

PN-ADB-134

**Matching Grant Program Technical Assistance Package  
(MGP-TAP) Phase I Workshop**

**Center for Health Development  
Management Sciences for Health  
June 2002**

## **Session 1: Opening Program**

**Objectives: At the end of the session all participants should be able to:**

1. Understand the workshop objectives and the method of work
2. Be familiar with the workshop syllabus, session guides and background materials
3. Understand the rationale of the team approach to implement the MGP Technical Assistance Package.
4. Understand the Community-Based Monitoring and Information System (CBMIS)

### **Materials:**

- A. Objectives of the planning process
- B. Learning-by-doing planning process
- C. Gantt chart of the overall MGP Implementation Process
- D. Workshop Schedule
- E. Table of Sessions, Tasks and Products
- F. MGP Handout

### **Program:**

Opening      Invocation  
                 National Anthem  
                 Welcome Address

Introduction of Participants and Facilitators  
                 Individual statements on: Name, position and expectation from  
                 the workshop

Workshop Objectives

Workshop Design and Schedule

General Instructions

Overview of the Matching Grant Program (MGP) and CBMIS

## Learning-by-Doing Process

### Principles and Procedures for Implementing the Matching Grant Program (MGP) Planning Process

- A. It should be understood by all participants that this is not a typical training workshop with lectures and presentations. The primary method of learning will be the completion by each team of an assigned set of tasks using pre-designed formats, criteria, examples and reference material, in order to generate within each session certain prescribed products.\*
- B. The success of the process depends on:
- clear confirmation by the LGU team manager (City Health Officer or similar official) of the responsibility of the team to initiate and maintain the Community Based Monitoring and Information System (CBMIS),
  - strict adherence to the session time schedule
  - and, religious adherence to principle A.
- C. The procedure for the typical workshop session is as follows:
1. *Plenary briefing* by a facilitator (lasting no longer than 10-15 minutes) to explain the tasks for the session. The facilitator covers the session objectives, the materials to be used, and the assigned team tasks and products. He or she clarifies what the team is to produce by showing well-chosen examples of the assigned tables, or other products. Copies of recommended formats are contained in the workshop syllabus to guide and assist in the preparation of assigned products. The facilitator does not lecture on the method to be used, but may need to define terms.
  2. *Teams undertake sub-group work* to accomplish the assigned tasks and products. Most of the time of the session (2-3 hours) is devoted to this active team-work: teams review data, organize their work, discuss, reach consensus, and prepare their products, with very little outside support. Facilitators are present to answer questions if required. The required product should be finished by the end of the time allowed for the session; else the team would need to work in the evening to complete it before the next day.
  3. *Presentation of team products* in plenary. This normally occurs no more than once a day (and sometimes less).

At the completion of the process, each team would have a full set of session products, probably including a detailed plan of action for their next steps, which when assembled into a single document, represents the proposed Matching Grant Program design and implementation plan for each participating LGU.

\* This planning process is devoted to the achievement of the objectives stated earlier, and as such, the design and implementation of the MGP receives the priority attention of this process. While the enhancement of individual staff knowledge and skills in the CBMIS is not the primary purpose, it is strongly believed that such learning will effectively take place as a by-product of the process.

## Gantt Chart

**Phase 1: 3 days** *Month 1*

Planning for CBMIS and facility assessment

*Month 2 – 3*

CBMIS roll out, Family profiling and facility assessment

**Phase 2: 3 days** *Month 4*

Planning for Service delivery intervention and SS certification

*Month 5 – 12* Implementation of the LGU team activity plan

## **Workshop Objectives**

**At the end of the planning workshop, all LGU teams should:**

1. Be able to come up with their plan to set up their Community-Based Monitoring and Information System (CBMIS) and conduct health facility assessment. In particular, they should be able to:

- a. Understand the purpose and design of the Matching Grant Program (MGP)
- b. Understand the CBMIS and the use of its tools
- c. Be familiar with the Facility Assessment Checklist and its use
- d. Prioritize areas (barangays) within the city/municipality for MGP implementation

2. Finalize a proposal for CBMIS roll out, family profiling and facility assessment; such proposal to have been presented to, commented upon and approved by the Centers for Health Development and Provincial Health Office to ensure support for its successful implementation;

**At the end of the planning workshop, the stakeholders (Centers for Health Development and Provincial Health Office) and facilitators should:**

Be in a position to assess the LGU plans in terms of technical soundness, practicability and applicability and pledge and deliver support as needed, towards the successful implementation of the LGU plan for CBMIS roll out and family profiling, and facility assessment.

**Schedule for MGP-TAP  
Phase I Training**

<b>Day</b>	<b>Day1</b>	<b>Day2</b>	<b>Day3</b>
8:00am–12:00 nn	Session 1: Opening Program  Session 2: CBMIS Family Profile (Form 1)	Session 4: Review of Family Profile Forms  Session 5: Barangay CBMIS Tally Sheet (Form 2)  Session 6: Call Cards and Midwife's Copy	Session 10: Health Facility Self-Assessment
12:00 – 1:00	Break	Break	Break
1:00-5:00pm	Session 3: Family Profile Field Practicum	Session 7: Catchment Area CBMIS Tally Sheet (Form 3)  Session 8: From the Top!  Session 9: Updating the CBMIS	Session 11: LGU Planning for CBMIS and Facility assessment

**Sessions, Tasks and Products  
Phase 1 Training**

<b>Session</b>	<b>Session Title and Planning Tasks</b>	<b>Main Products of each Session</b>
1	<b>Opening Program</b> 1.1 Understand the workshop objectives, design and method of work 1.2 Understand the MGP and CBMIS	Participants' understanding of the workshop objectives, design and methods of work, and the concept and design of MGP and CBMIS
2	<b>CBMIS Overview and Family Profile (Form 1)</b> 2.1 Practice Exercise No. 1 • Fill out five practice Family Profile Form 1 2.2 Present completed Family Profile Form 1 at plenary	Five Practice Form 1 exercises completely and correctly filled up
3	<b>Family Profile Field Practicum</b> 3.1 Plan the practicum survey 3.2 Interview five families with qualified target clients 3.3 Complete Family Profile Form 1 per family	Minimum of five completed Practicum Family Profile Forms per participant
4	<b>Review of Family Profile Forms</b> 4.1 Review each Family Profile Form for completeness and errors 4.2 Make necessary corrections as needed	Corrected Family Profile Form 1 from the field practicum
5	<b>Barangay CBMIS Tally Sheet (Form 2)</b> 5.1 Practice Exercise No. 2 • Summarize five Practice Family Profiles using partially completed Barangay CBMIS Tally Sheet 5.2 Present completed Practice Barangay CBMIS Tally Sheet at plenary	Properly completed Barangay CBMIS Tally Sheet (Form 2) for Practice Exercise No. 2
6	<b>Call Cards and Midwives Copy</b> 6.1 Practice Exercise No. 3 • Review Family profiles in Practice Exercise No. 1, identify unmet needs and fill up Call Cards as needed • Make a duplicate copy (Midwife's copy) of all Call Cards issued 6.2 Present completed Call Cards at plenary	Properly completed call cards and midwife's duplicate copy for Practice Exercise No. 3
7	<b>Catchment (Midwife's) Area CBMIS Tally Sheet (Form 3)</b> 7.1 Practice Exercise No. 4 • Fill up partially filled up Catchment (Midwives) Area CBMIS Tally Sheet using data from completed Barangay CBMIS Tally Sheet (Form 2) from Practice	Properly completed Catchment (Midwife) CBMIS Area Tally Sheet for Practice Exercise No. 4

Session	Session Title and Planning Tasks	Main Products of each Session
	Exercise No. 2 in Session 5. 7.2 Present the Catchment (Midwives) Area CBMIS Tally Sheet at plenary	
8	<b>From the Top!</b> 8.1 Summarize Family Profiles from field practicum using the Barangay CBMIS Tally Sheet 8.2 Review corrected Family Profiles from Field practicum, identify needs and issue call cards as needed; fill up midwives copy for every call card issued 8.3 Tabulate the number of family profiles and call cards issued per group 8.4 Per group, summarize all completed Barangay CBMIS Tally Sheet (Form 2) from the Field Practicum and transfer to the Catchment (Midwives) Area CBMIS Tally Sheet (Form 3)	Properly completed Barangay CBMIS Tally Sheet for Field Practicum Properly filled up call cards and midwife's copies  Summary of families interviewed and number of call cards issued per group Properly completed Catchment (Midwife) Area Tally Sheet for the Field Practicum and MGP Tally Sheet
9	<b>Updating the CBMIS</b> 9.1 Review set of seven family data 9.2 Input family data into corresponding Family Profile forms 9.3 Summarize data from updated Family Profiles using blank Form 2 and 3 9.4 Present all updated CBMIS Forms at plenary	Updated CBMIS Forms 1, 2 and 3 presented
10	<b>Health Facility Assessment</b> Per group: 10.1 Conduct a health facility assessment vis-à-vis Sentrong Sigla Quality Standards List for Level 1 Health Facilities 10.2 Identify areas for improvement to achieve Sentrong Sigla Certification 10.3 Present checklist at plenary	Accomplished self-assessment checklists  Lists of health facility deficiencies (areas for improvement)
11	<b>LGU Planning</b> 11.1 Plan for CBMIS roll-out (training of health workers) 11.2 Plan for the survey of all prioritized barangays 11.3 Plan for assessment of health facilities in the LGUs 11.4 Present LGU Plan at plenary	LGU plan to include roll-out for training of health workers on CBMIS and health facility assessment.

## THE MATCHING GRANT PROGRAM

In 1999, the Matching Grant Program (MGP) was launched by the Department of Health (DOH) to assist municipalities and cities expand service delivery coverage and improve the quality of primary health care given to women and children under a decentralized health setting. As a component of the USAID-assisted Integrated Family Planning and Maternal Health Program (IFPMHP), the MGP initially targeted municipalities and cities with large populations but is now available to smaller and poorer municipalities that can be clustered (e.g. health district). The MGP focuses primarily on service delivery expansion through its financial and technical assistance package while, at the same time, promoting quality improvement initiatives to enhance the capability of health facilities to provide services.

Through its Centers for Health Development, the DOH provides grants of about Ph250, 000 - 500,000 to interested LGUs. To participate in the MGP, a municipality or city provides a "counterpart" to the MGP funds as an indicator of commitment to the program and to enhance program sustainability. This counterpart fund is used by the Local Government Unit (LGU) to meet the *Senrong Sigla* certification requirements and/or to enroll their indigent families in the Indigent Program of the Philippine Health Insurance Corporation.

Management Sciences for Health (MSH), through funding from USAID, provides technical assistance to all participating municipalities, cities, provinces, and regions. An MGP-Technical Assistance Package (MGP-TAP) that adopts a *learning-by-doing* approach was developed and utilized in training and planning activities for the LGUs. The technical package includes training of health providers in implementing a Community-Based Monitoring and Information System and conducting health facility self-assessments to establish innovative and responsive interventions that address unmet needs of their women and children. The CBMIS enables the health service providers to systematically identify, categorize, and prioritize women and children in need of health services. The health facility self-assessment assists the LGUs in identifying the deficiencies of their existing health facilities. Together, the data generated from the CBMIS and health facility self-assessment provide a basis for planning and monitoring MGP activities.

The MGP, as a granting mechanism and service delivery strategy, is effective in assisting LGUs to improve health services by making more resources available locally. By focusing on service delivery expansion, the program intends to correct inequities in the delivery of health services and facilitate the flow of funds to the point of service. In addition, the program allows LGUs to develop initiatives to meet local health needs based on information they generate. To date, 92 municipalities and cities across 35 provinces in 14 regions of the country are enrolled in the program. Of these, 66 have at least one *Senrong Sigla*-certified health facility while 62 have existing Memoranda of Agreement with the

Philippine Health Insurance Corporation (PhilHealth) for the enrolment of their indigent constituents in PhilHealth's Indigent Program. Of those with MOA, 48 have already paid their premiums, covering about 71,110 households. More municipalities and cities are expected to enroll by the end of 2001, as regions and provinces become more interested in the MGP.

## General Instructions

For every session. . .

- Select your group's leader, secretary and presenter
- Output must follow a format
- Presentation of output in plenary
- Time limits

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## Completion

- Each team would have
  - full set of session products
  - detailed plan of action for their next steps

*These products when assembled into one document would represent their proposed Community-Based Monitoring and Information System design plan for the LGU*

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## House Rules

- Schedule of sessions for strict compliance
- Use of local dialect is encouraged
- Participation of all team members is required
- All cellular phones on "silent mode"

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**Workshop Objectives**

*General Objective:*  
Prepare the LGU to plan for initial family profiling (CBMIS) and facility self assessment (SS)

*Specific Objectives:*

- Appreciate the use of CBMIS
- Understand the different CBMIS tools
- Understand the Facility Assessment checklist
- Plan for CBMIS roll out and survey
- Plan for facility assessment

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**Workshop Design**  
**"Learning-by-Doing" Process**

x Not the "usual approach"

✓ Completion of each team of an assigned set of tasks

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**Standard Format of Session**

- Session Title
- Session Objectives
- Materials
- Tasks
- Products

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### Matching Grant Program Background

- 1991 - Devolution of the Philippine health care system
- 1995 - Local Government Unit Performance Program (LUPP) launched by DOH
- 1998 - LUPP mid-term assessment recommended expansion of service delivery coverage at the municipal level
- 1999 - Matching Grants Program (MGP) launched




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### Matching Grant Program Goals

- Improve coverage for:
  - FIC
  - Vitamin A
  - Modern CPR
  - TT2+, Protection at Birth (PAB)
- Meet Sentrong Sigla (Center for Vitality) certification requirements
- Enroll in the Indigency Program of the Philippine Health Insurance Corporation

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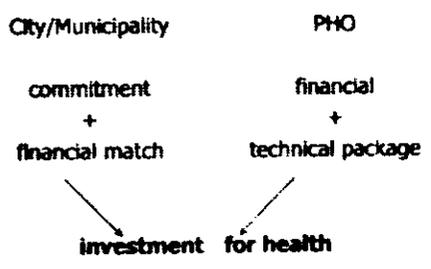
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### Matching Grant Program Mechanism




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**Community-Based Monitoring and Information System  
Tool for Service Delivery**

- Identify clients and their needs
- Provide basis for planning and implementing appropriate interventions
- Enable health workers to track women and children with unmet needs
- Complement FHSIS

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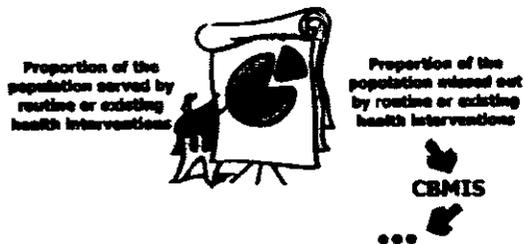
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**Community Based Monitoring and Information System  
(CBMIS)**

Goal: Improve program coverage for EPI, VR A, TT2+, & FP



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**CBMIS Tools**

- **Form 1 (Family Profile)**
  - Identifies target clients and health needs in a family
- **Call Card**
  - Lists identified unmet needs of each client in a family
  - Invites client(s) to visit the health facility for services needed
- **Form 2 (Barangay CBMIS Tally Sheet)**
  - Summarizes all the family profiles in one barangay
- **Form 3 (Catchment Area CBMIS Tally Sheet)**
  - Summarizes the data per catchment area of a midwife

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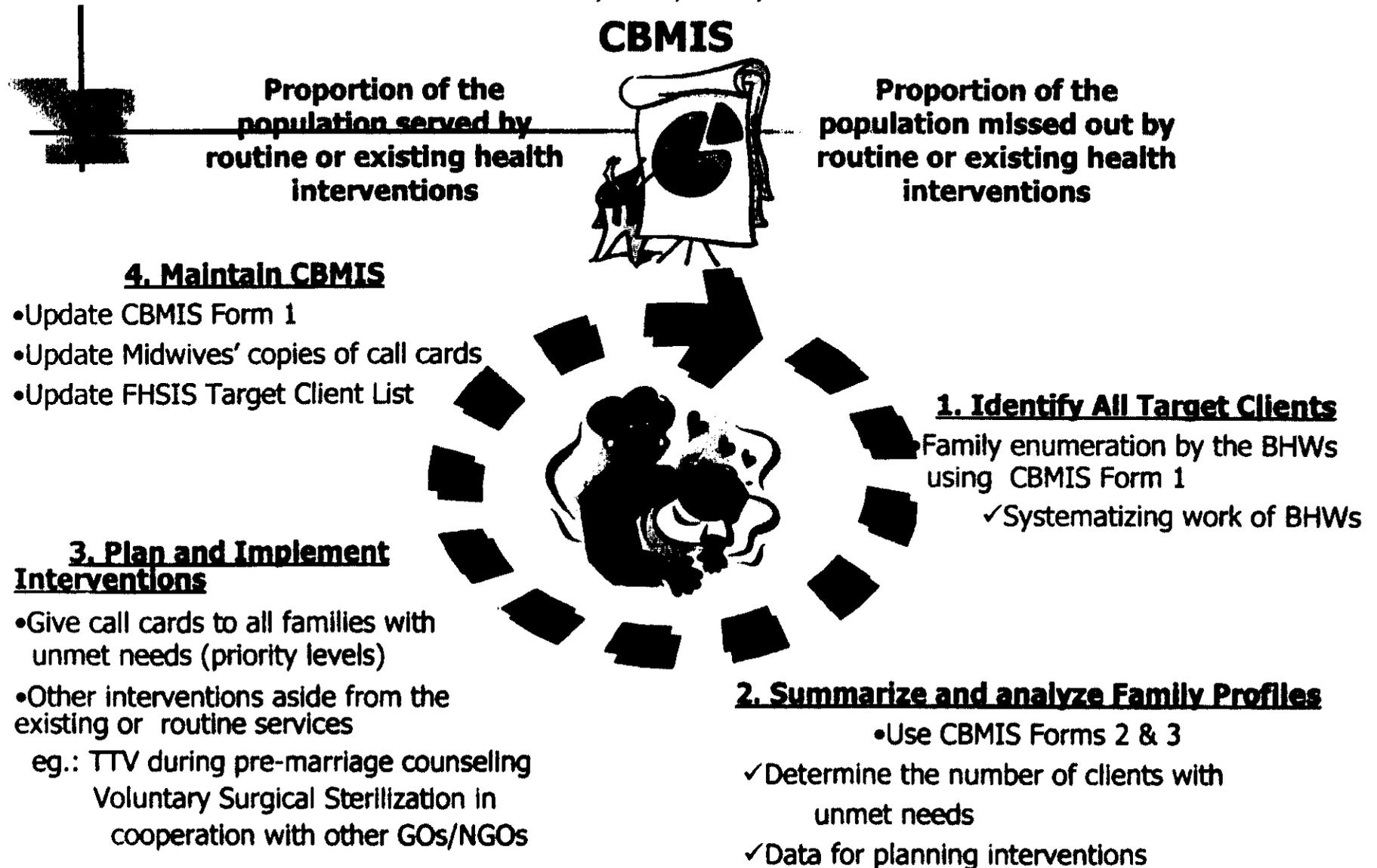
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# Matching Grant Program

Provides technical and financial assistance to improve program coverage for EPI, Vit A, TT2+, & FP



## **Session 2: Community Based Monitoring and Information System: Family Profile (Form 1)**

### **Objectives:**

At the end of the session, LGU teams should:

1. Have a clear understanding of the CBMIS Family Profile Form
2. Be able to correctly complete the CBMIS Family Profile (Form 1)

### **Materials:**

1. Instructions on "How to Complete the Family Profile (Form 1)"
2. A set of five family data for Family Profile Exercise
3. Family Profile blank forms

### **Tasks:**

1. Read the Instructions on "How to Complete the Family Profile (Form 1)"
2. Complete the Family Profile Forms using the provided family data for family profile exercise
3. Present group output at plenary

### **Product:**

Family Profile Forms completed.

## ***INSTRUCTION SHEET***

### **How to Complete the Family Profile (Form 1)**

***Note: Please use pencil in completing the forms to facilitate updating of data***

A family is defined as any one of the following:

- Husband and wife without children
- Husband and wife with child/children
- Father and child/children only
- Mother and child/children only



**Note:**

- A man and a woman are considered married even if they are not legally married as long as they are staying under one roof and considers each other as permanent partners. Child/Children may be legitimate, illegitimate, legitimated or adopted.
- A married sibling (child) staying in the same household will require a separate Family Profile Form.

### **General Information**

**Address** – write the exact address of the family being interviewed. Write the house number, street, purok, and barangay. If none, ask for any landmark that will make it easy to locate back the residence of the family.

**Respondent** – write the name of the respondent or the person who provided the information regarding the family. It is highly recommended that the mother or wife should be the respondent. In case the mother or wife is not available, any other person within the family may qualify as a respondent provided he or she is knowledgeable of the family health status (vaccination, use of family planning, etc). Otherwise, a callback must be made to interview the qualified respondent in the family.

**Father** - write the complete name of the father

**Birthday** – write the birthday of the father in the format mm/dd/yy

**Age** – write the age of the father

**Mother** - write the complete name of the mother

**Birthday** – write the birthday of the mother in the format mm/dd/yy

**Age** – write the age of the mother

**BHS/BHC** – write the name of the barangay health station or barangay (for cities) health center that covers the area where the family resides.

**RHU** - write the name of the rural health unit that covers the area where the family resides

**Mun/City** – write the name of the municipality or city where the family resides.

**Province** – write the name of the Province

**BHW** – write the name of the Barangay Health Worker whose scope of responsibility or catchment area includes the area where the family resides.

**RHM** – write the name of the Rural Health Midwife in charge of the BHS and whose scope of responsibility includes the area where the family resides.

**PHN** – write the name of the Public Health Nurse in charge of the Midwife and whose scope of responsibility includes the area where the family resides.

**Interviewer** – the complete name of the interviewer.

**Date Surveyed** – the month, day and year when the interview was conducted.

**Date of last update** – the month, day and year when the form was last updated

**Note:** The importance of getting the other general information is for the volunteer to have a file record of that family so that when the updating is done she still goes to that family for new information.

**Part I. Data of children 0 – 59 months old (start from the eldest)**

**Name** – write the names of all children aged 0 - 59 months old in the family starting from the eldest to the youngest qualified child.

**Birthday** – write the complete date of birth (mm/dd/yy) in the corresponding boxes for each child aged 0-59 months old.

**Age** – based on the birthday of the child, write his/her age in completed months if 11 months old and below, and the completed age in years if more than 12 months

old. Write the letters "M" to indicate months and "Y" to indicate years. Examples: the age of a 3 months and 8 days old baby should be written as "3 M"; the age of a 2 years and 6 months child should be written as "2 Y"; the age of a 20 days old neonate should be written as "0".

**Where does the child avail of vaccination services?** – For each qualified child, ask the respondent where the child received his/her vaccinations. If the child received his/her vaccinations from the BHS or BHC, write B. If the child received his/her vaccinations from the RHU or MHC, write R. Leave it blank if the child has not received any vaccination at all. If the child received his/her vaccinations from a private clinic, write P, if government hospital, write G. See A for specific actions to be taken if the response is either P or GH and the child is not yet fully immunized. The specific action for A instructs the BHW In charge of this family to do monthly follow-up of the child's vaccinations until completed and update the Form 1 of the family.

**Does the child have any vaccination record?** – For each qualified child, determine whether he or she has any vaccination record or none. If the child has a vaccination record put Y for Yes. Then ask the respondent for the vaccination record and copy in the next column, "Vaccinations Received", the dates of the vaccinations received by the child. If the child has no vaccination record or it has been lost, write N for No or None. If the answer to this question is N, see B at the bottom of Form 1 for the specific Action to be taken by the BHW or interviewer and put B on the last column (Action Taken). Action B is to advise the mother to go to the nearest health facility to ask for a vaccination card.

Normally, if a child was vaccinated in a government facility like the RHU or BHS, he or she would have a Growth Monitoring Card ("GMC") that is also called Yellow Card. If a child was vaccinated in private health facilities, he or she would have a "baby's book" which is normally given by private practitioners.

**Vaccinations Received** – For 0-11 month old children listed, put the date when he/she received the various doses of antigens (BCG, DPT, OPV and Measles) regardless if this is supported by record or by recall. If the mother cannot recall the dates and there is no record, just put a Y in the corresponding columns of vaccinations given. For children 12-59 months old write N under any of the vaccinations that were not given to the child. For children aged 0-11 months leave the column blank if the vaccination was not yet given. For a child aged 0 – 11 months, with NO vaccination or the vaccination schedule is NOT followed see "C" below.

For a child aged 12 – 59 months, if there is any column marked N or if the mother claims that the child did not get the complete doses of vaccination, see "D" (Advise mother to consult RHM for the child's vaccination) and put "D" in the column, "Remarks":

**BCG** - Bacillus Calmette Guerin, a live attenuated vaccine given to infants after birth to protect them against tuberculosis; usually injected on the right deltoid region of the arm (sometimes given on the buttock by private practitioners) that may cause a scarring or dimpling of the skin.

**DPT** - A vaccination against Diphtheria, Pertussis, and Tetanus; usually injected on the upper outer portion of the thigh. Normally, three (3) doses are given to infants starting at 6 weeks after birth at monthly intervals. It is important that all three doses be given before the first birthday of a child.

**OPV** - Oral Polio Vaccine, given orally to infants starting at 6 weeks after birth at monthly intervals to prevent poliomyelitis. It is important that all three doses be given before the first birthday of a child.

**Measles Vaccine** - A vaccination against measles; usually given to infants at the age of 9 months or before reaching 12 months old. If a child was given measles vaccination earlier than 9 months (e.g. 6 months) for one reason or another (e.g. during outbreak of measles, in evacuation areas in times of disasters, etc.), it should be repeated at 9 months or before reaching 12 months.

**Note:** All children should receive one (1) dose of BCG, three (3) doses of DPT, three (3) doses of OPV and one (1) dose of measles vaccines before his/her first birthday to be considered a fully immunized child or FIC.

**FIC (For children 9 months to 4 years old) – Did the child receive all the preceding vaccinations before his/her first birthday?** A Fully Immunized Child (FIC) is a child that has received one dose of BCG, 3 doses of DPT, 3 doses of OPV and one dose of Measles vaccine before his/her first birthday. If the child is FIC or not based on his/her vaccination record/card, and respondent's recall, put Y or N in the appropriate column. If vaccinations received are based on mother's recall, this should be verified from the records of the health facility. Please note that even if the child is claimed to be FIC but has no record, the mother is still advised to go to the nearest health facility to ask for a vaccination card (B under the "Actions Taken"). After verification from the records of the health facility, Form 1 should be revised if necessary.

**Vitamin A (For children 1-4 years old only) - Was the child given Vitamin A capsule during the last Garantisadong Pambata Activities?** Vitamin A supplementation is regularly conducted every six months usually during April and October (e.g. Garantisadong Pambata activities). The BHW should fill up the columns with the months April and October written on it with the appropriate year depending on the time of the survey. Ask the respondent if the child received Vitamin A supplementation at any time during the last 6 months either during the GP activities or due to some medical reasons like severe diarrhea, malnutrition or measles infection. If the answer is yes, write the letter Y. If the child was not given

Vitamin A in the last 6 months, write N and see "E". The specific action to be taken by the interviewer or community health worker for "E" is to give the mother information about the Importance/benefits of Vitamin A supplementation. If child is not high risk, inform the mother of the next Vitamin A supplementation activity. If child is sickly or malnourished, tell the mother to bring the child to the health center for proper assessment and Vitamin A supplementation, if necessary.

**Example 1:**

If the survey date was July 12, 2000, the BHW should put in the year 2000 on the columns of April and October to serve as the **point of reference** when the vitamin A supplementation should have been given to the child. Since the survey date was July 12, 2000, the question would then pertain to vitamin A supplementation given from the period of January 12, 2000 to July 12, 2000 and put the data on the April 2000 column. The column of October 2000 should be left blank since October still has to come.

**(For children 12-59 months old only)**

Was the child given Vitamin A capsule during the last Garantisadong Pambata activities?

Y = Given  
N = Not Given  
**(See # 5)**

April 2000 <small>Year</small>	October 2000 <small>Year</small>
Y	
N	
Y	
Y	

**Example 2:**

If the survey was conducted on November 9, 2000, the BHW should put in the year 2000 on the column of October and the year 2001 on the column of April to serve as the point of reference when vitamin A supplementation should have been given to the child. Since the survey date was November 9, 2000, the question would then pertain to vitamin A supplementation given from the period May 9, 2000 to November 9, 2000 and put the data on the October 2000 column. The column of April 2001 should then be left blank since April 2001 still has to come.

**(For children 12-59 months old only)**

Was the child given Vitamin A capsule during the last Garantisadong Pambata activities?

Y = Given  
N = Not Given  
**(See # 5)**

April 2001 <small>Year</small>	October 2000 <small>Year</small>
	Y
	Y
	Y
	Y

All children aged 12-59 months old are given 200,000 IU of Vitamin A every 6 months as part of the Department of Health's effort to eliminate micronutrient malnutrition. Vitamin A capsules (200,000 IU) are colored deep red or yellow with a tip.

Vitamin A is administered by cutting the tip of the capsule (for capsules without tips, puncture with a pin) and squeezing the content (liquid) into the mouth of the child. Show the respondent a sample capsule to help her remember and not to confuse it with the Oral Polio Vaccine which is also administered in the mouth of the child.

**Remarks-** This column is for any action or health services rendered (Actions to be taken) at the time of interview and other important health information about the child. Make sure that every time there is a condition that an action was taken, the code letter is recorded. There could be more than one action to be taken depending on the identified needs of the client. Other relevant health information needed for service delivery regarding the client other than those that are letter coded should also be recorded in this column.

### **Part II B. Tetanus Toxoid Vaccination for Pregnant Women.**

**Is the woman pregnant?** Put a check in Yes box if pregnant and check on No box if not pregnant. All pregnant women should be advised by the interviewer to go to the midwife or health center for pre-natal check-up and the TT vaccination, if necessary.

**Total number of TTV doses received** – record in the box provided for the number of TTV doses the woman received during her lifetime even though she is not currently pregnant. Write 0 (zero) if she has not received any TTV during her lifetime. Do not leave the box empty.

**Tetanus Toxoid Vaccine (TTV)** - an anti-tetanus injection shot given to women, especially to pregnant women to prevent the child from getting neonatal tetanus; injected on the upper arm or buttocks. **Neonatal tetanus** in newborns is a disease characterized by a history of all three of the following:

- Normal suck and cry for the first two days of life
- Onset of illness between the third and 28th day of life
- Inability to suck followed by stiffness of the body and/or convulsions

**TT Vaccination schedule:**

**TT1** – at any time during pregnancy

**TT2** - at least 4 weeks after TT1

**TT3** - at least 6 months after TT2

**TT4** - at least one year after TT3

**TT5** - at least one year after TT4

## **Part II B. Protection at Birth (PAB against neonatal tetanus)**

***To be completed only if the age of the youngest living child is between 0 to 2 years old (0-35 months old)***

If the mother has no 0 to 2 years old child, do not complete the table even if she has received TT vaccinations as recorded in Part II A.

**Name of youngest child (0-2 years old only)** - Write the name of the youngest living child aged 0-2 years old only. It is possible that a mother can have 3 children with the following ages: less than 1 year, 1 year and 2 years old BUT choose only the youngest child among the three. For twins, triplets and the like, choose only one child.

**Age of youngest child** – Write the age of the youngest child aged 0 to 2 years old.

**How many TTV doses did you receive BEFORE your pregnancy with your youngest child?** Write the number of TTV doses in the box provided. For example, if the mother has 5 TTV doses as recorded in Part II A and 3 of the 5 doses were received BEFORE the pregnancy with the youngest child; write 3 in the box provided.

**How many TTV doses did you receive DURING your pregnancy with your youngest child?** Write the number of TTV doses in the box provided. For example, if the mother has 5 TTV doses as recorded in Part II A and 2 of the 5 doses were received DURING the pregnancy with the youngest child; write 2 in the box provided.

### **Was the child protected at birth (PAB)?**

Put a check in the Yes box if the youngest child is PAB, or a check mark in the No box if the youngest child is not PAB as defined.

PAB is defined as any of the following:

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

## **Part III. Family Planning practice of Married Woman of Reproductive Age Married Women of Reproductive Age (MWRA) (Mother/Wife)**

A few questions will be asked of a currently married woman of reproductive age to determine whether she has an unmet need for family planning.

**"Women with "UNMET NEEDS" include: 1) women who would like to space their children or do not like to have any more children but are not using any family planning method and 2) women who are using a family planning method but are not satisfied with the method they are currently using.**

**Note: The following should not be included in the interview for Part III.**

1. Widowed or separated women (with no permanent partners)
2. Menopausal women
3. Women with ovaries and/or uterus and/or fallopian tubes were surgically removed due to a medical (e.g. tumors, ectopic pregnancy)

1. ***Are you currently pregnant?*** If the answer is "**Yes**", check the corresponding box and do the action suggested on the box next to the checked response, that is fill in the expected date of delivery in the given format (MM/DD/YY). This would guide the BHW and other health staff when the mother is expected to deliver and allow them to provide immediate health services to the mother and child. Remind her of the need for prenatal care and tetanus toxoid vaccination, if needed. **End of Interview.**

If the answer is "**No/Unsure**", check the corresponding box and proceed to question #2 by following the arrow.

2. ***Do you want to have additional child/children?*** If the answer is "**Yes, within 2 years**" check the corresponding box and do the action suggested on the box next to the response. Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind. **End of Interview.**

If the answer is "**No**" or "**Yes after 2 years**", check the corresponding box and proceed to question #3 by following the arrow.

3. ***Are you currently using any Family Planning method?*** If the answer is "**No**," check the corresponding box and proceed to the question #4 by following the arrow.

If the answer is **Yes**, check the corresponding box then proceed to question #6 by following the arrow.

4. ***Are you interested in using any family planning method?*** If the answer is **No**, check the corresponding box then do the action written in the box next to the response; give the woman information about family planning services and refer her to a midwife or to the health center for counseling in case she changes her mind. **End of Interview.**

If the answer is "**Yes**," check the corresponding box and proceed to question #5 by following the arrow.

5. **What family planning method are you interested in?** At this point, give the couple a brief introduction about the permanent and the temporary methods of family planning. If the answer is **Permanent Method**, check the corresponding box and give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer: Bilateral Tubal Ligation (BTL) or Vasectomy. Refer to the midwife at once for counseling and scheduling. **End of Interview.**

If the answer is **Temporary Method**, provide information on temporary methods. If respondent chooses condom or pills, provide supply at once. If respondent prefers other temporary methods, refer her to the midwife for other FP methods. **End of Interview.**

6. **What family method are you currently using?** Check the appropriate box of the family planning method she is using.

- Check only one appropriate box.
- If BTL is used in combination with any other method, check BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6)
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman
- If the above conditions are not satisfied, CHECK the method used most often

If the woman is using pills or condoms, provide the woman her new supply of FP method (if the interviewer or BHW has the necessary supply) if needed or remind her about her next scheduled visit to the health center for re-supply and/or check-up.

If the woman/mother is classified as using LAM make sure that the following 3 criteria are found:

- a. She has a baby less than six months old,
- b. She is amenorrheic and
- c. She is breastfeeding the baby day and night without supplementation.

If the woman is using any of the traditional methods, do the action suggested on the box next to the response. Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling. **Proceed to Question #7**

**7. Are you satisfied with the FP method you are using?** If the answer is **Yes**, check the corresponding box and thank the respondent. **End of Survey.**

If the answer is **No**, respondent has an unmet need for family planning. Advise the woman to go to the health center for counseling and information about shifting from one method to another. ***This woman has an unmet need because she is not satisfied with the family planning method she is currently using and is likely to discontinue or drop-out if not given the proper advice or guidance.*** Check the corresponding box and refer or accompany her to the midwife or to the health center for counseling.

### **Important Note:**

After the interview, please review the CBMIS Form1 for completeness and accuracy. Make sure that all needed information is gathered before thanking the respondent for her cooperation. Also, please review and repeat to the respondent all the necessary health advice/information you provided her before leaving.

### **Modern methods**

- 1. Pills** - these are tablets taken orally each day or at least 20 days of the menstrual cycle, suppressing ovulation. Examples of pills are Logentrol, Nordette, Trinordiol, Ovural, Norlestrin, Marvelon 28, Femenal, Nordiol, Logynon, Diane 35, Micropil, Rigevidon, etc.
- 2. Intra-uterine device (IUD)** - a small plastic or metal device that is inserted in the uterus by a doctor/nurse and remains there until removed by a doctor/nurse or expelled. Most IUDs are known as loops or coils. The IUD in the public sector program is called copper-T 380A.
- 3. Injectable** - an injection that is normally given every two or three months and is also known as Depo-Provera, Noristerat or DMPA (Depot Medroxy-Progesterone Acetate). It prevents ovulation by stopping the pituitary hormone from releasing the egg from the ovary.
- 4. Condom** - a rubber or latex sheath, which is used by the male during sexual intercourse and prevents sperms from entering the uterus. Condoms are most commonly known as rubbers. Some brand names are Trust, Gold Coin, Silver Tex, Fuji, Conture, Samoa, Conform, etc.
- 5. Ligation or female voluntary sterilization (FVS a.k.a. BTL)** - tubal ligation is a permanent method to avoid pregnancy by means of tying or cutting the fallopian tubes, preventing the egg from flowing to the uterus. Note that

hysterectomy (surgical removal of the uterus) or salphingo-oophorectomy (surgical removal of fallopian tubes and ovaries) is not considered as female sterilization.

6. **Vasectomy or male voluntary sterilization (MVS a.k.a. VAS)** - vasectomy is a relatively minor surgical operation (as compared to ligation) done on men for contraceptive purposes. It is a permanent method performed on men by means of tying or cutting the *vas deferens* to prevent the sperm cells from mixing with the semen during ejaculation.
7. **Mucus, billings or ovulation** - method by which a woman checks the consistency of her vaginal mucus to determine the time of her ovulation.
8. **Thermometer, temperature or basal body temperature (BBT)** - the time of ovulation is gauged by observing the fluctuations in the woman's temperature during the woman's menstrual cycle.
9. **Symptothermal** - monitoring both cervical mucus and basal body temperature.
10. **Lactational amenorrhea method (LAM)** -A mother may be classified as using LAM if all 3 of the following are true:
  - She has a baby less than six months old,
  - She is amenorrheic (not menstruating), and
  - She is breastfeeding the baby day and night without supplementation.
  - LAM is a child spacing method promoted by the Department of Health (DOH) that requires full and regular breastfeeding, which results in the delay of the mother's ovulation.
  - LAM is a temporary method that can be used only until the infant is six months old.
  - If at least one condition mentioned above is not met, the mother cannot be classified as using LAM.
  - If at the time of interview the youngest living child is more than 6 months old, the woman cannot be considered to be using LAM anymore even though she is breastfeeding.
11. **Standard Days Method** - The Standard Days Method (SDM) is a new method of natural family planning. It identifies days 8 to 19 of a woman's cycle as the fertile days. The couple uses a device called the necklace to identify the fertile and infertile days. The necklace has 32 beads composed of the following: one red bead which represents the first day of menstruation, followed by six brown beads for infertile days, then 12 white beads for fertile days, and 13 brown beads for infertile days. Only women with a regular menstrual cycle ranging from 26 to 32 days can use the method.

## **Traditional Methods**

**12. Withdrawal** - refers to voluntary withdrawal of the male sex organ just before the climax (Ejaculation) is reached during sexual intercourse.

**13. Calendar/Rhythm/Periodic abstinence** - a couple avoids sexual intercourse on certain days of the woman's menstrual cycle (around the time of ovulation) to avoid pregnancy. The woman calculates and marks on the calendar the days she is likely to be fertile to remind the couple not to have sexual intercourse on those fertile days. Likewise, a couple is using rhythm if they use a rule to determine which days not to have sexual intercourse, such as no sexual intercourse from day 8 to day 21 of the woman's menstrual cycle. Periodic abstinence is not the same as prolonged abstinence where the couple stops having sexual intercourse for months at a time to avoid pregnancy without regard to the woman's cycle

## Family Profiling Exercise

### Background Information:

The Municipality of San Nicolas is a fifth class municipality located in the province of Sulu. It is composed of 35 Barangays with a total population of 82,000. It has 18 Barangay Health Stations (BHS) and 1 Rural Health Unit (RHU) named Kalinga RHU. The Rural Health Physician (RHP) is Dr. Hugo Del Prado and the only Public Health Nurse (PHN) is Mrs. Tina Dela Cruz. All of the municipal health staff including the Barangay Health Workers (BHWs) has just completed their training on the MGP Technical Assistance Package in February 2001.

The diligent rural health midwife (RHM) Mrs. Nilda San Juan in charge of the Pinyahan BHS immediately deployed all her BHWs to conduct a survey among their assigned families. Mrs. San Juan has 2 Barangays in her catchment area, namely Barangay Pinyahan and Barangay Ibayo. The BHWs of Barangay Ibayo finished the survey in 2 weeks time and Mrs. San Juan has already summarized the data. For Barangay Pinyahan, however, Mrs. Milagrosa Tatlonghari (one of the five BHWs) still has to conduct the survey and complete the family profile forms. Mrs. Tatlonghari is in charge of only 5 families but these families are residing in one of the very hard to reach areas of barangay Pinyahan.

The following lists the data of the 5 families to be interviewed. **Complete the family profile forms for each family assuming that today is March 09, 2001.** All respondents were the mothers.

#### 1. Aquino Family

- Residing at 109 Kalayaan St., Barangay Pinyahan
- The father is Mr. Cesar Aquino born on April 3, 1960
- The mother is Mrs. Regina Aquino born on January 9, 1962
- Mr. And Mrs. Aquino are legally married
- They have 5 children all under 5 years of age namely:
  - Cathrina born on September 13, 1996
  - Nico born on August 12, 1997
  - Jacob born on July 15, 1998
  - Jeremy born on June 1, 1999
  - Abby born on July 5, 2000
- Cathrina received her vaccinations from a private physician but has lost her vaccination record. Through her mother's recall, she received BCG, 3 doses of DPT and 3 doses of OPV. She was not given anti-measles

vaccination. She was not also given vitamin A supplementation during the past 6 months.

- Nico received his vaccinations from a private physician and his baby's record is intact. The record showed that he was vaccinated with BCG, 3 doses of DPT, 3 doses of OPV but no anti measles vaccination. He was not given vitamin A capsule during the past 6 months.
- Jacob received his vaccinations at the BHS. The growth monitoring chart (GMC) record showed that he received all the vaccinations before his first birthday. He was also given vitamin A supplementation during the past 6 months.
- Jeremy received his vaccinations at the BHS. His GMC record showed that he had BCG, 3 doses of DPT, 3 doses of OPV but no anti measles vaccination. He did not receive any vitamin A supplementation during the past 6 months.
- Abby is receiving her vaccinations at the BHS. Her GMC record has the following information:
  - BCG: 07/05/2000
  - DPT1: 09/01/2000
  - DPT2: 10/05/2000
  - OPV1: 09/01/2000
  - OPV2: 10/05/2000
- Mrs. Regina Aquino is not currently pregnant. She had received 2 tetanus toxoid vaccinations (TTV) during her lifetime. She received her first dose of TTV or TTV1 prior to her pregnancy with her youngest child Abby. The second dose or TTV2 was received while she was pregnant with Abby.
- Mrs. Regina Aquino expressed that she and her husband do not want to have additional children anymore but they are not practicing family planning. They are interested in BTL since she already has 5 children.

## **2. Valderrama Family**

- Residing at 121 Kalayaan St., Barangay Pinyahan
- The father is Mr. Arturo Valderrama born on December 23, 1970
- The mother is Mrs. Helen Valderrama born on May 12, 1972
- They are legally married
- They have 5 children namely:
  - Cha-Cha born on August 22, 1992
  - Noelle born on April 2, 1994
  - Julie Anne born on November 15, 1996
  - Jasmine born on October 29, 1997
  - MJ born on April 25, 2000
- Julie Anne received her vaccinations at the local government hospital. Her vaccination record showed that she had BCG, 2 doses of DPT, 2 doses of

- OPV, and no anti measles vaccination. She received vitamin A supplementation during the past 6 months.
- Jasmine received her vaccinations at a private clinic. Her baby's record showed that she was given BCG, 3 doses of DPT, 3 doses of OPV but no anti measles vaccination. She also received vitamin A supplementation during the last Garantisadong Pambata activities.
  - MJ is receiving her vaccinations at the BHS. Her GMC card shows the following information:
    - BCG: 04/25/2000
    - DPT1: 06/10/2000
    - DPT2: 07/15/2000
    - OPV1: 06/10/2000
    - OPV2: 07/15/2000
  - Mrs. Valderrama is not currently pregnant. She has never received any tetanus toxoid vaccinations.
  - They do not want any additional child anymore but they are not using any family planning yet. They are interested in any kind of temporary family planning method

### **3. Abselica Family**

- Residing at 321 Matapang St., Barangay Pinyahan
- The father is Mr. Carlito Abselica born on October 12, 1973
- The mother is Mrs. Lita Abselica born on June 17, 1974
- They are not married but living in together for 8 years.
- They have 3 children namely:
  - Cecille born on December 11, 1993
  - Macy born on October 21, 1996
  - Aaron born on March 28, 2000
- Macy received her vaccinations at a private clinic. Her baby's immunization record showed that she received BCG, 3 doses of DPT, 3 doses of OPV and anti measles vaccinations before she turned 1 year old. She was not given vitamin A supplementation
- Aaron was also vaccinated at the same private clinic. His baby's record showed the following:
  - BCG: March 28, 2000
  - DPT1: May 1, 2000
  - DPT2: June 10, 2000
  - DPT3: July 15, 2000
  - OPV1: May 1, 2000
  - OPV2: June 10, 2000
  - OPV3: July 15, 2000
  - Measles: December 28, 2000

- Mrs. Abselica is currently pregnant and expected to deliver on June 16, 2001. She has already received 5 doses of tetanus toxoid vaccinations. She received her first 3 doses of the TTV before her pregnancy with her youngest child Aaron. The 4<sup>th</sup> dose or TTV4 was given while she was pregnant with Aaron and the 5<sup>th</sup> dose or TT5 was given during her current pregnancy.

#### **4. Ramos Family**

- Residing at 234 Kalayaan St., Barangay Pinyahan
- The father is Mr. Romeo Ramos born on January 13, 1965
- The mother is Mrs. Alicia Ramos born on June 12, 1965
- They are married.
- They have 2 children namely:
  - Oliver born on August 30, 1999
  - Czarina born on September 5, 2000
- Oliver received his vaccinations at the BHS. His vaccination record showed that he received BCG, 3 doses of DPT, 3 doses of OPV and anti measles vaccinations before he turned 1 year old. He was not given vitamin A supplementation.
- Czarina was also vaccinated at the BHS. Her vaccination record showed the following:
  - BCG: September 20, 2000
  - DPT1: November 10, 2000
  - DPT2: December 12, 2000
  - DPT3: January 20, 2001
  - OPV1: November 10, 2000
  - OPV2: December 12, 2000
  - OPV3: January 20, 2001
- Mrs. Ramos is not currently pregnant. She had 1 tetanus toxoid vaccination prior to her pregnancy with her youngest child Czarina.
- Mr. And Mrs. Ramos plans to have another child after 2 years. Currently they are using withdrawal as a method of family planning and are not satisfied with the method.

#### **5. Martinez Family**

- Residing at 222 Matapang St., Barangay Pinyahan
- The father is Mr. Martin Martinez born on March 25, 1975
- The mother is Mrs. Rosario Martinez born on August 22, 1977
- They are civilly married.
- They have a child named Redentor born on October 2, 2000
- A private physician is providing vaccination services for Redentor. His vaccination record showed the following:

- BCG: October 15, 2000
- DPT1: December 10, 2000
- DPT2: January 12, 2001
- DPT3: February 16, 2001
- OPV1: December 10, 2000
- OPV2: January 12, 2001
- OPV3: February 16, 2001
- Mrs. Martinez is not currently pregnant. She had 3 tetanus toxoid vaccinations during her lifetime. She received the first 2 TTV doses before she got pregnant with Redentor and the 3<sup>rd</sup> dose when she was pregnant with Redentor.
- They are planning to have another child after 2 years. Currently Mrs. Martinez is satisfied using contraceptive pills.



**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child?

How many TTV doses did you receive DURING your pregnancy with your youngest child?

Was the child protected at birth (PAB)?  YES  NO

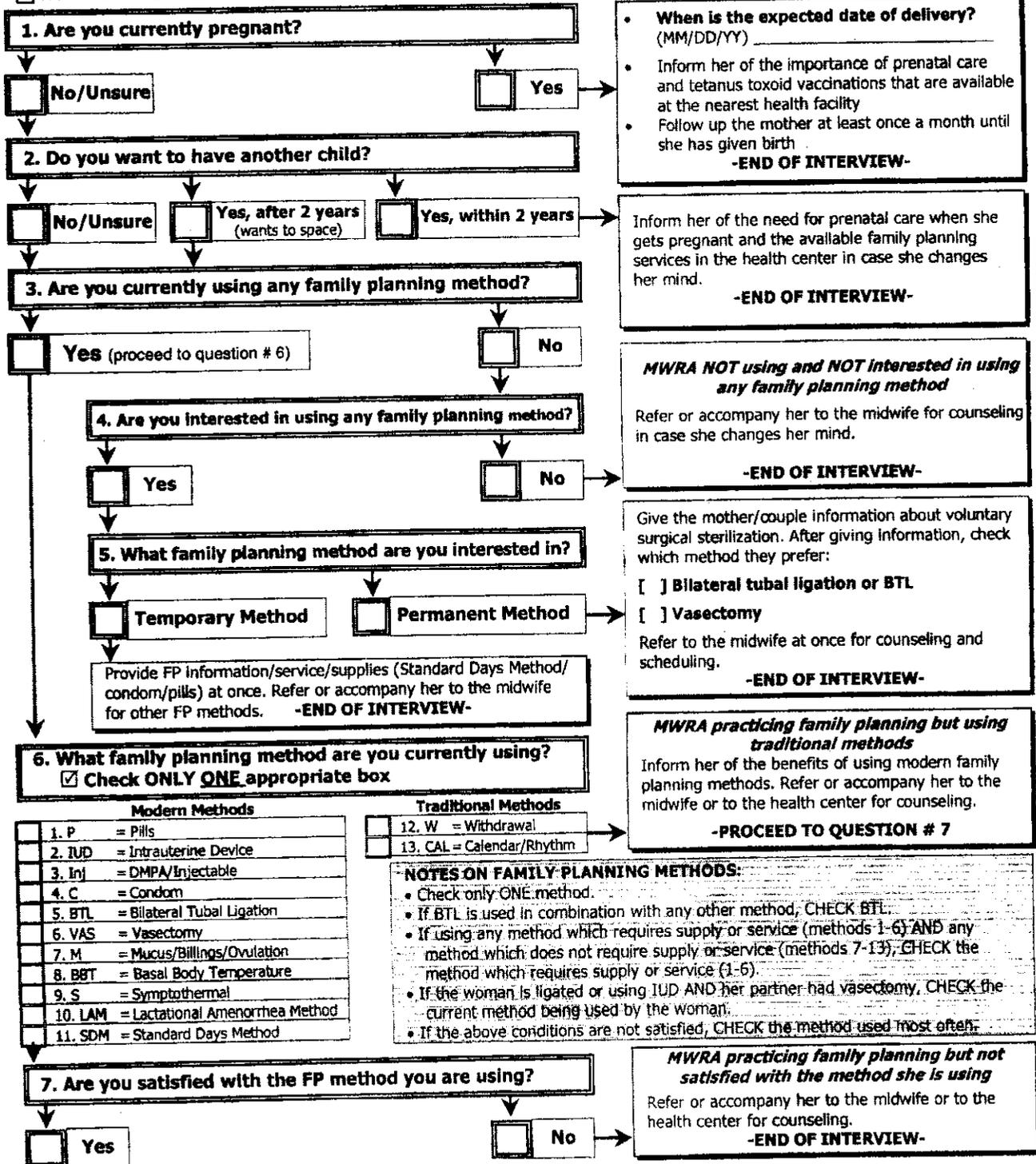
*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

- Widowed or separated women
- Menopausal women
- Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)



**NOTES ON FAMILY-PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**FAMILY PROFILE**

*CBMIS Revised Form as of 06/2002*

FORM 1, page 1

**General Information**

Address: _____ Respondent: _____ Father: _____ Birthday: _____ (mm/dd/yy)    Age: _____ Mother: _____ Birthday: _____ (mm/dd/yy)    Age: _____ Civil Status: ( ) Single    ( ) Married    ( ) Widow    ( ) Separated	BHS/BHC: _____ RHU: _____ Mun/City: _____ Province: _____	BHW: _____ RHM: _____ PHN: _____ Interviewer: _____ Date Surveyed: _____ Date of last update: _____
<p><b>NOTE: Please use pencil in completing the forms to facilitate updating!</b></p>		

**Part I. Data of children 0 - 4 years old (0 - 59 months old, start from the eldest)**

Name	Birthday			Age	Where does the child receive vaccinations? B -BHS/BHC R -RHU/MHC P -Private G -Gov't Hosp  (See "A" below)	Does the child have any vaccination record?  Y - Yes N - No  (See "B" below)	Vaccinations Received							PIC (For children 9 months to 4 years old)  Did the child receive all the preceding vaccinations before his first birthday?  Y = Yes N = No	Vitamin A (For children 1-4 years old only) Was the child given Vitamin A capsule (200,000 Iu) during the past 6 months? (e.g. Garantisadong Pambata Activities) Y = Yes N = No (See "E" below)		Remarks	
	B C G	DPT					OPV			Measles	April	October						
		1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose		3 <sup>rd</sup> dose	Y/N	Y/N					
	MM	DD	YY															

**Actions to be taken**

- A. If the child avails of vaccination services from private clinics/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B. Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C. Refer or accompany the mother and child to the midwife for immediate vaccination
- D. Advise the mother to consult the midwife for completion of the child's vaccinations.
- E. Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation

**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child? \_\_\_\_\_

How many TTV doses did you receive DURING your pregnancy with your youngest child? \_\_\_\_\_

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

- Widowed or separated women
- Menopausal women
- Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)

**1. Are you currently pregnant?**

No/Unsure  Yes

**2. Do you want to have another child?**

No/Unsure  Yes, after 2 years (wants to space)  Yes, within 2 years

**3. Are you currently using any family planning method?**

Yes (proceed to question # 6)  No

**4. Are you interested in using any family planning method?**

Yes  No

**5. What family planning method are you interested in?**

Temporary Method  Permanent Method

Provide FP information/service/supplies (Standard Days Method/condom/pills) at once. Refer or accompany her to the midwife for other FP methods. **-END OF INTERVIEW-**

**6. What family planning method are you currently using?**  
 Check ONLY ONE appropriate box

Modern Methods		Traditional Methods	
1. P	= Pills	12. W	= Withdrawal
2. IUD	= Intrauterine Device	13. CAL	= Calendar/Rhythm
3. Inj	= DMPA/Injectable		
4. C	= Condom		
5. BTL	= Bilateral Tubal Ligation		
6. VAS	= Vasectomy		
7. M	= Mucus/Billings/Ovulation		
8. BBT	= Basal Body Temperature		
9. S	= Symptothermal		
10. LAM	= Lactational Amenorrhea Method		
11. SDM	= Standard Days Method		

**7. Are you satisfied with the FP method you are using?**

Yes  No

**When is the expected date of delivery? (MM/DD/YY)** \_\_\_\_\_

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

**-END OF INTERVIEW-**

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

**-END OF INTERVIEW-**

**MWRA NOT using and NOT interested in using any family planning method**

Refer or accompany her to the midwife for counseling in case she changes her mind.

**-END OF INTERVIEW-**

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

Bilateral tubal ligation or BTL  
 Vasectomy

Refer to the midwife at once for counseling and scheduling.

**-END OF INTERVIEW-**

**MWRA practicing family planning but using traditional methods**

Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling.

**-PROCEED TO QUESTION # 7**

**NOTES ON FAMILY PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**MWRA practicing family planning but not satisfied with the method she is using**

Refer or accompany her to the midwife or to the health center for counseling.

**-END OF INTERVIEW-**



**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child?

How many TTV doses did you receive DURING your pregnancy with your youngest child?

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

- Widowed or separated women
- Menopausal women
- Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)

**1. Are you currently pregnant?**

No/Unsure  Yes

**2. Do you want to have another child?**

No/Unsure  Yes, after 2 years (wants to space)  Yes, within 2 years

**3. Are you currently using any family planning method?**

Yes (proceed to question # 6)  No

**4. Are you interested in using any family planning method?**

Yes  No

**5. What family planning method are you interested in?**

Temporary Method  Permanent Method

Provide FP information/service/supplies (Standard Days Method/condom/pills) at once. Refer or accompany her to the midwife for other FP methods. **-END OF INTERVIEW-**

**6. What family planning method are you currently using?**  
 Check ONLY ONE appropriate box

Modern Methods		Traditional Methods	
1. P	= Pills	12. W	= Withdrawal
2. IUD	= Intrauterine Device	13. CAL	= Calendar/Rhythm
3. Inj	= DMPA/Injectable		
4. C	= Condom		
5. BTL	= Bilateral Tubal Ligation		
6. VAS	= Vasectomy		
7. M	= Mucus/Billings/Ovulation		
8. BBT	= Basal Body Temperature		
9. S	= Symptothermal		
10. LAM	= Lactational Amenorrhea Method		
11. SDM	= Standard Days Method		

**7. Are you satisfied with the FP method you are using?**

Yes  No

**When is the expected date of delivery?** (MM/DD/YY) \_\_\_\_\_

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

**-END OF INTERVIEW-**

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

**-END OF INTERVIEW-**

**MWRA NOT using and NOT interested in using any family planning method**

Refer or accompany her to the midwife for counseling in case she changes her mind.

**-END OF INTERVIEW-**

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

- Bilateral tubal ligation or BTL
- Vasectomy

Refer to the midwife at once for counseling and scheduling.

**-END OF INTERVIEW-**

**MWRA practicing family planning but using traditional methods**

Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling.

**-PROCEED TO QUESTION # 7**

**NOTES ON FAMILY PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**MWRA practicing family planning but not satisfied with the method she is using**

Refer or accompany her to the midwife or to the health center for counseling.

**-END OF INTERVIEW-**

**FAMILY PROFILE**

CRMIS Revised Form as of 06/2002

FORM 1, page 1

**General Information**

Address: _____ Respondent: _____ Father: _____ Birthday: _____ (mm/dd/yy) Age: _____ Mother: _____ Birthday: _____ (mm/dd/yy) Age: _____ Civil Status: ( ) Single ( ) Married ( ) Widow ( ) Separated	BHS/BHC: _____ RHU: _____ Mun/City: _____ Province: _____	BHW: _____ RHM: _____ PHN: _____ Interviewer: _____ Date Surveyed: _____ Date of last update: _____
---	--	--

**NOTE: Please use pencil in completing the forms to facilitate updating!**

**Part I. Data of children 0 - 4 years old (0 - 59 months old, start from the eldest)**

Name	Birthday			Age	Where does the child receive vaccinations? B -BHS/BHC R -RHU/MHC P -Private G -Gov't Hosp  (See "A" below)	Does the child have any vaccination record? Y - Yes N - No  (See "B" below)	Vaccinations Received							Meningitis	PIC (For children 9 months to 4 years old)  Did the child receive all the preceding vaccinations before his first birthday?  Y = Yes N = No	Vitamin A (For children 1-4 years old only) Was the child given Vitamin A capsule (200,000 Iu) during the past 6 months? Y = Yes N = No (See "E" below)		Remarks			
	B C G	DPT					OPV			Measles	April	October									
		1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose			Y/N	Y/N				
	MM	DD	YY																		

**Actions to be taken**

- A. If the child avails of vaccination services from private clinics/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B. Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C. Refer or accompany the mother and child to the midwife for immediate vaccination
- D. Advise the mother to consult the midwife for completion of the child's vaccinations.
- E. Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation

08

**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child?

How many TTV doses did you receive DURING your pregnancy with your youngest child?

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

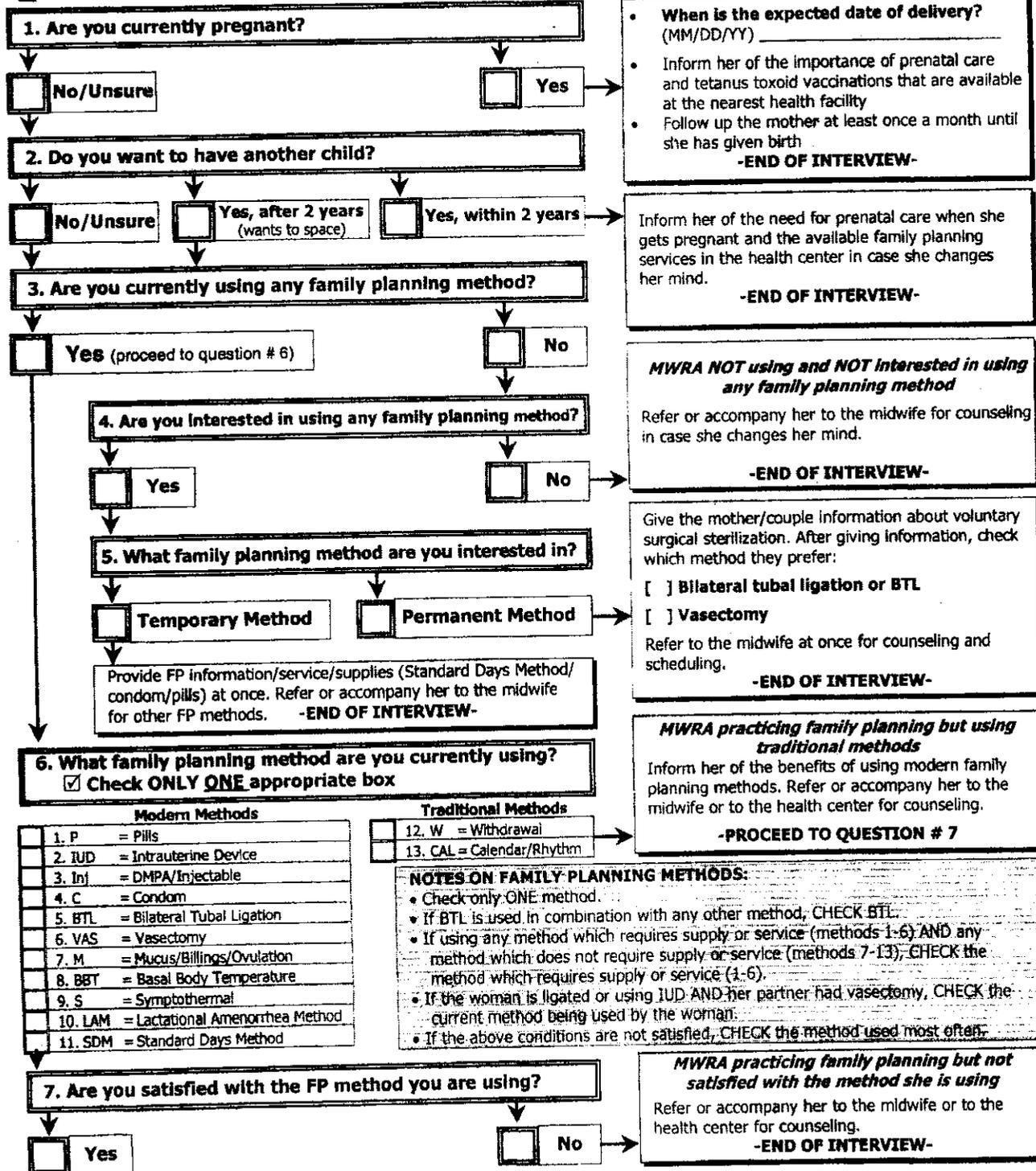
- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

Widowed or separated women  Menopausal women

Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)



### FAMILY PROFILE

*CRMIS Revised Form as of 06/2002*

FORM 1, page 1

**General Information**

Address: \_\_\_\_\_  
 Respondent: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ (mm/dd/yy) Age: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ (mm/dd/yy) Age: \_\_\_\_\_  
 Civil Status: ( ) Single ( ) Married ( ) Widow ( ) Separated

BHS/BHC: \_\_\_\_\_  
 RHU: \_\_\_\_\_  
 Mun/City: \_\_\_\_\_  
 Province: \_\_\_\_\_

BHW: \_\_\_\_\_  
 RHM: \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_  
 Date Surveyed: \_\_\_\_\_  
 Date of last update: \_\_\_\_\_

**NOTE: Please use pencil in completing the forms to facilitate updating!**

**Part I. Data of children 0 - 4 years old (0 - 59 months old, start from the eldest)**

Name	Birthday			Age	Where does the child receive vaccinations? B - BHS/BHC R - RHUMHC P - Private G - Govt Hosp (See "A" below)	Does the child have any vaccination record? Y - Yes N - No (See "B" below)	Vaccinations Received (For children 0-11 months old, write the date when vaccination was given) (For children 12-59 months old, put a Y if child was given vaccination or an N if not given) If the child 0-11 months old has NO vaccination or the vaccination schedule is NOT followed, (See "C" below) If the child 1-4 years old has INCOMPLETE or NO vaccination, (See "D" below)							PIC (For children 9 months to 4 years old) Did the child receive all the preceding vaccinations before his first birthday? Y = Yes N = No	Vitamin A (For children 1-4 years old only) Was the child given Vitamin A capsule (200,000 iu) during the past 6 months? (e.g. Garantisadong Pambata Activities) Y = Yes N = No (See "E" below)		Remarks	
	MM	DD	YY				B C G	DPT			OPV				Measles	April Yes		October Yes
								1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					

**Actions to be taken**

- A. If the child avails of vaccination services from private clinics/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B. Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C. Refer or accompany the mother and child to the midwife for immediate vaccination.
- D. Advise the mother to consult the midwife for completion of the child's vaccinations.
- E. Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation.

**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child?

How many TTV doses did you receive DURING your pregnancy with your youngest child?

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

Widowed or separated women  Menopausal women

Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)

**1. Are you currently pregnant?**

No/Unsure  Yes

**2. Do you want to have another child?**

No/Unsure  Yes, after 2 years (wants to space)  Yes, within 2 years

**3. Are you currently using any family planning method?**

Yes (proceed to question # 6)  No

**4. Are you interested in using any family planning method?**

Yes  No

**5. What family planning method are you interested in?**

Temporary Method  Permanent Method

Provide FP information/service/supplies (Standard Days Method/condom/pills) at once. Refer or accompany her to the midwife for other FP methods. **-END OF INTERVIEW-**

**6. What family planning method are you currently using?**  
 Check ONLY ONE appropriate box

Modern Methods		Traditional Methods	
<input type="checkbox"/> 1. P = Pills	<input type="checkbox"/> 12. W = Withdrawal	<input type="checkbox"/> 13. CAL = Calendar/Rhythm	
<input type="checkbox"/> 2. IUD = Intrauterine Device			
<input type="checkbox"/> 3. Inj = DMPA/Injectable			
<input type="checkbox"/> 4. C = Condom			
<input type="checkbox"/> 5. BTL = Bilateral Tubal Ligation			
<input type="checkbox"/> 6. VAS = Vasectomy			
<input type="checkbox"/> 7. M = Mucus/Billings/Ovulation			
<input type="checkbox"/> 8. BBT = Basal Body Temperature			
<input type="checkbox"/> 9. S = Symptothermal			
<input type="checkbox"/> 10. LAM = Lactational Amenorrhea Method			
<input type="checkbox"/> 11. SDM = Standard Days Method			

**7. Are you satisfied with the FP method you are using?**

Yes  No

**When is the expected date of delivery? (MM/DD/YY) \_\_\_\_\_**

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

**-END OF INTERVIEW-**

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

**-END OF INTERVIEW-**

**MWRA NOT using and NOT interested in using any family planning method**

Refer or accompany her to the midwife for counseling in case she changes her mind.

**-END OF INTERVIEW-**

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

Bilateral tubal ligation or BTL

Vasectomy

Refer to the midwife at once for counseling and scheduling.

**-END OF INTERVIEW-**

**MWRA practicing family planning but using traditional methods**

Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling.

**-PROCEED TO QUESTION # 7**

**NOTES ON FAMILY PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**MWRA practicing family planning but not satisfied with the method she is using**

Refer or accompany her to the midwife or to the health center for counseling.

**-END OF INTERVIEW-**

## **Session 3: Family Profile Field Practicum**

### **Objectives:**

At the end of the session, participants should:

1. Be able to plan for a field interview
2. Be able to conduct Family Profile field interview
3. Properly accomplish Family Profile Form

### **Materials:**

1. List of areas/map of areas to be visited
2. Assigned grouping of participants
3. Family Profile (Form 1) blank forms

### **Tasks:**

1. Plan out steps for carrying out the survey:
  - a. number of participant (BHWs) per sitio/purok
  - b. assignment of participant (BHWs) by sitio/purok
  - c. other requirements of the survey team (vehicle, forms, meals)
2. Properly complete a Family Profile (Form 1) per family
  - At the assigned area, each participant should interview at least five families with qualified target clients (children 0 – 59 months old and/or pregnant women, and/or married women of reproductive (MWRA)
3. Share field interview experience at plenary session
4. Draft a checklist for survey needs

### **Products:**

1. Minimum of 5 completed Family Profile forms per participant
2. LGU checklist for carrying out survey

## **Session 4: Review of Family Profile Forms**

### **Objectives:**

At the end of the session, participants should:

1. Be able to review the Family Profile forms from the field practicum
2. Be able to make the necessary corrections

### **Materials:**

1. Filled-up Family Profile forms from the field practicum
2. Instructions on "How to Complete the Family Profile (Form 1)"

### **Tasks:**

1. Exchange completed family profiles with another group as assigned by the facilitator
2. Review each family profile form thoroughly for completeness and errors. Participants can refer to the Instructions on "How to Complete the Family Profile (Form 1)"
3. Identify and encircle errors in entries with a pencil. Do not make the corrections yourselves.
4. Return reviewed family profiles to owner-group for necessary corrections.
5. Owner-group should make necessary corrections as needed

### **Product:**

1. Corrected Family Profiles from the field practicum

## **Session 5: Barangay CBMIS Tally Sheet (Form 2)**

### **Objective:**

At the end of the session, participants should be able to summarize the Family Profile forms using the Barangay CBMIS Tally Sheet (Form 2)

### **Materials:**

1. Instructions on "How to Complete the Barangay CBMIS Tally Sheet (Form 2)"
2. Five completed Family Profile Forms which are the products of the family profile exercise of Session 2
3. Partially completed Barangay CBMIS Tally Sheet

### **Tasks:**

1. Read the instructions on "How to Complete the Barangay CBMIS Tally Sheet (Form 2)"
2. Summarize the five completed family profile forms from Session 2 using the partially completed Barangay CBMIS Tally Sheet.
3. Present the completed Barangay CBMIS Tally Sheet at plenary.

### **Products**

Completed Barangay CBMIS Tally Sheet

## **INSTRUCTION SHEET**

### **How to Complete the Barangay CBMIS Tally Sheet (Form 2)**

Every time a Form 2 is completed and updated, the Rural Health Midwife can keep track of the total number of target clients in the particular barangay.

The midwife summarizes all the Form 1 from each BHW under her into Form 2, categorizing the clients into different target groups as listed.

**Part IA. Children 0 – 11 Months old** – This part consists of four categories numbered 1, 2, 3 and 4. From all the Form 1 of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 0-11 months old should be the sum of numbers 1, 2, 3 and 4.

**Part IB. Children 12 – 23 months old** – This part consist of two categories numbered 5, and 6. From all the Form 1 of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 12-23 months old should be the sum of numbers 5 and 6.

**Part IC. Children 12 – 59 Months old** – This part consists of two categories numbered 7 and 8. From all the Form 1 of each BHW, the midwife tallies the children into the category where they should belong. The total number of children 12-59 months old should be the sum of numbers 7 and 8.

**Part IIA. Tetanus Toxoid Vaccination Status for Pregnant Women** – This part consists of two categories numbered 9 and 10. From all the Form 1 of each BHW, the midwife tallies the pregnant women according to their tetanus toxoid vaccination status into the category where they should belong. The total number of pregnant WRA should be the sum of numbers 9 and 10. This sum could serve as the actual denominator for computing the percentage of pregnant women given TT2 plus.

**Part IIB. Protection at Birth of children 0 to 2 years old (0-35 months old)** – This part consist of two categories numbered 11 and 12. From all of the Form 1 of each BHW, the midwife tallies the children into the category they should belong. The total number of children 0 to 2 years old should be the sum of numbers 11 and 12.

**Part III. Family Planning and Non-Pregnant Married Women of Reproductive Age (MWRA)** – This part consists of seven categories numbered 13, 14, 15, 16, 17, 18 and 19. From all the Form 1 of each BHW, the midwife tallies the married women of reproductive age (MWRA) according to their family planning practice into the category where they should belong. The total number of non-pregnant MWRA should be the sum of numbers 13, 14, 15, 16, 17, 18 and 19. This

sum plus the sum of pregnant women could serve as the actual denominator for computing the contraceptive prevalence rate.

**Total Number of Current Users by FP methods used-** This part distributes all those practicing family planning into the kind of family planning method they use. The sum of all the methods should be equal to the sum of numbers 18 and 19.

## Barangay CBMIS Tally Sheet

CBMIS Revised Form as of 08/2002

Barangay: Pinyahan  
 BHS/BHC: Pinyahan  
 Mun/City: San Nicolas

RHM: Mrs. Nilda San Juan  
 Date: March 11, 2001

Form 2, page 1

TARGET GROUP	Purok:	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	BHW	Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
<b>IA. Vaccination status of children 0-11 months old</b>																							
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all		3	2	5	6																		
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed		1	2	1	4																		
3. Children 0-8 months old with recommended vaccination schedule followed		1	1	1	3																		
4. Children 9-11 months old who are Fully Immunized Children (FIC)		2	3	2	2																		
<b>TOTAL number of children 0-11 months old (sum of # 1, 2, 3 &amp; 4)</b>		<b>7</b>	<b>8</b>	<b>9</b>	<b>15</b>																		
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																							
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all		3	5	2	3																		
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)		2	2	4	9																		
<b>TOTAL number of 1 year old children (12-23 months) (sum of # 5 &amp; 6)</b>		<b>5</b>	<b>7</b>	<b>6</b>	<b>12</b>																		
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																							
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months		3	2	3	3																		
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months		4	7	5	8																		
<b>TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 &amp; 8)</b>		<b>7</b>	<b>9</b>	<b>8</b>	<b>11</b>																		
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																							
9. Pregnant with NO TT or with TT1 only		1	2	3	4																		
10. Pregnant with TT2 +		0	1	2	2																		
<b>TOTAL number of pregnant mother/wife (sum of # (9 &amp; 10))</b>		<b>1</b>	<b>3</b>	<b>5</b>	<b>6</b>																		

6/1

TARGET GROUP	Purok:																				Total
	BHW 1	BHW 2	BHW 3	BHW 4	BHW 5	BHW 6	BHW 7	BHW 8	BHW 9	BHW 10	BHW 11	BHW 12	BHW 13	BHW 14	BHW 15	BHW 16	BHW 17	BHW 18	BHW 19	BHW 20	
<b>II B. Protection at Birth</b>																					
11. Children Protected at Birth		3	4	4	8																
12. Children Not Protected at Birth		5	4	5	9																
<b>Sum of # 11 &amp; 12</b>		<b>8</b>	<b>8</b>	<b>9</b>	<b>17</b>																
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>																					
13. MWRA wanting a child within 2 years		1	0	0	1																
14. MWRA NOT USING and NOT INTERESTED in using any family planning method		1	0	0	3																
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method		2	3	2	5																
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)		2	3	1	5																
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY		1	3	2	2																
18. MWRA USING a family planning method and SATISFIED with the method she is using		2	1	1	2																
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using		5	3	3	4																
<b>TOTAL number of non-pregnant MWRA (sum of # 13 to 19)</b>		<b>14</b>	<b>13</b>	<b>9</b>	<b>22</b>																
<b>FP Methods Used by Current Users</b>																					
<b>P</b> Pills		2	1	2	1																
<b>IUD</b> Intrauterine Device		1	1	0	0																
<b>INJ</b> DMPA / Injectable		0	1	1	0																
<b>C</b> Condom		2	0	1	1																
<b>BTL</b> Bilateral Tubal Ligation		1	0	0	2																
<b>VAS</b> Vasectomy		0	0	0	0																
<b>M</b> Mucus/Billings/Ovulation		0	0	0	0																
<b>BBT</b> Basal Body Temperature		0	0	0	0																
<b>S</b> Symptothermal		0	0	0	0																
<b>LAM</b> Lactational Amenorrhea Method		0	0	0	1																
<b>SOM</b> Standard Days Method		0	0	0	0																
<b>W</b> Withdrawal		0	1	0	1																
<b>Cal</b> Calendar		1	0	0	0																
<b>TOTAL Current Users by FP Methods Used (should equal the sum of # 18 &amp; 19)</b>		<b>7</b>	<b>4</b>	<b>4</b>	<b>6</b>																

## Barangay CBMIS Tally Sheet

*CBMIS Revised Form as of 08/2002*

Barangay: \_\_\_\_\_  
 BHS/BHC: \_\_\_\_\_  
 Mun/City: \_\_\_\_\_

RHM: \_\_\_\_\_  
 Date: \_\_\_\_\_

Form 2, page 1

	BHW																					
TARGET GROUP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total	
<b>Purok:</b> _____																						
<b>IA. Vaccination status of children 0-11 months old</b>																						
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all																						
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed																						
3. Children 0-8 months old with recommended vaccination schedule followed																						
4. Children 9-11 months old who are Fully Immunized Children (FIC)																						
TOTAL number of children 0-11 months old (sum of # 1, 2, 3 & 4)																						
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																						
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all																						
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)																						
TOTAL number of 1 year old children (12-23 months) (sum of # 5 & 6)																						
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																						
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months																						
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months																						
TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 & 8)																						
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																						
9. Pregnant with NO TT or with TT1 only																						
10. Pregnant with TT2 +																						
TOTAL number of pregnant mother/wife (sum of # 9 & 10)																						

TARGET GROUP	BHW	Total																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
<b>Purok:</b>																				
<b>II B. Protection at Birth</b>																				
11. Children Protected at Birth																				
12. Children Not Protected at Birth																				
Sum of # 11 & 12																				
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>																				
13. MWRA wanting a child within 2 years																				
14. MWRA NOT USING and NOT INTERESTED in using any family planning method																				
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method																				
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)																				
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY																				
18. MWRA USING a family planning method and SATISFIED with the method she is using																				
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using																				
TOTAL number of non-pregnant MWRA (sum of # 13 to 19))																				
<b>FP Methods Used by Current Users</b>																				
<b>P</b> Pills																				
<b>IUD</b> Intrauterine Device																				
<b>INJ</b> DMPA / Injectable																				
<b>C</b> Condom																				
<b>BTL</b> Bilateral Tubal Ligation																				
<b>VAS</b> Vasectomy																				
<b>M</b> Mucus/Billings/Ovulation																				
<b>BBT</b> Basal Body Temperature																				
<b>S</b> Symptothermal																				
<b>LAM</b> Lactational Amenorrhea Method																				
<b>SDM</b> Standard Days Method																				
<b>W</b> Withdrawal																				
<b>Cal</b> Calendar																				
TOTAL Current Users by FP Methods Used (should equal the sum of # 18 & 19)																				

25

## **Session 6: MGP CBMIS Call Cards and Midwife's Copy**

### **Objectives:**

At the end of the session, each group must be able to:

1. Identify unmet needs per family using data from the five completed Family Profile Forms from Session 2
2. Properly fill up a Call Card
3. Make a duplicate copy (Midwife's Copy) for each call card issued

### **Materials:**

1. Instructions on "How to Complete the MGP CBMIS Call Card and Midwife's Copy"
2. Five completed Family Profile Forms from Session 2
3. Blank call cards
4. Blank Midwife's copy

### **Tasks:**

1. Read the instructions on "How to Complete the MGP CBMIS Call Card and Midwife's Copy"
2. Review the five completed Family Profile Forms from Session 2
3. Identify unmet needs from each family and fill up Call Cards as needed
4. Make a duplicate copy (Midwife's Copy) of all Call Cards Issued
5. Present results in plenary

### **Product:**

Properly completed call cards and midwife's copy

## **INSTRUCTION SHEET**

### **How to Complete the MGP CBMIS Call Card and Midwife's Copy**

- The name and address of the person (usually the mother) being invited should be written down on the ruled spaces on the front page of the call card.
- The invitation letter printed on the inside cover should be signed by the inviting midwife.

### **Vaccinations for Children 0-11 months**

- Two tables are provided for the vaccination schedule of children 0-11 months old
- Write down the name and age of the child needing vaccinations
- Check the vaccination that the child needs (NOT THE VACCINATIONS THAT HE/SHE ALREADY RECEIVED)
- Write down the date when you plan to give the vaccinations
- Write down the place where you plan to give the vaccinations
- Once the child received the schedule vaccinations, write down the date when the service was actually given
- The midwife should sign her name on the column provided for in the table once the service was actually given

### **Vitamin A Supplementation for children 1-4 years old**

- Write down the name and age of the child needing vitamin A supplementation
- Write down the date when you plan to give the vitamin A supplementation
- Write down the place where you plan to give the vitamin A supplementation
- Once the child received the vitamin A supplementation, write down the date when the service was actually given
- The midwife should sign her name on the column provided for in the table once the service was actually given

### **Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

- Write down the name and age of the pregnant woman needing TTV
- Check the TT vaccination that she needs (NOT THE TT VACCINATIONS THAT SHE ALREADY RECEIVED)
- Write down the date when you plan to give the TT vaccination
- Write down the place where you plan to give the TT vaccination
- Once the pregnant woman received the schedule TT vaccination, write down the date when the service was actually given
- The midwife should sign her name on the column provided for in the table once the service was actually given

## Family Planning Service

- Write down the name and age of the woman needing family planning service
- Write down the kind of service that she needs (e.g. family planning counseling)
- Write down the date when you plan to give the service
- Write down the place where you plan to give the service
- Once the woman received the service, write down the date when the service was actually given
- The midwife should sign her name on the column provided for in the table once the service was actually given

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**Matching Grant Program**

**CBMIS Call Card**




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*Sa Senrong Sigla, Health Ang Una!*

Vaccinations for children 0-11 months old

57

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Dear \_\_\_\_\_

Greetings from the staff of your local health center.

Recently, our local health department through our barangay health workers (BHW) conducted a survey in your area to identify the health services needed by your family. This is our effort to reach out to each and everyone in your community. From the information you provided our BHWs, we found that the health service/services listed on the following tables is/are needed by one or more members of your family.

Please do not hesitate to avail of the free services to be given by our friendly health personnel on the scheduled date and place.

Sincerely

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Vitamin A Supplementation for children 1-4 years old

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**Matching Grant Program**

**CBMIS Call Card**




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*Sa Sentrong Sigla, Health Ang Una!*

Vaccinations for children 0-11 months old

69

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Dear \_\_\_\_\_,

Greetings from the staff of your local health center.

Recently, our local health department through our barangay health workers (BHW) conducted a survey in your area to identify the health services needed by your family. This is our effort to reach out to each and everyone in your community. From the information you provided our BHWs, we found that the health service/services listed on the following tables is/are needed by one or more members of your family.

Please do not hesitate to avail of the free services to be given by our friendly health personnel on the scheduled date and place.

Sincerely

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Vitamin A Supplementation for children 1-4 years old

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**Matching Grant Program**

**CBMIS Call Card**




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*Sa Senrong Sigla, Health Ang Una!*

Vaccinations for children 0-11 months old

19

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Dear \_\_\_\_\_

Greetings from the staff of your local health center.

Recently, our local health department through our barangay health workers (BHW) conducted a survey in your area to identify the health services needed by your family. This is our effort to reach out to each and everyone in your community. From the information you provided our BHWs, we found that the health service/services listed on the following tables is/are needed by one or more members of your family.

Please do not hesitate to avail of the free services to be given by our friendly health personnel on the scheduled date and place.

Sincerely

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Vitamin A Supplementation for children 1-4 years old

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**Matching Grant Program**

**CBMIS Call Card**




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*Sa Sentrong Sigla, Health Ang Una!*

Vaccinations for children 0-11 months old

63

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Dear \_\_\_\_\_,

Greetings from the staff of your local health center.

Recently, our local health department through our barangay health workers (BHW) conducted a survey in your area to identify the health services needed by your family. This is our effort to reach out to each and everyone in your community. From the information you provided our BHWs, we found that the health service/services listed on the following tables is/are needed by one or more members of your family.

Please do not hesitate to avail of the free services to be given by our friendly health personnel on the scheduled date and place.

Sincerely

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Vitamin A Supplementation for children 1-4 years old

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**Matching Grant Program**

**CBMIS Call Card**




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*Sa Sentrong Sigla, Health Ang Una!*

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Dear \_\_\_\_\_,

Greetings from the staff of your local health center.

Recently, our local health department through our barangay health workers (BHW) conducted a survey in your area to identify the health services needed by your family. This is our effort to reach out to each and everyone in your community. From the information you provided our BHWs, we found that the health service/services listed on the following tables is/are needed by one or more members of your family.

Please do not hesitate to avail of the free services to be given by our friendly health personnel on the scheduled date and place.

Sincerely

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**MGP CBMIS Call Card  
Midwife's Copy**

Mother : \_\_\_\_\_  
Address : \_\_\_\_\_  
Midwife: \_\_\_\_\_

BHS: \_\_\_\_\_

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**MGP CBMIS Call Card  
Midwife's Copy**

Mother : \_\_\_\_\_  
Address : \_\_\_\_\_  
Midwife : \_\_\_\_\_

BHS: \_\_\_\_\_

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**MGP CBMIS Call Card  
Midwife's Copy**

Mother : \_\_\_\_\_  
Address : \_\_\_\_\_  
Midwife : \_\_\_\_\_

BHS: \_\_\_\_\_

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**MGP CBMIS Call Card  
Midwife's Copy**

Mother : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Midwife : \_\_\_\_\_ BHS: \_\_\_\_\_

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

**MGP CBMIS Call Card  
Midwife's Copy**

Mother : \_\_\_\_\_

Address : \_\_\_\_\_

Midwife : \_\_\_\_\_

BHS: \_\_\_\_\_

**Vaccinations for children 0-11 months old**

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Vaccinations Needed	Date when vaccination will be given	Place where vaccination will be given	Date Given	Signature of Midwife
BCG				
DPT 1				
DPT 2				
DPT 3				
OPV 1				
OPV 2				
OPV 3				
Measles				

**Vitamin A Supplementation for children 1-4 years old**

Name of Child	Age	Date when vitamin A will be given	Place where vitamin A will be given	Date Given	Signature of Midwife

**Tetanus Toxoid (TT) Vaccination for Pregnant Women**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Services Needed	Date when TT vaccination will be given	Place where TT vaccination will be given	Date Given	Signature of Midwife
TT 1				
TT 2				
TT 3				
TT 4				
TT 5				

**Family Planning Service**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

FP Services Needed	Date when service will be provided	Place where service will be provided	Date provided	Signature of Midwife

## **Session 7: Catchment Area CBMIS Tally Sheet (Form 3)**

### **Objective:**

At the end of the session, participants should be able to properly complete the Catchment area CBMIS Tally Sheet

### **Materials:**

1. Instructions on "How to Complete the Catchment Area CBMIS Tally Sheet (Form 3)"
2. Completed Barangay CBMIS Tally Sheet (Form 2) which is the product of Session 5
3. Partially completed Catchment Area CBMIS Tally Sheet
4. Calculator

### **Tasks:**

1. Read the instructions on "How to Complete the Catchment (Midwife's) Area CBMIS Tally Sheet (Form 3)".
2. Complete the partially completed Catchment Area CBMIS Tally Sheet Form using data from the completed Barangay CBMIS Tally Sheet from Session 5.
3. Present the completed Catchment Area CBMIS Tally Sheet at plenary.

### **Product:**

Properly completed Catchment CBMIS Area Tally Sheet

## INSTRUCTION SHEET

### How to Complete the Catchment Area CBMIS Tally Sheet (Form 3)

The entries in this tally sheet are basically the same as that of Form 2 except that the data that would be entered here is the data from all the catchment barangays of each midwife. For example, if a midwife has a catchment area consisting of two (2) barangays, then the data (Form 2) of each barangay will be tallied in Form 3. This would give the midwife an overall picture of her catchment area. She can then prioritize which barangay has the greatest number of clients with unmet needs. Computing rates or percentages can compare data among the barangays within a catchment area.

Sample data from 2 barangays

TARGET GROUPS	Barangay Malambing		Barangay Matipuno	
	Number (N)	Percent (N ÷ Total × 100)	Number (N)	Percent (N ÷ Total × 100)
<b>IA. Vaccination of children 0-11 months old</b>				
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all	15	52%	15	34%
2. Children 0-8 months with NO vaccination or with recommended vaccination scheduled NOT followed	6	21%	6	14%
3. Children 0-8 months old with recommended vaccination scheduled followed	5	17%	11	25%
4. Children 9-11 months old who are Fully Immunized Children (FIC)	3	10%	12	27%
<b>TOTAL number of children 0-11 months old (Sum of #1, 2, 3 &amp; 4)</b>	<b>29</b>	<b>100%</b>	<b>44</b>	<b>100%</b>

This example shows the data of children 0-11 months old from two barangays within the catchment area of a rural health midwife. Looking at the raw numbers (N), both barangays Malambing and Matipuno has 15 children who are 9-11 months old with incomplete or no vaccination at all. Ideally, all of these children should be immediately attended to. However, in situations where manpower and logistics would not allow such action, the midwife could then determine which barangay to prioritize by computing rates or percentages. In this example, barangay Malambing should be prioritized first because it has a higher percentage of children 0-11 months old with unmet needs compared with barangay Matipuno.

## Catchment Area CBMIS Tally Sheet

CBMIS Revised Form as of 08/2002

BHS/BHC: Pinyahan  
 Mun/City: San Nicolas

RHM: Mrs. Nilda San Juan  
 Date: March 11, 2001

Form 3, page 1

TARGET GROUP	Barangay Pinyahan		Barangay Ibaño		Barangay		Total												
	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	
<b>IA. Vaccination status of children 0-11 months old</b>																			
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all			9	27%															
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed			10	30%															
3. Children 0-8 months old with recommended vaccination schedule followed			12	36%															
4. Children 9-11 months old who are Fully Immunized Children (FIC)			2	6%															
<b>TOTAL number of children 0-11 months old (sum of # 1, 2, 3 &amp; 4)</b>			<b>33</b>	<b>100%</b>															
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																			
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all			15	43%															
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)			20	57%															
<b>TOTAL number of 1 year old children (12-23 months) (sum of # 5 &amp; 6)</b>			<b>35</b>	<b>100%</b>															
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																			
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months			10	27%															
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months			27	73%															
<b>TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 &amp; 8)</b>			<b>37</b>	<b>100%</b>															
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																			
9. Pregnant with NO TT or with TT1 only			3	12%															
10. Pregnant with TT2 +			22	88%															
<b>TOTAL number of pregnant mother/wife (sum of # 9 &amp; 10)</b>			<b>25</b>	<b>100%</b>															

TARGET GROUP	Barangay Pinabacanan		Barangay Ibang		Barangay		Total											
	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)	Number (N)	Percent (% Total 100)
<b>II B. Protection at Birth</b>																		
11. Children Protected at Birth			26	78%														
12. Children Not Protected at Birth			8	22%														
Sum of # 11 & 12			36	100%														
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>																		
13. MWRA wanting a child within 2 years			0	0%														
14. MWRA NOT USING and NOT INTERESTED in using any family planning method			1	4%														
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method			4	16%														
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)			2	8%														
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY			2	8%														
18. MWRA USING a family planning method and SATISFIED with the method she is using			12	48%														
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using			4	16%														
<b>TOTAL number of non-pregnant MWRA (sum of # 13 to 19)</b>			25	100%														
<b>FP Methods Used by Current Users</b>																		
P Pills			3	19%														
IUD Intrauterine Device			2	13%														
INJ DMPA / Injectable			5	31%														
C Condom			3	19%														
BTL Bilateral Tubal Ligation			1	6%														
VAS Vasectomy			0	0%														
M Mucus/Billings/Ovulation			0	0%														
BBT Basal Body Temperature			0	0%														
S Symptothermal			0	0%														
LAM Lactational Amenorrhea Method			1	6%														
SDM Standard Days Method			0	0%														
W Withdrawal			1	6%														
Cal Calendar			0	0%														
<b>TOTAL Current Users by FP Methods Used (should equal the sum of # 18 &amp; 19)</b>			16	100%														

46

## Catchment Area CBMIS Tally Sheet

*CBMIS Revised Form as of 08/2002*

BHS/BHC: \_\_\_\_\_  
Mun/City: \_\_\_\_\_

RHM: \_\_\_\_\_  
Date: \_\_\_\_\_

Form 3, page 1

TARGET GROUP	Barangay		Total															
	Number (N)	Percent (% of Total 100)																
<b>IA. Vaccination status of children 0-11 months old</b>																		
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all																		
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed																		
3. Children 0-8 months old with recommended vaccination schedule followed																		
4. Children 9-11 months old who are Fully Immunized Children (FIC)																		
<b>TOTAL number of children 0-11 months old (sum of # 1, 2, 3 &amp; 4)</b>																		
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																		
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all																		
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)																		
<b>TOTAL number of 1 year old children (12-23 months) (sum of # 5 &amp; 6)</b>																		
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																		
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months																		
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months																		
<b>TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 &amp; 8)</b>																		
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																		
9. Pregnant with NO TT or with TT1 only																		
10. Pregnant with TT2 +																		
<b>TOTAL number of pregnant mother/wife (sum of # 9 &amp; 10)</b>																		

75

TARGET GROUP	Barangay		Total													
	Number (N)	Percent (% Total 100)														
<b>II B. Protection at Birth</b>																
11. Children Protected at Birth																
12. Children Not Protected at Birth																
Sum of # 11 & 12																
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>	Number (N)	Percent (% Total 100)														
13. MWRA wanting a child within 2 years																
14. MWRA NOT USING and NOT INTERESTED in using any family planning method																
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method																
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)																
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY																
18. MWRA USING a family planning method and SATISFIED with the method she is using																
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using																
<b>TOTAL number of non-pregnant MWRA (sum of # 13 to 19))</b>																
<b>FP Methods Used by Current Users</b>																
<b>P</b> Pils																
<b>IUD</b> Intrauterine Device																
<b>INJ</b> DMPA / Injectable																
<b>C</b> Condom																
<b>BTL</b> Bilateral Tubal Ligation																
<b>VAS</b> Vasectomy																
<b>M</b> Mucus/Billings/Ovulation																
<b>BBT</b> Basal Body Temperature																
<b>S</b> Symptothermal																
<b>LAM</b> Lactational Amenorrhea Method																
<b>SDM</b> Standard Days Method																
<b>W</b> Withdrawal																
<b>Cal</b> Calendar																
<b>TOTAL Current Users by FP Methods Used (should equal the sum of # 18 &amp; 19)</b>																

**FAMILY PROFILE**

CRMIS Revised Form as of 06/2002

FORM 1, page 1

**General Information**

Address: \_\_\_\_\_  
 Respondent: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ (mm/dd/yy) Age: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ (mm/dd/yy) Age: \_\_\_\_\_  
 Civil Status: ( ) Single ( ) Married ( ) Widow ( ) Separated

BHS/BHC: \_\_\_\_\_  
 RHU: \_\_\_\_\_  
 Mun/City: \_\_\_\_\_  
 Province: \_\_\_\_\_

BHW: \_\_\_\_\_  
 RHM: \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_

**NOTE: Please use pencil in completing the forms to facilitate updating!**

Date Surveyed: \_\_\_\_\_  
 Date of last update: \_\_\_\_\_

**Part I. Data of children 0 - 4 years old (0 - 59 months old, start from the eldest)**

Name	Birthday			Age	Where does the child receive vaccinations? B - BHS/BHC R - PHU/MHC P - Private G - Gov't Hoep (See "A" below)	Does the child have any vaccination record? Y = Yes N = No (See "B" below)	Vaccinations Received							PIC (For children 9 months to 4 years old) Did the child receive all the preceding vaccinations before his first birthday? Y = Yes N = No	Vitamin A (For children 1-4 years old only) Was the child given Vitamin A capsule (200,000 Iu) during the past 6 months? (e.g. Garantisadong Pambata Activities) Y = Yes N = No (See "E" below)		Remarks
	B C G	DPT					OPV			Measles	April Y/N	October Y/N					
		1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose				
	MM	DD	YY														

**Actions to be taken**

- A. If the child avails of vaccination services from private clinica/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B. Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C. Refer or accompany the mother and child to the midwife for immediate vaccination
- D. Advise the mother to consult the midwife for completion of the child's vaccinations.
- E. Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation

**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child? \_\_\_\_\_

How many TTV doses did you receive DURING your pregnancy with your youngest child? \_\_\_\_\_

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

*The following should not be interviewed for Part III:*

- Widowed or separated women
- Menopausal women
- Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)

**1. Are you currently pregnant?**

No/Unsure  Yes

**2. Do you want to have another child?**

No/Unsure  Yes, after 2 years (wants to space)  Yes, within 2 years

**3. Are you currently using any family planning method?**

Yes (proceed to question # 6)  No

**4. Are you interested in using any family planning method?**

Yes  No

**5. What family planning method are you interested in?**

Temporary Method  Permanent Method

Provide FP information/service/supplies (Standard Days Method/condom/pills) at once. Refer or accompany her to the midwife for other FP methods. **-END OF INTERVIEW-**

**6. What family planning method are you currently using?**  
 Check ONLY ONE appropriate box

Modern Methods		Traditional Methods	
1. P = Pills		12. W = Withdrawal	
2. IUD = Intrauterine Device		13. CAL = Calendar/Rhythm	
3. Inj = DMPA/Injectable			
4. C = Condom			
5. BTL = Bilateral Tubal Ligation			
6. VAS = Vasectomy			
7. M = Mucus/Billings/Ovulation			
8. BBT = Basal Body Temperature			
9. S = Symptothermal			
10. LAM = Lactational Amenorrhea Method			
11. SDM = Standard Days Method			

**7. Are you satisfied with the FP method you are using?**

Yes  No

**When is the expected date of delivery? (MM/DD/YY)** \_\_\_\_\_

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

**-END OF INTERVIEW-**

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

**-END OF INTERVIEW-**

**MWRA NOT using and NOT interested in using any family planning method**

Refer or accompany her to the midwife for counseling in case she changes her mind.

**-END OF INTERVIEW-**

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

- Bilateral tubal ligation or BTL
- Vasectomy

Refer to the midwife at once for counseling and scheduling.

**-END OF INTERVIEW-**

**MWRA practicing family planning but using traditional methods**

Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling.

**-PROCEED TO QUESTION # 7**

**NOTES ON FAMILY PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**MWRA practicing family planning but not satisfied with the method she is using**

Refer or accompany her to the midwife or to the health center for counseling.

**-END OF INTERVIEW-**

**FAMILY PROFILE**

CBMIS Revised Form as of 06/2002

FORM 1, page 1

**General Information**

Address: _____ Respondent: _____ Father: _____ Birthday: _____ (mm/dd/yy)    Age: _____ Mother: _____ Birthday: _____ (mm/dd/yy)    Age: _____ Civil Status: ( ) Single    ( ) Married    ( ) Widow    ( ) Separated	BHS/BHC: _____ RHU: _____ Mun/City: _____ Province: _____	BHW: _____ RHM: _____ PHN: _____ Interviewer: _____ Date Surveyed: _____ Date of last update: _____
--	--	--

**NOTE: Please use pencil in completing the forms to facilitate updating!**

**Part I. Data of children 0 - 4 years old (0 - 59 months old, start from the eldest)**

Name	Birthday			Age	Where does the child receive vaccinations? B - BHS/BHC R - RHU/MHC P - Private G - Gov't Hosp  (See "A" below)	Does the child have any vaccination record? Y - Yes N - No  (See "B" below)	Vaccinations Received (For children 0-11 months old, write the date when vaccination was given) (For children 12-59 months old, put a Y if child was given vaccination or an N if not given)  If the child 0-11 months old has NO vaccination or the vaccination schedule is NOT followed, (See "C" below) If the child 1-4 years old has INCOMPLETE or NO vaccination, (See "D" below)							PIC (For children 9 months to 4 years old)  Did the child receive all the preceding vaccinations before his first birthday?  Y = Yes N = No	Vitamin A (For children 1-4 years old only) Was the child given Vitamin A capsule (200,000 iu) during the past 6 months? (e.g. Garantisadong Pambata Activities) Y = Yes N = No (See "E" below)		Remarks	
	MM	DD	YY				DPT			OPV			Measles		April	October		
							B C G	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose						3 <sup>rd</sup> dose

**Actions to be taken**

- A. If the child avails of vaccination services from private clinics/hospitals and government hospitals, follow-up the child's vaccinations until completed.
- B. Advise the mother to get a copy of the vaccination record from the health facility where the child received the vaccinations or ask the midwife of the nearest BHS to make another record.
- C. Refer or accompany the mother and child to the midwife for immediate vaccination
- D. Advise the mother to consult the midwife for completion of the child's vaccinations.
- E. Give vitamin A capsule at once if available or advise the mother to bring the child to the nearest health facility for the next scheduled Vitamin A supplementation

79

**Part II A. Tetanus Toxoid Vaccination (TTV) for Pregnant Women**

Is the mother/wife pregnant?  Yes  No

Total number of TTV doses received  Doses

If the woman is pregnant, inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the health facility.

**Part II B. Protection at Birth (PAB) against neonatal tetanus: For women with children 0-2 years old only**

Name of youngest child (0-2 years old only): \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

How many TTV doses did you receive BEFORE your pregnancy with your youngest child? \_\_\_\_\_

How many TTV doses did you receive DURING your pregnancy with your youngest child? \_\_\_\_\_

Was the child protected at birth (PAB)?  YES  NO

*PAB is defined as any of the following:*

- 3 TTV doses or more BEFORE the pregnancy with the youngest child, or
- 2 TTV doses BEFORE the pregnancy with the youngest child plus 1 TTV dose DURING the pregnancy with the youngest child, or
- 2 TTV doses or more DURING the pregnancy with the youngest child

**Part III. Family Planning Practice of Married Woman of Reproductive Age (MWRA) (Mother/Wife)**

The following should not be interviewed for Part III:

- Widowed or separated women
- Menopausal women
- Women with ovaries and/or uterus and/or fallopian tubes surgically removed due to a medical condition (e.g. tumors, ectopic pregnancy)

**1. Are you currently pregnant?**

No/Unsure  Yes

**2. Do you want to have another child?**

No/Unsure  Yes, after 2 years (wants to space)  Yes, within 2 years

**3. Are you currently using any family planning method?**

Yes (proceed to question # 6)  No

**4. Are you interested in using any family planning method?**

Yes  No

**5. What family planning method are you interested in?**

Temporary Method  Permanent Method

Provide FP information/service/supplies (Standard Days Method/condom/pills) at once. Refer or accompany her to the midwife for other FP methods. **-END OF INTERVIEW-**

**6. What family planning method are you currently using?**  
 Check ONLY ONE appropriate box

Modern Methods		Traditional Methods	
1. P	= Pills	12. W	= Withdrawal
2. IUD	= Intrauterine Device	13. CAL	= Calendar/Rhythm
3. Inj	= DMPA/Injectable		
4. C	= Condom		
5. BTL	= Bilateral Tubal Ligation		
6. VAS	= Vasectomy		
7. M	= Mucus/Billings/Ovulation		
8. BBT	= Basal Body Temperature		
9. S	= Sympto-thermal		
10. LAM	= Lactational Amenorrhea Method		
11. SDM	= Standard Days Method		

**7. Are you satisfied with the FP method you are using?**

Yes  No

**When is the expected date of delivery? (MM/DD/YY) \_\_\_\_\_**

- Inform her of the importance of prenatal care and tetanus toxoid vaccinations that are available at the nearest health facility
- Follow up the mother at least once a month until she has given birth

**-END OF INTERVIEW-**

Inform her of the need for prenatal care when she gets pregnant and the available family planning services in the health center in case she changes her mind.

**-END OF INTERVIEW-**

**MWRA NOT using and NOT interested in using any family planning method**

Refer or accompany her to the midwife for counseling in case she changes her mind.

**-END OF INTERVIEW-**

Give the mother/couple information about voluntary surgical sterilization. After giving information, check which method they prefer:

Bilateral tubal ligation or BTL  
 Vasectomy

Refer to the midwife at once for counseling and scheduling.

**-END OF INTERVIEW-**

**MWRA practicing family planning but using traditional methods**

Inform her of the benefits of using modern family planning methods. Refer or accompany her to the midwife or to the health center for counseling.

**-PROCEED TO QUESTION # 7**

**NOTES ON FAMILY PLANNING METHODS:**

- Check only ONE method.
- If BTL is used in combination with any other method, CHECK BTL.
- If using any method which requires supply or service (methods 1-6) AND any method which does not require supply or service (methods 7-13), CHECK the method which requires supply or service (1-6).
- If the woman is ligated or using IUD AND her partner had vasectomy, CHECK the current method being used by the woman.
- If the above conditions are not satisfied, CHECK the method used most often.

**MWRA practicing family planning but not satisfied with the method she is using**

Refer or accompany her to the midwife or to the health center for counseling.

**-END OF INTERVIEW-**

## **Session 8: "From the Top (well almost!)"**

### **Objectives:**

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

1. Identify unmet needs per family
2. Properly complete Call Cards
3. Make a duplicate copy (Midwife's Copy) for each call card issued

### **Materials:**

1. Corrected Family Profiles (Form 1) from field practicum
2. Blank Call cards
3. Blank Midwife's copy

### **Tasks:**

1. Identify unmet needs per family and complete call cards and midwife's copy as needed
2. Complete the table on number of families and number of call cards issued by group (table written on the board)

### **Products:**

1. Properly completed call cards and midwife's copy

## **Session 9: Updating the CBMIS**

**Objective:** At the end of the session all LGU teams should be able to:

1. Understand the process of updating the CBMIS forms
2. Understand the importance of properly updating the CBMIS forms

### **Materials:**

1. Five completed Family Profile forms which are the products from session 2.
2. Exercise on updating family profile forms.
3. Blank Family Profile forms
4. Partially completed Barangay CBMIS Tally Sheet (Forms 2) and Catchment Area CBMIS Tally Sheet (Form 3 )

### **Tasks:**

1. Read the instruction sheet on "How to Update the Family Profile Forms"
2. As a group, update the five completed Family Profile Forms from session 2 using the given family data for exercise on updating family profile forms.
3. Summarize the updated Family Profile Forms into Forms 2 and 3.
4. Present the group output in plenary

### **Product:**

1. New and Updated Family Profile Forms presented at plenary
2. Completed Barangay CBMIS Tally Sheet
3. Completed Catchment Area CBMIS Tally Sheet

## **INSTRUCTION SHEET**

### **How to Update the Family Profile Forms**

Note: Please use pencil in updating the forms

The barangay health workers need to update the family profile forms of their respective families monthly or more often when necessary.

1. Write the date when the update was conducted on the space provided. On succeeding updates, erase the previous date of last update and replace with the current date of update. Do not change the date of survey as this is a permanent entry to indicate the first contact with the family.
2. Update only those entries that needs updating by erasing previous entries and replacing with the current data
3. The ages should reflect the current ages of the clients at the time when the update was conducted.
4. Part I. Data of children 0 - 4 years old (0 – 59 months old, start from the eldest)
  - a. Children who turned 5 years old should be removed from the list
  - b. Children who died should also be removed from the list
    - i. When the cause of death is due to a notifiable disease (e.g. EPI preventable diseases), the BHW should immediately notify the midwife for proper control and prevention of the disease in the family and in the community.
  - c. Children who turned 1 year old when the updating was conducted
    - i. It is not necessary to erase the dates of vaccination entered under each antigen to change it to "Y" (as written in the instruction). Just leave the entries as they were initially entered during the initial survey. Changing the dates of vaccination to "Y" will not have any bearing at all and would just be a waste of time and effort.
  - d. Children aged 1-4 years old during the initial survey with incomplete vaccinations or with no vaccination at all and was given the lacking vaccinations during the MGP activities

- i. Erase the "N" entry under each antigen and put the date when the vaccination was given. This would serve as a useful reference in counterchecking the entries in the FIC column.
- e. Newborns should now be listed in the table

5. Protection at Birth

- a. Child initially entered in this section and who turned 3 years old at the time of the update should be replaced with a child 0-2 years old
- b. If there is no child aged 0-2 years old, then just leave the table blank

6. Complete New Family Profile forms for new families in the area (e.g. newly weds, families who recently moved-in in the area)

7. Family profiles of families who had moved-out of the area should be excluded in summarizing data into Forms 2 and 3.

## Exercise on Updating Family Profile Forms

### Background Information:

The Municipality of San Nicolas is a fifth class municipality located in the province of Sulu. It is composed of 35 Barangays with a total population of 82,000. It has 18 Barangay Health Stations (BHS) and 1 Rural Health Unit (RHU) named Kalinga RHU. The Rural Health Physician (RHP) is Dr. Hugo Del Prado and the only Public Health Nurse (PHN) is Mrs. Tina Dela Cruz.

The rural health midwife (RHM) Mrs. Nilda San Juan is in charge of the Pinyahan BHS which covers 2 Barangays, namely Barangay Pinyahan and Barangay Ibayo. **The initial family enumeration of these 2 barangays was completed last March 2001 and she was able to identify the target clients with unmet needs.** Call cards were issued and services were provided to these clients. The barangay health workers update the family profiles of their assigned areas on a monthly basis while Mrs. San Juan summarizes the data in forms 2 and 3.

The BHWs of Barangay Ibayo has just finished updating the family profiles and Mrs. San Juan has already summarized the data of barangay Ibayo. For Barangay Pinyahan, however, Mrs. Milagrosa Tatlonghari (one of the five BHWs) still has to update the profiles of the families in her area. With the addition of 2 families who just transferred in her area of responsibility, she now has a total of 7 families under her care.

The following lists the data of the 2 additional families and the updates on the other families. **Complete and update the family profile forms for each family assuming that today is June 22, 2001.** All respondents were the mothers. After updating, summarize the data into Forms 2 and 3.

### 1. Aquino Family

- Cathrina now has a vaccination record (Mrs. Aquino requested a copy of the vaccination record from the private physician following the advice of the BHW). She was given vitamin A supplementation last April 2001 together with her other siblings Nico, Jacob and Jeremy.
- Jeremy was also given anti-measles vaccination last April 25, 2001 (the BHS had an extra dose at that time).
- Abby was given the remaining vaccinations she needed. DPT3 and OPV3 were given last March 21, 2001. The anti measles vaccine was given last April 25, 2001.
- Mrs. Regina Aquino submitted herself for BTL last month during one of the ligation activities of the municipality. She expressed satisfaction with the method.

## **2. Valderrama Family**

- Julie Anne and Jasmine both received the vitamin A supplementation last April 2001.
- MJ unfortunately contracted measles and had severe complications. He died of measles bronchopneumonia.
- They decided not to have any more children so she decided to take contraceptive pills. She is contented with the method.

## **3. Abselica Family**

- Both Macy and Aaron received vitamin A supplementation last April, 2001.
- Mrs. Abselica gave birth to Tiffany last June 12, 2001. Tiffany was given BCG at the BHS on June 20, 2001 as shown on her GMC.
- Mrs. Abselica is fully immunized mother. Her 5<sup>th</sup> TTV was given during her pregnancy with Tiffany
- Mrs. Abselica is breastfeeding Tiffany day and night without supplementation. She is still not menstruating. She admitted dissatisfaction with the method for fear of getting pregnant again.

## **4. Ramos Family**

- Oliver was given Vitamin A supplementation last April 2001.
- Czarina was given anti measles vaccination last June 14, 2001.
- Mrs. Ramos shifted her family planning method from withdrawal to oral contraceptive pills. She is pleased with the new method.

## **5. Martinez Family**

- Mrs. Martinez is still on contraceptive pills.

## **6. Vizcarra Family**

- The married couple just recently moved in at #3 Kalayaan St.
- Father is Alipio Vizcarra born on October 14, 1968
- Mother is Marichu Vizcarra born on June 24, 1970
- They have 2 children namely:
  - Clarissa born on January 16, 1999
    - She was vaccinated at the BHS from their previous residence but lost the vaccination record. Based on mother's recall, Clarissa was given BCG, 3 doses of DPT, 3 doses of OPV but no anti measles. She was not given any vitamin A supplementation within the past 6 months

- Cecille born on July 10, 2000. Her GMC from the BHS showed the following:
  - BCG – July 20, 2000
  - DPT1 – September 6, 2000
  - OPV1 – September 6, 2000
- Mrs. Vizcarra is not currently pregnant.
- She had 2 doses of TTV during her lifetime. The first dose was received before she got pregnant with Cecille while the 2<sup>nd</sup> dose was during her pregnancy with Cecille.
- They plan to have another child after 2 years so they both use condom and calendar methods as means of family planning but find it unsatisfying.

## **7. Santiago Family**

- The married couple just recently moved in at #3 Kalayaan St. together with the Vizcarra Family
- Father is Pedro Santiago born on February 17, 1975
- Mother is Lany Santiago born on March 13, 1977.
- They have 4 children namely:
  - Don born on March 8, 1994
    - He was vaccinated at a private clinic and his record showed that he completed the primary series of childhood vaccination before his first birthday. He was also given Vitamin A supplementation last April 2001.
  - Eve born on May 16, 1995
    - She was also vaccinated by a private physician but lost her record. Based on recall she was given BCG, 3 doses of DPT and 3 doses of OPV but no anti measles vaccine. She had her last vitamin A supplementation in October 2000.
  - Beatrice born on February 21, 1997
    - She was vaccinated at the BHS from their previous residence but lost the vaccination record. Based on mother's recall, she was given BCG, 3 doses of DPT, 3 doses of OPV but no anti measles. She was not given any vitamin A supplementation within the past 6 months
  - Diego born on December 15, 1998
    - He was also vaccinated at the BHS from their previous abode but also lost the vaccination record. Based on mother's recall, he was given BCG, 3 doses of DPT, 3 doses of OPV but no anti measles. She was not given any vitamin A supplementation within the past 6 months.
- Lany is currently pregnant.
- She had 1 dose of TTV given during her pregnancy with Diego.

## Barangay CBMIS Tally Sheet

*CBMIS Revised Form as of 08/2002*

Barangay: Pinyahan  
 BHS/BHC: Pinyahan  
 Mun/City: San Nicolas

RHM: Mrs. Nilda San Juan  
 Date: June 22, 2001

Form 2, page 1

TARGET GROUP  Purok:	BHW	Total																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<b>IA. Vaccination status of children 0-11 months old</b>																					
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all		4	3	6	7																
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed		3	3	2	5																
3. Children 0-8 months old with recommended vaccination schedule followed		3	4	2	2																
4. Children 9-11 months old who are Fully Immunized Children (FIC)		3	4	1	5																
TOTAL number of children 0-11 months old (sum of # 1, 2, 3 & 4)		13	14	11	19																
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																					
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all		6	7	3	6																
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)		1	3	6	6																
TOTAL number of 1 year old children (12-23 months) (sum of # 5 & 6)		7	10	9	12																
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																					
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months		4	3	4	4																
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months		2	7	6	7																
TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 & 8)		6	10	10	11																
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																					
9. Pregnant with NO TT or with TT1 only		2	4	3	3																
10 Pregnant with TT2 +		6	5	4	4																
TOTAL number of pregnant mother/wife (sum of # 9 & 10)		8	9	7	7																

Date: June 22, 2001

TARGET GROUP	Purok:																				Total
	BHW 1	BHW 2	BHW 3	BHW 4	BHW 5	BHW 6	BHW 7	BHW 8	BHW 9	BHW 10	BHW 11	BHW 12	BHW 13	BHW 14	BHW 15	BHW 16	BHW 17	BHW 18	BHW 19	BHW 20	
<b>II B. Protection at Birth</b>																					
11. Children Protected at Birth		8	9	8	11																
12. Children Not Protected at Birth		7	6	4	9																
Sum of # 11 & 12		15	15	12	20																
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>																					
13. MWRA wanting a child within 2 years		1	0	0	1																
14. MWRA NOT USING and NOT INTERESTED in using any family planning method		1	0	0	3																
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method		2	3	2	5																
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)		3	2	5	6																
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY		2	3	2	2																
18. MWRA USING a family planning method and SATISFIED with the method she is using		5	3	6	4																
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using		3	2	2	3																
TOTAL number of non-pregnant MWRA (sum of # 13 to 19))		17	13	17	24																
<b>FP Methods Used by Current Users</b>																					
P Pills		2	1	3	1																
IUD Intrauterine Device		1	1	0	0																
INJ DMPA / Injectable		0	1	2	1																
C Condom		2	0	1	1																
BTL Bilateral Tubal Ligation		2	1	1	2																
VAS Vasectomy		0	0	1	0																
M Mucus/Billings/Ovulation		0	0	0	0																
BST Basal Body Temperature		0	0	0	0																
S Sympto-thermal		0	0	0	0																
LAM Lactational Amenorrhea Method		0	0	0	1																
SDM Standard Days Method		0	0	0	0																
W Withdrawal		0	1	0	1																
Cal Calendar		1	0	0	0																
TOTAL Current Users by FP Methods Used (should equal the sum of # 18 & 19)		8	5	8	7																

62

## Catchment Area CBMIS Tally Sheet

CBMIS Revised Form as of 08/2002

BHS/BHC: Pinyahan  
Mun/City: San Nicolas

RHM: Mrs. Nilda San Juan  
Date: June 22, 2001

Form 3, page 1

TARGET GROUP	Barangay Pinyahan		Barangay Itano		Barangay		Total												
	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	Number (N)	Percent (% of Total 100)	
<b>IA. Vaccination status of children 0-11 months old</b>																			
1. Children 9-11 months old with INCOMPLETE or NO vaccination at all			8	24%															
2. Children 0-8 months old with NO vaccination or with recommended vaccination schedule NOT followed			11	32%															
3. Children 0-8 months old with recommended vaccination schedule followed			11	32%															
4. Children 9-11 months old who are Fully Immunized Children (FIC)			4	12%															
<b>TOTAL number of children 0-11 months old (sum of # 1, 2, 3 &amp; 4)</b>			<b>34</b>	<b>100%</b>															
<b>IB. Vaccination status of 1 year old children (12-23 months)</b>																			
5. Children 1 year old (12-23 months) with INCOMPLETE or NO vaccination at all			15	42%															
6. Children 1 year old (12-23 months) who are Fully Immunized Children (FIC)			21	58%															
<b>TOTAL number of 1 year old children (12-23 months) (sum of # 5 &amp; 6)</b>			<b>36</b>	<b>100%</b>															
<b>IC. Vitamin A supplementation status of children 1-4 years old (12-59 months)</b>																			
7. Children 1-4 years old (12-59 months) NOT given Vitamin A capsule during the past six months			5	14%															
8. Children 1-4 years old (12-59 months) GIVEN Vitamin A capsule during the past six months			32	86%															
<b>TOTAL number of children 1-4 years old (12-59 months old) (sum of # 7 &amp; 8)</b>			<b>37</b>	<b>100%</b>															
<b>II A. Tetanus Toxoid Vaccination Status of pregnant mother/wife</b>																			
9. Pregnant with NO TT or with TT1 only			1	5%															
10. Pregnant with TT2 +			21	95%															
<b>TOTAL number of pregnant mother/wife (sum of # (9 &amp; 10)</b>			<b>22</b>	<b>100%</b>															

96

TARGET GROUP	Barangay		Barangay		Barangay		Barangay		Barangay		Barangay		Barangay		Barangay		Total	
	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)
<b>II B. Protection at Birth</b>																		
11. Children Protected at Birth			28	78%														
12. Children Not Protected at Birth			8	22%														
<b>Sum of # 11 &amp; 12</b>			36	100%														
<b>III. Family Planning and Non-pregnant Married Women of Reproductive Age (MWRA)</b>	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)	Number (N)	Percent (% Total)
13. MWRA wanting a child within 2 years			0	0%														
14. MWRA NOT USING and NOT INTERESTED in using any family planning method			1	4%														
15. MWRA NOT USING any family planning method BUT INTERESTED to use a TEMPORARY method			2	8%														
16. MWRA NOT USING any family planning method BUT INTERESTED in Bilateral Tubal Ligation (BTL)			0	0%														
17. MWRA NOT USING any family planning method BUT partner INTERESTED in VASECTOMY			0	0%														
18. MWRA USING a family planning method and SATISFIED with the method she is using			20	80%														
19. MWRA USING a family planning method but NOT SATISFIED with the method she is using			2	8%														
<b>TOTAL number of non-pregnant MWRA (sum of # 13 to 19)</b>			25	100%														
<b>FP Methods Used by Current Users</b>																		
P	Pills		4	16%														
IUD	Intrauterine Device		2	8%														
INJ	DMPA / Injectable		5	23%														
C	Condom		3	14%														
BTL	Bilateral Tubal Ligation		3	14%														
VAS	Vasectomy		2	9%														
M	Mucus/Billings/Ovulation		0	0%														
BBT	Basal Body Temperature		0	0%														
S	Symptothermal		0	0%														
LAM	Lactational Amenorrhea Method		0	0%														
SOM	Standard Days Method		3	14%														
W	Withdrawal		0	0%														
Cal	Calendar		0	0%														
<b>TOTAL Current Users by FP Methods Used (should equal the sum of # 18 &amp; 19)</b>					22	100%												

## Session 10: Health Facility Assessment

### Objectives:

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

1. Understand the objectives, strategies and benefits of participating in *Sentrong Sigla*
2. Use the self-assessment checklist for assessing facilities *vis-à-vis* *Sentrong Sigla* Quality Standards List for Level 1 Health Facilities
3. Identify deficiencies, problem and areas for improvement to achieve *Sentrong Sigla* certification

### Materials:

1. Level 1 Quality Standards List (QSL) for Rural Health Units and Health Centers (RHU/HCs)
2. Level 1 Quality Standards List for Barangay Health Stations (BHS)
3. Facility Self-Assessment Checklist (FSAC) for Rural Health Units/Health Centers
4. Facility Self-Assessment Checklist for Barangay Health Stations
5. Causal Analysis Summary Table (CAST) Form
6. SAMPLE of a partially completed CAST (Columns A, B, C & D)

### Tasks:

1. Read "A PRIMER ON SENTRONG SIGLA"
2. Read the Level 1 QSL and FSAC that is applicable to the facility assigned to you/your team for practicum
3. Practicum: Facility Assessment using the FSAC
  - 3.1. Each team will assess one type of facility. If your team is composed of more than 1 person, discuss among yourselves how to conduct the assessment.
  - 1.2. Each team will complete one FSAC for their assigned facility.
  - 1.3. Summarize the results of the FSAC using the CAST (Columns A, B, C and D).
4. Plenary: One team will present the partially completed CAST of an assessed RHU/HC and another team to present the CAST of an assessed BHS.

### Products:

1. Completed FSAC of one facility
2. Partially completed CAST with identified health facility deficiencies, problems and areas for improvement

# **A Primer on *Sentrong Sigla*** **(Philippine Quality Assurance Program)**

1. **What is the *Sentrong Sigla*?**

*Sentrong Sigla* or Centers of Vitality is a joint effort of the Department of Health (DOH) and the local government units (LGUs) towards ensuring the availability and accessibility of quality health services in health centers and hospitals.

2. **What is the objective of the SSM?**

*Sentrong Sigla* is aimed at fostering better and more effective collaboration between the DOH and the LGUs where the DOH serves as the provider of technical and financial assistance and the LGUs, as direct implementors of health programs and primary developers of health systems.

3. **What are the benefits to be derived from participating in *Sentrong Sigla*?**

**For Local Chief Executives**

- Appreciation by constituents/clients
- Recognition of local officials
- Improvement of health services/facilities through national government grants/technical assistance

**For health workers**

- Improvement of performance through training and capability-building
- Recognition
- Self-fulfillment
- Improvement of health service delivery

**For the public**

- Accessible quality health services
- Ability to demand for quality health services
- Self-reliance

4. **What are the major strategies under *Sentrong Sigla*?**

*Sentrong Sigla* pursues two complementary strategies to achieve its goal, namely, the ***Certification and Recognition Program*** (CRP) and ***Continuous Quality Improvement*** (CQI).

The CRP focuses on standards compliance, i.e.; facilities are assessed based on established quality standards or criteria for them to be certified as providing quality health services.

The CQI, on the other hand, is a process-oriented approach that emphasizes capability-building on basic quality concepts, principles, tools, and methodologies and application of these tools to address service delivery challenges.

5. **Who can participate in the CRP?**

The CRP is open to all provincial/district hospitals, rural health units (RHUs) or health centers (HCs), and barangay health stations (BHSs) meeting the following ***inclusion*** criteria for participation:

**For Provincial/District Hospitals**

- Hospital has been licensed for the last one year or at least with a pending request for renewal of license in the same category as the previous year's:
  - a. Provincial/City hospital – tertiary
  - b. Distric – secondary
- Hospital has had no gap in its “license to operate” or LTO for the last 5 years
- Hospital is accredited as *Mother-Baby Friendly*.

**For RHUs/HCs**

- Has a permanent and full-time licensed physician
- Regular source of water
- Comfort room/latrine for use of patients and staff
- Stethoscope
- Blood pressure apparatus with cuff
- Thermometer
- Weighing scale for infants

### **For BHSs**

- The BHS's main RHU or HC is SS-certified.
- The BHS is housed in (or within) a permanent structure, with a permanently assigned midwife that provides regular health services.
- The BHS has the following:
  1. Regular source of clean water
  2. Comfort room/latrine for patients
  3. Stethoscope
  4. Blood pressure apparatus with cuff
  5. Thermometer
  6. Weighing scale for infants and adults (but not bathroom scale)

### **6. What are the benefits to be derived from participating in the CRP?**

Successful facilities, i.e., those certified as *Sentrong Sigla*, will be given a *Sentrong Sigla* seal to be displayed in front of the health facility. The seal serves as a symbol of quality and excellent health services.

All certified facilities have the opportunity to avail of technical assistance on CQI that could facilitate their meeting process and output/outcome standards for higher levels. Once a facility reaches Level III and maintains its standards for two semesters, it will automatically be awarded the SS Hall of Fame certificate by the concerned DOH-Center for Health Development (CHD).

### **7. What are the priority areas for quality assessment under the CRP?**

- Infrastructure/amenities
- Services
- Attitude and behavior of health workers
- Human resources
- Equipment
- Drugs, medicines, and supplies
- Health information system
- Community intervention

**8. How does a health facility get certified as *Sentrong Sigla*?**

- After the health facility obtains a copy of the Quality Standards List for its particular category, its own staff conducts an assessment of the facility. For MGP-LGUs, a Facility Self-Assessment Checklist (FSAC) is offered as a tool to facilitate their self-assessment.
- Once the health facility decides that it is eligible for certification, the LGU submits a *Letter of Intent* (LOI) to the CHD.
- Upon receipt of the LOI, the CHD SS team validates whether the facility meets the inclusion criteria. If the facility meets the inclusion criteria, the CHD SS team schedules an assessment visit in coordination with the LGU. If not, the LGU is advised to reconsider its request until such time that it has met the inclusion criteria.
- The CHD SS team conducts the assessment as scheduled using the *Health Facility Assessment Module* (HFAM).
- Immediately after the assessment, the CHD SS team gives on-site feedback or briefing to the health facility personnel and to the local chief executive (LCE), whenever possible, regarding important findings.
- The CHD SS team deliberates on the final results and, within two weeks, informs the LCE, through a letter, about the results of its assessment.
- The CHD awards all certified facilities with *Sentrong Sigla* seals during a regional event or ceremony.

**9. How does a certified health facility advance to the CQI phase?**

A facility gets into the CQI phase as soon as it gets its certification. As it strives to meet higher-level standards, the facility continuously adopts quality improvement initiatives and is expected to come up with its own pledge for quality.



**CAUSAL ANALYSIS SUMMARY TABLE (CAST)**

Name of Facility \_\_\_\_\_  
 LGU \_\_\_\_\_  
 Date Assessed by Staff \_\_\_\_\_

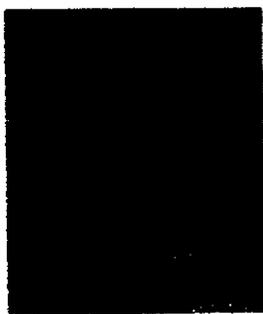
Category  (A)	Deficiency/Problem/ Or Area of Improvement Corresponds to "Xs" or encircled "NOs" in the FSAC  (B)	Classification Put a ✓ under the column which classifies the item in column B		Causes  (E)
		Related to EPI (FIC & TT), FP & VAC (C)	Related to other programs (D)	
Infrastructure	Limited number of chairs/benches for patients in all waiting and service provision areas	✓		
	Treatment/examination room has no visual and auditory privacy	✓		
Health Services:	Daily temperature-monitoring chart not posted nor updated	✓		
Immunization				
CARI	Cotrimoxazole out of stock		✓	
Nutrition	No copy of Guidelines for Micronutrients Supplementation	✓		
Health Human Resources	No Sanitary Inspector		✓	
	No trained staff on: CBPM-NP	✓		
	No staff trained on Gender Sensitivity Training		✓	
Equipment	No speculums	✓		

sample

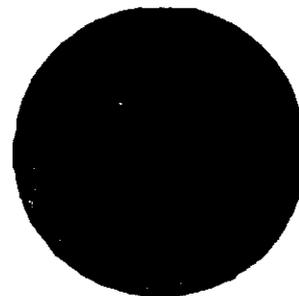
# **Quality Standards List for Barangay Health Stations**

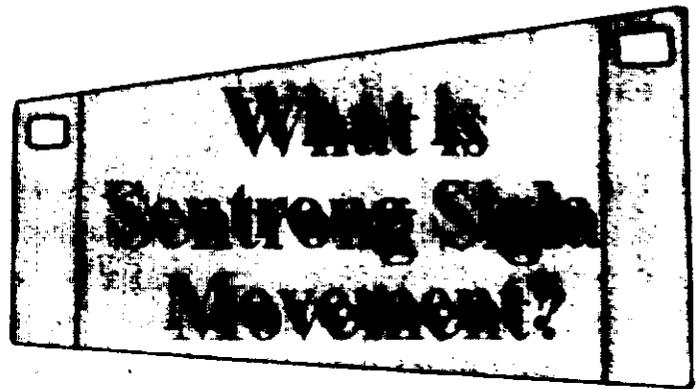
## **Level 1**

**Certification and Recognition Program  
Sentrong Sigla Movement**



**October 2000**





**S**entrong Sigla Movement (SSM) aims to improve the quality of public health services. Through its *Certification and Recognition Program or CRP*, Sentrong Sigla recognizes local government units (LGUs) and certifies health facilities that meet requirements and standards to deliver quality services. The CRP has three levels of certification with Level 1 as the entry level. The participating facility progresses through Levels 1, 2 and 3 until it gets elevated to the SSM's Hall of Fame. A Sentrong Sigla certified facility eventually gets into the continuous quality improvement (CQI) mode enabling the facility staff to set their own standards of quality.

## What is the Level 1 Quality Standards List for Barangay Health Stations (BHS)?

The Level 1 Quality Standards List for Barangay Health Stations (BHS) includes the recommended standards and requirements for providing quality services. This list was developed based on existing program guidelines from the Department of Health (DOH).

There are general conditions or requirements that are critical in every facility and are therefore considered as inclusion criteria for participation in Level 1:

- The BHS's main rural health unit or health center is Sentrong Sigla certified.
- The BHS is housed in (or within) a permanent structure with a permanently assigned midwife that provides regular health services.
- The BHS has the following:

- Regularly scheduled health services.

## **Who is the Quality Standards List's intended user?**

The List is meant for service providers or staff, local health managers, local chief executives, Sentrong Sigla teams and other users interested and involved in improving quality of services being provided in the facility. Using the List, any user will be able to assess if his/her facility meets the quality standards for providing health services or if not, what improvements are needed to meet the standards.

## **What health facilities are being referred to?**

The Sentrong Sigla Certification and Recognition Program covers health facilities like hospitals, rural health units/health centers and barangay health stations. This List is intended only for **barangay health stations**.

## **What is the focus of Level 1 standards?**

Level 1 standards focus on "inputs" like the basic infrastructure, equipment, pharmaceuticals and supplies and other conditions that are necessary to demonstrate "preparedness" or "readiness" of the facility to provide the services. There are also some "process" standards that are already included. These standards are in the following areas:

- **Infrastructure/Amenities**
- **Health Services**
- **Attitude and Behavior of Health Workers**
- **Health Human Resources**
- **Equipment**
- **Drugs, Medicines and Supplies**
- **Health Information System**
- **Community Interventions**



### **Note to Users:**

The List provides the basic standards and requirements that are being recommended under Sentrong Sigla for Level 1 certification. There are corresponding standards for Levels 2 and 3. Once a facility meets Level 1 standards and gets certified, under the Sentrong Sigla Certification and Recognition Program, the facility and its staff will be introduced to continuous quality improvement (CQI) tools and techniques in order to maintain Level 1 standards, and also strive for higher levels of certification.

It is expected that certain aspects of quality standards maybe defined differently and may vary from program to program, facility to facility and from one person to another. However, for Sentrong Sigla, these are the standards being recommended. These standards were developed based on existing DOH program standards and was a result of a series of consultation activities at different levels of the health system.



## The BHS should have the following general infrastructures conditions amenities:

- ☛ Generally clean and orderly environment
- ☛ Sufficient seating space for patients
- ☛ Sign board listing facility hours and available services
- ☛ Adequate lighting and ventilation
- ☛ Light source for examinations: goose neck lamp and flashlights
- ☛ Covered water supply - sufficient for hand-washing and for comfort rooms or latrines
- ☛ Hand washing area with water, soap and towels
- ☛ Functional and clean comfort rooms or latrines (for health staff and clients) with adequate water supply
- ☛ Covered garbage containers (waste segregation and sharp objects)
- ☛ Cleaning/sterilizing supplies for clinical instruments
- ☛ Storage space/room for supplies, drugs and medicines
- ☛ A treatment area/examination area with visual and auditory privacy



## The facility should practice the following:

- ☛ Clinic hours, services and whereabouts of staff posted in a strategic area readable by all clients and service providers.
- ☛ Client waiting time must be as brief as possible. Clients should be seen by health staff within 15 minutes of registration.
- ☛ During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely because the BHS midwife or CHVW is writing or transferring notes, doing reports or performing other tasks not directly related to client care.
- ☛ The BHS should maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The BHS should provide services during non-traditional hours at least once a week, considering clients who may not be available during regular office or work hours.

## 2.1

## Expanded Program on Immunization

- Immunization sessions should be conducted in the BHS as regularly as possible. Although Wednesday has been adopted as the national immunization day, immunization days may be held on other days.
- Schedules should be displayed to inform mothers of the time and day at which immunization services are to be provided. However, clients who request immunization on other days should not be turned away. Wastage of vaccine is a minimal program cost and should not be overemphasized or used as a barrier to vaccine administration.
- The facility should practice a “one needle and one syringe policy” because of the danger of transmitting Hepatitis B and AIDS (HIV infection) through unsterile needles and syringes. Therefore, one sterile syringe and needle should be utilized for each injection. Disposable syringes and needles should be used only once and then collected in a puncture proof container to be burned and buried.
- BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines should be available at all times and should be stored under proper cold chain conditions.
- BHS midwife should conduct patient counseling on effectiveness, risks, benefits, potential side effects and treatment for such side effects of each vaccine.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Immunizations offered daily or at least 3X a week (depending on catchment population)
- Outreach immunization services offered in hard-to-reach areas
- EPI Manual (latest version)
- Updated Target Client List or Master List (at least within the week)
- Adequate supplies of BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines for at least one week.
- Proper cold chain maintained: vaccine carriers with ice cold packs (immunization days).

- The BHS should perform disease surveillance. Surveillance data can be used by the BHS or the RHU to improve strategies in delivering health services and thus prevent these diseases from occurring, e.g. immunizable diseases like diphtheria, pertussis, tetanus, polio and measles.
- The BHS midwife and community health volunteer workers (CHVWs) should be involved in reporting, investigating and reporting to the next higher level of the health system, e.g. RHU/HC.
- Surveillance data must be complete, accurate and on time.

*The following conditions must be present in order for the facility to qualify as providing this service:*

- Case definitions available
- Notifiable disease reporting forms available
- Notifiable disease reporting forms submitted weekly to RHU
- Investigation of all acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks
- Immediately reporting all AFP and neonatal tetanus (NT) cases to the RHU/HC in the fastest possible means
- Reported cases followed up by BHS for public health reasons especially 60 days follow-up done with MHO/PHN on all AFP cases detected



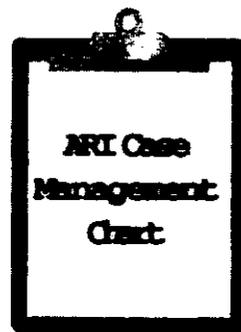
## 2.3 Control of Acute Respiratory Infections

- The BHS should have the equipment and supplies necessary to recognize and treat pneumonia. Cotrimoxazole and other medicines like paracetamol (for fever) should be available at all times.
- Referral to higher level or other facilities, e.g. RHUs or hospitals should be done for clients needing further management.
- BHS midwife should continue creating awareness among mothers and childminders on home care for children with simple cough and colds and early signs of pneumonia through information and health education activities.



*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- ARI Case Management Chart posted
- Thermometer
- Tongue depressors
- Flashlights or pen light
- Timer or watch with second hand
- Cotrimoxazole (adult tabs), at least 25 tabs
- Paracetamol (500 mg tabs), at least 50 tabs
- In client or patient education/counseling basic messages should include:
  - ▣ home management of simple coughs and colds w/o use of cough/cold medicines
  - ▣ detection of early pneumonia using simple signs like rapid breathing and chest indrawing
  - ▣ information on when, where and how to bring the child with pneumonia for treatment

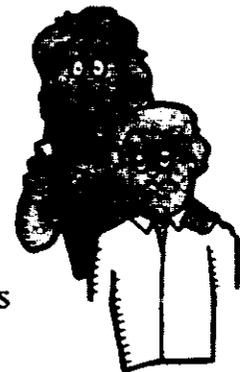


- The BHS should have the equipment and supplies necessary to diagnose and treat diarrheal diseases. Referral to other or higher level facilities should be done for diarrheal clients needing further management.
- In the BHS, all patients with no dehydration or who have been successfully rehydrated in the facility should be given ORS to take home to prevent dehydration.
- As part of appropriate and prompt response to diarrhea outbreak/cholera/disease surveillance, the facility should:
  - ensure potability of drinking water within the catchment area in conjunction with the Environmental Sanitation Program;
  - enforce sanitation code, especially on food sanitation in conjunction with the Environmental Sanitation Program;
  - promote personal and domestic hygiene through health education, and
  - assure adequate supply of ORS sachets



***The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:***

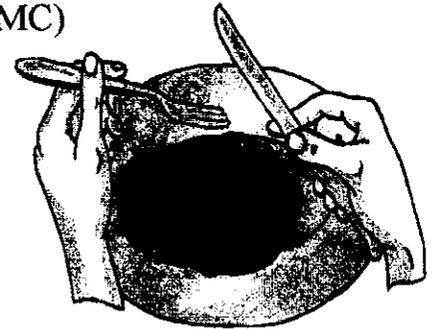
- CDD Case Management Chart posted
- Functional Oral Rehydration Therapy (ORT) corner with benches, table, glasses, pitcher, spoon, potable water, calibrated container for measuring and Oral Rehydration Sachets (ORS)
- ORS sachets available at all times
- Updated daily record of diarrhea cases
- In client or patient education/counseling basic messages should include:
  - ❑ Give the child more fluids than usual to prevent dehydration;
  - ❑ Continue to feed the child; and
  - ❑ Take the child to the health worker if child does not become better in three days or earlier if the child develops some signs/symptoms like many episodes of watery stools, repeated vomiting, marked thirst, fever, blood in the stool and eating or drinking poorly.



- The BHS should have the equipment and supplies necessary to prevent, detect and control nutritional deficiencies and specific micronutrient disorders.
- The BHS should have iron, iodized oil capsule or iodized salt and vitamin A capsules available at all times for supplementation of target groups e.g. iron tablets for all pregnant and lactating women; iron drops for infants and iron syrup for school children.
- BHS midwife should refer clients needing further management to other or higher level facilities.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Guidelines for Micronutrient Supplementation
- Operation Timbang (OPT) Records for the whole BHS catchment
- Updated Target Client List (at least within the week)
- Under 5 growth cards/Growth monitoring charts (GMC)
- CBPM-NP RHM Guidebook
- Basic Three Food Groups Brochures
- Salt Iodization Testing Kit
- Micronutrients available: iron, iodine, vitamin A
- Functional balance beam or other weighing scales
- In-client or patient nutrition education/counseling, basic messages should be emphasized like importance of proper nutrition including:
  - ☛ Balanced diet
  - ☛ Desirable food habits
  - ☛ Consumption of fortified foods
  - ☛ Use of iodized salt
  - ☛ Importance of breast-feeding/weaning foods



- The BHS should provide all medically approved, safe, effective and legally acceptable program methods. These specific services should include:
  - Pills, IUDs, NFP ( in selected facilities by referral), LAM, Condoms and DMPA
  - Referral for tubal ligation/vasectomy in selected facilities where there are trained personnel
  - Referral for relevant laboratory exams, e.g., Pap smear, wet smear, gram staining, pregnancy test, and urinalysis
  - Referral for further management of complications and/or side effects that may arise as a result of family planning methods
- The BHS should ensure the availability of all program methods at all times. When necessary, the facility should refer clients to RHU or other facilities/clinics that provide FP services it cannot provide, such as IUD or sterilization.
- FP supplies should be sufficient and equipment should be in working order.
- BHS midwife should counsel clients about the effectiveness, risks, and benefits of the different contraceptive methods. BHS midwife should provide information neutrally, without allowing their own biases to affect clients' choices.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated Target Client List (at least within the week)
- Updated FP Form 1 - BHS worksheet
- Contraceptives/Supplies available (at least 1 month allowed stock level):
  - ☒ Condoms
  - ☒ Oral contraceptives-combination and progesterone only
  - ☒ DMPA } in areas with trained health worker
  - ☒ IUDs }
- Antiseptic solution (povidone iodine; cidex) and chlorine 75%
- Sterilized Equipment available to include:
  - ☒ Forceps—alligator, pick-up, ovum, tenaculum, uterine
  - ☒ Forceps container
- Kelly pad/linen for examination table
- Examination table with linen or paper and changed between clients
- Light source (gooseneck lamp, flashlight)
- NFP charts for distribution (in selected facilities)
- Other leaflets/handouts on FP for distribution
- Referral Form for sterilization
- Patient counseling on information about all methods, effectiveness, risks, and benefits of various methods

- BHS midwife should be knowledgeable about the types of TB patients and the three (3) treatment regimens available. The BHS should have equipment and supplies necessary for case finding and treatment of clients diagnosed with tuberculosis.
- The BHS midwife should allocate the medicines for the complete duration of therapy for TB patients started on treatment.
- All clients should be counseled on proper compliance and adherence to treatment. Health education should also include some expected drug interactions and what clients should do upon experiencing them.
- All clients should have sputum examination on scheduled time to be able to assess the individual patients' response to treatment. This is also the way to determine "cure" for TB patients.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated Target Client List/National Tuberculosis Program (NTP) TB Register (at least within the week)
- Supplies to include:
  - ▣ Sputum cups
  - ▣ Glass slides
  - ▣ Designated sputum collection and staining area
- Anti-TB Drugs:
  - ▣ Type I } good for at least 5 patients
  - ▣ Type II }
  - ▣ Ethambutol, in blister packs
  - ▣ Streptomycin Sulfate

## 2.8 STD/AIDS Prevention and Control Program

- STD/AIDS prevention and control program services should be available in all STD service facilities. At the BHS level, the health worker should be capable of referring patients to the RHU/HC, a hospital or other facilities.
- Whenever possible, acceptable, affordable and effective case management of STD patients will be made accessible to all individuals.
- Syndromic management will be applied when and where reliable laboratory diagnostic support is not consistently available.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Syndromic Management Chart posted

■ Patient counseling to include:



- Explanation of the diagnosis to the patient
- Instructions on the importance of completing treatment
- Encourage client to bring partner for evaluation and treatment
- Provision of health education to prevent further transmission of STDs

■ Provision of adequate supply of condoms

- Monthly reporting using primary level reporting form accomplished and submitted to the next higher level
- Referral mechanism in place so clients not responding to treatment at this level will be referred to a designated Social Hygiene Clinic, secondary care level or referral center where a laboratory is available to perform the basic laboratory tests required to diagnose most STDs as well as for HIV testing.

- The BHS personnel should practice strict personal and environmental hygiene to reduce disease transmission within the facility.
- Practices that should be followed within the facility include the following:
  - Hand-washing with soap and water before and after each client contact and use of comfort room/latrine
  - Examination table disinfected daily
- The BHS should provide water testing/quality monitoring services
- The BHS should have copies of updated list of water sources and food establishments within its catchment area
- Each facility should have available toilet bowls, or at least toilet bowl molds for distribution to households without toilets

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service (some items have already been incorporated under basic infrastructure):*

- Adequate supply of toilet bowls or toilet bowl molds for households without toilets and toilet bowl molds
- Adequate chlorine granules for disinfection of water supply facilities
- Copy of updated list of status of water supply and sanitation facilities within the area of coverage of the facility
- Copy of list of food establishments with sanitary permits and their updated sanitation conditions
- Information and education materials on environmental sanitation
- Record of number of bowls distributed or produced using the toilet bowl molds.

- The BHS should promote that all women of reproductive age should receive a pelvic exam and pap smear annually for three (3) years in a row (This service is provided at the appropriate facility and with proper back-up support from the physician.) If all three are negative, clients need to go to the facility only every three years for a pap smear.
- The BHW midwife should counsel patients as to the risk factors for contracting cervical malignancy, not using condoms, frequent STDs, multiple partners, etc.
- The BHW midwife should be trained on and with necessary equipment and supplies to perform a pap smear. The BHS midwife should collect and fix the specimen for reading by a higher level facility (RHU or hospital).

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

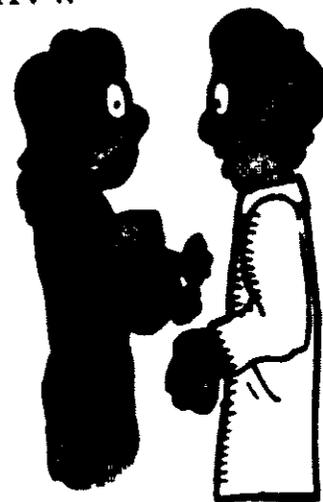
- Updated Target client list/log book of clients (at least within the week)
- Pap smear: for collection of specimen
  - ☒ Glass slides
  - ☒ Wooden spatula (Ayer's spatula) or cervical brush
  - ☒ Fixative (95% ethanol or others)
  - ☒ Pencil
- Referral facility for pap smear reading
- Referral forms
- Individual patient record of Pap Smear results
- IEC materials on Cervical Cancer and self-breast examination (SBE) i.e. leaflets, posters



- The BHS should provide a whole range of maternal care services to include providing tetanus immunization to clients/mothers, pre-natal, natal (delivery) and post partum care.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated target client list/book (at least within the week)
- TT vaccines and syringes & needles
- Record of pre-natal/natal/post natal visits conducted
- Record of home visits made by BHW midwife/CHVW
- Available forms for birth certificates
- Home based maternal records (HBMR)  
for distribution to new clients/replacements
- IEC materials
- OB Emergency Manual & Algorithm



The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility.

The midwife is expected to:



Be friendly to health workers in the community



Be friendly to health workers in the community



- ❑ Maintaining 2 way communication
- ❑ Being a good listener
- ❑ Being non-judgmental
- ❑ Not giving false reassurances
- ❑ Giving appropriate instructions to patients by explaining prescriptions clearly and correctly explaining laboratory results and facilitating follow-up of clients



Be friendly to health workers in the community

- ❑ Being courteous and always explain the procedure
- ❑ Ask permission before proceeding
- ❑ Avoid gender slurs/insults and discriminating words against women
- ❑ Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as victim/survivor of abuse/violence
- ❑ Not blaming a victim or survivor of abuse or violence



## RESPECTING PATIENT'S DECISION



- ❑ Respecting patient's decision without compromising overall patient management
- ❑ Assuring patient's privacy and confidentiality of given information at all times
- ❑ Promptly responding to patient's request for care
- ❑ Speaking politely and with modulated tone



## RESPECTING PATIENTS' CULTURE AND RELIGION

- ❑ Respecting patients' culture and religion
- ❑ Providing for patients needs that are influenced by culture and religion
- ❑ Offering choices/options to patients

☛ The BHS should have at least one midwife assigned to the facility with the physician and nurse from the mother RHU conducting regular visits. The midwife should be complemented by a group of organized volunteer health workers to assist in the facility.



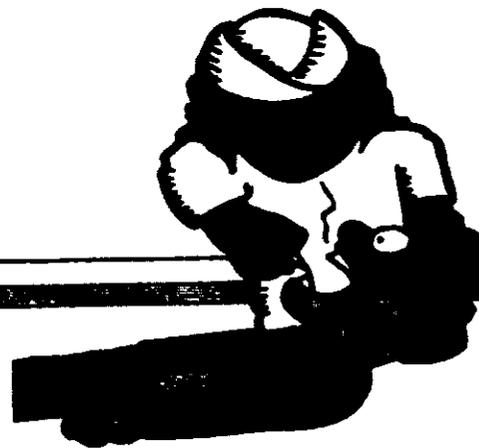
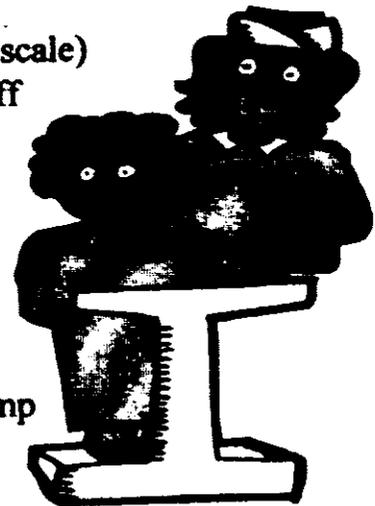
☛ The midwife should be trained in specific DOH-mandated courses to deliver competent care in a full range of services. These courses include:

1. **Basic EPI Skills Training**
2. **Disease Surveillance Training**
3. **Pneumonia Case Management**
4. **CDD Case Management**
5. **Community-Based Planning and Management of Nutrition Program (CBPM-NP)**
6. **Basic Family Planning Course (or Level I) or Comprehensive Family Planning (or Level II)**
7. **DMPA Training (if not included in either Level I or Level II)**
8. **Training on National Tuberculosis Control Program**
9. **Training on Basic Counseling for STD/AIDS**
10. **Skills Training on Pap Smear Collection (for those trained in FP Basic/Compre course)**
11. **Gender Sensitivity Training**
12. **NTP Training - DOTS**
13. **Family Planning Counseling Training**

- ☛ The midwife or visiting physician should spend a minimum of 10 minutes with each client in history-taking (new clients), examination, treatment and health education. Clients can be seen by the midwife, nurse or physician or a combination of staff depending on their complaint.
- ☛ The midwife should be supervised by the RHU nurse or physician on a regular basis to determine her technical proficiencies in performing her tasks.

**The BHS should have the following essential equipment to provide basic services:**

- ❑ Stethoscope
- ❑ Weighing scales-adult and infant (beam or Ming scale)
- ❑ Sphygmomanometer with adult and pediatric cuff
- ❑ Vaccine Carrier with ice packs
- ❑ Sterilizer or covered pan and stove
- ❑ Inventory of equipment and supplies
- ❑ Examination table with clean linen/paper
- ❑ Bench or stool for examination table
- ❑ Kelly pad/clean linen/plastic lining
- ❑ Light source for examination like goose neck lamp with bulb and flashlight with batteries
- ❑ Speculums-large and small



1

1. Cotrimoxazole
2. Amoxicillin
3. INH
4. Rifampicin
5. Pyrazinamide
6. Paracetamol
7. ORS (in sachets)
8. Nifedipine



2

- ❑ alcohol/disinfectant
- ❑ gauze/bandages/plaster or adhesive tape
- ❑ cotton
- ❑ disposable gloves
- ❑ sutures
- ❑ disposable needles
- ❑ disposable syringes
- ❑ lubricant (KY Jelly) or clean water
- ❑ slides and cover slips
- ❑ sharp containers
- ❑ tape measures



3

4

Drugs/medicines are kept off the floor and away from the walls. They should be protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) and kept in a safe place to ensure that no pilferages occur.

5

**7.1**

...  
the following standards:

1. A functioning two-way referral system with procedures for on-referral/back referral of clients/patients and the necessary referral forms.
2. Updated statistical record/board/displays
3. Completed/updated (at least within the week) Field Health Information Systems (FHSIS) reports and target client lists (TCLs)

**7.2**

...  
the following standards:



**The BHS should have a program or activities to encourage and support community participation and partnership for health interventions.**

- The BHS midwife, in coordination with organized groups/community organization and NGOs, should, whenever needed, organize outreach services to communities being served especially on areas otherwise inaccessible to health workers or regular health services.
  
- The BHS midwife should conduct activities to encourage the participation of CHVWs in their catchment since CHVWs are essential partners in delivering basic health services at the community level.
  
- Organized CHVWs should refer and follow-up patients to BHS or RHUs or other levels of health care delivery system e.g., other health units and hospitals.
  
- The BHS midwife and CHVWs should conduct community health interventions through barangay assemblies, "Dengue Linis Brigade", patients/mothers classes, breastfeeding support groups, etc.
  
- The BHS should have a program or activities to encourage and support community participation and partnership for health interventions.

	<p style="text-align: center;"><b>Sentrong Sigla Movement</b> is a project of the Department of Health in partnership with Local Government Units with technical assistance from Management Sciences for Health (MSH) and funding support from the United States Agency for International Development (USAID Contract No.: AID492-0480-C-00-5093-00)</p>	
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**FACILITY SELF-ASSESSMENT CHECKLIST (FSAC)  
FOR BARANGAY HEALTH STATIONS (BHS)  
GUIDE FOR IMPROVING QUALITY OF HEALTH SERVICES  
Level I**

**Introduction**

This Facility Self-Assessment Checklist (FSC) is a self-evaluation guide for the BHS staff towards improving quality of health services being provided at the BHS. The checklist contains a list of questions derived from the *Quality Standards List (QSL) for BHS Level I* that are recommended by the Department of Health for *Sentrong Sigla* certification. The use of this checklist together with the QSL will help the BHS staff do the following:

- Assess the BHS's compliance to Sentrong Sigla Level I quality standards,
- Identify and recognize problems or areas of improvement in service delivery,
- Identify ways or opportunities to solve problems or improve services, and eventually
- Get certification for the BHS as Sentrong Sigla

**Instructions for Using the Facility Self-Assessment Checklist**

For each question, encircle or mark either **YES**, **X** (for Yes, but needs improvement) or **NO** depending on the situation in your facility at the time of your assessment. A column for **REMARKS** is provided for any notes or details that you might need to pay attention to in improving the situation. Be as self-critical and honest as possible in your responses.

*Example*

Questions	Yes	Yes, but needs improvement	No	Remarks
1. Is there a CDD Case Management Chart posted in the BHS	YES	X	NO	
2. Does the BHS have a regular source of clean water	YES	X	NO	Explore possibility of having own deep well
3. Does the BHS have an updated Target Client List (TCL)	YES	X	NO	Get help from BHWs to update the list

*For question #1, the respondent is very sure that a CDD Management Chart is posted at the ORT Corner of the BHS.*

*For question #2, the respondent believes that although the BHS has been assured of continues supply of clean water from a nearby household, it will be better if it could build a deep well of its own and not rely or burden other people for water.*

*For question #3, the respondent admits that the TCL for family planning does not contain all the names of MWRA in the BHS's catchment areas and therefore needs to improve this aspect of identifying target clients or beneficiaries.*

Each **NO** or **X** answer represents an opportunity for health service improvement. Remember, the more opportunities for improvement you find, the more you will be able to enhance quality of your service. Use your creativity to think of remedies or solutions to problems in the delivery of high quality services. This is your facility's initial step to Sentrong Sigla certification.

### **Instructions for Using the Results of the Self-Assessment**

Once you have completed the self-assessment, meet with your supervising nurse and physician to review and discuss all the responses. Consider taking the following steps:

1. Agree on the areas to be improved using the following criteria:
  - a. Does everyone agree that the problem(s) needs to be solved?
  - b. Can the problem be solved with available resources? Are there possible resources that could be tapped?
  - c. Do team members agree to accept responsibility for specific activities required to solve the problem(s)?
2. Make a list of areas to be improved in the order of importance.
3. Plan specific activities to improve the situation or condition and then set a date for completing the activities.
4. Implement improvements and keep all team members involved
5. Make a written request to the DOH Center for Health Development for Sentrong Sigla assessment after improvements have been made.

\* \* \* \* \*

125

## FACILITY SELF-ASSESSMENT CHECKLIST FOR BARANGAY HEALTH STATIONS (BHS)

<i>The following are the Inclusion criteria for Level I Sentrong Sigla Certification. All criteria should be met by the BHS before requesting the DOH Center for Health Development for an assessment for certification.</i>				
1. Is the RHU or Health Center of our BHS a Sentrong Sigla certified facility?	YES	X	NO	
2. Is our BHS housed in (or within) a permanent structure?	YES	X	NO	
3. Does our BHS have a permanently assigned midwife to provide regular health services?	YES	X	NO	
4. Does our BHS have the following?				
a. Regular source of clean water	YES	X	NO	
b. Functioning comfort room or latrine for client use	YES	X	NO	
c. Blood pressure apparatus with cuff	YES	X	NO	
d. Stethoscope	YES	X	NO	
e. Thermometer	YES	X	NO	
f. Weighing scale for infants and adults (not bathroom scale)	YES	X	NO	

### 1. INFRASTRUCTURE/AMENITIES

1.1. Is our BHS free from rubbish?	YES	X	NO	
1.2. Does our BHS have benches or chairs for patients in all waiting and service provision areas?	YES	X	NO	
1.3. Does our BHS have a signboard listing facility hours, available services and whereabouts of staff that is posted in a strategic area?	YES	X	NO	
1.4. Does our BHS have lighting that permits easy reading of forms?	YES	X	NO	
1.5. Does our BHS have ventilation windows, electric fans or air conditioners?	YES	X	NO	
1.6. Does our BHS have a gooseneck lamp or flashlight for examination?	YES	X	NO	
1.7. Does our BHS have a hand washing area with covered water supply, soap and towels?	YES	X	NO	
1.8. Does our BHS have covered water supply for comfort rooms or latrines?	YES	X	NO	
1.9. Does our BHS have covered garbage containers for waste segregation?	YES	X	NO	
1.10. Does our BHS have a separate container for sharps ( <i>needles, blades and other sharp objects</i> )?	YES	X	NO	
1.11. Does our BHS have cleaning or sterilizing supplies for clinical instruments?	YES	X	NO	

1.12. Does our BHS have a storage space or room for supplies, drugs and medicines?	YES	X	NO	
1.13. Does our treatment or examination area have visual privacy?	YES	X	NO	
1.14. Does our treatment or examination area have auditory privacy?	YES	X	NO	
1.15. Does our BHS have a special schedule at least once per week for clients who may not be available during regular office or work hours?	YES	X	NO	

## 2. HEALTH SERVICES

<b>2.1. IMMUNIZATION</b>				
2.1.1. Does our BHS conduct immunization sessions daily or at least 3X per week (depending on catchment population)?	YES	X	NO	
2.1.2. Does our BHS serve clients who request immunization on other days?	YES	X	NO	
2.1.3. Are disposable syringes and needles used only once ?	YES	X	NO	
2.1.4. Are used disposable syringes and needles collected in a puncture-proof container, then burned and buried?	YES	X	NO	
2.1.5. Does our BHS have the latest version of the EPI Manual?	YES	X	NO	
2.1.6. Is our Target Client List or Master List updated weekly?	YES	X	NO	
2.1.7. Does our BHS have the following vaccines for at least one week?				
a. BCG	YES	X	NO	
b. OPV	YES	X	NO	
c. DPT	YES	X	NO	
d. Measles	YES	X	NO	
e. Hepatitis B	YES	X	NO	
f. Tetanus Toxoid	YES	X	NO	
2.1.8. Does our BHS have vaccine carriers with ice cold packs during immunization days?	YES	X	NO	
<b>2.2. DISEASE SURVEILLANCE</b>				
2.2.1. Are DOH case definitions available in our BHS?	YES	X	NO	
2.2.2. Does our BHS submit a Notifiable Disease Report weekly to MHO/CHO/PHO?	YES	X	NO	
2.2.3. Does our BHS conduct an investigation of every single case of acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks?	YES	X	NO	
2.2.4. Does our BHS report all AFP and neonatal tetanus cases to the RHU/HC within a week of identification of cases?	YES	X	NO	
2.2.5. Does our BHS (together with the RHU/HC) follow up each reported AFP Case after 60 days?	YES	X	NO	

<b>2.3. CONTROL OF ACUTE RESPIRATORY INFECTIONS</b>				
2.3.1. Is there an ARI Case Management Chart posted in our BHS?	YES	X	NO	
2.3.2. Does our BHS have tongue depressors?	YES	X	NO	
2.3.3. Does our BHS staff have a timer or watch with second hand?	YES	X	NO	
2.3.4. Does our BHS have at least:				
a. 25 cotrimoxazole adult tablets?	YES	X	NO	
b. 50 paracetamol (500 mg.) tablets?	YES	X	NO	
<b>2.4. CONTROL OF DIARRHEAL DISEASES</b>				
2.4.1. Is there a CDD Case Management Chart posted in our BHS?	YES	X	NO	
2.4.2. Does our BHS have an ORT Corner with benches, tables glasses, pitcher, spoon, calibrated container for measuring potable water and ORS?	YES	X	NO	
2.4.3. Does our BHS have ORS sachets?	YES	X	NO	
2.4.4. Does our BHS have a record of water quality test that was done in the past month?	YES	X	NO	
2.4.5. Does our BHS have an updated record of diarrhea cases?	YES	X	NO	
<b>2.5. MICRONUTRIENTS SUPPLEMENTATION</b>				
2.5.1. Does our BHS have the following micronutrients?				
a. Iron tablets for all pregnant and lactating women	YES	X	NO	
b. Iron drops for infants	YES	X	NO	
c. Iron syrup for school children	YES	X	NO	
d. Iodized oil capsules	YES	X	NO	
e. Iodized salt	YES	X	NO	
f. Vitamin A capsules	YES	X	NO	
2.5.2. Does our BHS have the Guidelines for Micronutrient Supplementation?	YES	X	NO	
2.5.3. Is our Operation Timbang (OPT) Record updated monthly or quarterly depending on the nutritional status of the child?	YES	X	NO	
2.5.4. Is our Target Client List updated weekly?	YES	X	NO	
2.5.5. Does our BHS have Under 5 growth cards/Growth Monitoring Charts (GMC)?	YES	X	NO	
2.5.6. Does our BHS have the CBPM-NP RHM Guidebook?	YES	X	NO	
2.5.7. Does our BHS have available copies of the Basic Three Food Groups brochure for distribution?	YES	X	NO	
2.5.8. Does our BHS have Salt Iodization Testing Kit?	YES	X	NO	
<b>2.6. FAMILY PLANNING</b>				
2.6.1. Does our BHS offer referral services for the following laboratory exams?				
a. Pap smear	YES	X	NO	
b. Wet smear	YES	X	NO	

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3. Does the BHS have an updated Target Client List (TCL)	YES	X	NO	Get help from BHWs to update the list

*For question #1, the respondent is very sure that a CDD Management Chart is posted at the ORT Corner of the BHS.*

*For question #2, the respondent believes that although the BHS has been assured of continuous supply of clean water from a nearby household, it will be better if it could build a deep well of its own and not rely or burden other people for water.*

*For question #3, the respondent admits that the TCL for family planning does not contain all the names of MWRA in the BHS's catchment areas and therefore needs to improve this aspect of identifying target clients or beneficiaries.*

Each **NO** or **X** answer represents an opportunity for health service improvement. Remember, the more opportunities for improvement you find, the more you will be able to enhance quality of your service. Use your creativity to think of remedies or solutions to problems in the delivery of high quality services. This is your facility's initial step to Sentrong Sigla certification.

### **Instructions for Using the Results of the Self-Assessment**

Once you have completed the self-assessment, meet with your supervising nurse and physician to review and discuss all the responses. Consider taking the following steps:

1. Agree on the areas to be improved using the following criteria:
  - a. Does everyone agree that the problem(s) needs to be solved?
  - b. Can the problem be solved with available resources? Are there possible resources that could be tapped?
  - c. Do team members agree to accept responsibility for specific activities required to solve the problem(s)?
2. Make a list of areas to be improved in the order of importance.
3. Plan specific activities to improve the situation or condition and then set a date for completing the activities.
4. Implement improvements and keep all team members involved
5. Make a written request to the DOH Center for Health Development for Sentrong Sigla assessment after improvements have been made.

\* \* \* \* \*

## FACILITY SELF-ASSESSMENT CHECKLIST FOR BARANGAY HEALTH STATIONS (BHS)

<i>The following are the inclusion criteria for Level I Sentrong Sigla Certification. All criteria should be met by the BHS before requesting the DOH Center for Health Development for an assessment for certification.</i>				
1. Is the RHU or Health Center of our BHS a Sentrong Sigla certified facility?	YES	X	NO	
2. Is our BHS housed in (or within) a permanent structure?	YES	X	NO	
3. Does our BHS have a permanently assigned midwife to provide regular health services?	YES	X	NO	
4. Does our BHS have the following?				
a. Regular source of clean water	YES	X	NO	
b. Functioning comfort room or latrine for client use	YES	X	NO	
c. Blood pressure apparatus with cuff	YES	X	NO	
d. Stethoscope	YES	X	NO	
e. Thermometer	YES	X	NO	
f. Weighing scale for infants and adults (not bathroom scale)	YES	X	NO	

### 1. INFRASTRUCTURE/AMENITIES

1.1. Is our BHS free from rubbish?	YES	X	NO	
1.2. Does our BHS have benches or chairs for patients in all waiting and service provision areas?	YES	X	NO	
1.3. Does our BHS have a signboard listing facility hours, available services and whereabouts of staff that is posted in a strategic area?	YES	X	NO	
1.4. Does our BHS have lighting that permits easy reading of forms?	YES	X	NO	
1.5. Does our BHS have ventilation windows, electric fans or air conditioners?	YES	X	NO	
1.6. Does our BHS have a gooseneck lamp or flashlight for examination?	YES	X	NO	
1.7. Does our BHS have a hand washing area with covered water supply, soap and towels?	YES	X	NO	
1.8. Does our BHS have covered water supply for comfort rooms or latrines?	YES	X	NO	
1.9. Does our BHS have covered garbage containers for waste segregation?	YES	X	NO	
1.10. Does our BHS have a separate container for sharps (needles, blades and other sharp objects)?	YES	X	NO	
1.11. Does our BHS have cleaning or sterilizing supplies for clinical instruments?	YES	X	NO	

1.12. Does our BHS have a storage space or room for supplies, drugs and medicines?	YES	X	NO	
1.13. Does our treatment or examination area have visual privacy?	YES	X	NO	
1.14. Does our treatment or examination area have auditory privacy?	YES	X	NO	
1.15. Does our BHS have a special schedule at least once per week for clients who may not be available during regular office or work hours?	YES	X	NO	

## 2. HEALTH SERVICES

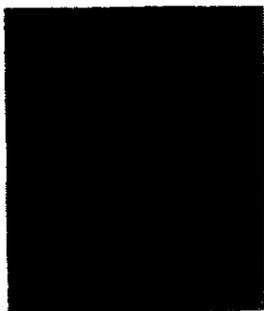
<b>2.1. IMMUNIZATION</b>				
2.1.1. Does our BHS conduct immunization sessions daily or at least 3X per week (depending on catchment population)?	YES	X	NO	
2.1.2. Does our BHS serve clients who request immunization on other days?	YES	X	NO	
2.1.3. Are disposable syringes and needles used only once?	YES	X	NO	
2.1.4. Are used disposable syringes and needles collected in a puncture-proof container, then burned and buried?	YES	X	NO	
2.1.5. Does our BHS have the latest version of the EPI Manual?	YES	X	NO	
2.1.6. Is our Target Client List or Master List updated weekly?	YES	X	NO	
2.1.7. Does our BHS have the following vaccines for at least one week?				
a. BCG	YES	X	NO	
b. OPV	YES	X	NO	
c. DPT	YES	X	NO	
d. Measles	YES	X	NO	
e. Hepatitis B	YES	X	NO	
f. Tetanus Toxoid	YES	X	NO	
2.1.8. Does our BHS have vaccine carriers with ice cold packs during immunization days?	YES	X	NO	
<b>2.2. DISEASE SURVEILLANCE</b>				
2.2.1. Are DOH case definitions available in our BHS?	YES	X	NO	
2.2.2. Does our BHS submit a Notifiable Disease Report weekly to MHO/CHO/PHO?	YES	X	NO	
2.2.3. Does our BHS conduct an investigation of every single case of acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks?	YES	X	NO	
2.2.4. Does our BHS report all AFP and neonatal tetanus cases to the RHU/HC within a week of identification of cases?	YES	X	NO	
2.2.5. Does our BHS (together with the RHU/HC) follow up each reported AFP Case after 60 days?	YES	X	NO	

<b>2.3. CONTROL OF ACUTE RESPIRATORY INFECTIONS</b>				
2.3.1. Is there an ARI Case Management Chart posted in our BHS?	YES	X	NO	
2.3.2. Does our BHS have tongue depressors?	YES	X	NO	
2.3.3. Does our BHS staff have a timer or watch with second hand?	YES	X	NO	
2.3.4. Does our BHS have at least:				
a. 25 cotrimoxazole adult tablets?	YES	X	NO	
b. 50 paracetamol (500 mg.) tablets?	YES	X	NO	
<b>2.4. CONTROL OF DIARRHEAL DISEASES</b>				
2.4.1. Is there a CDD Case Management Chart posted in our BHS?	YES	X	NO	
2.4.2. Does our BHS have an ORT Corner with benches, tables glasses, pitcher, spoon, calibrated container for measuring potable water and ORS?	YES	X	NO	
2.4.3. Does our BHS have ORS sachets?	YES	X	NO	
2.4.4. Does our BHS have a record of water quality test that was done in the past month?	YES	X	NO	
2.4.5. Does our BHS have an updated record of diarrhea cases?	YES	X	NO	
<b>2.5. MICRONUTRIENTS SUPPLEMENTATION</b>				
2.5.1. Does our BHS have the following micronutrients?				
a. Iron tablets for all pregnant and lactating women	YES	X	NO	
b. Iron drops for infants	YES	X	NO	
c. Iron syrup for school children	YES	X	NO	
d. Iodized oil capsules	YES	X	NO	
e. Iodized salt	YES	X	NO	
f. Vitamin A capsules	YES	X	NO	
2.5.2. Does our BHS have the Guidelines for Micronutrient Supplementation?	YES	X	NO	
2.5.3. Is our Operation Timbang (OPT) Record updated monthly or quarterly depending on the nutritional status of the child?	YES	X	NO	
2.5.4. Is our Target Client List updated weekly?	YES	X	NO	
2.5.5. Does our BHS have Under 5 growth cards/Growth Monitoring Charts (GMC)?	YES	X	NO	
2.5.6. Does our BHS have the CBPM-NP RHM Guidebook?	YES	X	NO	
2.5.7. Does our BHS have available copies of the Basic Three Food Groups brochure for distribution?	YES	X	NO	
2.5.8. Does our BHS have Salt Iodization Testing Kit?	YES	X	NO	
<b>2.6. FAMILY PLANNING</b>				
2.6.1. Does our BHS offer referral services for the following laboratory exams?				
a. Pap smear	YES	X	NO	
b. Wet smear	YES	X	NO	

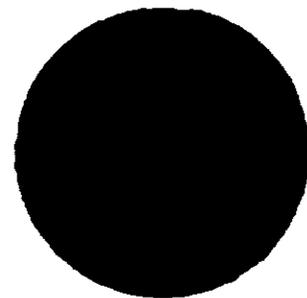
# **Quality Standards List for Rural Health Units and Health Centers**

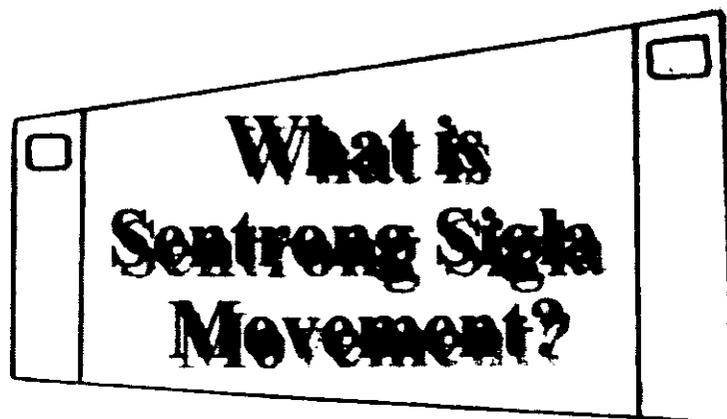
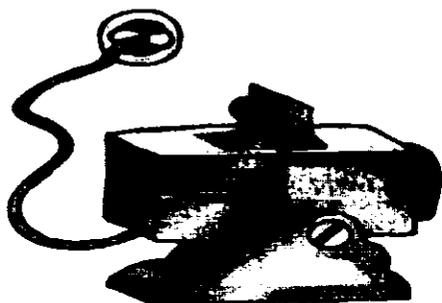
## **Level 1**

**Certification and Recognition Program  
Sentrong Sigla Movement**



**October 2000**





**S**entrong Sigla Movement (SSM) aims to improve the quality of public health services. Through its *Certification and Recognition Program or CRP*, Sentrong Sigla recognizes local government units (LGUs) and certifies health facilities that meet requirements and standards to deliver quality services. The CRP has three levels of certification with Level 1 as the entry level. The participating facility progresses through Levels 1, 2 and 3 until it gets elevated to the SSM's Hall of Fame. A Sentrong Sigla certified facility eventually gets into the continuous quality improvement (CQI) mode enabling the facility staff to set their own standards of quality.

### **What is the Level 1 Quality Standards List for Rural Health Units (RHU) and Health Centers (HC)?**

The Level 1 Quality Standards List for Rural Health Units and Health Centers includes the recommended standards and requirements for providing quality services. This list was developed based on existing program guidelines from the Department of Health (DOH).

There are general conditions or requirements that are critical in every facility and are therefore considered as inclusion criteria for participation in Level 1:

- ☛ Regular source of clean water
- ☛ Comfort room/latrine for patients
- ☛ Blood pressure apparatus with cuff
- ☛ Stethoscope
- ☛ Thermometer
- ☛ Weighing scale for infants and adults (but not bathroom scale)

## Who is the Quality Standards List's intended user?

The List is meant for service providers or staff, local health managers, local chief executives, Sentrong Sigla teams and other users interested and involved in improving quality of services being provided in the facility. Using the List, any user will be able to assess if his/her facility meets the quality standards for providing health services or if not, what improvements are needed to meet the standards.

## What health facilities are being referred to?

The Sentrong Sigla Certification and Recognition Program covers health facilities like hospitals, rural health units/health centers and barangay health stations. This List is intended only for **rural health units and health centers**.

## What is the focus of Level 1 standards?

Level 1 standards focus on "inputs" like the basic infrastructure, equipment, pharmaceuticals and supplies and other conditions that are necessary to demonstrate "preparedness" or "readiness" of the facility to provide the services. There are also some "process" standards that are already included. These standards are in the following areas:

- **Infrastructure/Amenities**
- **Health Services**
- **Attitude and Behavior of Health Workers**
- **Health Human Resources**
- **Equipment**
- **Drugs, Medicines and Supplies**
- **Health Information System**
- **Community Interventions**



### Note to Users:

The List provides the basic standards and requirements that are being recommended under Sentrong Sigla for Level 1 certification. There are corresponding standards for Levels 2 and 3. Once a facility meets Level 1 standards and gets certified, under the Sentrong Sigla Certification and Recognition Program, the facility and its staff will be introduced to continuous quality improvement (CQI) tools and techniques in order to maintain Level 1 standards, and also strive for higher levels of certification.

It is expected that certain aspects of quality standards maybe defined differently and may vary from program to program, facility to facility and from one person to another. However, for Sentrong Sigla, these are the standards being recommended. These standards were developed based on existing DOH program standards and was a result of a series of consultation activities at different levels of the health system.

Each RHU should have the following general conditions:

**1.1.**

The RHU HC should have the following general infrastructure conditions/amenities:

- ☛ Generally clean and orderly environment
- ☛ Sufficient seating space for patients
- ☛ With regular electricity/power source
- ☛ Adequate lighting and ventilation
- ☛ Light source for examinations: goose neck lamp and flashlights
- ☛ Covered water supply-sufficient for hand-washing and for comfort rooms or toilets
- ☛ Hand washing area with water, soap and towels
- ☛ Functional clean comfort rooms or latrines for health staff and clients with handrails for the disabled
- ☛ Covered garbage containers (waste segregation)
- ☛ Separate container for sharps (needles, blades and other sharp objects)
- ☛ Examination table with clean linen/paper
- ☛ Bench or stool for examination table
- ☛ A treatment area/examination area with visual and auditory privacy
- ☛ Storage space/room for supplies, drugs and medicines
- ☛ Cleaning/sterilizing supplies for clinical instruments

The facility should practice the following:

- Clinic hours, services and whereabouts of staff posted in a strategic area readable by all clients and service providers.
- Client waiting time must be as brief as possible. Clients should be seen by health staff within 30 minutes of registration.
- During clinic hours, direct client care should take precedence over all other tasks. Clients should not be made to wait merely because staff are writing or transferring notes, doing reports or performing other tasks not directly related to client care.
- The RHU/HC should maintain occasional hours during evenings and weekends to accommodate clients who are unable to consult or visit during regular clinical hours. The RHU/HC should provide services during non-traditional hours at least once per month, considering clients who may not be available during regular office or work hours.

The following programs and services are available at all  
in the facility.

## 2.1. Expanded Program on Immunization

- ❖ Immunization sessions should be conducted in the RHU/HC as regularly as possible. Although Wednesday has been adopted as the national immunization day, immunization days may be held on other days.
- ❖ Schedules should be displayed to inform mothers of the time and day at which immunization services are to be provided. However, clients who request immunization on other days should not be turned away. Wastage of vaccine is a minimal program cost and should not be overemphasized or used as a barrier to vaccine administration.
- ❖ The facility should practice a “one needle and one syringe policy” because of the danger of transmitting Hepatitis B and AIDS (HIV infection) through unsterile needles and syringes. Therefore, one sterile syringe and needle should be utilized for each injection. Disposable syringes and needles should be used only once and then collected in a puncture proof container to be burned and buried.
- ❖ BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines should be available at all times in the facility and should be stored under proper cold chain conditions.
- ❖ The RHU/HC should conduct patient counseling on effectiveness, risks, benefits, potential side effects and treatment for side effects of each vaccine.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Immunizations offered at least once per week (depends on catchment population)
- Outreach immunization services offered in hard-to-reach areas
- EPI Manual (latest version)
- Target Client List or Master List (updated weekly)
- Adequate supplies of BCG, OPV, DPT, measles, hepatitis B and tetanus toxoid vaccines based on average monthly consumption (with at least one month's supply at anytime)
- Proper cold chain maintained:
  - ❑ Refrigerator exclusively for vaccine use and with voltage regulator
  - ❑ Vaccine thermometer (placed inside the refrigerator) with temperature maintained between 2-8<sup>o</sup> C
  - ❑ Daily am and pm temperature monitoring charts posted and updated
  - ❑ Written contingency plan for a "power failure"
  - ❑ Vaccine carriers with ice cold packs

- The RHU/HC should perform disease surveillance to measure the magnitude of the local health problems and the effects of the control programs delivered. Surveillance data can be used by the facility to improve strategies in delivering health services and thus prevent these from occurring, e.g. immunizable diseases like diphtheria, pertussis, tetanus, polio, measles, etc.
- The RHU/HC staff and community health volunteer workers (CHVWs) should be involved in reporting, investigating and reporting to the next higher level of the health system.
- Surveillance data must be complete, accurate and on time.

*The following conditions must be present in order for the facility to qualify as providing this service:*

- Case definitions available
- Notifiable disease reporting forms available
- Notifiable disease reporting forms submitted weekly to provincial/city or municipal health office
- Investigation of all acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks
- Immediately reporting all AFP and neonatal tetanus (NT) cases to the regional offices (surveillance personnel) through the fastest possible means
- Reported cases followed up by RHU/HC for public health reasons especially 60 days follow-up done on all AFP cases detected



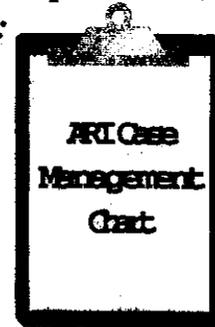
## 2.3. Control of Acute Respiratory Infections



- The RHU/HC should have the equipment and supplies necessary to diagnose and treat common acute respiratory illnesses.
- Cotrimoxazole and other antibiotics should be available at all times in the facility.
- Referral to other or higher level facilities, e.g., hospitals should be done for clients needing further management.
- RHU staff should continue creating awareness among mothers and child-minders on home care for children with simple cough and colds and the detection of early signs of pneumonia through information and health education activities.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- ARI Case Management Chart posted
- Thermometer
- Tongue depressors
- Flashlights or pen light
- Timer or watch with second hand
- Cotrimoxazole (adult tabs.), at least 100 tablets
- Paracetamol (500 mg tabs.), at least 100 tablets
- In client or patient education/counseling basic messages should include:
  - home management of simple coughs and colds w/o use of cough/cold medicines
  - detection of early pneumonia using simple signs like rapid breathing and chest indrawing
  - information on when, where and how to bring the child with pneumonia for treatment
  - CHVWs as part of the health service delivery network should refer patients to higher levels of the health care system e.g. barangay health stations, rural health units/health centers and hospitals and conduct follow up visits
  - outreach activities should be done in areas otherwise inaccessible to health worker or to regular health services

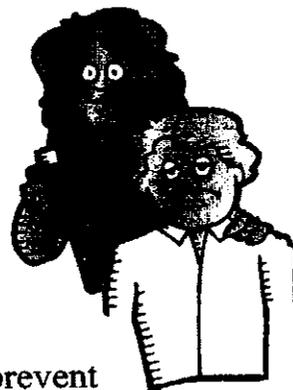


- The RHU/HC should have the equipment and supplies necessary to diagnose and treat diarrheal diseases. Referral to other or higher level facilities should be done for diarrheal clients needing further management.
- In the RHU/HC, all patients with no dehydration or who have been successfully rehydrated in the facility should be given ORS to take home to prevent dehydration.
- Antibiotics should ONLY be used for dysentery or for suspected cholera cases with severe dehydration; otherwise, these are ineffective and should NOT be given. Other DOH policies on anti-parasitic drugs and antidiarrheal drugs should be followed based on previously issued policies and guidelines.
- As part of appropriate and prompt response to diarrhea outbreak/cholera/disease surveillance, the facility should:
  - ensure potability of drinking water within the catchment area in conjunction with the Environmental Sanitation Program;
  - enforce sanitation code, especially on food sanitation in conjunction with the Environmental Sanitation Program;
  - promote personal and domestic hygiene through health education, and
  - assure adequate supply of ORS sachets



*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

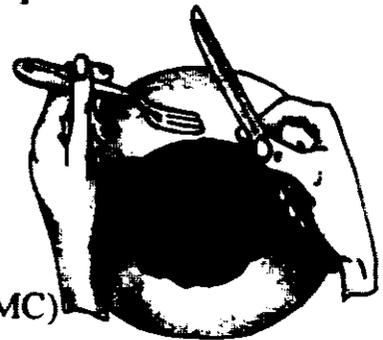
- CDD Case Management Chart posted
- Functional Oral Rehydration Therapy (ORT) corner with benches, table, glasses, pitcher, spoon, calibrated container for measuring potable water and Oral Rehydration Sachets (ORS)
- ORS sachets available at all times
- Updated daily record of diarrhea cases
- In client or patient education/counseling basic messages should include:
  - ☑ Give the child more fluids than usual to prevent dehydration;
  - ☑ Continue to feed the child; and
  - ☑ Take the child to the health worker if child does not become better in three days or earlier if the child develops some signs/symptoms like many episodes of watery stools, repeated vomiting, marked thirst, fever, blood in the stool and eating or drinking poorly.



- ❖ The RHU/HC should have the equipment and supplies necessary to prevent, detect and control nutritional deficiencies and specific micronutrient disorders.
- ❖ The RHU/HC should have iron, iodized oil capsules/iodized salt and vitamin A capsules available at all times for supplementation of target groups e.g. iron tablets for all pregnant and lactating women; iron drops for infants and iron syrup for school children.
- ❖ RHU personnel should refer clients needing further treatment to other or higher level facilities like hospitals.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Guidelines for Micronutrient Supplementation
- Operation Timbang (OPT) Records for the whole RHU catchment
- Updated Target Client List (at least within the week)
- Under 5 growth cards/Growth Monitoring Charts (GMC)
- CBPM-NP RHM Guidebook
- Basic Three Food Groups Brochures
- Salt Iodization Testing Kit
- Micronutrients available: iron, iodine, vitamin A
- Functional balance beam or other weighing scales
- In-client or patient nutrition education/counseling, basic messages should be emphasized like importance of proper nutrition including:
  - ❖ Balanced diet
  - ❖ Desirable food habits
  - ❖ Consumption of fortified foods
  - ❖ Use of iodized salt
  - ❖ Importance of breast-feeding/weaning foods



- The RHU/HC should provide all medically approved, safe, effective and legally acceptable program methods. These specific services should include:
  - Pills, IUDs, NFP ( in selected facilities by referral), LAM, Condoms and DMPA
  - Tubal Ligation and Vasectomy in selected facilities where there are trained personnel and in cases where there are no trained staff, referral must be in place
  - Relevant Laboratory Exams, e.g., Pap smear, wet smear, gram staining, pregnancy test and urinalysis
  - Management of complications and/or side effects that may arise as a result of family planning methods
- The RHU/HC should ensure availability of all program methods at all times. When necessary, the RHU/HC should refer clients to other facilities or clinics that provide FP services it cannot provide, such as IUD or sterilization.
- FP supplies should be sufficient (one month allowed stock level) and equipment should be in working order.
- RHU/HC staff should counsel clients about the effectiveness, risks, and benefits of the different contraceptive methods. Staff should provide information neutrally, without allowing their own biases to affect clients' choices.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated Target Client List (one month)
- FP Form 1
- Contraceptives/Supplies available:
  - ❑ Condoms
  - ❑ Oral contraceptives-combination and progesterone only
  - ❑ DMPA
  - ❑ IUDs
- Antiseptic solution (povidone iodine; cidex) and chlorine 75%
- Sterilized Equipment available
  - ❑ Forceps—alligator, pick-up, ovum, tenaculum, uterine
  - ❑ Forceps container
- Kelly pad/linen for examination table
- Examination table with linen or paper and changed between clients
- Examination table
- Light source (gooseneck lamp, flashlight)
- NFP charts for distribution (in selected facilities)
- Other leaflets/handouts on FP for distribution
- Referral Form for sterilization
- Patient counseling on information about all methods, effectiveness, risks, and benefits of various methods

- RHU/HC should be knowledgeable about the types of TB patients and the three (3) treatment regimens available. The RHU/HC should have equipment and supplies necessary for case finding and treatment of clients diagnosed with tuberculosis.
- The RHU/HC staff should allocate the medicines for the complete duration of therapy for TB patients started on treatment.
- All clients should be counseled on proper compliance and adherence to treatment. Health education should also include some expected drug interactions and what clients should do upon experiencing them.
- All clients should have sputum examinations on the scheduled time to be able to assess the individual patient's response to treatment. This is also the way to determine "cure" for TB patients.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated Target Client List/National Tuberculosis Program (NTP) TB Register (at least within the week)
- Updated microscopy logbook/NTP Laboratory Register (within the week)
- In designated microscopy centers, the facility should have:
  - ❑ Microscope
  - ❑ Medical technologist or designated microscopist
  - ❑ Laboratory supplies: 1) AFB reagent, 2) sputum cups, and 3) glass slides
- For other health facilities (non-microscopy centers):
  - ❑ Sputum cups
  - ❑ Glass slides
  - ❑ Designated sputum collection and staining area
- Anti-TB Drugs:
  - ❑ Type I } good for at least 5 patients
  - ❑ Type II }
  - ❑ Ethambutol, in blister packs
  - ❑ Streptomycin Sulfate

- ❖ STD/AIDS prevention and control program services should be available in all STD service facilities.
- ❖ Whenever possible, acceptable, affordable and effective case management of STD patients will be made accessible to all individuals.
- ❖ Syndromic management will be applied when and where reliable laboratory diagnostic support is not consistently available.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Syndromic Management Chart posted
- STD patients managed according to the National STD Case Management Guidelines which include:
  - ❖ Correct and appropriate STD drugs prescribed or given to patients
  - ❖ Patient counseling to include:
    - ❖ Explanation of the diagnosis to the patient
    - ❖ Instructions on the importance of completing treatment
    - ❖ Encouraging the client to bring partner for evaluation and treatment
    - ❖ Provision of health education to prevent further transmission of STDs
  - ❖ Provision of adequate supply of condoms
- Monthly reporting using primary level reporting form accomplished and submitted to the next higher level
- Referral mechanism in place so that clients not responding to treatment at this level will be referred to a designated Social Hygiene Clinic, secondary care level or referral center where a laboratory is available to perform the basic laboratory tests required to diagnose most STDs as well as for HIV testing.



- The RHU/HC should practice strict personal and environmental hygiene to reduce disease transmission within the facility.
- Practices that should be followed within the facility include the following:
  - Hand-washing with soap and water before and after each client contact and use of comfort room
  - Examination table disinfected daily
- The RHU/HC should provide water testing/quality monitoring services
- The RHU/HC should have an updated list of water sources and food establishments within its catchment area.
- The RHU/HC should have available toilet bowls for distribution to households without toilets or at least toilet bowl molds.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service (some items have already been incorporated under basic infrastructure):*

- Copy of Sanitation Code of the Philippines and Implementing Rules and Regulations
- Adequate chlorine granules for disinfection of water supply facilities
- Environmental Sanitation Kit containing tools for water and food facilities testing/monitoring
- Updated list of status of water supply and sanitation facilities within the area of coverage of the facility (one month)
- List of food establishments with sanitary permits and their updated sanitation conditions (one month)
- Information and education materials on environmental sanitation.
- Updated list of households with or without sanitary toilet facilities.
- Adequate supply of toilet bowls for distribution to households without toilets or at least toilet bowl molds.

- The RHU/HC should promote that all women of reproductive age should receive a pelvic exam and pap smear annually for three (3) years in a row. If all three are negative, clients need to go to the facility only every three years for a pap smear. For abnormal smears (Class II – IV) the client should be referred to higher levels for further management.
- The RHU/HC staff should counsel patients as to the risk factors for contracting cervical malignancy, not using condoms, frequent STDs, multiple partners, etc.
- The RHU/HC staff should be trained on and have the necessary equipment and supplies to perform a pap smear and collect the specimen for reading by a higher level facility (hospital).

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

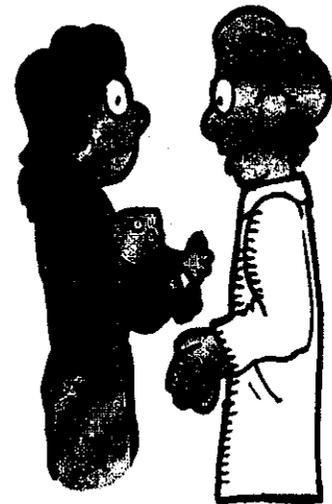
- Updated Target Client List/log book of clients  
(at least within the week)
- Pap smear: for collection of specimen
  - ☑ Glass slides
  - ☑ Wooden spatula (Ayer's spatula) or cervical brush
  - ☑ Fixative (95% ethanol or others)
  - ☑ Pencil
- Referral facility for pap smear reading
- Referral forms
- Individual patient record of Pap Smear Results
- IEC materials on Cervical Cancer (leaflets, posters) and self-breast examination (SBE)



The RHU/HC should provide a whole range of maternal care services to include providing tetanus immunization to clients/mothers, pre-natal, natal (delivery) and post-partum care.

*The following conditions, equipment and supplies must be present in order for the facility to qualify as providing this service:*

- Updated Target Client List/book (at least within the week)
- TT vaccines and syringes & needles
- Records of pre-natal/natal/post-natal visits conducted
- Records of home visits made by RHU/HC staff/CHVW
- Available forms for
  - birth certificates
  - death/fetal birth certificates
  - other pertinent records
- Home Based Maternal Records (HBMR) for distribution to new clients
- IEC materials
- OB Emergency Manual & Algorithm



### 3. *Attitude & Behavior of Health Workers*

**The attitude and behavior of health workers is one of the most important factors affecting the way clients/patients judge the quality of services in any health facility.**

**The RHU/HC staff are expected to:**



**Get the patient's verbal as well as non-verbal cues in order to establish rapport**

**Facilitate technical competence by facilitating clear information exchange by:**

- ❑ Maintaining 2 way communication
- ❑ Being a good listener
- ❑ Being non-judgmental
- ❑ Not giving false reassurances
- ❑ Giving appropriate instructions to patients by explaining prescriptions clearly, explaining laboratory results correctly and facilitating follow-up of clients



**Be women friendly by:**

- ❑ Being courteous and always explain any procedure
- ❑ Ask permission before proceeding
- ❑ Avoid gender slurs/insults and discriminating words against women
- ❑ Being careful in examining women patients. This is especially true when examining women during obstetrical and gynecological examinations and as survivors of abuse/violence
- ❑ Not blaming victim/survivor of abuse/violence



### Be caring and gender-sensitive to:

- ❑ Respecting patient's decision without compromising overall patient management
- ❑ Assuring patient's privacy and confidentiality of given information at all times
- ❑ Promptly responding to patient's request for care
- ❑ Speaking politely and with modulated tone



### Be culture-sensitive to:

- ❑ Respecting patients' culture and religion
- ❑ Providing for patients needs that are influenced by culture and religion
- ❑ Offering choices/options to patients

The RHU/HC should have at least one physician, one nurse, one midwife and one sanitary inspector. In addition, facility staff should be trained in specific DOH-mandated courses to competently deliver a full range of health services.



The RHU/HC staff should be trained in specific DOH mandated courses to include:

1. **Basic EPI Skills Training**
2. **Disease Surveillance Training**
3. **Pneumonia Case Management**
4. **ARI Case Management**
5. **CDD Case Management**
6. **Community-Based Planning and Management of Nutrition Program (CBPM-NP)**
7. **Basic Family Planning Course (or Level I)**
8. **Comprehensive Family Planning (or Level II)**
9. **DMPA Training (if untrained in either Level I or Level II)**
10. **Training on National Tuberculosis Control Program - DOTS**
11. **Training on Microscopy**
12. **Training on Basic Counseling for STD/AIDS**
13. **Syndromic Management of STD/AIDS**
14. **Training on Environmental Health Programs and Regulations**
15. **Skills Training on Pap Smear Collection (for those untrained in FP Basic/Compre Course)**
16. **Gender Sensitivity Training**
17. **Training on Counseling Skills on Violence Against Women**

- The health human resource is one of the major determinants of quality service. It is crucial that appropriate staff development program includes continuing education of the staff. These should include activity to ensure the mental and physical fitness of the RHU/HC staff. This will result to staff job satisfaction and ultimately reflects on how well the patients are treated/managed.
- Continuing education and updates for RHU staff should be implemented for appropriate/rational use of technology on diagnostic and treatment modalities.
- There should be regular "competency-based" assessments of staff to determine their technical proficiencies in performing their duties and responsibilities.
- Facility staff should spend a minimum of 10 minutes with each client in history-taking (new clients), examination, treatment and health education. Clients can be seen by midwives, nurses, doctors, or any combination of staff depending on their complaint. Every client does not have to be seen by a doctor.
- Supervisors should also ensure that they regularly assess job satisfaction either through surveys, interviews, or focused group discussions.

The RHC/IC should have the following essential equipment in order to provide the services.

- ❑ Stethoscope
- ❑ Weighing scales-adult and infant (beam or Ming scale)
- ❑ Sphygmomanometer with adult and pediatric cuff
- ❑ Vaccine Carrier with ice packs
- ❑ Sterilizer or covered pan and stove
- ❑ Inventory of equipment and supplies
- ❑ Examination table with clean linen/paper
- ❑ Bench or stool for examination table
- ❑ Kelly pad/clean linen/plastic lining
- ❑ Light source for examination like goose neck lamp with bulb and flashlight with batteries
- ❑ Speculums-large and small



The RHU/HC should have the essential drugs, medicines and supplies in order to provide good services.



6.1.

The RHU/HC should have the following eight essential drugs:

- |                  |                 |                |
|------------------|-----------------|----------------|
| 1. Cotrimoxazole | 3. INH          | 5. Paracetamol |
| 2. Amoxicillin   | 4. Rifampicin   | 7. ORS         |
|                  | 5. Pyrazinamide | 8. Nifedipine  |

6.2.

Available basic supplies for examination, emergency medical and simple surgical cases:

- |                                       |   |
|---------------------------------------|---|
| ❑ alcohol/disinfectant                | ❑ disposable needles                      |
| ❑ cotton                              | ❑ disposable syringes                     |
| ❑ disposable gloves                   | ❑ sutures                                 |
| ❑ lubricant (KY Jelly) or clean water | ❑ slides and coverslips                   |
|                                       | ❑ gauze/bandages/plaster or adhesive tape |
|                                       | ❑ sharps containers                       |

6.3.

The RHU should have the following:

- |   |                                       |
|---|---------------------------------------|
| ❑ weighing scales - adult and infant (beam or Ming scale) | ❑ microscope (if microscopy center)   |
| ❑ disposable gloves in examination room                   | ❑ sterilizer or covered pan and stove |
| ❑ speculums - large and small                             | ❑ inventory of equipment & supply     |
| ❑ lubricant (KY Jelly) or clean water                     | ❑ refrigerator                        |
|   | ❑ disposable needles and syringes     |

**6.4.**

Adequate supply of disinfectants, antiseptics and/or insecticides to include cleaning supplies for the facility and for clinical instruments.

**6.5.**

Available storage for drugs.

Drugs/medicines are kept off the floor and away from the walls. They should be protected from rodents, insects and environmental elements (sunlight, heat, humidity, floods, moisture, etc.) and kept in a safe place to ensure no pilferages.

**6.6.**

Complete and updated inventory of stock cards and supply records.

**6.7.**

Updated (within 6 months) and complete inventory of equipment.

## **7. Health Information System**

Secretary of the Hospital Health Information System, the following are essential elements to be in place:

1. A functioning two-way referral system with procedures for on-referral/back referral of clients/patients and the necessary referral forms.
2. Updated RHU/HC statistical record/board/displays.
3. Completed/updated (within one week) Field Health Information Systems (FHSIS) forms and target client lists (TCLs).

Practices filled up records and reports submitted for easy retrieval and reference.

## 8.

# Community Intervention

1

The RHU/HC should have active community health volunteer workers (CHVWs).

2

CHVWs are essential partners in delivering basic health services at the community level. There should be programs and activities to encourage their participation.

3

The CHVWs should refer patients and then follow-up to higher levels of health care delivery system e.g., barangay health stations, other health units and hospitals.

4

The RHU/HC, in coordination with organized patient groups/community organization and NGO's should, whenever needed, organize outreach services to communities being served especially on areas otherwise inaccessible to health workers or regular health services.

5

RHU/HC staff and CHVWs should encourage and support community participation and partnership for health interventions like Barangay Assemblies, Dengue Linis Brigade, Patients Classes, Breastfeeding Support Groups, etc.



**Sentrong Sigla Movement**  
is a project of the Department of Health in partnership with  
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national Development (USAID Contract No.: AID-492-0480-C-00-5093-00)



**FACILITY SELF-ASSESSMENT CHECKLIST (FSAC)  
FOR RURAL HEALTH UNITS (RHUs)/HEALTH CENTERS (HCs)  
GUIDE FOR IMPROVING QUALITY OF HEALTH SERVICES  
Level 1**

**Introduction**

This Facility Self-Assessment Checklist (FSAC) is a self-evaluation guide for the RHU/HC staff towards improving quality of health services being provided at the RHU/HC. The checklist contains a list of questions derived from the *Quality Standards List (QSL) for RHUs/HCs Level I* that are recommended by the Department of Health for *Sentrong Sigla* certification. The use of this checklist together with the QSL will help the RHU/HC staff do the following:

- Assess the RHU/HC's compliance to Sentrong Sigla Level I quality standards,
- Identify and recognize problems or areas of improvement in service delivery,
- Identify ways or opportunities to solve problems or improve services, and eventually
- Get certification for the RHU/HC as Sentrong Sigla

**Instructions in Using the FSAC**

For each question, encircle or mark either YES, X (for Yes, but needs improvement) or NO depending on the situation in your facility at the time of your assessment. A column for **REMARKS** is provided for any notes or details that you might need to pay attention to in improving the situation. Be as self-critical and honest as possible in your responses.

*Example:*

Questions	Yes	Yes, but needs improvement	No	Remarks
1. Is there a CDD Case Management Chart posted in the RHU/HC?	YES	X	NO	
2. Does our RHU/HC have a storage space or room for supplies, drugs and medicines?	YES	X	NO	Storage needs proper ventilation and new padlock
3. Does the RHU/HC have an updated Target Client List?	YES	X	NO	Get help from BHWs to update the list

*For question #1, the respondent is very sure that a CDD Management Chart is posted properly and conspicuously at the ORT Corner of the RHU/HC.*

*For question #2, the respondent believes that although the RHU/HC has a storeroom for supplies, drugs and medicines, there is a need to organize, improve ventilation and secure the storeroom.*

*For question #3, the respondent admits that the TCL for family planning does not contain all the names of MWRA in the RHU/HC's catchments areas and therefore needs to improve this aspect of identifying target clients or beneficiaries.*

Each **NO** or **X** answer represents an opportunity for health service improvement. Remember, the more opportunities for improvement you find, the more you will be able to enhance quality of your services. Use your creativity to think of remedies or solutions to problems in the delivery of high quality services. This is your facility's initial step to Sentrong Sigla certification.

### **Instructions in Using the Results of the Self-Assessment**

Once you have completed the self-assessment, meet as a health team to review and discuss all the responses. Consider taking the following steps:

1. Agree on the areas to be improved using the following criteria:
  - a. Does everyone agree that the problem(s) needs to be solved?
  - b. Can the problem be solved with available resources? Are there possible resources that could be tapped?
  - c. How long does it take to address the problem?
  - d. Do team members agree to accept responsibility for specific activities required to solve the problem(s)?
2. Plan specific activities to improve the situation or condition and then set a date for completing the activities.
3. Implement improvements and keep all team members involved.
4. Make a written request to the DOH Center for Health Development for Sentrong Sigla assessment after improvements have been made

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## FACILITY SELF-ASSESSMENT CHECKLIST FOR RHUs/HEALTH CENTERS

<i>The following are the inclusion criteria in Level I Sentrong Sigla Certification. All criteria should be met by your facility before requesting the DOH Center for Health Development for an assessment for certification.</i>			
Does our RHU/HC have the following?			
1. Regular source of clean water	YES	X	NO
2. Functioning comfort room or latrine for client use	YES	X	NO
3. Blood pressure apparatus with cuff	YES	X	NO
4. Stethoscope	YES	X	NO
5. Thermometer	YES	X	NO
6. Weighing scale for infants and adults (not bathroom scale)	YES	X	NO

### 1. INFRASTRUCTURE/AMENITIES

1.1 Is our RHU/HC free from rubbish?	YES	X	NO
1.2 Does our RHU/HC have benches or chairs for patients in all waiting and service provision areas?	YES	X	NO
1.3. Does our RHU/HC have electric power available at all times through whatever source (power lines or generator)?	YES	X	NO
1.4 Does our RHU/HC have lighting that permits easy reading of forms?	YES	X	NO
1.5. Does our RHU /HC have good ventilation windows, electric fans or air conditioners?	YES	X	NO
1.6. Does our RHU/HC have a gooseneck lamp and flashlight for examination?	YES	X	NO
1.7. Does our RHU/HC have a hand washing area with covered water supply, soap and towels?	YES	X	NO
1.8. Does our RHU/HC have covered water supply for comfort rooms or latrines?	YES	X	NO
1.9. Do our comfort rooms have handrails for the disabled?	YES	X	NO
1.10. Does our RHU/HC have covered garbage containers for waste segregation?	YES	X	NO
1.11. Does our RHU/HC have a separate puncture-proof container for sharps (needles, blades and other sharp objects)?	YES	X	NO
1.12. Does our RHU/HC have an examination table with clean linen/paper?	YES	X	NO
1.13. Is there a bench or stool for our examination table?	YES	X	NO
1.14. Does our treatment or examination area have auditory privacy?	YES	X	NO
1.15. Does our treatment or examination area have visual privacy?	YES	X	NO
1.16. Does our RHU/HC have a storage space or room for supplies, drugs and medicines?	YES	X	NO
1.17. Does our RHU/HC have cleaning or sterilizing supplies for clinical instruments?	YES	X	NO

1.18. Are our clinic hours, services and whereabouts of staff posted in a strategic area visible to all clients and service providers?	YES	X	NO	
1.19. Are clients seen by our staff within 30 minutes of registration?	YES	X	NO	
1.20. Does our RHU/HC have a special schedule at least once per month for clients who may not be available during regular office or work hours?	YES	X	NO	
1.21. Does our RHU/HC conduct regular outreach services in hard-to-reach areas?	YES	X	NO	

## 2. HEALTH SERVICES

2.1. IMMUNIZATION				
2.1.1. Does our RHU/HC conduct immunization sessions at least once per week?	YES	X	NO	
2.1.2. Does our RHU/HC serve clients who request immunization on other days?	YES	X	NO	
2.1.3. Are disposable syringes and needles used only once?	YES	X	NO	
2.1.4. Are used disposable syringes and needles collected in a puncture-proof container, then burned and buried?	YES	X	NO	
2.1.5. Does our RHU/HC have the latest version of the EPI Manual?	YES	X	NO	
2.1.6. Is our Target Client List or Master List updated weekly?	YES	X	NO	
2.1.7. Does our RHU/HC have at least one month supply (based on average monthly consumption) of the following vaccines at anytime?				
a. BCG	YES	X	NO	
b. OPV	YES	X	NO	
c. DPT	YES	X	NO	
d. Measles	YES	X	NO	
e. Hepatitis B	YES	X	NO	
f. Tetanus Toxoid	YES	X	NO	
2.1.8. Does our RHU/HC have a refrigerator exclusively for vaccines?	YES	X	NO	
2.1.9. Does our vaccine refrigerator have a voltage regulator?	YES	X	NO	
2.1.10. Does our vaccine refrigerator have a vaccine thermometer?	YES	X	NO	
2.1.11. Does the thermometer indicate a temperature between 2-8°C?	YES	X	NO	
2.1.12. Is there a daily temperature-monitoring chart that is posted and updated (am/pm)?	YES	X	NO	
2.1.13. Does the chart indicate that the temperature has been maintained between 2-8 degrees?	YES	X	NO	
2.1.14. Does our RHU/HC have a written contingency plan for "power failure"?	YES	X	NO	
2.1.15. Did our RHU/HC have a power failure for at least 3 hours or temperature in the vaccine refrigerator that rose above 8 degrees?	YES	X	NO	

165

2.1.16. If YES, was our cold chain maintained during the power failure or when the temperature in the vaccine refrigerator rose above 8 degrees? (SKIP this question if not applicable)	YES	X	NO	
2.1.17. Does our RHU/HC have vaccine carriers with ice cold packs?	YES	X	NO	
<b>2.2. DISEASE SURVEILLANCE</b>				
2.2.1. Are DOH case definitions available in our RHU/HC?	YES	X	NO	
2.2.2. Does our RHU/HC submit a Notifiable Disease Report weekly to MHO/CHO/PHO?	YES	X	NO	
2.2.3. Does our RHU/HC conduct an investigation of every single case of acute flaccid paralysis (AFP) cases, neonatal deaths and measles outbreaks?	YES	X	NO	
2.2.4. Does our RHU/HC report all AFP and neonatal tetanus cases to the regional office (surveillance unit) within a week of identification of cases?	YES	X	NO	
2.2.5. Does our RHU/HC follow-up each reported AFP case after 60 days?	YES	X	NO	
<b>2.3. CONTROL OF ACUTE RESPIRATORY INFECTIONS</b>				
2.3.1. Is there an ARI Case Management Chart posted in our RHU/HC?	YES	X	NO	
2.3.2. Does our RHU/HC have tongue depressors?	YES	X	NO	
2.3.3. Does our RHU/HC have a timer or watch with second hand?	YES	X	NO	
2.3.4. Does our RHU/HC have at least:				
a. 100 cotrimoxazole adult tablets?	YES	X	NO	
b. 100 paracetamol (500 mg.) tablets?	YES	X	NO	
<b>2.4. CONTROL OF DIARRHEAL DISEASES</b>				
2.4.1. Is there a CDD Case Management Chart posted in our RHU/HC?	YES	X	NO	
2.4.2. Does our RHU/HC have an ORT Corner equipped with benches, tables, glasses, pitcher, spoon, calibrated container for measuring potable water and ORS?	YES	X	NO	
2.4.3. Does our RHU/HC have ORS sachets?	YES	X	NO	
2.4.4. Does our RHU/HC have a record of water quality test that was done in the past month?	YES	X	NO	
<b>2.5. MICRONUTRIENTS SUPPLEMENTATION</b>				
2.5.1. Does our RHU/HC have the following micronutrients?				
a. Iron tablets for all pregnant and lactating women	YES	X	NO	
b. Iron drops for infants	YES	X	NO	
c. Iron syrup for school children	YES	X	NO	
d. Iodized oil capsules	YES	X	NO	
e. Iodized salt	YES	X	NO	
f. Vitamin A capsules	YES	X	NO	
2.5.2. Does our RHU/HC have a copy of the Guidelines for Micronutrient Supplementation?	YES	X	NO	
2.5.3. Is our Operation Timbang (OPT) Record updated monthly or quarterly depending on the nutritional status of the child?	YES	X	NO	

2.5.4. Is our Target Client List updated at least within the week?	YES	X	NO
2.5.5. Does our RHU/HC have Under 5 growth cards/Growth Monitoring Charts (GMC)?	YES	X	NO
2.5.6. Does our RHU/HC have the CBPM-NP RHM Guidebook?	YES	X	NO
2.5.7. Does our RHU/HC have available copies of the Basic Three Food Groups brochure for distribution?	YES	X	NO
2.5.8. Does our RHU/HC have a Salt Iodization Testing Kit?	YES	X	NO
<b>2.6. FAMILY PLANNING</b>			
2.6.1. Does our RHU/HC offer the following laboratory exams?			
a. Pap smear	YES	X	NO
b. Wet smear	YES	X	NO
c. Gram Staining	YES	X	NO
d. Pregnancy test	YES	X	NO
e. Urinalysis	YES	X	NO
2.6.2. Does our RHU/HC provide the service for management of complications and/or side effects that may arise as a result of the use of a family planning method?	YES	X	NO
2.6.3. Is our Target Client List updated monthly?	YES	X	NO
2.6.4. Does our RHU/HC have copies of FP Form1?	YES	X	NO
2.6.5. Does our RHU/HC have at least one month supply of the following contraceptives?	YES	X	NO
a. Condoms	YES	X	NO
b. Pills	YES	X	NO
c. DMPA	YES	X	NO
d. IUDs	YES	X	NO
2.6.6. Does our RHU/HC have antiseptic solution (povidone iodine; cidex) or chlorine 75%?	YES	X	NO
2.6.7. Does our RHU/HC have the following sterilized forceps?			
a. alligator forceps	YES	X	NO
b. pick-up forceps	YES	X	NO
c. ovum forceps	YES	X	NO
d. tenaculum	YES	X	NO
e. uterine forceps	YES	X	NO
2.6.8. Does our RHU/HC have a forceps container?	YES	X	NO
2.6.9. Does our RHU/HC have NFP charts for distribution?	YES	X	NO
2.6.10. Does our RHU/HC have other FP leaflets/handouts for distribution?	YES	X	NO
<b>2.7. TUBERCULOSIS CONTROL</b>			
2.7.1. Is our Target Client List/TB Register updated weekly?	YES	X	NO
2.7.2. Is our Microscopy logbook/NTP Laboratory Register updated weekly?	YES	X	NO
2.7.3. (For designated microscopy centers) Does our RHU/HC have a medical technologist or a designated microscopist?	YES	X	NO

169

2.7.4. (For designated microscopy centers) Does our RHU/HC have a microscope?	YES	X	NO	
2.7.5. (For designated microscopy centers) Does our facility have AFB reagent?	YES	X	NO	
2.7.6. Does our RHU/HC have available sputum cups?	YES	X	NO	
2.7.7. Does our RHU/HC have glass slides?	YES	X	NO	
2.7.8. Does our RHU/HC have a designated sputum collection and staining area?	YES	X	NO	
2.7.9. Does our RHU/HC have the following anti-TB drugs:				
a. Type I (good for at least 5 patients)	YES	X	NO	
b. Type II (good for at least 5 patients)	YES	X	NO	
c. Ethambutol	YES	X	NO	
d. Streptomycin sulfate	YES	X	NO	
<b>2.8. STD/AIDS PREVENTION and CONTROL</b>				
2.8.1. Is there a Syndromic Management Chart posted in our RHU/HC?	YES	X	NO	
2.8.2. Does our RHU/HC have the National STD Case Management Guidelines?	YES	X	NO	
2.8.3. Does our RHU have condoms for distribution to clients?	YES	X	NO	
2.8.4. Does our RHU/HC accomplish and submit a monthly report using primary level reporting form to the next higher level?	YES	X	NO	
<b>2.9. ENVIRONMENTAL SANITATION</b>				
2.9.1. Is our list of status of water supply and sanitation facilities within our area of coverage updated monthly?	YES	X	NO	
2.9.2. Is our list of food establishments with sanitary permits and their sanitation conditions updated monthly?	YES	X	NO	
2.9.3. Does our RHU/HC have a copy of the Sanitation Code of the Philippines and Implementing Rules and Regulations?	YES	X	NO	
2.9.4. Does our RHU/HC have chlorine granules for disinfecting water supply facilities?	YES	X	NO	
2.9.5. Does our RHU/HC have an Environmental Sanitation Kit containing tools for water and food testing/monitoring?	YES	X	NO	
2.9.6. Does our RHU/HC have toilet bowls for distribution to households without toilets?	YES	X	NO	
2.9.7. (For a facility that does not have toilet bowls for distribution) Does our RHU/HC have toilet bowl molds?	YES	X	NO	
2.9.8. Does our RHU/HC have a list of households with/without sanitary toilets that has been completed within the last six months?	YES	X	NO	
2.9.9. Does our RHU/HC have information and education materials on environmental sanitation (i.e., dengue fever, proper waste disposal, etc.)?	YES	X	NO	
<b>2.10. CANCER CONTROL - CERVICAL CANCER SCREENING</b>				
2.10.1. Does our RHU/HC have the following supplies for pap smear specimen collection?				
a. Glass slides	YES	X	NO	

b. Wooden spatula (A217 spatula) or cervical brush	YES	X	NO	
c. Fixative (95% ethanol or others)	YES	X	NO	
d. Pencil	YES	X	NO	
2.10.2. Is our Target Client List/logbook of clients updated weekly?	YES	X	NO	
2.10.3. Does our RHU/HC have a referral facility where pap smear specimen collected are sent for reading and interpretation?	YES	X	NO	
2.10.4. Does our RHU/HC keep individual patient records of Pap Smear Results?	YES	X	NO	
2.10.5. Does our RHU/HC have IEC materials on cervical cancer (leaflets, posters) and self-breast examination (SBE)?	YES	X	NO	
<b>2.11. MATERNAL CARE</b>				
2.11.1. Is our Target Client List/book updated at least within the week?	YES	X	NO	
2.11.2. Does our RHU/HC have a record of pre-natal/natal/post-natal visits conducted by staff?	YES	X	NO	
2.11.3. Does our facility have the following forms?				
a. birth certificate	YES	X	NO	
b. death/fetal birth certificates	YES	X	NO	
c. other pertinent records	YES	X	NO	
2.11.4. Does our RHU/HC have Home Based Maternal Records (HBMR) for distribution to new clients?	YES	X	NO	
2.11.5. Does our RHU/HC have IEC materials for maternal care?	YES	X	NO	
2.11.6. Does our RHU/HC have an OB Emergency Manual & Algorithm chart?	YES	X	NO	

### 3. ATTITUDE AND BEHAVIOR OF HEALTH WORKERS

3.1. Do our RHU/HC staff greet patient verbally to establish rapport?	YES	X	NO	
3.2. Do our RHU/HC staff exhibit technical competence in articulating information to patients by				
a. Maintaining 2-way communication?	YES	X	NO	
b. Being a good listener?	YES	X	NO	
c. Being non-judgmental?	YES	X	NO	
d. Giving appropriate instruction?	YES	X	NO	
e. Not giving false assurances?	YES	X	NO	
3.3. Are our RHU/HC staff women-friendly by:				
a. Being courteous and always explaining any procedure?	YES	X	NO	
b. Asking permission before proceeding?	YES	X	NO	
c. Avoiding gender slurs/insults and discriminating words?	YES	X	NO	
d. being careful in examining women and not blaming victims/survivor of abuse/violence?	YES	X	NO	

3.4. Are our RHU/HC staff caring and gender-sensitive by:			
a. Respecting patient's decision without compromising overall patient management?	YES	X	NO
b. Assuring patient's privacy and confidentiality of given information at all times?	YES	X	NO
c. Promptly responding to patient's request for care?	YES	X	NO
d. Speaking politely and with modulated tone?	YES	X	NO
3.5. Are our RHU/HC staff culture-sensitive by:			
a. Respecting patient's culture and religion?	YES	X	NO
b. Providing for patient's needs accordingly?	YES	X	NO
c. Offering choices and options?	YES	X	NO
3.6. Do our RHU/HC staff provide information to clients without allowing personal biases to affect client choices?	YES	X	NO

#### 4. HEALTH HUMAN RESOURCES

4.1. Does our RHU/HC have at least one physician, one nurse, one midwife and one sanitary inspector?	YES	X	NO
4.2. Does our RHU/HC have at least one staff trained on the following DOH mandated courses?			
a. Basic EPI Skills Training	YES	X	NO
b. Disease Surveillance Training	YES	X	NO
c. Pneumonia Case Management	YES	X	NO
d. ARI Case Management	YES	X	NO
e. CDD Case Management	YES	X	NO
f. Community-Based Planning and Management of Nutrition Program (CBPM-NP)	YES	X	NO
g. Basic Family Planning Course (or Level I)	YES	X	NO
h. Comprehensive Family Planning (or Level II)	YES	X	NO
i. DMPA Training (if untrained in either Level I or Level II)	YES	X	NO
j. Training on National Tuberculosis Control Program - DOTS	YES	X	NO
k. Training on Microscopy	YES	X	NO
l. Training on Basic Counseling for STD/AIDS	YES	X	NO
m. Syndromic Management of STD/AIDS	YES	X	NO
n. Training on Environmental Health Programs and Regulations	YES	X	NO
o. Skills Training on Pap Smear Collection (for those untrained in FP Basic/Compre Course)	YES	X	NO
p. Gender Sensitivity Training	YES	X	NO
q. Training on Counseling Skills on Violence Against Women	YES	X	NO
4.3. Did our RHU/HC conduct an individual performance evaluation of our staff last January (for July-December performance) or last July (for January-June performance)?	YES	X	NO

107

### 5. EQUIPMENT (non-program specific)

5.1. Does our RHU/HC have a sterilizer or covered pan and stove?	YES	X	NO	
5.2. Does our RHU/HC have large speculums?	YES	X	NO	
5.3. Does our RHU/HC have small speculums?	YES	X	NO	
5.4. Did our RHU/HC conduct a complete inventory of equipment within the last 6 months?	YES	X	NO	

### 6. DRUGS, MEDICINES and SUPPLIES

6.1. Does our RHU/HC have at least a one-month supply of the following essential drugs? ( <i>Three have already been incorporated under CARI and CDD</i> )				
a. Amoxicillin	YES	X	NO	
b. INH	YES	X	NO	
c. Rifampicin	YES	X	NO	
d. Pyrazinamide	YES	X	NO	
e. Nifedipine	YES	X	NO	
6.2. Does our RHU/HC have the following basic supplies for examination, emergency medical and simple surgical cases?				
a. Alcohol/disinfectant	YES	X	NO	
b. Cotton	YES	X	NO	
c. Disposable gloves	YES	X	NO	
d. Lubricant (KY Jelly) or clean water	YES	X	NO	
e. Disposable needles	YES	X	NO	
f. Disposable syringes	YES	X	NO	
g. Sutures	YES	X	NO	
h. Slides and coverslips	YES	X	NO	
i. Gauze/bandages/plaster or adhesive tape	YES	X	NO	
6.3. Does our RHU/HC have disinfectants, antiseptics and/or insecticides?	YES	X	NO	
6.4. Did our RHU/HC conduct a complete inventory of supplies within the last 6 months?	YES	X	NO	

### 7. HEALTH INFORMATION SYSTEM

7.1. Does our RHU/HC have referral slips or forms?	YES	X	NO	
7.2. Are our 10 Leading Causes of Mortality and Morbidity and other vital health statistics updated annually?	YES	X	NO	
7.3. Are our Field Health Information System (FHSIS) forms complete and updated within one week?	YES	X	NO	
7.4. Did our BHWs follow-up patients referred to the Main RHU in the last three (3) months?	YES	X	NO	

17'

### 8. COMMUNITY INTERVENTION

8.1. Is the BHW: households ratio equal to 1:20?	YES	X	NO	
8.2. Did our RHU/HC conduct the monthly meeting of BHWs in the past month?	YES	X	NO	
8.3. Did our RHU/HC staff and BHWs organize or attend barangay assemblies, patients classes, mothers classes, breastfeeding support groups, breastfeeding support groups or the like in the last 3 months?	YES	X	NO	

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## **Session 11: Planning for CBMIS Initial Community Survey and Facility Assessment**

### **Objectives:**

At the end of the session, LGU teams should be able to:

1. Select priority barangays for initial CBMIS community survey
2. Identify and plan for:
  - a. activities in preparation for the CBMIS community survey and facility assessment
  - b. activities to be done during actual CBMIS community survey and facility assessment
3. Agree on target date for phase 2 training

### **Materials:**

1. Criteria for selecting priority barangays
2. Table – “List of Prioritized Barangays”
3. Instructions on determining the number of barangays to be selected
4. Format – Work and financial plan for initial CBMIS community survey and facility assessment

### **Tasks:**

1. Identify all barangays in the municipality/city and select/prioritize barangays for initial CBMIS community survey and facility assessment using the “criteria for selecting priority barangays” and “List of Prioritized Barangays” as guides.
2. List all barangays in the table “List of Prioritized Barangays” starting with those of highest priority.
3. Identify all activities for initial community survey and facility assessment for priority barangays including:
  - 4.1. activities to ensure support from LGU executives and cooperation of the community
  - 4.2. activities to ensure inclusion of all households of the barangay in the initial community survey
  - 4.3. activities to ensure all logistics for the community survey and facility assessment are made available
  - 4.4. activities to facilitate the conduct and timely accomplishment of the initial community survey and facility assessment

- 4.5. activities to ensure good data quality
- 4.6. activities to facilitate collation and analysis of data and submission of reports

4. Draw a work and financial plan based on the above listed activities using the "Work and Financial Plan" format
5. Present output during plenary (30 minutes per team)
6. Revise and finalize activities
7. Collectively agree on target date for Phase 2 training

**Products:**

1. List of prioritized barangays for initial CBMIS community survey and facility assessment
2. LGU plan for initial community survey and facility assessment for prioritized barangays
3. Agreed upon date for phase 2 training

## Criteria for Selecting Priority Barangays

CBMIS must be implemented in all barangays of a selected municipality. There are however, barangays which are more disadvantaged than others for obvious reasons. For example, there are barangays with no or very few health staff to provide health care. There are also those which are located in very remote areas (e.g. island barangays or landlocked high altitude barangays) that they are seldom or not at all visited by the health staff.

As it is our goal to provide equity in health, we must identify these disadvantaged barangays to ensure that we focus our resources to those who need them most. However, as soon as we are able to provide for these barangays' unmet needs in terms of health services, we will find out that other barangays will in turn have more unmet needs. We must then remember to refocus our resources to these other barangays.

Below is a set of criteria you could use to assist you in initially selecting priority barangays for the initial community survey and facility assessment. These criteria are:

- low program coverage (EPI, TT2, Vitamin A, Family Planning)
- low BHW:household ratio (ideal ratio is 1:20)
- hard-to reach barangays or with access difficulties
- economically poor

### Instructions on determining the number of barangays to be selected:

1. Determine the amount of grant your municipality will receive for the Matching Grant Program.
2. Determine the population to be covered by the grant (CBMIS survey and service delivery):

P 500,000.00 – 80,000 population  
P 250,000.00 – 30,000 population  
P 125,000.00 – 15,000 population

3. List all your barangays with the total population per barangay. Then review your criteria for prioritizing barangays. Look over your table of Prioritize Barangay, make sure you have filled it up from the highest priority. Then encircle your barangays until the total population of these barangays selected had reached the expected population to be served with your grant money.

Example:

Municipality: Bagac  
Total Population: 32,110  
Total Barangays: 12

Amount granted: P 125,000

- ① Quinawan - 7,989 population
- ② Paysawan - 3,566 population
- ③ Binuangan - 3,245 population
- ④ Ibis - 2,989 population
5. Bayawan - 2,657 population
6. Balong - 2,432 population
7. Kayawan - 1,978 population
8. Poblacion - 2345 population
9. Ibaba - 1,655 population
10. Sapa - 1233 population
11. Basay - 989 population
12. Pili - 1,032 population

Cumulative total is 17789



**Matching Grant Program**  
**Work and Financial Plan for Community Survey and Facility Assessment**  
Municipality/City of \_\_\_\_\_

Activities	Expected Products	Person/s Responsible	Time Frame		Resources	Source of Funds (give value in pesos if possible)					
			Date Start	Date End		MGP	LGU	CHD	PHO	Others	