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FINAL REPORT

**REPRODUCTIVE HEALTH SURVEILLANCE: A PARTNERSHIP
BETWEEN COMMUNITY PHARMACIES AND MIDWIVES**

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AND MIDWIVES**

TEGUCIGALPA, HONDURAS

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FINAL REPORT
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MIDWIVES AND COMMUNITY PHARMACIES

I BACKGROUND

In August 1995, PRODIM (Programa para el Desarrollo de la Infancia y la Mujer) initiated a reproductive health project with Community Pharmacies and midwives in ten communities in the provinces of La Paz and Comayagua (Area 4 of Health Region 2) The following report details the activities carried out by PRODIM with technical and financial assistance from INOPAL II from August, 1995 to February, 1996

PRODIM, is a non-governmental development organization created in 1989, whose mission is to improve the socio-economic situation of women and children in Honduras In 1992, with support from UNICEF, PRODIM initiated the project "Fondos Comunes de Medicamentos" (Community Pharmacies) A Community Pharmacy is situated in the house of a community member, where basic medicines are sold at accessible prices The pharmacies are administered by a committee elected by the community and are attended by an individual trained in common illnesses and the use of the medicines provided by the pharmacy At the time the project began, there were 66 Community Pharmacies operating in Honduras, with a beneficiary population of 60,000 individuals These pharmacies have increased the self-sufficiency of rural communities, contributed to a decrease in the inappropriate use of medications and helped to establish solid community organizations The experience of the Pharmacies has demonstrated that community members can be successful in solving their own problems when they are actively involved in analyzing their situation and implementing solutions, with limited support from private and public organizations

II. PROBLEM DESCRIPTION

The population of Honduras is primarily rural (56%), and the majority live in small, isolated communities The Ministry of Health (MOH) provides services to only 60% of the Honduran population The remaining 40% remains marginalized from child survival, family planning and other health programs This situation is clearly reflected in national health statistics For example, the national maternal mortality rate is 221 deaths per 100,000 live births¹ This rate increases to 460 per 100,000 in PRODIM's target area, which coincidentally has the highest poverty levels registered in the country In addition, PRODIM's target area has the highest illiteracy rates in the country, a factor often associated with high maternal mortality

When faced with illness, most residents of rural communities seek assistance from volunteers, in part because of their accessibility Midwives attend the majority of births in rural areas For this reason, the MOH initiated a new midwife training program in 1993 utilizing a

¹ Mortalidad de mujeres en edad reproductiva y mortalidad materna UNAH, MSP, OPS, UNFPA Honduras, 1990

reproductive risk focus in coordination with various NGOs, including PRODIM. PRODIM trained 250 midwives in the region of La Paz, with funds provided by the Honduran Social Investment Fund (FHIS)

In order to resolve maternal health problems, PRODIM identified the need to continue the process of involving the midwife in the provision of preventive reproductive health services, broadening their knowledge and abilities to enable them to provide integrated care to women during different phases of their lives, including the promotion of family planning

III. SOLUTION

The proposed solution was the formation of a team at the community level composed of the midwife, the Community Pharmacy administrator, and the Ministry of Health nurse to conduct community health surveillance in order to identify women with reproductive risk factors, educate them about their risks and refer them to health services. Job aids, based on forms in use by the MOH, were designed to assist in the implementation of this surveillance system. These included registers (listados) which assist volunteers with limited reading ability to identify, counsel and refer women to reproductive health services. A booklet of referral coupons was also designed.

The responsibility for the surveillance system was shared between the community, PRODIM and the MOH. Monthly meetings were held with MOH and PRODIM staff, members of the pharmacies, and midwives to discuss the information collected and provide follow-up to referrals.

IV. OBJECTIVES

The general objective of this project was to contribute to a decrease in the rates of maternal morbidity and mortality by educating volunteers in reproductive health topics and implementing a system to monitor selected health indicators of women of reproductive age.

The specific objectives of the project were:

1. Transform the Community Pharmacies into organizations which monitor the health of women of reproductive age.
2. Involve midwives in preventive actions in the area of reproductive health, through the implementation of a community health surveillance system.
3. Increase the use of the reproductive health services provided by the MOH and the Community Pharmacies.

- 4 Increase access to family planning methods by providing contraceptives in the Community Pharmacies and training community volunteers in reproductive health counseling
- 5 Increase contraceptive prevalence among women of reproductive age
- 6 Establish an information system for monitoring and evaluation
- 7 Evaluate the effectiveness of the interventions implemented by analyzing the service statistics collected by the MOH and the midwives

V. ACTIVITIES

A. Design, Validation and Production of the Community List of Non-Pregnant Women and Referral Coupons

PRODIM designed two job aids, the "Listado Comunitario de Mujeres No Embarazadas" (Community Register of Non-Pregnant Women) and referral coupons for use in this project. The first drafts of these instruments were based on documents included in the appendix of the "Guías de Atención Integral a la Mujer", published by the Maternal and Child Health Division of the Ministry of Health. Representatives from Save the Children Honduras, the Division of Maternal-Child Health of the Ministry of Health, the Pan American Health Organization and the Department of Education of the Ministry of Health participated in the development of these instruments. Drafts were also presented at the Reproductive Health Working Group for technical review by other organizations, in order to improve the instruments and increase the potential for replication of the strategy in the future. The instruments were field-tested with 49 women, including midwives and community health volunteers, by PRODIM and Save the Children. In the area of La Paz, where PRODIM works, four focus groups were conducted with midwives to field test the instruments. The Listados and Referral Coupons were distributed to volunteers at the end of January.

The Listado is a form with columns representing reproductive risks (age, parity, obstetric risk), family planning use and the need for services (tetanus vaccination and pap smear) and columns to record the name of the women interviewed (Appendix 1). Each concept is illustrated with a drawing which was carefully pre-tested to be as explanatory as possible for non-literate midwives. The columns corresponding to the presence of risk factors were colored yellow, while the columns corresponding to needed services or non-use of family planning were marked in red. A key at the bottom of the form directed health workers to provide appropriate counseling according to the color of the columns marked. For example, a woman with no marks in the yellow or red columns should be congratulated and told to continue her actions. A woman with marks in yellow and red columns should be referred to the health center. The Listado was designed to 1) segment the target population according to reproductive health needs, 2) identify women with reproductive risk factors, 3) facilitate effective counseling and timely referral to

services, and 3) motivate home visits and reinforce volunteer knowledge of reproductive health topics

Booklets of referral coupons were designed to be used in conjunction with the Listado. One coupon was designed to refer non-pregnant women to family planning, pap smear and tetanus toxoid vaccination services (Appendix 2). Another was designed for to refer pregnant women to prenatal and postpartum care, labor and delivery and breastfeeding support (Appendix 3). PRODIM's original intention had been to design a "Listado de Mujeres Embarazadas", as well as the instrument for non-pregnant women. However, USAID Honduras requested PRODIM to wait for the results of a study being conducted by MotherCare before designing the Listado. The same drawings utilized in the Listado were used in the referral coupons. Each booklet contains fifty referral coupons divided into three perforated sections. The volunteer retains the coupon stub, while the woman referred gives her portion to the service provider. The service provider fills out the counter-referral and gives it to the client to be returned to the volunteer, and retains his/her portion.

B Training of MOH Nurses, PRODIM Promoters and Community Volunteers

While the instruments were being developed, PRODIM trained the following personnel in family planning: 1) nurses from each of the health centers in the project area, 2) PRODIM promoters and coordinators, and 3) the midwives and Community Pharmacy administrators. The MOH nurses and PRODIM staff were trained in family planning during a two-day workshop in September, 1995 in PRODIM's training center in La Cañada, La Paz. The training was given by ASHONPLAFA. Participants included seven auxiliary nurses and three staff members of PRODIM. Subsequently, thirteen midwives and Community Pharmacy administrators were trained during a two day workshop in November at the same location. The topics addressed during these workshops included reproductive risk, family planning, contraceptive methods, counseling skills and project activities.

Finally, a one day workshop was conducted with sixteen participants to train them in the use of the Listado Comunitario and Referral Coupons. A brief review of family planning knowledge was also included in this workshop. During these workshops, PRODIM discovered that the midwives, pharmacy administrators and auxiliary nurses knew even less than they had expected about family planning. They also learned that the health centers were ill-equipped and poorly trained to provide family planning services. The IUD, specifically, was unavailable in this region.

C Availability of MOH Family Planning Services

In order to establish an effective referral system between the community and the health centers, PRODIM conducted a rapid survey to identify what family planning services were currently being provided in the project area. The results are summarized in the Table 1.

TABLE 1
AVAILABILITY OF CERVICAL CANCER DETECTION SERVICES
AND CONTRACEPTIVE METHODS AT HEALTH CENTERS

TOWN	TYPE	TYPE OF STAFF		METHODS AVAILABLE				PAP SMEAR
		M.D	NURSE	OCP	OVRETTE	CONDOM	IUD	
Lamani	CESAMO	X	R N	107	246	no	no	yes
La Peñita	CESAR		Auxiliary	63	no	no	no	no
Concepcion de Soluteca	CESAR		Auxiliary	138	117	400	no	no
Tutule	CESAMO	X	R N	800	552	840	25	yes
Planes	CESAR		Auxiliary	300	no	600	no	no
La Paz	CESAMO	X	R N	1,600	300	18,700	95	yes
Playon	CESAR		Auxiliary	237	55	88	no	no
Quebrada Honda	CESAR		Auxiliary	960	no	300	no	no

Most of the health centers in the project area had an adequate supply of condoms and oral contraceptives. IUDs were offered only in Tutule and La Paz. Nevertheless, the number of contraceptive users they report is quite small. Pap smears were performed in only three of the eight health centers.

The following table presents the number of new and continuing users in the health centers of the project area during a three month period.

TABLE 2
NUMBER OF CONTRACEPTIVE USERS BY HEALTH CENTER
OCTOBER THROUGH DECEMBER, 1994

HEALTH CENTER	NEW USERS TO THE PROGRAM	NEW USERS IN THE YEAR
CESAMO TUTULE	12	12
CESAMO LA PAZ	87	0
CESAMO LAMANI	1	1
CESAR PLANES	3	9
CESAR PROTECCION	0	0
CESAR CONCEPCION DE SOLUTECA	2	2
CESAR PLAYON	1	0
CESAR LA PENITA	5	5

The health centers in PRODIM's target area provide family planning services to very few users. Only the CESAMOS of Tutule and La Paz report a significant number of family planning users. With regards to the type of methods provided by the health centers, it is interesting to note that the majority of the methods distributed were combined oral contraceptives (48.6%), followed by the IUD (36.4%) and the condom (15%).

D Promotion Activities

Another element of PRODIM's strategy was the implementation of IE&C activities in participating communities in order to educate the community about reproductive risk and family planning and elicit their support for and participation in the project. To this end, the following activities were implemented in each community:

- Community assemblies were held in which PRODIM staff and MOH nurses discussed the topics of maternal mortality, reproductive health, and family planning. The meeting included discussion of project activities and how they would contribute to improving women's health. The community volunteers who would be using the Listados and providing family planning counseling and referrals were introduced and finally, support for the project was solicited. The meetings were organized by PRODIM staff, midwives and Community Pharmacy Administrators.

- PRODIM staff conducted household visits with the Pharmacy administrator and the midwives in order to promote the project and train volunteers in the use of the Listado and referrals

E Include Contraceptives in the Community Pharmacies

In order to include oral contraceptives and condoms into the Community Pharmacies, commodities were requested from the Ministry of Health (Area 4, Region 2) The Ministry was unwilling to donate contraceptives because PRODIM planned to sell them at a nominal price Fortunately, in early February, Population Council obtained a donation of contraceptive methods from USAID Honduras for various NGOs Accordingly, during February, the Community Pharmacies in seven of the ten communities were stocked with 50 cycles of oral contraceptives and 200 condoms In the future, supplies will be purchased from ASHONPLAFA with the money collected from the sale of the donated methods Resale prices for condoms and pills were set during the training sessions and the mechanisms for resupply discussed The Pharmacies will utilize the inventory procedures already in use for other medications

F Supervision

A series of follow-up visits were planned in each community in order to reinforce the knowledge and skills of the volunteers and to supervise the use of the Listado and referral forms Unfortunately, because the implementation of activities began so late, there was only time to conduct one such visit during the project

During these visits, the knowledge of the Pharmacy Administrators and midwives was reinforced through the use of a structured guide called the IDRI which was developed by INOPAL in Peru and further refined in Guatemala and with other organizations in Honduras This instrument also helped PRODIM promoters to provide in-service training to volunteers who were not able to attend the training workshops During these visits, the Community Pharmacies were stocked with contraceptive methods

G Monitoring and Evaluation

Information was compiled from the pharmacy administrators and the health centers to evaluate progress This was done through the collection of referral coupons from the midwives and fund administrators, and subsequent visits to the health centers to verify if the referrals had been received A simple information system based on the information recorded on the Listados, referral coupons and MOH service statistics was used to collect this information (Appendix 4)

VI. RESULTS

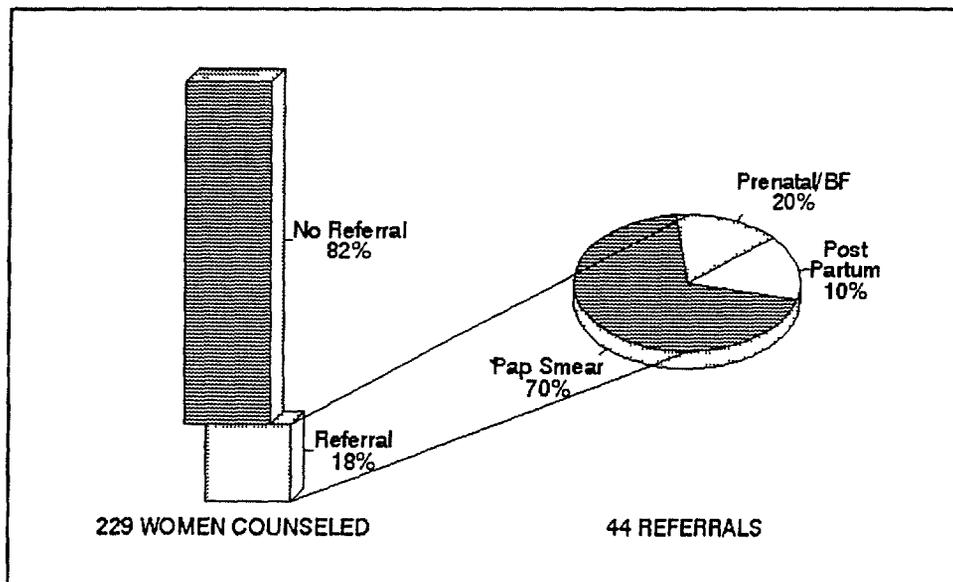
A Staff Trained

During the project, nine community pharmacy coordinators and eight midwives were trained. Of these, all of the coordinators and four of the midwives utilized the instruments in their communities. It is interesting to note that more Community Pharmacy coordinators than midwives utilized the Listado. During an end of project evaluation meeting, participants cited lack of training of some of the midwives who could not attend the workshops and the fact that the midwives team up with the Pharmacy coordinators to conduct the visits as possible explanations for this finding. Since the Coordinators are men, and more literate, they fill out the forms.

B Use of the Listado and Referrals

The Listados were generally implemented during home visits made together by the midwife and the Community Pharmacy representative. However, in some communities, the volunteers divided up the work by geographic area. Project participants reported that the referrals were effective in increasing women's confidence in visiting the health center, increasing the self-esteem of the volunteers, and, improving the communication between volunteers and health center staff. The nurses have stated that, because of the Listado, they are better able to focus their attention on women at risk.

During a three week period, community volunteers administered the Listado to 229 women of reproductive age. This means that they were able to interview approximately one quarter (23%) of the women of reproductive age in their communities in less than one month. Of these 229 women, 18% were referred to services. It is encouraging to note that within a one month period, 57% of the women who had been referred had already visited the health center. The graphic below presents the type of referrals made.



C Coordination Between Ministry of Health/Community/PRODIM

MOH nurses participated in training volunteers in family planning and the use of the Listado and referrals from the beginning of the project. They were important in community relations, supervision of the volunteers, providing services to the women referred by the volunteers and completing the counter referrals. During the evaluation meeting, the nurses stated that they have noticed a marked increase in the demand for services, particularly for pap smears and family planning, and a better understanding of the concept of reproductive risk, since the project's inception in January. They also stated that the information noted on the Listado helps them to provide education and services better tailored to each woman's needs.

D. Access to Reproductive Health Services

The use of the Listado encouraged volunteers to undertake actions to increase the access of services to their community. For example, in one community, upon observing how few of the women had ever had a pap smear, the midwife convinced the MOH nurse to visit the community and take pap smears. Subsequently, other communities followed this example. The impact of the use of the Listado was not limited to the Ministry of Health centers. The ASHONPLAFA clinic located in Comayagua also received referrals from the community volunteers.

E Conclusions of the Evaluation Meeting

A meeting of project participants was convened at the end of the pilot project on February 29 in La Cañada, La Paz. The purpose of the meeting was to evaluate the experience and to plan future activities. This meeting was attended by two nurse supervisors from area 4, four fund administrators and four midwives.

The most important conclusions of this meeting are described below.

Coordination

Coordination between midwives, pharmacy administrators and MOH nurses has improved, in part because the midwives and administrators conduct home visits together. This coordination would improve further if the MOH nurses would publicly recognize the importance of the volunteers' work and participate in monthly meetings of the community volunteers.

Use of the Listado and Referrals

The use of the Listado has raised community awareness of reproductive risk and some of the women have begun to become more actively responsible for their own health. The participants in the meeting made the following comments about the Listado.

- *"It can help to prevent maternal and child mortality "*
- *"It helps us to understand the situation of risk which women live in "*
- *"It helps families to make decisions "*
- *"It is educational for both the interviewer and the interviewee"*

The reaction of the community to the Listado was varied, some women were surprised to find out their own risks, while others learned how to care for themselves. Nevertheless, some women refused to be interviewed or did not follow the advice of the volunteer.

According to the community volunteers, most of the women interviewed had risk factors and were counseled to space their next pregnancy, have a pap smear or get their tetanus vaccination. Pregnant women were also referred to the health centers for prenatal care. The reaction of the women who they counseled to use family planning was varied. Some rejected the advice outright, some expressed the need to discuss the topic with their family or to think about it, and others accepted it.

During the meeting it became clear that the referrals had not been well utilized. Few referrals had been made, and the majority of those were for pap smears, prenatal care and postpartum care. Nevertheless, the volunteers considered the referrals useful because they allow patients to receive care more quickly and increase the level of confidence between patients, volunteers and health providers. Also, because of the referrals, women felt more confident that their needs would be met at the health center. With regards to women's experience using the referrals, some were not attended, either because of the time they arrived at the center or because there were no spaces left. Nevertheless, most of the women returned the counter-referral. Volunteers reported that women did not always return the counter-referral to them, even when they had received services.

Recommendations

The meeting concluded with a discussion of ways to increase the effectiveness of the activities and commitments of the participants for future actions. In order to improve the project, participants suggested the following:

- increase the frequency of training and, if possible, conduct trainings in the community,
- conduct follow-up visits with community volunteers,
- carry out periodic evaluations,
- additional support from the nurses and PRODIM staff

Finally, participants made the following commitments

Midwives

- Participate in future trainings
- Put into practice new knowledge and skills
- Provide follow-up to the women they have already identified with reproductive health needs and continue to detect new women
- Attend monthly meetings at the health center to improve coordination and reinforce knowledge
- Participate in activities which contribute to the health of the community when requested to do so by MOH staff

Pharmacy Administrators

- Participate in future trainings
- Inform the community of their reproductive risk
- Support health center staff in developing actions to benefit the health of the community

Nurses

- Provide follow-up and support to volunteers
- Hold periodic meetings with volunteers and PRODIM staff to provide feedback regarding the women referred to the health centers
- Support the educational activities of the volunteers
- Coordinate future actions

PRODIM

- Train staff and volunteers not yet not trained and reinforce the knowledge and skills of those already trained
- Educate the community through community meetings
- Conduct follow-up visits to the communities
- Organize meetings with MOH staff and volunteers to monitor and evaluate progress
- Negotiate with the health centers for equipment and materials to support activities

VII LIMITATIONS

The following section outlines briefly some of the limitations encountered in the implementation of this project

A Project Duration

The project had a very short implementation period, only six months, and a small budget. Due to various delays, the actual period of work at the community level was reduced to one month for both implementation and follow-up. Obviously, this period of time was inadequate.

B. Logistics

All the communities included in the project were geographically isolated. The project needed appropriate vehicles, available full time to the staff for work in the communities. It also needed more time to undertake the community work. Unfortunately, PRODIM did not have a sufficient number of vehicles to support all of its projects which added to the transportation problem.

C. Development of the Instruments

The design and production of the instruments was seriously delayed by a series of setbacks. The most significant of these were 1) difficulty scheduling meetings with high level MOH and PAHO staff to review drafts, and 2) an IE&C consultant who disappeared with the preliminary drafts. As a result, the instruments were not ready for distribution until January, one month before the project's end-date.

D. Acquisition of Methods

One of the objectives of the project was to make oral contraceptives and condoms available for sale in the Community Pharmacies. There was a significant delay in stocking the pharmacies because the MOH would not provide methods to pharmacies if they were to be resold to the community. As mentioned previously, this problem was solved by a donation by USAID to PVOs.

E. Problems in Community Pharmacies

In two communities, the pharmacy administrators and the midwives participated in most project activities, but refused to sell contraceptives on religious grounds. In this case, the staff of PRODIM contacted other community groups to sell the methods. In another community, internal problems of the Committee in charge of the Pharmacy delayed implementation of project activities until after the end-date of the project. In the seven remaining communities, the Pharmacy administrator and midwife are now selling contraceptive methods.

VIII CONCLUSIONS AND RECOMMENDATIONS

Work in the field of reproductive health, and in particular family planning, presents a challenge for the Ministry of Health, NGOs and communities in Honduras. In general, Hondurans lack a clear understanding of the issues and demonstrate timidity in taking the steps necessary to improve reproductive health. In the public sector, reproductive health services are limited and of varying quality.

Community volunteers are of vital importance in the implementation of actions to improve women's health. This experience has demonstrated that even illiterate men and women can monitor women's health and provide counseling and referrals. Actions to improve the health of women and children should involve their active participation in order to insure sustainability of the actions. In the future, it will be important to continue training activities. The community volunteers, in particular, expressed interest in further training and IE&C materials.

Adequate training of community volunteers is important to instill them with sufficient confidence to conduct educational activities. Experience shows that one meeting is not sufficient - they will need ongoing reinforcement and training complemented by practical follow-up in their communities based on hands-on methodologies, such as case studies, home visits, etc. The IDRI supervision guide was found to be very useful in providing training and follow-up in this project.

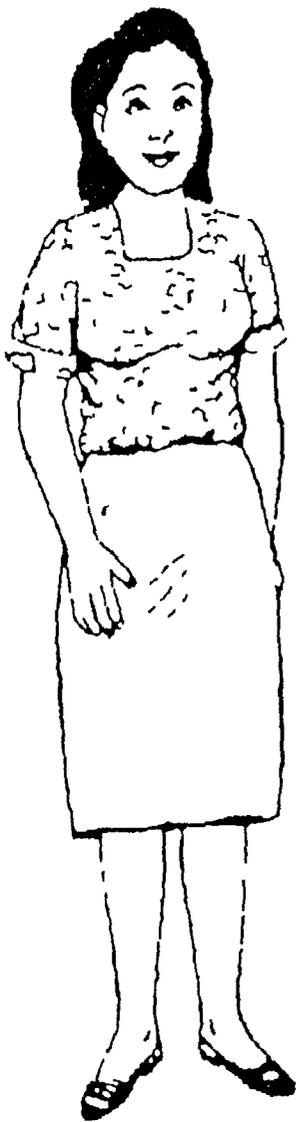
The job aids proved to be the key factor which motivated the community to become involved in promotion and counseling activities. Although some errors were detected in the use of the Listados and referrals, primarily due to deficiencies in the training, these were outweighed by their positive effect. PRODIM will provide follow-up training in the use of these instruments and extend their use to other communities.

Despite the fact that the midwives themselves have many reproductive risk factors and little experience with family planning use, they play a decisive role in educating women. Like the rest of their community, they know little about their reproductive health. Implementation of the Listado prompted the midwives to evaluate their own health needs and consider the actions they should take to protect their health. This process will result in a more effective community health promoter in the long run.

Unfortunately, it was not possible to evaluate the results of the sale of contraceptive methods through the Community Pharmacies, given that they were only available for one month before the project ended. At a later date, it will be important to assess the effectiveness of this strategy relative to that of simply providing referrals to health centers. In either case, actions to improve the access and quality of services at the health centers should be undertaken.

PRODIM plans to continue the activities developed during this pilot project and extend this experience to other communities. The organization will continue working with the midwives and Community Pharmacies as a focal point for work in reproductive health.

APPENDIX 1



**GUIA PARA EL USO
DEL " LISTADO COMUNITARIO
DE MUJERES NO EMBARAZADAS"**



México de Salud Pública
Honduras C. A.



USAID Proyecto
CCP 3030 C00 5007 00



Save the Children
de Honduras

¿Qué es el Listado Comunitario de Mujeres no Embarazadas?

Es un instrumento útil, para ser usado por el personal comunitario

Sirve para registrar información sobre las mujeres no embarazadas de la comunidad, detectar riesgos en ellas y orientar las acciones de consejería de acuerdo al riesgo

¿Cuáles son los objetivos del Listado?

Los objetivos del listado comunitario de mujeres no embarazadas son los siguientes

- * Identificar mujeres en edad fértil con factores de riesgo reproductivo, para facilitar las acciones de vigilancia y prevención de los riesgos en las mujeres de la comunidad
- * Brindar información y consejería a las mujeres de la comunidad para evitar y / o espaciar los embarazos cuando las condiciones no son favorables para ella, su hijo y su familia
- * Remitir oportunamente a las mujeres que lo ameriten a los centros de salud correspondientes para su atención

¿Quiénes pueden utilizar el listado de mujeres no embarazadas?

Esta diseñado para uso del personal comunitario, entre ellos la partera, consejera materno infantil, voluntario de salud, encargados de fondos de medicamentos, guardianes y otras personas que contribuyen a las actividades de salud en sus comunidades

¿Qué información se registra en el listado?

La parte inicial, se lee "Listado Comunitario de Mujeres no Embarazadas" Se acompaña por el dibujo de una mujer no embarazada En este listado se registraran las mujeres de la comunidad entre los 12 a 49 años de edad que no están embarazadas

Los datos que registra el listado se han clasificado en componentes los cuales se describen a continuación

I. Datos Generales

Se anota, Nombre del Centro de Salud, Nombre del Voluntario, Nombre de la comunidad, el mes y año en que se registra la informacion

Está información es importante para que el personal comunitario que llene este listado lleve un registro completo con el nombre de las personas entrevistadas, el lugar, el mes y año en que se llevó a cabo la entrevista, para que posteriormente le haga una próxima visita de control

II .Nombre de la mujer

Es muy importante identificar las mujeres de la comunidad para tener un registro actualizado Por ello se solicita escribir los nombres y apellidos de la mujer que se está visitando

III. Identificación de Factores de Riesgo Reproductivo

Para identificar factores de riesgo reproductivo, uso de métodos de planificación familiar y acciones de prevención, el listado consta de 4 componentes donde se deberá marcar con una letra X en las casillas correspondientes de acuerdo a la información brindada por la mujer

Para facilitar su uso y la toma de decisiones en relación a la presencia de factores de riesgo encontrados se han coloreado las casillas que representan riesgo o peligro para la salud de la mujer

De tal manera el color blanco indica ausencia de riesgo, el amarillo representa presencia de riesgo reproductivo y el color rojo representa alto riesgo De acuerdo a la clasificación de colores existen acciones específicas a realizar, ya sea reforzar las conductas positivas actuales, brindar consejería o remitir al Centro de Salud más cercano

a. Edad

La edad se divide en tres categorías

- a Menor de 18 años
- b De 19 a 34 años
- c Mas de 35 años

Las columnas correspondientes a la letra a y b están en color amarillo, indicando la presencia de riesgo reproductivo en esas edades

Edad		
		
Menor de 18 años	De 19 a 34 años	Mas de 35 años

b. Número de Hijos

Esta casilla consta de 3 columnas

- ✓ La primera es 0 que corresponde a todas aquellas que no han tenido hijos
- ✓ La segunda es de 1 a 3 en la que se registrarán aquellas mujeres que tengan 1, 2, 3 hijos
- ✓ La tercera es de 4 y mas que corresponde aquella mujeres que tienen 4 o más hijos, la casilla esta coloreada en amarillo indicando que esté es un factor de riesgo reproductivo

		
Numero de hijos		
0	1 a 3	4 y mas

	
Ultimo parto	
Menos de 1 año	Mas de 2 años

c Ultimo parto

Indica el tiempo que ha pasado desde el último parto, consta de 2 columnas

- ✓ La primera representa un parto ocurrido hace menos de un año, coloreado en amarillo indicando que es un factor de riesgo reproductivo
- ✓ La segunda representa un parto ocurrido hace más de 2 años

Interesa conocer el tiempo entre un parto y otro ya que cuando una mujer se embaraza y a la vez tiene un niño menor de 2 años , pone en riesgo su salud y la de sus hijos

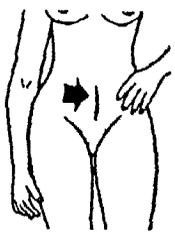
d. Lactancia Materna

Se registra información sobre la Lactancia Materna Existen dos casillas

- ✓ La primera Si la mujer esta lactando
- ✓ La segunda si la mujer NO esta lactando

Si la mujer no esta lactando y no planifica, esta en riesgo por la posibilidad de tener un nuevo embarazo antes que su último hijo cumpla 2 años, por ello que la casilla está coloreada en amarillo

	
Lactancia	
SI	NO

Problemas en Embarazos Anteriores							
							
Aborto o Nacido Muerto		Sangrado		Hinchazón		Cesárea	
SI	NO	SI	NO	SI	NO	SI	NO

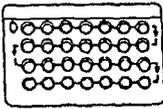
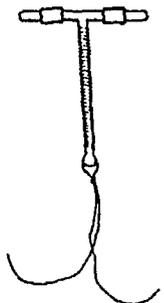
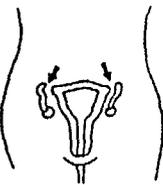
IV. Problemas en Embarazos Anteriores.

En este componente se debe preguntar a la entrevistada si ha tenido problemas en los embarazos anteriores
 Los antecedentes a investigar son aborto, sangrado durante los embarazos, preeclampsia (hinchazon en cara manos y pies), y cesarea previa

Cada uno de los aspectos antes mencionados, tiene dos posibles respuestas SI o NO Si la mujer contesta que SI, en alguna de estas casillas, ella tiene un factor de riesgo
 Se le debe brindar consejería en planificación familiar para evitar un nuevo embarazo que ponga en peligro su vida y la de sus hijos

V. Métodos de Planificación Familiar

Esta casilla indica si la mujer o su pareja planifica o no
 Si planifican, deberá marcar SI También debe marcar
 el tipo de método que utilizan en la casilla respectiva

Métodos de Planificación Familiar						
 Planifica						
SI	NO	Pastillas	Condon	Dispositivo	Operacion femenina	Operacion masculina

Si NO planifica y ademas, tiene marcada alguna casilla amarilla,
 se considera que la mujer está en peligro, la cual debe ser referida
 inmediatamente al centro de salud más cercano

Para dar énfasis al Peligro, la casilla está coloreada en rojo

VI. Prevención.

Esta casilla incluye aspectos de prevención de cáncer cervico uterino y la vacunación con toxoide tetanico

Cada uno de los aspectos antes mencionados, tiene dos posibles respuestas, SI o NO Si la mujer contesta que NO en alguna de las casillas, presenta una situación de peligro para su salud

La casilla está coloreada en rojo, indicando la necesidad de acudir a un centro de salud para que le practiquen la citología o le apliquen la vacuna de toxoide tetánico La indicación que se debe dar, es remitir al centro de salud más cercano

Prevención			
			
Citología		Vacuna de toxoide	
SI	NO	SI	NO

VII . Indicaciónés .

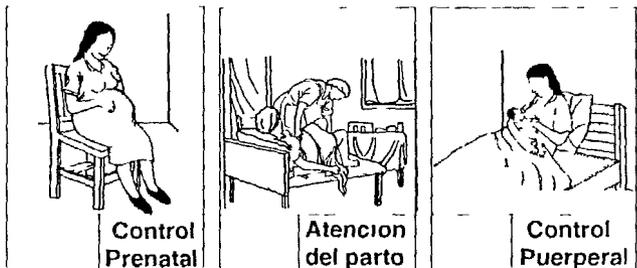
En la parte inferior del listado, se encuentran tres casillas de color blanco, amarillo y rojo
A la par de cada una de ellas, está la acción que debe seguir la persona que llena el listado

- Color Blanco Por el momento no presenta riesgo, felicítela y apoyela a continuar igual
- Color Amarillo Debe seguir planificando ya que presenta riesgo, aconséjela
- Color Rojo Tiene alto riesgo, refiérala de inmediato

En caso de referencia, el personal comunitario debe utilizar las hojas de remisión para mujer no embarazadas o control prenatal, parto y puerperio, según la atención que ella necesita

APPENDIX 2

MINISTERIO DE SALUD PUBLICA Mujer embarazada Motivo de la referencia



Establecimiento de salud al que refiere



Nombre de la paciente _____

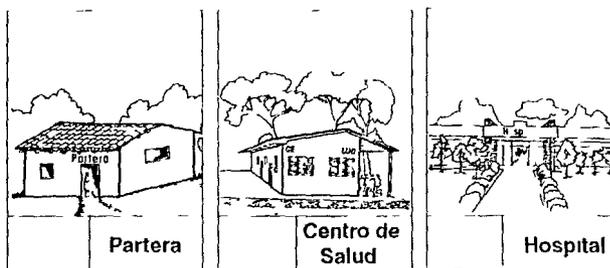
Fecha _____



MINISTERIO DE SALUD PUBLICA Mujer embarazada Motivo de la referencia



Establecimiento de salud al que refiere



Nombre de la paciente _____

Edad _____ Comunidad _____

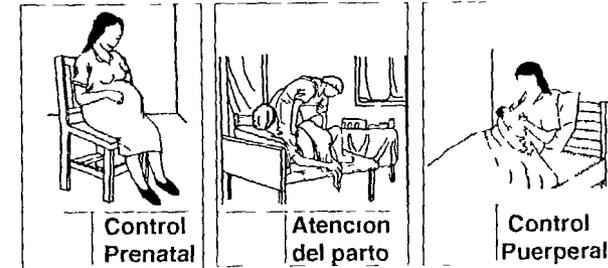
Favor atender a la portadora

Nombre del Voluntario _____

Fecha _____



MINISTERIO DE SALUD PUBLICA Mujer embarazada Contra Referencia



Favor brindar consejeria y seguimiento en

A _____

Quien fue atendido en _____

Cita Si No Fecha _____

Firma _____



APPENDIX 3

MINISTERIO DE SALUD PUBLICA

MINISTERIO DE SALUD PUBLICA

MINISTERIO DE SALUD PUBLICA

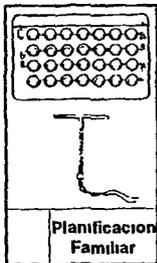
Motivo de la referencia.

Motivo de la referencia:

Contra Referencia



Problemas de Lactancia



Planificacion Familiar



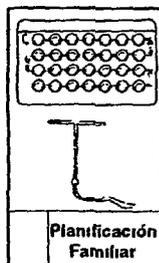
Vacuna de Toxoide



Citologia



Problemas de Lactancia



Planificación Familiar



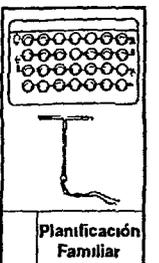
Vacuna de Toxoide



Citologia



Problemas de Lactancia



Planificación Familiar



Vacuna de Toxoide



Citologi

Establecimiento de salud al que refiere

Establecimiento de salud al que refiere

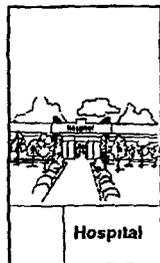
Favor brindar consejera y seguimiento en



Partera



Centro de Salud



Hospital



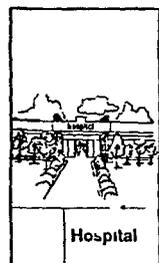
ASHONPLAFA



Partera



Centro de Salud



Hospital



ASHONPLAFA

Nombre de la paciente _____

Nombre de la paciente _____

Edad _____ Comunidad _____

Favor atender a la portadora

Nombre del Voluntario _____

Fecha _____

Four horizontal lines for providing advice and follow-up.

Quien fue atendido en _____

Cita Si No Fecha _____

Firma