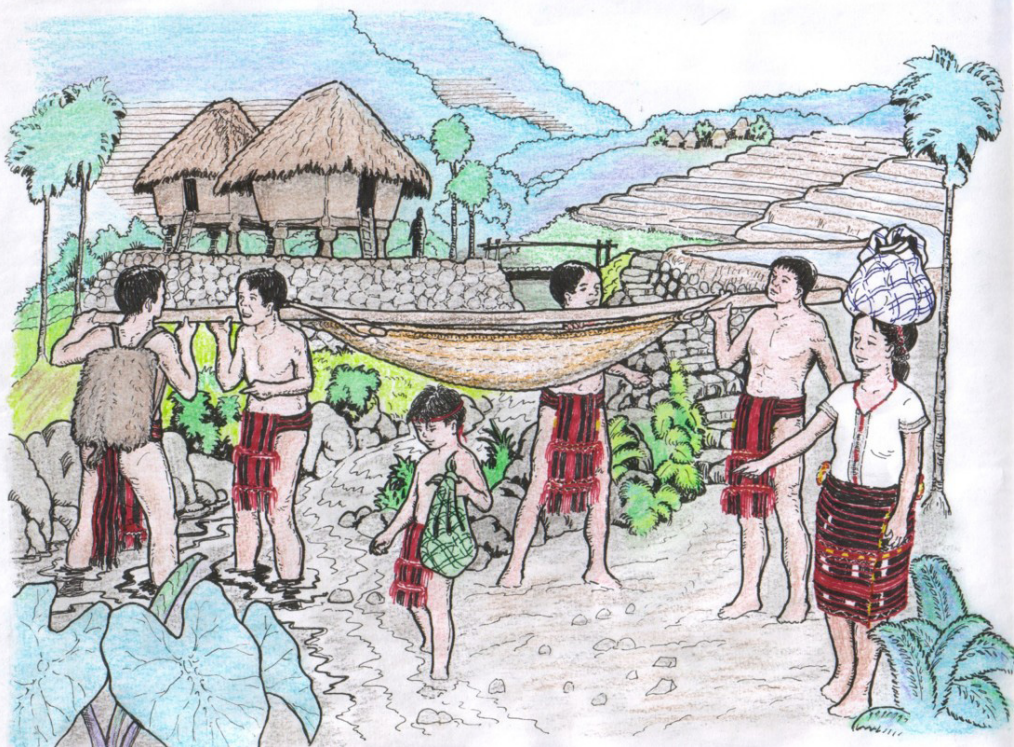


Guide for
Ifugao AYOD
Community Health Teams
(ACHT)



June 2008

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FOREWORD



Republic of the Philippines
Province of Ifugao

OFFICE OF THE PROVINCIAL HEALTH OFFICER
Lagawe, Ifugao

Community-based strategies for better health outcomes has now become the responsibility of the Local Government Units (LGUs). Over the years Maternal and Infant deaths have gradually reduced however much is still to be done to ensure the sustained reduction. In our desire that the implementation of efficient support system for Women's Health and safe motherhood, under the PIPH "Baddang" plan we are going to strengthen our capacity to deliver quality Maternal and Child care services up to the barangay level. These will be through the establishment of Emergency Obstetric and Newborn Care services (EMONC) and the formation of networks of Women's Health Teams (WHT). However, to have more ownership and give relevance to the kind of support they will do at the community and increase the involvement of men in health, they shall be called Ifugao AYOD Community Health Teams (ACHT).

With the localize name, we believe this will have better effect to the members, to be more supportive and to work with synergy with the team and community. Then to equip our Ayod teams, they will undergo trainings and be given Ayod guidebook. This will serve as reference in doing the roles expected from them especially in the pregnancy tracking and formulation of the birth plan.

We are indeed privileged and grateful, that under the dynamic political leadership of the provincial governor we have sectoral partners like the JICA-MCH, United Nations Population Fund (UNFPA), European Commission (EC), Global Fund Malaria Component Project (GFMC), Department of Health (DOH), and supportive local leaders towards the realization of our aspirations and goals...

"...Use the Ayod guidebook for better health...."



MARY JO. P. DULAWAN, MD, MHA
Provincial Health Officer II



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Message

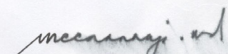
The Department of Health-Center for Health Development-Cordillera congratulates the Province of Ifugao, the JICA-MCH Project Team, and all who have contributed in coming up with this **Guidebook for the AYOD COMMUNITY HEALTH TEAM**.

Ifugao now has an important tool in meeting health goals or objectives which include: (1) achieving the Millennium Development Goals particularly improving child and maternal health, (2) having better health outcomes and a more responsive health system as part of *Fourmula One* (F1), (3) empowering communities so that they take responsibility for their health, and (4) indigenizing the health strategies and approaches given the rich culture of the area.

We all want to have healthy and economically productive individuals and families with universal access to quality health care services. One way for this to happen is for everyone to dream, work, learn, and grow together using this guidebook. Let us all move from goals to results. Let us create the atmosphere of community participation through people empowerment and sustained development.

The challenge for all of us is to be able to sustain the initiative and truly make a difference in the health and lives of mothers and children in particular and the community in general.




MYRNA C. CABOTAJE, MD
Regional Health Director

MESSAGE



Republic of the Philippines
Province of Ifugao

Office of the Provincial Governor



The AYOD, long used as a carrier of the sick in remote villages, is now the Ifugao symbol for community oneness and concerted action for health programs.

This indigenous “ambulance”, traditionally borne by men and guided by women, is now the namesake for our community health teams. It is the product of Ifugao creativity and our innate community spirit as typified by our traditional “ubbu” or “bayanihan” during planting and harvest time.

Through this guide book, we popularize the formation of AYODS in every Ifugao village by getting the average Ifugao male to join female health workers in becoming volunteers for health.

As a community-based organization, the AYODS will encourage traditional village leaders and barangay officials to invest their time and resources in health programs. No longer just the work of barangay health workers, nutrition scholars and midwives, health concerns will now be the work of everybody in the community.

The AYOD also consolidates the assistance of national, local and donor-supported programs as it becomes the community workforce to meet our Millennium Development Goals and other targets of our Province-Wide Investment Plan for Health-BADDANG and the Fourmula One National Health Program.

Haggiyo AYOD! Haggiyo Ifugao!



TEODORO B. BAGUILAT JR.
Provincial Governor

The Philippines committed itself to attain the Millennium Development Goals by 2015. The health sector is responsible for spearheading programs/projects for the attainment of three of the MDGs. One of the MDGs is the reduction of maternal mortality ratio from **209 to 52 by 2015**.

The Province of Ifugao is fortunate to be a recipient of grants from funding institutions for the improvement of health services. Among the province's development partners are the **United Nations Fund for Population Activities (UNFPA)**, **Japan International Cooperation Agency (JICA)**, **Tropical Diseases Foundation-Global Fund Malaria Component Project (TDF-GFMCP)**, **European Union-funded Technical Assistance for Health Sector Policy Support Program (EC-TA4HSP)** and the **Early Childhood Care and Development (ECCD)** of the Council for the Welfare of Children.

In 2006, JICA started implementing the **Maternal and Child Health (MCH)** Project in the municipalities of Mayoyao, Aginaldo and Alfonso Lista. One of the core activities of the project was the formation of **Women's Health Teams** based on the experience gained from the **"Woman's Health and Safe Motherhood Project 2"** of **DOH/World Bank** and **Safe Motherhood Policy** of **DOH** to strengthen health care delivery at the grassroots level. As a result, **deliveries attended by skilled birth attendants (doctors, nurses and midwives) and facility based deliveries saw a marked increase**. Moreover, the support of local officials and the community was strengthened.

Inspired by the success stories of the JICA-MCH Project, Ifugao Governor Teodoro B. Baguilat, Jr. issued Executive Orders 19 and 22 mandating the organization of Community Health Teams in each barangay throughout the province. In line with the province's cultural preservation thrust, these teams shall be known as ***Ifugao AYOD (Hammock) Community Health Teams (AHT)***.

AYOD refers to the hammock used to carry patients, parturient and any person who cannot ably walk. It is usually carried by two men at a time with other men as alternates, hence the two male volunteers. The male membership however doesn't only signify this concept, but it signifies a paradigm shift in "*health care*". Males should also be responsible for health care concerns of the family and of the community. It also needs synergy and teamwork to carry an *AYOD* thus the word "*team*". It also signifies the concept of "health in the hands of the community".

The *AYOD* Community Health Teams were conceived as partners of the Province at the grassroots level to achieve better health outcomes and ultimately contribute to the realization of the MDGs, specifically MDG No. 5 or the reduction of maternal mortality ratio.

Being community-based, the *AYOD* Community Health Teams are envisioned to evolve into do-it-all community health organizations assuming expanded tasks and functions on health programs. Aside from maternal and child health concerns, the *AYOD* Community Health Teams shall assume other tasks such as: community health education and promotion, malaria prevention, and in reproductive health advocacy. Cognizant of the shared responsibility between men and women, the Province commits itself to the development of the *AYOD* Community Health Teams into truly dynamic groups.

Local Government Units (province, municipality, and barangay) and development partners like JICA-MCH, UNFPA, EC-TA4HSP, TDF-GFMCP, and ECCD are one in forming and strengthening AYOD Community Health Teams all over the province.

GENERAL OVERVIEW OF THE AYOD COMMUNITY HEALTH TEAM

I. COMPOSITION

Chairperson	:	Barangay Captain
Co-chairperson	:	Rural Health Midwife
Members	:	Barangay Health Workers Barangay Nutrition Scholars Kagawad on Health 2 male volunteers 2 female volunteers Traditional Birth Attendants and/or trained <i>hilots</i>

II. FUNCTIONS AND RESPONSIBILITIES

1. Conduct health promotion activities within the barangay (IEC, Advocacy on **FOURmula One (F1) flagship programs**);
2. Ensure that **F1 Program projects and activities (PPAs)** are integrated into the Barangay Development Plan;
3. Conduct parents' classes;
4. Conduct active listing and tracking of pregnant women in the barangay;
5. Assist couples in the preparation of birth plans;
6. Advise pregnant women to deliver in health facilities;
7. Report maternal and under-five deaths to the Municipal Health Office (MHO);
8. Make referrals to health facility or appropriate agency; and

9. Assist in malaria, dengue, TB, rabies and environmental sanitation activities.

III. TECHNICAL ASSISTANCE:

The Provincial Health Office (PHO), in coordination with the MHOs and other health partners, shall:

1. Train the officers and members of the Ifugao AYOD Community Health Teams to perform their functions;
2. Devise a monitoring and evaluation system to track the impact of the Ifugao AYOD Community Health Teams in improving the health status of their respective barangays;
3. Document best practices of Ifugao AYOD Community Health Teams which can be replicated in other areas; and
4. Devise a reward system to recognize outstanding/performing Ifugao AYOD Community Health Teams during appropriate ceremonies.

The “AYOD” CHT shall subsume the functions of the GFMC initiated Barangay Action Team (Malaria and Dengue), UNFPA-initiated Barangay Health Committees, and the JICA-MCH initiated Women’s Health Teams.

SPECIFIC FUNCTIONS AND HEALTH ACTIVITIES

I. Maternal and Child Health Care Service Functions _____

I. Fill out the Pregnancy Tracking Form (*Annex I*)

Every pregnancy occurring within the community should be tracked by using the Pregnancy Tracking Form. This form provides basic information relative to prenatal care in each trimester. It gives a general appraisal of the pregnant woman's condition as well as the outcome of the pregnancy.

Responsibilities of the midwife:

- a. Assign the members of the team to specific cluster(s) or *purok*(s) within the barangay;
- b. Keep a consolidated Pregnancy Tracking Report in every barangay and within catchments areas; and
- c. Should consolidate and maintain a master list of all the information gathered by team members.

Responsibilities of ACHT members:

- a. Record all the services provided to pregnant women and fill up a copy of the Pregnancy Tracking Form.
- b. Make sure that all pregnant women are recognized and their conditions are tracked from the time of pregnancy up to 42 days after childbirth; and
- c. Make sure that all newborn children have proper care.

2. Accomplish the Birth Plan (Annex 2: Mother and Child Book or Home-Based Mother's Record/Pink Card)

The *Mother and Child Book (MC Book)* or *Home-Based Mother's Record (HBMR)* – commonly known as “Pink Card” – contains the Birth Plan for record and information of each pregnancy. It is a detailed plan covering the time of pregnancy, childbirth and 42 days after childbirth. This is to ensure a safer pregnancy, childbirth and newborn care.

Responsibilities of ACHT members:

- a. Give the MC Book or HBMR (Pink Card) to every pregnant woman;
- b. Inform and record the name of the ACHT member assigned to a specific pregnant woman, for consultation and advice;
- c. Encourage pregnant women to undergo prenatal check-up at health facilities;
- d. Give advice on facility-based delivery or SBA attended delivery. In extreme cases, some deliveries can be done at home. Otherwise, facility delivery should be advised.
- e. Inform pregnant women on the location of Basic Emergency Obstetric and Newborn Care (BEmONC) facility;
- f. Identify and record two (2) possible blood donors in case of emergency. The name and contact details of the donors should be submitted to the midwife;



- g. Identify and record the name and location of the local government unit (LGU) representative or individual who will provide a vehicle during emergency situations (include contact person and number);
- h. Help in making a childbirth financing plan;
- i. Advise the pregnant woman to bring the MC Book (HBMR card) whenever she visits the health center or facility for prenatal check-up; and
- j. Check on/monitor the Birth Plan whenever home visit is done.

Responsibilities of the Midwife:

- a. Examine and maintain records of each pregnant woman during prenatal visits;
- b. Make sure all prenatal check-up findings and health advice given are recorded in the MC Book or HBMR (Pink card) for each trimester;
- c. Maintain records of the plan for post-childbirth or immediate postpartum follow-up;
- d. Ensure good quality of maternal and newborn care services provided in all health facilities; and
- e. Whenever needed, provide prenatal activities – such as vital signs taking, counseling and post-natal follow-up – at home.



3. Issue Certificate of Facility-Based Childbirth (Annex 3)

This form is accomplished by the ACHT and validated by the RHU, BEmONC facility or Comprehensive Emergency Obstetric and Newborn Care facility. The form also includes an authorization for the collection of the Php 500 incentive for the mother. The ACHT should submit this form to the Municipal Accountant or Treasurer for the release of the incentive. However, the incentive depends upon the discretion of each LGU.

The RHM should set up a regular schedule of team meetings for reporting and updating of information, especially with regard to pregnancy tracking, the MC book (pink card) and Facility Birth Certificates to ensure proper recording and to prevent any double reporting.

4. Provide Counseling and Health Education

Active counseling should be given during pregnancy, childbirth and immediately after childbirth to support mental health (or better “emotional stability and worry-free state/calmness) of families (mother, father and other family members during the delivery.

Team members should also provide practical health education on maternal care, family planning, prevention of Sexually Transmitted Infections (STI), HIV control, adolescent and youth health and/or other relevant women’s health issues with families and community members.

Particular attention should be given to the following topics:

- Importance of facility-based delivery and SBA attended delivery;
- Importance of Exclusive Breast Feeding and care of the breast before and after breastfeeding;
- Care of the newborn;
- Importance of Newborn Screening (examination of five



metabolic disorders that could affect the health of the child within the first few weeks of life). Left undetected, these disorders may cause mental retardation or even death of the child. Early diagnosis ensures that the child grows healthy and normally.

5. Provide Postnatal Care

- ACHT members should conduct follow-up visits to the mother and child until 42 days after childbirth;
- Inspect excessive lochial discharges during the first 7 days after childbirth;
- Check and provide practical advice on personal hygiene, proper newborn care, maternal and child nutrition, breastfeeding, child's immunization, etc.
- Refer clients immediately to appropriate health facility in case of emergency signs, such as unconsciousness/convulsing, severe vaginal bleeding, severe abdominal pain, severe headache and high fever.

6. Accomplish Maternal Death Review (MDR) Form (Annex 4)

The MDR Form was devised to enable the health system to track maternal death in the community **on time**. As a routine activity, it is able to provide accurate and updated maternal mortality data for better public health programming and budgeting.

- Occurrence of death in the community should be reported immediately by ACHT members to the MHO, using the MDR Reporting Form.
- MHO accomplishes the Death Certificate after she/he validates the ACHT report.
- MHO submits the validated ACHT Report to the PHO and submits the Death Certificate to the Civil Registrar.
- Validated ACHT report contains the Death Certificate Number for easy tracking and review by the Provincial MDR Team.
- ACHT Members where the maternal death occurred should be present during the MDR for that specific death.

7. Support the Expanded Program of Immunization (EPI)

- IEC on the relevance and advantages of immunization
- Tracking of un-immunized children including trans-in children

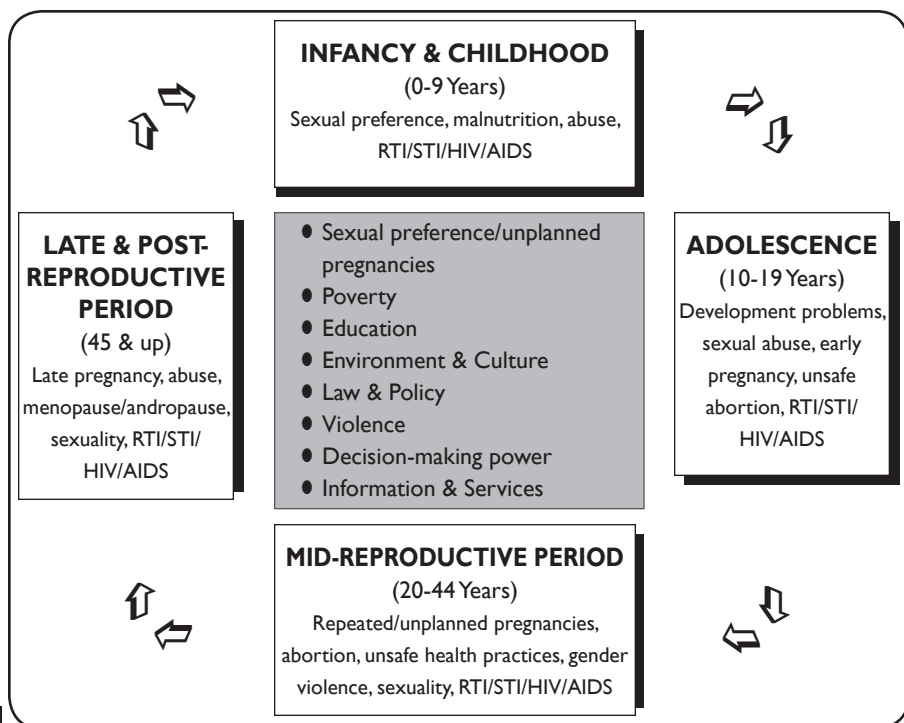
II. Reproductive Health (RH) services and outreach activities

1. What is Reproductive Health (RH)?

- The State of complete well being, not merely the absence of disease or infirmities, in all matters relating to the reproductive system and its functions and processes.
- *RH as a program started in 1994 during the International Conference on Population and Development held in Cairo, Egypt.*

2. Why should RH be given importance?

- It affects everybody, young and old. It is not only for couples



- It covers individual rights
- It affects development

3. For whom is RH? (The Life Cycle Approach to RH)

- The life cycle approach recognizes the importance of RH in every stage of life – from childbirth to adulthood.

4. The 10 Elements of RH

1. **Counseling and Education for Human Sexuality** — to help couples and individuals choose and practice healthy lifestyles
2. **Family Planning (FP)** — for safe and effective fertility regulation based on couple's beliefs, health and economic capability
3. **Adolescent Sexual and Reproductive Health (ASRH)** — for responsive and appropriate information and services to adolescents
4. **Maternal and Child Health (MCH)** — for safe pregnancy and childbirth and healthy infants;
5. **Men's Reproductive Health (MRH)** — for health needs of men and their involvement in women's RH decisions and practices;
6. **Violence against Women and Children (VAWC)** — to assist women and children who are victims of violence and abuse;
7. **Infertility Management** — to assist couples who have difficulty in achieving pregnancy;
8. **Prevention of Abortion and Management of its Complications (PMAC)** — for prevention of unwanted pregnancies and management of cases arising from abortion;

9. **Prevention and Control of Reproductive Tract Infections (RTIs) including STIs, HIV & AIDS** — for information, prevention, protection, care and treatment; and
10. **Prevention of Reproductive Tract Cancers & other Gynecological Problems** — for early detection and treatment of gynecological problems such as breast and cervical cancers.

III. Outreach activities



On a regular basis or whenever the need arises, ACHT assists in organizing outreach activities according to Department of Health orders such as: Blood Collection Day, Family Planning Day, Adolescent and Youth Camp, and other similar activities. Outreach activities are special events that are meant to provide services that are not normally provided at the RHU or community level. The ACHT is not limited to the only suggested outreach activities as other events can be organized to provide better or wholesome services to clients.

IV. Promote the use of Emergency Obstetric and Newborn Care (EONC) Facilities _____

I. Basic Emergency Obstetric and Newborn Care (BEmONC) Facilities

- BEmONC services are available in health facilities nearest to homes in a reachable/accessible locality within a travel time frame of 30 minutes (this may not apply to remote communities in IFUGAO).
- BEmONC facilities are adequately and appropriately constructed and equipped with competent doctors, nurses, medical technologists and midwives.
- BEmONC facilities are attractive and comfortable with privacy and space for an accompanying “birth companion” (family member, friend, TBA or BHW) as well as for minor children in cases where leaving them at home is not possible.
- BEmONC facilities have **contact numbers for ease of** communication with a designated higher-level facility should advice or referral is needed, and as planned with the community. An emergency transportation system is also in place.

Services provided by a BEmONC facility:

- Potential administration of antibiotics, anticonvulsants and oxytocic drugs
- Manual removal of placenta
- Removal of retained products of conception
- Assisted vaginal delivery using mid cavity forceps
- Family planning counseling and contraceptives provision
- Intra Utrine Device (IUD) insertion
- Screening for STI

2. Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Facilities

- CEmONC facilities (i.e. Provincial Hospital) are referral facilities for women who develop serious maternal complications.
- CEmONC facilities are adequately and appropriately equipped and staffed by competent CEmONC Teams.
- CEmONC Teams and the Itinerant Teams (ITs) are based in these facilities.
- In addition to the provision of BEmONC services, CEmONC facilities possess the capability to perform Caesarian Section and Blood Transfusion procedures.

3. Rural Health Units (RHUs)

- Basic delivery and safe motherhood services and other basic health services are provided in all RHUs.
- This facility is provided with technical assistance to achieve self-sufficiency through PhilHealth accreditation, collection of user's fees, franchising of FP commodities, and LGU subsidy.

4. Barangay Health Station (BHS)

- Some BHSs of each municipality were planned to be upgraded to birthing stations

V. Malaria Control Program Services_____

The Malaria Control program in the province is one of the flagship programs of FI. It envisions that by 2015, some areas in the province are to be declared malaria free. Currently, the

province has been averaging less than 20 cases per year since 2006, thus the need to sustain the efforts implemented over the years. The ACHT will subsume the functions of the Malaria Barangay Action Team previously formed at the barangay level. Among the agreed roles and responsibilities of the team are the following:

- Refer symptomatic patients to the BHW trained on Rapid Diagnostic Test , to the Barangay Microscopist, to the RHU or to the nearest hospital for proper diagnosis and prompt appropriate treatment.

Symptomatic patients are those who have the major signs and symptoms: fever, chills and profuse sweating.

Services provided by RHUs	
Family planning	<ul style="list-style-type: none">• Natural Family Planning• Provision of contraceptives• Non-Scalpel Vasectomy• Counseling, including informed choice
Maternal care	<ol style="list-style-type: none">1) Prenatal2) Natal3) Postnatal
STI prevention and control services	<ol style="list-style-type: none">4) Health education5) STI Screening using modified syndromic approach6) Appropriate treatment and7) Referral
Adolescent and youth health	<ol style="list-style-type: none">8) Information Counseling9) Referral

- Participate and mobilize the community during bed net re-treatment and distribution and also in other malaria control and prevention activities as implemented in the barangay such as stream clearing and cleaning, etc.
- Take the lead in encouraging people to always sleep inside insecticide treated mosquito nets.
- Stay alert in tracking and reporting in and out migrants especially those coming from highly malaria endemic provinces to prevent introduction of infection.

VI. Other Health Programs and Activities _____

The following health programs are among those that FI seeks to give emphasis on, to be able to achieve the goal of “health for all” and/or “better health outcome” by year 2015. As such, the support and assistance of the ACHT is very much needed, particularly for promotion of the health programs as well as direct assistance during specific activities.

I. TUBERCULOSIS (TB)

- a) IEC on TB especially in correcting false information regarding the disease
- b) Assists during the National Tuberculosis Program modified sweeping activities by gathering clients
- c) Refers TB suspects, those with the following symptoms:
 - More than 2 weeks coughing
 - On and off fever for 2 weeks or more
 - Night sweats
 - Loss of weight

2. RABIES

- a) IEC on rabies prevention and control and on “responsible pet ownership”

- b) Assists during mass canine vaccination activity
- c) Assists in the inventory of dogs

3. DENGUE

- a) IEC on dengue prevention and control
- b) Take the lead in promoting the 4 o'clock habit (cleaning of surroundings, water depots and houses)
- c) Referral of dengue suspects; those with the following signs and symptoms:
 - On and off HIGH fever for more than 2 days
 - Retro bulbar eye pain
 - Body malaise
 - On and off severe headache

4. ENVIRONMENTAL SANITATION ACTIVITIES

- a) Take the lead in promoting cleanliness in the community, both within and outside of houses/households
- b) Promote the “clean and green” movement and its activities
- c) Assists in the inventory and inspection of households for sanitary toilets, safe water supply and proper waste and garbage disposal systems



ACHT members are assured of the following monetary and non-monetary rewards and incentives:

1. Facility-Based Childbirth Performance-Based Grant (FBC-PBG)

Depending on the discretion of the LGU, ACHT members and their supervisors are provided with incentives for every pregnant woman that it refers to a birthing facility. A similar incentive scheme is being worked-out for a share in PhilHealth reimbursements.

Monetary incentives of ACHT shall be based on the agreed percentage sharing as stipulated in the Memorandum of Agreement between the LGU, RHUs and ACHT members. This will be approved by the Inter Local Health Zone (ILHZ) Board.

2) Other Incentives

The following are the non-monetary incentives provided to ACHT members:

- Attendance to workshops and seminars
- Enhancement of knowledge and skills

PREGNANCY TRACKING FORM

Month and Year: _____

Ayod CHT Name: _____

Sitio/Purok/Barangay: _____

Municipality: _____

Leader's Name (RHM): _____

Duty Station (RHM): _____

[illegible]

Name of BEmONC Facility: _____

Name of CEmONC Facilities: _____



Mother and Child Book

This book belongs to:

A rectangular box with a light blue border, intended for a name or signature.

CERTIFICATE OF FACILITY-BASED DELIVERY

Date: _____

This certifies that _____ (Mother) resident of

(Complete Address) with PhilHealth ID Number _____

(if PhilHealth enrolled) delivered a baby _____ (Male or Female or as
applicable for multiple births) on _____ (Date of Delivery) and
was referred to this facility by _____

(Name of AYOD CHT Midwife).

Name: _____

Birth Attendant

ANNEX 4

MATERNAL MORTALITY REPORT

Ayod CHT Reporting Form

Barangay: _____
Municipality: _____
Province: _____
Date: _____

Name of Deceased: _____
Age (at the time of death): _____
Address: _____
Name of Contact Persons: Husband _____
Nearest Relative _____
Address: _____

Place of Death: Home _____
BeMoNC Facility _____
CeMoNC Facility _____
Private Hospital _____
Others (please specify) _____

Woman died: _____ during pregnancy
_____ during childbirth
_____ after childbirth: how many days? _____
(specify number of days)
more than one month? _____
(please check)

Cause of Death: (please check as appropriate) _____ bleeding
_____ infection
_____ hypertension
_____ prolonged labor
_____ others (please specify)

Submitted by:

Name of Ayod CHT Midwife _____
Station _____

Submitted to and Validated by:

Name & Signature of RHU Physician _____
Station _____
Date of Validation _____
Death Certificate Number _____

