The Global Fund Program

Tuberculosis

EPIDEMIOLOGY OF TB

There are an estimated 3.5 million prevalent cases of TB (197 per 100 000 population) in the Western Pacific Region. The estimated number of incident cases account for 21% of the global burden of TB. Cases from the Western Pacific Region, including the Philippines, account for 93% of all incident cases. The Region also accounted for approximately 1.4 million cases of all forms of TB notified in 2007 (77 per 100 000 population), or 25% of the total cases notified globally. Deaths from TB in Cambodia, China, the Philippines, and Viet Nam account for 93% of all TB mortality in the Region. Prevalence of TB in the Region is steadily decreasing. From 2000 to 2007, the prevalence rate at a rate of -4.5% per year and the mortality rate at a rate of -3.7% per year.

In 2007, the proportion of multi-drug resistant (MDR) TB in new TB cases was estimated to be 4%. The proportion of MDR-TB in re-treatment cases was estimated to be 24%. MDR-TB cases from China, the Philippines, and Viet Nam accounted for 97% of the total estimated MDR-TB cases among both new and re-treatment cases. The proportion of re-treatment cases among all notified cases in 2007 was 10%.

In the Philippines, there is an estimated 440,000 prevalent cases of TB of all kinds (290 per 100,000

population), and 36,000 people (41 deaths per 100,000 population) die from TB every year.

Since the start of the GFATM projects in the Philippines in 2003, DOTS coverage has been at 100% and case detection rate has remained above 50%. Increased funding has also contributed to the growing budget of the National TB Program (NTP), where almost a third is dedicated to MDR-TB. The Philippines is also noted for being the first Green Light Committee-approved DOTS-Plus project in 2000. Since then, it has achieved much in the programmatic management of drug-resistant TB (PMDT). National guidelines for PMDT were developed and implemented. Six MDR-TB treatment centers were opened and are operating all over the country, and five TB laboratories were strengthened and quality assured. Plans are underway to scale up PMDT nationwide.

With the strong technical expertise and financial support, the management of TB in the Philippines has been successful.

GF TB PROJECT : GOAL

The goal of the Consolidated Program is to reduce the prevalence, incidence and mortality of TB by 50% in 2010 and beyond 50% thereafter, using a baseline established in 2000, in support of the Millennium Development Goals for poverty alleviation.

The Consolidated Program has two objectives:

- Objective 1: To achieve universal access to high quality TB care through:
  a. sustaining and expanding the provision of quality DOTS in the public sector,
  b. including the strengthening of TB laboratory network;
  c. engaging all care providers in areas not covered by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Rounds 2 and 5 to ensure access for all TB patients, including marginalized and special population groups;
  d. empowerment of patients and communities through advocacy, communication, social
  e. and resource mobilization, and community TB care at the local level.
- Objective 2: To scale-up the PMDT beyond Metro Manila and provide nationwide coverage and improved access.

IMPLEMENTING PARTNERS/AGENCIES

- Infectious Disease Office (IDO), Department of Health (DOH)
- National Epidemiology Center (NEC), Department of Health (DOH)
- National TB Reference Laboratory (NTRL), Department of Health (DOH)
- Christian Action for Relief and Empowerment (CARE)
- Philippine Coalition Against Tuberculosis (PhilCAT)
- World Vision Development Foundation, Inc.
- Holistic Community Development and Initiatives, Inc. (HCDI)
- Tropical Disease Foundation - Programmatic Management of Drug-Resistant TB (PMDT)

PUBLIC-PRIVATE MIX DOTS

Accomplishments

As of July 2009, a total of 221 facilities were monitored by the project, of which 170 were installed under the Global Fund (70 were under Round 2 and 100 under Round 5). The remaining 51 units were considered non-Global Fund sites (i.e., PPMD units that were initiated by other funding agencies or were self-initiated). These facilities strategically serve about 36 million Filipinos in 16 regions of the country.

This public and private collaboration with Round 2 and Round 5 PPMD units has mobilized and trained 2,912 private physicians from 2004 to 2008, encouraging them to support and comply with the approved policies, guidelines, and standards of the NTP.

Efforts to attract support from the private sector have resulted to at least 36,870 cases of all types of TB that were initiated to treatment from 2004 to 2008, out of which 15, 892 were new smear positive cases. In 2008 alone, the 6,914 new smear positive cases detected by the private sector contributed to 6% to the national case detection rate (CDR). The contribution of private practitioners to the national CDR has been recognized to have significant impact on TB control and prevention in the country. The contribution demonstrates the apparent strength and capacity of the initiative to engage the private sector.

The initiative has led to a 90% treatment success rate of new smear positive PPMD TB patients registered in 2007. A cohort of 5,593 new smear positive cases from R2, R5, and non-GFATM TB cases between January-December 2007 showed that 84% of the patients were cured, 6% completed treatment, 1% failed, 4% defaulted, 2% died, and 3% transferred out.

This success can be attributed to the following strategies: continuous capacity building; information, education, and communication; advocacy; and monitoring and evaluation. The National and Regional Coordinating Committees for Public-Private Mix provided strong technical assistance in the development and implementation of the above-mentioned strategies.

Lessons Learned

Promoting equitable access to TB care

Engaging and mobilizing all healthcare providers are necessary to spread access to DOTS. In order to promote equitable access to TB care, the initiative needs to expand and provide services to vulnerable groups - the children, the elderly, the poor, and the marginalized.

Strengthening PPMD sustainability measures

With the anticipated phase-out of project financial support to facilities, there is a need to determine resources for sustainability. The PPMD units need to strengthen and continue their advocacy for support from local governments. Political commitment should be secured and translated into budget allocation to the program, thus making TB control a priority by all LGUs. Advocacy to the private sector to encourage corporate social responsibility (CSR) should be undertaken to complement government resources.

The PhilHealth Out Patient Benefit (OPB) package plays a pivotal role in the financial viability of the PPMD units. However, this initiative should tackle major issues concerning TB care, such as low insurance membership coverage among DOTS clients. There is also a need to speed up the processing of benefit claims by streamlining paperwork. Promotion strategies to convince facilities to avail of DOTS certification and the accreditation process should be undertaken as well. The NCC and the NTP should also evaluate the effectiveness in generating revenue for PPMD as well as its role in influencing provision of quality DOTS.

Milestones

Local TB Coalitions built and strengthened

Several Local TB Coalitions at the regional, provincial, city, and municipal levels were established and strengthened with the support of the initiative. There are 5 coalitions at the regional level, 11 at the provincial level, 9 at the city level, and 1 at the municipal level. These coalitions spearhead TB advocacy activities to help address the problem of TB at the local level.

Local policies put in place

With the continuous efforts of PPMD units, a number of local policies in the forms of a board-

Fulfilling Corporate Social Responsibility (CSR) through PPMD

As of December 2008, forty-one of the 169 facilities installed are privately-initiated PPMD units. A number of these units are housed in hospitals, clinics, or medical facilities operating as -for-profit businesses and are owned by individuals, families, and corporations. These entrepreneurs have opted to view their investment to PPMD as a fulfillment of their CSR. An important element in making TB control and prevention as part of CSR is political commitment coming from leaders and executives of these organizations, which encourages organizations to invest their resources to TB diagnosis and treatment even with no assurance of profit. This commitment is rooted in awareness of the extent of TB as a social problem, and the realization that business organizations can help in curbing the disease. Resources invested by these business organizations to PPMD include, but are not limited to, manpower, clinic space and equipment, supplies, and to some extent, even direct support to patients' needs.

Developing Local Policies for DOTS

One of the essential elements of DOTS is political commitment that must be translated into concrete actions. A step towards local government action is convincing local leaders to make fighting TB among their priorities. PPMDs' multi-sectoral partnerships have deepened calls for the LGUs' response to issues confronting program implementation, while local partnerships have identified cost-effective activities appropriate for prevention and control of TB. Meanwhile, there are situations when corresponding local government policies are needed to smoothen and strengthen program implementation.

Positive local government responses to TB include budget allocation and mobilization of LGU resources to finance activities, such as improving facilities, hiring health staff, provding drugs and logistics, and offering volunteer incentives.

resolution or an ordinance were passed and approved. As of July 2009, these local policies demonstrate support of hospital administration or LGU support in the allocation and utilization of PhilHealth TB DOTS packages (24), TBDC financial support (13), allocation of budget for the operation of the PPMD unit (14), drugs and logistics support (7), and human resource support (4).

DOTS facility staff trained in TB in Children Training (NTP Retooling)

In coordination with the Department of Health (DOH), a number of DOTS facility physicians and nurses in various areas were equipped with knowledge and skills in the management of childhood TB through the NTP Retooling. The training enabled facilities to expand their services to cater to children, one of the vulnerable groups. In addition, this will allow facilities to access PhilHealth packages for their financial sustainability. DOTS facility staff from PPMD units based in 15 cities and 18 provinces were trained from February to August 2009.

Provincial Coordinating Committees for PPM established

As of October 2009, a total of 22 Provincial Coordinating Committees (PCCs), composed of members from public and private sectors, were installed in 22 provinces in 15 regions nationwide. A series of activities capacitating PCC members to engage all care providers were undertaken, such as a joint preparatory visit by PhilCAT and central/regional teams, as well as training for the provincial situation assessment (PSA) held last 14 to 17 July 2009, where 164 PCC and RCC members attended. Thereafter, PCC members conducted the actual situation assessment of their province, in order to evaluate their capabilities and vulnerabilities in enticing all care providers to join the TB program. In all these undertakings, both NCC and RCC provided the necessary technical support and supervision, ensuring that everything is in accordance with the directions, standards, and technical policies set under the NTP.

ADVOCACY, COMMUNICATION, AND SOCIAL MOBILIZATION

World Vision Foundation Inc.

Accomplishments

From January to June 2009, the Social Mobilization for Tuberculosis (SMT) Project organized 43 community-based support groups or TB Task Forces in its 10 areas covered by Round 5. These groups spread TB awareness in barangays, refer those with TB symptoms to public health facilities, and supervise the treatment of TB patients. Along with the 270 TB Task Forces organized in Round 2, the volunteers referred 8,952 TB symptomatics, of whom 1,486 were positive of TB. The volunteers supervised 1,087 TB patients through their treatment.

In Round 5, SMT trained over 400 new TB Task Force members on DOTS and Basic Health Education (BHE). The Project also distributed over 1.4 million pieces of primers and behavioral change communication (BCC) materials to its Round 2 and Round 5 areas.

The DOTS and BHE trainings prepared the volunteers well for the conduct of TB awareness and advocacy campaigns in communities using BCC materials. These campaigns primarily took the form of TB classes and house-to-house visits.

These activities conducted by the TB Task Forces, in turn, led to behavior change in the communities and, consequently, to an increase of cases detected for referral and examination. Based on progress reports from the field, about 10 to 15 people with TB symptoms were identified from each TB class or house-to-house activity. In areas such as Bacolod, Paranaque, General Santos, Zamboanga, and Davao City, TB Task Forces have conducted TB classes and case finding in prisons and jails and among Muslim and indigenous peoples' communities.

The project, through its field staff and TB Task Forces, also gained ground in its advocacy efforts to seek local government support for TB control and the volunteer groups. Forms of support ranged from free snacks and use of vehicles, use of a venue and a sound system during major events such as

Table 1. LGU Ordinances created in support to TB and Task Forces

CITY	ORDINANCE
Caloocan	• Resolusyon Bilang 13-A: Isang resolusyon na naglalayon na maglaan ng pondo mula sa taunang pondo ng baranggay para makabili ng gamot sa sakit na TB para sa limampung (50) pasyente sa loob ng 6 na buwan. • Ordinance No. 1274, s 2007: Ordinance establishing additional microscopy centers in Caloocan City
Iloilo	• Resolution No., 07 Series of 2008m - Resolution approving the support of Barangay Officials of Brgy. Sto. Nino Norte, Arevalo, Iloilo City amounting to five hundred (P500.00) monthly to the Sto. Nino Anti-TB Task Force
Paranaque	• Brgy. BF Homes: Resolution No. BC-008 Series of 2009. A Resolution Supporting the TB Task Force Program for Barangay BF Homes, Paranaque City
Zamboanga	• City Level: Ordinance No. 307 - An ordinance defining the roles, functions, compositions, rules and regulation of Zamboanga Hermosa TB Council of the City of Zamboanga. • Re: the Ord. 307 has IRR - Implementing rules and Regulations of the Hermosa Tuberculosis Council in accordance with the Ordinance No. 307 otherwise known as the "Zamboanga Hermosa TB Council"

World TB Day and Lung Month, and provision of offices to TB Task Forces. Local governments also issued resolutions of support to the volunteers and to the TB program. In some cases, these resolutions came with financial assistance to buy TB drugs for TB patients and other materials such as staining reagents. In Caloocan, the TB Task Force successfully lobbied for TB medicines in single drug formulation for 50 TB patients from the local government of Barangay Cielito. In General Santos City, the Barangay Council of Calumpang released

P80,000 for the purchase of TB drugs and staining reagents. Barangays, particularly in Bacolod, Iloilo, and Zamboanga City, also provided financial allowances to the TB Task Forces to help in their operations, especially for the transportation of sputum specimens to the barangay health centers. (See Table 1.)

Resources mobilized from fund-raising activities initiated by TB Task Forces also provided much-needed funds for Task Force operational sustainability. These fund-raising events ranged from raffle draws, film-showings, mini-concerts, and savings schemes, generating over P80,000 for TB Task Forces in Caloocan City.

The building of TB Task Forces into federations, associations, or cooperatives in several Round 2 sites has given the volunteer groups more leverage in these advocacy and resource mobilization efforts and is helping sustain the TB Task Forces through their case finding activities even without World Vision supervision.

Challenges

Logistical supply shortages in the NTP, such as for TB drugs, sputum cups, staining reagents, and manpower and facility shortages remained as the most pressing concern in all SMT areas. These affected TB Task Force case finding and case holding

SUCCESS STORY

From the Project's inception, it has been the goal of the Social Mobilization on Tuberculosis (SMT) to transcend achievements in the medical realm. In the course of its implementation, the SMT's contributions to socio-economic development is evident in each successful story of how the project inspired hope, promoted volunteerism, changed hearts, and touched lives, not only of tuberculosis patients but their communities as well.

In the political sphere, advocacy efforts led to the engagement of politicians and administrators on various levels to recognize the significance of TB as a disease and to pass appropriate laws and policies to address this. The Brgy. Council of Cielito, Caloocan, for instance, passed Resolution 13-A, which ensures the allocation of funds from the Barangay Annual Budget for the purchase of TB drugs for 50 TB patients' six-month treatment, through the efforts of TB Task Force Combat.

In Butuan City, the TB Task Force Federation's initiative to have a space in health centers for TB patients to prevent probable transmission of bacteria to other patients, including vulnerable groups such as pregnant women, children, and the elderly, was acknowledged even at the city level. Despite insufficient funds to construct the rooms, implementation was made possible when the Federation's proposals were approved by Barangay Councils. Upon review and approval of the city government, the city engineer constructed seven functional TB rooms in Barangays Libertad, Obrero, Buhangin, Baan Riverside, Baan Kilometer 3, Mahay, and Mahogany.

The SMT also features several stories of success in terms of communication. Through basic health education sessions, such as TB classes and house-to-house activities conducted by Task Forces, as well as the Project's creative and innovative participation in annual local and national World TB Day and Lung Month/ National TB Awareness Month Commemorations, SMT sought to increase knowledge, encourage positive change in attitude/beliefs about TB, and promote positive health-seeking behavior in various communities.

For instance, in Brgy. Taculing, Bacolod City, the STARS TB Task Force conducted a TB Class for over 60 inmates of the Bacolod City District Jail. According to the World Health Organization (WHO), the incidence of TB in prisons and jails are usually higher than in the general population, due to overcrowding and poor ventilation, nutrition, and hygiene, making prisoners and inmates a high-risk/vulnerable group to the disease. The activity yielded 11 referrals from inmates with TB symptoms; one turned out positive for TB after sputum examination.

TB Task Force volunteers have also developed innovations to more effectively reach audiences. Building on the triumphs achieved by health education sessions traditionally held during the day, Cagayan de Oro's Gusa Save Life TB Task Force, for instance, employs the "Purokanic approach" during weekend nights,sharing information about TB with community members from each purok in the barangay who are mostly unavailable during weekdays.

Successes of the Project did not go unnoticed and has, in fact, gained validation by being replicated in non-

activities, as many TB symptomatics could not be diagnosed immediately and patient treatment had to be put on hold. SMT also had to check with local health partners about compliance to NTP standards as some health centers, particularly in Leyte, had to divide the six-month TB drug provision for one patient to three patients just to start them on treatment.

To address the logistical shortages, the Project had to purchase sputum cups and staining kits while continuing to lobby to the DOH and local government partners to ensure the uninterrupted supply of TB drugs and other NTP supplies. The Project also had to look to other entities for assistance, such as to the Pfizer Foundation, whocontributed P60,000 for the purchase of staining kits.

In addition, the TB Task Forces had to mobilize resources to pay for the transportation of sputum specimen to the health facilities. There were instances when the volunteers themselves used personal money just to transport the sputum samples they collected.

The geographical make-up of provinces, such as Palawan, Leyte, Bohol, and Davao City, posed additional challenges to the Project in terms of monitoring the performance of and coordination with the TB Task Forces and validating NTP data.

SMT areas. The gathering on February 2009 of over 120 barangay health workers (BHWs) in Taguig City, which had a 41% CDR in 2008, to train and form BHWs into organized community groups, much like SMT-organized TB Task Forces, is one illustration.

The SMT Project is also filled with various stories of empowerment during its implementation. From training selected TB Task Force volunteers in Leyte, Zamboanga, and Parañaque to assist medical technologists as slide smearers of sputum samples, to harnessing Task Forces' skills in lobbying for their group's offices in Bohol and Davao, the Project worked towards achieving its deliverables by simultaneously building capacity of volunteers to become more sustainable.

But the most palpable manifestation of SMT's success can be seen in the changed lives of cured TB patients. The Project documented how it only took a few minutes of providing correct TB information to save the life of 50-year-old Porciso 'Porsing' Aparante, who had been painfully coughing for almost six years. Porciso used to be a driver delivering chemicals for a banana plantation in General Santos, until it closed in 1998. Since then, he started to feel weak and found it difficult to perform hard labor and find another job.

Through the assistance of TB Task Force member Susan Kambarihan, Porciso was able to avail of the free TB examination in the health center. When he tested positive for TB, Kambarihan served as his treatment partner. Not only did Porciso survive his ordeal, but he was able to recover his voice that he almost lost from several years of coughing, and was able to do ride his bicycle again and do the activities that he could no longer do when he was sick.

SMT achievements are evident even in the most challenging venues and situations, as in the case of 45-year old Matigsalug tribe member Nenita "Santa" Ensing. As a farmer in the highlands of Malabog, Davao City, she was often overworked. During harvest time, she would single-handedly carry a 50-kilo sack over her head and walk for half-a-day just to bring her products in the nearest selling area. She lived in Sitio Bito, a place so remote and

inaccessible that it took 10 men in alternating pairs to manually transport her on a makeshift hammock, as she was too sick to walk through thick, mud to get from her home to the health center.

Through the advice of her niece and TB Task Force volunteer, Judith Agyam, and the collective support of her family and neighbors, Agyam made the crucial decision of moving to Sitio Bal-ong, where she continued to avail of and successfully finish her DOTS treatment. Now, she uses her experience to inspire other tribe members with TB symptoms.

The story of Porsing Aparante and Nenita Ensing are two poignant examples of lives saved through the SMT Project. As survivors of TB, they represent he fulfillment of SMT's goals and rationale on why resources are mobilized, partnerships are built, and community participation is continually encouraged. They stand as credible witnesses, providing the human face to the technical successes of the SMT project on the areas of advocacy, communication, and social mobilization.

Several villages in these sites are in far-flung areas and require much time and resources to reach. Additional manpower in these sites may help resolve the geographical challenge.

In Zamboanga City, on the other hand, threats to security brought by the Moro Islamic Liberation Front (MILF) restricted the movement of the SMT staff. These also caused concerns in monitoring the performance of the volunteers and in collecting and validating NTP data.

Finally, while the Project made some headway in correcting TB misconceptions in the community, more still need to be done in improving the target populations' knowledge on certain key TB concepts, such as the disease's cause, mode of transmission, and treatment. Succeeding communication interventions in SMT sites aimed at the general public may focus more on these TB concepts.

HCDI (Holistic Community Development Inc)

Accomplishments

HCDI, Inc. started its TB - DOTS CHE Program implementation in the first month of year 2007 in Ozamiz City, Misamis Occidental, Philippines.

In the period from January 2008 to September 2008, the organization mobilized volunteers in the area by conducting activities to strengthen the sustainability of the program and capabilities of the stakeholders: the CHO, Barangay Health Workers, TB-DOTS-CHE Committee, TB-DOTS-CHE Members. While these activities were conducted, case holding and case finding were still the top priority of HCDI Staff, the volunteers, and other partners.

In October 2008, HCDI TB-DOTS CHE Program started its expansion in areas outside Ozamiz City, where there are existing HCDI CHE Programs. These areas are; Mandaluyong City (GMA), Kidapawan City (Mindanao), and Surigao City (Mindanao). With just two staff in each area supported by the TB-DOTS CHE Program under the GFATM, the program has been implemented satisfactorily. Necessary adjustments with regards to the Financial and Programmatic aspects were made by the Management team.

Objectives were fulfilled from the **outputs** of the trainings conducted for TB-DOTS-CHE Committee and TB-DOTS-CHE Volunteers. These outputs are the results from the following activities of the trained volunteers:

- Regular home visits
- TB Awareness classes in their respective areas in the Barangay
- Referral of TB Symptomatics to City Health
- Patients' treatment partner for the whole course of DOTS.

As with Food and Care, The Livelihood Support extended to the Local Trainers motivates them to work more. They are inspired to do their tasks well and reach out to other volunteers to do the same.

Enhance the TB-DOTS CHE Committee by involving them in the regular activities of the volunteers, including team building, quarterly meetings, leadership trainings, and other activities.

By doing home visits and conducting classes in puroks, awareness level of TB in the covered area resulted in an increase of symptomatic referrals as well as of the number of new smear positive patients. TB-DOTS-CHE Volunteers were consulted directly by their neighbors when they treported TB symptoms.

The greatest challenge was when local Barangay Health Workers thought that TB-DOTS CHE Volunteers were competing with them in casefinding and caseholding. This issue has been resolved by clarifying that that they were partners.

The organization invited these local health workers to join meetings, trainings and other activities. Team building seminars were done to strengthen partnership between both groups.

TB IN CHILDREN

CARE, Inc. (Christian Action for Relief & Empowerment), a Faith-Based Social Development organization has been serving & capacitating poor and marginalized individuals, families & communities through its four major programs, namely: Children and Youth Development Program; Family and Community Development Program; Health Care and Development Program; and Environment Protection and Stewardship Program. In response to UN Millennium Development Goals in fighting Malaria, HIV/AIDS, and other infectious diseases and to support the government's National TB Control Program, CARE, Inc., in partnership with the Department of Health & Tropical Disease Foundation, and through the support of The Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM) is going to implement a project dubbed as "SK-TB in Children Project." The Project aims to reduce the prevalence, incidence, and mortality of TB among the Street & Urban-Working and Poor Children (SUWPC) in the cities of Muntinlupa, Parañaque, & Las Piñas, also known as MUNTIPARLAS area, using a Faith-Based approach in creating community awareness and demand for quality DOTS services.

TB HIV

Accomplishments

The problem of TB HIV co-infection in the Philippines is not well-established, as programs for TB and HIV/ AIDS are implemented vertically. With the current epidemiological situation, where the burden of TB is high and the HIV burden is low at less than 1%, cases are reported at 400 per year compared to 100 cases or less per year in the first 20 years of the HIV registry.

The National TB Control Program is implemented nationwide, while the National STI HIV AIDs Programs is implemented in selected areas. With support from the GFATM and other

SUCCESS STORY

Jenalyn Milagros, 60 years old, one of the CHE volunteer from Villa Consuello, Ozamiz City, got a major physical injury when she slipped while getting some medicines from the Barangay Health Center. Because of her injury, she cannot walk.

Mrs. Milagros was somewhat depressed because of her condition. But in spite of the accident, her desire to help remains and be of service to the Community cannot be erased from her heart. One of her daughter wanted to stop her from working as a CHE volunteer but still she insisted to be of service to others.

The life of Mrs. Milagros became an encouragement to other CHE volunteers and to the Committee. Her dedication had opened the minds and heart of other CHE volunteers to continue, to move on, and to be willing to serve even in the midst of trials.

Mrs. Alma P. Caballeda is a TB patient with seven children. Her husband only earns one hundred fifty pesos per day; sometimes, he has no income at all. She has to help her husband by washing laundry just to augment their condition. Working hard was her only way of helping their family buy food. One time, she experienced feeling weak, body malaise, and hard coughing. Because of her declining health , she went to a CHE volunteer to ask for assistance.

Mrs. Caballeda's sputum was then checked up in the City Health office. It was confirmed that she had tuberculosis. If it were not for a CHE volunteer, Mrs Alma P. Caballeda's case would not be diagnosed properly and therefore her condition might have worsened. CHE Volunteers supported her and provided food packages. These food packages had helped her and her family.

Now that she has now recovered, she herself wanted to help disseminate information about TB.

Mrs Judith Romero was one of the recipients of Life Support. She was one of the most active CHE volunteers in Maningcol. Before she became a recipient, her family was very poor. She never expected that one day she would be able to receive something out of her effort.

She was very happy when she got the Life Support. She invested it wisely in her little Sari-sari store. It had helped them financially.

Mrs. Jenalyn Alforque lives in a squatter area in Tinago, Ozamiz City. In fact, her house is about to collapse. Her husband's income depends on whether he runs any errands for their neighbors. The highest income for the family is around forty to fifty pesos a day. At one point, Mrs. Blanca got sick. She had TB.

Mrs. Freda, a CHE volunteers had assisted, enlightened, and encouraged her. According to her ,if not for the effort of the CHE volunteers, she would be still be sick until this time.

partners, a TB-HIV committee was created to ensure proper collaboration between the National HIV/AIDS and STI Prevention and Control Program (NASPCP) and the National Tuberculosis Control Program (NTP) to improve diagnostic, care, and preventive services for people living with HIV and TB. The committee gave the opportunity for the two programs to plan and discuss activities to address TB HIV co-infection.

As of 2009, thirty-three DOTS facilities are providing HIV counseling and testing for TB patients in ten cities in Metro Manila with high TB burden and high STI prevalence. Several trainings for the service providers were conducted in partnership with other organizations. A total of 101 health workers were trained to provide HIV counseling through four batches of training on Provider Initiated Counseling and Testing (PICT), conducted in partnership with the Remedios AIDS Foundation and Positive Action Foundation Philippines, Inc. (PAFPI). Two batches of training on HIV Testing Proficiency were conducted in partnership with STI AIDS Cooperative Central Laboratory (SACCL), where a total of twenty Medical technologists were trained to do rapid HIV testing in the DOTS facilities, and a total of 110 health personnel in the DOTS facilities were oriented on TB HIV collaboration and AIDS law. The TB-HIV initiative was able to counsel 1,996 patients and test 1,757 for HIV. Among the patients tested for HIV, only 1 (0.06%) was confirmed to be HIV positive and was referred to San Lazaro Hospital for management.

Lessons Learned

Through years of implementation, it was proven that strong partnerships with the treatment hubs, NGOs, and NASPCP are critical to providing care and support to patients with TB/HIV co-infection. Implementation of the collaboration was successful in areas with enough manpower complement of physician/nurse and medical technologist. The acceptance rate of HIV testing among TB cases is high, as long as medical technologists are available in the health centers to conduct the testing once patients are counselled. Aside from manpower, efficient logistics management and laboratory networking are both necessary, especially for confirming cases found to be reactive for HIV rapid test.

Challenges

Most of the medical technologists at the DOTS facilities are skilled and proficient in Direct Sputum Smear Microscopy (DSSM), but not in other laboratory skills, including HIV tests. As such, participants for the HIV Testing Proficiency Training are screened, and a rigid and comprehensive training program is prepared for them. Trainees will be monitored and be part of the quality assurance program of SACCL.

A fast turn-over of health staff could be observed among the facilities providing PICT. Some health personnel are either assigned to new facilities or promoted to other positions immediately after undergoing PICT training. Because of this, the trained health personnel cannot provide PICT to the patients. This is a reality in all health services. As such, trainings will be scheduled regularly so that new employees will be trained.

Problems have been encountered in the procurement of HIV testing kits and other supplies, such that continuous services cannot be provided to the patients. To prevent further problems, forecasting of the required supplies should be reviewed, and aside from the project, the government should also provide supplies in the conduct of HIV testing.

Part of the Republic Act 8504, or the AIDS Prevention and Control Act of 1988 is "Medical Confidentiality". It was observed that not all staff employed in the health centers are oriented on RA 8504, such that the issue of confidentiality is not assured for all patients. Because of this issue, health staff at the DOTS facilities providing PICT will be oriented on TB/HIV collaboration and RA 8504.

There is currently limited access to HIV services. The services for management and care of AIDS patients are available only in the treatment hubs. These treatment hubs are located in selected hospitals. For the National Capital Region, it is available only in San Lazaro Hospital, Philippine

General Hospital, and the Research Institute for Tropical Medicine. In order to mitigate this issue, other stakeholders that can provide the services should be tapped.

Program Management and Coordinating Team

During the past rounds for TB (Round 2 and phase 1 of Round 5), the TB Program Management and Coordinating Team (PMCT) has always worked with a lean team, but with systems in place to ensure satisfactory accomplishments of its tasks and targets. Monitoring and Evaluation and Project Management systems were put in place to ensure effective and efficient management of the grants. With the approval of the consolidated grant for TB, an upscale of the initiatives was started for the past rounds. This programmatic and budgetary upscale prompted the PMCT to review its strategies and consume at least the minimum required systems by the funding agency. This meant improved capacities in the 4 functional areas (M&E, Programmatic, PSM and Financial Management), and introducing strategies to facilitate effective implementation of the sub-recipients as well.

Accomplishments

SR Assessment for the consolidated grant

Together with the M&E unit of TDF, the TB PMCT devised a tool for assessing the nominated SRs in their capacity to implement part of the program, anchored in the four functional area capacity of the nominated organization. In order to create an objective tool, ratings were used based on the presence of documents, infrastructure, organizational structure, and systems, qualified by-sub indicators for validation. Below is a snapshot of a section of the tool that focuses on M&E.

Figure 1. Cumulative Figures

Implementer	Participants	Number	
		Fiscal Year	Cumulative
IDO	Training courses on Fixed Dosed Combination for Physician, Nurse, Midwives, Laboratory staff and volunteer health workers	-	92
	Basic Microscopy Training for Laboratory staff	-	35
	NTP Hospital-based DOTS	-	374
	External Quality Assurance (EQA) for Medical Technologist	-	141
	Training on Laboratory Management (Medtech/Microscopist)	-	17
	Training on Revised Manual of Procedures (Doctors, Nurses, Medtech, Midwives, barangay health workers trained on NTP policies and guidelines	-	14,708
	Basic Course on Direct Sputum Smear Microscopy Training for Mectech/Microscopist	-	339
	Public Health service providers trained through DOTS boosting courses for Physicians and Nurses	821	821
	Training of Trainors for Programmatic Management for MDR-TB for Physicians and Nurses	29	29
PhilCAT	Private Practitioners Trained in DOTS	2,918	8,063
	Doctors and Nurses Trained in DOTS	273	702
	Medical Technologists Trained in Microscopy	104	297

HCDI	CHE Volunteers Trained	200	476
	CHE Committee Members Trained	-	165
World Vision	Trainers Trained in Basic Community Organization	-	96
	Trainers Trained in Basic Health Education	-	95
	TB Task Force Members Trained on DOTS	689	6,005
	TB Task Force Members Trained on Basic Health Education	624	1,737
	TB Classes Conducted by TB Task Force Members	348	786
TB-HIV	Health workers trained to provide HIV counseling	101	369
	Medical Technologists trained to do rapid HIV testing	20	20
NEC	Phil-ETR Orientation	140	140
	ETR Users' Training	288	288
	Data Management Training	48	48
	Booster Course in DATMAN	83	83
	Sustainability Workshop	65	65
	Skills Upgrading on DATMAN on ETR	27	27
NTRL	Service Deliverers Trained in Laboratory works for TB control	4	4
	Service Deliverers attended the National Laboratory Management Workshop	50	50
	Service Deliverers trained in DSSM	109	109
	Service Deliverers trained on QA for DSSM	27	27
	Service Deliverers who attended On the Job Training for TB Culture	7	7
	Service Deliverers who attended On the Job Training for DST	5	5
CARE	Staff and Volunteers trained on Capacity Building	40	40
	Staff and Volunteers receiving technical training on Childhood TB	39	39

Figure 2. People Reached

Implementer	Participants	Number	
		Fiscal Year	Cumulative
IDO	No. of new smear positive TB cases reported to National Health Authority	86,354	172,094
PhilCAT	All TB Cases detected through PPMDs	14,120	36,445
	New Smear-Positive Cases detected through PPMDs	6,456	16,568
HCDI	TB Symptomatics referred by TB-DOTS-CHE volunteers	617	1,069
	No. of SM+ Cases identified and supervised by TB-DOTS-CHE Volunteers	83	130
World Vision	TB symptomatics identified and referred by TB Task Forces	8,952	42,875
	New smear-positive TB cases identified and referred by TB Task Forces	1,486	6,303
	New smear-positive TB cases referred by TB Task Forces and supervised by them	1,087	4,774
TB-HIV	TB patients counseled for HIV testing	1,682	1,996
	TB patients tested for HIV	1,512	1,757
NTRL	MDR-TB Cases Detected	21	21
CARE	Barangay officials	82	82
	City Local Government officials	35	35
	Barangay Health Physicians, CHO and NTP Coordinators	22	22
	Church and Faith-Based Organization Leaders	56	56

Figure 3. Commodities Distributed

Implementer	Description	Number	
		Fiscal Year	Cumulative
IDO	Copies of Fixed Dose Combination (FDC) Manual for Doctors and Nurses produced and distributed nationwide	-	2,000
	Copies of FDC Manual for Midwives and Volunteer Health Workers as treatment partners	-	1,500
	Desktop computer set and LCD for NTP	4	4
PhilCAT	Annual Report 2007	-	1,069
	PPMD Poster (Solo)	-	26,700
	PPMD Poster (Family)	-	26,665
	PPMD Flyers	-	246,872
	Tent Card	-	6,490
	Referral Slip	-	5,607,300
	ISTC Brochures	-	11,766
	ISTC Patient's Charter Brochure	-	13,376
	ISTC Flyers	-	12,984
	You Are The Cure of TB Brochure	-	8,200
	PPMD Poster Flow Chart	-	4,239
	TB DOTS Directory (Phils.)	-	4,189
	TB DOTS Directory (Luzon)	-	2,367
	TB DOTS Directory (VisMin)	-	2,019
	Ubong 2 Linggo Poster	-	222,996
	Breathe and Speak Newsletter	954	954
	PhilCAT Primer	1,780	1,780
	Our Journey Together Annual Report 2008	2,871	2,871

Implementer	Description	Number	
		Fiscal Year	Cumulative
	PhilCAT Newsletter	1,000	1,000
	Annual Convention Flyer	6,000	6,000
HCDI	Food and Care Packages	-	61
	Life Support for Self-Sustaining Activities	-	30
World Vision	BCC materials developed and distributed	1,454,545	2,153,083

Figure 3. Commodities Distributed

Implementer	Participants	Number	
		Fiscal Year	Cumulative
IDO	Certification visits conducted in support to DOTS certification activities including LGU assistance on certification	17	17
	Program Implementation Review attended by 16 Centers for Health Development offices and ARRM	0	17
	Service points (hospital performing either as DOTS or hospital facilities referring TB patients supported through training	0	10
PhilCAT	NCC	0	1
	RCC	0	16
	PPMD Units	1	170
	PCC	2	2
HCDI	Barangays Covered		14
World Vision	Task Forces Organized	43	384
TB-HIV	DOTS facilities providing HIV counseling and testing for TB patients		19
NTRL	Adequately performing laboratories		1,171
	Laboratories providing culture and DST services		13
NEC	Functional workstations		41
CARE	Barangays Covered	5	5