

# THIRD QUARTERLY PERFORMANCE REPORT

01 April 2003 – 30 June 2003



Submitted to:  
**USAID/Manila**



By:  
**Chemonics International Inc.**  
**Contract No. 492-C-00-02-00031-00**

**THIRD QUARTERLY PERFORMANCE REPORT**  
**01 April 2003 - 30 June 2003**

**PHILIPPINE TIPS**  
**(Tuberculosis Initiatives for the Private Sector)**

**CONTRACTOR:** Chemonics International Inc.  
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## I. EXECUTIVE SUMMARY

The third quarter of the project's first year was both a period of significant accomplishments and internal growth. The significant accomplishments for the third quarter are summarized below:

**Policy and Finance:** The draft final report of the TB policy analysis of private sector participation in DOTS was completed at the end of this quarter. The study included a policy inventory and review to identify policy and research gaps and areas of possible policy interventions. The study also included an analysis of the TB health account that was designed to examine the financing burden of TB in the Philippines. A DOTS financing framework/strategy was also drafted as a preliminary step to the formulation of the TB policy reform agenda. The framework/strategy aims to establish a funding mechanism for a credit facility for start up DOTS programs and liquidity instrument for pooled TB drug procurement for the private sector partners. Solicitation of bids to conduct a financial analysis of existing DOTS programs is now underway. The analysis is intended to determine the critical factors for sustainability of DOTS programs, identify areas of financial vulnerability and recommend courses of action to address those issues

**Operations Research:** Scopes of work for the TB in the Work Force Study, the Pharmacy Initiatives to support DOTS services, and the Situational Analysis of DOTS Models were prepared. The first study commenced in July. The Situation Analysis of DOTS models is being rebid and expected to commence in August. All three studies are in support of DOTS model development. The workforce study will be used to determine where TB is most prevalent in the workforce and provide the necessary information to help in the design of DOTS service provision in the workforce. The pharmacy initiatives study consists of a rapid appraisal of options for pharmacies' participation in DOTS, and thereafter a design of a model for pharmacy involvement in the promotion or provision of the service. Finally, the situational analysis of DOTS models will assist the project and DOTS model implementers in designing and implementing effective programs.

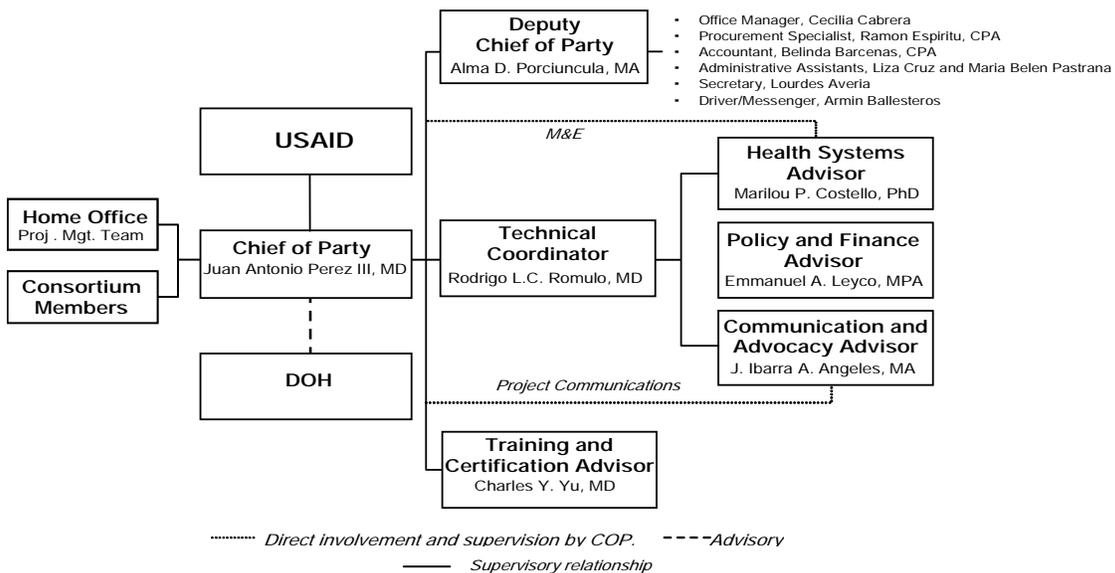
**Models Development and Replication:** TIPS initiated discussions with five implementers of pilot DOTS models. Memoranda of agreement have been prepared and signing will take place at the beginning of the fourth quarter. One of the significant results of this assessment was the refinement and identification of models that the project will develop. Presently, the project plans to enhance/develop ten (10) DOTS models, namely: hospital-based (with Manila Doctors Hospital); multi-specialty clinic (with FriendlyCare); local coalition (Cavite Coalition); corporate social responsibility (Unilab); HMO-based (PhilamCare); formal and informal workplaces (2 models); single-practice network (2); a pharmacy initiative.

**Training and Certification:** The TB DOTS Core Syllabus developed by the project was reviewed by an expert panel of health educators and discussed in a meeting with the deans of medical schools, through a workshop organized in collaboration with the Association of Philippine Medical Colleges (APMC) and PhilCAT. The syllabus was adopted by APMC

for use in the medical curriculum. The scope of work for a follow-on study, to examine the need for in service training of private physicians on DOTS was prepared. The certification guidelines prepared by the project have been accepted and adopted by PhilHealth and the PhilCAT Board.

**Communications and Advocacy:** The project moved to finalize a Request for Proposals for communications research and communications planning activities in support of an integrated communications strategy. Continuing support was given to other project tasks, including the TB syllabus workshop for Philippine medical schools and the TB in the workplace initiatives. Technical support also continued to be provided to project partners, including PhilCAT and ReachOut Foundation.

**Project Management:** During the quarter, project management was enhanced primarily through a semestral review that was the basis for updating the project’s first annual work plan. The review focused on assessing the assumptions made in the first annual work plan and current developments in the project’s external and internal environment. A new organizational chart (see below) was created to best address the working relationships of the TIPS team members and two project assistants were hired following the workshop to assist the technical team members in the implementation of project activities.



To complement the work plan review, the team started and is in the process of completing the TIPS Performance Monitoring Plan. The team conducted initial discussions with USAID on the draft PMP, and efforts to finalize that are ongoing, including incorporation of USAID’s comments. The final PMP is expected by September 2003.

With reference to the Updated Work Plan of PhilTIPS, the following areas of work were realigned to the next quarter due to technical constraints (consultants' availability, overlaps with other tasks and others): pharmacy initiative assessment, PhilCAT OD and Sustainability and certification management plan.

## II. OBJECTIVES, TASKS, AND DELIVERABLES

In support of USAID/Manila's SO 3, IRs 2.1, 2.2, 4.2 and 4.3, the TIPS project has been charged with the following objectives, tasks, and deliverables:

### 1) Objectives

Contribute to reducing TB prevalence in the Philippines, specifically increasing the successful diagnosis and treatment of TB patients by increasing the use of DOTS in the private sector. Further, the project will address the implementation and standardization of TB control and management in the Philippine private sector, and focus on improving public-private partnerships by assisting with the development of institutions that will establish strategic and sustainable measures toward long-term TB reduction.

### 2) Tasks

The project will focus on the following six tasks:

Task 1: Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.

Task 2: Operations Research. Best strategies identified to improve and expand DOTS implementation in the private sector.

Task 3: Develop/Create DOTS Models. Private sector models developed, implemented, and assessed at regional or local levels.

Task 4: Replication of DOTS Models. Best approaches/models are implemented and adapted in at least 25 strategic, urban sites nationwide with a potential for replication beyond those 25 sites.

Task 5: Training, Certification, Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools; improved treatment behavior of private service providers, project promotion, and support to other project tasks through an integrated communication program.

Task 6: Financing. National health care financing schemes that strengthen private sector delivery of TB control and cure services developed and implemented.

### 3) Deliverables

The project has seven deliverables. The first is an overarching deliverable, while the remaining six correspond to each task aforementioned.

- A. Baseline TB success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and a scale of measurement indicators of achievement of contract objectives.
- B. A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
- C. Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
- D. Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
- E. Best TB DOTS approaches/service models implemented in at least 25 strategic urban sites nationwide.
- F. Teaching and training of TB DOTS conducted in medical professional schools; and, an integrated communication campaign implemented to improve treatment behavior of private service providers, promote the project, and support other project tasks.
- G. Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

### III. PERFORMANCE OBJECTIVES AND ACCOMPLISHMENTS FOR THE QUARTER BY TASK

#### 1) Deliverable A: Baseline Data Collection and Performance Monitoring Plan (PMP)<sup>1</sup>

Deliverable A: Establish baseline success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and scale of measurement indicators of achievement of contract objectives
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Objectives:
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<sup>1</sup> Previously referred to as Monitoring and Evaluation (M&E) Plan

- Undertake the baseline survey on KAP of private physicians on TB treatment.
- Finalize the project's performance monitoring plan

Targets:

- Prepare scope of work and issue task order to a BOA holder for the conduct of the baseline study on private physicians' KAP
- Get USAID approval of TIPS PMP

Baseline Survey of Private Physicians' KAP: Following discussions with USAID, it was decided that the project will not conduct a nationwide providers study. Instead, it will do a more focused baseline survey on private physicians' KAP in the 25 replication sites. The team also decided to pre-identify strategic locations for replication sites (major urban cities and municipalities) based on population, TB incidence, number of TB-treating doctors and presence of potential champions of private sector participation in TB control. The project engaged the services of a short term consultant to prepare the sampling design as well as the Request for Proposals that will be used to find a company qualified to carry out the survey, which is expected to be completed by the end of July..

Performance Monitoring Plan: The team continued to discuss and improve the initial monitoring and evaluation framework. The team, together with a Chemonics home office PMP specialist, prepared a draft of the plan and presented this to USAID May 30. Based on the discussions with USAID, the PMP is being revised to reflect both the overarching and task-specific indicators. A finalized PMP will be submitted to USAID for approval in the fourth quarter of project implementation.

## 2) Task 1 (Deliverable B): Enabling Environment

Deliverable B: A comprehensive packet of policies, guidelines and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

Objectives:

- Finalize the TB Policy Agenda and action plan for the policy intervention studies

Targets

- Complete the TB Policy Assessment Study (*A Policy Analysis of Private Sector Participation in TB DOTS*).
- Conduct consultation meeting on the policy agenda with the TB Policy Core Group
- Present results of the study to USAID

TB Policy Assessment Study: The study entitled, *A Policy Analysis of Private Sector Participation in TB DOTS* was undertaken in the third quarter. In June, the draft final report was submitted and presented to USAID. The primary objective of the Policy Assessment was to evaluate the implications of existing TB policies, programs, and instruments on private physicians' provision of DOTS services. The evaluations were limited to the direct and anticipated effects of policies on the attitudes of private physicians toward DOTS services. The study included a policy inventory and review to identify policy and research gaps and areas of possible policy interventions. The final draft of this report is being edited and is expected for release by September 2003.

### 3) Task 2 (Deliverable C): Operations Research and Related Studies

Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector

Objectives:

- Prepare immediate OR work plan

Targets:

- Conduct situation analysis for the priority DOTS programs for pilot model development
- Prepare SOWs/Task Orders for other priority OR studies

Operations Research Studies: Four OR studies, all supporting the process of model development, were prioritized for the third quarter of project implementation.

- (1) TB in the workforce study – The workforce study will be used to determine where TB is most prevalent in the workforce and to provide information to assist in the design of DOTS service provision in the workforce. The study will be undertaken through a task order using the BOA mechanism. The study is scheduled to begin in July and will conclude at the end of August.
- (2) Situation analysis of existing DOTS clinics, including the assessment and documentation of the Unilab experience – This study will cover five DOTS models, namely: hospital-based (Manila Doctors); multi-specialty practice clinic (FriendlyCare); local coalition (Cavite Coalition/ De la Salle Medical School); HMO-based (PhilamCare) and corporate social responsibility model (Unilab). It will include an assessment of current operations and financing, recommendations on enhancements, assistance and monitoring of the enhancement program and preparation of replication guidelines. Prior to the preparation of replication guidelines, the model enhancement implementation will be evaluated by an independent third party. Using the BOA mechanism, the RFP for the study was issued during the third quarter. Evaluation is scheduled for mid-July.

- (3) Rapid field appraisal (RFA) of local drugstore practices and designing of options for pharmacy participation in DOTS – The scope of work for this study was prepared during the quarter. The assessment will start in early July and is expected to be completed by the end of August. The result of the study will be the basis for developing pilot pharmacy initiatives.

Basic Ordering Procurement Process: During the third quarter, seven BOA holders were selected through a competitive bidding process. The BOA holders currently signed to work with the TIPS project are:

1. Family Medicine Research Group (Manila)
2. The Demographic Research Development Foundation Consortium (UP Population Institute) (Quezon City)
3. The De La Salle University Research Consortium (Cavite/ Manila)
4. The Ateneo de Davao Research and Training Center (Davao City)
5. The Notre Dame University Research Center (Cotabato City)
6. Research Institute for Mindanao Culture, Xavier University (Cagayan de Oro City)
7. UP School of Economics (Diliman, Quezon City)

The Workforce Study was the first RFP released under the BOA mechanism. All seven BOA holders responded to the request for proposals and the study was awarded to DRDF.

#### **4) Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed**

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication

Objectives:

- Commence DOTS model development

Targets:

- Finalize implementation agreements with DOTS pilot model implementers
- Pursue the DOTS model development plan

DOTS model development: USAID and TIPS have come to an agreement regarding the models to be initially developed by the project. The current list of models that will be studied and developed includes:

1. Hospital based (Manila Doctors Hospital)
2. Local coalition (Cavite model based in De la Salle Health Sciences Campus in Dasmariñas Cavite)
3. Multi-specialty practice clinic (FriendlyCare)

4. Corporate social responsibility set up (Unilab)<sup>2</sup>
5. HMO-based (PhilamCare)
6. Formal workplace (Central Azucarera de Don Pedro, Toyota and American Standard)
7. Workforce model
8. Pharmacy Initiative
9. Single-practice network
10. Another single-practice model

The project will build upon the initiatives already initiated by the first five model implementers listed to enhance the current program. A memorandum of agreement between Philippine TIPS and the DOTS pilot implementers to formalize the collaboration for the model development was prepared and discussed with the five institutions' representatives. All implementers agreed to the technical assistance that TIPS will provide, including situation analysis, model enhancement, post evaluation of enhancements and documentation of best practices and preparation of guidelines for replication. The implementers committed to facilitate and participate in the technical assistance, provide the necessary information and effect policies or adopt guidelines that would be necessary to improve and institutionalize the models. To broaden the learning experience of DOTS implementers, the project is proposing to conduct a study tour in three countries that have model public-private mix DOTS programs, India, Kenya and the Netherlands.

Prior to developing a memorandum of agreement with institutions running the different DOTS models, a long preparatory process was undertaken. This included meetings with the DOTS implementers to clarify their willingness to participate in the development process offered by TIPS. This was followed by participation of the TIPS technical coordinator and Health Systems adviser in training workshops of some of the models (Manila Doctors Hospital, PhilAmCare, Cavite) in order to advocate further for their participation. Then meetings with representatives of management of the different mother institutions were conducted to obtain their commitment. Subsequently the details of the MOA's

The formal workplace models developed by PBSP are being implemented. The structure of the formal workplace model includes the following three variants: a referral system, partial service (i.e., observed treatment component), and stand alone/full DOTS service delivery on site. After signing letters of commitment to implement corporate TB in the Workplace policies, PBSP conducted management advocacy sessions, policy formulation workshops, and technical and operational training among the three pilot private sector DOTS in the Workplace program implementers, Central Azucarera de Don Pedro, Inc. (CADPI), American Standard, Inc. (ASI), and Toyota Motor Philippines Corporation (TMP).

Major activities implemented by PBSP during the quarter included:

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<sup>2</sup> The Unilab DOTS Program, which serves the immediate community of the company will merely be documented and the document disseminated to other companies who may be interested to set up a similar program.

- Top Management Orientation Sessions attended by department directors, managers and supervisors.
- Signing of Letters of Commitment articulating the companies' commitment to implement and sustain the DOTS in the Workplace program.
- Policy Formulation Workshops involving each company's DOTS Technical Working Group.
- Participation in the Sputum Microscopy Training involving medical technologists from CADPI and PBSP DOTS Project team.
- Program Management Training for DOTS in the Workplace, designed by PBSP and involving technical training, operations, and a best-practices study visit.
- Development and dissemination of DOTS advocacy/IED materials, targeted to top management and employees.

Outputs accomplished by PBSP to date are as follows:

- Letters of Commitment (LOC) formalized the commitment of the pilot companies to DOTS in the Workplace. Specifically, the pilot companies mandate a DOTS committee to oversee the implementation of the DOTS program.
- Top management has approved the Corporate TB in the Workplace Policy. Corporate policies embody DOTS as the strategy of choice in TB management.
- Participating companies developed their respective operations plans. Company plans cover capacity-building, TB diagnosis, treatment delivery and monitoring and evaluation.
- Program Management Training for DOTS in the Workplace specifically designed for workplace DOTS implementers was developed and piloted by PBSP.

Desk review of single practice (franchise-like) experience – The desk-review on the international experience has been completed and will be used as a reference in preparing the more detailed scope of work for the rapid appraisal and design of two single-practice network models for DOTS service provision among independent private practitioners. The study is scheduled to start in September.

#### 5) Task 4 (Deliverable E): Replicate models

<p>Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide</p> <p>Objectives:</p> <ul style="list-style-type: none"><li>▪ Pursue organizational development assistance to PhilCAT.</li></ul> <p>Targets:</p> <ul style="list-style-type: none"><li>▪ Finalize PhilCAT's strategic plan</li><li>▪ Prepare OD action plan</li><li>▪ Commence TA to priority capacity-building activities</li><li>▪ Perform an assessment of PhilCAT's capacity to receive a subcontract</li><li>▪ Establish a phased program for subcontracting activities</li></ul>
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Consistent with the TIPS work plan, there will be no programmed activity on model replication until January 2004.

PhilCAT organizational development: Progress was made this quarter in preparing PhilCAT to receive a subcontract under TIPS. The following actions are being undertaken in a highly participatory and collaborative manner with PhilCAT:

- Systems review prior to a subcontract: A systems review was completed by Ms. Ruba Freij in May 2003 and most recommendations resulting from that have been implemented by the PhilCAT staff. Ms. Freij identified four key items that need to be resolved prior to entering into a subcontract which include: establishing personnel files, hiring an accountant/bookkeeper, converting to QuickBooks accounting software and establishing indirect rates.
- Subcontract preparation: As a parallel action, we have drafted a subcontract using the same approach as per other subcontractors under TIPS. A draft has been reviewed by PhilCAT's Board, found agreeable to both sides and only awaits the indirect rates and fee for submission to USAID. Upon finalization of those rates, Chemonics will send the subcontract, a request for consent to subcontract, and other necessary accompanying information to USAID for approval. We expect to submit this to USAID by the end of July of early August 2003.
- PhilCAT organizational strengthening: The scope of work to prepare an organizational development and sustainability plan of PhilCAT was prepared and selection of consultants is underway. The study, which is a follow-through of the strategic plan, is scheduled to start in September.

#### 6) Task 5 (Deliverable F): Training, Certification, and Communication

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools; and, preparation of an integrated communication campaign to improve the treatment behavior of private service providers, promote the project, and support other project tasks

Objectives:

*Training and Certification*

- Formulate DOTS core syllabus for medical schools
- Establish certification system and secure approval from PhilCAT and PhilHealth
- Commence Master TB Educator Award Process
- Prepare TOT modules for DOT service delivery and certification

*Communication*

- Develop an integrated communication strategy and plan
- Develop and validate core project messages
- Develop specific communication interventions

Targets:

*Training and Certification*

- Conclude the preparation of the DOTS core syllabus for medical schools and conduct workshop to secure comments and adoption of the syllabus by the Association of Philippine Medical Colleges (APMC)
- Conclude the preparation of certification and quality assurance system for DOTS centers and seek formal approval from PhilCAT and PhilHealth
- Prepare the terms of reference of the Master TB Educator Award, which shall include the concept, criteria and process for selection, scope of grant and deliverables
- Prepare the training of trainers modules for DOTS service delivery and certification

*Communication*

- Complete integrated communications strategy (including crafting and testing of core messages and project branding) in cooperation with health research/communications planning agency and HO
- Complete RFP for developing project module on Continuing Medical Education
- Complete in-house survey of online habits of private providers in cooperation with the Philippine College of Chest Physicians (as basis for decisions on use of web-based information tools).
- Finalize SOW and issue RFP to document situational analysis of DOTS models.
- Edit and release one project document (BoD or NTPA) and publish in booklet form.
- Finalize corporate identity formats and materials

### **Tasks 5.1 and 5.2 Training and Certification**

DOTS Core Syllabus for medical schools: A DOTS core syllabus, including curricular design, teaching resources and an evaluation plan was validated by a TB expert panel, modified based on the comments of the expert panel, and presented in a project-sponsored workshop to the Association of Philippine Medical Colleges (APMC) on 30 May 2003. The participants included deans and faculty coordinators from the APMC membership. The main outputs of the workshop were a finalized syllabus, which incorporated the comments and suggestions of the participants, and formal APMC approval of the syllabus. In the same workshop, Philippine TIPS distributed a CD-ROM containing the Needs Assessment Surveys of Medical Schools related to the TB curriculum, curricular design for both innovative and traditional tracks, evaluation plan, various teaching materials and other relevant resources from different sources that the project deemed useful for the schools and instructors.

Training: The project will adopt a training-of-trainers approach to improve knowledge and use of DOTS in the Philippines. To broaden the reach of trainers the project, together with PhilCAT, initiated preparation of memoranda of agreement with medical professional societies to collaborate on the training program. The project will provide training resource materials and training of core trainers as selected by PhilCAT, consisting of doctors from PhilCAT's membership and representatives from medical professional societies. This group of Master Trainers will in turn train a trainers group within each of the medical societies which are party to the MOAs. Training of members within the societies will then be undertaken by the latter group. Agreements on the MOA have been reached with the following societies and formal signing is scheduled on 19 August 2003, during PhilCAT's 10th annual convention:

- Philippine College of Physicians
- Philippine College of Chest Physicians
- Philippine Academy of Family Physicians
- Philippine Society of Microbiology and Infectious Disease
- Philippine College of Occupational Medicine

DOTS Certification System: The certification system outlining the criteria and process, quality assurance and training and evaluation plan was completed this quarter. The report was screened by members of the project technical team, PhilHealth and DOH, prior to finalization. The certification system was also formally ratified by the PhilCAT Board and PhilHealth. To date, eight DOTS centers have been certified by PhilHealth.

To complement the certification guidelines, a scope of work for the preparation of a certification and management plan has been prepared. The study starts in July. The final output will serve as a guide for establishing the institutional structure that oversees the certification process and a management and operating system to guide the set up of certifying agencies that may be accredited by PhilHealth.

Master TB Educator Award: A broad overview of the MTBEA was presented in the project workshop for APMC, and feedback was requested from the participants. In addition, NTBC did a desk review of the National Institute of Health's similar grant program. The concept paper of the MTBEA was then refined and the terms of reference for the grant outlined. The MTBEA will provide about five grants to medical schools, with an average amount of the peso equivalent of US\$20,000, valid for one year. The grant could be used to fund personnel and operating cost of establishing or improving TB curriculum, with the ultimate purpose of sensitizing and training of future medical practitioners on the use of DOTS for treatment and control of TB. The competition will be open to all colleges within the APMC, excluding government entities. The call for grant proposals is scheduled in July and the three grants should be awarded by end of August.

### 5.3 Communication

Integrated communication strategy: A preliminary concept paper on project communications and advocacy needs was developed. A scope of work for communications research and communications planning leading to an integrated communications strategy was completed and made the basis of a Request for Proposals (RFP), scheduled for issuance in the fourth quarter.

A separate RFP is being formulated for the development of a Continuing Medical Education (CME) module for the project. This will likely include the generation of case studies on CME experiences in the country.

Communication support to other tasks: Support to the APMC workshop was provided through the preparation of a Philippine TIPS CD-ROM containing resources and references on DOTS. Technical support was provided to the TB in the workforce initiatives of consortium member Philippine Business for Social Progress (PBSP) through participation in a TB in the workplace planning workshop. Continuing technical support was provided to partners, including inputs to a ReachOut Foundation roundtable on its 30-second TV commercials addressing TB de-stigmatization, and to PhilCAT on publicity planning for the 10th annual PhilCAT convention.

The project also organized a consultation and presentation to stakeholders in April on the activities and messages of TB communication programs of various agencies. The TB communication programs were presented from ReachOut Foundation De-Stigmatization Trimedia Campaign, Kusog Baga World Vision, Global Fund Social Marketing Campaign World Vision, National Campaign for TB Department of Health, Stop TB Initiative World Health Organization WPRO.

### 8) Task 6 (Deliverable F): Financing

Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

Objective:

- Undertake groundwork studies to promote reimbursement programs from private health groups
- Establish financial viability of DOTS models

Targets:

- Commence study on DOTS financing framework
- Develop arrangement for PhilHealth and HMO complementation of outpatient TB benefit package
- Undertake financial analysis of DOTS models

DOTS Financing Framework/Strategy: As part of the National TB Policy Assessment: *Policy Analysis on Private Sector Participation in TB DOTS*, a TB health account was designed and used as instrument to examine the financing burden of TB in the country. Following the design of the National Health Accounts within the National Statistical Coordination Board, the matrix shows different sources and uses of the financial resources for TB control in the country. The study indicated that households constitute the single biggest sources of funds for tuberculosis, contradicting the expectation that TB is a government financing burden.

To help address the high cost of TB treatment, a DOTS financing framework/strategy was prepared. The framework/strategy aims to establish a funding mechanism for a credit facility for start up DOTS programs and liquidity instrument for pooled TB drug procurement for the private sector partners.

TB Insurance Benefits Package: The TB benefit package of PhilHealth, providing P4,000 per TB patient in an accredited DOTS program, offers vast opportunities for development of responsive financing programs for DOTS. The package is awaiting a final circular from the PhilHealth management that will spell out policies and procedures for accreditation and availment of benefits. A draft memorandum of agreement has been submitted to PhilHealth management for their review and awaiting their approval. PhilTips will provide technical assistance to PhilHealth that will help them with setting up the mechanism for TB DOTS program certification, claims processing and monitoring. It will also explore with PhilHealth ways to maximize the TB benefit package by setting up a TB reserve fund based on two year actuarial projections. Such technical assistance will also explore liquidity instruments that can be developed for the reserve fund.

Financial Modeling for DOTS Programs: Input to the tools for situational analysis helped create the financial model for DOTS programs. The financial analysis will identify the DOTS programs' sources and uses of funds; prepare historical financial statements that include income statements, balance sheets, and cashflow statements; and analyze the financial performance of DOTS programs. This analysis is intended to determine the critical factors for sustainability of DOTS programs, identify areas of financial vulnerability, and recommend courses of action to address those. The recommended financial management enhancement will include finance management policy, DOTS program financing structure, and overall financial management strategy, to ensure financial viability of DOTS programs as a business concern.

## **9) Project Management Activities**

The team conducted a semestral review of the first year work plan in April 2003. The review took into consideration the validity of assumptions made earlier and new developments in the project environment. Although the fundamental strategies remained, the activities of the project tasks were recalibrated, modified, expounded or reprogrammed.

The centerpiece of the first year work plan was the development of DOTS models and other tasks were deliberately prioritized (e.g., operations research and financing) to directly support model development. The basic DOTS models identified in the earlier work plan were also maintained but conceptual structures redefined, so that the 10 variants mentioned in Task 3 emerged.

Preparation of the Grants Manual: Chemonics home office grant specialists drafted the grants manual, consisting of an internal manual for TIPS' reference and guidance, and a handbook for grant applicants. In parallel, USAID approval of grant authority to Chemonics was secured. The project intends to give its first grants in August 2003.

Monitoring & Evaluation: The Field Office, working with Home Office support, has developed the project's Performance Monitoring Plan. After two sessions with USAID and several revisions, the PMP will be re-discussed with USAID in the fourth quarter of the project.

#### **IV. OUTSTANDING ISSUES AND OPTIONS FOR RESOLUTION**

##### **1) Task 5 (Deliverable F): Training and Certification**

USAID has repeatedly indicated that the project broaden the reach of its capacity building within and outside of PhilCAT. While PhilCAT remains the main sustainability element of the project, we have and will continue to address this concern by ensuring broader participation in the development activities of the project. PhilCAT is fully supportive of this approach. In fact, it has initiated partnerships and is the project's conduit or facilitator in actively involving other players in TB control. Cases in point are the collaboration with APMC on the TB DOTS syllabus, and MOAs with professional societies for the training of private practitioners on basic DOTS delivery and certification.

Related to ensuring a broader reach of clientele, the project as mentioned in the last quarterly report has adopted a train-the-trainer approach for basic DOTS training, which will benefit a core training group and training groups organized in specific societies. It has prepared a certification system, which will be presented in trainings of certifiers, and potential certifiers from professional societies. The certification management and operations plan that the project will develop, will likewise be made available to PhilCAT and other potential certifying groups.

##### **2) Task 6 (Deliverable G): Financing**

The PhilHealth TB outpatient benefit package, though approved, still has not been operationalized. PhilHealth expects that once in operation, a number of adjustments may have to be made. It also anticipates the need to improve its quality assurance system. In this regard, the project in consultation with PhilHealth has prepared a MOA that calls, among others, for provision of technical assistance by the project to PhilHealth.

## V. STATUS TOWARD ACHIEVING SUSTAINABILITY OF EFFORTS

With PhilCAT's support, the project is continually broadening its network of partner institutions that are involved in one way or the other with TB control. Below is a list of collaborative initiatives with various groups:

<ul style="list-style-type: none"> <li>▪ PhilCAT</li> </ul>	<ul style="list-style-type: none"> <li>▪ A systems review was performed to assess the organization's situation prior to issuing a subcontract.</li> <li>▪ Preparation was initiated on the subcontract, to be awarded to PhilCAT upon determination of the organization's NICRA rates.</li> <li>▪ A scope of work was prepared for organizational development and the consultants are being recruited for a September assignment.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Association of Philippine Medical Colleges</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assisted in finalization of TB DOTS syllabus and adoption for use as reference in medical colleges</li> <li>▪ Currently assisting in the selection of grantees for the Master TB Educator Award (MTBEA)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Professional Societies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will participate in trainers training and eventually carry out the DOTS training within its membership</li> <li>▪ Will assist in advocacy for DOTS among its members</li> </ul>
<ul style="list-style-type: none"> <li>▪ Policy Core Group (with representation from providers, academe, financing institutions, and government)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide validation of issues and feedback on policy recommendations</li> </ul>
<ul style="list-style-type: none"> <li>▪ DOH</li> </ul>	<ul style="list-style-type: none"> <li>▪ Currently assisting in the selection of grantees for the MTBEA</li> <li>▪ Participates in policy discussions</li> </ul>
<ul style="list-style-type: none"> <li>▪ PhilHealth</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will work with the project to improve the TB Benefit Package and explore financing options</li> </ul>
<ul style="list-style-type: none"> <li>▪ Local Consulting Service Contractors</li> </ul>	<ul style="list-style-type: none"> <li>▪ It is hoped that the task orders of Philippine TIPS will develop the capacity of local consulting contractors in TB-related operations research and policy development.</li> </ul>

The ongoing work of the project on institutional capacity building, e.g., support to pre and in service training on DOTS, MTBEA, certification system and management plan, DOTS model operations research and policy assessment will be a major contribution toward sustaining the efforts on TB control over the long term.

## VI. PERFORMANCE OBJECTIVES FOR THE NEXT QUARTER

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
<b>Deliverable A</b>	
<ul style="list-style-type: none"> <li>• Finalize a performance monitoring plan.</li> </ul> Undertake the baseline survey on KAP of private physicians on TB treatment	<ul style="list-style-type: none"> <li>• Get approval for TIPS performance monitoring plan.</li> <li>• Prepare scope of work and issue task order to a BOA holder for the conduct of the survey.</li> </ul>
<b>Deliverable B/ Task 1</b>	
<ul style="list-style-type: none"> <li>• Finalize the TB policy agenda and action plan for the policy intervention studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete edit of the TB Policy Assessment Study.</li> <li>• Conduct consultation meeting on the policy agenda with the TB Policy Core Group.</li> </ul>
<b>Deliverable C/ Task 2</b>	
<ul style="list-style-type: none"> <li>• Conduct priority OR studies</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct situation analysis for the priority DOTS centers for pilot model development.</li> <li>• Conduct the baseline survey on private physicians' KAP in replication sites</li> </ul>
<b>Deliverable D/ Task 3</b>	
<ul style="list-style-type: none"> <li>• Commence DOTS model development.</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize/ sign MOAs with DOTS pilot model implementers.</li> <li>• Pursue the DOTS model development plan.</li> </ul>
<b>Deliverable E/ Task 4</b>	
<ul style="list-style-type: none"> <li>• Prepare OD and sustainability plan of PhilCAT.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake OD and sustainability study for PhilCAT and prepare action plan for priority capacity-building activities.</li> <li>• Finalize subcontract with PhilCAT</li> </ul>
<b>Deliverable F/ Task 5</b>	
<ul style="list-style-type: none"> <li>• Prepare in-service training program for basic DOTS service and certification</li> <li>• Award Master TB Educator Grant to three medical schools.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare the training-of-trainers modules for DOTS service delivery and certification and conduct train-the-trainer sessions</li> <li>• Prepare the terms of reference for the Master TB Educator, which shall include the concept, criteria and process for selection, scope of grant and deliverables.</li> </ul>

<ul style="list-style-type: none"> <li>• Develop integrated communications strategy</li> <li>• Support other project tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete integrated communications strategy (including crafting and testing of core messages; project branding) in cooperation with health research/ communications planning agency and HO.</li> <li>• Complete RFP for developing module on Continuing Medical Education</li> <li>• Complete in-house survey of online habits of private providers in cooperation with the Philippine College of Chest Physicians (as basis for decisions on use of web-based information tools).</li> <li>• Finalize SOW and issue RFP to document situational analysis of DOTS models.</li> <li>• Edit and release one project document (BoD or NTPA) and publish in booklet form.</li> <li>• Finalize corporate identity formats and materials.</li> </ul>
<p><b>Deliverable G/ Task 6</b></p>	
<ul style="list-style-type: none"> <li>• Undertake groundwork studies on promoting reimbursement programs from private health groups.</li> <li>• Establish financial viability of DOTS models.</li> </ul>	<ul style="list-style-type: none"> <li>• Commence the study on DOTS financing framework.</li> <li>• Develop arrangement for PhilHealth and HMO complementation of outpatient TB benefit package.</li> <li>• Undertake financial analysis of DOTS models.</li> </ul>