

5

Annex H-1.1

Women's Health Team

Women's Health Team

(source: Women's Health Team Orientation Module
for Centers' for Health Development and Provincial Health Office Coordinators)

Establishing local government capacity to deliver quality women's health and safe motherhood services is an important component of this program initiative on reducing maternal mortality. This capacity is envisioned to be operational with the organization of a network of Women's Health and Safe Motherhood (WHSM) Teams at various level of the Health Service Delivery System.

The network starts at the barangay level, with the Women's Health Team (WHT) consisting of a Midwife as the team leader and with the barangay health worker (BHW) and traditional birth attendant (TBA) as members. The Municipal Health Officer (MHO) acts as the Team's supervisor.

Components

- Maternal and Newborn Care
- Family Planning
- STI prevention and HIV control
- Adolescent and Youth Health

Target Clients

- Disadvantaged women of reproductive age (15-49 years old)
- Men particularly OFWs needing family planning and STI-HIV services
- Adolescents and youth needing reproductive health services

Objectives

The WHSM Intervention Model contributes to the national goal of improving women's health by:

1. Demonstrating in selected sites a sustainable model of delivering health services that:
 - Increases access of disadvantaged women to acceptable and high quality reproductive health services; and
 - Enables them to safely attain their desired spacing and number of children.
2. Establishing the core knowledge base and support systems that can facilitate countrywide replication of the Project experience as part of the mainstream approaches to reproductive health care within the framework of the Health Sector Reform Agenda, which is now being pursued by *Fourmula One*.

Also:

- * To prevent maternal death by providing quality maternal care services.
- * To provide quality and affordable services to women including adolescents.
- * To improve access of women and adolescents to family planning and other reproductive health services.
- * To change behavior of stakeholders.

Sector Issues Addressed

In implementing the WHSM Intervention Model, the National Safe Motherhood Program seeks to address the following sector issues:

1. High Maternal and infant Mortality
2. High Fertility
3. High and Increasing STI Prevalence
4. The Need for Reproductive Health Service that Focus on Youth
5. The Need to Address the Above Concerns in a Cost-Effective and Sustainable Manner

As a result of devolution, the responsibility to address the above concerns rests with the local governments.

The Integrated WHSM-Service Package (WHSM-SP)

WHSM-SP brings about strategic changes that involve:

1. A shift in emphasis from the *risk approach* that identifies high risk pregnancies during the prenatal period to an approach that prepares all pregnant women for the risk of complications at childbirth (*emergency obstetric care approach*).
2. Improved quality of FP counseling and expanded service availability, as well as organization of more itinerant teams providing permanent methods and IUD insertion on outreach basis.
3. Integration of STI services into maternal care and family planning protocols, wherever appropriate.
4. Developing outreach programs for young adults, commercial sex workers including the freelance sex workers, and returning overseas Filipino workers (OFWs).

The above changes in service delivery likewise involves a shift from centrally controlled national programs operating separately and governed independently at various levels of the health system to an LGU governed health system that delivers an integrated women's health and safe motherhood service package. At the ground level, this implies that a woman, whatever her age and specially if she is disadvantaged, who seeks care from a public health provider for reproductive health concerns, could expect to be given a comprehensive array of services that

addresses her most critical reproductive health needs related to maternal care, family planning, STI prevention and HIV control and adolescent and youth health.

The Women's Health Team

Rationale

Organization of Women's Health Teams (WHTs) guarantees an efficient support system in the implementation of the women's health and safe motherhood intervention model.

Composition

WHTs are organized and established in every barangay. The Team is composed of:

Team Leader	:	Rural Health Midwife
Members	:	Barangay Health Worker(s) Traditional Birth Attendant(s)
Supervisor	:	Rural Health Physician

A rural health midwife acts as the team leader within the covered catchments. The barangay health worker(s) and/or traditional birth attendants(s) are members of the team. The rural health physician acts as the supervisor of the WHTs assigned in the RHU catchments.

Organizing the Teams:

1. Inventory of Volunteer Workers and TBAs
2. Determine the Criteria for Selection of WHT Members
3. Determine the Number of Teams that will be Organized in the Municipality
4. Call for an Orientation Meeting with the Volunteer Health Workers
5. Enlist the Volunteers and Meet them Regularly
6. List down the Teams and their areas of assignments.
7. Train the WHTs

Functions of the WHT

At the community level, Women's Health Teams (WHTs) are organized and established in every barangay. A Rural Health Unit (RHU) midwife heads the team within her or his catchments with at least one barangay health worker (BHW) and one traditional birth attendant (TBA) from each barangay as members.

The functions of the WHT include:

- Maternal Care Service Functions:
 1. To track every pregnancy occurring within the community using the Pregnancy Tracking Protocol.
 2. To assist the women accomplish the birth plan and check on them every visit.
 3. To provide quality maternal care services: prenatal, childbirth and postnatal.
 4. To record findings in the woman's birth plan accurately every prenatal visit.
 5. To counsel each expectant woman on:
 - Personal care during pregnancy, childbirth and immediately after childbirth
 - Importance of newborn screening and implications of findings.
 - Importance of follow-up visit to the facility after childbirth.
 -
 6. To refer clients to appropriate health facility.
 7. Report maternal death.
 8. To discuss relevant women's health issues with the community.

- Family Planning, STI-HIV Prevention and Control and Adolescent and Youth Health Service Functions:
 1. To organize outreach activities for family planning, STI control, and adolescent and youth health services in the community.
 2. To provide counseling services to clients and act as agents for behavior change through interpersonal communication.
 3. To identify women of reproductive age (WRA) with unmet needs for FP and STI services.
 4. To provide the following FP services: Re-supply of pills, IUD insertion, distribution of condoms