

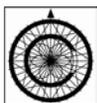
WORK PLAN FOR YEAR TWO OF THE PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR (TIPS) PROJECT

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January 2004



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By:
Chemonics International Inc.
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I. EXECUTIVE SUMMARY

The Philippine TIPS Year Two work plan consolidates the assessment of the past year's accomplishments, presents the lessons learned, and reviews the strategic goal and targets of the project. It makes a determination of key priority areas where project resources and efforts should focus on to meet the ultimate project deliverable of an 85-percent tuberculosis (TB) treatment success rate in sites where the project has direct intervention.

The "core business" of the project is development and replication of Directly Observed Treatment, Short-course (DOTS) models. All task activities are prioritized to support this core business. Secondary priority is assigned to continuing those long term activities that the project has started, mainly in building or enhancing institutions that enable, promote and sustain the practice of DOTS in the private sector.

The Year Two work plan focuses on either implementing or establishing the operational mechanisms for direct DOTS model development. These mechanisms build on the systems development, resource strengthening, and model research activities of Year One. A summary account of how current accomplishments lead into Year Two targets follows:

- *Establishing baseline data on success rate.* The sampling design and Request for Proposal for a study on the knowledge, attitude and practice (KAP) of private physicians on DOTS have been completed. To cover the 25 replication sites of the project, the study is designed to inform the project on appropriate interventions for improving the KAP of private providers on DOTS service delivery.
- *Task 1, establishing an enabling environment.* Two major studies have been completed. The first investigated the alarming impact of TB on the economy. The second identified policy constraints and remedies for stronger private sector participation in TB-DOTS management. During Year Two, Task 1 will focus on policy instruments and policy advocacy to establish a financing facility to increase access to affordable TB drugs, promote TB patient rights and improve the quality of DOTS services by doctors and medical technologists.
- *Task 2, operations research.* The project has completed the following: a situation analysis tool to assess existing DOTS models, a study and action plan for a pharmacy-based DOTS model, a desk review of single-practice experiences, and a TB in the workforce rapid appraisal. In Year Two, the focus will be on developing and doing advance implementation to test the viability of new DOTS models, specifically a pharmacy-based model, two single-practice models (one of these will use a "social franchise" approach), and an informal workforce model.
- *Task 3, model development.* The process of analyzing existing DOTS models started in September. From this analysis and the results of new-model studies, the project expects in Year Two to enhance, pilot and document different DOTS models based on the following settings: hospital, multi-specialty practice, health management organization (HMO), local coalition, formal workplace, informal workforce, pharmacy, and single-practice model.
- *Task 4, replication of DOTS models in 25 sites.* In Year One, the project finished identifying all replication sites (including two in Mindanao) and completed a grants manual. It has scheduled an intensive series of training activities and road shows for the first quarter of Year

- Two to promote the grants. The project expects to complete the awarding of grants to DOTS model replicators by the third quarter of Year Two.
- *Task 5A and 5B, training and certification.* In training and certification, accomplishments include the adoption by leading medical colleges of a TB-DOTS curriculum prepared by the project, launch of and granting to three medical colleges of a Master TB Educator Award (MTBEA), completion of a certification system and a certification management plan, preparation of five DOTS training modules and kits, and holding of a DOTS Training Series for some 650 health care professionals, mostly private doctors. In Year Two, the focus will be on training replicators, reviewing how medical schools have implemented the TB-DOTS syllabus, expanding the MTBEA from 5 to a total of 12 schools, evaluating and enhancing the certification system, and helping PhilCAT transfer its certification technology either to regional groups, professional organizations or to the local "Sentrong Sigla"¹ of the Department of Health.
 - *Task 5C, communications.* For Year Two, the project will continue its strategy of using the news media heavily to deliver core messages meant to support favorable public opinion and policies for private sector participation in TB control. Year Two targets include the completion of an integrated communications strategy, which will map directions for interventions in support of (a) project communications and (b) support to models development and other project tasks. The first focuses on building, celebrating and maintaining interest in project activities and outputs among partners and stakeholders. The second focuses on supporting models development through activities that positively influence treatment behavior.
 - *Task 6, TB services financing.* The TB policy assessment study conducted under Task 1 incorporated a TB Health Account Matrix and cost analysis of DOTS services. The analysis indicated that households carry over 50 percent of the estimated total cost of TB treatment. To address this issue, the project will focus on preparing a DOTS financing framework, improving the Philippine Health Insurance Corporation (PhilHealth) TB benefit package, integrating HMO benefits to that of PhilHealth's and providing assistance to the financial management of DOTS programs to make them viable operations.
 - *Project Management.* This includes institutional strengthening of its major partner, the Philippine Coalition Against Tuberculosis (PhilCAT), a process started in Year One. The follow-through in Year Two is helping PhilCAT prepare an organizational development and sustainability strategy and technical assistance for priority areas of improvement. Other highlights on project management include: identified need for more additional long-term staff (DOTS Fund Manager, four (4) program assistants and four DOTS technical specialists) and expansion of office space to accommodate both the full-time and short term consultants expected to be deployed on a regular stream over the life of the project.

Budgetary implications of the work plan are discussed in Section V of this report.

¹ Literally, "Centers of Vitality." The Sentrong Sigla program is a joint effort of the Department of Health and the Local Government Units. It is a quality assurance program that aims to increase the availability of quality health services in government health centers and hospitals and to make these services accessible to every Filipino. Its main component is a health facility certification and recognition program that develops and promotes standards for health facilities. The Sentrong Sigla logo (8-point yellow star inside a blue circle) is a seal of excellence.

II. OVERVIEW

A. Background

This document presents the status of the project tasks and the planned activities and schedule for the period October 1, 2003 to December 31, 2004.

B. Project Description

The overall goal of the project is to contribute to reducing TB prevalence in the Philippines. Specifically, it aims to increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85 percent using DOTS through commercial private sector services. Its focus is to build foundations, develop institutions and establish strategic and sustainable measures toward a long term solution to reducing TB prevalence, involving the private sector as an active participant. The outputs aimed for by the project underscore the improvement and standardization of the TB control and management using the DOTS strategy, which is the centerpiece of the National TB Program.

There are six project **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.
- *Task 4: Replication of DOTS Models.* Best approaches/models are implemented and adapted in at least 25 strategic, urban cities/municipalities 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 and improved health-treatment behavior of the private providers.
- *Task 6: Financing.* Health care financing schemes that strengthen private sector delivery of TB control and cure service developed and implemented.

There are seven project **deliverables**, as stated in the contract. The first is an overarching deliverable that all tasks contribute to achieving. The remaining six correspond to each task listed above.

- Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives.
- A comprehensive packet of policies, guidelines, and regulations developed and instituted to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
- Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
- Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

- Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide.
- Teaching and training of TB DOTS conducted in medical professional schools and communication and advocacy campaigns implemented to positively influence the health-treatment behavior of private providers.
- Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

C. Approach and Framework of the Year Two Work Plan

To prepare for the Year Two work plan the team reviewed developments, issues and constraints encountered during the first year of the project and the accomplishments to date. This was followed by a review of the strategic goal and targets of the project and a determination of key priority areas where project resources and efforts should focus in order to meet project deliverables.

Under the first year work plan efforts were focused on groundwork activities, e.g., establishing policy agenda, organizing policy consultation groups, developing partnerships with DOTS model implementers, preparation of assessment tools or design of new DOTS models, teaching and training modules, among others, that would set the stage for the substantive interventions of the project, most of which are slated in the second year work plan.

Recognizing the primacy of the overall objective of achieving an 85-percent success rate in private sector TB treatment using DOTS, the centerpiece of the second year work plan will be model development and the replication of these models in 25 strategic sites nationwide. Each task will prioritize its activities in support of this core task.

The second priority will be programs and activities that contribute to building or enhancing institutions that enable, promote and sustain the practice of DOTS in the private sector. These include improving the policy environment and financing mechanism for TB treatment, operations research to develop new models or improve the quality of existing models, DOTS training, strengthening the coverage of DOTS in medical school curriculums and Continuing Medical Education (CME) programs, project communications, communications support to various project tasks, and a policy advocacy program.

In terms of organizing the work, the team agreed to assign under Task 2 the design and pilot implementation of "new" DOTS models, to focus Task 3 on developing and enhancing "existing" DOTS models, and cover under project management PhilCAT capacity building instead of under Task 4.

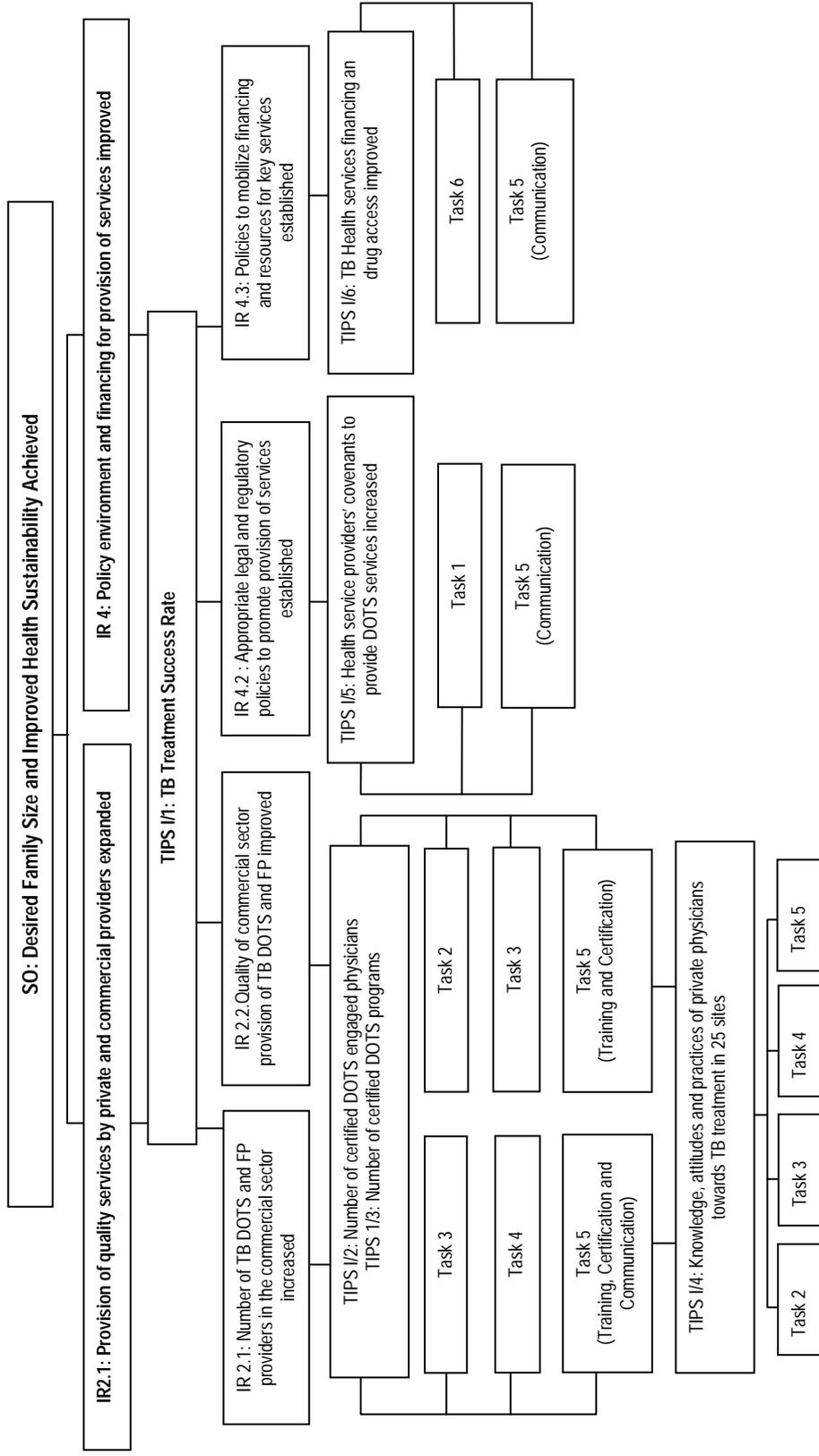
The team conducted planning workshops with participants from the home offices of Chemonics International Inc., Clapp & Mayne (now Renaissance Information Services, Inc.), Philippine Coalition Against Tuberculosis, New Jersey Medical School National TB Center, and Philippine Business for Social Progress. The team developed the work plan using a participatory approach. The programming of activities went through an iterative process to ensure appropriate and timely outputs. The team rationalized the sequencing of activities to enhance synergies between and among tasks. This exercise also helped with identifying more realistic resource requirements and estimates of the second-year budget.

D. Integration with USAID/Philippines Results Framework

As previously proposed, the project's monitoring plan will be linked to the intermediate results of the Mission results framework, so as 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 indicators of achievement are also presented in the same exhibit.

Exhibit 1

Relationship between TIPS Tasks and USAID/Manila's Results Framework for Health



Task 1: Policies guidelines, regulations revised and expanded to support appropriate, complementary implementation by public and private providers
 Task 2: Best strategies identified to improve and expand DOTS implementation in the private sector
 Task 3: Private sector models developed, implemented and assessed
 Task 4: Best approaches/ models are implemented and adapted in at least 25 strategic, urban cities, large municipalities nationwide with a potential for implementation beyond the 25 sites
 Task 5 (Training, Certification and Communication) - Sustainability of TB programs strengthened through improved teaching and training in medical schools, and improved health treatment behavior of private physicians

III. YEAR II WORK PLAN

This section discusses the status of the project, including major first-year accomplishments to show how subsequent activities are connected with previous activities, any relevant issues that need to be addressed, any changes in the strategy or approaches for each task, targets for the second year, activities and schedules to meet these targets and personnel needed, in addition to the existing long term personnel of the project, to implement the tasks. The latter includes additional long term positions, short term technical assistance consultants and subcontracting requirements. The list is not exhaustive. It is meant to show the requirements that are apparent at the time of submission of the 2nd year work plan. This section should be read in conjunction with Exhibit 2, Summary of Major Activities and Expected Outputs.

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

To comply with this deliverable the project will have two outputs: a baseline study on the knowledge, attitudes and practices of TB treating private physicians and a performance monitoring plan that will set and measure the project indicators' achievement of objectives.

Baseline Study of Private Providers. The previous work plan considered doing a nationwide and site specific baseline study, pursuant to what was discussed with USAID. However, in subsequent discussions, this plan was revisited and the team and USAID finally agreed to conduct the baseline survey on the knowledge, attitude and practices (KAP) of private providers on DOTS in pre-identified 25 replication sites. The sampling design had to be revised based on this agreement. As designed, the providers study primarily will collect baseline data on TB treatment practice and identify problems in current DOTS implementation of private providers. The RFP for the study has already been issued. The study is expected to be conducted by the winning bidder from January, 2004 to July 2004.

The results of the study will provide a picture of the level of DOTS practice in the project's replication sites. This will guide the team in identifying the level of effort needed to achieve the target treatment success rate by helping to develop interventions that will address management and service delivery issues. A re-survey will be conducted in the same sites toward the end of the project to measure the impact of project interventions, in terms of number of private physicians practicing DOTS and success rates among replicators.

Performance Monitoring Plan (PMP). The first year of the project achieved a fuller understanding of project approaches, strategies and indicators of success. This made it easier for the team to identify key project performance indicators, as reflected in the draft PMP submitted to USAID for approval. The PMP is clearly linked to the Mission's strategic objectives. It contributes to the achievement of USAID's own performance indicators. The PMP lists six major indicators.

Year 2 Targets

Deliverable A:

- Complete Baseline Study of Private Providers
- Finalize Performance Monitoring Plan for the Project

Subject to USAID approval, the PMP will be installed at the beginning of the second-year work plan. The indicators of the PMP and corresponding baseline value and targets for the second year are given below:

Indicator/Definition	Baseline Value	Value for Year 1	Target Value for Year 2	Target Value End of Project
1. TB treatment success rate of 85%	0	0	70%	85%
2. Number of certified DOTS engaged medical doctors	0	50	250	600
3. Number of certified private DOTS programs/ clinics/ DOTS centers	6	6	25	31
4. Practice of private physicians on DOTS in 25 sites	0	0	10%	50%
5. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	6	12 organizations	Covenant 1: PAMET and seven (7) medical societies Covenant 2: five (5) HMOs and private corporations; one (1) corporate partner (e.g, PCCI or ECOP)
6. Access of private sector to TB health services financing and affordable and quality TB drugs	0	Agreement on access to GDF drugs by private sector	Completion of TAs to improve the PhilHealth TB Benefit Package	Coordination of improved benefits piloted (PhilHealth package and PDF

* For further detail, see accompanying Philippine TIPS PMP document. Indicator 3 will be linked to the PMP for DOTS Fund Grants starting mid-2004.

The team has scheduled a bi-annual performance monitoring review coinciding with the semestral review of the work plan. It will submit quarterly reports to USAID on the status of achievement of indicators, together with the quarterly accomplishment reports.

Additional Personnel Needed to Accomplish Task:

The provider study will be implemented through a fixed-price subcontract with a local firm, selected through a competitive bidding process.

The PMP reports will be prepared by the TIPS Team.

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)

The approach includes raising awareness on the magnitude of the TB problem through a burden of disease study, organizing a policy stakeholder group that will support the necessary reforms or new measures, conducting a policy assessment and recommending policy instruments or mechanisms.

In year 1, the following were accomplished:

- *Policy studies* -- Completed in February 2003, the study, *Measuring the Burden of Disease and Economic Consequences of Tuberculosis in the Philippines*, highlighted the economic toll of TB on the country. A second study, *A Policy Analysis of Private Sector Participation in TB DOTS*, identified areas for policy intervention and was a major input to the TB Policy Agenda.
- *MOAs with medical societies on DOTS services* – Under the direction of the Training and Certification Advisor and with assistance from PhilCAT, the project signed Memorandums of Agreement with six medical societies on DOTS training on National TB Day (August 19, 2003) during the PhilCAT 10th Annual Convention. Also signed was a joint Manila Declaration committing the societies to actively engage in DOTS training.²
- *TB policy forum* – Several policy forums involved partners and stakeholders in discussing the socio-economic impact of TB. Wide national, international and internet news coverage generated strong interest from various stakeholder sectors, including the business community.
- *TB policy agenda* – The policy assessment provided inputs to the formulation of a policy agenda that highlights access to TB drugs and financing of services, quality assurance of TB treatment, and TB patients’ rights as issues where policy interventions are most needed. The agenda was finalized after the consultation with key stakeholders on September 19, 2003.

<p>Year 2 Targets Deliverable B-Task 1:</p> <ul style="list-style-type: none">• Complete a study on private access to affordable drugs, including a Private Sector TB Drug Facility• Sign covenants with medical professional societies on the use of DOTS for TB treatment and the association of medical technologists to adopt measures to ensure quality of sputum microscopy• Complete TB Patient Rights Study, sign covenants with corporate partners on the issuance of policies that promote TB patient rights and advocate/ assist in the preparation of a DOLE order vs discrimination of TB patients in the workplace.• Conduct a TB summit to harness support and strengthen commitment of TB control stakeholders
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Based on the three key policy issues stated above, the priority activities for Year Two are the following:

² Signatories were the Philippine Academy of Family Physicians, Philippine College of Chest Physicians, Philippine College of Physicians, Philippine College of Occupational Medicine, Philippine Society for Microbiology and Infectious Diseases, and Philippine Pediatric Society. The Secretary of Health and the Chief Operating Officer of the Philippine Health Insurance Corporation signed the *Declaration* and MOAs as witnesses. The MOAs cover undertakings to work collaboratively on the education, training and certification of their members in DOTS, as well as other activities that will promote the practice of DOTS in general.

- *Design a mechanism to ensure private sector access to quality and affordable TB drugs* – The project will conduct a study to analyze the supply gap in TB drugs and design a scheme for drug sustainability at reasonable prices. Various schemes will be explored, including the setting up of a mechanism similar to the Global Drug Facility (GDF). Finally, the project will prepare a feasibility study to determine the viability and sustainability of the most promising scheme. This will include a financing, procurement and distribution framework.
- Over the short-term, the project will provide assistance in preparing guidelines on public-private mix (PPM) DOTS programs access to the GDF drugs provided as a grant to the Philippine government.
- *Establishing quality assurance covenants among private providers of DOTS that commits them to practice DOTS* – Under the direction of the Training and Certification Advisor, the project will monitor and follow up on existing covenants with the six medical societies. It will work with them in preparing and implementing an action plan to operationalize their tasks under the MOAs.

In addition to the six medical societies, the project will enjoin the Philippine Medical Association and the Philippine Association of Medical Technologists to sign similar covenants to improve the quality of sputum microscopy. This may be in the form of requiring training and getting certification for proficiency in sputum microscopy. Similarly action plans of the two groups will be prepared and supported by Philippine TIPS. In lieu of direct government regulations, the covenants are a means for professional societies for enforcing self-regulation, which is an immediately doable and a pro-active approach to promoting buy-in to the practice of DOTS among private providers.

The issue on the capacity building of the diagnostic committees will be addressed in Task 5B, Training, and project action will initially focus on the existing private DOTS models being enhanced and those that will be established in the replication sites.

- *Establishing covenants with employers and government department orders that promote TB patients rights* – The approach of Philippine TIPS in this regard will have two tracks: to advocate directly with (1) corporate partners and (2) the Department of Labor and Employment, to adopt policies against TB patient discrimination as well as policies and programs that would support TB control efforts, especially the promotion of DOTS. The project will also encourage the inclusion of an information and education program about TB in their workplaces, in the covenants with corporate partners.
- *Implementing a policy advocacy strategy and organization of a Private Sector TB Summit* – The project will prepare a policy advocacy strategy in consultation with partners and stakeholders. A TB Summit will be organized in August where major policy agreements will be announced and ratified. The summit would also highlight the major achievements and continuing and future activities of Philippine TIPS where the various stakeholders would play a role. Prior to the summit, project will carry out more focused discussions of issues and measures to address these issues by forming policy cluster groups.

Additional Personnel Needed to Accomplish Task

<p>Long term position: Program Assistant for Policy and Finance</p>	<ul style="list-style-type: none"> ▪ Assist in Policy and Health Financing research and analysis ▪ Coordinate policy consultation meetings and implementation of the advocacy program. ▪ Assist in drafting and finalizing technical reports. ▪ Assist with coordination of short-term consultancies
<p>Subcontracts:</p>	
<p>Feasibility Study for the Feasibility Study for Private Sector Drug Access Scheme and Mechanism</p>	<ul style="list-style-type: none"> ▪ Undertake feasibility study for a private sector drug access scheme and mechanism ▪ Explore access to Global Drug Facility(GDF) drugs and setting up of a local facility similar to GDF
<p>Subcontract through a Basic Ordering Agreement (BOA) Task Order for Policy Advocacy</p>	<ul style="list-style-type: none"> ▪ Prepare policy advocacy strategy ▪ Implement advocacy strategy/ action plan
<p>STTA Consultants:</p>	
<p>A. Private Sector Access to TB Drugs</p>	
<ol style="list-style-type: none"> 1. Drug supply/management specialist (International) 2. Finance specialist 3. Research Assistants (2) 	<ul style="list-style-type: none"> ▪ Estimate/project drug demand, sources and costs ▪ Identify strategies and schemes for long term drug accessibility and pricing ▪ <i>Note: individual roles to be determined</i>
<p>B. TB Patient Rights</p>	
<ol style="list-style-type: none"> 1. TB Patient Rights Expert / team Leader (International) 	<ul style="list-style-type: none"> ▪ Review pertinent labor policies and guidelines ▪ Recommend government and corporate policies and guidelines against discrimination of TB patients and programs that promote TB control especially the adoption of the DOTS strategy
<ol style="list-style-type: none"> 2. Policy Specialist 	<ul style="list-style-type: none"> ▪ Provide local perspective and participate in the review of policies and formulation of recommendations ▪ Facilitate meetings or interviews with relevant stakeholders
<ol style="list-style-type: none"> 3. Research Assistant 	<ul style="list-style-type: none"> ▪ assist in data gathering and initial review and analysis of information

The follow through activities with the professional societies will be undertaken with the assistance of the training and certification adviser and the training and certification program assistant.

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

Task 2: Operations Research

The design of interventions whether it be on DOTS model development, improving the quality of diagnosis and service delivery, institutional strengthening e.g., training, module development or certification, communications or policy formulation, need to be anchored on a deep understanding of the supply and demand for TB services delivered through the private sector. Operations Research (OR) has a critical role to play in this project to inform private sector DOTS models with reliable, evidence-based information to identify and provide solutions to key management and operational problems and enhance program effectiveness.

In the first year, the following tool and study were undertaken to contribute to the development of viable DOTS models that will start implementation/replication in the second year:

- The situation analysis tool used for assessing the five existing DOTS models has been completed.
- A *TB in the Work Force Study* was completed through a task order awarded to the Demographic Research and Development Foundation (DRDF-UPPI), a BOA holder. Based on a reanalysis of the 1998 Labor Force and APIS surveys, the study finds the following: greater likelihood of finding TB among the labor force population engaged in agriculture, seasonal and short term work, as well as among the under- and unemployed categories of the labor force. This technical assistance to PBSP is expected to result in the design and pilot testing of a model suited to the needs of employees and workers associated with establishments that do not screen job applicants or employ workers on short-term contracts.
- PBSP has developed three models in the formal workforce, namely:
 - (1) Central Azucarera Don Pedro, Inc (CADPI), is implementing the *workplace ++ model*, a stand-alone model with comprehensive coverage. DOTS services will be provided to employees and dependents at the company hospital. Furthermore, CADPI will extend TB management services to patients in its immediate community.
 - (2) American Standard Inc., is implementing the *workplace-public provider referral model*. It has signed an institutional agreement with a public hospital, Las Piñas District Hospital, to refer its employees with TB for treatment.
 - (3) Toyota Motor Philippines Corporation (TMP) is implementing the *workplace-HMO-public provider referral model*. It will refer employees to its HMO provider, for consultation and diagnosis, and DOT and monitoring will be provided at the company clinic. The dependents afflicted with or suspected of TB will be referred to a public DOTS center.

The models break new ground on TB patients' rights. Most Philippine businesses screen out job applicants on the basis of chest x-ray results. Despite the absence of a national policy, the pilots are pioneering on non-discrimination policies, where job applicants with chest x-ray results consistent with TB will not be automatically disqualified from

employment. Through a referral system with the public sector DOTS facility, sputum examination will be required. Applicants found to be positive with TB will be encouraged to seek treatment, and may reapply upon completion of treatment.

- The design and the advanced implementation of the pharmacy initiative, one of the three new potential models identified in the first year work plan, have been completed. A desk review was conducted by Chemonics home office to scope related experiences on pharmacies' involvement in treatment delivery. This was followed through by a rapid field appraisal, which assessed the knowledge base of pharmacists and assistants and clients regarding DOTS. It also gauged the willingness of pharmacies to participate in programs promoting DOTS. Response to the latter is encouraging, many of the pharmacies approached during the study signified interest to pursue collaborative work. The RFA informed the formulation of the design and the advance implementation plan.

A desk review on the other new models, two single practice network variants revealed international experience on *social franchising*, which might be applicable to DOTS service provision by single-practice private physicians. This concept will be explored further in this work plan.

The scope of work for Task 2 was defined during the year 2 work planning session to include activities directly related to developing new models. The situation analysis of the five DOTS models, classified as "existing initiatives", was moved to Task 3.

In year 2, the project will undertake the advance implementation of the pharmacy initiative. The pharmacy initiative is promising. To pursue its development, the project will need to do orchestrated "selling" and organizing to various key players. Also, to see any significant impact at pilot stage, there is a need for an expanded platform, hence the decision to test the model in at least seven (7) sites, strategically located nationwide, namely: Davao, Cagayan de Oro, Cebu, Iloilo, Quezon City, Dagupan, and Dasmariñas. The implementation period will be for six months after which the experience will be assessed and replication guidelines prepared. The project will recruit a full-time program manager and seven field managers to coordinate the implementation of the program and provide day-to-day management.

Year 2 Target

Deliverable C-Task 2:

- Design, test through advance implementation, assess and prepare replication guidelines for four new DOTS models, namely: pharmacy initiatives, 2 variants of single-practice network including a social franchising set up, and informal workforce

The project will also prepare the design, advance the implementation, assess and prepare replication guidelines of two variations of the single-practice network model. At the outset of the study two potential schemes were identified and will be explored further, namely, the social franchising concept and an NGO-coordinated service that provides the link between the private physicians and all components of the DOTS strategy. On the latter the experience of Advocacy for the Control of Tuberculosis (ACT) project in India, which utilized a community-based NGO to provide DOTS service to private physicians will be reviewed and lessons from this experience will be considered. ACT Project in Chennai India is included in the study tour itinerary organized under Task 3. The development of the single practice models will follow the approach of the pharmacy initiative, in the sense that after the design, the pilot implementation will be expanded for more conclusive assessment of impact and operational variations.

The third new model to be developed will be a workplace model that takes into account “unscreened” employees. Unscreened employees refer to workers who are not required to go through a physical examination as a pre-requisite to employment. These are found mostly in the informal sector. To capitalize on its links with the business sector, it was agreed that PBSP models would have the formal workplace as the "resident" feature of both the formal and the informal sector models. The new target for PBSP will be to develop, implement and replicate models for (a) the screened formal sector, and (b) the informal (unscreened) workforce with ties to the formal sector. Related to this, it would be necessary to pilot the informal workforce.

The work plan of PBSP would require an additional six months for the full development of the unscreened workforce model. Initial plans are to expand the CADP model to capture in the DOTS system implemented by the company, the company’s seasonal workers within its own hacienda, as well as those not directly hired by the company but who supply it with sugar cane grown outside of its hacienda. PBSP is also exploring working with a shipping line, and will cover in its program direct hires as well as the port workers and cargo handlers who provide their shippers and passengers services. In both cases, a community outreach will be included.

It may be argued that workplace/workforce models envisioned will not be able to maximize case detection. The underpinning rationale however is to explore mechanisms to leverage resources for TB treatment. Private businesses given their reach and financial capacity may be major contributors either through their corporate human resource programs or corporate social responsibility initiatives. Furthermore, given the dispersal and lack of organized structures in the workforce informal sector the most efficient means to reach them would still be through primarily RHUs/community-based services.

On the operations research agenda, the focus will be on studies that support model development and replication. The second phase, which will start implementation toward the latter part of year 2, will focus on improving service delivery and quality of care.

Additional Personnel Needed to Accomplish Task

<p>Long-term position: Program Assistant for operations research and model development</p>	<ul style="list-style-type: none"> • Assist in planning, designing, and analyzing operations research (OR) and related studies. • Assist in monitoring and documenting contracted research. • Assist with technical and field oversight of OR related consultancies. • Facilitate model development and replication.
<p>STTA Consultants</p>	
<p>Pharmacy Initiative:</p>	
<p>A. Management Team for advance implementation of program : 1. Pharmacy Program Manager and Site Manager for Quezon City</p>	<ul style="list-style-type: none"> • Develop strategies to expand pharmacy involvement in the TB DOTS program. • Supervise the implementation of the IEC program in pharmacies and evaluate the effectiveness of that IEC program. • Take the lead role in the development of

	<p>advocacy program for pharmacies involved in the project.</p> <ul style="list-style-type: none"> • Develop non-monetary performance incentive schemes to strengthen pharmacist motivation in performance of the DOTS program. • Assist in the planning and implementation of pharmacy training activities, as well as the evaluation and improvement of training. • Assist in the development of a collaborative relationship between pharmacies and TB DOTS centers. • Manage the site implementation of the program in pharmacies in Quezon City/NCR.
<p>2. Pharmacy Program Assistant</p>	<ul style="list-style-type: none"> • Assist in the pharmacy program research and documentation activities. • Coordinate pharmacy program events and meetings. • Assist in the preparation of pharmacy program reports.
<p>3. Three (3) Site Managers, one for Dagupan and Cavite, one for Cebu and Iloilo and one for Davao and Cagayan de Oro</p>	<ul style="list-style-type: none"> • Work with the pharmacy program team to develop strategies to expand pharmacy involvement in the TB DOTS program. • Identify and establish partnership arrangements with at least 40 pharmacies in designated areas • Establish collaborative arrangements between partner pharmacies, TB DOTS centers, RHU/Health Centers and other stakeholders in the project. • Assist in the training of pharmacy staff on TB DOTS strategy, TB case management and client counseling • Monitor the dissemination of IEC materials, client counseling, referrals and other responsibilities assigned to the cooperating pharmacies in the program • Provide technical guidance to participating pharmacies in the implementation of the program
<p>4. Field Workers, number will be determined after organizing the participating pharmacies as this will depend on assessment of need</p>	<ul style="list-style-type: none"> • Serve as the link to the referral DOTS center and the pharmacies • Serve as a resource to the pharmacy personnel on a day to day basis, should the need arise for technical consultation

	<ul style="list-style-type: none"> • Train new pharmacy personnel on basic DOTS • Assist referred patients to the DOTS Center
B. Pharmacy Training:	
1. Training Expert from NTBC	<ul style="list-style-type: none"> • Develop the design and conduct the Training Needs Assessment (TNA) • Develop a Pharmacy Training Program • Conduct and facilitate the training of trainers (TOT) • Develop Training Evaluation Instruments
2. Local Training Specialist	<ul style="list-style-type: none"> • Assist in the conduct of TNA • Assist in the development of the Training Program • Assist in the conduct of TOT • Assist in the development of Training Evaluation Instruments • Provide technical oversight on the first training conducted by trained trainers
C. Pharmacy IEC	
1. IEC Experts (2)	<ul style="list-style-type: none"> • Review supporting project documents including “Pharmacy Desk Review”, “Pharmacy Initiative Rapid Appraisal”, and “Pharmacy-Based TB DOTS Implementation Plan”, and “Rapid Appraisal of TB in the Philippine Workforce” completed by the TIPS project • Undertake an audience analysis and identify the target audience for the IEC campaign • Develop the strategy for disseminating the IEC materials that will ensure maximum audience reach • Develop a monitoring mechanism to evaluate both the effectiveness of the IEC materials and its reach. • Develop and pre-test the evaluation instruments needed to measure the effectiveness of the IEC materials and the dissemination approach.

<p>Single Practice DOTS Model: 1. International NGO Expert</p>	<ul style="list-style-type: none"> • Design research methodology and data collection instruments to be used for the rapid field appraisal. • Undertake KII of major stakeholders in the single-practice models. • Analyze data collected and prepare a report with recommendations for the natures and scopes of the single-practice DOTS models. • Develop one NGO-based model for single-practice physicians in the DOTS program. • Develop one to two additional private sector models for involving single-practice physicians in the DOTS program.
<p>2. International Single Practice Expert</p>	<ul style="list-style-type: none"> • Lead preparation of research design and methodology and data collection instruments to be used for the rapid field appraisal. • Analyze data collected and prepare a report with recommendations for the natures and scopes of the single-practice DOTS models. • Develop one to two private sector models for involving single-practice physicians in the DOTS program
<p>3. Local Single Practice Specialist</p>	<ul style="list-style-type: none"> • Liaise with local single-practice physicians associations and key stakeholders to gather information, positions or recommendations on the study • Provide input to the team leader on single-practice physician practices • Assist the team leader identify the best option for involving single-practice physicians in promoting DOTS treatment • Conduct feasibility analysis of the options developed • Partner with the team leader in the preparation of the study reports and presentations.
<p>4. Local DOTS Specialist</p>	<ul style="list-style-type: none"> • Assist the team leader in identifying the best option for involving single-practice physicians in promoting DOTS treatment • Assist in conducting feasibility analysis of the options developed • Partner with the team leader in the preparation of the study reports and presentations.

5. Two (2) Research Associates	<ul style="list-style-type: none"> • Assist in the collection, processing, and analysis of data • Assist in the documentation and dissemination of findings • Assist in conducting feasibility analysis of the options developed
Independent Assessment of the advance implementation of the pharmacy initiative and the single practice models: TBD	<ul style="list-style-type: none"> • Conduct an assessment of the results of the pilot/ advance implementation of the pharmacy initiative and single practice network models to determine replicability
Subcontractors:	
1. Development/ execution of pharmacy IEC materials: Ad Agency	<ul style="list-style-type: none"> • Review the results of the audience analysis undertaken for the development of IEC materials • Develop IEC materials, particularly brochures, posters and flyers • Pre-test the messages about TB that will be imparted to the target audience • Develop a camera-ready copy of the various IEC materials • Pre-test the IEC materials • Translate the IEC materials into 3 dialects: Tagalog, Ilonggo, and Cebuano
2. Workplace Model Development and Replication: Philippine Business for Social Progress (PBSP)	<ul style="list-style-type: none"> • Continue pilot implementation of the Screened Formal Sector Model • Prepare Unscreened/Informal Sector Model
3. OR on quality of care: TBD	<ul style="list-style-type: none"> • Conduct operations research for improving service delivery and quality of care of DOTS centers

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

The strategy followed for DOTS model development was two-pronged: (1) building on existing initiatives and (2) developing new models. As discussed earlier, new models development was shifted to Task 2, operations research. Task 3, now focuses on enhancing “existing initiatives” particularly the models developed by PhilCAT-CDC, namely: hospital model (Manila Doctors Hospital), HMO-based (PhilamCare), local coalition model (De la Salle/Cavite) and corporate social responsibility model (Unilab). FriendlyCare’s multi-specialty DOTS model is the lone non-PhilCAT CDC initiative.

In year 1, the following were the accomplishments:

- *Signed Memoranda of Agreement* between Philippine TIPS and the DOTS model implementers, which formalized the joint commitment to assess and enhance the models.
- *Started the assessment and enhancement of existing DOTS models* (Manila Doctors Hospital, Friendly Care, PhilamCare, Cavite Clinic) using the situation analysis (SA) tool developed by Philippine TIPS, including the documentation of the Unilab clinic experience started in September 1. This activity is assisted by the Foundation for the Advancement of Clinical Epidemiology, Inc. (FACE). The study is scheduled to be completed by March 2004. One of the outputs expected from the study team is a DOTS financial plan, which is a critical component of the replication guidelines. In this regard a financial analyst is included in the study team. He will take responsibility for this output, with technical assistance from the Policy and Finance Advisor. The situation analysis will produce a set of recommendations to strengthen the DOTS set-up in the clinic addressing the 5 basic elements for DOTS, as well as a recommended clinic-financing scheme and the establishment of clinic referral network to expand access.

In year 2, the conduct of the situation analysis will be continued. During this time a study tour will be conducted to allow clinic implementers to see first-hand best practices in India, Kenya, and the Netherlands, countries known to have successful private DOTS programs. Lessons learned from the study tour will be used to enrich the enhancement plans of DOTS models. Enhancement plans will be prepared for all models except for Unilab, which will merely be assessed and documented.

**Year 2 Targets
Deliverable D-Task 3:**

- Complete situation analysis, enhancement, assessment and replication guidelines for the existing DOTS models, namely: hospital-based, multi-specialty clinic-based; HMO-based and local coalition
- Complete assessment and documentation of the Unilab (corporate social responsibility set up)

The "enhanced models" will then be implemented under the overall direction of the clinic managers, and the process monitored and documented by the study team. Fine-tuning of the system will occur during this stage; hence, a continuous feedback mechanism (from the team to manager and vice versa) will be established to ensure that this process occurs. The implementation of the enhancements and the observation phase will be undertaken in a period of two months. After this, an independent study team will be hired to assess the enhanced DOTS system (referred to as SA2). The team will use the same instruments that were used during the first SA, in order to facilitate comparison with findings obtained from the first situation analysis. Results will be presented to a DOTS expert committee (which shall include consultants from NTBC), to validate strategies and measures that worked best. They will provide recommendations relevant to the development of guidelines for replication of the models. This phase will last one month. FACE will then prepare the replication guidelines and best practices. The draft of these guidelines will also undergo a review by the DOTS expert committee. This task will be completed in one month.

In summary the expected outputs are: situation analysis report and enhancement plan; assistance to the implementers during the enhancement period; and DOTS models replication guidelines. Ultimately the goal is to disseminate the DOTS model implementation guidelines, which should capture the learnings from the development phase, and be able to replicate/expand DOTS

programs in at least 25 sites. In the same vein, the SA 1 and 2 findings will also be disseminated to broaden the vicarious learning processes for DOTS program design and implementation.

After enhancement and completion of replication guidelines, the team will determine best performing models and assess the potential for assisting them further with the fine-tuning of model enhancements and improvement of quality of care to become centers of excellence. Based on initial assessment, the De la Salle program appears to be a good candidate.

As gleaned from Task 2 and 3, in all, by the end of year two the project would have developed/enhanced at least 10 DOTS models, namely: (New) pharmacy initiative, 2 single practice models, 2 workplace models (involving formal and informal workers), (existing PhilCAT-CDC models) hospital-based, HMO-based, local coalition initiated, corporate social responsibility initiative and a multi-specialty clinic .

The critical path of the second-year work plan revolves around the development of the models. However, model development is not entirely within the control of the project team, especially the five existing programs that are on stream. To maintain the timeline of the work plan, it is therefore necessary to work closely with the implementers, foster mutual trust and respect, and be cognizant of the objectives and priorities of the implementers in preparing the enhancement program. Critical points in the process would be approval of the enhancement program and actually committing resources to implement it.

Additional Personnel Needed to Accomplish Task

<p>Long-term Position: Program Assistant for OR and Model Development</p>	<ul style="list-style-type: none"> • Assist in planning, designing, and analyzing operations research (OR) and related studies. • Assist in monitoring and documenting contracted research. • Assist with technical and field oversight of all Basic Ordering Agreement (BOA) holders and OR related consultancies. • Facilitate model development and replication. • Perform other responsibilities as necessary.
<p>Subcontractor</p>	
<p>Situation Analysis and DOTS Model Enhancement: FACE, Inc.</p>	<ul style="list-style-type: none"> • Perform a situation analysis of existing DOTS models, recommend enhancements and assist and monitor the implementation of enhancements, conduct financial analysis of the 5 DOTS clinics • Prepare replication guidelines (except UNILAB)
<p>STTA Consultant Independent Assessment of the DOTS Models post enhancement - TBD</p>	<ul style="list-style-type: none"> ▪ Conduct an independent assessment of the DOTS models after the implementation of the enhancements; cull best practices for the replication

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

Task 4: Replicate DOTS models (IR 2.1)

At the core of the year 2 work plan is the replication of the DOTS models in at least 25 sites strategically spread nationwide. The primary indicator of 85 % success rate will be based on the performance of the pilot models and the replications. There are essentially two ways by which the models will be replicated: the workplace models which will be replicated in at least six sites will be through the PBSP subcontract and the remaining will be through a competitive grant process. It is hoped that grant process will foster political commitment and leadership by producing individual champions who will craft localized approaches with stakeholder support and participation.

At the end of Year 1, the team in consultation with USAID completed the selection process for replication sites, namely: Manila, Bacoor, Quezon City, Batangas, Lucena, Cabanatuan, Angeles, Cagayan de Oro, Ozamis, Davao, Naga, Puerto Princesa, Tuguegarao, Dagupan, Iloilo, Bacolod, Roxas, Cebu, Dumaguete, Tacloban, Cotabato City and Zamboanga. The last two were included as part of an effort to extend the project interventions to areas near the ARMM. Five other sites for the workplace/workforce model are scheduled to be added in November 2003 (formal workforce replication) and July 2004 (informal workforce replication).

The second-year work plan seeks to maximize the impact of several initiatives in some sites by co-locating pharmacy, certification-related activities and possibly workplace initiatives in some sites. This is intended to increase the chances of success of the DOTS models that the project will support.

An increased number of grant applications is anticipated if dissemination activities on the grants process succeed in raising the interest of private sector participants. The provider study in the sites will be timed prior to the dissemination phase of the replication program.

<p>Year 2 Targets Deliverable E Task4</p> <ul style="list-style-type: none">• Replicate models in 25 sties strategically located nationwide: workplace in at least 6 sites through PBSP and the rest through a competitive grant process
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The replication guidelines are expected to increase the possibility of the awardees achieving high success rates in the initial year of DOTS implementation. Technical assistance coupled with consistent program and technical supervision, will ensure that the grants program is able to provide necessary support at the right time. To provide this service a team of five additional TIPS long term staff, consisting of an overall program manager and four (4) DOTS technical specialists, will be nominated by TIPS. The team will provide some of the training needs related to technical/clinical aspects of DOTS, assist them get PHIC accreditation, provide specific technical assistance, mentoring, monitoring and continued enhancement of the DOTS program operations.

The team will also identify and coordinate the provision of other training needs and technical assistance, especially the social marketing and business/financial management. To the best of its ability, the team shall ensure a certifiable and functioning DOTS center at the end of the project assistance. A DOTS program performance monitoring plan (referred to as the DOTS Fund Program PMP) will be developed within the grants program to support grants technical management. Subject to the agreement of the PhilCAT-CDC DOTS program implementers the

same PMP could be used to monitor their performance, with the aforementioned TIPS DOTS technical team performing external evaluation until a system is institutionalized. The indicators of the DOTS Fund Program PMP will complement the project PMP described in Deliverable A. It shall include a score card to measure the quality of the service, the treatment outcomes, track number of patient enrollment and referring physicians. The DOTS Program PMP will be coordinated with and made consistent with the performance monitoring system that will be developed by the National Coordinating Committee for PPMs. The organization of this Committee is at discussion stage and its mandate will be established through a DOH directive. The project will make representations to get a membership in this Committee.

In year 1, the project developed and got the approval of USAID for the basic grant manual, which outlines the process, guidelines and requirements for grant award. In year 2, a replication grant program will be developed to complement the grants manual in defining the implementation and monitoring plan for the replications. It is important to clarify at this point the constraints posed by the grant guidelines on the replications. Per USAID regulations, the grants should be completed prior to the completion date of the prime contract.

The project will request a completion deadline of three months before end of project (i.e., June 30, 2005 since project ends on September 30, 2005). However, although proscribed, a provision to the grant agreement will be included to enable the project to extend the grant and possibly provide additional resources, subject to the extension of the project (prime contract), availability of funds and good performance. To complete at least a year of implementation, the latest award should be on July 1, 2005. By the time the grants are being procured only the best practices from hospital-based, HMO-based, multi-specialty clinic-based and local coalition-based DOTS programs will be available. The best practices for the new models, pharmacy and single-practice networks will not be ready until the third quarter of 2004. Thus for these models the expanded advance implementation scheme, which involves testing the models in several sites will be used.

Additional Personnel Needed to Accomplish Task

<p>Long-term Position: DOTS Fund Program Manager</p>	<ul style="list-style-type: none"> • Prepare, with the assistance of a grants specialist, the DOTS Fund program guidelines • Coordinate pre-award activities, including training, information dissemination, write shops and procurement process • Coordinate the implementation of the DOTS Fund program • Assist with the monitoring and evaluation of grant recipients • Identify training needs and coordinate provision of the training • Perform other responsibilities as necessary
<p>DOTS Technical Specialists (4)</p>	<ul style="list-style-type: none"> • Participate in the implementation of the Basic DOTS Training courses at the cities chosen as replication sites • Participate in the implementation of the grants write-shops to be conducted for prospective bidders • Conduct monthly monitoring visits to grant recipients as assigned by the Technical Coordinator • Provide the Technical Coordinator with monitoring reports describing the status, progress, and difficulties encountered by each program • Carry out corrective measures such as clarifying procedures for problems noted during monitoring visits and keep the Technical Coordinator informed about such issues/concerns • Submit end of assignment report describing in detail the progress of each assigned DOTS program from their establishment to the end of assignment, together with recommendations for improvement and sustainability • Initially, conduct external evaluation of existing DOTS models
<p>Short- term Assignment for Home Office Staff</p>	
<p>Grant Specialist/ Chemonics</p>	<ul style="list-style-type: none"> ▪ Prepare guidelines for the DOTS Fund replication grant program
<p>M&E Specialist/ Chemonics</p>	<ul style="list-style-type: none"> ▪ Prepare a monitoring and evaluation plan for

	the DOTS Fund program
STTA Consultants:	
TA to replicators - TBD depending on need of replicators	<ul style="list-style-type: none"> • Provide custom-fitted technical assistance to DOTS replicators, including but not limited to business and financial management

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the treatment behavior of providers.

Task 5.A and 5.B: Training and Certification.

Task 5A – Training

This component of the project aims to provide both pre and in-service training on various aspects of DOTS service provision for private health providers involved in TB treatment. For pre-service training the strategy is to develop a DOTS core syllabus that will be adopted by medical schools and incorporated in their own curriculum. To boost the adoption and use of the syllabus, the project also conceptualized the Master TB Educator Award (MTBEA). The MTBEA intends to develop champions in medical schools who will promote the teaching of DOTS in an innovative, creative and effective manner. The inclusion of DOTS in the medical curriculum will ensure long term and far reaching benefits on fostering knowledge, promoting the right attitude and hopefully institutionalize and standardize the practice. To complement this effort further, representation will be made to the medical board to include DOTS in the licensing exams of physicians.

The in-service training will include: basic DOTS training, certification and quality assurance, DOTS program set up and business management. Most of the training will be through a train-the-trainer approach involving professional societies. However, to support the DOTS models replications, retail type of training will be provided to target providers.

The project made a lot of headway on this task, specifically:

- The project developed and validated through an expert panel and workshop with the deans of medical schools a DOTS core syllabus. It also secured the adoption of the syllabus by the Association of Philippine Medical Colleges (APMC) and its agreement to integrate it into the medical curriculum. The DOTS syllabus is now in various stages of adaptation and implementation in several schools.
- The Master TB Educator Award (MTBEA) was designed and developed and eventually implemented under the Philippine TIPS grants program. Complementing the DOTS syllabus, the MTBEA is seen as a means to strengthen the pre-service training of providers on DOTS by enhancing the capacity of educators and developing a cadre of DOTS champions. In the first year, awards were given to three (University of the Philippines, University of Sto. Tomas, De La Salle University) of the 10 medical schools that competed.
- The Basic DOTS training module for medical providers and the training of trainers (TOT) modules have been developed.

- Training on five modules, namely: Basic DOTS, TOT on DOTS training, DOTS certification, quality assurance and DOTS program management was given to a total of 650 participants on 18 August 2003.

In year 2 the project will sustain the efforts to institutionalize the training of DOTS both at the pre- and in-service levels. It will continue to enjoin more medical schools to integrate the DOTS syllabus into their curricula and will provide mentoring and technical assistance in the implementation of the MTBEA. DOTS in Continuing Medical Education programs will also be strengthened by providing assistance to various professional societies implement training activities, as provided for in the Memorandums of Agreement between these societies, Philippines TIPS and PhilCAT.

The project will assist the MOA signatories prepare an implementation plan, and will provide technical assistance as needed. The training materials will be provided to the societies and updates thereto and their trainers will be mentored by specialists commissioned by the project. Through this assistance, quality of training will be ensured. Progress will be monitored at least every quarter by the project with PhilCAT.

Year 2 Targets

Delivarable F-Task 5A:

- Complete evaluation of adoption of the DOTS core syllabus
- Award MTBEA to another 10-12 schools
- Conduct basic DOTS training, DOTS set up and business management in replication sites
- Assist professional societies conduct training on DOTS
- Assist medical technologists and other non-medical personnel access DOTS training

In view of the enthusiastic response of medical schools and the quality of proposals received, the project strongly recommends expanding the Master TB Educator Awards. Instead of just two more awards, the proposal this year is to increase this up to 12 more schools. The award will ensure the integration of DOTS into the medical curriculum as well as the establishment of DOTS centers by the grantee schools and their affiliated hospitals. Likewise, the recognition and prestige it brings to the medical school community will motivate other schools to be at par with the grantees. In short, the few awards will have significant multiplier effect in promoting DOTS in medical schools.

Training for in-service physicians and other DOTS providers will concentrate on training needs of existing models as part of the enhancement program, clientele in the replication sites and among grantees. The training program shall include among others the following areas:

- Basic DOTS,
- DOTS set up and program management,
- Quality assurance,
- Treatment partner training
- Training of Diagnostic Committees, which to date has not been initiated; given the importance of the role of the diagnostic committees in cases where diagnosis of TB is not conclusive (i.e., sputum negative) special attention will be given to this group.
- Business and financial management.

The training on the aforementioned areas for grantees will be provided at start-up to allow more time to improve DOTS services and achieve the desired 85% success rate.

Although the project intends to have direct involvement in the training of existing program implementers, replicants and grantees, for other groups it will leverage its resources by concentrating on the development of training materials and training of trainers, instead of going into the retail type of training. It will continue to strengthen training collaboration with medical professional societies. To assist non-medical providers, especially the medical technologists, assistance will be provided in enabling them to gain access to relevant DOTS training, including sputum microscopy. This approach optimizes resource use, broadens the reach to institutional partners, and empowers various groups and societies.

Additional Personnel Needed to Accomplish Task

<p>Long term Position: Program Assistant for Training, Certification and Communication</p>	<ul style="list-style-type: none"> ▪ Assist in training, certification and communication research and documentation activities. ▪ Coordinate trainings, events and meetings. ▪ Prepare meeting notes.
<p>STTA Consultants</p>	
<p>A. Assessment of Adoption of DOTS Syllabus in Medical Schools</p> <p>1. DOTS Syllabus Integration Monitor and Evaluation Specialist</p>	<ul style="list-style-type: none"> ▪ Conduct a survey of the current status of DOTS syllabus integration in medical schools among implementers ▪ Review revised syllabi, training modules and materials to validate survey results ▪ Integrate recommendations of the expert panel, medical schools on the content and adoption of strategy of DOTS syllabus
<p>2. DOTS Syllabus Content Expert</p>	<ul style="list-style-type: none"> ▪ Provide technical expertise on validity and applicability of the content and applicability of the revised syllabi, training modules and materials ▪ Assist the DOTS Syllabus Integration Monitor and Evaluation Specialist on the conduct and validation of survey results ▪ Assist with implementation of assessment workshop
<p>B. DOTS Training of Trainers of Medical Professional Societies:</p> <p>1. DOTS Trainers (number to be determined according to need)</p>	<ul style="list-style-type: none"> ▪ Provide training on various aspects of DOTS to trainers of professional societies ▪ Provide training in replication sites on basic DOTS, program management, quality assurance and business management
<p>C. MTBEA Mentorship: NTBC Representative (e.g., Dr. Lee Reichmann or Dr. Bonita Mangura)</p>	<ul style="list-style-type: none"> ▪ Provide mentoring support to the work plan of the three existing MTBEA grantees

Task 5B – Certification.

The certification component is geared to ensure adequate and quality provision of DOTS services. It will be a requisite step to the accreditation by PhilHealth to establish eligibility for the TB out-patient package.

In year 1, the project designed and developed a DOTS certification system, quality assurance system and training plan for certification. Pilot testing of these parameters was done in 17 DOTS centers. Of these, 10 were eventually certified. A Certification Management and Operation Plan has also been prepared to complement the DOTS certification system. The Plan will be made available to certifiers groups.

The intermediate goal in year 2 is to improve the certification system and scaling up certification while assuring quality. In general, the development of the certification task will be guided by the recommendations of the Certification Management and Operation Plan (CMOP). A major recommendation of the CMOP is the devolution of certification from a central body, (currently, PhilCAT) to regional groups or to DOH as part of Phase 2 of the *Senrong Sigla* program.

Year 2 Target

Deliverable F-Task5B:

- Evaluate and improve the DOTS certification system
- Assist in developing capacity of regional certifiers by conducting a training of regional certifiers

The end view is to expand the capacity for certification so that it does not become a bottleneck for the accreditation of DOTS centers. In this regard the project will conduct an evaluation of the initial certification system and formulate recommendations to improve the system. The project will also help in the transition from PhilCAT to regional and representative groups (e.g., with membership from professional societies, DOH and PhilHealth). A major component of this assistance is training on the certification system, to enable expansion in an expeditious manner without sacrificing quality. The project targets at least 10 participants per region for the training of regional certifier groups.

Additional Personnel Needed to Accomplish Task

<p>Long term Position: Program Assistant for Training, Certification and Communication</p>	<ul style="list-style-type: none"> ▪ Assist in training, certification and communication research and documentation activities. ▪ Coordinate trainings, events and meetings. ▪ Prepare meeting notes.
<p>STTA Consultants</p>	
<p>A. Assessment of Certification System: 1. Certification Specialist (Dr. Asuan)</p>	<ul style="list-style-type: none"> ▪ Design and develop a framework and tool for evaluation of the effectiveness initial certification program ▪ Conduct actual review of initial certification process ▪ Develop recommendations and enhancement plans on how to carry certification forward and present them to an Expert Panel for review

<p>B. Train-the-trainer of Regional Certifiers:</p> <p>2. Certifications Management Specialist/ Team Leader_(International Consultant)</p>	<ul style="list-style-type: none"> ▪ Review existing certification materials as well as Management plan and evaluation of initial certification ▪ Design the training materials for certifiers based on Philippine TIPS/ PhilCAT certification documents ▪ Conduct training workshop among regional certifiers
<p>3. Certification Specialist</p>	<ul style="list-style-type: none"> ▪ Assist in development of pre-workshop materials and activities ▪ Coordinate and help develop the training materials and module for certifiers ▪ Assist with workshop preparation

Task 5C – Communications.

The scope of work for this task is promoting the DOTS methodology and DOTS models with private health providers/workers, public relations and networking support to all project tasks, and putting in place support mechanisms for the communication needs of the project. In accordance with the high profile of this project in the Philippines and internationally, there will also be formulated an overall, integrated project communication strategy to build support for project goals.

In year 1 the major accomplishments of this task are:

- *Integrated Communication Strategy* – Competitive bidding for communication research and communications planning is underway. In line with Year 1 targets, the ICS when completed will incorporate strategies for project outreach, PR strategy, core message development including synergizing with other TB-DOTS institutions, DOTS Center branding, and project corporate branding, and continuing support to partners. A research activity added is the profiling of the on-line behavior of private providers. This refers to the preference and practice of private providers on the use of internet-based information.
- *Project Communications.* Activities focused on building, celebrating and maintaining interest in project activities and outputs among partners and stakeholders through communications and advocacy. Information materials developed included data CDs, project branding materials, a project brochure, and Q&As. The project responded to requests for information and "talking heads" opportunities from the press and was successful in getting media attention, including a 3-day run about TB in a popular comic strip. As part of the effort to harmonize the communication efforts of various TB agencies, the project hosted a consultation on TB messages. Participants included ReachOut Foundation, World Vision, Department of Health, PhilCAT, Philippine College of Chest Physicians, and the World Health Organization.
- *Support to Models Development and Other Project Tasks.* There were no treatment behavior change activities undertaken in Year One since, with the exception of the workplace models of consortium member Philippine Business for Social Progress

(PBSP), the project did not yet have prototype models during this period. Activities under this task focused on supporting training and DOTS syllabus activities. Technical assistance was given to PBSP planning and health education activities. Part of this support consisted of organizing a roundtable discussion during Corporate Social Responsibility Week 2003 at the Philippine International Convention Center last July.

In year 2, the major challenge is how to meet multiple requests for materials and communications support in an integrated and strategic way. To meet this demand, the project will either use STTA or subcontracts. Related to the latter the project will institute a communications Basic Ordering Agreement³, to which task orders will be issued as need arises.

Year 2 Targets

Deliverable F-Task 5C:

- Complete the Integrated Communication Strategy
- Provide communication support to all project tasks

This task will continue to support the project's overall goal of improving the successful diagnosis and treatment of TB by the private sector, through DOTS (with an 85% success rate in project sites being the indicator).

It will continue to have two responsibilities: (a) To increase the proportion of private providers who are aware of DOTS or have positive attitudes about its effectiveness and acceptability; and, (b) To build, celebrate and maintain interest in project activities and outputs among interest groups and stakeholders.

The target audiences of communications remain (a) private providers likely to be consulted by TB patients (i.e., general practice, family medicine, internal medicine, pulmonology, and infectious diseases); and (b) project stakeholders, including USAID, other donor agencies, and partners in the national and international TB community.

Additional Personnel Needed to Accomplish Task

<p>Long term Position: Program Assistant for Training, Certification and Communication</p>	<ul style="list-style-type: none"> ▪ Assist in training, certification and communication research and documentation activities. ▪ Coordinate trainings, events and meetings. ▪ Prepare meeting notes.
<p>Subcontracts:</p> <p>1. Research Support for the Integrated Communications Strategy</p>	<ul style="list-style-type: none"> ▪ Design and undertake a series of communications research activities using a combination of existing data, focus group discussions, small-size surveys (field interview or phone) that will enable TIPS to develop an integrated communications strategy
<p>2. Communications/ News Management</p>	<ul style="list-style-type: none"> ▪ Provide communications- related services such as issues management, news media

³ Basic Ordering Agreement (BOA)- a contracting mechanism which includes a qualification and short-listing stage to establish the eligibility of firms to provide the required services and issuance of task orders/ subcontracts generally procured through a competitive process among short-listed firms.

	management, PR events management and news monitoring
3. IEC materials for DOTS centers	<ul style="list-style-type: none"> ▪ Develop IEC materials for DOTS Centers
4. TB DOTS academic detailing module	<ul style="list-style-type: none"> ▪ Develop, pre-test and disseminate TB DOTS academic detailing module, which includes strategy and prototype materials
STTA Consultants	
ICS Strategic Planning:	
1. ICS Strategic Planning Team Leader	<ul style="list-style-type: none"> ▪ conduct strategic communications planning workshop based on the results of the communications research ▪ assist PhilTIPS in determining the integrated communications strategy
2. Research Assistants for ICS Strategic Planning	<ul style="list-style-type: none"> ▪ Assist the Strategic Planning Team Leader in the conduct of the workshop
Journalist Workshops :	
3. Communications expert for journalist workshops (2)	<ul style="list-style-type: none"> ▪ conduct TB-DOTS workshop series for journalists
Communication Support to DOTS Training:	
4. Communications expert for DOTS Training (3 consultants)	<ul style="list-style-type: none"> ▪ develop communication materials for DOTS Training
Communication Support to DOTS Fund Program:	
5. Communications experts for DOTS Grants Program (3)	<ul style="list-style-type: none"> ▪ develop information/ communication materials for DOTS grants Program road show
DOTS Model Documentation:	
6. Research Documentors	<ul style="list-style-type: none"> ▪ document and package information on the DOTS models
7. Video Documentor	<ul style="list-style-type: none"> ▪ develop video documentation on the DOTS models

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

Task 6. Financing

The underlying objective is to develop a financing mechanism that gives incentives to those who provide direct DOTS services and those who invest in developing and improving the quality of TB DOTS services. This task will cover three major areas: develop a DOTS financing framework, enhance the PhilHealth TB benefit package, and conduct financial analysis of the DOTS model and recommend measures to make them viable commercial operation.

In year 1, groundwork for developing the financing framework for DOTS was undertaken. As part of the TB policy assessment the TB Health Account Matrix and cost analysis of DOTS services were prepared. The analysis indicated that the financing burden of TB treatment falls largely on the households who carry over 50% of its estimated total cost.

Related to the TB insurance benefit package, the PhilHealth outpatient TB benefit package against estimated costs of DOTS treatment in the private sector was reviewed. The MOA between PhilHealth and the project, which formalizes the agreement for the latter to provide technical assistance to improve the package has been signed. On the financial analysis of DOTS centers, inputs were provided to the situation analysis tool that will determine the financial position and financial management practices of DOTS centers. This information will enable the project to identify measures to achieve or improve financial viability.

In year 2, the priority activities for this task are:

- *Private DOTS Financing Sustainability.* The project will arrange financial management technical assistance as needed to DOTS model implementers and replicators. The assistance will include training on business planning, setting up chart of accounts to document the real cost of providing the service, financial management, and pricing recommendations. For replicators it will also include an exit strategy for TIPS grant assistance to ensure sustainability.
- *Develop DOTS Financing Framework.* A study will be conducted to refine the analysis of the TB health account, estimate/forecast financing gap and identify other possible sources or how existing sources may be maximized, such as insurance and LGU financing. It is however anticipated that the PhilHealth package will remain the most significant source that will lessen the out-of-pocket cost. This study will be coordinated closely with the private sector drug access review, which will be done in Task 1. Considering that calibration of the financing strategy will be informed by the magnitude of financing gaps, which could potentially be reduced with strategy for drug access.
- *PhilHealth TB Financing.* PhilHealth is the largest health care financing institution in the country. Its initial TB benefit package carries strong potentials in stimulating private sector DOTS providers. The PhilHealth benefit requires technical and financial repackaging to enhance its impact. Financing reforms will be pursued with PhilHealth by offering technical support in actuarial estimates of its potential TB financing liabilities, financing and reimbursement policies and processes, and TB benefit enhancement. Integration of PhilHealth-HMO benefits will also be explored to maximize private sector financing sources for TB services.

Year 2 Targets

Deliverable G-Task 6:

- Complete financial analysis of existing DOTS models
- Assist DOTS replicators prepare business and financial plan
- Provide TA to PhilHealth to improve TB benefit package

Additional Personnel Needed to Accomplish Task

<p>Long term position: Program Assistant for Policy and Finance</p>	<ul style="list-style-type: none"> ▪ Assist in Policy and Health Financing research and documentation ▪ Coordinate policy consultation meetings and implementation of the advocacy program. ▪ Prepare meeting notes. ▪ Assist in drafting and finalizing technical reports. ▪ Assist with coordination of short-term consultancies
<p>STTA Consultants:</p>	
<p>TB Financing Framework: 1. Finance Expert(international)</p>	<ul style="list-style-type: none"> ▪ Develop a TB Services financing framework
<p>2. Finance Expert(local) (2)</p>	<ul style="list-style-type: none"> ▪ Assist the international finance expert in developing the financing framework
<p>3. Research Assistant</p>	<ul style="list-style-type: none"> ▪ Assist in the research, preliminary analysis and report preparation
<p>Training on Business and Financial Management of DOTS Programs: 4. Local Finance Expert for DOTS business and financial planning</p>	<ul style="list-style-type: none"> ▪ Conduct training on DOTS business and financial planning
<p>5. Local Finance Specialist on financial management</p>	<ul style="list-style-type: none"> ▪ Provide TA support to DOTS replicators on financial management
<p>Technical Assistance to PhilHealth: 6. Actuarial/ finance experts(3)</p>	<ul style="list-style-type: none"> ▪ Conduct actuarial study for TB benefit package
<p>7. Research assistant for actuarial study</p>	<ul style="list-style-type: none"> ▪ Assist the actuarial/ finance experts in the conduct of the actuarial study
<p>8. International expert on financing and reimbursement policy</p>	<ul style="list-style-type: none"> ▪ Review the PHIC TB OP Benefit Package ▪ Provide recommendations to improve the benefit package
<p>9. Local experts on financing and reimbursement policy (2)</p>	<ul style="list-style-type: none"> ▪ Assist the international expert in providing recommendations for the enhancement of the benefit package
<p>10. research assist for financing and reimbursement policy</p>	<ul style="list-style-type: none"> ▪ Assist in the conduct of research on the benefit package

EXHIBIT 2. Summary of Major Activities and Expected Outputs (October 1, 2003 to December 31, 2004)

Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
Baseline Survey and Performance Monitoring Plan	Deliverable A: Baseline TB success rate data and scale of measurement indicators of achievement of contract objectives				
1 Measure private providers' KAP at baseline	Conduct baseline survey on TB treatment KAP of private physicians in 25 replication sites				
a. Implement Study	1-Jan-04	15-Jul-04	Baseline survey report		Subcontractor
b. Present report to USAID and other Partner groups	1-Jul-04	15-Jul-04	Presentation to USAID and other partners		
2 Finalize and obtain approval of USAID of the Performance Monitoring Plan	done	awaiting USAID approval	TIPS PMP Plan		
Submit quarterly and annual reports to USAID	1-Oct-03	30-Sep-05	PMP quarterly report	will coincide with submission of Quarterly/Annual Accomplishment Report of the project	
Task 1: ENABLING POLICY 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				New long term staff: 1 program assistant for policy and finance
1.1 Implement policy reform agenda	The policy assessment study identified three priority areas for intervention: lower cost of TB drugs, promote TB patient rights through non-discriminatory employment policies, promote the practice of quality DOTS services among providers, of which the target groups being physicians and medical technologists				
<i>Cluster 1. Improve Private Sector Access to TB Drugs</i>	Recommend mechanisms to reduce the cost of and improve access to quality TB drugs				
Undertake analysis and design of scheme for private sector access to TB drugs	1-Feb-04	30-Mar-04	Design framework for PS access to TB drugs		Subcontractor
Conduct FS on scheme and recommend mechanism for implementation	4/1/2004	6/30/2004	Feasibility Study for a Private Sector Drug Access Facility	Will include recommendations to access GDF drugs initially and assess the need of eventually set up a facility similar to the GDF	
Obtain inputs from stakeholders on study recommendations	25-Jun-04	30-Jun-04	Stakeholder consultation (Cluster on Drugs)		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
<i>Cluster 2. Promote TB patient rights</i>	Recommend corporate policies and government department orders to promote TB patient rights; advocate for adoption of these policies by corporate partners and issuance of department orders				
Review and evaluate employment policies affecting TB patients and prepare recommendations for employment policies and provisions for department orders	1-Feb-04	30-Mar-04	DOLE Department Order on TB Patient Rights	Assist in drafting of order	STTA: 1 international TB patient right expert; 1 local expert and 1 research assistant
Develop Employers' Covenant Against TB Discrimination	22-Feb-04	29-Feb-04	Employers' covenant against TB discrimination		
Convene stakeholders and agree on covenant contents	1-Mar-04	5-Mar-04	Stakeholder consultation		
Monitor/Support covenant implementation	6-Mar-04	28-Sep-04	TA to corporate partners		
<i>Cluster 3. Enhance DOTS Quality Assurance</i>	Recommend covenants with medical professional societies to promote the practice of DOTS and with medical technologists to adopt measures to improve their members' proficiency in sputum microscopy				
Sign covenants with Medical Societies on DOTS Quality	done		Covenants with PCP, PCCP, PSMID, PPS, PAFP and PCOM	In the form of a tripartite MOA between these groups, PhilCAT and TIPS	
Sign covenant with PMA	1-Mar-04	30-Mar-04	Covenant with PMA to	In the form of a tripartite MOA between these groups, PhilCAT and TIPS	
Prepare action plans for implementing covenant commitments	1-Jan-04	30-Apr-04	Implementation plan for covenants		
Ensure DOTS training as criteria for member in good standing	1-Feb-04	30-Apr-04	Professional Society guidelines that will require DOTS training as a requisite to good standing		STTA: Trainers (TBD)

Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
Sign covenants with Medical Technicians on DOTS Quality	1-Feb-04	30-Mar-04	Covenant with PAMET	In the form of a tripartite MOA between these groups, PhilCAT and TIPS	
Implement covenant and provide support as needed	1-Oct-03	30-Sep-04	TA to professional societies		
Monitor implementation	1-Oct-03	30-Sep-04			
<i>Cluster 4. Expand TB Financing (See task 6 below)</i>					
1.2 Advocate for adoption of policy reforms	Prepare policy advocacy program to expedite the adoption of and implementation of policies that will promote DOTS treatment in the private sector				
Prepare policy advocacy strategy	5-Jan-04	5-Mar-04	Policy advocacy strategy and action plan		Subcontractor
Implement advocacy strategy/action plan	8-Mar-04	30-Sep-04			Subcontractor
1.3 Private Sector TB Summit	Organize a summit that will be the venue to discuss policy recommendations or initiatives and mobilize support therefore among target implementors and stakeholders				
Organize PS TB Summit Organizing Committee	1-Apr-04	30-Apr-04	TB Summit Committee		PhilCAT
Plan TB Summit events with policy cluster members	1-May-04	30-Jul-04	Program for TB Summit		
Hold TB Summit on Nat'l TB Day (tentatively Aug. 19)	19-Aug-04	19-Aug-04	TB Summit		
Task 2: OPERATIONS RESEARCH	Deliverable C: Best strategies identified to improve and expand DOTS implementation in the private sector				
	For year 2: Develop, design and undertake advance implementation of new DOTS models				
2.1 Develop Pharmacy Initiative	Implement a three-pronged design on engagement of pharmacies on DOTS treatment, i.e., (i) IEC disseminator, (i) + referee to a DOTS center and counselor, (i)+(ii)+direct participant to DOTS service delivery				
PROJECT PREPARATORY PHASE					
a.	18-Aug-03	29-Aug-03	Pharmacy initiatives design and implementation plan		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
d. Identify partner pharmacies in 7 sites	1-Jan-04	29-Feb-04	MOA with participating pharmacies	Field workers will be engaged to assist in the organization, training and monitoring of the program	STTA: Pharmacy Program Management Team; 1 Program Manager (doubles as site manager for QC), 1 Assistant Program Manager, 3 site managers (1-Dagupan, Cavite; 1-Cebu, Iloilo; 1-Davao and Cagayan de Oro)
PROJECT IMPLEMENTATION PHASE					
f. Prepare pharmacy training modules and conduct TOT to NGOs and select pharmacy representatives	15-Nov-03	15-Dec-03	Training modules and TOT		STTA: 1 training expert from NTBC; 1 local training specialist
i. Prepare TB IEC materials for dissemination by pharmacies	1-Jan-04	30-Jan-04	IEC materials		STTA: 1 Development-1 international IEC expert, 1 local IEC specialist; STTA 2: Design/ Execution of materials: subcontractor
k. Implement activities in pilot sites	1-Jan-04	30-Jul-04	Implementation program with at least 100 pharmacies located in the following sites: Dagupan, Dasmariñas, Quezon City, Cebu, Iloilo, Davao, Cagayan de Oro		STTA: Program Management Team
PILOT PROJECT EVALUATION PHASE					
m. Monitoring and Assessment	1-Aug-04	31-Aug-04	Assessment report, national scale up plan and replication guidelines		STTA: TBD
2.2 Develop additional single practice models					
b. Prepare design of two single practice models	15-Jan-04	15-Feb-04	Design and advance implementation plan of 2 single-practice models	May include social franchising scheme and an NGO-coordinated DOTS service	STTA: 2 international experts; 2 local specialists; 2 research associates
e. implement pilot projects	1-Mar-04	30-Aug-04	Advance implementation program		TBD

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
f. Assess advance implementation and prepare replication guidelines	1-Sep-04	30-Sep-04	Assessment report, national scale up plan and replication guidelines		STTA: TBD
2.3 Work place model					Subcontract: PBSP
a. Screened formal sector model	Continue pilot implementation, assess, and replicate the following variants: full DOTS service delivery in the workplace; referral of employees to HMO and dependents to RHU; referral of employees and dependents to RHU				
Continue implementation of screened formal workplace model	1-Sep-03	30-Sep-04	Implementation program		
Assess models and prepare replication guidelines	1-Nov-03	30-Jan-04	Assessment report and replication guidelines		
Replicate	1-Feb-04	31-Dec-04	Replication program		
b. Unscreened/ Informal Workforce with ties to the formal sector	Prepare workplace model, which includes informal workers not directly hired by the company but provide ancillary service thereto, and the company's immediate community				
Develop model operating guidelines	1-Dec-03	30-Jan-04	Design and implementation plan		
Pilot the model, assess implementation experience and prepare replication guidelines	1-Feb-04	30-Aug-04	Implementation program, assessment report and replication guidelines		
Replicate	4-Sep-04	31-Aug-05	Replication program		
Task 3: PRIVATE DOTS MODEL DEVELOPMENT	Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication				New long term staff: 1 program assistant for OR and model development
3.1 Models for MDH, FC, Philamcare, DLSU/Cavite and UNILAB	For existing models, conduct an assessment, recommend and implement enhancements, assess enhancements and prepare replication guidelines (except for Unilab which will merely be assessed and documented)				
a. Conduct Situation Analysis (assessment, enhancement, and implementation)	8-Sep-03	29-Feb-04	SA Report, Enhancement Plan and Implementation Program	TIPS will provide TA and other resources for enhancement	Subcontractor: FACE; STTA - TBD
Document UNILAB experience	2-Oct-03	30-Oct-03	Unilab DOTS Experience Documentation		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
b. Conduct Study Tour	12-Oct-03	28-Oct-03	Study Tour in India, Kenya and Netherlands	7 participants	
c. Evaluate 4 models: MDH, FC, PhilamCare and DLSU/Cavite	1-Mar-04	30-Mar-04	Evaluation Report	to be conducted by an independent team	STTA: TBD
d. Prepare replication guidelines for the 5 models (SA 1 team)	15-Mar-04	15-Apr-04	Replication guidelines		Subcontractor: FACE
Task 4: REPLICATION OF DOTS MODEL	Best TB DOTS approaches/ service models are implemented in at least 25 strategic urban cities/large municipalities nationwide				
4.1 Prepare and implement grants program for replication	Conduct training, and write shops to assist replicators prepare grant proposals for the replication of DOTS models in 25 sites: Manila, Bacoor, QC, Batangas, Lucena, Cabanatuan, Angeles, CDO, Ozamis, Davao, Naga, Puerto Princesa, Tuguegarao, Dagupan, Iloilo, Bacolod, Roxas, Cebu, Dumaguete, Tacloban, CotabatoCity and Zamboanga City (3 others TBD)				
4.1.1 Develop and design replication grants program	8-Sep-03	30-Nov-03	Replication Grants Program		New long term staff: DOTS Fund Team: 1 Program Manager + 4 DOTS Technical Specialists
4.1.2 Prepare RFA for competitive grant process for replications	1-Mar-03	22-Mar-03	RFA for Replication Grants		
4.2 Provide training to potential replicators					
4.2.1 Assist with adaptation of training programs, conduct training and publicize replication grants	1-Dec-03	5-Mar-04	Roadshow in the replication sites	to conduct basic DOTS training among potential replicators and announcement of DOTS Fund for the TIPS replication program	DOTS Fund Team will provide support to TC and TCA
4.2.2 Develop program and conduct writeshops	1-Apr-04	30-Apr-04	Write shops in replication sites		DOTS Fund Team will provide support to TC and TCA
4.3 Release RFA	22-Mar-04	31-Mar-04	Grant solicitation process		
4.4 Evaluate Proposals/Award grants	28-May-04	30-Jun-04	Grant agreements with replicators		
4.5 Implement replication program	5-Jul-04	30-Jul-05	Grant implementation / monitoring reports		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
Task 5: TRAINING, CERTIFICATION AND COMMUNICATION	Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the treatment behavior of providers				
5A.1 Provide basic DOTS training in replication sites	7-Jan-04	5-Mar-04	Basic DOTS Training for private physicians in replication sites	part of the road show planned in Task 4	New long term staff: 1 program assistant for training, certification and communication STTA: TBD
5A.3 Conduct training on DOTS business management, quality assurance including training of DOTS Diagnostic Committees	1-Jul-04	30-Aug-04	Training on business management and quality assurance for selected replicators/grantees		STTA: TBD
5A.4 Organize Training for Microscopists					
Meet with microscopy training groups re training collaboration (RITM-NRI, JICA, DOH and PTSI)	17-Mar-04	22-Mar-04	Agreements with microscopy training groups		
Coordinate training of private med techs for basic and QA sputum microscopy	24-Mar-04	30-Apr-04			
Provide logistical support in the conduct of training	3-May-04	14-May-04			
5A.5 Assist in enabling the DOTS training of non-medical groups					
Provide non-medical professional societies with TIPS training materials	15-Sep-03	31-Oct-03			
Adapt basic DOTS modules for the pharmacy group	14-Oct-03	7-Nov-03	Modified basic DOTS modules for pharmacists		
5A.6 Assist in enabling DOTS training for medical groups	10-Oct-03	30-Sep-04			
Follow up implementation of the MOA with Prof Societies re training	10-Oct-03	30-Sep-04	MOA Implementation Plan		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
5A.7 Facilitate adoption of DOTS in the medical curriculum	17-Nov-03	14-May-04			
Evaluate and modify DOTS syllabus	15-Feb-04	30-Mar-04	Evaluation report and revised DOTS syllabus		STTA: 2 local curriculum experts
Conduct follow up assessment survey of integration of DOTS syllabus in medical schools	15-Feb-04	29-Feb-04	Assessment survey report on use of DOTS syllabus in medical schools		STTA: 2 local curriculum experts
Confer with Board of Medical Examiners to include DOTS in medical exams	1-Mar-04	15-Mar-04	Agreement to include DOTS in medical board exams		
Evaluate the implementation of the DOTS syllabus in medical schools	1-Sep-04	30-Sep-04	Evaluation report		STTA: 2 local curriculum experts
5A.8 Continue work on MTBEA Awards					
Monitor progress of the 3 MTBEA Awardees	3-Oct-03	30-Sep-04	Monitoring reports		STTA: NTBC
Present results by the 3 awardees	19-Aug-04	19-Aug-04	Implementation Reports by 3 awardees		
Release RFA for second round of awards	2-Feb-04	2-Feb-04	MTBEA procurement		
Award to 8-10 schools	16-Apr-04	16-Apr-04	Grant agreement		
Evaluate MTBEA Program	15-Jun-04	31-Jul-04	Evaluation Report		
Task 5B. CERTIFICATION					
5B.1 Evaluate effectiveness of pilot certification system	1-Sep-03	10-Nov-03			
Conduct evaluation and recommend changes to the system	17-Nov-03	15-Jan-04	Revised certification system		STTA: 1 certification evaluation expert (Dr. Asuan)
5B.2 Assist in organizing other certification groups and implementation of the CMOP					
Provide briefing on the certification management and operating plan	1-Mar-04	30-Mar-04	Briefing of certifiers groups on CMOP		

Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
Train trainers of regional certifiers groups on certification and QA	28-Jan-04	15-Mar-04	Training materials and training of regional certifiers groups		STTA: 1 international certification expert and 1 local certification and training specialist
5B.3 Assist replication sites get certified	3-Aug-04	31-Dec-04	Certification of replicatoers		
Task 5C. COMMUNICATIONS	Prepare an integrated communication strategy for the project and provide task specific communication support				
5C.1 Integrated Communications Strategy (ICS)					
a) Conduct ICS market research	1-Jan-04	30-Jan-04	Market research report on communication behavior of private physicians		Subcontractor
b) Conduct ICS strategy planning	1-Feb-04	29-Feb-04	ICS Plan for TIPS		Subcontractor
c) Contract agency for issues mgt, news media mgt, PR, events mgt, news monitoring	1-Mar-04	15-Apr-04	BOA Procurement for agency which will provide communications-related services to TIPS		Subcontractor
5C.2 Project Communications					
a) Provide regular stream of project stories to the news media, partners, and stakeholders using PR/news media/events mgt support (minimum deliverables per Task Order = 1 TV news report, 3 press releases, 1 media event)	1-Oct-03	30-Sep-05	Project stories, press releases		
b) TB-DOTS workshop series for journalists, including site visits of model DOTS programs	1-Jun-04	30-Nov-04	Journalists workshops to promote reportage on TB issues		STTA: 2 experts
c) Provide continuous comm/advocacy cooperation with & support to partners	1-Sep-03	23-Dec-04	Communication TA support to partners, e.g., PhilCAT, professional societies		

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Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
5C.3 Support to Models Development and Replication					
a) Develop communication materials for DOTS training	2-Oct-03	30-Jul-04	Communication materials for DOTS training		STTAs: TBD
b) Develop information/communication materials for DOTS Grants Program roadshows	1-Oct-03	30-Jan-04	Information materials on DOTS Fund		STTA: 3 experts
c) Document, package and disseminate (in print and video) DOTS models	1-Sep-03	29-Nov-04	Information materials on DOTS models		Subcontractor
d) Develop pre-test and implement IEC interventions inc. point-of-service materials (e.g. DOTS seal, chart reminders, etc.)	16-Sep-03	31-Aug-04	IEC materials for DOTS Centers		Subcontractor
e) Develop, pre-test & disseminate a TB-DOTS academic detailing module (strategy and prototype materials) for selected models	1-Apr-04	28-May-04	TB DOTS academic detailing module		Subcontractor
Task 6: PRIVATE SECTOR DOTS FINANCING					
				Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement program among private health groups	Long term position: 1 program assistant for policy and finance
6.1 Develop DOTS Financing Framework				Develop optimum financing framework that will promote TB treatment seeking behavior and use of DOTS by providers	
Prepare Financing framework	8-Mar-04	16-Apr-04	TB services financing framework		STTA: 1 international finance expert, 2 local experts, 1 research assistant
Vet with stakeholders especially PhilHealth	19-Apr-04	30-Apr-04	Stakeholder consultation		
Use framework as basis for TA for DOTS financing	28-May-04	10-Jun-04			
6.2 Support DOTS Replicants Financing				Assist DOTS program implementors in business planning and financial management to improve financial sustainability of DOTS services	
Support DOTS financial plan training for replicators (with task 5)	1-Jul-04	30-Jul-04	Training on DOTS business and financial planning		STTA: 1 local finance specialist

Program Activities	Start Date	Completion Date	Expected Outputs	Notes	Resource Requirements (in addition to existing TIPS team)
Arrange financial management TA to replicators as needed via subcontract	10-Jun-04	29-Sep-04	TA support to replicators on financial management		STTA: 1 local finance specialist
6.3 Expand TB Financing through policy change	Improve PhilHealth TB benefit package				
Sign MOA with PhilHealth	done		MOA between TIPS and PhilHealth		
Conduct actuarial study	1-Feb-04	22-Jun-04	Actuarial study for TB benefit package		STTA: 3 local actuarial/finance experts; 1 research assistant
Evaluate financing and reimbursement policy	23-Jun-04	18-Oct-04	Recommendations to improve benefit package		STTA: 1 international expert; 2 local experts and 1 research assistant
PROJECT MANAGEMENT					
PhilCAT Institution Building (OD and Sustainability)	Assist in the institution building of PhilCAT to strengthen its capacity to sustain the efforts and initiatives of the project beyond its life				
Prepare PhilCAT OD and sustainability plan	15-Sep-03	17-Oct-03	PhilCAT OD and Sustainability Plan		STTA: 2 international OD and sustainability experts (Glaeser and Perla), 1 local OD specialist (Gerochi) and 1 local finance specialist (Perez)
Conduct facilitated workshop with PhilCAT Board Members to finalize OD and sustainability plan	TBD		PhilCAT OD and Sustainability Plan, including plan for expanded scope of PhilCAT subcon in TIPS and transition plan for eventual turn over of TIPS activities to PhilCAT		STTA for facilitation: TBD
Prepare action plan for capacity building	21-Oct-03	1-Nov-03	TIPS TA Support Plan		
Implement capacity building TA	4-Nov-03	30-Jan-04	TA Implementation Program		STTA: TBD
Project Management Activities	10/1/2003	30-Sep-05	Day to day management		LT Position: 1 technical assistant to the COP

IV. PROJECT MANAGEMENT

A. PhilCAT Organizational Development (OD)

Consistent with the strategic approach of the project to build on existing infrastructure and talent to continue the efforts and initiatives of the project beyond its life, PhilCAT was proposed to be the centerpiece of the sustainability plan to promote private sector participation in TB control. PhilCAT's involvement as a key partner of the project has enabled the team to make strides in all of its tasks. The project benefited from its network, the individual human resource within the organization, previous initiatives and materials, such as the pilots of existing DOTS models, training materials that were useful in the work of the project.

However, for PhilCAT to be more effective in its role as the catalyst for TB control involving the private sector, institution building is necessary. In this regard, the project assistance will be three fold: i) support a strategic planning exercise, ii) prepare an organizational development and sustainability plan, that takes into account the transition of the project tasks to PhilCAT, and iii) specific capacity building support for priority areas consistent with the objectives of the project.

In year 1, the major accomplishments for this task are:

- The Strategic Plan for PhilCAT, which described the vision, mission, objectives and major priority development areas, was completed. The Plan was reviewed and accepted by PhilCAT, with the caveat that it will have to be followed through with a detailed plan and resource programming to bring it to an actionable level.
- An SOW has been submitted for USAID approval for the preparation of an organizational and sustainability plan for PhilCAT. This would translate the strategic plan into a practicable and rationalized action plan. The study started on September 15, 2003.
- Chemonics conducted an assessment of the internal management and administrative systems of PhilCAT to gauge its readiness to enter into a subcontract arrangement. The evaluator recommended four immediate measures to enable PhilCAT to meet the minimum subcontracting requirements, namely: establish NICRA, employ a bookkeeper and an accountant, train the bookkeeper and the accountant on the use of accounting software (i.e., Quick Books) and put in place a policy and procedures manual. All of these will be implemented by September 2003.

In year 2, the project aims to prepare an organizational development and sustainability plan for PhilCAT, and support an action plan that outlines the technical assistance for capacity building. To the extent applicable, some of the capacity building requirements of PhilCAT will be addressed through the involvement of its staff in development activities of the project across its six tasks.

Year 2 Target

PhilCAT Institution Building

- Complete PhilCAT OD and Sustainability Plan
- Provide TA to PhilCAT on priority capacity building areas consistent with project objectives

Contractually, Chemonics expects to enter into a subcontract with PhilCAT by January 2004. The scope of the subcontract will over time be expanded as PhilCAT strengthens its capacity to absorb more tasks. Eventually training, certification related activities, some work on policy advocacy and communication might be devolved to PhilCAT. Shifts of responsibility to PhilCAT will be based on recommendations of the OD plan as vetted and approved by PhilCAT. In this regard the project will sponsor a workshop involving the project and PhilCAT to discuss the

strategy for the expansion of PhilCAT’s role in the project consistent with its institutional role, and the transition plan between the project and PhilCAT.

B. Coordination with Key Partners

In the light of current related initiatives, particularly USAID’s LEAD for Health project, the Global Fund projects and the Global Drug Facility grant, coordination will be strengthened to ensure complementation and optimum use of resources. Major areas for collaboration initially identified are:

- LEAD – LGU enrollment of indigents to PHIC to provide them access to TB OPD benefit package
- Global Fund – delineation of coverage for DOTS PPM programs to obviate competition with the project’s grant replication/expansion program
- Global Drug Facility – guidelines and allocation mechanism for TB drugs provided as grants to PPM over a three year period.

Related to this, the project should continue to nurture and improve coordination with key institutional partners, primarily DOH and WHO.

Additional Personnel Needed to Accomplish Task

STTA : TBD	<ul style="list-style-type: none"> ▪ Provide technical assistance for PhilCAT’s capacity building
Long-term position: technical assistant to the COP	<ul style="list-style-type: none"> ▪ Provide technical assistance on program implementation to the COP

B. Team Organization

The organizational structure of the project remains the same. However, there is need to expand the staff complement of the project to cover the workload of each task, and the management requirements of the critical sub projects such as the pharmacy initiative, the grants replication program and the single practice network models. In view thereof, several long term personnel are proposed, namely: one DOTS Fund Program Manager, and four technical staff, and three (3) program assistants and a technical assistant to the COP.

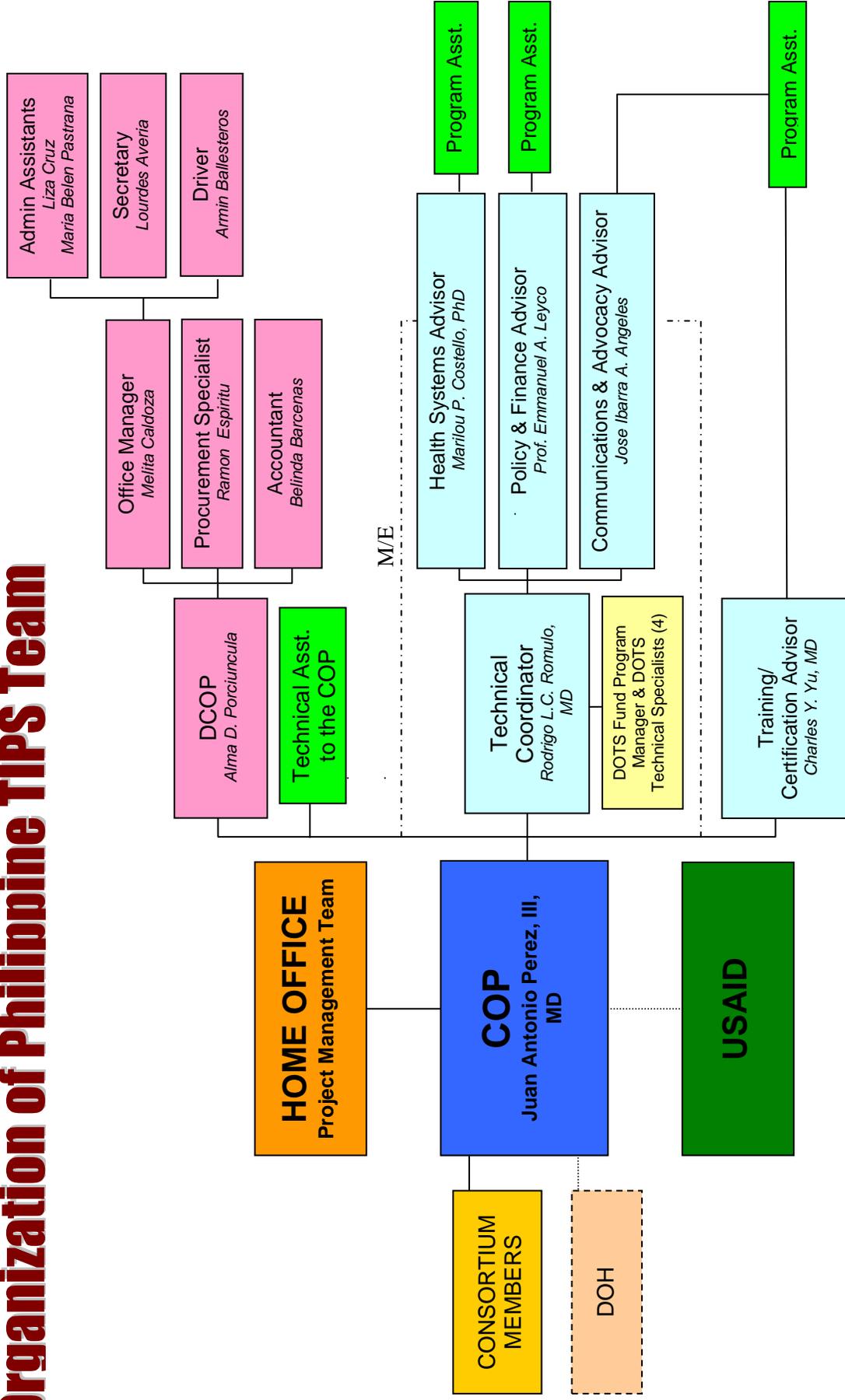
The DOTS Fund program manager will assist the Technical Coordinator in the overall supervision and monitoring of the implementation of model replications in 25 sites. The program assistants will be deployed to: one for Tasks 1 and 6, one for Task 5, and one for Tasks 2 and 3.

C. Monitoring and Reporting

The team will 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. The QPR will include the quarterly PMP report.
- Annual Reports. Due January 31 of each year. The annual reports combining the fourth quarter activities will provide an assessment toward achieving the annual objectives set forth in the Annual Work Plans.
- End-of-Assignment Reports. Due two weeks after the end of each assignment.
- Contract Completion Report. Due 60 days after contract completion.

Organization of Philippine TIPS Team



— = Supervisory Relationship
 = Direct involvement and supervision by COP
 - - - - - = Advisory Relationship