skilled health personnel</b> (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% (NO H 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
						<p><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></p>
<p>2. Deliveries by type and place</p>	<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><b>Deliveries by Type:</b>  <b>Normal</b> – refers to livebirths by normal spontaneous delivery (NSD) <b>Others</b> – refers to livebirths delivered other than NSD  <b>Deliveries by Place</b> - 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"> <li>● No. of Normal Deliveries at home /hospital/ others</li> <li>● No. of Other Type of deliveries at home/ hospital/ others</li> </ul> <p><i>Denominator:</i>                      Total No. of Deliveries</p>		<p>LCR</p>	<p>Annual</p>	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
<p>3. Births by type of pregnancy</p>	<p>This refers to the number of births by type of pregnancy either normal, risk or unknown.</p> <p><u>Definition of terms:</u>  <b>Normal</b> – refers to pregnancy classified as normal  <b>Risk</b> - 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"> <li>● a previous caesarean section</li> <li>● 3 consecutive miscarriages or a stillborn baby</li> <li>● postpartum hemorrhage</li> </ul>                     e. Having one or more of the following medical conditions:  <ul style="list-style-type: none"> <li>● Tuberculosis</li> <li>● Heart Disease</li> <li>● Diabetes</li> <li>● Bronchial asthma</li> <li>● Goiter</li> </ul> <b>Unknown</b> – refers to pregnancy that are not classified under risk or normal pregnancy.</p>	<p><i>Numerator:</i> No. of births by type of pregnancy</p> <ul style="list-style-type: none"> <li>● Normal</li> <li>● Risk</li> <li>● Unknown</li> </ul> <p><i>Denominator:</i> Total No. of Deliveries</p>		Prenatal TCL	Annual	

## 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

### Materials:

1. Guidelines in filling out the Target Client List for Maternal Care
2. Blank TCL forms for Prenatal and Postpartum
3. Correctly filled out Individual Treatment Records from Session 2A

### Tasks:

1. The group selects a leader who ensures that all participants read through the guidelines in filling out the Target Client List for Prenatal and Postpartum Care indicators. The session facilitator clarifies any issues as the group identifies them.
2. Each participant works on the exercises individually at first. After all group members answer the exercises, the group will discuss, agree and present their answers in plenary.

### Products:

1. Correctly filled out TCLs for Prenatal and Postpartum Care

### Chapter III

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

## Guidelines in Filling out FHSIS Tables

### Target Client List for Prenatal Care (Annex2)

The target client list for prenatal care will include all pregnant women eligible for prenatal care/service. The individual patient record or prenatal record must be maintained, together with this list to record important information regarding 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 as soon as possible following a patient's visit by the midwife in the BHS and the nurse/midwife in the RHU. 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 – Write in this column the month, day and year a pregnant woman was first seen at the clinic for prenatal visit.*

*Column 2: Family Serial Number – Enter 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 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 - Write in this column two entries - First is the date of the last menstrual period (month, first day of LMP and the year) followed by 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 of 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 – Write in this column 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 of a particular pregnant woman must be entered in this column corresponding to the trimester of pregnancy when the visit was undertaken. If a pregnant woman comes in the clinic in the first 3 months of her pregnancy (i.e. first trimester) enter the date of that check-up under column 8, 1<sup>st</sup> 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. Also, visits from other DOH facilities, private hospital/clinic should also be recorded in this column as long as there's a way to validate that the visit is a PNV. This column is important for early detection of risk pregnancies thus 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/ 190 days and more)

Column 9: Tetanus Status – Write in this column the tetanus toxoid immunization already received by the pregnant woman (either from the past pregnancy 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	Presently pregnant woman who already received the 5 doses tetanus toxoid (Fully Immunized Mother)
NONE	Women <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 – Write in this column the date each tetanus toxoid is given during the course of the present/current pregnancy.*

#### Tetanus Toxoid (TT) Immunization Schedule

TT Dose	Interval
TT1	As early as possible during first pregnancy or even in a non-pregnant child bearing age woman
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 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 with one or more of ff: - a previous caesarean section - 3 consecutive miscarriages or a stillborn baby  - postpartum hemorrhage	- 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: - Tuberculosis - Heart Disease - Diabetes - Bronchial Asthma - Goiter	

*If the mother had any of these factors or history of any of them, 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 Date Terminated and 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 <sup>th</sup> week or 5 months of pregnancy)

*Column 14: Livebirths – In case 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 – Write in this column the month, day, year and time of termination of pregnancy of the mother.*

*Column 2: Family Serial Number – Enter in this column the number that corresponds to the number of 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 remarks column enter information which you feel important for postpartum care mothers.*

## Session 2C: Monthly 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.

### Materials:

1. Guidelines for filling out MI for Maternal Care indicators
2. Correctly filled out TCL for Prenatal and postpartum from session 2B
3. Blank MI forms

### Tasks:

1. Participants read the guidelines for filling out MI for Prenatal and Postpartum.
2. After reading the assigned pages, each participant will work on the exercises. Data from the correctly filled out TCL for Prenatal and Post-partum exercises from session 2B will be used to fill out the MI form. Facilitators will answer any questions from the participants as they work on the exercises.
3. The group will select a presenter for the assigned exercises for the group.

### Product:

1. Correctly filled out MI

## **Chapter IV**

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

### **Guidelines in Filling out FHSIS Forms**

#### **Monthly Report Form for MCH (MI):**

The Monthly Form is the form that the midwife fills up to report on 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 being reported and the Year, 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** –on the space provided, write 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** – on the space provided, write 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 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> 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 who were 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** – on the space provided, write 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 4<sup>th</sup> month of pregnancy until delivery.
- **Post partum women with at least 2 postpartum visits** –n 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 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 who were 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 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

### Materials:

1. Data dictionary for FP
2. Guidelines for filling out the TCL for FP
3. Blank TCL for FP
4. Filled out six (6) FP Form I

### Tasks:

1. Participants read the definition of FP indicators and the guidelines for filling out the TCL on FP. The facilitator clarifies any issues as the group identifies them.
2. After reading, participants should work individually on the given exercise. 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. When each member has completed the exercises, the group should discuss and agree upon their answers.
3. The group elects a presenter who will share their answers in plenary.

### Product(s):

1. Correctly filled out TCL for FP

**FP Data Dictionary (Source: FHSIS 2008 Data Dictionary)**

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
I. Contraceptive Prevalence Rate (disaggregated by type of contraceptive used)	<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><b>Contraceptive methods</b> - 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><b>Women of reproductive age</b> refer to all women aged 15-49 years old. <b>At Risk of pregnancy</b> refers to women who are sexually active, fecund, not pregnant and</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</p> <p>Denominator: Number of women of reproductive age at risk of pregnancy (Total Population x 14.5%)</p> <p><b>Formula for CU =</b> CU of previous month <b>plus</b> Acceptors (new from previous month + Other acceptors of present month) <b>minus</b> Drop-out of present month</p>	85%	<ul style="list-style-type: none"> <li>• FP TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	<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> <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</p>

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	<p>not amenorrheic.</p> <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><b>Current Users (CU)</b> - 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><b>New Acceptor (NA)</b> – 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><b>Drop-outs</b> – are number of clients who fail to return for the next service date.</p>					<p>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) 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 4) 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 person made the first clinic visit or the date when client restarted to use 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 the 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 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 users 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”.*

<b>Codes</b>	<b>Methods</b>
CON	Condom
INJ	Depo-medroxy Progestone 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 – In this column, write two entries. In the upper space write the scheduled date of the visit, and in the lower space write 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 – Drop-Out – 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)*

<b>Codes</b>	<b>Reason</b>
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 Drop out Definitions

The following are the definitions for each method drop-out:

**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 conduct 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 up to two weeks after the scheduled date of her appointment. The service provider should conduct follow-up visits during the above period prior to dropping her 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 dates of her follow-up visits for the first year after insertion; follow-up visits should be conducted **one month, six months, and twelve months after the insertion**, and on a yearly basis thereafter. Follow-up with the client should be done before dropping her from the method.

**Condom:** A client is considered a dropout if she/he fails to return for resupply on their scheduled appointment.

**LAM:** A client is considered a dropout if **ANY ONE of the three (3) conditions is not met** as follows: 1) Mother has no menstruation or 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 from the last 2 weeks of the 3<sup>rd</sup> cycle to be validated by the service provider and to get 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) and has undergone a hysterectomy or bilateral salpingo-oophorectomy.

**NOTE:** Client follow-up should be done prior to dropping the client from 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 3B: Monthly 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 the MI form

### Materials:

1. Guidelines for filling out the MI for FP
2. Correctly filled out the TCL for FP from session 3A
3. Filled out MI forms for May 2012
4. Blank MI forms

### Tasks:

1. Participants read the guidelines for filling out the MI for FP.
2. Fill out the MI form for the month of June 2012. Participants should work on the exercises individually at first, then should discuss and agree upon their answers as a group.
3. The group selects a presenter who shares the group output in plenary.

### Product:

1. Correctly filled out MI for FP for the month of June 2012

**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** – write on the space provided 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 clinics before (new to the program) during the month. It includes new acceptors for pills, IUD, injectables, condom, NFP (BBT, CM, STM, SDM, and LAM) Female STR and Male STR.
- **Other Acceptors** – write on the space provided the number of clients who are classified as Changed Method, Changed Clinic and Restart during the month.
- **Drop-outs** – write on the space provided 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 with 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 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 child care indicators
3. Correctly apply the guidelines in filling out the TCL for child care indicators

### Materials:

1. FHSIS Child Care indicators
2. Exercise questionnaire
3. Blank TCL forms for Under 1 Year Old

### Tasks:

1. Each group selects their leader. The leader guides the group as they go through and read the different Child Care indicators.
2. The facilitator clarifies any issues as the group identifies them.
3. After reading, participants work on the given exercise individually. When all group members have answered the exercises, the group should discuss and agree upon their answers.
4. The group elects their presenter who will share their answers in plenary.

### Product:

1. Correctly filled out TCL for Child Care

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"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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 <sup>st</sup> 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	95%	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	Basis for computation of FIC, number of unimmunized children, tracking defaulters, access to immunization. Assess population immunity in each cohort of children born.

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
		$\times 2.7\%$				
5. Infant given Hepatitis B1 more than 24 hours after birth (disaggregated by sex)	An infant who received 1 <sup>st</sup> dose of Hepatitis B vaccine more than 24 hours after birth	Numerator: Number of infant given HepaB1 more than 24 hours after birth Denominator: Total Population $\times 2.7\%$	95%	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	Basis for computation of FIC, 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 <sup>nd</sup> /3 <sup>rd</sup> dose of Hepatitis B vaccine before reaching one year old Denominator: Total Population $\times 2.7\%$	Numerator: Number of infant given HepaB2/HepaB3 vaccine	95%	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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 $\times 2.7\%$	95%	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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	Numerator: No. of Fully Immunized	95%	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next</li> </ul>	An overall program indicator to assess the proportion of full complement of

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
	anti-Measles vaccine before reaching one year old.	Child Denominator: Total Population x 2.7%			higher level)	immunization during the first year of life.
9. Completely Immunized Child (disaggregated by sex)	A child 12 to 23 months of age who received 1 dose of BCG, 3 doses each of OPV, DPT, Hepatitis B and 1 dose of anti-Measles vaccine	Numerator: No. of Completely Immunized Child Denominator: Total Population x 2.7%		<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	Basis for computation for 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		<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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		<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	

Indicator	Definition	Formula	Target	Source of Data	Frequency of Reporting	Use and Limitation
12. Infants exclusively breastfed until 6 <sup>th</sup> 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 <sup>th</sup> month Denominator: Total No. of Infants 6 months of age seen	50% by 20 10 80% by 20 15	<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	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 EO5I
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		<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	
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> <b>Vitamin A supplementation</b> 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%		<ul style="list-style-type: none"> <li>• Children &lt; 1 TCL</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	

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> <b>Vitamin A supplementation</b> 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"> <li>• ITR</li> <li>• NSO</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly (BHS to RHU)</li> <li>• Quarterly (RHU to next higher level)</li> </ul>	

### 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 the TCL-PN when a woman delivers a baby . Also, include a 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 – In this column, write the month, day and year an infant was seen at the clinic or at home for health services.*

*Column 2: DATE OF BIRTH – In this column, write 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 – In this column, write 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 with the client.*

*Column 8: DATE OF NEWBORN SCREENING – This is divided into two sub-columns. The first sub-column refers to those who were only given a referral, and 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 Date the mother was assessed of her TT status.*

*Column 10: MICRONUTRIENT SUPPLEMENTATION– This column consists of 2 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 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 Anytime 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 anytime before reaching 12 months.
- Three (3) doses each of DPT, OPV and Hepatitis B as long as the 3<sup>rd</sup> 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 immunization schedule 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.

## 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 in filling out the monthly report (MI) for Child Care indicators.
2. Correctly fill out MI form based on a given TCL for Under 1 Year Old.

### Materials:

1. FHSIS Manual for FP-MCH
2. Correctly filled out TCL for Under 1 Year Old from session 4A
3. Blank MI forms

### Tasks:

1. The group will read instructions on how to fill out the MI for Under 1 Year. After reading, each participant will work on the exercises individually at first. The filled out TCL for Under 1 Year Old will be used as the basis for filling out the MI form section on Under 1. Year old. Facilitators will answer any questions of participants as they work on the exercises.
2. After everyone has individually completed the exercise, the group will discuss and agree on their answers.
3. The group will select a presenter for the assigned exercises for the group.

### Product:

1. Correctly filled out MI

## Chapter IV

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

### Monthly Report Form for Child Care (MI) (Annex 6)

**Immunization by antigen (BCG, DPT1 to DPT3, OPV1 to OPV 3, Hepatitis B2 to B3 and anti-Measles vaccine)** – write on the space provided 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 the Hepatitis B1 vaccine 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 the Hepatitis B1 vaccine 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 anytime 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 exclusively breastfed from birth 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 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 of reporting between private providers and their public health facility counterpart (Barangay Health Station or Rural Health Unit)

### Tasks:

1. The plenary facilitator will present the existing time line to submit report.
2. In an open forum, the participants and the PHO staff will agree upon the dates to submit reports and to where/whom the reports will be submitted.

### Product:

1. Agreed flow of reporting and dates of submission.

# **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  <b>Birthing Home / Lying-in Clinic</b>	
		<b>MATERNAL CARE</b>			<b>Number</b>	
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						
<b>FAMILY PLANNING</b>		<b>Current User (Begin Month)</b>	<b>Acceptors</b>		<b>Dropout</b>	<b>Current User</b>
			<b>New</b>	<b>Other</b>		
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**

<b>SESSION 4B EXERCISE</b>				<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>		 <b>Birthing Home / Lying-in Clinic</b>	
		<b>CHILD CARE</b>	<b>Male</b>		
• 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		