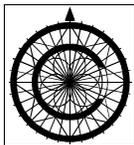


**UPDATED WORK PLAN
OF THE PHILIPPINE TUBERCULOSIS
INITIATIVES FOR THE PRIVATE SECTOR
(TIPS) PROJECT
01 OCTOBER 2002 – 31 DECEMBER 2003**



Submitted to:
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By:
Chemonics International Inc.
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ACRONYMS USED

APMC	Association of Philippine Medical Colleges
BOA	Basic Ordering Agreement
BoD	Burden of Disease
CA	Cooperating Agency
CLIN	Contract Line Item Number
CUP	Comprehensive and Unified Policy for TB Control in the Philippines
DOH	Department of Health
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment, Short-course
FriendlyCare	FriendlyCare Foundation, Inc.
HMO	Health Maintenance Organization
IR	Intermediate Results
IT	Information Technology
KAP	Knowledge, Attitudes, and Practices
M&E	Monitoring and Evaluation
MDH	Manila Doctors Hospital
MOP	Manual of Procedures
MOA	Memorandum of Agreement
NTBC	New Jersey Medical School National TB Center
OD	Organizational Development
OPHN	Office of Population, Health, and Nutrition
OR	Operations Research
PBSP	Philippines Business for Social Progress
PhilCAT	Philippine Coalition Against Tuberculosis
PhilHealth	Philippine Health Insurance Corporation
PHN	Population, Health, and Nutrition
PR	Public Relations
PTSI	Philippine Tuberculosis Society, Inc.
ReachOut	ReachOut Foundation International
RFA	Request for Applications
RFP	Request for Proposals
SO	Strategic Objectives
SOW	Scope of Work
STTA	Short-term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TIPS	Tuberculosis Initiatives for the Private Sector
Unilab	United Laboratories, Inc.
USAID	United States Agency for International Development
WHO	World Health Organization

I. OVERVIEW

1. Background

The Philippine TIPS project prepared its first annual work plan during the start-up period in November 2002. After six months, the team conducted a semestral review and made revisions to that work plan as it relates to the remaining portion of the first year of operation. These revisions reflect a better appreciation of the TIPS project environment.

This document presents the status of the main project tasks as well as the planned activities and schedule for the period of April to December 2003.

Philippine TIPS Objectives, Tasks, and Deliverables

Objectives: To increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85% using DOTS through commercial private sector services.

Tasks:

- Task 1: Establish enabling environment.
- Task 2: Conduct operations research to improve/expand DOTS implementation.
- Task 3: Develop/ create DOTS models.
- Task 4: Replicate DOTS models in at least 25 strategic sites.
- Task 5: Provide training, certification and communication support to DOTS implementation in the private sector.
- Task 6: Undertake financing studies to strengthen private sector participation in TB control.

Deliverables:

- Deliverable A: Baseline success rate data and scale of measurement indicators.
- Deliverable B: Comprehensive packet of policies, guidelines and regulations to strengthen TB DOTS.
- Deliverable C: Best strategies on DOTS delivery identified through OR.
- Deliverable D: At least two (2) private sector DOTS models.
- Deliverable E: Replication of DOTS models in 25 strategic sites nationwide.
- Deliverable F: Teaching/training and certification on DOTS and treatment behavior change campaigns for private providers.
- Deliverable G: Financing and reimbursing program for DOTS services.

2. Approach to the Semestral Review

The results of the situation analysis undertaken in the project tasks were reviewed and used to validate assumptions made in the original work plan. The review showed that while cornerstone strategies remain applicable, tactical approaches needed to be altered to reflect proper timing and build up requirements of the original work plan. For instance, the immediate creation of a TB

Commission does not appear to be the most effective approach to mobilize policy support at this time, and school-based DOTS is not an effective private sector model to develop.

For the first year, the team agreed that the project focus will be model development. Thus the prioritization of the activities in the other tasks will be driven by how they would contribute to the development of those models. This does not mean postponing other strategic, long gestating institution-building activities, but rather the use of resources is calibrated to ensure that model development will receive the greatest emphasis.

The semestral review was conducted in two phases. The first phase consisted of a teambuilding exercise that helped to rationalize the prioritization and convergence of project activities to a common goal. The second phase was conducted with home office participation and focused on the enhancement of the project management and organizational structure, detailed review of the status of tasks, and revisions of the work plan.

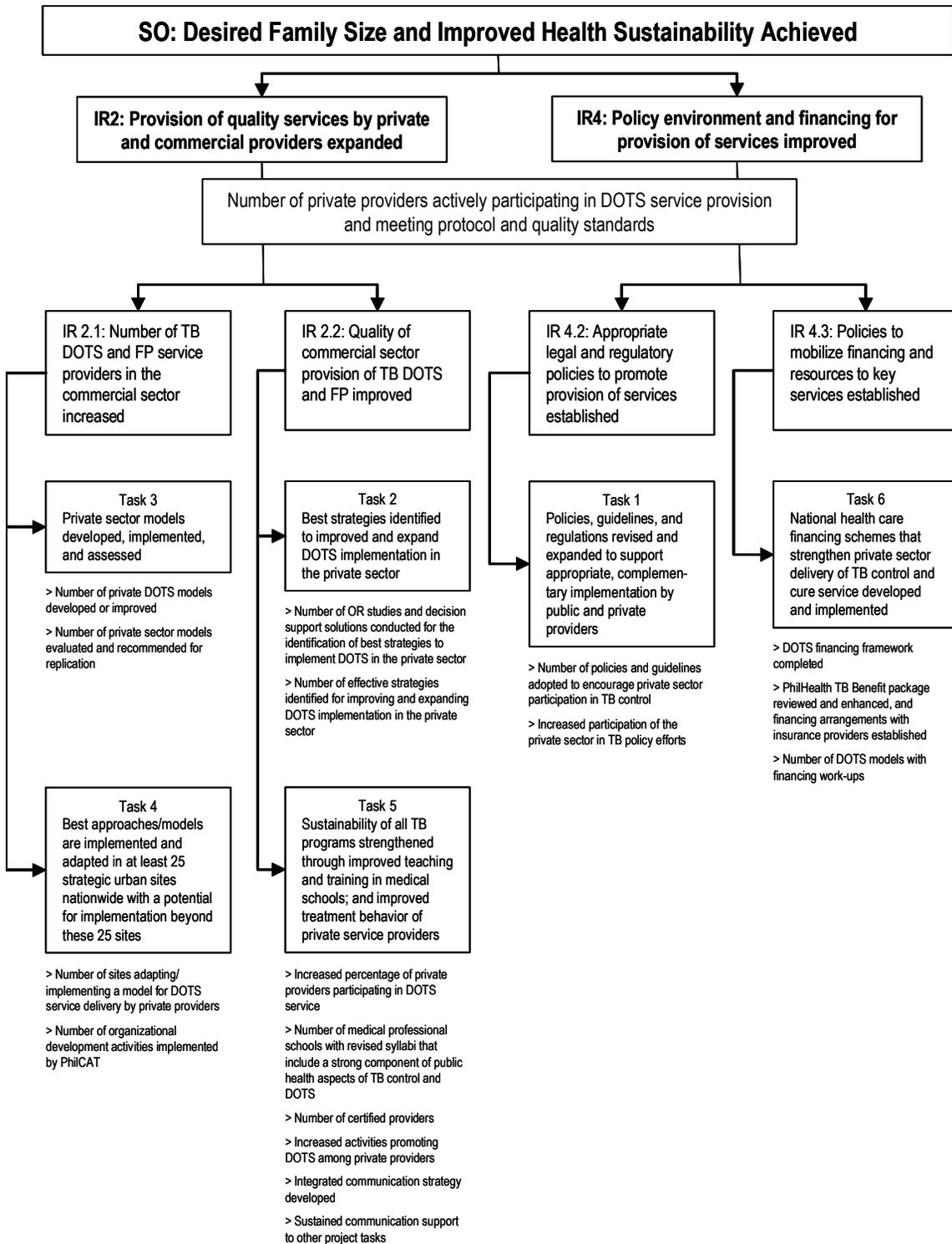
Four Pillars of the Technical Approach

- Enhance and create demand driven solutions.
- Leverage open society and media.
- Build on existing infrastructure.
- Maximize the mix of public-private problem solving bodies.

3. Integration with USAID/Philippines Results Framework

As previously proposed, the performance monitoring plan (PMP) of the project will be linked to the intermediate results of the mission results framework, in order to show how work under the project supports achievement of the Mission's PHN SO. Exhibit 1 shows the link of project tasks to Intermediate Results (IRs) 2.1, 2.2, 4.2 and 4.3. The preliminary indicators of achievement are also presented in the same exhibit. The overarching indicator of the project across all tasks, i.e., *number of private providers actively participating in TB DOTS services provision and meeting protocol and quality standards*, supports IR 2 and IR 4 (a revision from the previous work plan).

Exhibit 1
Relationship between Philippine TIPS Tasks and USAID/Philippine's Results Framework for Health



Note: Text below each task are illustrative in the Project Management Plan (PMP)

II. IMPLEMENTING CONTRACT DELIVERABLES AND TASKS

This section highlights the status of the project tasks and deliverables and the activities to achieve the first year targets. It should be read in conjunction with the Gantt chart (Exhibit 2), which outlines the major activities, primary responsibilities and a timeline.

1. **Deliverable A: Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives.**

Task Managers – Chief of Party (Dr. Juan Antonio Perez III) and Health Systems Advisor (Dr. Marilou Palabrica-Costello).

1) Status

After a review of two studies on the knowledge, attitudes and practices (KAP) of private physicians on TB control, it was decided that while these studies were good references, they were insufficient for the purposes of the project.¹ The team therefore recommends conducting a national baseline survey on private physicians' KAP, which will include a mapping of these physicians which will aid TIPS in determining the strategic spread of the replication sites and targeting for other project interventions. The project's performance monitoring plan, including indicators, will be prepared with the assistance of Chemonics International's home office Monitoring and Evaluation specialist and will be submitted to USAID in June 2003.

2) Activities and Schedule

Activities	Schedule
a. Conduct BOA provider baseline study	May 2003 – January 2004
b. Establish computer-based M&E system in TIPS	May 2003
c. Present draft M&E Plan to USAID	June 2003
d. Finalize M&E Plan	June 2003

2. **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.**

Task 1 – Enabling Environment (IR 4.2).

Task Manager – Policy and Finance Advisor (Prof. Emmanuel A. Leyco).

1) Status

Policy Assessment: The Policy Assessment will evaluate the implications of existing TB policies on private physicians' provision of DOTS services. Factors that impede or enhance private sector participation in delivering and financing TB DOTS will be identified and ana-

¹ *Current Trends in TB Management by Private Physicians in the Philippines: A Survey in Five Private Health Settings* (PhilCAT and CDC, 2002), and *Private Practitioners and Tuberculosis Control in the Philippines: Strangers when they meet?* (Medicos del Mundo Tuberculosis Project in the Philippines, 2000).

lyzed and policy and research gaps will be identified for possible policy interventions. Following the policy assessment project, an action plan will be formulated to push for policy development activities in the areas of service delivery and financing.

TB Policy Core Group: In early attempts to form the proposed TB policy commission the TIPS team recognized the necessity of initially working with the TB stakeholders group that had been previously formed by the joint initiatives of the DOH and PhilCAT. This stakeholders group was behind the TB Summit of March 2003, which saw the launching of the *Comprehensive and Unified Policy for TB Control in the Philippines (CUP)*, with technical and financial support from the TIPS project.

TIPS is working to form a TB Policy Core Group from this stakeholders group which will eventually form the nucleus of the proposed TB Policy Commission. Key members of the stakeholders' group have participated in three major TIPS events (Burden of Disease symposium, technical discussion of the BoD by academics and scientific researchers and roundtable TB policy discussions).

2) Activities and Schedule

Activities	Schedule
a. Finalize the Policy Assessment for Private Sector Participation in TB DOTS	June 2003
b. Prepare the Policy Enhancement Agenda for Private Sector Participation in TB DOTS	June 2003
c. Prepare MOA for TB Policy Core Group	June 2003
d. Convene and Formally Launch National TB Policy Core Group	August 2003 (National TB Day)
e. Prepare the Policy Action Plan for Strengthened Private Sector Participation in TB DOTS	September 2003
f. Implement Policy Action Plan	
g. Carry out additional studies as needed	

3. **Deliverable C: Best strategies identified to improve and expand DOTS implementation in the private sector.**

Task 2 – Operations research.

Task Manager – Health Systems Advisor (Dr. Palabrica-Costello).

1) Status

In year one operations research will focus on establishing baseline data for the performance monitoring plan, and development of DOTS models. Most OR activities are described under the tasks to which they relate. Those activities include:

- work place study;
- provider study;
- model assessments.

In further support of model development, OR has been tasked to examine where the TB problem in the workplace is the greatest, in order to help develop an appropriate strategy for addressing TB in the workplace. This decision was reached after an initial review by PBSP revealed a significant “healthy worker bias” in the workplace, particularly in the formal setting since potential TB sufferers are screened out during the job application process. Hence, the possibility of re-directing initiatives toward the informal sector will be examined.

2) Activities and Schedule

Activities	Schedule
a. Convene the OR Working Group for (1) updating of current status (2) solicit suggestions on (a) future directions and (b) prioritization of OR activities	June 2003
*See activities and schedules related to model development in Task 3	

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

Task 3 – Private sector models developed, implemented, and assessed at regional or local levels (IR 2.1).

Task Manager: Technical Coordinator (Dr. Rodrigo L.C. Romulo) working in collaboration with the Health System Advisor on the Operations Research components

1) Status

In the semestral review the team decided to continue the development of DOTS models in the following settings: hospital-based, clinic-based, HMO-based, workplace-based, and pharmacy-based. Model development will follow a two-pronged approach: the first approach will build on existing initiatives such as the Manila Doctors Hospital (hospital-based), Friendly-Care (multi-specialty clinic), Cavite local coalition (single-practice clinic organized through a local coalition and partnership with an public health unit), PhilamCare (HMO); the second approach will entail *de novo* development of models such as the workplace, single-practice network under a franchise-like arrangement, and pharmacy-based.

DOTS Models:

Hospital, Manila Doctors Hospital

Local Coalition, Cavite

Multi-speciality Clinic, FriendlyCare

Health Maintenance Organization (HMO), PhilamCare

For the models listed above, project intervention will focus on the enhancement and documentation of guidelines and best practices. The team has obtained agreements from the implementers to work with TIPS on the enhancement of the models And the next steps in model development for each of these locations will be:

- The collaboration between TIPS and the implementers will be formalized in a memorandum of agreement;
- Through a BOA holder, TIPS will provide assistance for conducting a situation analysis, which would result in recommendations on enhancements and implementation of model enhancements jointly with the DOTS implementers;

- After the implementation of enhancements the project will commission an independent consultant who will assess the model and recommend refinements if necessary;
- The project will organize a study tour for the DOTS model implementers to enable them to see first hand DOTS best practices;
- The BOA holder will prepare the operating guidelines, which will be the basis for replication.

Work place (PBSP), Toyota, American Standard, CADP

PBSP has progressed as planned, though the number of TB patients identified in large and medium enterprises in the formal sector was minimal. It was concluded that this is largely due to pre-employment screens used in workplaces in the formal sector. To address this, TIPS and PBSP agreed that a study should be undertaken to identify where TB patients cluster in the workforce and to guide the development of a workplace model that would have wider reach. The development of TB in the “large” workplace models is still considered important and PBSP will continue the plans for developing models in the three large workplaces identified.

Single-practitioner, TBD

For the single-practice network using a franchise-like approach the project will engage short-term consultants to perform a review of similar set ups and prepare the concept of the model. A BOA holder will then be contracted to do the pilot implementation of the model and, after implementation, an independent consultant will assess the model and recommend any changes or refinements. Thereafter the BOA holder will prepare the implementation guidelines for replication of these models.

Pharmacy Initiative, TBD

Implementation of the pharmacy initiative will follow the same procedures as that of the single-practitioner model.

Corporate Social Responsibility (CSR), Unilab

The existing Unilab setup will be assessed, documented, further developed if necessary, and disseminated to other companies as appropriate.

Embassy Screening, St. Luke’s Hospital

Pending additional guidance from USAID, TIPS may pursue further development and replication of DOTS sites performing TB screening and treatment for the US Embassy.

2) Activities and Schedule

Activities	Schedule
a. Conduct TB in the Workforce Study through BOA	May 2003 – August 2003
b. PBSP to design and implement TB DOTS model for workforce in the informal sector	September 2003 – December 2003
c. Assess and document Unilab model	June 2003 – July 2003
d. Compete through BOA the situation analysis, model enhancement and preparation of best practices guidelines of MDH, Cavite, PhilamCare, and FriendlyCare	June 2003 – August 2003
e. Conduct study tour for DOTS model implementers	September 2003

Activities	Schedule
f. Implement situation analysis, enhancement plan and prepare implementation guidelines for the above models	August 2003 - February 2004
g. Conduct assessment after implementation of model enhancements	November 2003 – December 2003
h. Review, develop and implement single-practice network model following a franchise-like approach	May 2003 – December 2003
i. Review and develop pharmacy initiatives in support of DOTS models	October 2003 - January 2004

5. Deliverable E: Best TB DOTS approaches/services models are implemented in at least 25 strategic urban cities/ large municipalities nationwide.

Task 4 – Replicate models (IR 2.1).

Task Manager: Technical Coordinator (Dr. Romulo).

1) Status

Activities for model replication will begin in January 2004.

PhilCAT organizational development: As project sustainability relies on PhilCAT’s ability to continue the project’s objectives, in addition to cultivating a close partnership with PhilCAT, the project will support the coalition's organizational development. An initial activity leading to institution building was a strategic planning exercise that clarified the vision, mission, key result areas, strategies, and development targets of the organization. The strategic plan resulting from that workshop is expected to be finalized in May 2003.

The strategic plan will be followed by an organizational development exercise with a sustainability plan which will prioritize technical assistance needed from TIPS and the schedule of implementation. OD assistance to PhilCAT will be implemented throughout the life of the project.

The immediate objective of this OD assistance is to facilitate the subcontracting capability of PhilCAT. In May, Chemonics will send a home office staff member who will assess the institutional capabilities of PhilCAT and following that assessment, depending on the results, assistance will be provided by the project to PhilCAT to enhance its administrative and management systems, allowing it to meet subcontracting requirements. The subcontract will initially cover the services of the training and certification advisor, but over time the scope may be expanded to devolve more work from the prime.

2) Activities and Schedule

Activities	Schedule
a. Finalize strategic plan	May 2003
b. Conduct assessment of institutional capabilities	May 2003
c. Prepare work plan for immediate assistance on basic administrative and management systems to meet subcontracting requirements	May 2003
d. Implement work plan on immediate assistance	June 2003 – July 2003
e. Enter into subcontract with PhilCAT for the services of training and certification advisor	August 2003
f. Prepare OD and sustainability action plan	July 2003
g. Begin implementation OD and sustainability action plan	August 2003

6. Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and an integrated communication strategy implemented to improve the treatment behavior of providers.

Task 5A – Integrated Communication Strategy.

Task Manager: Communication and Advocacy Program Advisor (Mr. Jose Ibarra A. Angeles).

1) Status

A full-time communication and advocacy program advisor joined the TIPS team in January 2003.

Preparatory work was undertaken toward developing an integrated communication plan, using the framework prepared by Chemonics home office communication experts. The project will continue to refine its understanding of key target audiences, core messages, communication objectives, and will finalize corporate "branding" for project materials and outputs. The preliminary communications plan contains directions for project outreach activities and a public relations (PR) campaign. In the next quarter, the project will hold consultations with partners that have existing TB communication campaigns in order to harmonize messages and dissemination plans.

Coordination meetings will continue with ReachOut Foundation International, particularly in the development of its media and promotional material, where members of the TIPS technical team assist as TB content experts. In March, this cooperation focused on activities leading to the commemoration of World TB Day (March 24), and on ReachOut's advocacy project to de-stigmatize TB and promote proper TB treatment.

A monitoring and evaluation scheme for communication activities will be finalized in June 2003.

Project Communications: A series of research activities will be conducted with the help of a communications research organization to develop a more detailed profile of the private provider audience, formulate project core messages, and map out appropriate channels for deliv-

ering these messages. Based on the results of this research and subject to validation (i.e., pre-testing), communication materials/activities could include: point-of-service materials (e.g., a DOTS seal, chart reminders, etc.), academic detailing scheme, DOTS info kit (both hard copy and CD-ROM), Philippine TIPS Website, email bulletin or listserv.

A site-specific communications program will be developed and piloted in October to assist the DOTS models. This will include a component for building TB advocacy at the local level, and a scheme to enhance peer esteem based on the concept that DOTS empowers and enhances private clinic practice.

Provide PR Support to Project Tasks: The project made effective use of the news media to promote the BoD study. PR support will continue to be provided for each key project task. Publicity will be generated using a variety of channels for other project activities and events, to include activities that could enhance news reporting about the project and private sector TB DOTS. These will include journalist workshops and news briefings. As needed, technical and resource support will be given to the communication, advocacy, and PR needs of Phil-CAT and other partners.

2) Activities and Schedule

Activities	Schedule (2003)
Integrated Communication Plan	
a. Prepare integrated communication strategy	March-May
b. Carry out project outreach activities	May-July
c. Develop project PR plan	May-June
d. Support coordination with ReachOut and USAID cooperating agencies (CAs) working with private sector	February-December
e. Promote synergy of messages with other TB-DOTS institutions	May-June
Project Communications	
f. Carry out communications research	May- September
g. Launch communications program in model sites	
i. Pilot point-of-service (e.g., DOTS seal, chart reminders, etc.)	October-December
ii. Pilot academic detailing in selected model sites	October-December
h. Undertake project PR plan	June-December
Provide PR Support to Project Tasks	
i. Develop PR support mechanics for each task	May
i. Disseminate policy initiatives	February-December
ii. Disseminate OR results	September-December
iii. Disseminate and create demand for training	July-December
iv. Disseminate and create demand for certification	July-December
v. Disseminate health financing initiatives	September-December
vi. Disseminate communication initiatives	September-December

Task 5B – Training.

Task Manager: Training and Certification Advisor (Dr. Charles Y. Yu).

3) Status

TB DOTS syllabus: The preparation of the core TB DOTS syllabus was started in January by TB content and instructional design experts. The draft syllabus will be presented for approval and implementation by the Association of Philippine Medical Colleges (APMC) at the end of May 2003. Final output will be an APMC-approved DOTS syllabus for initial implementation in the 2003-2004 school year. A TB DOTS resources CD will be distributed to medical schools for their reference. A follow-up training workshop for medical schools’ TB coordinators is planned for November as a follow-up to the workshop in May 2003.

Training of trainers: From the basic DOTS syllabus, training modules for physicians will be developed and implemented. TIPS will secure the services of two local consultants working in tandem with NTBC staff to develop the DOTS trainer’s training modules for practicing physicians, as well as to train a core group chosen from seven professional societies.

For year 1 the priority for in-service training will be the PhilCAT Training Working Group, professional societies, and other training institutions like PTSI/AI. The training intervention uses the train-the-trainer approach and will have broad coverage (to include non-PhilCAT members). The PhilCAT Training Working Group was established, whose members were drawn from various societies and groups actively engaged in DOTS training at the present time. The Working Group will be expanded to include other societies and groups that are not PhilCAT members.

TIPS is conducting initial discussions on a MOA with the leadership of various targeted groups to deputize them for training of physician members and certification of DOTS centers.²

Master TB Educator Award: The development of a concept paper which includes a description of the awards, criteria for application, steps in awarding and selection is ongoing. Work is currently being done to develop the grants program. Preliminary discussions have been conducted with Dr. Lee Reichman who has agreed to head the international grants selection committee. Discussions with APMC have also been conducted. A Working Group will be created to help in development and conceptualization of the Awards with representatives from APMC, TIPS, PhilCAT, DOH, and possibly WHO.

4) Activities and Schedules

Activities	Schedule
TB DOTS Syllabus	
a. Drafting of DOTS syllabus	April 2003
b. Pre-testing and validation of syllabus by TB Expert Panel	May 2003

² Such as the Philippine College of Physicians (5,000 members, half of whom are identified as practicing general internal medicine), Philippine College of Chest Physicians, American College of Chest Physicians–Philippine Chapter, Philippine Academy of Family Physicians, Philippine College of Occupational Medicine, Philippine Society for Infectious Diseases and Microbiology, and Philippine Pediatric Society (PPS).

c. Approval of APMC of DOTS syllabus and modules	May 2003
d. Adoption of syllabus and learning materials	June 2003 - December 2003
e. Development of trainers modules for medical educators	June 2003 - December 2003
f. Conduct workshop for Medical TB educators	November 2003
Training of Trainers	
a. Prepare train-the-trainer plan	May 2003
b. Prepare SOW and contract for STTAs	June 2003
c. Draft MOA for Prof. Societies, TIPS, PhilCAT	May 2003 – June 2003
d. Signing of MOA	July 2003
e. Training of PhilCAT Core Trainers	July 2003
f. Training of Professional Society Core Trainers	August 2003
g. Replication of training to society members	Sept 2003 - December 2003
Master TB Educator Award	
a. Develop grants manual	May 2003
b. Develop and contract STTAs expat	June 2003
c. Develop master Tb Educator Awards program	May 2003 - June 2003
d. Select Working Committee	June 2003
e. Establish International Selection Committee	June 2003 - July 2003
f. Publicize Awards	May 2003 - July 2003
g. Release RFA	June 2003 – July 2003
h. Evaluate applications	July 2003
i. Award 2-3 grants	August 2003
j. Implementation of awards	September 2003 – December 2003

Task 5C – Certification.

Task Manager: Training and Certification Advisor (Dr. Yu).

1) Status

In January, TIPS commissioned a short-term consultant to prepare the certification system for DOTS Centers, a prerequisite of PhilHealth before it will accredit service providers and make them eligible for the TB outpatient package. The scope of work included an initial set of certification criteria, a review process, re-certification standards, quality assurance plan,³ a training plan, and an evaluation plan. To date only the training and evaluation plan is outstanding. The draft certification system that included the first three components went through several

³ "Quality assurance" refers only to ensuring that systems are in place. The quality assurance plan was designed and drafted incorporating the benchmark standards of PhilHealth. Discussions with PhilHealth are ongoing for the development of a MOA with TIPS regarding areas of technical assistance from the project to enhance its implementation of the TB benefit package.

iterations and was subsequently approved by the Philippine TIPS Certification Working committee composed of representatives from TIPS, PhilHealth, PhilCAT, and DOH. The certification criteria were pilot-tested in several areas and applied to seven DOTS centers.⁴ These centers have been certified and endorsed for accreditation to PhilHealth.

Subsequent to the finalization of the certification plan, the project will assist PhilCAT in preparing a certification management plan. This will include the development of an operating arrangement, business plan, and expansion program for the service.

2) Activities and Schedule

Activities	Schedule
a. Develop certifier training plan	April 2003
b. Develop an evaluation tool	May 2003
c. Finalize certification system study	June 2003
d. Develop MOA between TIPS and PhilHealth	May 2003 - June 2003
e. Develop SOW for preparation of certification management plan	June 2003 - July 2003
f. Prepare SOW of the TA to PhilHealth	June 2003 - July 2003
g. Develop certification MOP for PhilCAT	June 2003 - July 2003
h. Provide TA to PhilHealth	August 2003 -September 2003
i. Implement certification management plan	August 2003 - December 2003

Task 5.3 – Communication.

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

Task 6 – Financing.

Task Manager: Policy and Finance Advisor (Prof. Leyco).

1) Status

Financing Framework for DOTS: Financing policy issues were included in the policy assessment project, particularly in the development of the analytical framework that will be used to evaluate private sector participation in the delivery and financing of TB DOTS. A prototype of the proposed TB health account will be created to help in the development of financing policies and strategies at the national level.

TB Insurance Benefit Package: Work will be undertaken with the Philippine Health Insurance Corporation in the review and enhancement of the recently announced TB insurance benefit package. Initial but informal talks have commenced that involved key officials of PhilHealth. Similar activities will be pursued with SSS, GSIS, and ECC to synchronize these organizations' TB health financing package. A PhilHealth-HMO cooperation will also be explored to maximize private sector participation in financing TB services.

DOTS Model Financing: On a continuing basis, technical assistance will be provided to the projects' DOTS model development activities with feasibility analyses as required. A DOTS

⁴ FriendlyCare Clinic Cubao in Quezon City, Unilab in Mandaluyong, Makati Medical Center DOTS Clinic, UST DOTS Clinic, De La Salle University DOTS Center, Pasig City and Las Piñas City DOTS Centers

model financing prototype will be prepared to help identify best private sector participation in financing TB DOTS. Assistance was already provided in the preparation of the operations review survey tool. The survey tool now includes a section on the review and evaluation of the financing activities of a DOTS center.

2) Activities and Schedule

Activities	Schedule
a. Prepare DOTS financing framework.	September 2003
b. Develop arrangement for PhilHealth and HMO complementation of outpatient TB benefit package.	November 2003
c. Undertake financial analysis of DOTS models.	December 2003

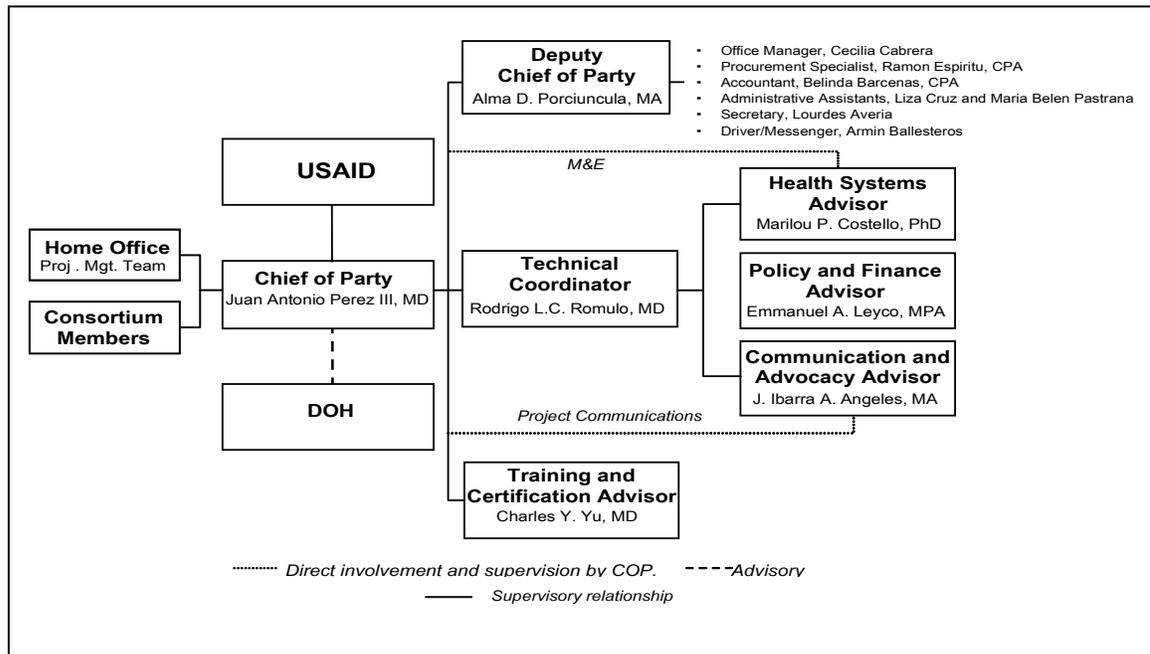
III. PROJECT MANAGEMENT

Following a results-oriented approach, the project management strategy includes an efficient and effective operational framework, within which the TIPS team works collaboratively with USAID, the Department of Health, PhilCAT, PhilHealth, private sector partners, donors and other stakeholders to achieve program milestones. Project management systems ensure adherence to USAID rules and regulations.

1. Team Organization

Two key concepts underlie the organizational structure: delegation of authority and accountability of results. Exhibit 3 shows the project's modified organizational chart. Project staff comprising the core team and key technical personnel will be complemented by short-term technical staff. There is an immediate need for two program assistants to support technical tasks initially for six months, after which further need for such services will be assessed.

Exhibit 3
Organization Chart of Philippine TIPS Project



2. Monitoring and Reporting

The team will periodically submit reports, as described below, addressing work plan performance and compliance with deliverables:

- Annual Work Plans. Due 30 days before the close of each operating year. Annual work plans, covering 15-month periods, will be submitted to USAID for approval;
- Quarterly Performance Reports. Due 30 days after each calendar quarter;
- Annual Reports. Due January 31 of each year. The annual reports combining the fourth quarter activities will provide an assessment towards achieving the annual objectives set forth in the Annual Work Plans;
- End-of-Assignment Reports. Due two weeks after the end of each assignment; and,
- Contract Completion Report. Due 60 days after contract completion.

A performance monitoring plan (PMP) is being prepared and should be in place by June 2003. TIPS' PMP will provide monitoring and evaluation information that can be used to manage for results and improve project performance. It will measure project impact, integrate work plan activities, and support USAID's internal reporting needs by providing input to the mission's strategic objectives, intermediate results, and indicators.

3. Annual Work Planning

The second annual work plan is due on August 31, 2003. The team, with home-office participation, will conduct the work planning sessions in late July or early August and target submission to USAID for review by mid-August.

4. Procurement

The project will require significant procurement of services for the task orders under the BOAs for the baseline study of providers, situation analysis/enhancement, preparation of guidelines of DOTS models, and rapid appraisal of TB in the workforce. The project will employ short-term consultants to carry out some assignments, e.g., training, certification management, DOTS model conceptualization; while outsourcing of other activities, e.g., communication research. The Chemonics home office will provide support for the preparation of the grants procurement guidelines for implementation of the Master TB Educator Award.

TIPS awarded BOAs to seven local entities; three based in Mindanao and four in Metro-Manila. TIPS is scheduled to issue the first Request for Proposals (RFP) for the task orders among BOA holders by early June.

IV. BUDGET NARRATIVE

The attached Philippine TIPS budget corresponds to the changes in the work plan. Highlights of major expenditures include:

- Long-term Salaries: All long term staff members have been mobilized.
- Short-term Salaries: Based on our work plan prepared during we have identified more accurately the exact level of short-term technical assistance, both local and expat and as required by CLIN, reflected in the attached budget.
- Subcontracts: Three BOA task orders have been added to the budget for subcontracts.
- Travel: The budget reflects a study tour for DOTS pilot implementers, scheduled for October, and TIPS representation to the IUALTD conference scheduled end of October.

The TIPS project will continue to bill CLIN expenses as programmed and will not exceed the total budget for the project.