



# 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





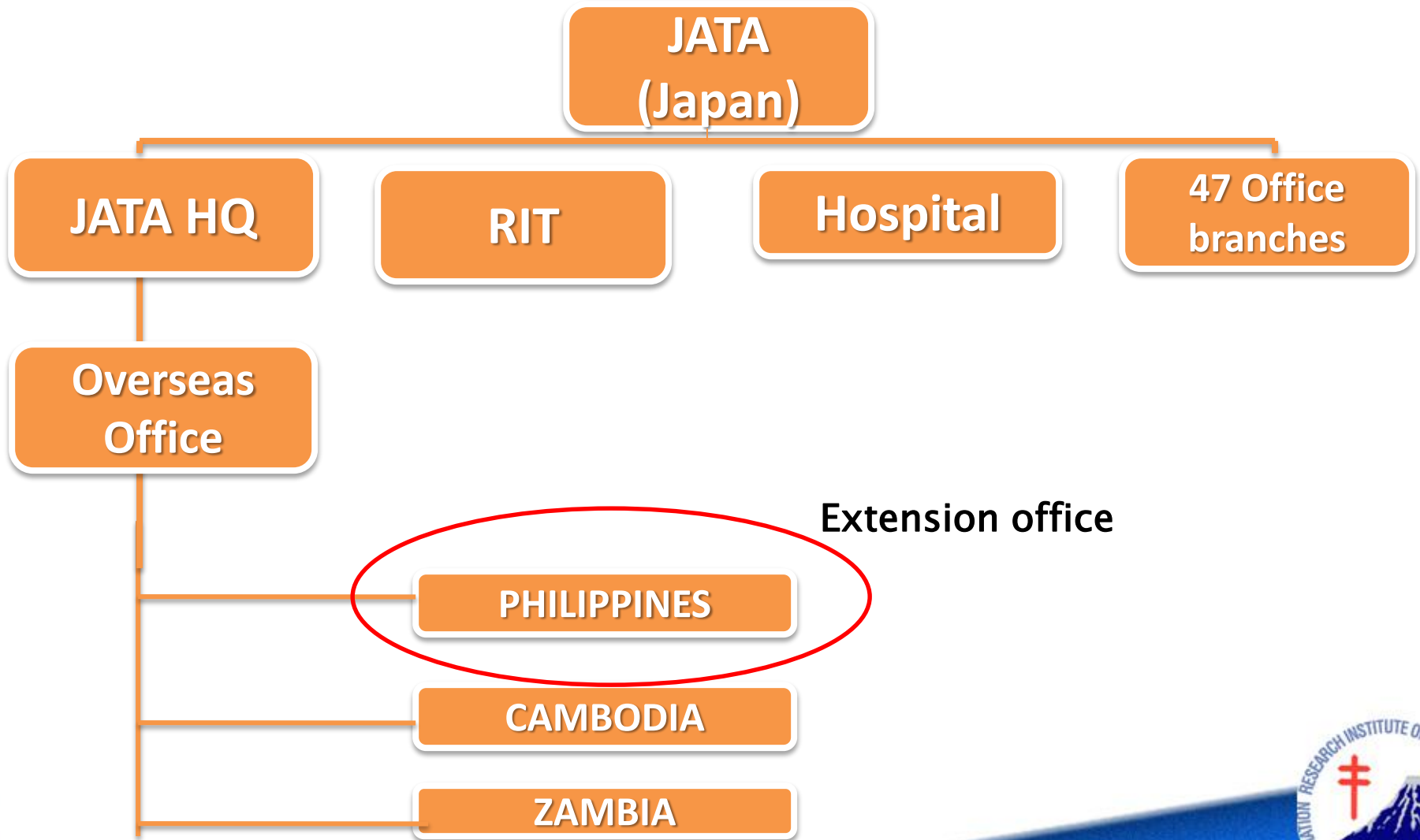
# *Accreditation/Membership*

- Securities and Exchange Commission
- Philippine Council for NGO Certification
- NTP – Technical Working Group





# RIT/JATA (Organizational tree)





## 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





# PhiPACT 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.





**JAPAN**  
Official Development Assistance



# THE TUBERCULOSIS PROJECT IN SOCIO-ECONOMICALLY URBAN AREAS IN METRO MANILA, THE PHILIPPINES 2008- June 2011

**Funded by : Ministry of Foreign Affairs**





**JAPAN**

Official Development Assistance



# **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



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

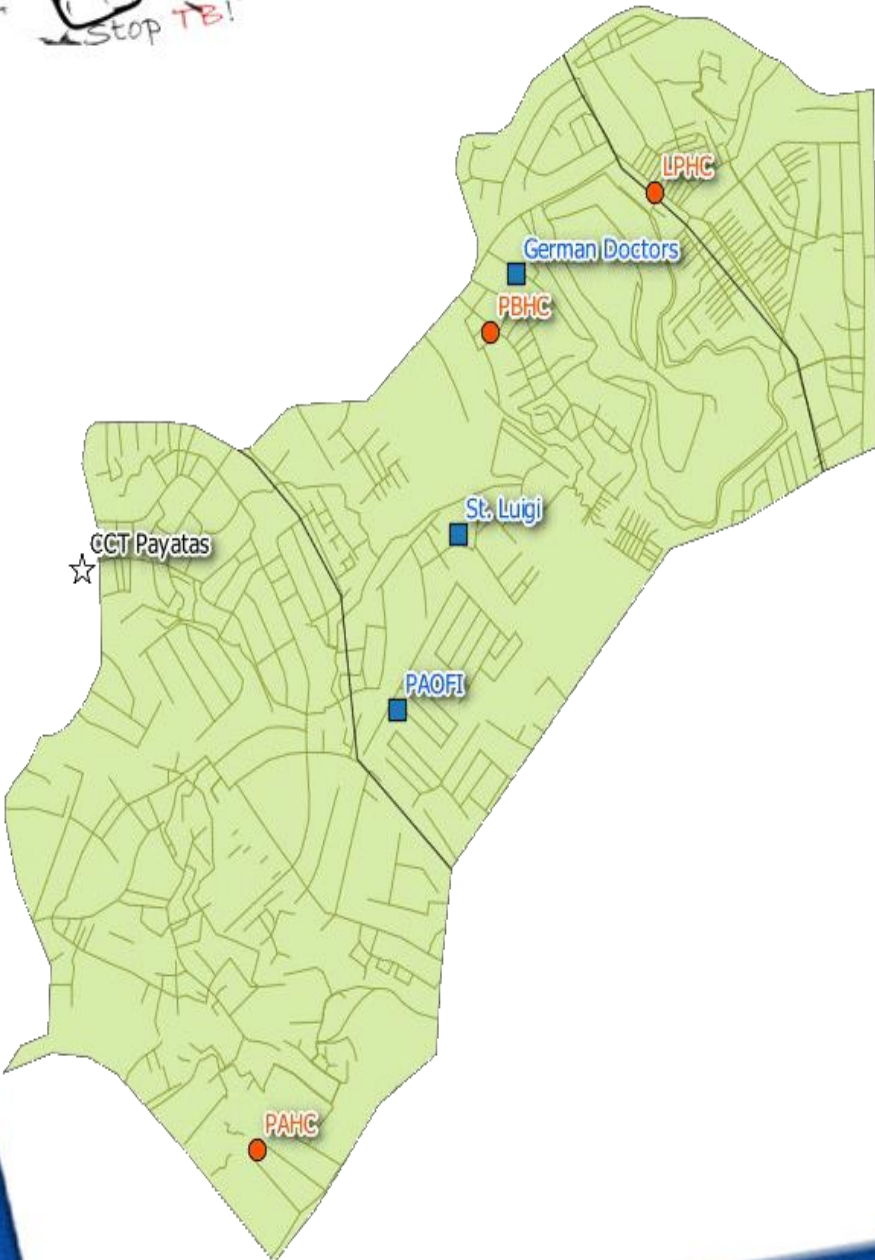
- 10 Health Centers
- 2 NGO DOTS Facilities
- ☆ 14 NGO Referring Facilities





# Payatas, Quezon City

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



- 3 Health Centers
- 3 NGO DOTS Facilities
- ☆ 1 Referring Facility





# Interventions





# Engagement of NGOs

Canossa



Sto De Tondo Charity Clinic



German Doctors



Saint Luigi Orione

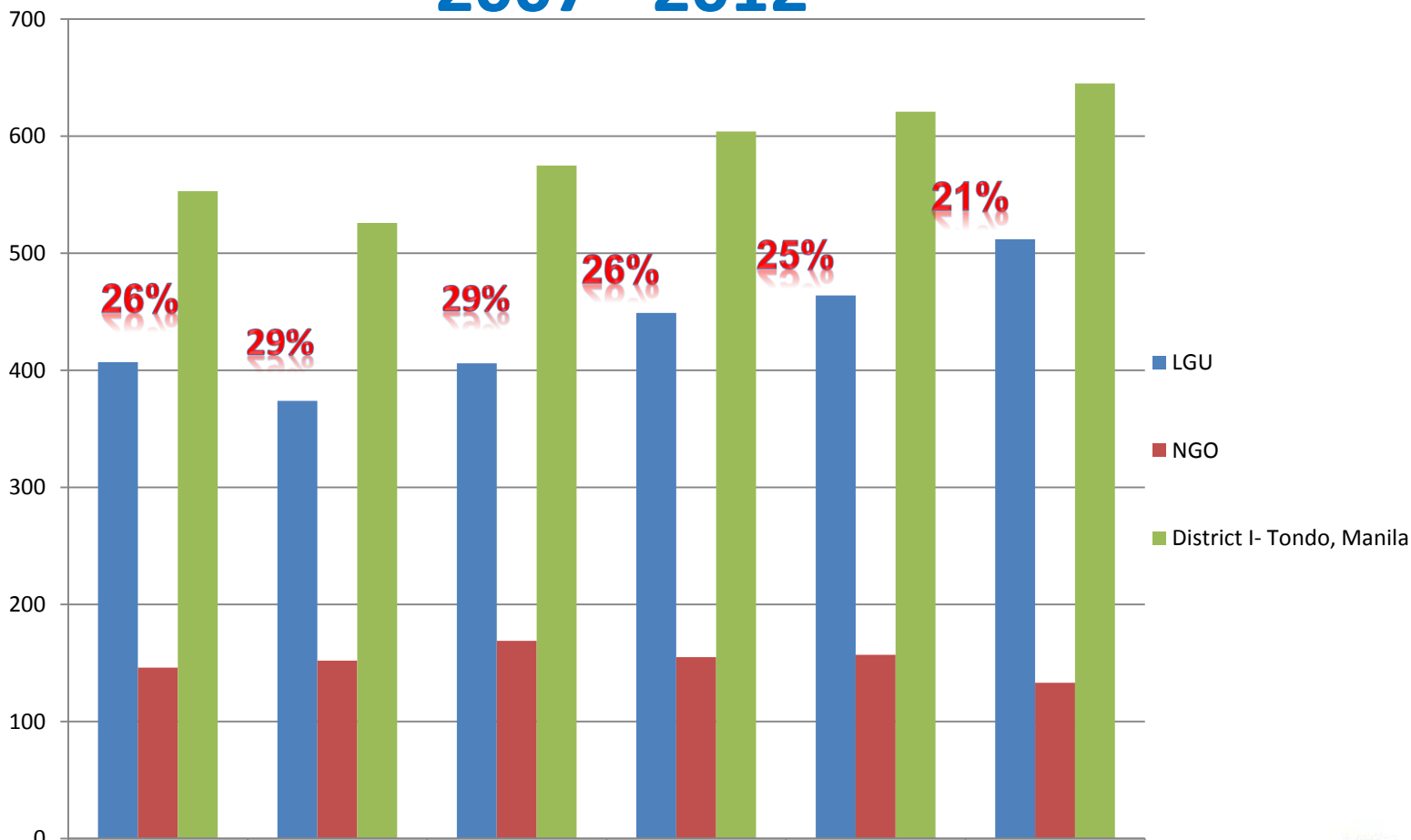


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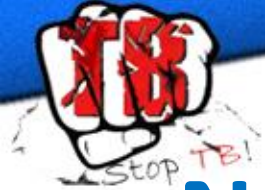
# NGO DOTS' Contribution- Tondo, 2007 - 2012



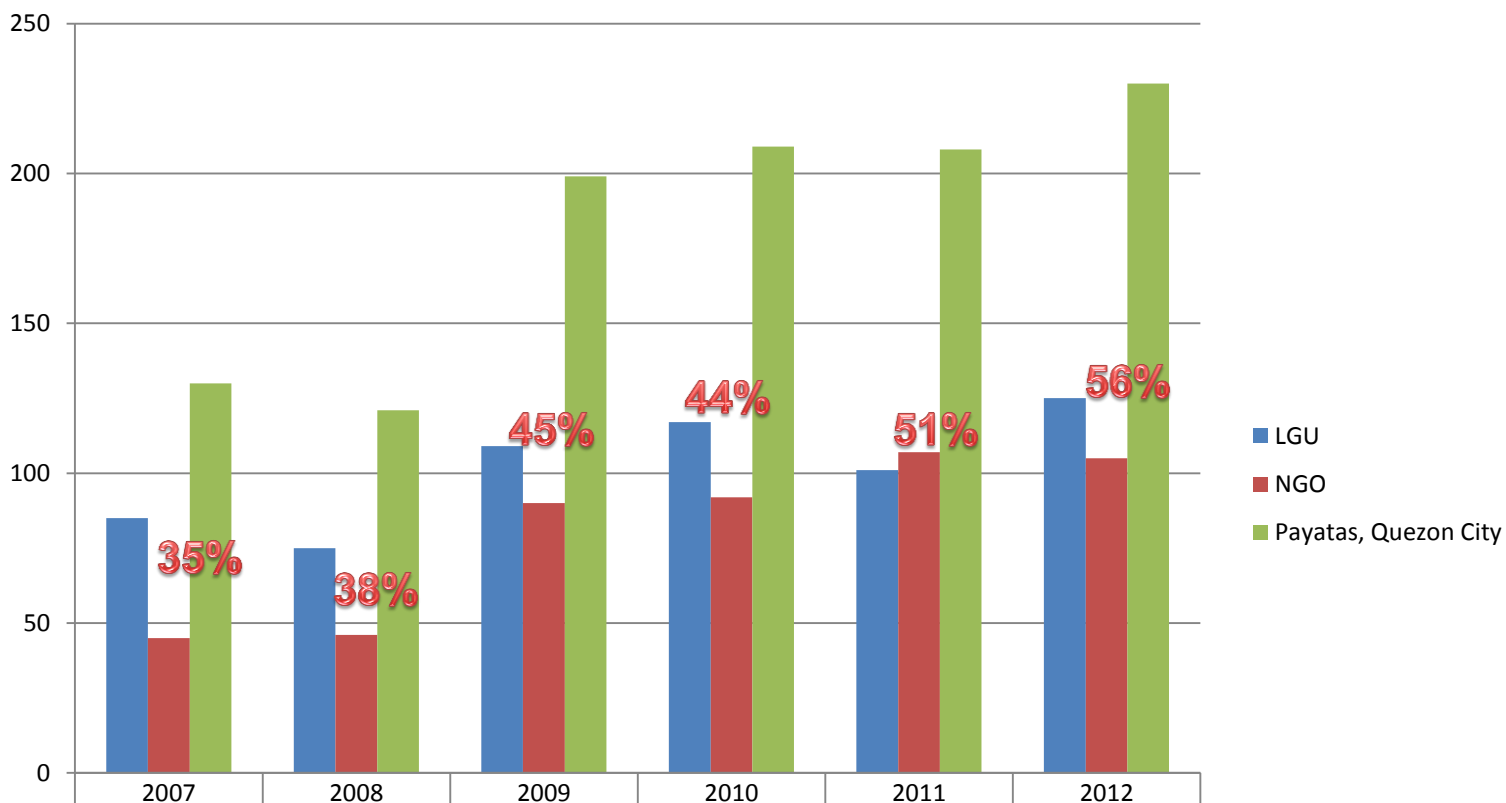
	2007	2008	2009	2010	2011	2012
LGU	407	374	406	449	464	512
NGO	146	152	169	155	157	133
District I- Tondo, Manila	553	526	575	604	621	645







# NGO DOTS' Contribution -Payatas



	2007	2008	2009	2010	2011	2012
LGU	85	75	109	117	101	125
NGO	45	46	90	92	107	105
Payatas, Quezon City	130	121	199	209	208	230





# Capacity Building

## Basic TB DOTS Training



## Infection Control Training



## Basic DSSM Training for Medical Technologist

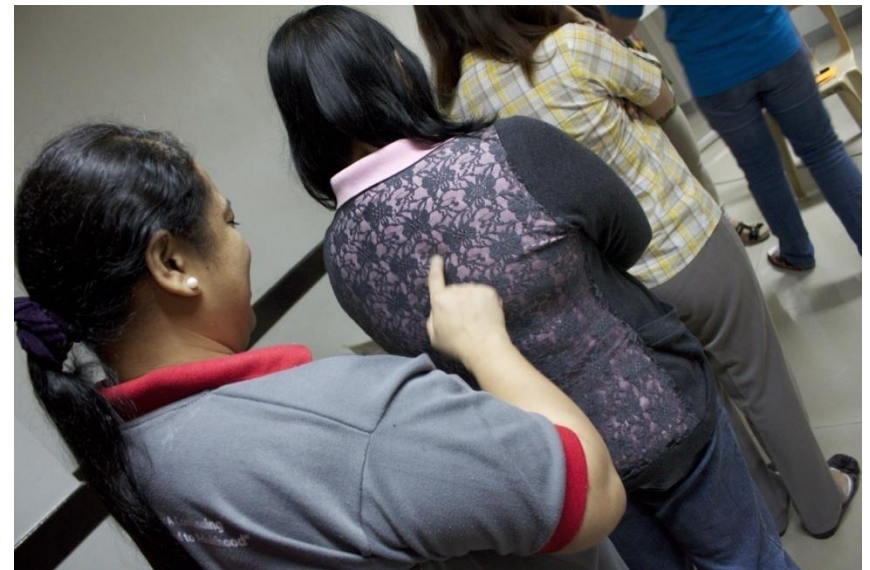


## Appreciation Course for CXR



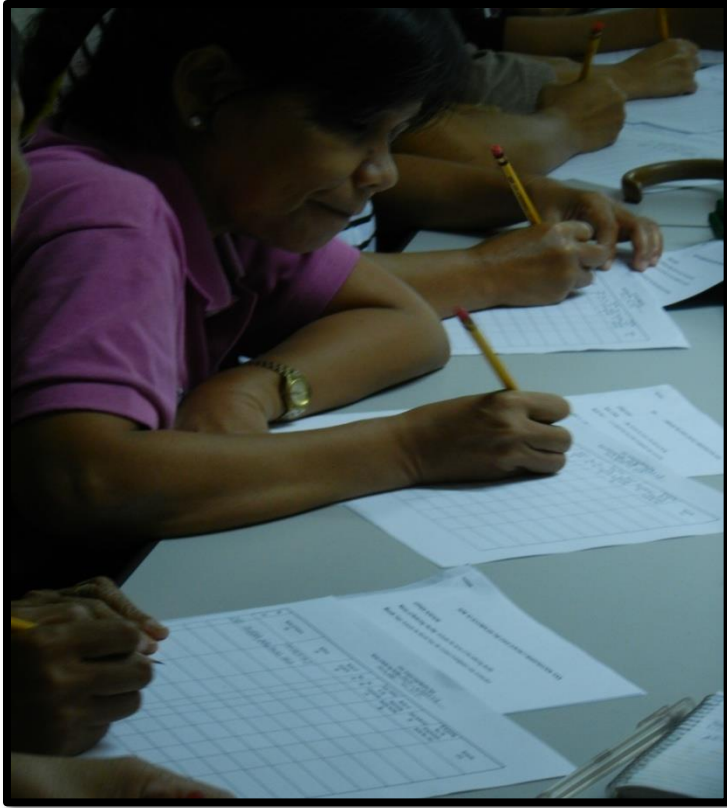


## Interpersonal Communication and Counselling





## 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

IPT MASTERLIST

TB HIV MASTERLIST

MASTERLIST OF MIDR-TB SUSPECTS

MASTERLIST OF DECENTRALIZED MIDR - TBDR - TB PATIENTS

CHV TB SYMPTOMATIC MASTERLIST

MASTERLIST OF CONTACTS OF REGISTERED TB CASES

Modified Masterlist B

**Annex 9: NTP Symptomatic Referral Form**

Upper part: (To be accomplished by the referring unit/ NGO)  
 Lower part: (To be accomplished by Referring DOTS Facility)

Place/Health institution information of patient bearing this referral form

Name of Referring unit/ NGO	To no. Fax no. Mobile no.	Email:
Full address of Referring unit/ NGO		
Name of Receiving DOTS Facility:	To no. Fax no. Mobile no.	Email:
Full address of receiving DOTS Facility:		
Name of Patient:	Age:	Sex: (M / F)
Full address of Patient:	To no. Mobile:	

Diagnosed name & Signature of Referring Staff: \_\_\_\_\_ Designation: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

Date/Time Referral Received: \_\_\_\_\_

Name of Receiving DOTS Facility:	To no. Fax no.	Email:
Full address of receiving DOTS Facility:		
Name of Patient:	Age:	Sex: (M / F)
Full address of Patient:	To no. Mobile:	

Recording Forms

**TB Infection Control Monitoring Tool**

Levels of Infection Control	YES		NO		REMARKS
	Total	Total	Total	Total	
<b>TB INFECTION CONTROL</b>					
<b>1. Managerial Control</b>					
a. TB Infection Control guidelines/updates discussed within the quarter					
b. Any person in-charge to discuss the guidelines?					
c. TB Infection Control Training conducted annually among HCWs					
d. Proper disposal of sputum cups, applicator sticks, masks etc.					
e. Conduct of regular health education on TB infection Control in health facility (pre-clinic lectures, etc.)					
<b>CONSOLIDATED</b>					
<b>2. Administrative Control</b>					
a. Annual Health-screening conducted among HCWs?					
b. HCWs separates patients with cough from other patients					
c. Any particular schedule for sputum collection?					
d. Any particular schedule for TB patients' drug collection?					
e. Signage for cough etiquette/standard precaution					
<b>CONSOLIDATED</b>					
<b>3. Environmental Control</b>					
a. HCWs talk to patients in a well ventilated area/room					
b. Utilize uni-directional airflow (ex. improvised mechanical ventilation-Electric fan directed at air exhaust points - windows /doors)					
c. Use of short curtains rather than long ones (short curtains allow good ventilation (natural ventilation) better than the ones utilizing long curtains thus diluting droplet nuclei)					
d. Conduct sputum collection/induction in a well ventilated area					
e. Is there any one in-charge of monitoring					
f. Is there any responsible person for cleaning the windows, lab equipment etc?					
<b>CONSOLIDATED</b>					
<b>4. Personal Protective Equipment (PPE)</b>					
a. HCWs use N-95 mask, surgical masks or ordinary masks					
b. Patients use surgical mask/cloth masks					
c. Hand hygiene after caring for patients					
d. HCWs instruct TB patients about cough Etiquette/Respiratory Hygiene					
<b>CONSOLIDATED</b>					
<b>OVERALL</b>					

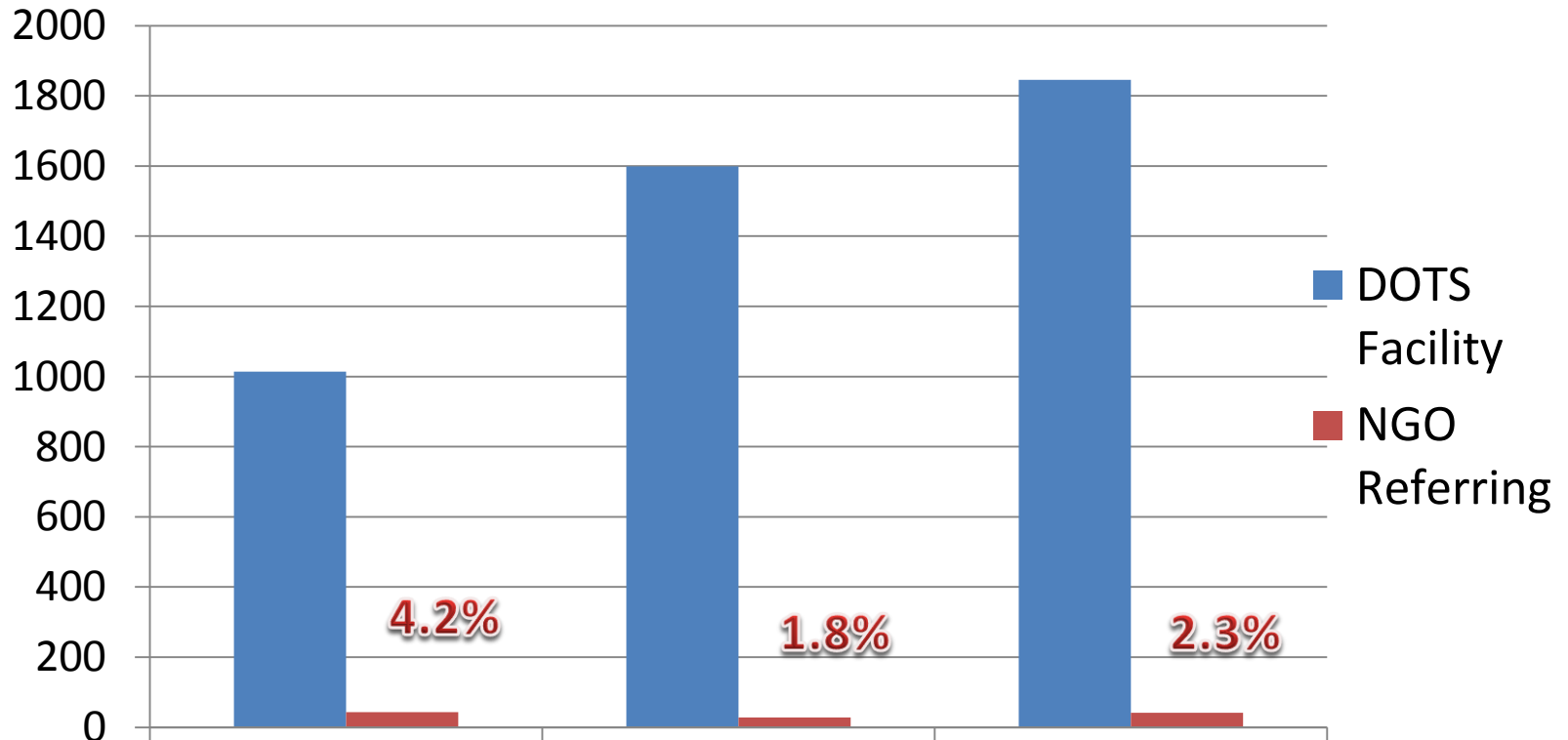
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## Monitoring Tool





# CHVs' Contribution to DOTS Facility- Tondo, 2010-2012



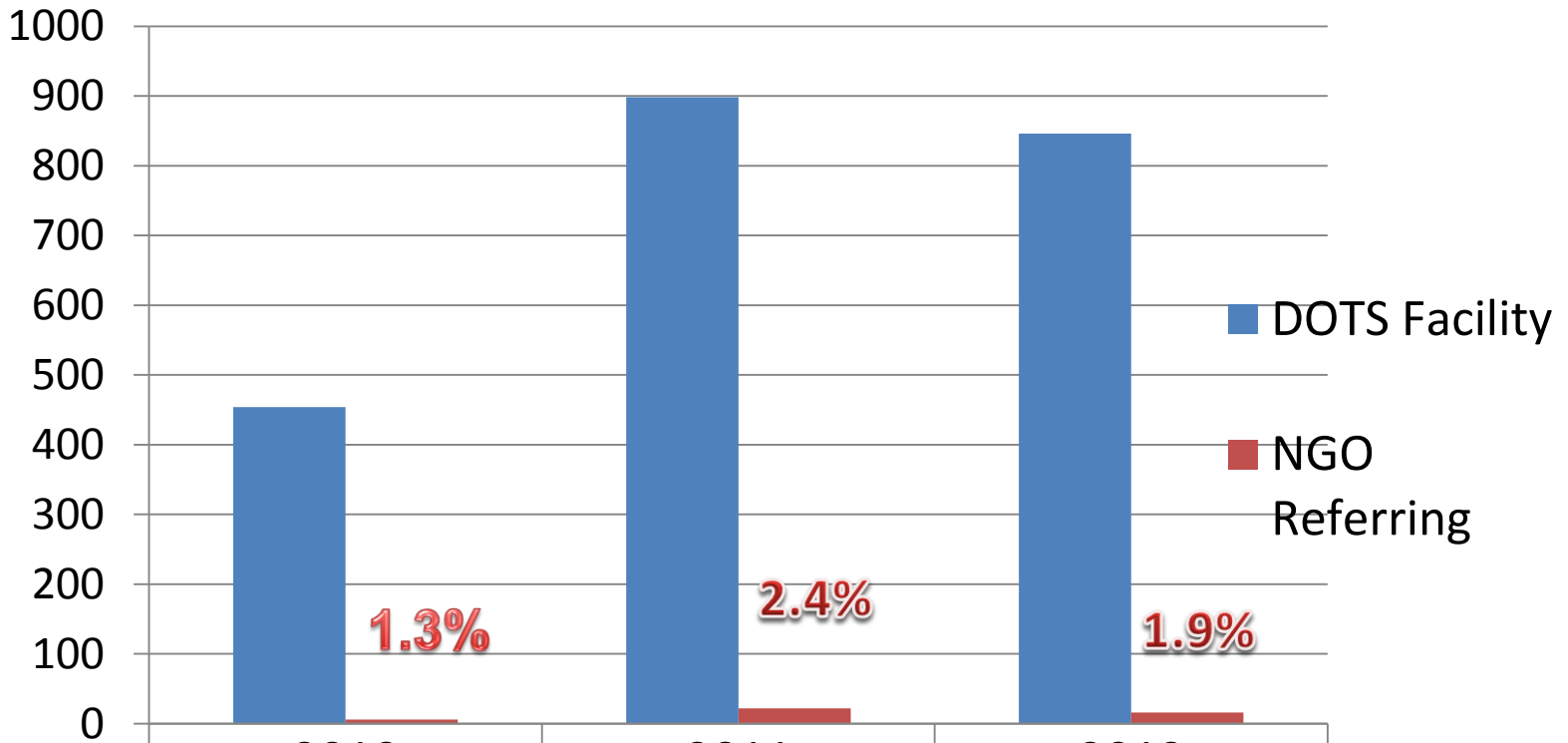
	2010	2011	2012
DOTS Facility	1014	1599	1846
NGO Referring	43	28	42







# CHVs' Contribution to DOTS Facility – Payatas, 2010-2012



	2010	2011	2012
DOTS Facility	454	898	846
NGO Referring	6	22	16



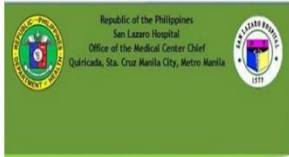


# Monitoring and Evaluation Visits

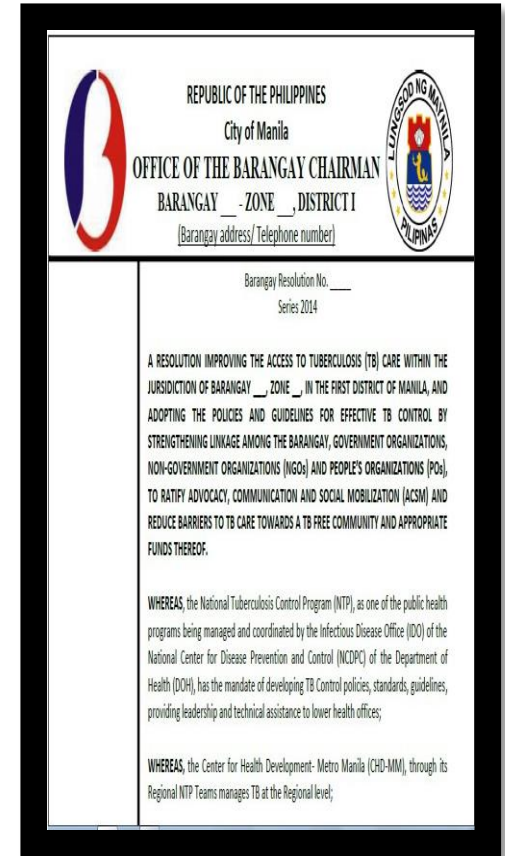
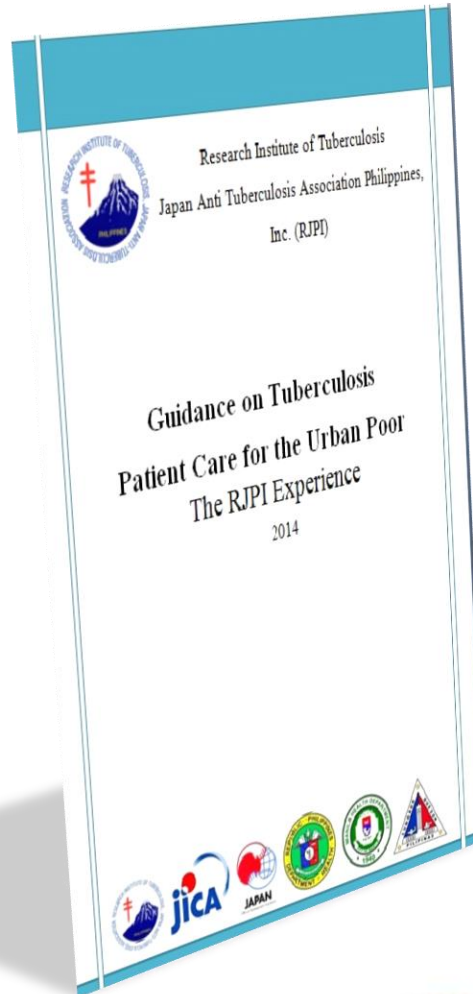




# Development of Policies/Guidelines



**Standard Operating Procedures on TB and HIV Approach in San Lazaro Hospital**





# 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):
  - Number of NGOs from 3 (2008) to 5 (2010)
  - Number of NGO referring facilities: 4 (2008) to 15 (2012)
- Percent contribution (combined in both sites) :
  - Percent contribution of NGO DOTS to TB Cases ranged from 27.9 % to 41.6 % (2007 to 2012)
  - 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**)



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**PBSP-IMPACT**

**RIT/ JATA (RJPI)  
Technical Assistance  
(Initial)**

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

**Capacity  
building**

**Training**

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

**Recording and  
Reporting**





# Project Goal

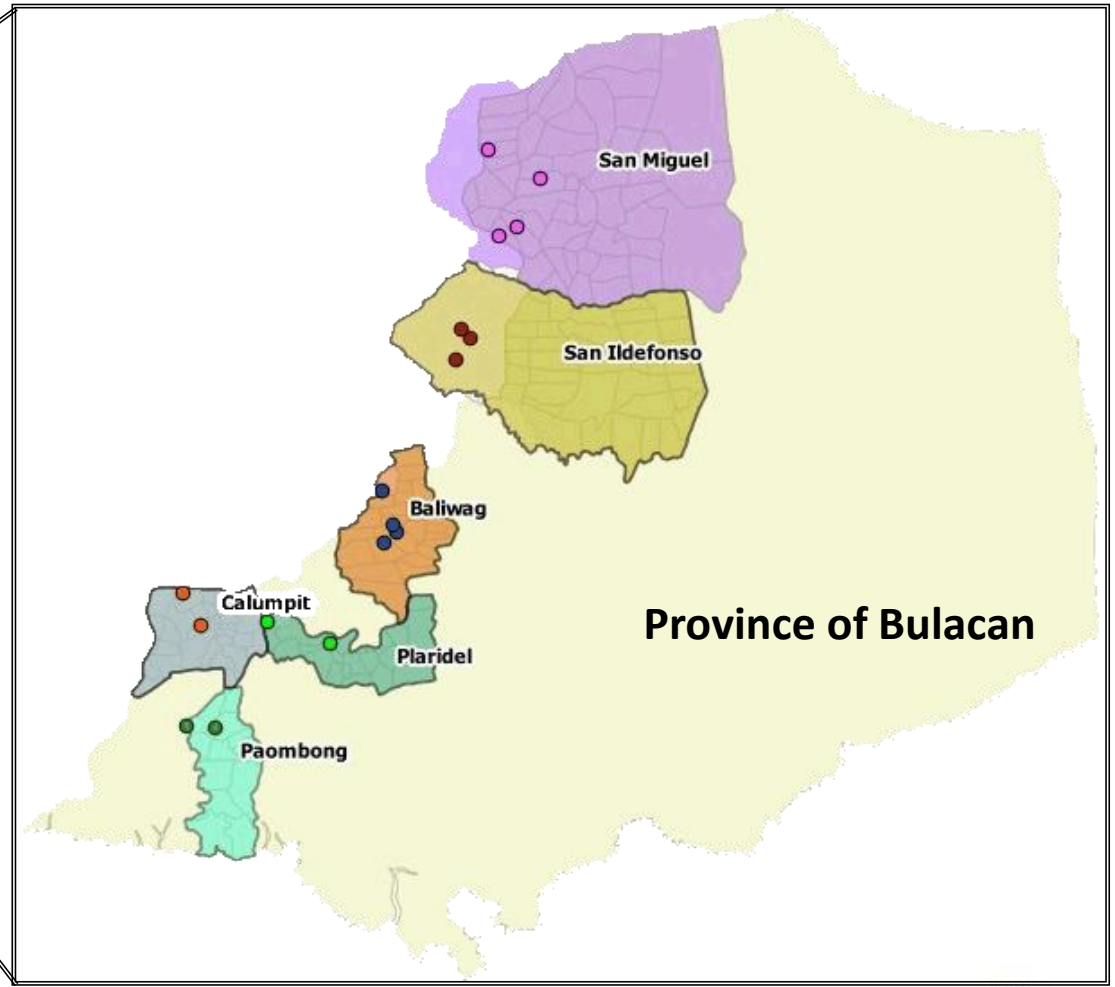
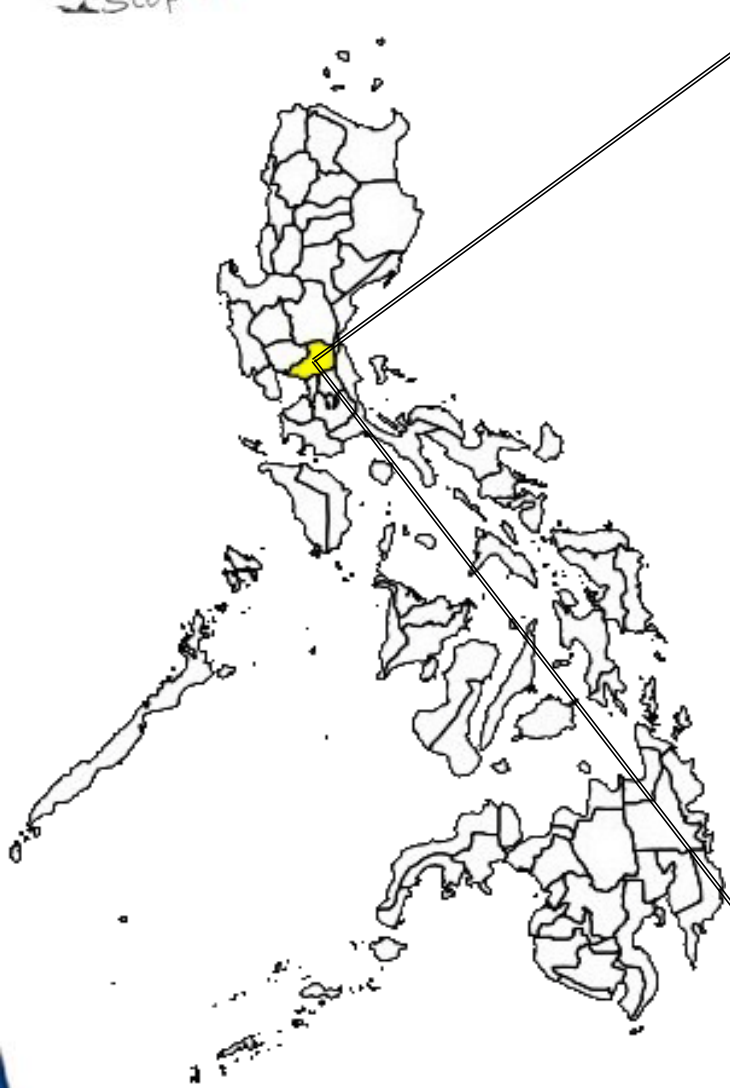
- To increase the case detection rates and to improve or maintain Cure Rates in the six municipalities of Bulacan.







# Project Areas





# 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

Municipalities	No. of TB All Forms		
	RHU Accomplishment	CBO Accomplishment	% contribution by CBO to RHU
	1130	83	7%





# 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。**



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