RIT/ JATA Philippines, Inc. Activities and Accomplishments

STOP TB Partnership Forum – Asia
March 14-15, 2016
About us....

Research Institute of Tuberculosis / Japan Anti-Tuberculosis Association Philippines, Inc.
(RIT/ JATA Philippines, Inc.)
RIT/JATA Philippines, Inc.

- Local-based NGO
- Established in 2008
- 7 staff
Accreditation/Membership

• Securities and Exchange Commission

• Philippine Council for NGO Certification

• NTP – Technical Working Group
RIT/JATA
(Organizational tree)

JATA
(Japan)

JATA HQ

RIT

Hospital

47 Office branches

Overseas Office

PHILIPPINES

CAMBODIA

ZAMBIA

Extension office
Vision:

TB- Free Philippines

Mission:

To contribute to the NTP of the Philippines in their goal of ensuring that quality TB services are available, accessible and affordable for all TB patients.
Objective:

To improve the access of the community to quality DOTS implementation by strengthening the linkage between GOs and NGOs/private organizations
PhilPACT Strategies

• **Strategy 1:** Localize implementation of TB Control

• **Strategy 2:** Monitor health system performance

• **Strategy 3:** Engage both public and private TB care providers

• **Strategy 4:** Promote and strengthen positive behavior of communities
PhilPACT Strategies

- **Strategy 5**: Address MDR-TB, TB/HIV and the needs of vulnerable populations

- **Strategy 6**: Regulate and make available quality TB diagnostic tests and drugs

- **Strategy 7**: Certify and accredit TB care providers

- **Strategy 8**: Secure adequate funding and improve allocation and efficiency of fund utilization.
THE TUBERCULOSIS PROJECT IN SOCIO-ECONOMICALLY URBAN AREAS IN METRO MANILA, THE PHILIPPINES
2008- June 2011

Funded by : Ministry of Foreign Affairs
TB CONTROL AND PREVENTION PROJECT IN SOCIO-ECONOMICALLY UNPRIVILEGED AREAS IN METRO MANILA, THE PHILIPPINES
2011- June 15, 2014

Funded by : Japan International Cooperation Agency
Project Sites

District I- Tondo, Manila

<table>
<thead>
<tr>
<th>POPULATION 2013</th>
<th>405,125</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban poor population</td>
<td>193,746 (47.8%)</td>
</tr>
<tr>
<td>Land Area</td>
<td>5.64 sq km</td>
</tr>
<tr>
<td>Population density</td>
<td>71,831 (sq. Km2)</td>
</tr>
</tbody>
</table>

- 10 Health Centers
- 2 NGO DOTS Facilities
- 14 NGO Referring Facilities
Payatas, Quezon City

<table>
<thead>
<tr>
<th>POPULATION 2013</th>
<th>120,633</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban poor population</td>
<td>108,063 (90%)</td>
</tr>
<tr>
<td>LAND AREA</td>
<td>3.21 sq km</td>
</tr>
<tr>
<td>Population density (sq. Km2)</td>
<td>37,580</td>
</tr>
</tbody>
</table>

- 3 Health Centers
- 3 NGO DOTS Facilities
- 1 Referring Facility
Interventions
Engagement of NGOs

Canossa

German Doctors

Sto De Tondo Charity Clinic

Saint Luigi Orione

PAOFI
NGO DOTS’ Contribution - Tondo, 2007 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>LGU</th>
<th>NGO</th>
<th>District I- Tondo, Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>407</td>
<td>146</td>
<td>553</td>
</tr>
<tr>
<td>2008</td>
<td>374</td>
<td>152</td>
<td>526</td>
</tr>
<tr>
<td>2009</td>
<td>406</td>
<td>169</td>
<td>575</td>
</tr>
<tr>
<td>2010</td>
<td>449</td>
<td>155</td>
<td>604</td>
</tr>
<tr>
<td>2011</td>
<td>464</td>
<td>157</td>
<td>621</td>
</tr>
<tr>
<td>2012</td>
<td>512</td>
<td>133</td>
<td>645</td>
</tr>
</tbody>
</table>
## NGO DOTS’ Contribution - Payatas

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGU</td>
<td>85</td>
<td>75</td>
<td>109</td>
<td>117</td>
<td>101</td>
<td>125</td>
</tr>
<tr>
<td>NGO</td>
<td>45</td>
<td>46</td>
<td>90</td>
<td>92</td>
<td>107</td>
<td>105</td>
</tr>
<tr>
<td>Payatas, Quezon City</td>
<td>130</td>
<td>121</td>
<td>199</td>
<td>209</td>
<td>208</td>
<td>230</td>
</tr>
</tbody>
</table>

### Graph Details
- **LGU**: Blue bars
- **NGO**: Red bars
- **Payatas, Quezon City**: Green bars

- 2007: LGU 35%, NGO 45%, Payatas, Quezon City 130
- 2008: LGU 38%, NGO 46%, Payatas, Quezon City 121
- 2009: LGU 45%, NGO 90%, Payatas, Quezon City 199
- 2010: LGU 44%, NGO 92%, Payatas, Quezon City 209
- 2011: LGU 51%, NGO 107%, Payatas, Quezon City 208
- 2012: LGU 56%, NGO 105%, Payatas, Quezon City 230
Capacity Building

Basic TB DOTS Training

Infection Control Training

Basic DSSM Training for Medical Technologist

Appreciation Course for CXR
Interpersonal Communication and Counselling
Orientation of CHV in NTP Program  Basic DSSM Training for Lab Assistants
Orientation of CHV on Basic STI HIV and AIDS Education

CHV Assembly
Network and Linkage (ACSM Activities)
Development of Recording Forms

Monitoring Tool

<table>
<thead>
<tr>
<th>TB Infection Control Monitoring Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Levels of Infection Control</strong></td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>1. Management Control</td>
</tr>
<tr>
<td>a. TB Infection Control guidelines</td>
</tr>
<tr>
<td>2. Administration Control</td>
</tr>
<tr>
<td>a. Annual health screening conducted</td>
</tr>
<tr>
<td>3. Environmental Control</td>
</tr>
<tr>
<td>a. Airborne isolation</td>
</tr>
<tr>
<td>b. Personal Protective Equipment (PPE)</td>
</tr>
<tr>
<td>c. Hand hygiene after caring for patients</td>
</tr>
<tr>
<td>d. NCIC referred to patients on cough therapy</td>
</tr>
</tbody>
</table>

Recording Forms
CHVs’ Contribution to DOTS Facility- Tondo, 2010-2012

### Data Table

<table>
<thead>
<tr>
<th>Year</th>
<th>DOTS Facility</th>
<th>NGO Referring</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1014</td>
<td>43</td>
</tr>
<tr>
<td>2011</td>
<td>1599</td>
<td>28</td>
</tr>
<tr>
<td>2012</td>
<td>1846</td>
<td>42</td>
</tr>
</tbody>
</table>

**Graph Details:**
- Y-axis: DOTS Facility and NGO Referring
- Y-axis values: 0 to 2000
- DOTS Facility percentages:
  - 2010: 4.2%
  - 2011: 1.8%
  - 2012: 2.3%
- NGO Referring:
  - 2010: 43
  - 2011: 28
  - 2012: 42
CHVs’ Contribution to DOTS Facility – Payatas, 2010-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>DOTS Facility</th>
<th>NGO Referring</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>454</td>
<td>6</td>
</tr>
<tr>
<td>2011</td>
<td>898</td>
<td>22</td>
</tr>
<tr>
<td>2012</td>
<td>846</td>
<td>16</td>
</tr>
</tbody>
</table>

The chart shows the contribution of CHVs to DOTS facilities in Payatas from 2010 to 2012. The percentage of NGO referrals is also indicated.
Monitoring and Evaluation Visits
Development of Policies/Guidelines
Operational Researches Conducted

• Effectiveness of Training Course on Quality Assurance of Chest Radiography

• Health Care Seeking Behavior of Pulmonary TB Patients

• Research on Tuberculosis Diagnostic Committee (TBDC)
Accomplishment in the two project sites

• Engagement of NGOs (combined in both sites):
  o Number of NGOs from 3 (2008) to 5 (2010)

• Percent contribution (combined in both sites):
  o Percent contribution of NGO DOTS to TB Cases ranged from 27.9 % to 41.6 % (2007 to 2012)
  o Percent community contribution to TB Cases ranged from 2.1 % to 3.3 % (2010 to 2012).
TECHNICAL ASSISTANCE SERVICES TO CAPACITATE COMMUNITY BASED ORGANIZATIONS (CBOs) AS RURAL HEALTH UNITS (RHUs) PARTNERS IN TUBERCULOSIS CONTROL
January 15, 2015 – April 30 2016

Funded by: Philippine Business for Social Progress/Innovations on Multi-Sectoral Partnership to Achieve Control of TB (PBSP/IMPACT)
PBSP-IMPACT

RIT/ JATA (RJPI)
Technical Assistance (Initial)

Establish Network / linkage with RHO/PHO/MHO/ RHUs/ CBOs

Capacity building

Joint Monitoring and Evaluation (PHO/MHO/RHU /BHS)

Training

Recording and Reporting
Project Goal

• To increase the case detection rates and to improve or maintain Cure Rates in the six municipalities of Bulacan.
Province of Bulacan

Project Areas

- San Miguel
- San Ildefonso
- Baliwag
- Calumpit
- Plaridel
- Paombong
Criteria for Project site selection

- Low TB performance (LGU) because of low utilization of DOTS services by the target clients
  - Low awareness of the TB disease
  - Stigma
  - Distance and cost in going to the facility
  - Lack of public involvement

- Strong political support

- Presence of CBOs
Roles of CBOs

• Identify and refer presumptive TB to Rural Health Units (RHUs)

• Provide TB education

• Supervise TB treatment of patients
Roles of CBOs

• Encourage contacts of TB cases undergo TB screening at health centers

• Follow-up presumptive TB (who were not able to access RHUs) and interrupters of treatment
### Contribution of CBOs to the 6 municipalities of Bulacan

<table>
<thead>
<tr>
<th>Municipalities</th>
<th>No. of TB All Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RHU Accomplishment</td>
</tr>
<tr>
<td></td>
<td>CBO Accomplishment</td>
</tr>
<tr>
<td></td>
<td>% contribution by CBO to RHU</td>
</tr>
<tr>
<td>1130</td>
<td>83</td>
</tr>
</tbody>
</table>
Challenges

• **Leadership and Governance**
  – Continuity of adherence to policies (municipal ordinance) and make necessary amendments if needed;
  – Continuity of supportive supervision among NGOs.

• **Health Information system**
  – Utilization of data to inform policy change
Challenges

• **Health financing**: reduce financial burden among clients

• **Health Resources for Health**: deployment of support systems and enabling environment; keep the motivation of Community Health Volunteers

• **Essential medical products and technologies**: Balanced diagnostic and treatment supplies
Challenges

• Service delivery: Patient-centered approach care; improvement of access to quality TB services

• Lack of funding support to continue our community-based TB activities
Future Directions

• TB and Universal Health Care
• TB and Tobacco
• TB and Diabetes (?)
• Promote gender equality (?)
Maraming Salamat po!
ありがとうございました。