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Introduction

A pregnant woman needs a supportive family and community for a safe pregnancy and delivery without complications.

In the community, the mobilized members forming a Community Health Team (CHT) will support her along with her family, giving her helpful information, providing preventive and primary care, and ensuring the safety of her pregnancy. Thus the CHT plays a vital role in the health of mothers and their children.

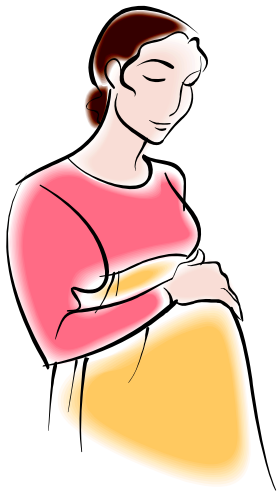
This CHT Guidebook provides an overview of the roles and responsibilities of CHT members and clarifies the essential tasks that they are to perform on a daily basis. It also presents the workflow of the members to streamline and strengthen their functions and performance.

The target users of this guidebook are all CHT members. The midwife, who is the leader of a CHT, is expected to refer to this guidebook to train and monitor the members of her team, together with other necessary educational materials.

I. Community Health Team

1. What is a “Community Health Team”?

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



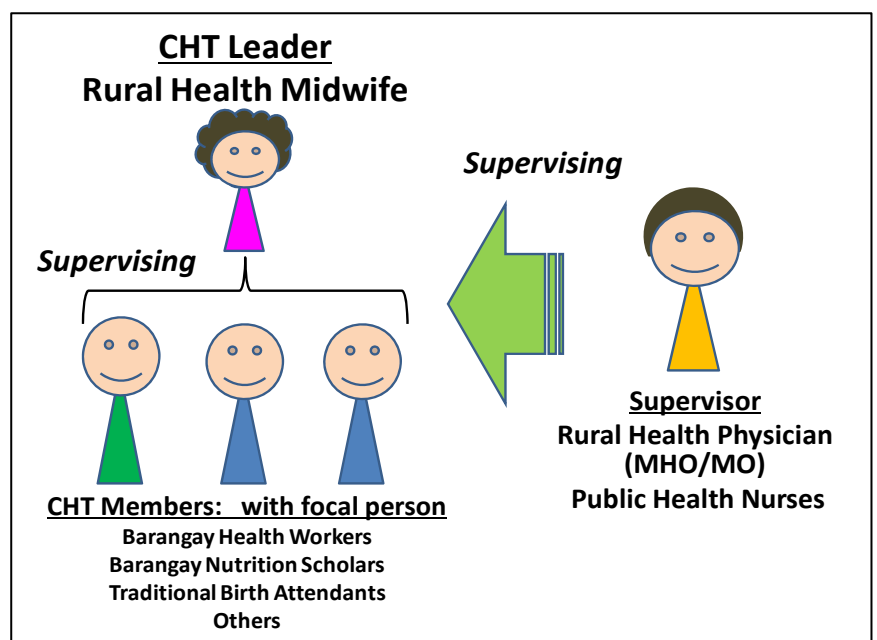
- (1) ensure that all pregnant and postpartum women and newborns in the community, particularly the poor and disadvantaged, are adequately served;
- (2) lead the effort in convincing mothers to shift from home birth to facility-based delivery.

2. Who Should Become Members of the Community Health Team?

The team is composed of a Rural Health Midwife as the leader in her assigned catchment area, Barangay Health Workers (BHWs), Barangay Nutrition Scholars (BNSs) and Traditional Birth Attendants (TBAs). The team may also include other volunteer members. Each CHT should identify a focal person who will serve as a liaison officer between the

midwife and the members, and be responsible for disseminating necessary information among the members. In addition, a rural health physician such as

Organization of Community Health Team (CHT)

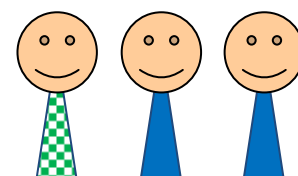


Municipal Health Officer (MHO), Medical Officer (MO), and Public Health Nurse (PHN) will act as the supervisor of all CHTs within the RHU catchment area.

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

3. What are the Roles and Functions of Each Member of the CHT?

The table below summarizes the expected functions of each CHT member and the supervisors.



LEVEL 1 CHT members (BHW, BNS, TBA, and others)

1. Identifying and tracking of pregnant/postpartum women and newborns

- (1) Pregnancy Tracking: Identify every pregnancy in the community through:
 - Visiting all the households every 2-4 weeks and asking if anyone is pregnant;
 - Attending or holding a women’s meeting and asking for support from the families;
 - Working closely with the midwife or nurse at a health center; and
 - Asking or visiting other people in the community to let the midwife or nurse know if someone is pregnant.
- (2) Postpartum and Newborn Tracking: Identify postpartum mothers and newborns in the community.

2. Home Visits and Counseling

- (1) Home visits
 - Visit all pregnant women.
 - Visit all postpartum women and newborns.
- (2) Counseling for pregnant women
 - Provide counseling sessions for pregnant women on:
 - Importance of prenatal check-up at a health facility
 - Birth and emergency planning

- Warning signs during pregnancy
- Helpful tips for health during pregnancy
- Immunization and iron folate intake
- Baby care routine

(3) Counseling for postpartum women and newborns

Provide counseling sessions for postpartum women and newborns on:

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

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

- (1) Help the pregnant woman or mother seek care at an appropriate health facility, and conduct follow-up visits.
- (2) Accompany the pregnant woman to the health facility for delivery (*Please note that sometimes CHT members may be unable to accompany the pregnant woman).

4. Assisting the midwife in outreach activities

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

5. Reporting to the midwife

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

6. Attending meetings

- (1) CHT monthly meeting at a Barangay Health Station (BHS)
- (2) CHT monthly meeting at a Rural Health Unit/ District Health Center
- (3) Barangay sessions



LEVEL 2 CHT leader (Midwife)

1. Duties as the team leader

- (1) Disseminate information to the CHT members through the CHT focal person.
- (2) Conduct regular monitoring and supervision of CHT activities.
- (3) Give monthly feedback on the performance of CHT members through regular meetings.

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

- (1) Distribute copies of the MC Book to all pregnant women.
- (2) Help the CHT members and the pregnant women fill out the necessary information in the MC Book.
- (3) Help the pregnant women develop their birth and emergency plan, and ensure the accomplishment of the plan in cooperation with the CHT members.

3. Consultation at health centers and during home visits

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

4. Reporting

- (1) Receive the reports from CHT members, and consolidate and share relevant information with supervisors.
- (2) Review and consolidate pregnancy and postnatal tracking reports from CHT members every month.
- (3) Generate data needed for the Maternal Death Report and the Neonatal Death Report.
- (4) Report maternal and neonatal deaths.
- (5) Help CHT members develop the CHT Monthly Report.
- (6) Submit any other reports required by the MHO/MO/PHN.

5. Meeting

- (1) Hold a monthly CHT meeting at BHS to discuss concerns and problems among CHT members based on their CHT Monthly Report.
- (2) Attend monthly /quarterly regular meetings at RHU/DHC.
- (3) Attend a Maternal Death Review/Neonatal Death Review meeting.



LEVEL 3 CHT supervisor (MHO/MO, PHN)

1. Hold monthly and /quarterly CHT meetings at RHU/DHC.
2. Conduct a MDR/NDR meeting at the municipal and district levels.
3. Conduct monitoring and follow-up on CHT activities.
4. Consolidate the data of pregnancy and postpartum tracking, MDR/NDR, and update the monitoring tools.
5. Organize, train, and provide orientation to CHTs in their municipality.

II. Home Visit

1. Purpose of a “Home Visit”

A “home visit” is one of the important tasks for CHT members. It is meant for CHT members to:

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

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



Conducting Effective Home Visits

Good communication skills help CHT members develop good relations with families. It is important for the members to be good listeners of a family, ask relevant questions, understand the family’s concerns, provide relevant information on health matters, and help the family make a good decision.

2. Schedule of “Home Visits” by CHT Members

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

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

1st HOME VISIT	1st Trimester (1-3 months)
2nd HOME VISIT	2nd Trimester (4-6 months)
3rd HOME VISIT	3rd Trimester (7-8 months)
4th HOME VISIT	3rd Trimester (9 months)

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

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

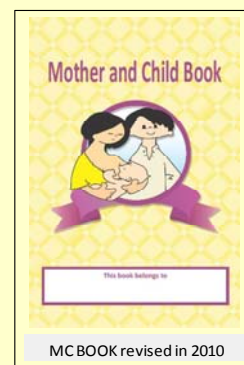
3. Necessary Items for a Home Visit

CHT members should take the following items when they conduct a home visit.

- (1) Tracking forms (Pregnancy, Postpartum and Newborn)
- (2) Mother and Child Book
- (3) Pens and a notebook
- (4) CHT Guidebook
- (5) Others (e.g., IEC materials)

4. Mother and Child Book (MC Book)

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



4-1. Purpose of the MC Book

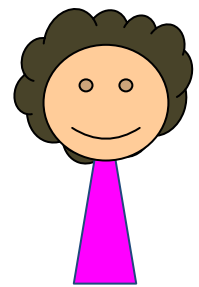
The purpose of the MC Book includes:

- (1) **Record important health information** such as the mother's condition during pregnancy, labor and delivery, and the postpartum period, the dates and kinds of vaccinations given, the results of health check-ups, and the growth and development of the child.
- (2) **Serve as a guide** to help mothers gain correct health knowledge so that they understand better what they have to go through during every pregnancy, childbirth, and postpartum period.

- (3) **Teach essential child care tips** for parents to respond to the health needs of newborns and rear healthy children.
- (4) **Serve as a referral tool** to health facilities, whether government or private, to assure the woman's easy access to health services and continuity of care.
- (5) **Serve as a valued childhood souvenir**, memento or remembrance as it is passed on to the grown-up child.

4-2. How Can the CHT Member Use the “MC Book”?

CHT members are expected to fully utilize the MC Book during a home visit by the following means.



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

It is essential for **CHT members to become familiar with the contents of the MC Book prior to their home visit.** For that purpose, the CHT leader and the supervisors should give them the necessary support. Table 3 shows the topics and relevant pages of the MC Book that the CHT members should refer to at each stage of their home visit.

The MC Book can help CHT members provide necessary health information to the mothers!!!

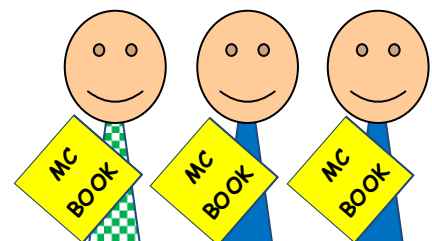


Table 3 MC Book Reference

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

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

III. Promoting the Health of Pregnant Women

During the prenatal period, CHT members conduct counseling sessions to the pregnant woman and her family regarding the importance of prenatal care visits to a health center, necessary preparation for delivery, and essential health information during pregnancy. Please refer to Table 3 for details.

1. Importance of Prenatal Care Visits

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



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

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

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

The minimum recommended number of prenatal visits is **4**.

- 1st: **As early as possible (1 to 3 months / 1st trimester)**
- 2nd: **4-6 months (2nd trimester)**
- 3rd: **7-8 months (3rd trimester)**
- 4th: **9 months (3rd trimester)**

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

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



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

2. Birth and Emergency Plan

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

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

2-1. Contents of a "Birth and Emergency Plan" (MC Book, P.14)

A Birth and Emergency Plan includes:

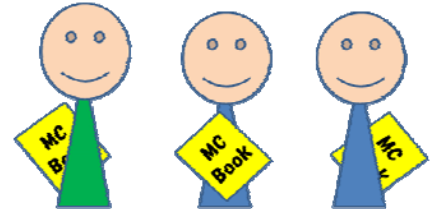
- Identification of a CHT member
- Identification of the BEmONC facility where the woman will give birth
- Identification of a means of transportation
- Information on financing childbirth
- Identification of a contact person and a referral hospital in case of emergency
- Identification of two (2) possible blood donors

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

2-2. Process of Developing a “Birth and Emergency Plan”

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

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



3. Danger Signs during Pregnancy

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



IV. Promoting the Health of Postpartum Women and Newborns

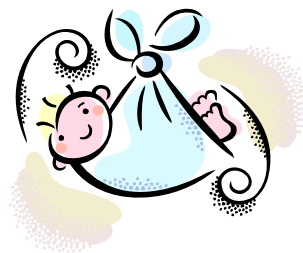
During the postpartum and postnatal period, CHT members conduct counseling sessions to the postpartum mother and her family regarding the importance of postnatal care visit at a health facility or by a midwife. The members also provide essential health information during the postnatal period (see Table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

1. Importance of Postnatal Care Visits

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

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

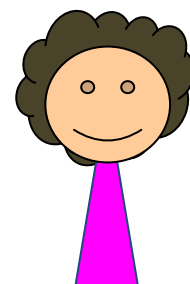
1. Health professionals would **examine the mother and the baby to prevent and detect any problem.**
2. The mother would **receive iron with folic acid tablets and advice on family planning.**
3. **The baby can receive the necessary vaccinations** to protect him/her from illness.



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

The minimum recommended number is **4**.

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



2. Danger Signs of a Postpartum Woman and Newborn

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

3. Feeding Recommendations and Exclusive Breastfeeding



Exclusive Breastfeeding

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

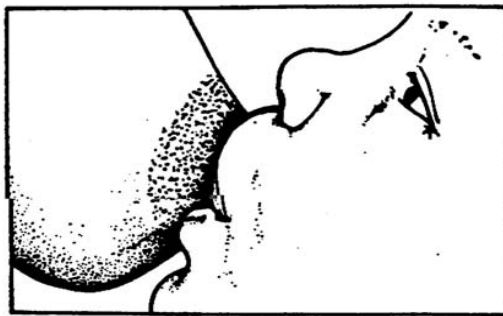
- A baby should be given **only breastmilk for the first 6 months**.
- **Breastmilk provides all the food and fluids** that the baby needs: **no other food or fluids, even water, should be given** to the baby during this period.
- The mother should breastfeed the baby on demand, day and night. It will promote milk production so that the baby will be healthy and grow well.

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

★ Good Attachment of the Baby



Good Attachment



Poor Attachment

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

★ Good Positioning of the Baby



Good Positioning

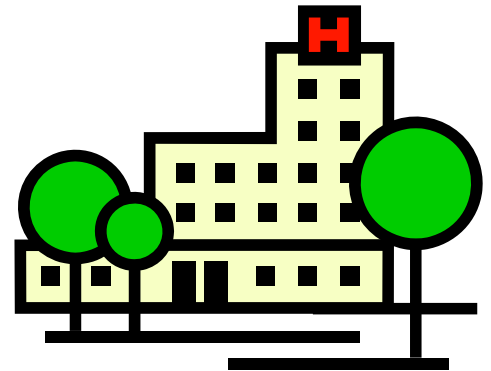


Poor Positioning

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

V. Referrals

CHT members should know available health facilities in their catchment area. The information on health facilities should be confirmed among CHT members so that they can always provide pregnant women and/or mothers with proper information, and refer them to an appropriate health facility in case of emergency.



Types of Available Health Facilities:

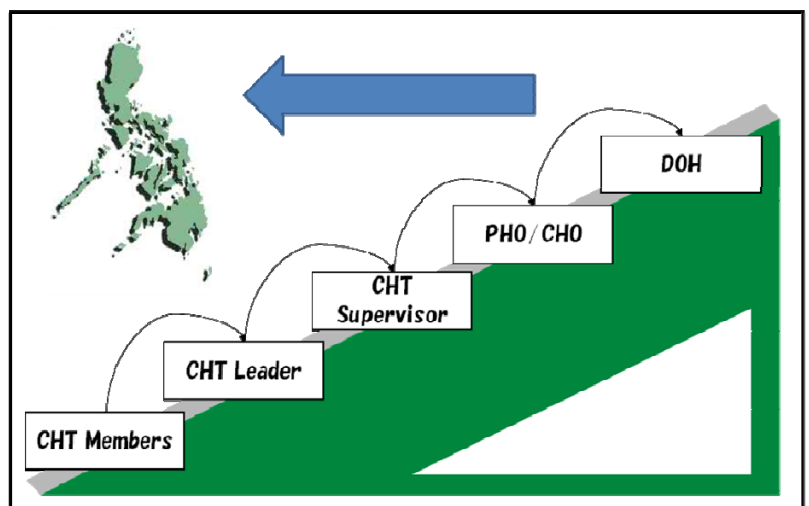
- *Barangay Health Station (BHS)*
- *Rural Health Unit (RHU)*
- *Basic Emergency Obstetric and Newborn Care (BEmONC) Facility*
- *Comprehensive Emergency and Obstetric and Newborn Care (CEmONC) Facility*

VI. Reporting

1. Reporting Process

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

CHT members submit their



Basic Flow of Reporting

report to the CHT leader, i.e., a midwife, every month. The leader consolidates the data on the report, and then submits the consolidated report to the CHT supervisor at the municipal/district health office. The data will be further consolidated at the provincial/city health office, and submitted to the Department of Health. By this time, the data becomes important national-level statistics on health. The data is especially important in identifying maternal and neonatal deaths.

2. Necessary Reports for CHT Members

There are **four types** of reports that CHT members have to submit.



All reports submitted by CHT members are collected and reviewed by the CHT leader for updating. The CHT leader keeps consolidated reports of every barangay in her/his catchment area for monitoring and supervision.

Reports that CHT members are required to submit:

- *Pregnancy Tracking Report (monthly)*
- *Postpartum and Newborn Tracking Report (monthly)*
- *Maternal and Neonatal Death Report (to be done verbally when a case is identified)*
- *CHT Monthly Report (monthly)*

2-1. Pregnancy Tracking Report

The **Pregnancy Tracking Report** provides **basic information of all pregnant women in the community** in relation to their prenatal care (at least one visit in each first and second trimester, and two visits in the third trimester). It gives a general appraisal of the pregnant woman's condition as well as the outcome of her pregnancy. The box below shows the necessary information for this report. **Annex 4** provides the instructions on how to fill out the report.

Necessary Information for Pregnancy Tracking Report

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

2-2. Postpartum and Newborn Tracking Report

The Postpartum and Newborn Tracking Report aims to follow up on the status of the postpartum mother and her baby in the period up to 42 days after childbirth. It contains essential information on maternal and newborn care after delivery. The box below shows the necessary information for this report. **Annex 5** provides the instructions on how to fill out this report.

Necessary Information for Postpartum and Newborn Tracking Report

- Frequency of home visits by the CHT
- Postpartum and newborn care services received at a health facility or from a midwife
- Family planning method used
- Status of exclusive breastfeeding
- Status of newborn screening and immunization for the baby

2-3. Reporting of Maternal and Neonatal Death

A report on maternal death review and neonatal death review are integral parts of any health service delivery system. CHT members are to be the primary source of information on this matter in the community.



The assigned CHT members in the community must provide an immediate verbal report to the CHT leader whenever a case of maternal and neonatal death is identified in the community. The members can help the CHT leader collect and fill out necessary information on the Maternal and Neonatal Mortality Report Forms (see **Annexes 6 & 7**). The information will be passed to higher levels according to the reporting process described in “1. Reporting Process.” Then the information will be used and assessed during the Maternal and Neonatal Death Review meetings at the Municipal, ILHZ, Provincial, and City levels.

2-4. CHT Monthly Report

The CHT Monthly Report is a **consolidated record of a CHT member’s activities based on his or her Pregnancy and Postpartum and Newborn Tracking Reports** (see **Annex 8** for a sample and instructions).

- It is the record of the accomplishment of each CHT member for the month.
- The report will be made by the CHT team during its monthly meeting, and posted on the wall at BHS to be shared with the members.
- The record from the previous months should be properly filed as BHS’s master record.
- The CHT leader and the focal person of the team must validate the data by comparing it with the tracking reports while formulating the Report.
- The CHT leader should discuss with the teammates any problems, concerns or issues related to the activities based on this Monthly Report

and take appropriate actions to improve their performance.

CHT Monthly Report

Name of CHT Member (Position)	Area of assignment	No. of women on Pregnancy Tracking	No. of women who delivered	No. with MC book	No. with accomplished birth plan	No. with accomplished PVI	No. with PVI 4	No. who delivered in HC	Remark
Judith Bolito (BNS)	purok #3	5	2	5	5	2	1	2	5 mothers on the list, and one mother who delivered missed her 2nd prenatal check-up but CHT Followed up to attend the 3rd check up.
Emma Espina (TBA)	purok #1	5	1	5	3	2	1	1	1 mother is planning to visit for postnatal care on March 3.
Isabel Abano (BHW)	purok #2	5	3	4	4	3	3	3	Of 5 mothers, 1 mother did not receive the MC book since she attended the private clinic, no birth plan made yet. Needs to follow up.



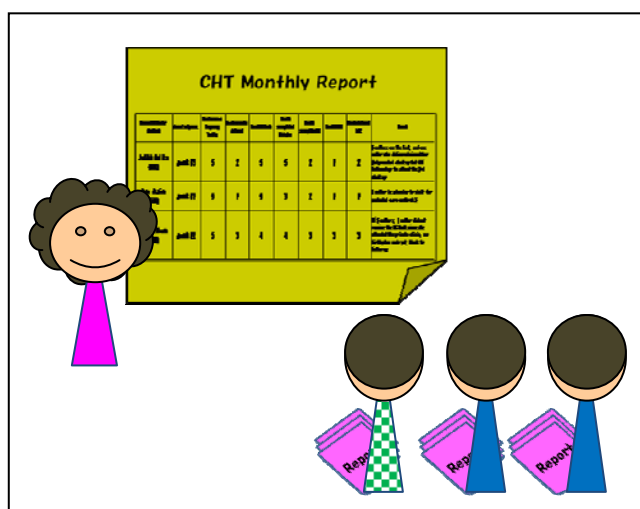
The CHT Monthly Report creates a good opportunity for the CHT leader to monitor and supervise her/his CHT members.

VII. Meeting

The CHT members are expected to attend **three types of meetings**: (1) CHT monthly meeting at BHS; (2) CHT monthly meeting at RHU/DHC; and (3) Barangay sessions. It is important to develop a monthly schedule of each meeting so that all the CHT members can plan their activities accordingly.

1. CHT Monthly Meeting at BHS

A CHT meeting should be held at each BHS every month. In this meeting, each CHT member reports his or her activities to the CHT leader by submitting necessary reports. The CHT leader will update her records based on these reports as well as the monthly report formulated by the team.



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

2. CHT Monthly Meeting at RHU/DHC

The meeting should be **conducted by the CHT supervisors every month or at least every quarter.** The purpose of this meeting is to share information, including good practices with CHT members from different BHSs. Concerns and problems which require appropriate action from the RHU/DHC are also discussed in this meeting.

3. Barangay Sessions

The CHT members together with the CHT leader are encouraged to attend **barangay sessions**. These sessions may not be frequent, but they are a great opportunity to develop good relations with the members of the community in their catchment areas. They will help generate support from the barangay leaders for the health of pregnant and postpartum women and newborns.

My Schedule of Regular Meetings at BHS/RHU/DHC

** Please fill out the table below.*

Meeting Type	Date of Schedule
Meeting at BHS (Monthly)	
Meeting at RHU/DHC	
Others (e.g., barangay sessions)	

ANNEXES