フィリピン国公衆衛生プロジェクト年次報告書集（平成4年9月～7年8月）

フィリピン国公衆衛生プロジェクト
年次報告書集
(平成４年９月～７年８月)

The Public Health Development Project

Annual Reports

(September 1992 - August 1995)

国際協力事業

国際協力事業団
医療協力部

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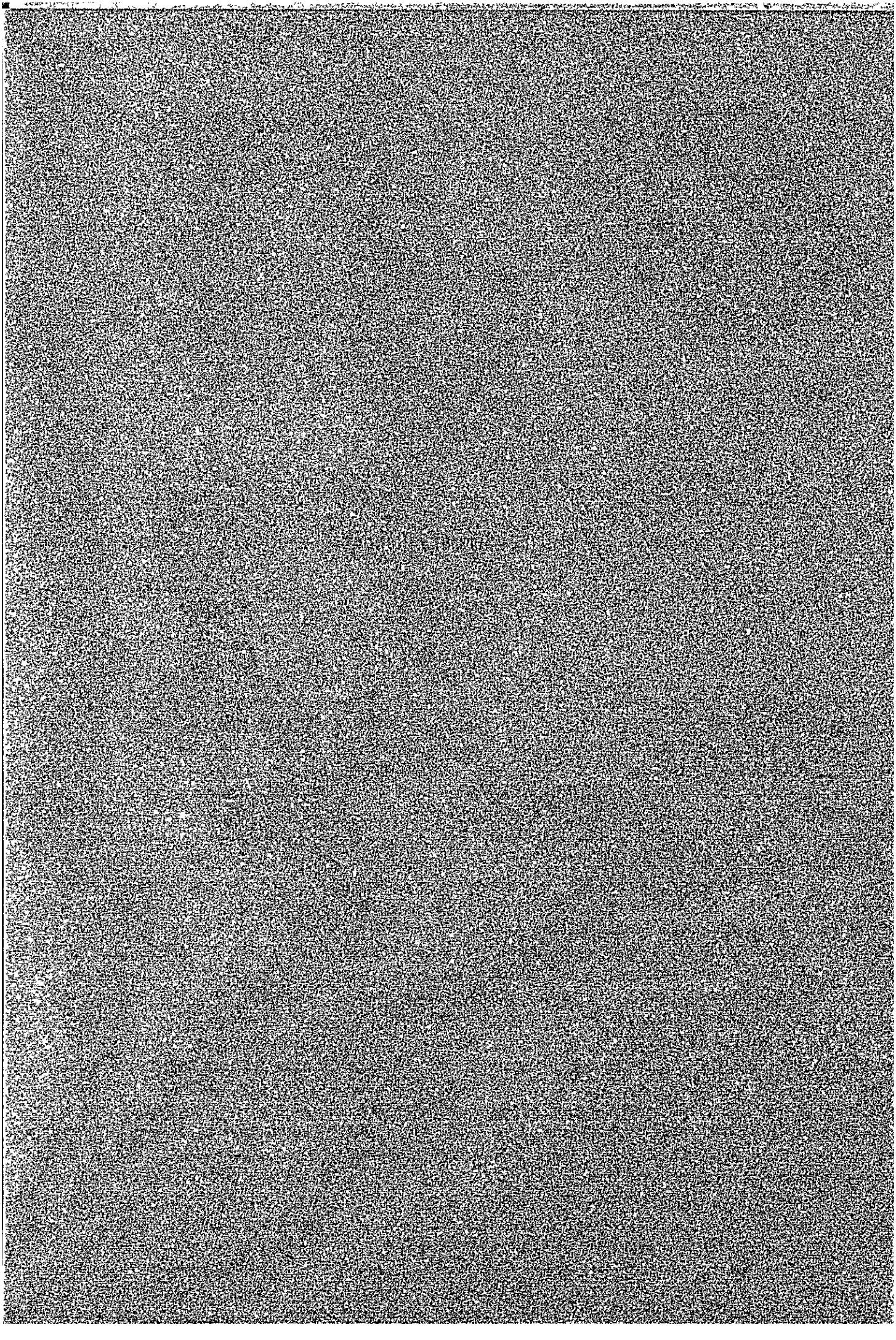


Summary Report

Masashi Suchi, M.D., Ph.D.
Chief Adviser,
The Philippines Public Health Development Project

1. Introduction

This report is the summary of the three years' activities of the JICA long-term expert who was dispatched as a chief adviser and an expert on tuberculosis control in the JICA Philippines Public Health Development Project (the Project) from September 1, 1992, to August 31, 1995 The project was started on September 1, 1992, at Cebu province, Central Visayas region in the Philippines. The overall goal of the Project is to develop a public health service system in the defined model area such as Cebu province with the focus on the Tuberculosis Control Program as a model component of public health service system to improve public health

2. Achievements

The details of achievements were mentioned in attached drafts of Annual Reports. The summary of main achievements are as follows;

2 1 Establishment of project infrastructure

For steady implementation of the Project activities, two cities and six districts in the Project area were selected as Intensive Service Areas (ISAs) for the first two years which covers one third of the population of Cebu. Several activities which are the Project inputs such as provision of equipment, local seminars, field tests of new NTP Guidelines and etc., were implemented with the support of Local Government Units (LGUs). Since two cities were newly included as ISAs from April 1995, ISAs covers two third of the population of the Project area (See Annual Report 1993).

2 2 Conduct of Baseline Survey

To analyze the actual situation of National Tuberculosis Control Program (NTP) activities in the field, a baseline survey was conducted in 1993. All of 27 Rural Health Units (RHUs) and two City Health Offices (CHOs) in the first ISAs were surveyed based on a checklist designed to observe the implementation of existing NTP Guidelines. Excessive workload and inadequate quality of case-finding, complicated recording/reporting system, poor case-holding, poor quality of sputum microscopy and etc., were observed (See Annual Report 1993). With expansion of ISAs, the same survey was conducted in new ISAs in 1995 (See Annual Report 1995)

2.3 Establishment of Reference Laboratory of Cebu Chest Center

To improve the quality of microscopy service in the field, strengthening the reference laboratory function was planned. Through the series of observations and discussions in the Project area, JICA Project Infrastructure Improvement Program was applied for the construction of the Reference Laboratory of Cebu Chest Center in 1993. The Laboratory was opened officially and started its works on August 15, 1994, as the first reference laboratory for NTP in the Philippines (See Annual Report 1994). Now, the Laboratory serves routine works for case-finding, training for Medical Technologists and Validators, primary culture and etc (See Annual Report 1995)

2 4 Field Test of new NTP Guidelines

Tuberculosis Control Services of Department of Health (TBCS/DOH) was motivated to revise the existing NTP Guidelines based on the recommendation of WHO external evaluation conducted in 1993. The results of the evaluation were similar with the findings of our Baseline Survey mentioned above. On the other hand, WHO established Framework for Effective Tuberculosis Control and modular guideline for its implementation in the field emphasizing case-holding activities especially. In those situation, TBCS/DOH and the Project agreed that the revision of NTP Guidelines and its field test would be done in the Project area

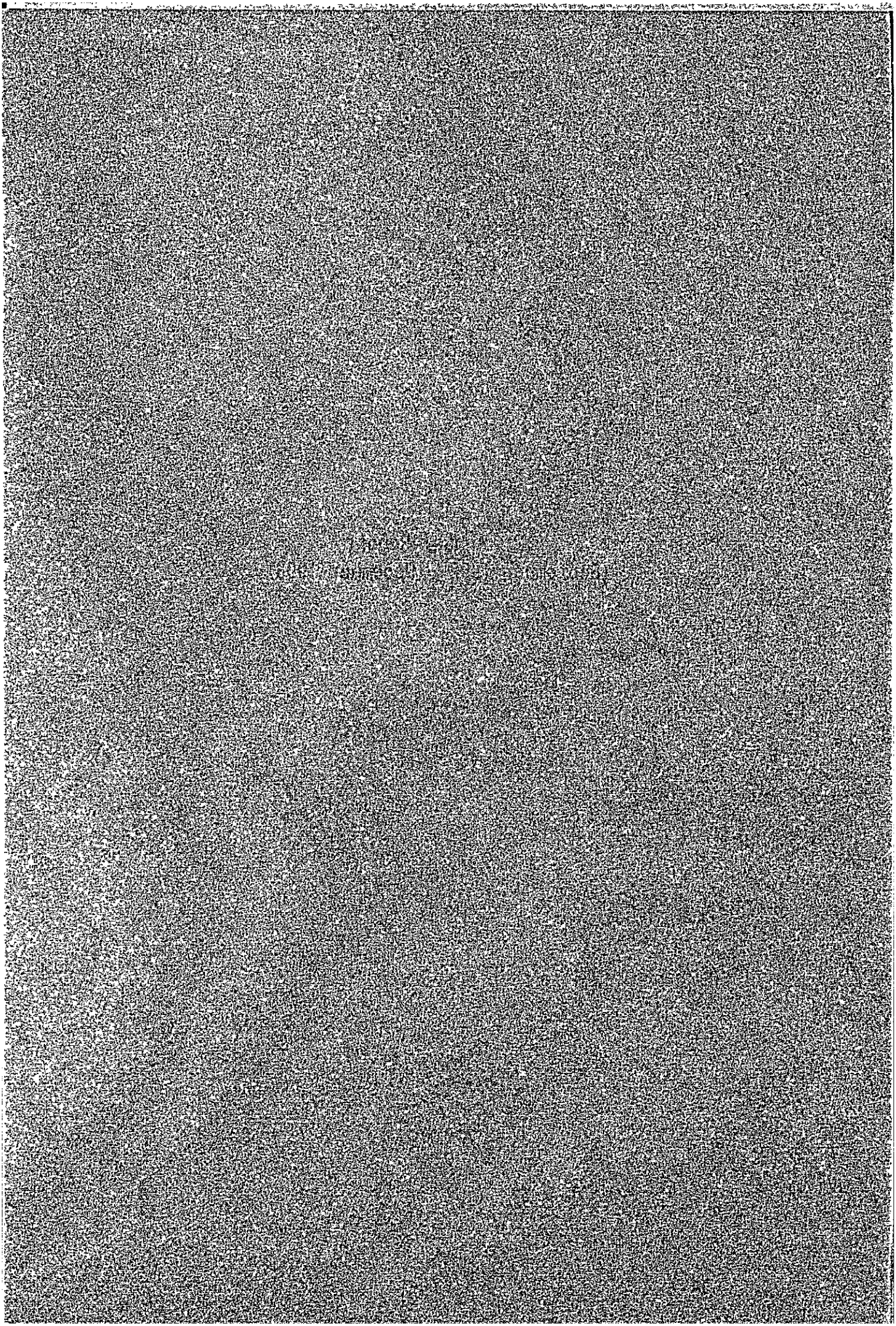
From January 1994, a series of discussion, workshop and seminar were done for the preparation of field test which observe the feasibility of revised NTP Guidelines in the field condition. The field test was started from June 1994 in one RHU representing rural set-up and one city for urban set-up.

Revised NTP Guidelines emphasize case-holding, close treatment supervision through record linkage among the operational documents and monitoring/evaluation through accurate and simple recording/reporting system. Since feasibility of revised NTP Guidelines was confirmed in two areas, the expansion of that activities to whole ISAs was agreed upon at the third Joint Coordinating Committee Meeting in 1994. From April 1995, series of training were conducted for that expansion.

Problems observed are as follows;

1) over diagnosis by X-ray examination,
2) treatment regimen,
3) dosage of drugs,
4) installation of Directly Observed Treatment, Short-course (DOTS),
5) management of adverse reaction,
6) low cure rate and etc.

2. Annual Report
(September 1992 - December 1993)



DOH-JICA The Public Health Development Project
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1. Summary of Activities/Progress during the First Year:

The DOH-JICA Public Health Development Project (the Project) focusing on Tuberculosis Control started in September 1, 1992 in Cebu Province. It initially covers one third of Cebu's population, identified as the Intensive Service Areas (ISAs) composed of 6 districts and their catchment municipalities and 2 cities.

The Project is manned by two long term experts namely, the Chief Advisor, also serve as the expert on TB Control and Project Coordinator. Three (3) Filipino Project staffs were employed to assist in the implementation of this technical cooperation project. Five (5) short-term experts visited the Project in the fields of TB Control, Research on TB Case finding process, Epidemiology and Bacteriology. These experts visited the site and assisted the team in the technical aspects as well as planning of the activities.

A Task Force was created to serve as channel in the conduct of field activities in the ISAs. Contact missions to Local government executives were made All LGUs visited gave their commitment and support in the implementation of the TB Control Program in their respective areas.

Counterpart trainings in Japan were given to enhance technical knowledge and skills. Three Filipino doctors participated the course on TB Control and a Medical technician for the course on Laboratory works. Likewise, seminars were conducted locally to Municipal/City Health Officers, Public Health Nurses and Medical Technologists in the ISAs.

A Baseline survey in the ISAs was carried out by the DOH-JICA team This conceptualizes the status of NTP implementation in the field level. A research on TB Case Finding Process were conducted in the representative health district in the two Cities and Rural Health Unit in the districts.

From the findings of a series of surveys undertaken in Cebu, several equipment were provided and allocated. For the enhancement of the TB Laboratory network, a proposal was made to strengthen the functions of Cebu Chest Center. A new X-ray machine will be provided and a reference laboratory be established. This is to improv its capability in TB diagnosis, quality control of its laboratory services, staff training and as research center for the TB Control Program.

The Joint Coordinating Committee Members met twice during this period and the Committee has formulated general plans for the implementation of project activities and the TB Control Program and discussed the achievements during the preceeding period.

2 Events during the Period

2 1 List of events

1) 1992

Date	Activities
Feb 19-28	Preliminary Survey
March 31-April 6	Implementation Survey
April 3	Signing of the Record of Discussions

April	Consultative Planning Workshop for JICA Assistance
July	LGU Executive Commitment Survey
July 11-Oct. 10	Sending of Counterparts for Training in TB Control in Japan
Sept 1	Dispatched of Project Chief Adviser
Oct. 13-20	Planning and Consultation Mission
Oct.-Nov. 3	Employed two (2) Project Staff
Nov. 6	Project Office Inauguration
Dec. 4	Creation & First Meeting of Project Task Force
Dec 10	Dispatched of Project Coordinator

2) 1993

Date	Activities
Jan 4-19	Contact Mission to LGUs
Jan. 24-31	JICA Team Leaders Meeting in Japan
Feb. 18	TB Coordinators Meeting for the Seminar on TB Control
Feb 26	Second Project Task Force Meeting
March 9-11	Seminar on TB Control
March 15-30	Acquisition of Equipment
March 22	TB Coordinators Meeting
March 30	Third Project Task Force Meeting
April 13-June 3	Baseline Survey
April 16	Lecture on NTP to Cebu, IPHO Med.Tech. by Dr. Suchi
June 14-Oct. 17	Sending of Counterpart for Training in TB Control
June 15	Orientation of Data Gatherers for the TB Case Finding Research Series
June 16-Aug. 14	Data Gathering Period
June 16	First Joint Coordinating Committee Meeting

July 19	Inspection of Equipment by DOH
Aug.	Employed (1) Project driver
Aug. 18	Construction Committee Meeting for the Ref. Lab.
Aug 19	Laying of Cornerstone to the Site of the Ref. Lab
	Signing of Note Verbale
	Signing of Deed of Donation and
	Turn-over of Equipment to DOH-Region 7
Aug 2	Approval of Protocol for General Population Survey (Pre-survey) requested to UP, Cebu
Sept. 10	Lecture on Laboratory Works to IPHO med. techs. by Ms. Fujiki
Sept. 16-17	Seminar on Clinical Aspects on TB Control
Sept 20-21	Seminar on TB Case Management & Approach to the Community
Sept 27-Feb. 11	Sending of Counterpart for Training in Laboratory Works
Oct 8	Meeting with Cebu, IPHO on allocation of microscopes
Nov. 8	Fourth Project Task Force Meeting
Nov 9	Joint Task Force Meeting with TBCS, Manila
Nov. 10	Ground Breaking Ceremony of Ref. Lab.
	Second JCC Meeting
Dec. 6 -13	Initial turn-over of donated equipment to DSPHNs
Dec 20	Approval of MOA for loaned microscopes to LGUs
Dec. 23	Orientation of Med.Techs. on the Proper Use and Care of New Microscopes
	Submission of Pre-survey Findings (General Population Survey) from UP Professors
Dec. 28-29	Signing of MOA and distribution of microscopes to RHUs

2.2 Visitors

1) 1992

Date of Visit	Name of Visitors/Experts

Oct. 13-20 Dec. 19, 1992	Planning and Consultation Mission Mr. Hiroshi Sato Researcher, Institute of Development & Economics Japan

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2) 1993	
Feb. 13-15	Dr. Shimao's mission.
March 4-12, 1993	Dr. Nobukatsu Ishikawa Short-term expert on TB Control
March 16	Dr. Akira Shimouchi with Academicians Kyoto Prefectural University, Japan
May 21 - June 20	Ms. Shigemi Tokeshi Short-term Expert for Reserch on TB Case Finding Process
June 13 - 20	Dr. Toru Mori Short-term expert on Epidemiology
July 15 - Aug 18	Ms. Shigemi Tokeshi Short-term Expert for Reserch on TB Case Finding Process
Sept. 1	Dr. Mayumi Kubota & Ms. Nenet Pereña Rep. of Women in Dev. International Network (NGO)
Sept. 8 - 25	Ms. Akiko Fujiki Short-term Expert on Bacteriology
Sept. 15-19	Dr. Masakazu Aoki Short-term Expert on TB Control
Sept 15-23	Dr Nobukatsu Ishikawa Short-term Expert on TB Control
Sept. 16 - 19	Dr. Hideaki Suzuki Short-term expert of JICA MCH/FP Project, Tarlac
	Dr. Toshitaka Nakahara Short-term expert of JICA MCH/FP Project, Tarlac
Oct 6 - 9	Dr. Toshihiro Ishii Short-term Expert of JICA MCH/FP Project, Manila
Oct. 15	Dr. Akira Takahashi & Field Survey Team for Country Study

Nov. 7-14	Dr. Toru Mori Short-term expert on Epidemiology

3. Achievements

3.1 Preliminary Surveys

3.1.1 Preliminary Survey

Period : Feb.19-28, 1992

Headed by : Dr. Toru Mori, Vice-Director, RIT, JATA

Purpose : To conduct a study regarding the request for Technical Cooperation under the Public Health Development Project

3.1.2 Implementation Survey

Period : Mar.31-Apr.6, 1992

Headed by : Dr. Masakazu Aoki, Director, RIT, JATA

Purpose : To work out the details of the Technical Cooperation under the PHDP. Highlighted by the signing of the Record of Discussion between the Philippine Government (represented by DOH Undersecretary Manuel G. Roxas) and the Japanese Government (represented by JICA), outlining the details of the technical cooperation project on primary health care, with speical emphasis on the National Tuberculosis Control Program.

3.1 3 Consultative Planning Workshop for JICA Assistance

Period : April, 1992

Joined by : Cebu IPHO personnel representing all levels and facilitated by the Regional and Central Office staff of DOH.

Purpose : Need assessment, formulation of action plan and selection of Intensive Service Areas.

3.1.4 Selected LGU Executive Commitment Survey

Period July, 1992

Headed by . DOH-Regional Health Office

Purpose : To solicit the support and commitment of LGUs to the Project

3 1.5 Planning and Consultation Mission

Period . Oct.13-20, 1992

Headed by : Dr. Toru Mori, Vice-Director, RIT, JATA

Purpose : To plan for the initiation of the PHDP

3.2 Dispatch of Long-term Experts

Dr. Masashi Suchi - September 1, 1992 to August 31, 1994
Chief Advisor, Tuberculosis Control

Mr. Yoshinori Terasaki - December 10, 1992 to December 9, 1994
Project Coordinator

3.3 Opening of the Project Office and Recruitment of Local Staff

The office of the Project was opened on Nov. 6, 1992, in the premises of the DOH Regional Health Office No.7. At the same time one technical assistant and one secretary were recruited as new staff members of the project.

Ms Maria Carolyn B. Daclan, Nurse
Ms Marissa Cesar, Secretary

3.4 Intensive Service Areas

Intensive Service Areas (ISAs) are the areas where will be covered by project for the first two years. A steady implementation is the basis of the Project and a step-wise approach to cover the project site was considered. One third of Cebu's population composed of 6 districts and their catchment municipalities and 2 cities were selected.

3.4.1 Selection of ISAs

Those ISAs were nominated through a series of workshops organized by Philippine side based on accomplishment of basic health services and area accessibility. Finally, the areas nominated were chosen as ISAs after the discussion with Planning and Consultation Mission Team.

3.4.2 Field Visits

Contact Mission to LGUs of the ISAs were conducted to provide information about DOH-JICA Project and to solicit their support and commitment to the Project. Technical visits to the Project sites were made to observe NTP implementation. Activities on case finding, treatment with case holding, recording/reporting system, laboratory works, and supervision/monitoring were observed.

3.4.3 Creation and Activities of the Project Task Force

As mentioned under 1., this group's members are the Regional/Provincial TB Coordinators, Provincial Coordinator and Med.Techs., DSPHNs and City TB Coordinator's from the ISA, and Chief of Cebu Chest Center. Series of meetings were held to plan, prepare and organize various Project activities.

3.5 Project Inputs

3.5.1 Baseline Survey

The DOH-JICA Team conducted a Baseline Survey on 27 Rural Health Units and 2 Cities in the ISAs, to know the basic situation of the program in the areas. Data were gathered through interview to health workers, actual observation and records review of current data from the annual report, monthly report, logbook etc., as guided by the checklist. An original data file of the 1992 Field Health Service & Information System (FHSIS) report was also obtained and analyzed. (See Annex A for the Findings of the Baseline Survey).

3.5.2 Provision of Equipment

Equipment were provided for technical transfer and to support the existing NTP activities. This includes computers, copiers, vehicles, binocular microscopes etc. Among others, IEC were prioritized in the peripheral areas, so that the loudspeaker, OHP and screen were allocated to the district level.

For improvement of logistic system, the project has made a stock of a certain amount of anti-tuberculosis drugs as a buffer stock in case of acute stock-out of drugs in ISAs. This stock is renewed regularly to keep the drugs effectiveness. Fortunately, it has never been utilized so far.

1) Equipment list for Japanese fiscal year 1991-1992

Name of Equipment	Quantity	Allocation
Computers and Laser Printers	4 sets	JICA Project Office, TBCS Manila, DOH-IRFO 7, Cebu IPHO
Software	1 set	JICA Project Office
Binocular Microscopes	33 sets	11 sets Ref. lab.,16 RHUs, 6 for new ISAs
Teaching microscopes	2 sets	Reference Laboratory
Copier with sorter	1 set	DOH-IRFO 7 Regional Health Training Center (RHTC)
OHP Portable & portable screen	5 units	5 districts (ISA)
Projection Panel	1 unit	DOH-IRFO 7 RHTC
OHP desk top	1 unit	Reference Laboratory
Colored TV	2 sets	JICA Project Office, DOH-IRFO 7 RHTC
Loud speakers	5 sets	5 districts (ISA)
Motorcycles with side car	2 units	Mandaue and Lapu-lapu City
Generator	1 unit	JICA Project Office
Vehicles	2 units	JICA Project Office, DOH-IRFO 7

2) Equipment requested for Japanese fiscal year 1992-1993

Name of Equipment	Quantity	Allocation
X-ray machine	1 unit	Cebu Chest Center
Computers and Printers	2 sets	Reference Laboratory, DOH-IRFO 7 RHTC

Audio-visual set	1 unit	Reference Laboratory
Copier	1 unit	TBCS, Manila
Books		DOH-IRFO 7 RHTC
Vehicles	2 units	DOH-IRFO 7, Cebu IPHO
Motorcycles	6 units	6 Districts

3) Equipment requested for Japanese fiscal year 1993-1994

Name of Equipment	Quantity	Allocation
Incenerator	1	Reference Laboratory
Clean bench	1	- ditto-
Distiller	2	
Refrigerator	1	
Deep freezer	1	
Refrigerator with chemicals	1	
Pipette washer	1	
Dryer for glassware	1	
Autoclave	2	
Hot Air Oven	2	
Incubator	2	
Coagulator	2	
Centrifuge	1	
Safety Cabinet for chemicals	1	
Cabinet for glassware	2	
Electronic chemical balance	1	
Cover for balance	1	
Chemical balance	2	
Water bath	1	
Glass wares		
Instruments		

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Experimentation tables and chairs

3.5.3 Counterpart Training in Japan

Counterpart trainings in Japan were given to enhance technical knowledge and skills on NTP. Three Filipino doctors participated the course on TB Control and a Medical technician for the course on Laboratory works conducted in the Research Institute of Tuberculosis, JATA, viz:.

Dates of Participation	Name of Trainees	Training Course
July 11, 1992 to October 10, 1992	Dr. Nora Cruz MS IV/Training Officer TBCS, Manila	TB Control
	Dr. Elaine R. Teleron MS II/Regional TB Medical Coordinator	-ditto-
June 14, 1993 to October 17, 1993	Dr. Vivian Lofranco MS IV/ Epidemiologist TBCS, Manila	-ditto
Sept. 27, 1993 to February 11, 1994	Mr. Benny Loberiza Medical Technician I Cebu Chest Center	Laboratory Works

3.5.4 Technical Exchange Program in Thailand

The following officers and JICA expert participated the International Workshop on TB Control and visited a similar JICA project in Khon Kaen, Thailand, viz:

Dr. Masashi Suchi	- Project Chief Adviser
Dr. Consuelo D. Aranas	- Director IV, DOH-Region VII
Dr. Elaine R. Teleron	- Regional NTP Coordinator
Dr Enrique A. Sancho	- Chief, Cebu Chest Center

In the workshop, technical exchange on TB Control activities was made among participants from 11 Asian countries. Dr. Teleron made a presentation on NTP in the Philippines and other team members participated actively.

Observation visit to JICA Community Health Project in Khon Kaen gave the team several view points on approach to the community and project implementation.

3.5.5 TB Program Seminars (See Annex B for the syllabus).

There were three (3) seminars conducted locally viz:

1) Seminar on Tuberculosis Control

A 3-day seminar workshop on the concepts of TB Control and problem encountered in NTP implementation. This was attended by a total of 65 participants composed of doctors, PHNs

and Cebu IPHO medical technologists (See Annex B - 1 for syllabus).

2) Seminar on Clinical Aspects on TB Control

The seminar input was on the clinical aspects of TB with case presentation including X-ray findings. This was attended by 51 doctors in RHUs/City Health Office, District hospitals, DOH-IRFO 7 Medical Specialists (See Annex B - 2 for syllabus).

3) Seminar on TB Case Management & Approach to the Community

This 2-day seminar was attended by 49 PHNs. The input made was on TB case management, innovative case holding strategies and recording/reporting system (See Annex B - 3 for syllabus).

3.5.6 Other Training Courses of the local staff

1) Lecture on NTP to Cebu, IPHO Medical Technologists

The lecture provided was on TB infection and the importance of case detection through direct smear examination.

2) Lecture on Laboratory Works to Cebu, IPHO Med. Tech.

The lecture provided was on the basic laboratory techniques of direct smear examination

3) Orientation on Proper Use and Care of Microscopes

An orientation on the proper use and maintenance of microscopes was given to the 12 med. techs /end users of donated microscopes.

3.5.7 Strengthening the function of Cebu Chest Center

A proposal was made to strengthen the laboratory and X-ray services of Cebu Chest Center. This can be achieved through improvement of its capability in TB diagnosis, quality control of its laboratory services, training activities and as referral and research center for the TB Control Program.

In the planning stage of this proposal, the following activities were undertaken, viz:

Reference Laboratory:

1) Creation of Construction Committee for Ref. Lab.

A committee was formed composed of Regional/Provincial TB coordinators, representative of IPHO Med. tech , Chief & Med. tech. of Cebu Chest Center, DOH-IRFO 7 engineer, JICA staff and short-term expert. Series of meetings were held to discuss the proposed plan for the reference laboratory construction.

2) Laying of Cornerstone

The area within the Vicente Sotto Memorial Medical Center (VSMMC) compound was approved to be the site of the future ref. lab.; signing of the note verbale was done. The celebration was attended by DOH-IRFO 7, VSMMC & DOH-JICA staff, local media and NGOs

3) Ground Breaking Ceremony

Blessing of the future site of the reference laboratory was done. This was attended by JCC Members, Chief of VSMMC, NEDA Mla., NGOs, DOH-JICA staff.

X-ray Services

Two proposals were made for the improvement of the X-ray services of Cebu Chest Center. One is the renovation of the X-ray room of Cebu Chest Center by DOH and provision of new X ray machine by JICA.

3.5.8 Receiving of Short-term Experts

Five (5) short-term experts has visited the Project last 1993. The date of visit, name and field of expertise are as follows,viz:

Date of Assignment	Name of Expert	Field of Expertise/ Activities
March 4-12	Dr. Nobukatsu Ishikawa	TB Control Resource Speaker on the Seminar on TB Control; conduct field visit to selected project areas
May 21-June 20	Ms. Shigemi Tokeshi	Research on TB Case Finding Process Initiated the research activities with the Project Counterparts
June 13-20	Dr. Toru Mori	Epidemiology Attended the First JCC meeting; field visit to the ISAs; provide technical advise on project activities
July 15-Aug 18	Ms. Shigemi Tokeshi	Research on TB Case Finding Process Reviewed & validated questionnaires done; Spot check on data gatherers; encoding and initial analysis of available data
Sept. 8-25	Ms. Akiko Fujiki	Bacteriology Visited Cebu Chest Center and the field; conduct a lecture discussion with med. techs. in Cebu; gave advise on the design of future reference laboratory
Sept 15-19	Dr. Masakazu Aoki	TB Control Resource Speaker on the Seminar on Clinical Aspects on TB Control

Sept. 15-23	Dr. Nobukatsu Ishikawa	TB Control Field visit; Resource Speaker on TB Case Management & Approach to Community; coordination with TBCS
Nov. 7-14	Dr. Toru Mori	Epidemiology Reviewed and gave advise on conduct of project activities; Attended the 2nd JCC meeting.

3 5.9 TB Case Finding Research Series

This is a comprehensive research on the case finding process of tuberculosis patients from the onset of sickness though the establishment of the diagnosis, in the light of people's bahavior, their attitute to the disease and also the effectiveness of the public health service.

The research was planned specifically for this project in order to obtain the relevant knowledge on case-finding and treatment on the tuberculosis control in this area. The entire research was designed by the team with cooperation of the RIT, JATA, and with technical and practical advices from the University of the Philippines, Cebu.

One Rural Health Unit per district and one health district per city were selected as the research areas. The activities undertaken to initiate this research series includes, viz:

* Making of research protocol, design and tools;
* Field visit/testing;
* Orientation of data gatherers;
* Initiation of actual survey
* Reviewing & validating of questionnaires
* Spot checking on data gatherers
* Encoding and initial analysis of available data

The components of the study are as follows, viz:

1) General Population Survey (pre-survey)

This survey aims to observe the access to the public health service and its utilization in both rural and urban population. The pilot areas studied were the Municipality of Dalaguete and the City of Lapu-lapu. This was conducted by Professors from the University of the Philippines, Cebu.

2) Public Health Center General Patient Cohort Survey

Its objective is to determine the respiratory symptomatics' delay in the visit to health service after the onset of the sickness. This also identifies the factors which may influence self- presentation of respiratory symptomatics to medical care at PHC. This was conducted by DSPHNs/City Nurse Coordinators of the ISAs.

3) TB Diagnosis Procedure Survey

This aims to know the diagnosis process and actions taken by the PHC. Two forms are used, the first one over the performance of the medical staff for the indication of sputum

examination, and the second one for the implementation and recording/reporting of the sputum microscopy of symptomatics. The former is to be filled-up by Rural Health Midwives and the latter to be completed by the research team.

4) Newly Diagnosed TB Patients Survey

This establishes the existence of patient's delay and health facility's delay specifically in TB case finding and identify factors influencing these delays. This was conducted through the interviews of patients by the DSPHNs/City Nurse Coordinators of the ISAs

3.6 Joint Coordinating Committee

A Joint Coordinating Committee is formed and shall meet at least once a year and whenever the necessity arises, and work on: (1) formulation of the Project's annual work plan; (2) review the overall progress of the project as well as the achievements of the annual work plan; (3) review and exchange views on major issues arising from or in connection with the Project.

The Committee is chaired by the Undersecretary for Public Health Services of DOH and participated by Filipino and Japanese officials/experts as members. The following are its members, Director, Foreign Assistance Coordinating Services, Director, DOH-TB Control Service, Director, Regional Health Office No. VII, Provincial Health Officer, Cebu Province and Governor of Cebu. From the Japanese side, the members are the Chief Advisor, Coordinator, Resident representatives of JICA in the Philippines, other experts and personnel to be dispatched by JICA as necessary.

In the meeting agenda progress report, annual work plan and discussion of issues and concerns were presented.

3.6 1 First JCC Meeting

The first JCC meeting was held June 16, 1993. This was attended by the Provincial Governor and other members of the JCC. A short briefing on the project, progress report, annual work plan, discussion of issues were in the agenda of the meeting. With it is the signing of the addendum to the Record of Disccussion for upgrading the functions of Cebu Chest Center.

The committee agreed that personnel working with the Project should be given priority for trainings in Japan. Problems on coordination with concerned offices was cleared (See Annex C-1 for Minutes)

3.6.2 Second JCC Meeting

The Second meeting was held on November 10, 1993. Approval of the minutes of the first JCC meeting was made. Several issues and problems concerning implementation of project & NTP activities were raised. Recommendations to resolve these problems were provided such as simplification of recording/reporting system, improvement of logistics system, TB management and etc.

It was decided that project expansion to other areas will be started from April 1995. Prompt equipment proceedings were requested to implement the scheduled activities (See Annex C-2 for Minutes).

4. Problems

In the Philippines, Tuberculosis is still one of the main public health problem. The mortality rate is 42.9 per 100.000 population (1989) and 4th in leading cause of death.

To combat with this situation, the government of the Philippines has established National Tuberculosis Program (NTP), under Republic Act 1136 in 1957. Although NTP has been integrated to the general health services and implemented down to the peripheral level, several problems concerning its implementation were identified.

As for case finding, too much effort is placed on this activity than on case holding. The active case-finding with "target achievement system" makes the quality of the work poor, and the target is set with unreasonable basis. The overemphasis on the case-finding affects the treatment service unfavorably, giving rise to low cure rate and high defaulter rate. Also, the quality of the laboratory services is low. In some microscopy centers, monocular microscopes are still used. The validation system although existing, has to be improved for proper function. Inadequacy of medical technologists is also seen.

There is a lack of NTP training, initial and refresher, on all levels. Since 1983, no such training has been conducted. Health workers has been implementing NTP activities mostly based on their work experiences. Supervision/monitoring visits from the upper level are deficient which also contributes to the loss of technical support to the local personnel.

Recording/reporting system is formally established but is not functioning properly, and sometimes the system is too complicated. Linkage of the tuberculosis register, treatment card and laboratory register is poor. The quality of information based on the system with above problems is low For treatment using SCC, the proper cohort analysis system is not yet used

At present, there is no shortage of TB drugs which are supplied from DOH, but other NTP supplies like slide glass and reagents are insufficient in some health units. The situation could be worse after the devolution, when the purchase of these goods is the responsibility of the each LGU As to logistics, a clear system has to be employed.

Current case-finding and treatment accomplishments are as described under Annex A With this situation, the DOH-JICA Project envisioned for the enhancement of the TB Control Program in Cebu Province through conduct of seminars/trainings, provision of suitable equipment, improving laboratory services and strengthening supervision/ monitoring activities of DSPHNs These program activities were planned, implemented and were evaluated, with the assistance of the short-term experts.

5. Annex

Annex A Findings of the Baseline Survey
Annex B - 1 Seminar on Tuberculosis Control
Annex B - 2 Seminar on the Clinical Aspects on NTP
Annex B - 3 Seminar on TB Case Management and Approach to Community
Annex C - 1 Minutes of the First JCC Meeting
Annex C - 2 Minutes of the Second JCC Meeting

Annex A

Findings of the Baseline Survey

1. Health Infrastructure

The Department of Health used to have overall jurisdiction of the public health services from the country level to BHS level before devolution. However, after the devolution in 1992, District Health Office in the district level is not existing. The district hospital was devolved to the Province and it performs only clinical management and remains as a referral center to the field units. There is no organization that controls the health administration at the district level Distrit Supervising Public Health Nurses (DSPHNs) who supervised and monitored each RHU are retained, but their roles are not still determined.

The number of health manpower of each RHU such as Municipal Health Officers (Medical doctor, MHOs), Public Health Nurses (PHNs), and Rural Health Midwives (RHMs) is sufficient. However, Medical Technologist (MT) is inadequate in number as compared to that of regular staff. Each MHO, PHN and RHM covers about 30000, 18000, and 5000 population (4000 in rural districts and 13000 in the cities), respectively. One volunteer Barangay Health Worker (BHW) covers 500 population on average (based on the barangay)

The catchment area is accessible by public transportation such as tricycle and jeepney Only few RHUs have their own transportation facilities. The average distance from the RHU to the farthest BHS in rural districts is 17 km and it takes around two hours. In the cities, this distance is 10 km on average and it takes around 40 minutes. The farthest BHS from RHU can be reached within two hours (maximum six hours or less) using the public transportation in the survey area. Personal motorcycles of the inhabitants and health workers are utilized in the inaccessible area.

2. General health services

In the delivery of health services of RHU or BHS, the patients are initially examined by RHM. Consultation and treatment of manageable cases are done in the BHS. The cases with serious illness or without improvement are referred to the doctor in the RHU.

The routine activities of RHM in the assigned BHS are as follows. In the morning, they see outpatients and conduct the special programme such as Expanded Programme on Immunization (EPI) In the afternoon, they work for recording and reporting and conduct home visits. In addition, each RHM conducts a mother's class. This class is held two to four times a year at BHS and usually around 30 mothers participate. The topics of this class are maternal and child health, nutrition, environmental hygiene, communicable disease prevention, geriatric-disease prevention, etc.

The RHU functions as the primary consultation unit in all catchment barangays. It diagnoses and treats patients referred from BHS, performs special programmes such as EPI, etc. This RHU also acts as a Municipal Health Office. It conducts health program planning, supervision/monitoring to BHSs, staff meetings and consolidation of reports from each BHS The communication between BHSs and RHU is smooth through the activities of the supervision/monitoring, round clinic at BHSs, and EPI, etc. However, the MHO and PHN are absent from RHU on the above-mentioned field activities.

BHWs introduce the activities of the RHU/BHS and implement programme to the area BHWs motivate the community to participate the encouragement of the symptomatics to consult health workers.

3. Tuberculosis control programme

3 1 RHU as a Community TB Control Unit

The RHU is a unit for tuberculosis control. It has a medical doctor who can diagnose and evaluate TB treatment. One microscopic center for direct sputum examination is located in this RHU. Tuberculosis registration is done in this RHU. In this set-up, the RHU can complete tuberculosis control from case-finding to treatment. As other characteristics, the role of district in the tuberculosis programme is not clear.

3.2 Case-finding

Case-finding is done passively by direct sputum smear examination in rural districts and actively in the cities. The estimated number of new cases is set as a target in each RHU. The activities of RHMs are evaluated by the number of cases they detected. Therefore when the number of detected cases is less than the target, the RHM has to find more cases by active

case-finding to accomplish the target. In such situations, the number of sputum examinations per month may fluctuate. Sometimes, it increases toward the end of the year. In other cases, it concentrates in some months. A lot of efforts were paid by RHM in the periphery to accomplish this target

3.3 Microscopy services

Direct sputum smear making such as sputum collection, smearing and fixation is done by RHM at the BHS. Then slides are sent to the RHU laboratory for staining and reading by the MT. In 29 microscopic centers, only 11 have their own MTs and others shared one MT among 2-3 RHUs. When the result is positive, it is usually given to the patient within one week in RHUs (maximum 10 days).

The average positivity rate was 3%. Sputum examination was done only once for most of chest symptomatics in the ISA. Sputum smear validation of each MT in RHU is performed by the Integrated Provincial Health Office Medical Technologist (IPHO MT) In ISA, validation in terms of agreement rate in 1992 was 100% except for one RHU. As patient's ID number under treatment is not put in the laboratory register, it is very difficult to check the follow-up examination results.

3.4 Treatment

The standardized Short Course Chemotherapy (SCC) regimen in this country is 2HRZ/4HR for new Sm(+) and Sm(-) cavitary pulmonary tuberculosis. The standard treatment regimen (SR) is 1SH/11S2H, etc. for other cases. Criteria of new or relapse cases are not clearly defined. Treatment is not fully supervised, but weekly collection of drugs in blister packs is employed According to FHSIS, 67% of treatment is under SCC. Of them, 80% are Sm(+) cases and 20% are Sm(-) cavitary cases. Therefore, 54% of pulmonary TB cases under treatment are Sm(+) cases. The treatment completion rates in SCC and SR are 83% and 72%, respectively Sputum conversion rate of Sm(+) pulmonary cases at the end of 2nd, 4th, 6th after the start of the treatment is 99%, 98% and 99%, respectively.

3.5 Registration and Case-management

The tuberculosis register is kept in the RHU and maintained by the PHN. In the ISAs,

treatment cards are kept at RHUs in 12 municipalities and kept at BHSs in 17 municipalities. Recording of drug collection in some treatment cards is based on only from the RHM's memory and not updated accurately. Some records do not seem to reflect the real treatment situation. But this interview revealed that RHM is confident of their treatment activities because of then long time experience as health workers. Actions taken for defaulters are not recorded in most of the treatment cards evaluated.

3.6 Recording and Reporting

As already mentioned, recording system is not well organized. The linkage of tuberculosis register, treatment card and laboratory register is not established. It may be difficult to record the smear examination results during the treatment into tuberculosis register from the laboratory register.

Reporting system is complicated. For example, the RHU has to accomplish three types of monthly or annual report for tuberculosis service to FHSIS, NTP Report and Annual Health Activity. In FHSIS, there are two sections namely the National Tuberculosis Program (NTP) and tuberculosis laboratory sections. The figures of same items in each section are inconsistent

3.7 Staff Training and Supervision/Monitoring

Staff training for tuberculosis control in the RHU level is inadequate. Since 1983 no systematic training on NTP was done except some in-service training. For other programmes, also only initial training for the introduction of the programme is given without refresher training

As cited earlier, the communication between RHU and BHS is smooth but the supervision and monitoring is not well organized and standardized. It is not problem solving oriented but service achievement oriented. For example, the Integrated Supervising Checklist (ISC) is introduced for the supervision and monitoring to BHS/RHM by RHU/PHN. This ISC has three indicators of activities. One is the number of smear examinations for case-finding activities. Next is the continuation of the treatment for case-holding activities. The last one is the adequate drug stock for logistics.

On the other hand, supervision and monitoring by Provincial tuberculosis coordinators to RHUs are mainly for data collection because of their large work load and large number of RHUs. It was also noted that this report on RHU activities did not send to the RHU. Therefore it was

difficult for RHU to evaluate whether their health services were good in quality or not.

3 8 Logistics

In this country, the drugs for SCC are provided by NTP. Others like SR drugs and laboratory reagents are procured by Local Government Units (LGUs). There are enough amount of drugs for SCC at this moment, but in 1991 there was a shortage of drugs for six months. The distribution is based on the previous consumption at Regional level and based on request from the Provincial to the lower level. There is no planned buffer stock at any level. Drug inventory logbook is not kept. Only account sheets are kept in lower levels. After devolution, procurement of SR drugs and laboratory reagents is faced with a problem. As the quantity for procurement is limited, it is not so cost effectiveness compare to the mass procurement. Bidding requirements from the LGU are also a problem.

4. Discussions

In this country, the function of so-called District Health System (DHS) seems to be performed by RHU in general. Except for the hospital function at the first referral level, RHU functions the key elements of DHS, such as; a) organization, planning and management, b) financing and resource allocation, c) intersectoral action, d) community involvement, e) development of human resources. In addition, the RHU is the provider of all health programme to the community as a clinic. With its small
population size (average population of 30000), implementation of local health activities such as National Immunization Day (NID), etc. is managed efficiently and independently. As budget allocation is too small as a mass, problems occur in case of procuring equipment and drugs.

The accessibility of the public health services of BHS is good, manned by an RHM who is familiar to each community member in their catchment area. However, with the limited ability of RHU for clinical management like provision of drugs, sometimes people seek the district hospital or private clinics directly.

The RHU with a good accessibility from the community is the unit where the tuberculosis control activity from case-finding and treatment is to be implemented. However, average number of Sm(+) cases in one RHU per year is approximately 30 cases. This number is not large enough for RHM to be familiar with NTP activities. Therefore, well-organized supervision and

monitoring which are not available at present are required. However, since the number of staffs at peripheral is too large to be trained or visited, this is not an easy task to do. These contribute to the above-mentioned findings on NTP activities. In relation to this, the functions of the DSPHNs are augmented in the areas of supervision/monitoring to effectively provide technical support to various activities of RHUs.

The Tuberculosis Control Services of Department of Health (TBCS/DOH) is now planning to revise the Manual of NTP following the Tuberculosis Control Policy Package recommended by World Health Organization (WHO). In the process of revision, it is required that the characteristics of the health infrastructure, tuberculosis control programme and existing problems in this country to be considered.

5 References

1) Congress of the Philippines. Republic Act No. 7160, "An act providing for a Local Government Code of," Manila, Philippines, 1992; pp. 283.

2) Japan International Cooperation Agency Medical Cooperation Department, Report on Implementation Survey Team for Philippines Public Health Development Project, Japan International Cooperation Agency, 1992, P. 23

3) DOH-Tuberculosis Control Service. 1992 Annual Report. Manila, Philippines, 1993, pp.3..

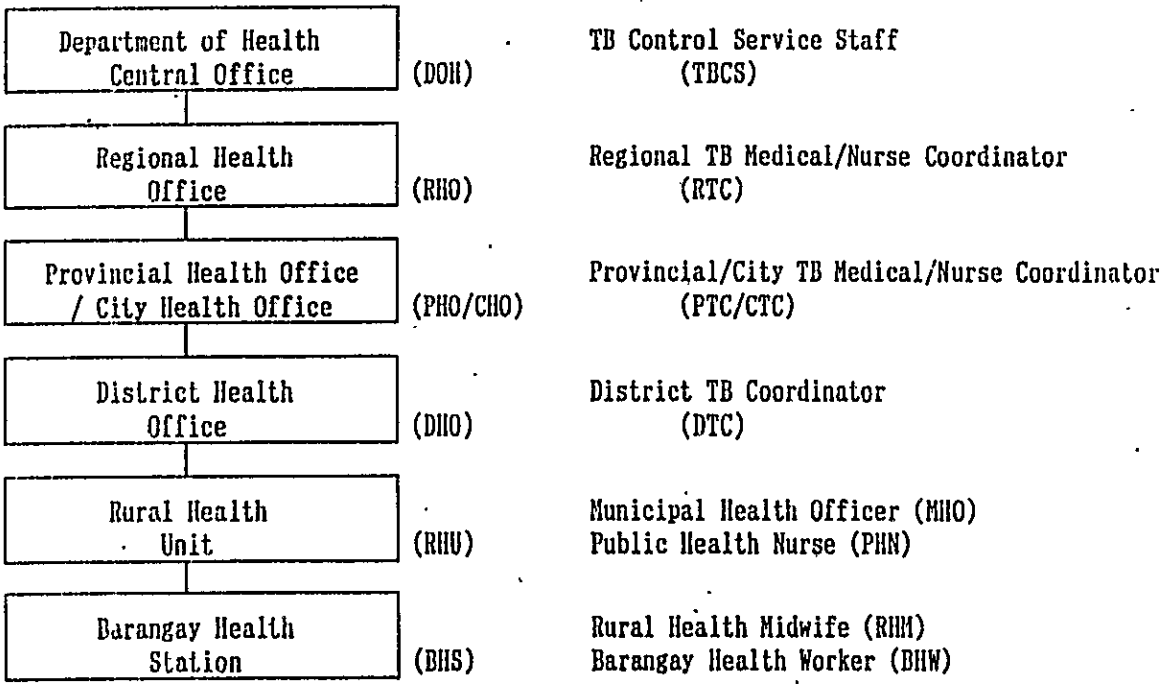
4) Department of Health. NTP Manual. Manila, Philippines, April 8, 1988.

5) DOH-Health Intelligence Service. Trainer's Manual for: The Integrated Supervisory Checklist (ISC) and Data Utilization Training. Manila, Philippines, August 12, 1992;pp.5.

6) World Health Organization. The Challenge of Implementation, District Health Systems for Primary Health Care. December 1988; pp.9-10.

Fig. 1 Organizational Structure of National TB Programme in the Republic of Philippines before / after Local Decentralization

< Before Local Decentralization >



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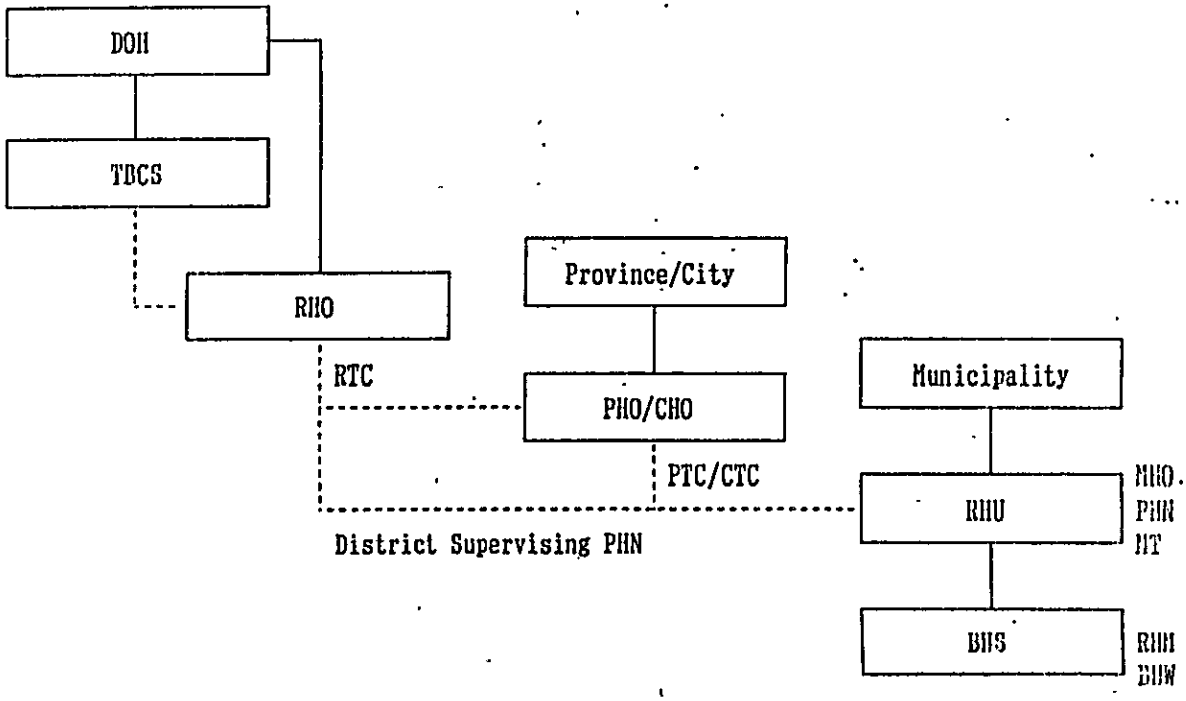

< Legend > ——— : Direct Control
------- : Technical Suport

Tab. 1 Population Ratio of Health Worker in RHU

RHU-NAME	POP.	BRGY.	BHS	MHO	PHN	RHM	MT	BHW
ARGAO DIST.								
ALCOY	11,395	1,424	3,798	11,395	11,395	3,798	56,975	285
ARGAO I	29,966	1,303	3,746	29,966	9,989	3,746	29,966	768
ARGAO II	26,695	1,161	3,814	26,695	13,348	3,337	26,695	445
BOLJOON	12,652	1,150	4,217	12,652	12,652	2,530	63,260	361
DALAGUETE I	29,045	1,529	3,631	29,045	14,523	4,149	36,306	726
DALAGUETE II	20,049	1,432	2,864	100,245	10,025	3,342	100,245	2,005
OSLOB	21,490	1,023	4,298	21,490	21,490	3,582	35,817	459
SUB-TOTAL	151,292	1,271	3,690	24,402	12,608	3,518	37,823	554
BADIAN DIST.								
ALCANTARA	10,385	1,154	5,193	10,385	10,385	3,462	25,963	ERR
BADIAN	28,838	994	3,204	28,838	14,419	2,884	28,838	370
MOALBOAL	21,179	1,412	4,236	21,179	21,179	3,530	21,179	353
RONDA	16,312	1,165	4,078	16,312	8,156	5,437	20,390	340
SUB-TOTAL	76,714	1,145	3,836	19,179	12,786	3,487	23,973	412
BARILI DIST.								
ALOGUINSAN	20,874	1,392	5,219	20,874	20,874	5,219	20,874	394
BARILI I	24,471	1,165	3,496	24,471	12,236	3,059	40,785	326
RARILI II	27,447	1,248	3,921	27,447	27,447	4,575	68,618	277
DUMANJUG	34,690	938	5,782	34,690	17,345	5,782	578,167	469
SUB-TOTAL	107,482	1,131	4,478	26,871	17,914	4,478	52,176	357
BOGO DIST.								
BOGO I	33,032	1,835	8,258	33,032	16,516	5,505	33,032	423
BOGO II	24,001	2,400	6,000	24,001	12,001	4,800	24,001	308
MEDELLIN	37,134	1,857	3,713	37,134	18,567	3,713	37,134	688
SAN REMEGIO	39,242	1,453	4,360	39,242	19,621	3,924	39,242	224
SUB-TOTAL	133,409	1,779	4,941	33,352	16,676	4,304	33,352	347
DANAO DIST.								
CARMEN	31,792	1,514	3,974	31,792	15,896	3,179	39,740	662
COMPOSTELA	23,255	1,368	4,651	23,255	11,628	3,322	58,138	503
LILOAN	45,005	3,215	5,626	ERR	22,503	5,626	ERR	210
SUB-TOTAL	100,052	1,924	4,764	50,026	16,675	4,002	83,377	325
SOGOD DIST.								
BORBON	25,248	1,329	3,607	25,248	12,624	3,607	42,080	240
CATMON	21,481	1,074	3,580	21,481	10,741	2,685	53,703	786
SOGOD	25,449	1,414	3,181	25,449	8,483	2,828	63,623	293
TABOGON	26,795	1,072	3,828	26,795	26,795	3,349	133,975	319
SUB-TOTAL	98,973	1,207	3,535	24,743	12,372	3,093	61,858	282
DIST-TOTAL	667,922	1,363	4,149	27,600	14,520	3,774	41,589	370
CITIES								
LAPULAPU	163,269	5,630	7,775	32,654	20,409	12,550	54,423	1,020
MANDAUE	208,702	7,730	7,730	41,740	41,740	13,044	69,567	ERR
CITY-TOTAL	371,971	6,642	7,749	37,197	28,613	12,827	61,995	2,325
GRAND TOTAL	1,039,893	1,905	4,976	30,406	17,625	5,048	47,139	523

Remarks : NO. OF BHS & HEALTH WORKER - '92, POP. - '93

Tab. 2 Smear Examination, Smear Positive & Microscopic Center in RHU

RHU-NAME	POP.	S-E	S-E/POP. (/1,000)	S-P	S-P/POP. (/100,000)	TYPE OF MICROSCOPY	MED. TECH. (DAYS/W)
ARGAO DIST.							
ALCOY	11,395	368	32.3	22	193.1	MONO	1 / W*
ARGAO I	29,966	1,076	35.9	37	123.5 \	MONO	1 FULL
ARGAO II	26,695	985	36.9	35	131.1 /		1 FULL
BOLJOON	12,652	401	31.7	16	126.5	MONO	1 / W*
DALAGUETE I	20,045	835	28.7	31	106.7 \	NO	4 / W**
DALAGUETE II	20,049	558	27.8	4	20.0 /	DIST.HSP.	1 / W**
OSLOB	21,490	708	32.9	35	162.9	MONO	3 / W*
SUB-TOTAL	151,292	4,931	32.6	180	119.0	4 MONO	4 M.T.
BADIAN DIST.							
ALCANTARA	10,385	282	27.2	3	28.9	NO	2 / W*
BADIAN	28,838	752	26.1	15	52.0	MONO	1 FULL
MOALBOAL	21,179	668	31.5	2	9.4	BINO/SWITCH	1 FULL
RONDA	16,312	544	33.3	6	36.8	MONO	4 / W*
SUB-TOTAL	76,714	2,246	29.3	26	33.9	2MONO/1BINO	3 M.T.
BARILI DIST.							
ALOGUINSAN	20,874	633	30.3	24	115.0	MONO	1 FULL
BARILI I	24,471	860	35.1	11	45.0 \		
BARILI II	27,447	1,034	37.7	30	109.3 /	BINO	1 FULL / CFP*
DUMANJUG	34,690	1,109	32.0	18	51.9	NO	2 / M*
SUB-TOTAL	107,482	3,636	33.8	83	77.2	1MONO/1BINO	2 M.T.(1 CFP)
BOGO DIST.							
BOGO I	33,032	1,219	36.9	38	115.0	BINO	1 FULL
BOGO II	24,001	767	32.0	28	116.7	NO / DIST.HSP	1 FULL
MEDELLIN	37,134	947	25.5	11	29.6	MONO	1 FULL
SAN REMEGIO	39,242	1,195	30.5	40	101.9	BINO/DIST.HSP	1 FULL
SUB-TOTAL	133,409	4,128	30.9	117	87.7	1MONO/2BINO	4 M.T.
DANAO DIST.							
CARMEN	31,792	1,112	35.0	54	169.9	BINO/MOLD	4 / W*
COMPOSTELA	23,255	953	41.0	59	253.7	NO	2 / W*
LILOAN	45,005	921	20.5	17	37.8	MONO	1 / W (IPHO)
SUB-TOTAL	100,052	2,986	29.8	130	129.9	1MONO/1BINO	2 M.T.(1IPHO)
SOGOD DIST.							
BORBON	25,248	936	37.1	8	31.7	NO--DIST.HSP	3 / W*
CATMON	21,481	540	25.1	14	65.2	NO--DIST.HSP	2 / W**
SOGOD	25,449	903	35.5	16	62.9	NO--DIST.HSP	2 / W*
TABOGON	26,795	1,034	38.6	18	67.2	NO--DIST.HSP	1 / W**
SUB-TOTAL	98,973	3,413	34.5	56	56.6	NO--DIST.HSP	2 M.T.
DIST-TOTAL	667,922	21,340	31.9	592	88.6	9MONO/5BINO	17M.T. (1CFP/1IPHO)
CITIES							
LAPULAPU	163,269	3,303	20.2	140	85.7	2MONO/1BINO	3 M.T.(2CFP)
MANDAUE	208,702	6,229	29.8	294	140.9	1MONO/2BINO	3 M.T.(2CFP)
CITY-TOTAL	371,971	9,532	25.6	434	116.7	3MONO/3BINO	6 M.T.(4CFP)
GRAND TOTAL	1,039,893	30,872	29.7	1,026	98.7	12MONO/8BINO	23 M.T. (5CFP/1 IPHO)
		Max=	41.0	Max=	253.7		
		Min=	20.2	Min=	9.4		

REMARKS : NO. OF S.E & S-P - '92. POP. - '93

Tab. 3 FHSIS Annual Report for Tuberculosis Laboratory Test ('92) (Districts only)

RHU-NAME	NO. OF SMEAR EXAM. 1ST	ONLY 1	(%)	POS.	(%)	NO. OF FOLLOW-UP 2MON.	4MON.	6MON.	NO. OF NEGATIVE 2MON.	4MON.	6MON.	(%) 2MON.	4MON.	6MON.
ALCOY	366	296	80.9%	19	5.2%	16	8	7	16	8	7	100.0%	100.0%	100.0%
ARGAO I	957	916	95.7%	36	3.8%	18	26	20	16	26	20	88.9%	100.0%	100.0%
ARGAO II	907	907	100.0%	30	3.3%	25	12	11	25	11	11	100.0%	91.7%	100.0%
BOLJOON	403	329	81.6%	16	4.0%	12	14	6	12	14	6	100.0%	100.0%	100.0%
DALAGUETE I	835	808	96.8%	31	3.7%	26	23	23	26	23	23	100.0%	100.0%	100.0%
OSLOB	708	642	90.7%	35	4.9%	30	25	25	30	25	25	100.0%	100.0%	100.0%
DALAGUETE II	559	553	98.9%	6	1.1%	3	5	2	3	5	2	100.0%	100.0%	100.0%
BORBON	941	918	97.6%	9	1.0%	6	6	2	6	5	2	100.0%	83.3%	100.0%
CATMON	554	344	62.1%	16	2.9%	14	13	13	14	13	13	100.0%	100.0%	100.0%
SOGOD	913	756	82.8%	16	1.8%	17	16	13	16	16	13	94.1%	100.0%	100.0%
TABOGON	635	341	53.7%	16	2.5%	18	12	17	17	10	14	94.4%	83.3%	82.4%
CARMEN	1,121	1104	98.5%	54	4.8%	45	51	49	45	51	49	100.0%	100.0%	100.0%
COMPOSTELA	953	946	99.3%	59	6.2%	44	35	40	44	35	40	100.0%	100.0%	100.0%
LILOAN	657	640	97.4%	14	2.1%	3	1	5	3	1	5	100.0%	100.0%	100.0%
ALCANTARA	282	277	98.2%	3	1.1%	6	1	1	6	1	1	100.0%	100.0%	100.0%
BADIAN	763	690	90.4%	16	2.1%	17	23	16	17	23	16	100.0%	100.0%	100.0%
MOALBOAL	667	629	94.3%	2	0.3%	1	2	1	1	2	1	100.0%	100.0%	100.0%
RONDA	586	558	95.2%	6	1.0%	15	11	11	15	11	11	100.0%	100.0%	100.0%
ALOGUINSAN	633	607	95.9%	26	4.1%	19	21	24	18	18	24	94.7%	85.7%	100.0%
BARIRI I	847	838	98.9%	11	1.3%	12	4	5	12	4	5	100.0%	100.0%	100.0%
RARILI II	1,035	1024	98.9%	29	2.8%	22	19	20	22	19	20	100.0%	100.0%	100.0%
DUMANJUG	761	744	97.8%	16	2.1%	16	5	12	16	5	12	100.0%	100.0%	100.0%
BOGO I	1,219	1109	91.0%	37	3.0%	30	35	49	30	35	49	100.0%	100.0%	100.0%
BOGO II	739	615	83.2%	28	3.8%	18	16	18	18	16	18	100.0%	100.0%	100.0%
MEDELLIN	958	502	52.4%	10	1.0%	16	18	17	16	18	17	100.0%	100.0%	100.0%
SAN REMEGIO	1,197	919	76.8%	40	3.3%	38	31	37	38	30	37	100.0%	96.8%	100.0%
TOTAL	20,196	18,012	89.2%	581	2.9%	487	433	444	482	425	441	99.0%	98.2%	99.3%

Tab. 4 FHSIS Annual Report for Case-finding Activity ('92) (Districts only)

NAME OF RHU	NO. OF PATIENT SCC	(%)	SR	(%)	TOTAL	(%)	SMEAR POSITIVE NO.	/SCC	/TOTAL
ALCOY	24	70.6%	10	29.4%	34	100.0%	19	79.2%	55.9%
ARGAO I	41	100.0%	0	0.0%	41	100.0%	37	90.2%	90.2%
ARGAO II	39	83.0%	8	17.0%	47	100.0%	36	92.3%	76.6%
BOLJOON	21	91.3%	2	8.7%	23	100.0%	15	71.4%	65.2%
DALAGUETE I	48	54.5%	40	45.5%	88	100.0%	23	47.9%	26.1%
OSLOB	39	95.1%	2	4.9%	41	100.0%	35	89.7%	85.4%
DALAGUETE II	4	50.0%	4	50.0%	8	100.0%	12	300.0%	150.0%
BORBON	11	39.3%	17	60.7%	28	100.0%	5	45.5%	17.9%
CATMON	25	54.3%	21	45.7%	46	100.0%	16	64.0%	34.8%
SOGOD	23	60.5%	15	39.5%	38	100.0%	16	69.6%	42.1%
TABOGON	24	55.8%	19	44.2%	43	100.0%	14	58.3%	32.6%
CARMEN	58	92.1%	5	7.9%	63	100.0%	56	96.6%	88.9%
COMPOSTELA	54	91.5%	5	8.5%	59	100.0%	59	109.3%	100.0%
LILOAN	58	58.6%	41	41.4%	99	100.0%	18	31.0%	18.2%
ALCANTARA	5	19.2%	21	80.8%	26	100.0%	3	60.0%	11.5%
BADIAN	26	44.8%	32	55.2%	58	100.0%	16	61.5%	27.6%
MOALBOAL	4	14.8%	23	85.2%	27	100.0%	2	50.0%	7.4%
RONDA	13	68.4%	6	31.6%	19	100.0%	6	46.2%	31.6%
ALOGUINSAN	22	61.1%	14	38.9%	36	100.0%	22	100.0%	61.1%
BARIRI I	21	46.7%	24	53.3%	45	100.0%	30	142.9%	66.7%
RARILI II	33	63.5%	19	36.5%	52	100.0%	39	118.2%	75.0%
DUMANJUG	26	81.3%	6	18.8%	32	100.0%	18	69.2%	56.3%
BOGO I	43	74.1%	15	25.9%	58	100.0%	35	81.4%	60.3%
BOGO II	29	87.9%	4	12.1%	33	100.0%	25	86.2%	75.8%
MEDELLIN	24	57.1%	18	42.9%	42	100.0%	13	54.2%	31.0%
SAN REMEGIO	40	88.9%	5	11.1%	45	100.0%	39	97.5%	86.7%
TOTAL	755	66.8%	376	33.2%	1131	100.0%	609	80.7%	53.8%

Tab. 5 FHSIS Annual Report on TB Treatment, Proportion of Completed Treatment ('92)

NAME OF RHU	SHORT COURSE CHEMOTHERAPY COMP	(%)	TOTAL	(%)	(Districts only) STANDARD REGIMEN COMP	(%)	TOTAL	(%)
ALCOY	17	63%	27	100%	2	29%	7	100%
ARGAO I	35	83%	42	100%	3	100%	3	100%
ARGAO II	25	86%	29	100%	13	62%	21	100%
BOLJOON	17	81%	21	100%	1	100%	1	100%
DALAGUETE I	48	91%	53	100%	54	89%	61	100%
OSLOB	31	66%	47	100%	5	100%	5	100%
DALAGUETE II	7	78%	9	100%	1	20%	5	100%
BORBON	7	54%	13	100%	10	45%	22	100%
CATMON	18	82%	22	100%	13	76%	17	100%
SOGOD	16	80%	20	100%	8	67%	12	100%
TABOGON	22	85%	26	100%	15	79%	19	100%
CARMEN	40	78%	51	100%	3	38%	8	100%
COMPOSTELA	44	98%	45	100%	5	83%	6	100%
LILOAN	53	98%	54	100%	34	87%	39	100%
ALCANTARA	5	71%	7	100%	15	79%	19	100%
BADIAN	25	64%	39	100%	15	58%	26	100%
MOALBOAL	7	88%	8	100%	21	66%	32	100%
RONDA	13	93%	14	100%	6	86%	7	100%
ALOGUINSAN	19	66%	29	100%	12	67%	18	100%
BARIRI I	13	87%	15	100%	21	84%	25	100%
RARILI II	27	87%	31	100%	19	63%	30	100%
DUMANJUG	32	91%	35	100%	6	50%	12	100%
BOGO I	55	95%	58	100%	17	89%	19	100%
BOGO II	15	83%	18	100%	8	50%	16	100%
MEDELLIN	29	88%	33	100%	12	67%	18	100%
SAN REMEGIO	42	89%	47	100%	9	100%	9	100%
TOTAL	662	83%	793	100%	328	72%	457	100%

Annex B-1

SEMINAR ON TUBERCULOSIS CONTROL

I. RATIONALE :

The seminar is geared towards upliftment in the implementation of the National Tuberculosis Control Program in Cebu Province. Being the supervisors in the field, Municipal and City Health Officers and Public Health Nurses in the Intensive Service Areas are called to participate to assess and identify existing problems/ constraints/ needs in order to gain appropriate support from the Department of Health and the DOH-JICA Project.

II. OBJECTIVE :

General : To strengthen the implementation of the TB Control Program in the field .

Specific : After the three day seminar, the participants will be able to :

1. Present the Profile of each District/City.
2. Discuss the 1992 NTP accomplishment report and the January to June Retrospective cohort analysis.
3. Assess the status of NTP implementation in each area.
4. Identify problems/constraints/needs met in the field.
5. Plan program strategies for successful implementation.

III. METHODOLOGY :

1. Workshop
2. Lecture Discussion
3. Film Showing
4. Open Forum

SEMINAR ON TUBERCULOSIS CONTROL
March 9-11, 1993

Schedule of Activities

Day 1 March 9, 1993	Day 2 March 10, 1993	Day 3 March 11, 1993
9:00-10:00-Registration	8:00-12:00 - Lecture by Dr. N. Ishikawa Chairman: Dr. M. Suchi	Presentation of Group Discussion Chairman: Dr. Elaine Teleron
10:00-10:15 M O R N I N G B R E A K		
10:15-12:00 Opening Program	Continuation of Lecture	Continuation of Presentation
12:00-1:00 L U N C H B R E A K		
1:00-3:00 - Presentation of Statiscal Data of ISA Chairman: Dr. E. Sancho	Workshop (Small Group Discussion by City/ District)	Lecture By Dr. N. Ishikawa Open Forum
3:00-3:15 A F T E R N O O N B R E A K		
3:15-5:00 Continuation of Presentation	Continuation of Workshop	Closing Program Distribution of Certificates

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Annex B-2

NATIONAL TUBERCULOSIS CONTROL PROGRAM SEMINAR
CLINICAL ISSUES ON NTP
September 16-17, 1993

I. INTRODUCTION:

The magnitude of the TB problem in the Philippines remains to be the top health issue and still ranks as the fifth killer disease despite the governments' sustained efforts to control it. With this realization, program strategies are redirected to fully concretize program implementation through enhancement of the health personnel's knowledge, skills and attitude of the TB Program. Through this Seminar the DOH-JICA Project envisioned to upgrade health care managers skills on appropriate diagnosis, case management and other clinical issues on Tuberculosis Control.

II. OBJECTIVES :

General Objectives:

To update and upgrade the knowledge and skills of health care managers in the management of tuberculosis.

Specific Objectives:

After the two day seminar the participants will be able to:

1. Assess deficiencies in the field through feedback of the DOH-JICA Baseline Survey.
2. Update their knowledge on the new policies and guidelines on NTP.
3. Classify cases by Chest X-ray.
4. Identify appropriate treatment regimen.
5. Gain insights on issues and concerns pertaining to the TB Control Program.

III. METHODOLOGY

1. Lecture discussion
2. Case study presentation
3. Open forum

IV. OPERATING DETAILS:

Venue	:	Regional Health Training Center, DOH-IRFH07, Cebu City
Duration	:	2 days
Date	:	September 16-17, 1993
Time	:	8:00-12:00- 1:00-5:00 p.m.
Participants:		Doctors
Funding	:	DOH-JICA Project

V. REQUIREMENTS:
Complete attendance
Active participation

SEMINAR ON CLINICAL ISSUES ON NTP
September 16-17, 1993

SCHEDULE OF ACTIVITIES

TIME	DAY 1	DAY 2
8:00 - 9:30 a.m. 9:30 - 10:00	Registration Opening Program	Case Study Presentation (Dr. Sancho/Dr. Aoki)
10:00 - 10:15 a.m.	M O R N I N G S N A C K	
10:15 - 10:45	Feedback of the Baseline Survey (Dr. M. Suchi)	Continuation of Case Study Presentation
10:45 - 11:30 11:30 - 12:00	NTP Update (Dr. E. Teleron) Open forum	- do - Open forum
12:00 - 1:00 p.m.	L U N C H B R E A K	
1:00 - 3:00	Basis and Progress of TB Control (Dr. M. Aoki)	- do -
3:00 - 3:15	A F T E R N O O N S N A C K	
3:15 - 5:00	Basis and Progress of TB Treatment (Dr. M. Aoki) Open Forum	Closing Program
6:30 p.m.	Fellowship at Park Place Hotel	

Annex B-3

NATIONAL TUBERCULOSIS CONTROL PROGRAM SEMINAR
NTP CASE MANAGEMENT AND APPROACH TO COMMUNITY
September 20-21, 1993

I. INTRODUCTION :

This seminar is intended for Public Health Nurses being the frontline service providers of the Department of Health. As the key personnel in the field and with immense responsibility in implementation of all public health programs in the community, there is a great need to upgrade their knowledge and skills in proper recording and reporting, effective case management and health education to community to ensure the successful implementation of the National TB Control Program.

II. OBJECTIVES:

General Objective:

To update and upgrade the knowledge and skills of Public Health Nurses in the management of tuberculosis.

Specific Objectives:

At the end of the seminar, the Public Health Nurses will be able to:

1. Assess deficiencies in the field through feedback of the DOH-JICA Baseline Survey.
2. Update their knowledge on the new policies and guidelines on NTP.
3. Maintain a standard and systematic recording, reporting and evaluation system.
   - 3.1 How to fill up patients treatment card and retrospective cohort analysis forms correctly
   - 3.2 Update NTP masterlist
4. Adapt a client focus case management approach in program implementation.
   - 4.1 Motivating patient for treatment.
   - 4.2 Approaches to the community/recommendation of RACT.
5. Share experiences on community organization.

III. METHODOLOGY:

Lecture discussion
Individual work
Open Forum

IV. OPERATING DETAILS:

Venue	:	Regional Health Training Center, DOH-IRFH07
Duration	:	2 days
Time	:	8:00-12:00- 1:00-5:00
Participants:		Public Health Nurses
Funding	:	DOH-JICA Project

SEMINAR ON CLINICAL ISSUES ON NTP
September 16-17, 1993

SCHEDULE OF ACTIVITIES

TIME	DAY 1	DAY 2
8:00 - 9:30 a.m. 9:30 - 10:00	Registration Opening Program	Case Study Presentation (Dr. Sancho/Dr. Aoki)
10:00 - 10:15 a.m.	M O R N I N G S N A C K	
10:15 - 10:45	Feedback of the Baseline Survey (Dr. M. Suchi)	Continuation of Case Study Presentation
10:45 - 11:30 11:30 - 12:00	NTP Update (Dr. E. Teleron) Open forum	- do - Open forum
12:00 - 1:00 p.m.	L U N C H B R E A K	
1:00 - 3:00	Basis and Progress of TB Control (Dr. M. Aoki)	- do -
3:00 - 3:15	A F T E R N O O N S N A C K	
3:15 - 5:00	Basis and Progress of TB Treatment (Dr. M. Aoki) Open Forum	Closing Program
6:30 p.m.	Fellowship at Park Place Hotel	

Annex C-1

MINUTES OF THE
FIRST JOINT COORDINATING COMMITTEE MEETING
DOH-JICA Public Health Development Project

DATE : June 16, 1993
TIME STARTED : 10: 00 a.m.
TIME ENDED : 11: 50 a.m.

VENUE : RHTC Conference Room, DOH-Regional Field Health Office No. VII, Cebu City

PRESIDING OFFICER: Dr. Manuel G. Roxas
Undersecretary for Public Health and Medical Services, Department of Health, Manila

ATTENDANCE : Members Present

HON.VICENTE DE LA SERNA
The Governor
Province of Cebu

DR. CORAZON V. TEOXON
OIC-TB Control Service
Department of Health, Manila

DR. CONSUELO D. ARANAS
Director IV
DOH-Regional Field Health
Office No. VII, Cebu City

DR. LUCIA S. FLORENDO
For Dr. H. Mercado Jr.
Provincial Health Officer II
Cebu Province

MR. SATOSHI MACHIDA
Deputy Resident Representative
JICA-Philippine Office, Manila

DR. TORU MORI
JICA Expert/Vice Director,
Research Institute of TB, Japan

DR. MASASHI SUCHI
Chief Adviser
DOH-JICA Project, Cebu City

MR. YOSHINORI TERASAKI
Coordinator
DOH-JICA Project, Cebu City

: Observers Present

MS. ROSALINA JAO
Community Development Outreach
Program, Cebu Province

DR. ELAINE R. TELERON
Counterpart, DOH-JICA Project
Region 7 NTP Medical Coordinator

MS. COLITA AUZA
Region 7 NTP Nurse Coordinator

DR. ENRIQUE A. SANCHO
Chief, Cebu Chest Center

MS. MA. CAROLYN DACLAN
Technical Assistant
DOH-JICA Project, Cebu City

MINUTES PROPER : A BIRD'S EYE VIEW
(See Annex A for Minutes in Detail)

I. BRIEFING ON THE PROJECT ..... Dr. Manuel G. Roxas
- A. Rationale and Background
- B. Overall Goal
- C. Role of the Japanese and Philippine Governments
- D. Administration of the Project
- E. Role of the Joint Coordinating Committee
- F. Mutual Consultation and Term of Cooperation

II. PROGRESS REPORT ..... Dr. Consuelo D. Aranas
- A. Preparatory Phase of the Project
  1. Japanese missions prior to the signing of the Record of Discussion
  2. Consultative Planning Workshop for JICA Assistance
  3. Selected LGU Executive Commitment Survey
  4. Counterpart training on TB Control in Japan

- B. Start of the Project Up to June 1993
  1. Dispatch of Project Chief Adviser and Project Coordinator
  2. Technical Exchange Training Program in Thailand
  3. Dispatch of short-term experts
  4. Seminar on TB Control
  5. Baseline Survey and initial findings
  6. Ongoing conduct of TB Case Finding Research Series
  7. Arrival but no turn-over yet of 1992 equipment

III. ANNUAL WORK PLAN ..... Dr. Masashi Suchi
- Project Plan from July 1993 to March 1994
  1. Counterpart training on TB Control and TB Bacteriology in Japan
  2. Dispatch of six short-term JICA experts
  3. Conduct of seminars on Clinical Aspects of NTP, NTP: Approach to the Community and NTP Monitoring and Supervision
  4. Status of equipment proposal for 1993
  5. Strengthening of the function of Reference Laboratory of the Cebu Chest Center
  6. Formulation of the 1994 Project Plan

IV. DISCUSSION OF ISSUES

- A. Role of nutrition in TB control
- B. Equipment/Supplies and Procurement Procedures
  1. Mal-utilization of PHDP vehicles
  2. Delayed procurement of supplies in the government
  3. Process in making equipment proposal for the Project
- C. Selection of trainees for training in Japan
- D. Proper channeling of communications

V. OTHER MATTERS

A. Schedule for the Second Joint Coordinating Committee Meeting
Date : November 10, 1993 (2nd Wednesday of Nov.)
Venue : Cebu
Agenda: 1994 Operational Plan
Role of JCC, the provincial government, IPHO, etc. in the DOH-JICA Project

B. Signing of the Addendum to the Record of Discussion providing for the strengthening of the function of Reference Laboratory of Cebu Chest Center.

THE CHAIRMAN:

MANUEL G. ROXAS, M.D., M.P.H.
Undersecretary, Health & Medical Services
Department of Health
Manila

D. Administration of the Project

1. The Department of Health will bear overall responsibility for the Project, in cooperation with provincial/city/municipal local government units;

2. The Undersecretary for Public Health and Medical Services, Department of Health, will be responsible for administrative and managerial matters;

3. The Regional Director shall assist the Undersecretary for Public Health and Medical Services and shall take charge in monitoring the Project. She shall also provide technical advice to the provincial health office;

4. The Provincial Health Officer of Cebu Province will be responsible for administrative and technical matters of the Project in his area of jurisdiction; and

5. The Japanese Chief Adviser will provide necessary recommendations and advice on technical and administrative matters concerning implementation of the Project.

E. Role of the Joint Coordinating Committee

The Joint Coordinating Committee will meet at least once a year and whenever the necessity arises, and work:

1. To formulate the Annual Work Plan of the Project;

2. To review the overall progress of the Project as well as the achievements of the above-mentioned Annual Work Plan; and

3. To review and exchange views on major issues arising from or in connection with the Project.

F. Mutual Consultation and Term of Cooperation

There will be mutual consultation between the two governments on any major issue arising from or in connection with the Record of Discussion.

The duration of technical cooperation for the Project under this Record of Discussion will be five (5) years from September 1, 1992.

II. PROGRESS REPORT ..... Dr. Consuelo D. Aranas

A. Preparatory Phase of the Project

1. Three missions were sent by the Japanese government in 1992. These led to the signing of the Record of Discussion between the Japanese and Philippine Governments as well as conformity to the selection of the Project's Intensive Service Areas (first 1/3 of Cebu's population).

2. The Regional Field Health Office No. VII called for a Consultative Planning Workshop for JICA Assistance last April 1992. This was participated by Cebu IPHO field health personnel representing all levels and facilitated by the regional and central health office staff. Aside from needs assessment and formulation of action plan, the group decided on the criteria for the selection of Intensive Service Areas, viz:

   a. Accessibility (exclusion of island municipalities);
   b. Geographical location (areas to represent the northern, southern and central sectors of Cebu province);
   c. High performance (over-all DOH programs); and
   d. LGU commitment

   The Intensive Service Areas (or ISAs) consist of six (6) districts and two (2) cities in Cebu Province, namely: the districts of Argao, Badian, Barili, Bogo, Danao, Sogod and the cities of Lapu-lapu and Mandaue. These are the Project areas during the first two years of the Project.

   Evaluation of the strengths and weaknesses of program implementation would be considered for project expansion - that is, to cover 2/3 of Cebu's population on the third year of Project implementation, prior to total provincial coverage by the fifth year.

3. Early July 1992, the Regional Health Office No. VII spearheaded the conduct of the Selected LGU Executive Commitment Survey for the DOH-JICA Project. All LGU executives in the ISAs unanimously welcomed the Project and promised to support it.

4. The TB Control Service (Manila) Training Officer and Region 7 NTP medical coordinator were sent for counterpart training on TB Control in Japan from July to October 1992.

B. START OF THE PROJECT

1. Long-term JICA experts were received late last year for a two-year stint here. The Chief Adviser arrived September 1992 and the Project Coordinator last December 1992.

2. Filipino counterparts were sent to Thailand on February 2-10, 1993 to participate in an International Workshop on TB Control in the context of Primary Health Care under JICA's Technical Exchange Training Program.

3. Two short-term JICA experts had, so far, visited Cebu.

   a. During his one-week stay (March 6-12, 1993), one expert in Primary Health Care visited two ISA districts and acted as resource person during the first Project-sponsored Seminar-Workshop on TB Control.

   b. A research expert in Epidemiology is here for one month (May 21,1993-June 20,1993) to initiate the conduct of a series of sociological surveys on the existing TB case finding process scheduled on June-August 1993.

4. Seminar-Workshop on TB Control was held last March 9-11, 1993. From this activity, it became apparent that there is a need to conduct NTP delay studies and to improve the knowledge, attitude and skills of health workers with regards to the National Tuberculosis Program.

5. The conduct of Baseline Survey was recently concluded and initial findings are as follows:

   a. Except for medical technologists, there is adequate number of municipal health officers, public health nurses, rural health midwives;

   b. There are microscopy centers that are using monocular microscopes. These need to be replaced with binocular microscopes;

   c. Mothers' class is useful for community awareness on health matters;

   d. Barangay health workers can be utilized in TB case finding activities;

   e. Logistics for Standard Regimen TB chemotherapy after devolution is as yet not determined;

   f. TB case holding at the BHS level is 80-90%; and

   g. All health personnel lack training on NTP.

6. Series of sociological surveys on the existing TB case finding process in the ISAs is currently ongoing.

7. Equipment requested in 1992 have already arrived at the Project office but no turnover has yet been made to the DOH.

III. ANNUAL WORK PLAN ..... Dr. Masashi Suchi

1. An Epidemiologist from TB Control Service, Manila and a Medical Technician from Cebu Chest Center are this year's counterpart trainees in Japan. The former shall join the Basic Course Training on TB Control on June-October 1993 and the latter shall attend the Training on TB Bacteriology from September 1993 to February 1994.

2. Six JICA experts shall be dispatched up to the end of March 1994 to facilitate Project activities.

3. Series of Seminars shall be conducted before the end of the year. On September 1993, topics will be on Clinical Issues on NTP and NTP: Approach to the Community while on November 1993, the seminar shall focus on NTP Monitoring and Supervision.

4. Equipment proposed for 1993 awaits approval from NEDA.

5. A reference laboratory shall be constructed as an extension of Cebu Chest Center to strengthen its routine functions, provide a well-equipped training ground and enable the conduct of researches. Provision of additional manpower and maintenance of the laboratory shall be the responsibility of the DOH. Furthermore, an x-ray machine will be installed at the Cebu Chest Center.

6. There is a need to formulate the 1994 Project Plan before the end of this year in time for the next fiscal year's budget hearing in Japan.

III. DISCUSSION OF ISSUES ..... Presided by Dr. M. G. Roxas

A. Role of Nutrition in TB Control

Gov. de la Serna questioned the effectiveness of the National TB Control Program that has chemotherapy as its primary intervention. There is a need to make provisions for good nutrition with vitamin supplementation in the program.

Dr. Suchi explained that case finding and treatment are effective modes of cutting the chain of TB infection, and this ultimately leads to the elimination of the disease.

Governor de la Serna stressed that one needs to concentrate on the preventive, rather than curative aspect of TB control, especially since the program has nation-wide implementation.

To this, Dr. Roxas pointed out the following:

(1) The Department of Health has a separate Nutrition Program, the beneficiaries of which are identified malnourished children.

(2) Based on researches on NTP, treatment of TB patients is found to be most important in stopping the transmission of TB bacilli from one person to another. Thus, the program seeks to identify who are spreading the disease and treat them adequately. As a consequence, transmission of the disease is prevented.

(3) The National TB Control Program has a budget of some P110 M for its existing activities. To include nutritional component would mean a dilution of resources.

Dr. Roxas recommended that the participation of the local government units (LGUs) in TB control may be through provision of nutritional support to TB patients in the light of the existing limited resources of the National TB Program of the Department of Health.

Gov. de la Serna expressed his interest in making the program effective through inclusion of nutrition. He suggested that some money from the Nutrition Program may be diverted for TB control.

Dr. Roxas reiterated that, in the past, treatment of TB was hospital-based. Now, TB treatment has become ambulatory or domiciliary. Nutrition may help in the improvement of the disease but the core of TB treatment is antibiotic therapy.

B. Equipment/Supplies and Procurement Procedures

1. Gov. de la Serna aired two major problems concerning equipment/supplies and procurement procedures:

   a. At present, there are PHDP vehicles that are used for non-health activities by non-health personnel. He added that no municipal health officer can refuse requests made by any LGU official for the use of these vehicles.

      Dr. Aranas informed the group that the Office has been monitoring the utilization of PHDP vehicles, especially since she, too, has received feedback from field health personnel attesting to the mal-utilization of PHDP vehicles. She plans to raise this problem to the Secretary of Health and recommend the withdrawal of those mal-utilized vehicles and instead coursing these to

the Governor's Office. Since the Governor, through the Provincial Health Officer, maintains technical control over the different rural health units, the Governor can give the vehicles directly to the RHUs concerned.

Mr. Machida made it clear that equipment including vehicles of the Project shall be under the administration of the Project Office. These items belong to the Project (not to any LGU) and, as such, shall be used by the Project. Thus, it has the jurisdiction to retain or withdraw misused vehicles.

b. The usual process in the procurement of equipment and supplies has 23 steps. Normally, it takes 120 days before an order can be delivered.

Gov. de la Serna offered probable solutions, e.g.:

(1) Sub-allotment of funds and direct purchase from drug manufacturers after canvassing; or

(2) Since delay in procurement is partly due to COA regulations and COA has no jurisdiction over JICA, it may be convenient for the provincial government to buy its equipment and supplies through JICA.

Dr. Aranas elucidated that the DOH-JICA Project is not providing TB drugs, and equipment are purchased by the Project Office through the Coordinator. Dr. Suchi expressed affirmation to the Project's policy on non-purchase of drugs.

Dr. Roxas mentioned that drugs for Short Course Chemotherapy are procured by the Central Office while the Standard Regimen are purchased locally.

Dr. Roxas further mentioned that this Project is expected to come up with a model of administrative system that would look into the mobility of personnel, procurement of the right medicines, and others.

2. Mr. Terasaki explained the process of making the equipment proposal to JICA. The Project Office calls for a task force meeting where the initial list of equipment needed for the project is made. The Regional Field Health Office No. VII, Provincial Health Office and TB Control Service (Manila) are furnished with copies for comments. After the approval of the proposed list of equipment to be purchased is obtained

from the Office of the Undersecretary for Public Health and Medical Services, a proposal letter is forwarded then to JICA, through official channel, for approval.

C. Selection of Trainees for Training in Japan

Dr. Mori pointed out that, as in other countries, the trainees who are sent for training on TB Control in Japan are not directly involved with any activity related to the country's National TB Program. He feels that this problem needs to be addressed and he suggested that personnel working with the Project should be given priority over the support staff/management personnel.

Dr. Roxas promised to improve the selection of trainees and agreed to give priority to the implementing staff.

Dr. Teoxon added that for the General Group Training Course, invitation on the type of personnel (government or non-government) should be specified by JICA for the appropriate selection of trainees.

Dr. Roxas proposed that training invitation should be addressed to the DOH. He assured the committee that he personally will make the necessary negotiations with NEDA.

D. Proper Channeling of Communications

Dr. Suchi asked for clarification on the proper channelling of communications between the Project Office and other concerned offices.

Dr. Roxas explained that communications pertaining to policy matters should be adressed to the Secretary of Health with copies furnished to the Office of the Undersecretary for Public Health and Medical Services and to the Office of the Regional Director; and those related to project operations must be adressed to the Office of the Regional Director, with copies furnished to the Office of the Undersecretary for Public Health and Medical Services, TB Control Service (Manila) and the Governor of Cebu.

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Annex C-2

MINUTES OF THE
SECOND JOINT COORDINATING COMMITTEE MEETING
DOH-JICA Public Health Development Project

DATE : November 10, 1993
TIME STARTED : 10: 00 a.m.
TIME ENDED : 12: 10 p.m.

VENUE : Child Survival Center Conference Room, Vicente Sotto Memorial Medical Center, B. Rodriguez St., Cebu City

PRESIDING OFFICER: Dr. Manuel G. Roxas
Undersecretary for Public Health and Medical Services, Department of Health, Manila

ATTENDANCE : Members Present

MS. ATHENA V. BAQUIZAL
Chief, Project Monitoring Div.
NEDA, Manila

DR. CONSUELO D. ARANAS
Director IV
DOH-IRFHO No. VII, Cebu City

DR. ETSURO KASHIWAGI
First Secretary
Embassy of Japan

DR. CORAZON V. TEOXON
OIC-TB Control Service
Department of Health, Manila

MR. AKIHIKO HASHIMOTO
Resident Representative
JICA Office, Manila

DR. NORA CRUZ
Medical Specialist IV
TB Control Service, DOH, Manila

DR. TORU MORI
JICA Expert/Vice Director
Research Institute of TB
Tokyo, Japan

DR. VIVIAN LOFRANCO
Medical Specialist IV
TB Control Service, DOH, Manila

DR. MASASHI SUCHI
Chief Adviser
DOH-JICA Project, Cebu City

DR. TOMAS FERNANDEZ
City Health Officer II
Cebu City Health Department

MR. YOSHINORI TERASAKI
Coordinator
DOH-JICA Project, Cebu City

DR. ELAINE R. TELERON
Project Counterpart/NTP Coord.
DOH-IRFHO Vo. VII, Cebu City

: Observers Present

DR. LUCIA S. FLORENDO
Medical Specialist IV
DOH-IRFHO 7, Cebu City

DR. ENRIQUE SANCHO
Medical Specialist II
Chief, Cebu Chest Center

MS. COLITA C. AUZA
Nurse V
Region 7 NTP Nurse Coordinator

MS. MA. CAROLYN DACLAN
Technical Assistant
DOH-JICA Project, Cebu City

MINUTES PROPER : (See Annex A for Minutes in Detail)

I. APPROVAL OF MINUTES OF THE FIRST JOINT COORDINATING COMMITTEE MEETING

1. PROGRESS REPORT ..... Dr. Masashi Suchi

1.1 DOH-JICA PROJECT ACTIVITIES (April 1993-March 1994)

1.1.1 Researches/Surveys
1.1.2 Seminars
1.1.3 Strengthening the laboratory/radiologic functions of Cebu Chest Center
1.2 DISPATCH OF JAPANESE EXPERTS
1.3 COUNTERPART TRAINING IN JAPAN
1.4 EQUIPMENT
1.5 OPEN FORUM

2. ANNUAL WORK PLAN ..... Dr. Elaine R. Telerom
- Project Plan from April 1994 to March 1995

2.1 PROJECT ACTIVITIES

2.1.1 Intensification of Recording/Reporting System
2.1.2 Improving Logistic Distribution Scheme
2.1.3 Enhancing IEC Activities
2.1.4 Implementation of Planned Seminars
2.1.5 Technology Exchange Training
2.2 MISSIONS
2.3 DISPATCH OF JAPANESE EXPERTS
2.4 COUNTERPART TRAINING IN JAPAN
2.5 EQUIPMENT
2.6 OPEN FORUM

3. DISCUSSION OF ISSUES AND CONCERNS

3.1 Role of Cebu City in the DOH-JICA Project
3.2 Drug procurement
3.3 Poor recording and reporting
3.4 Quality of laboratory services
3.5 Mismanagement of TB cases among doctors
3.6 IEC materials
3.7 Logistics
3.8 SR regimen
3.9 Project expansion
3.10 Customs clearance for donated equipment

Annex A

Minutes in Detail of
the Second Joint Coordinating Committee Meeting
DOH-JICA The Public Health Development Project
November 10, 1993

1. PROGRESS REPORT ..... Dr. Masashi Suchi

1.1 DOH-JICA PROJECT ACTIVITIES (April 1993-March 1994)

Series of surveys were conducted by the Project, viz :

1.1.1 Baseline Survey which was done last April to June 1993 in the Intensive Service Areas; and
1.1.2 TB Case Finding Research Series including general population survey and three other surveys revolving around the TB case finding process.

1.2 Seminars
Two seminars were conducted last September 1993, namely :

1.2.1 Seminar on Clinical Issues on NTP for Municipal Health Officers;
1.2.2 Seminar on TB Case Management and Approach to the Community for Public Health Nurses; and.

A Seminar on Monitoring and Supervision was slatod on February 1994.

1.3 Strengthening the Functions of Cebu Chest Center

Both the bacteriologic and radiographic functions of the Cebu Chest Center would be strengthened before the end of this fiscal year, through :

1.3.1 Renovation of X-ray room of Cebu Chest Center in order to accommodate a new x-ray machine that would be capable of making full-sized and miniature films.
1.3.2 Construction of the reference laboratory of Cebu Chest Center would start middle of November 1993. This two-storey building would have a laboratory that could perform routine smear examinations, culture and sensitivity tests. This reference laboratory would also be a validating, training and research center for tuberculosis.

2. DISPATCH OF JAPANESE EXPERTS

The Project had been manned by two long-term experts, namely the Chief Adviser and Coordinator. Several short-term experts had visited the Project site. An expert in the field of epidemiology came to initiate the conduct of sociological research series; a laboratory technologist actively took part in planning for the structural design of

the reference laboratory; and a specialist in TB control came to conduct the seminars. On February 1994, another short-term expert would handle the Seminar on Monitoring and Supervision.

3. COUNTERPART TRAINING IN JAPAN

An Epidemiologist from TB Control Service, Manila had recently completed the Counterpart Training Course on TB Control in Japan (June 14-October 17, 1993) and a Medical Technician from Cebu Chest Center was currently attending the Counterpart Training on Laboratory Works for TB Control in Japan (September 1993-February 1994).

4. EQUIPMENT

Equipment requested for 1993 would arrive on March 1994.

5. OPEN FORUM

5.1 Baseline Survey

Dr. Suchi informed that analysis of these surveys was still going on.

Dr. Roxas proposed that final document of the findings of these researches should be done by the Experts and Project counterpart.

5.2 Seminars

Dr. Teoxon cited that seminars to be conducted should address the needs of the trainees. She informed the committee that, in order to avoid overlapping of resources, the Project could utilize training materials that the TB Control Service Training Officer had developed.

Dr. Suchi explained that topics of the seminars were based on the observations gathered from the field and findings of the Baseline Survey. The Seminar on Clinical Issues on NTP for doctors was designed to provide more inputs on TB diagnosis and treatment and the seminar for Public Health Nurses focused more on TB program immersion into the community and on NTP recording/reporting.

Dr. Roxas reiterated that in order to have good coordination as well as to gain the support from the national level, documentation of training, particularly its syllabus and course content, should be made. This would add more meaning to the Project, especially when the experience would be adopted in the nation-wide implementation of the TB Program.

Dr. Teoxon further stated that in the national level, priority areas for training had already been identified and this could be used by the Cebu Project.

Dr. Suchi acknowledged the need for feedback between Central Office and the Project site. It was for this reason that a Project Task Force meeting attended by Central Office staff, local counterparts and Project staff was held one day before the second JCC meeting.

Dr. Teleron admitted that the Project had failed to coordinate closely with Central Office regarding the conduct of Project activities such as the seminars so much so that only the local health personnel benefited from the experience and expertise shared by the JICA short-term experts. She committed to involve Manila in the detailed planning of each project activity, inasmuch as the Annual Plan formulated by the Joint Coordinating Committee was apparently wanting.

Dr. Teoxon expressed appreciation if the Project Office could furnish Central Office a report on its Annual Plan and detailed plan may be kept by the Project.

Dr. Cruz implied that training design should be in consonance with the national policies.

Dr. Florendo stated that seminars organized locally were based from the findings of the surveys and evaluation on the needs/deficiencies of the field personnel. Since there was lack of information from Central Office as to the kind of trainings they undertook, Project trainings were conducted in consideration to the experts who were visiting the Project sites. But the need to coordinate with Central Office was essential.

Dr. Aranas offered to give feedback to Central Office concerning this matter to solve the problem of lack of coordination. She recommended to the Project Office to follow the policy of Region 7 to submit training guidelines to the Office of the Regional Director for reaction, comments and approval. This was to evaluate which kind of trainings had already been accomplished and to encure that these trainings would be in accordance with the national policies.

2. ANNUAL WORK PLAN ..... Dr. Elaine R. Teleron

2.1 PROJECT ACTIVITIES (April 1994-March 1995)

2.1.1 Intensification of Recording/Reporting System

To address the recording/reporting problems observed

in the Baseline Survey, specific interventions would be applied to intensify the recording and reporting system at the RHU Level by reinforcing the activities of the District Supervising Public Health Nurses and City coordinators on supervision and monitoring of the TB Control Program.

2.1.2 Improvement of Logistic Distribution Scheme

Logistic distribution scheme could be improved by establishing a suitable buffer stock system.

2.1.3 Enhancement of IEC Activities

Information Education and Communication (IEC) activities would be through the Cebuano translation of video and IEC materials and utilization of radio campaigns for the TB Program, motivation of Barangay Health Workers and utilization of mothers' class in information dissemination.

2.1.4 Conduct of Seminars

The Project planned to implement seminars for medical technologists in four (4) batches and a Basic Seminar for doctors and public health nurses. For these seminars, training manuals would be designed, produced and used. A Seminar for District Supervising Public Health Nurses on supervision and monitoring would be held middle of February 1994.

2.1.5 Technology Exchange Training

Technology exchange training in Nepal was scheduled on February 1995.

2.2 MISSION

A Planning and Consultation Mission, the objective of which would be to evaluate the Progress of the Project, was expected to come on November 1994.

2.3 DISPATCH OF JAPANESE EXPERTS

2.3.1 Term of long-term experts would end by August 31, 1994 for the Chief Adviser and December 9, 1994 for the Project Coordinator, unless official request for the extension of their services be made.

2.3.2 Visits of short-term experts were scheduled between April to September 1994. Their fields of expertise would be varied and wide, such as bacteriology, TB control, epidemiology and radiology.

2.4 COUNTERPART TRAINING IN JAPAN

Filipino counterparts closely involved in the Project should be the ones sent to Japan to participate in the Training on Tuberculosis Control, Laboratory Works for TB Control, and TB Control for Administrative Medical Officers (although the last type of training was still under negotiation). Nominees to these trainings were yet to be determined.

2.5 EQUIPMENT

List of equipment for 1994 would be submitted to NEDA by mid-April 1994. Equipment requested were 15 microscopes, 1 copier with sorter, 1 OHP (desk top), 1 screen, 1 sound system, 1 slide projector, 6 motorcycles, 5 printing machines for reproduction of training modules and IEC materials, and 50 portable sound system for each RHU utilization.

2.6 OPEN FORUM

2.6.1 Dispatch of Japanese Experts

Ms. Baquizal (NEDA Representative) suggested that specific details of expertise should be clearly stated in the request for experts (A-1 form) to enable NEDA to facilitate the processing of necessary documents.

2.6.2 Equipment

Dr. Suchi aired that maintenance of these equipment, specifically the printing machines, would not be costly. These equipment were to be purchased locally so that one-year warranty period could be availed of.

Dr. Teleron asked suggestions or comments from the body on the abovementioned list of equipment.

Dr. Fernandez suggested that the use of Geographic Information System (GIS) software would be helpful in drawing spot maps as in the case of Cebu City.

Dr. Suchi accepted to try to study this software further.

3. DISCUSSION OF ISSUES AND CONCERNS ..... Presided by Dr. M. G. Roxas

3.1 Role of Cebu City in the DOH-JICA Project

Dr. Fernandez asked what the role of Cebu City would be in the committee since at present this was not yet covered by

the Project.

Dr. Teleron responded that for the first two years of the Project, only one third of the population would be covered excluding Cebu City considering its big population, but after two years the Project had plans to expand to other areas. Cebu City was asked to participate in this forum for two reasons, to wit : (1) in order to be able to generate more information or experiences concerning the implementation of the TB Control Program in Cebu City; and (2) since most of Cebu Chest Center clientele came from Cebu City.

Dr. Mori elucidated that the DOH-JICA Project implementation employed a step-by-step approach. For its first year of operation, Cebu City was excluded because of its big coverage. But, this early, it was of utmost importance to establish better communication. Thus, his representation in this meeting.

Dr. Roxas presented that during its second phase of operation Cebu City might be included among the Intensive Service Areas.

Dr. Fernandez wanted to be clarified on what the committee needed from the City of Cebu.

Dr. Roxas elaborated that the committee asked Cebu City's representation in order to provide a forum for exchange of ideas and experiences on NTP implementation, provision of manpower during the conduct of Project activities in the City, maintainance of allocated equipment, submission of reports of NTP accomplishments, among others.

Mr. Hashimoto gave his insights regarding the support afforded by the Japanese government. He stated that Project management and operation should be done by the Philippine side. This cooperation aimed to provide avenues for technical transfer through the provision of facilities and equipment by the government of Japan. But the Philippine side should take the responsibility to expand these activities through its own efforts upon the termination of this technical cooperation Project.

3.2 Drug Procurement

Dr. Fernandez brought out the topic of TB drug procurement. Drug procurement laws only allowed the use of generic names. He inquired if he could avail of DOH list of accredited suppliers since, during the bidding process, certification from BFAD would be necessary.

Dr. Roxas advised that the City had to accredit its own suppliers and proposed to talk on this issue separately.

3.3 Poor Recording and Reporting

Dr. Roxas presented the possibility of hiring a clerk in charge of recording to reduce the workload of the nurses. The body informed the chairman that with the limited amount received from the Internal Revenue Allotment (IRA) the probability to hire additional personnel was very difficult.

Dr. Teoxon cited the plans of TB Control Service to solve the problem of recording and reporting since FHSIS was in the process of revision. Policies set-up for NTP included identification of the data requirement for TB control, choosing only those useful for use by higher and lower levels as well as lessening the frequency of reporting. More essential was to make LGU officials and health officers appreciate the value of recording for the TB Program.

Dr. Roxas repeated the suggested NTP policies for recording and reporting, which were (1) Lessening of the information required; (2) Reduction in the frequency of recording; and (3) Looking for relevant indicators so that only the information related to these indicators will be submitted and hopefully improve the adequacy, accuracy and timeliness of reports.

Dr. Aranas commented that recording and reporting should have simplified forms and with less indicators not only concerning NTP but rather be integrated to all public health programs.

Dr. Suchi affirmed the presence of many reports in the field and the inaccuracy of the figures reported. He suggested that reports in the RHU level should confine to necessary and minimum indicators as possible.

Dr. Roxas proposed to have the positivity rate as the only indicator for the TB Program.

3.4 Quality of Laboratory Services

Dr. Teoxon shared with the group the following problems of the national office regarding quality of laboratory services in the field :

3.4.1 Lack of medical technologists to man the laboratory units;
3.4.2 Expiring reagents before their use
3.4.3 Poor quality of training and supervision; and
3.4.4. Adverse effect of devolution on sputum validation of smears.

Dr. Suchi touched on the topic of target consciousness of health workers. This arose because evaluation of performance was based on accomplishment as against the set targets. To cope up with the situation, field workers tried to meet the targets by doing more sputum examination and, in so doing, sacrificing the positivity rate. This contributed to the waste of resources like sputum cups, slides etc.

Dr. Teleron had observed from the field that most sputum examinations were only done once without the second sputum examination and in some Rural Health Units seasonal sputum examination existed.

Dr. Roxas concluded that no target should be set for case finding until an accurate prevalence rate of each area would be determined.

3.5 Mismanagement of TB among Doctors

Dr. Teleron cited that in the case of TB Coordinators, there was a need to equip them with enough skills and knowledge in relation to the work that they should be supervising and monitoring. They lacked adequate training for instance in the fields of bacteriology and radiology.

Dr. Roxas conferred if a local TB Medical Audit Committee existed in the region and recommended to organize one. This committee should involve the private sector and would have the responsibility of verifying TB cases.

Dr. Sancho presented that the common problem encountered lay in the undocumented TB cases - that was, among patients who had undergone TB treatment with private practitioners who did not adhere to the NTP guidelines. Networking with private practitioners was a must.

Dr. Suchi pointed out that operational research or participatory action research would be very useful to gather information concerning TB management by the clinicians, to evaluate their work and identify improvement points.

Dr. Aranas clarified the effectiveness of the Regional Advisory Council for Tuberculosis that had already been organized. She recommended for the strengthening of the system in the Rural Health Units utilizing the primary health care approach rather than involving other sectors at this time.

3.6 IEC Materials

Dr. Suchi informed that a video software entitled "Short and Slim" in English version would be translated to Cebuano.

This would serve as a good material for health education.

Dr. Teoxon added that there were already several IEC materials and posters prepared but some were still to be translated to different local languages. The launching of these materials would be done simultaneously.

3.7 Logistics

Dr. Roxas inquired if an operational research would be done in this area. He asked this because the Department experienced hiring an expert on logistics, only to be given general recommendations.

Dr. Suchi informed the body that the Project had already allocated a limited amount of drugs as buffer stock. But prior establishment of a suitable logistic distribution system was needed in order to determine which area the buffer stock would be appropriately placed. This would be done in such a manner as not to disrupt the government's efforts in drug procurement.

Dr. Teoxon advised that the local government units should be made to understand the purpose of allocating a buffer stock so that they would not end up being dependent on the DOH in terms of drug supply.

Dr. Kashiwagi gave his comments on some of the issues and concerns, as follows :

3.7.1 For a rapid appraisal of surveys in the field, reports should be simplified;

3.7.2 Personnel trained in Japan should disseminate their knowledge to the peripheral levels; and

3.7.3 He further stated that not all Project activities are applicable for nation-wide implementation.

Dr. Teleron imparted that the Project area could be utilized for field testing prior to the revision of the manual. She asked the body which criteria/indicators to use in evaluating the impact of this Project.

Ms. Baquizal gave her observation on the criteria of evaluation that JICA imposed. Evaluation was based not only on inputs, output and outcomes but on the quality of service provided.

3.8 SR Regimen

Dr. Teoxon made it clear that there would be no alteration on the drug therapy for smear (-) patients. Duration of treatment for standard regimen would still be one (1) year and SR drugs would still be procured by the LGUs, until new policy guidelines on treatment are officially disseminated or pilot-testing of new regimens is undertaken.

Dr. Roxas suggested that to change the policies for Standard Regimen to 4 months treatment with Rifampicin, Pyrazinamide and Isoniazid, TB Control Service should make a proposal and conduct a study to justify this policy.

3.9 Project expansion

Dr. Suchi informed that expansion of the project areas would be delayed for 7 months since no intervention to the field was done yet. Schedule of Project expansion was tentatively set on April 1995.

3.10 Customs Clearance for Donated Equipment

Mr. Terasaki lastly requested the Committee to facilitate for the speedy release of donated equipment from customs so as not to impede the implementation of Project activities for Japanese fiscal year 1994-1995. These equipment would be dispatched by JICA on February 1994.

THE CHAIRMAN:

ORIGINAL SIGNED

MANUEL G. ROXAS, M.D., M.P.H.
Undersecretary, Health & Medical Services
Department of Health
Manila