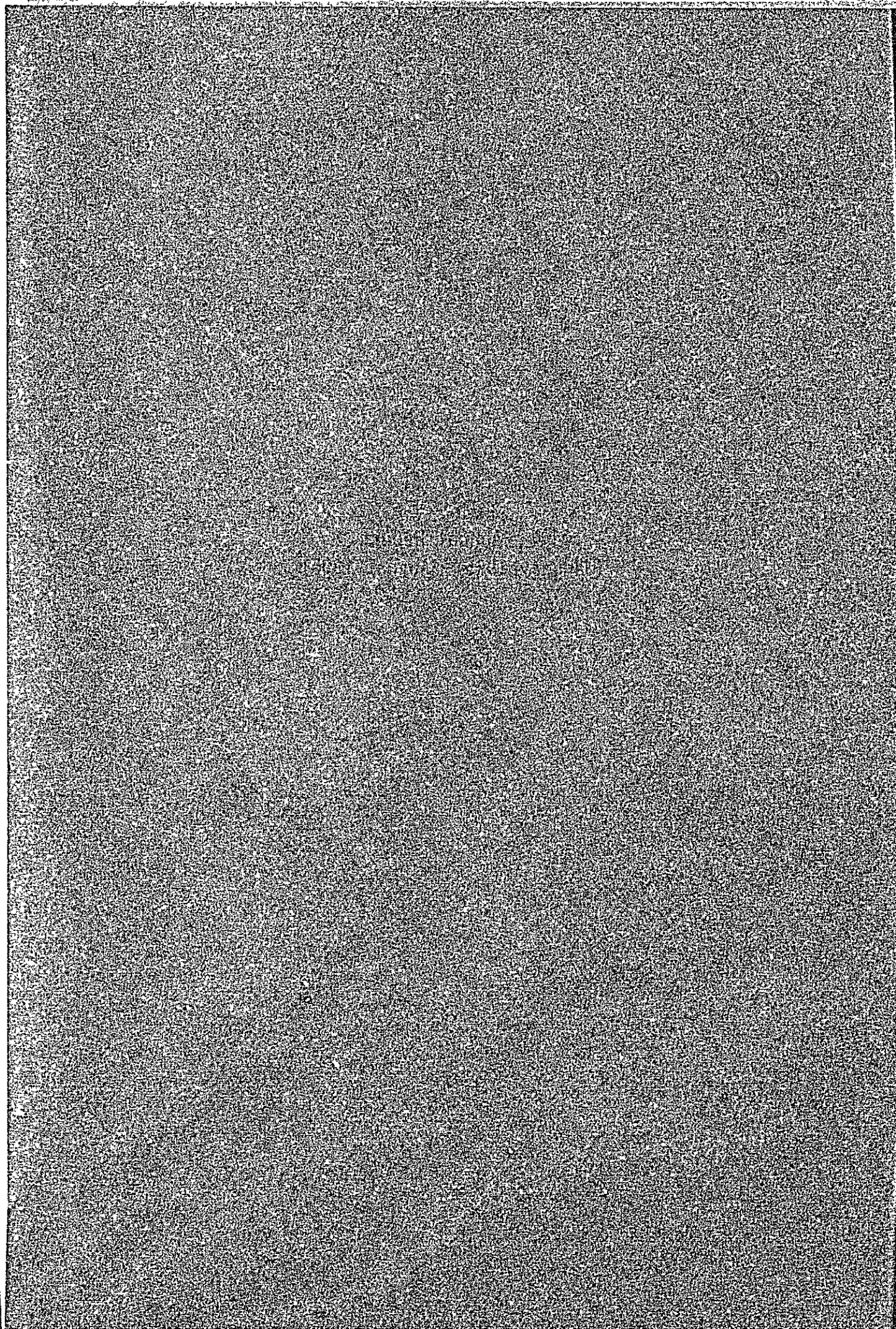


4. Annual Report
(January 1995 - August 1995)



DOH-JICA The Public Health Development Project
Annual Report
(January 1995 - August 1995)

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1. Summary of Activities/Progress during the Third Year

There were three main undertakings carried out by the Project, viz:

- a) Expansion of its Intensive Service Areas, covering two third of the project areas;
- b) Expansion of the Field Tests Activities of the new NTP Guideline to include 6 districts and their catchment municipalities and one city (first ISAs) and;
- c) Change of the Project Chief Advisor.

At the first part of the year, technical inputs on TB Control program activities were focused on the two field testing areas, Mandaue City and Dalaguete RHU I. These activities involved continuous supervision and monitoring visits, discussion with implementors and feedback reports on the findings observed to concerned health offices/officers. Although technical constraints were encountered about NTP policies, field implementation etc., improvements on NTP activities were noted. Direct smear examination is routinely used as the main tool for case diagnosis. Case holding mechanism is given more emphasis as passive case finding employed. Functional recording network between BHS, Laboratory and RIU is observed through record linkage between registries. With these results, the project held a series of discussions with TBCS, field workers together with short-term experts in preparation for the expansion of the field tests. As an initial step for its implementation, orientation trainings are conducted and ongoing activity of the Project.

On the other hand, expansion of ISAs to Cebu City and Danao City started from April 1995. A Baseline Survey was conducted to observe and understand the actual NTP implementation in these areas for further technical cooperation. For staff development, Refresher Training on Laboratory Works was participated by selected Medical Technologists from the new ISAs.

The incoming Project Chief Adviser which also serve as an expert on TB Control was dispatched on July 6, 1995. Five short-term experts were received by the Project. They provided technical advise on the new NTP Guideline implementation and planned activities.

For technical transfer training, four Filipino counterparts visited the JICA TB Control Project in Nepal on February. Its purpose was to observe the operation of a TB Center with Reference laboratory and community approach activities. Likewise, one counterpart was sent to Japan to participate in a course on TB Control.

As a regular activity, equipment requested were received and official turn-over to recipient field units is ongoing.

2. Events during the Period

2.1 List of events (1995)

Date	Activities
Jan. 4, 1995	TB Coordinator's Meeting to plan for field testing activities
Jan 17	Planning Workshop with Cebu City Medical Officers for Equipment Allocation
Jan.19-20	Monitoring Visit to Dalaguete RHU I and Mandaue City with Dr. Yamada

Jan. 24-26	Workshop for the finalization of the new NTP Guidelines & field testing expansion to other ISAs
Feb. 1-10	JICA Project Leaders Meeting in Japan
Feb. 14	Courtesy call to local government executives of Danao City
Feb. 19-25	Technical Exchange Training Program to Nepal
March 13	Monitoring Visit to Dalaguete RHU I with Prof. Marui
March 17	Monitoring Visit to Mandue City with Prof. Imai
April 19	TB Coordinator's Meeting to plan for Seminar Workshop of the revised NTP guidelines
April 20-21	Monitoring Visit to Dalaguete RHU I & Mandaue City with Dr. Endo
April 24-28	Seminar Workshop of the Revised NTP Guidelines for provincial/district nurse coordinators and city TB coordinators
May 2	Meeting with IPHO validators with Ms. Fujiki
May 17	TB Coordinator's Meeting to discuss the Orientation Trainings of the revised NTP guidelines to RHUs
May 26	Meeting with Cebu City TB Coordinator for the conduct of the Baseline Survey and Laboratory Training
May 30	Baseline Survey to Danao City
June 5-9	Baseline Survey to Cebu City
June 14-16	First batch of Orientation Training of the New NTP Guidelines to doctors, PHNs & Med. Tech. in the ISAs
June 16	Sending of Counterpart for Training in Japan in the field of TB Control
June 22-23	Second batch of Orientation Training
June 28-30	Third batch of Orientation Training
June 28-30	Training on Quality Control for validators
July 5-7	Fourth batch of Orientation Training
July 6	Arrival of new Project Chief Adviser, Dr. Shoichi Endo
July 10-14	Refresher Training Course on Laboratory Works
July 13	Project Task Force Meeting to plan for the conduct of Orientation Trainings to RHUs

July 18	Feedback meeting with Cebu City personnel on the Baseline Survey findings
Aug. 1	Meeting with Lapu-lapu City TB Coordinators for the Orientation Trainings for Midwives
Aug. 9-12	First batch of Orientation Training of the New NTP Guidelines for RHMs (Lapu-lapu City)
Aug. 10,11,14	Field visit to Mandaue City, Lapu-lapu and Danao City and Dalaguete RHU I with Dr. Mori
Aug. 14	Farewell and Welcome gathering for Dr. Suchi & Dr. Endo
Aug. 15	Discussion with Regional & Provincial TB Coordinators with Dr. Toru Mori
Aug. 21	Facilitator's Meeting for the Orientation Trainings for Midwives
Aug. 28-29	Second batch of Orientation Trainings for RHMs
Aug. 30-31	Third batch of Orientation Trainings for RHMs
Sept 4-5	Fourth batch of Orientation Trainings for RHMs

2.2 Visitors (1995)

Date of Visits	Name
Jan. 18-30, 1995	Dr. Norio Yamada Short-term expert on Tuberculosis Control
March 12-15	Professor Eiji Marui International Epidemiology University of Tokyo School of International Health
March 16	Prof. Keiko Imai Jochi University, Japan
March 24	Dr. Akira Shimouchi with Academicians Kyoto Prefectural University of Medicine
April 19-30	Dr. Shoichi Endo Short-term expert on Tuberculosis Control
April 23-May 12	Ms. Akiko Fujiki Short-term expert on Bacteriology
April 24-28	Dr. Michael Levy WHO Short-term Consultant

June 22- July 13	Ms. Akiko Fujiki Short-term expert on Bacteriology
July 12-19	Mr. Seiko Nakaoji Short-term expert on Radiology
Aug. 9-17	Dr. Toru Mori Short-term expert in the field of Epidemiology
Aug. 14-15	Mr. Eiji Iwasaki Asst. Resident Representative JICA Philippine Office

3. Achievements

3.1 Dispatch of Long-term Experts

Dates of Assignment	Name of Expert	Position/Field of Expertise
Sept. 1, 1992 to Aug. 31, 1995	Dr. Masashi Suchi	Chief Adviser TB Control
Dec. 10, 1992 to Dec. 9, 1995	Mr. Yoshinori Terasaki	Project Coordinator
July 6, 1995 to Sept. 1, 1997	Dr. Shoichi Endo	Chief Adviser TB Control

3.2 Project Inputs

3.2.1 Field Tests Activities

1) Supervision and Monitoring visits

From January to August 1995, supervision and monitoring visits were conducted solely to the field tests areas. There were 7 monitoring visits made to Dalaguete RHU 1 and 6 in Mandaue City. Some of these visits were done together with the short-term experts and visitors. Discussions with health workers pertaining to difficulties encountered, deficiencies in the records observed and gathering of initial data were the main activities on these visits. Summary of quarterly report were made (See Annex A).

2) Project Task Force Meetings

In 1995, series of meetings were conducted for the revision of the new NTP guidelines and implementation of the field testing activities to include the rest of the ISAs. The agenda of the said meetings includes evaluation of the field tests activities in Mandaue City and Dalaguete RHU I and planning for the seminar workshops, orientation trainings and supervision/monitoring visits in the field level. This was participated by the Regional/Provincial/City TB Coordinators, Provincial/District Nurse Supervisors and JICA staff members.

3) Workshops and Trainings for the New NTP Guideline

a) Workshop for the Finalization of the New NTP Guidelines and field testing expansion to other ISAs.

This 3-day workshop was conducted to revise the new NTP Guidelines based on the initial findings and feedback from the field testing sites. This was participated by TBCS staff, Regional/Provincial Coordinators, representative from the field testing areas and JICA experts.

b) Seminar Workshop of the New NTP Guidelines.

A 5-day seminar workshop participated by the provincial/district nurse supervisors and city TB coordinators to orient them on TB Control Program components: Case Finding, Treatment, Recording/Reporting System. A WHO supervision and monitoring checklist was presented for comments and revisions. The activity was highlighted by a one day field observation to Dalaguete RHU I. As supervisors in the field level, this seminar was of great importance for full implementation of the new NTP guidelines (See Annex B for the syllabus).

c) Orientation Training of the New NTP Guidelines.

This 3-day orientation training conducted in four batches was participated by Municipal Health Officers (MHO), District Hospital/City Medical Officers, PHNs and MT in the ISAs. Representatives from the field tests areas headed by the MHO, PHNs & MTs were invited to give their impressions and findings regarding the implementation of the new NTP guidelines in their respective field areas (See Annex C for the syllabus).

d) Orientation Training of the New NTP Guidelines for Rural Health Midwives

This 2-day orientation training is planned for all RHMs in the first ISAs. This is facilitated by Regional/Provincial TB Coordinators and Provincial/District nurse supervisors (See Annex D for the syllabus).

3.2.2 Strengthening of the Reference Laboratory of Cebu Chest Center

From the start of its operation, the functions of the Reference Laboratory has been continually upgraded. Two Medical Technologists has been added to fully manned the laboratory. Organization of functions has been done and introduction of intra-validation system has been employed. From March, primary isolation culture examination has been tried. As to training, it has so far conducted two laboratory trainings namely;

1) Workshop on Quality Control

This 3-day workshop aims to standardize the method of validation and to strengthen its implementation in Cebu province. This was participated by 4 Provincial Medical Technologists and the Provincial TB Medical Coordinator. This activity was facilitated by TBCS staff, JICA expert and Reference laboratory staff (See Annex E for the syllabus).

2) Referesh Training Course on Laboratory Works

The main input of this training is on basic laboratory techniques on Direct Smear Examination and on general concepts on TB and TB Control. This was participated by the 10 MT, 7 of which came from the new ISAs (See Annex F for the syllabus).

3.2.3 Technical Exchange Program in Nepal

The technical exchange program to Nepal was participated by the JICA expert and

counterparts from the National/Regional and Provincial level, viz:

- Dr. Masashi Suchi - Project Chief Adviser
- Ms. Maria Paz Rostrata - Medical Technologists, TB Control Service, Manila
- Ms. Colita Auza - Regional TB Nurse Coordinator, DOH-IRFO 7
- Mr. Benny Loberiza - Medical Technician, Reference Laboratory
- Dr. Cristina Giango - Provincial TB Medical Coordinator, Cebu IPHO

In the 6 day visit, the team observed the implementation of the Public Health Program in Nepal specifically in the JICA TB Control Project in Kathmandu and Pokhara. That project is operated with TB Control Center including Reference Laboratory activity for long time. Participants learned operation of area center for TB Control like Cebu Chest Center. On the other hand, as they are trying to expand their program to the community, community approach was also observed.

3.2.4 Counterpart Training Courses

For this fiscal year, two slots for counterpart training in Japan was received by the Project. The training details are as follows;

Dates of Participation	Name of Trainees	Training Course
June 16, 1995 to October 1995	Dr. Enrique Sancho MS II/Chief, Cebu Chest Center	TB Control
Sept. 1995 to Feb. 1996	Ms. Joji Ann Fanlo Medical Technologist, Reference Laboratory of Cebu Chest Center	Laboratory Works for TB Control

3.2.5 Dispatch of Japanese Short-term experts

Date of Visit	Name of Expert	Field of Expertise/Activities
Jan. 18-30, 1995	Dr. Norio Yamada	TB Control Resource speaker on the Finalization of the new NTP Guidelines; presented the historical review of Tuberculosis Programme Development in Tanzania; visited the two field testing sites; participated the discussion with TBCS staff, Project counterparts and JICA experts on the revision of the new NTP guidelines.

April 19-30	Dr. Shoichi Endo	<p>TB Control</p> <p>Provided technical support in the conduct of the Seminar Workshop on the new NTP Guidelines for provincial/district Nurse supervisors and city TB coordinators; visited the field testing sites and made recommendations concerning the implementation of the field testing activities; discussed with JICA experts and local counterparts on field testing expansion plans and other project activities.</p>
April 23-May 12	Ms. Akiko Fujiki	<p>Bacteriology</p> <p>Provide technical expertise on primary isolation culture techniques at the Reference lab.; Visited selected Project sites; perform slide validation on 3 RHUs; discussed with IPIIO validators regarding the existing validation system; and give advice on manual preparation of smear examination for the new NTP policy.</p>
June 22-July 13	Ms. Akiko Fujiki	<p>Bacteriology</p> <p>Strengthen the activities of the Reference Lab.; Conducted the Quality Control Training for validators and Refresher Trainings on Lab. Works together with the local staff; discussed with the Prov'l medical coordinator the validation results; visited selected field areas.</p>
July 12-19	Mr. Seiko Nakaoji	<p>Radiology</p> <p>Provided technical expertise on the on-going X-ray examinations done at Cebu Chest Center.</p>
Aug. 9-17	Dr. Toru Mori	<p>Epidemiology</p> <p>Made courtesy calls to related health offices; conducted field visits to field testing sites and one city of the new ISA; discussed with JICA experts and local counterparts on the progress of field testing activities and implementation project plans; Visited DOH-TBCS and other concerned offices.</p>

3.2.6 Provision of Equipment

Equipment requested and received by the Project were the same sets of equipment provided to the other field areas. These are composed of binocular microscopes, printing machines, sound system and etc., which aids to support IEC activities, conduct of trainings and

laboratory services for the TB Program.

1) Equipment list for Japanese fiscal year 1994-1995

Name	Quantity	Allocation
Binocular microscopes	15	Field units
Copier with sorter	1	Cebu IPHO
OHP (desk top)	1	-ditto-
Screen	1	-ditto-
Sound system	1	-ditto-
Slide projector	1	-ditto-
Printing machines	5	TBCS, Manila, Region 7, Cebu IPHO, Mandaue City & Lapu-lapu City
Sound system (portable)	50	RHIUs
Motorcycles	6	new ISAs

2) Equipment requested for Japanese fiscal year 1995-1996

Name	Quantity	Allocation
Computer and Printer	1 set	
Copier with sorter	1	
OHP desk top	1	
OHP's (portable)	11	
Screens	12	
Loud speakers	12	
Motorcycles	10	
Printing machines	3	
Speakers (handy type)	30	

3.2.7 Expansion of ISAs

1) Courtesy call to LGUs

A contact mission to LGUs and City Health Offices were conducted to introduce the Project for further technical cooperation and get their support to the Project and the TB Control Program.

2) Planning Workshop with Cebu City Medical Officers

In the middle of January, the DOH-JICA team had a planning workshop with Cebu City Technical Division Chief, City TB Coordinator and Area Medical Officers in the five health areas. The purpose of this forum is to introduce the Project and to plan for the provision of necessary equipment to enhance the implementation of the TB program.

3) Cebu City TB coordinator meeting

The detail planning and scheduling of the Baseline Survey was done. It was agreed that a one day visit to each of the five Area Health Centers with the laboratory facilities and one catchment health center was made. Training invitation on the Refresher Training on Laboratory Works was provided. The group identified 5 nominees to participate on the said training.

4) Baseline Survey

As the first activity to the new ISAs a Baseline Survey was conducted to observe and understand the actual NTP implementation through the basic health services. Five Area Health Centers and Health Centers in each health areas were visited in Cebu City. In Danao City, the Main Health Center and two Barangay Health Stations were visited. Data were gathered through interview to health workers, actual observation and records review of existing data as guided by the checklist. (See Annex G and H for the findings of Baseline Survey in Cebu City and Danao City).

Quarterly Laboratory Report in Dalaguete RHU I

Quarter	No. of Sx.	w/3 sp.	Positive	(Doubtful)	(D/Pos.)	No. of F-u	Positive
June 1994	52	43	2	1	0	0	0
	100.0%	82.7%	3.8%	1.9%			
3rd Qr	210	181	15	1	1	36	2
	100.0%	86.2%	7.1%	0.5%		100.0%	5.6%
4th Qr	96	75	5	1	0	63	4
	100.0%	78.1%	5.2%	1.0%		100.0%	6.3%
1995							
1st Qr	100	77	8	2	1	54	5
	100.0%	77.0%	8.0%	2.0%		100.0%	9.3%
2nd Qr	123	84	9	1	1	47	4
	100.0%	68.3%	7.3%	0.8%		100.0%	8.5%
Total	581	460	39	6	3	200	15
	100.0%	79.2%	6.7%	1.0%		100.0%	7.5%

Quarterly Report on Treatment Outcomes in Dalaguete RHU I

Quarter	Type of Pt	Cured	Complete	Died	Failure	Lost	Tr-out	Total
June 1994	New Sm(+)	0	1	0	0	1	0	2
		0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	New Sm(-)	-	5	0	0	0	0	5
			100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	New EP	-	0	0	0	0	0	0
	Relapse	0	0	1	0	0	0	1
	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	
	Failure	0	0	0	0	0	0	0

Quarter	Type of Pt	Cured	Complete	Died	Failure	Lost	Tr-out	Total
3rd Qr	New Sm(+)	11	0	0	1	2	1	15
		73.3%	0.0%	0.0%	6.7%	13.3%	6.7%	100.0%
	New Sm(-)	-	5	0	0	3	0	8
			62.5%	0.0%	0.0%	37.5%	0.0%	100.0%
	New EP	-	0	0	0	0	0	0
	Relapse	0	0	0	0	0	0	0
	Failure	0	0	0	0	0	0	0

Quarter	Type of Pt	Cured	Complete	Died	Failure	Lost	Tr-out	Total
4th Qr	New Sm(+)	5	0	0	0	0	0	5
		100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	New Sm(-)	-	10	0	0	1	0	11
			90.9%	0.0%	0.0%	9.1%	0.0%	100.0%
	New EP	-	0	0	0	0	0	0
	Relapse	0	0	0	0	0	0	0
	Failure	0	0	0	0	0	0	0

Quarterly Report on Case-finding activities in Dalaguete RHU I

Quarter	Pulmonary				Extra-Pulmonary				Sub-total	Total (include Tr-in, etc)
	Sm (+)		Relapse		Sm (-)		New			
	Male	Female	Male	Female	Male	Female	Male	Female		
June 1994	2	0	0	1	4	1	0	0	8	19
	25.0%	0.0%	0.0%	12.5%	50.0%	12.5%	0.0%	0.0%	100.0%	
3rd Qr	8	7	0	0	6	2	0	0	23	24
	34.8%	30.4%	0.0%	0.0%	26.1%	8.7%	0.0%	0.0%	100.0%	
4th Qr	5	0	0	0	7	4	0	0	16	17
	31.3%	0.0%	0.0%	0.0%	43.8%	25.0%	0.0%	0.0%	100.0%	
1995										
1st Qr	5	3	0	0	7	5	0	0	20	25
	25.0%	15.0%	0.0%	0.0%	35.0%	25.0%	0.0%	0.0%	100.0%	
2nd Qr	5	3	0	0	10	2	0	0	20	21
	25.0%	15.0%	0.0%	0.0%	50.0%	10.0%	0.0%	0.0%	100.0%	
Total	25	13	0	1	34	14	0	0	87	97
	28.7%	14.9%	0.0%	1.1%	39.1%	16.1%	0.0%	0.0%	100.0%	

Age Distribution of New Smear Positive Pulmonary Tb cases

June 1994	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	0	0	2	0	0	0	2
Female	0	0	0	0	0	0	0	0
Total	0	0	0	2	0	0	0	2
3rd Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	2	1	2	1	1	1	8
Female	0	1	1	1	3	1	0	7
Total	0	3	2	3	4	2	1	15
4th Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	0	0	1	3	0	1	5
Female	0	0	0	0	0	0	0	0
Total	0	0	0	1	3	0	1	5
1995								
1st Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	0	0	2	3	0	0	5
Female	0	1	0	1	0	0	1	3
Total	0	1	0	3	3	0	1	8
2nd Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	0	1	1	0	3	0	5
Female	0	0	1	1	0	1	0	3
Total	0	0	2	2	0	4	0	8
3rd-2nd	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	2	2	6	7	4	2	23
Female	0	2	2	3	3	2	1	13
Total	0	4	4	9	10	6	3	36

Quartary Laboratory Report in Mandaue City

Quarter	No. of Sx.	w/3 sp.	Positive	(Doubtful)	(D/Pos.)	No. of F-u	Positive
June 1994	118	96	15	0	0	41	2
	100.0%	81.4%	12.7%	0.0%		100.0%	4.9%
3rd Qr	388	322	40	10	4	172	5
	100.0%	83.0%	10.3%	2.6%		100.0%	2.9%
4th Qr	265	223	28	7	6	301	7
	100.0%	84.2%	10.6%	2.6%		100.0%	2.3%
1995							
1st Qr	364	312	22	4	3	341	1
	100.0%	85.7%	6.0%	1.1%		100.0%	0.3%
2nd Qr	345	312	57	3	0	266	10
	100.0%	90.4%	16.5%	0.9%		100.0%	3.8%
Total	1480	1265	162	24	13	1121	25
	100.0%	85.5%	10.9%	1.6%		100.0%	2.2%

Quartary Report on Treatment Outcomes in Mandaue City

Quarter	Type of Pt	Cured	Complete	Died	Failure	Lost	Tr-out	Total
June 1994	New Sm(+)	7	0	0	1	1	0	9
		77.8%	0.0%	0.0%	11.1%	11.1%	0.0%	100.0%
	New Sm(-)	-	11	0	0	3	2	16
		-	68.8%	0.0%	0.0%	18.8%	12.5%	100.0%
	New EP	-	0	0	0	0	0	0
	Relapse	0	0	0	0	0	0	0
	Failure	1	0	0	0	0	1	2
		50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	100.0%

Quarterly Report on Case-finding activities in Mandaue City

Quarter	Pulmonary				Extra-Pulmonary				Sub-total	Total (include Ti-in, etc)
	Sm (+)		Relapse		Sm (-)		New			
	Male	Female	Male	Female	Male	Female	Male	Female		
June 1994	8	1	0	0	12	4	0	0	25	32
	32.0%	4.0%	0.0%	0.0%	48.0%	16.0%	0.0%	0.0%	100.0%	
3rd Qr	29	9	3	0	69	26	0	0	136	175
	21.3%	6.6%	2.2%	0.0%	50.7%	19.1%	0.0%	0.0%	100.0%	
4th Qr	20	8	3	0	35	25	0	2	93	113
	21.5%	8.6%	3.2%	0.0%	37.6%	26.9%	0.0%	2.2%	100.0%	
1995										
1st Qr	14	6	1	0	63	25	0	0	109	123
	12.8%	5.5%	0.9%	0.0%	57.8%	22.9%	0.0%	0.0%	100.0%	
2nd Qr	43	16	1	0	34	41	0	1	136	156
	31.6%	11.8%	0.7%	0.0%	25.0%	30.1%	0.0%	0.7%	100.0%	
Total	114	40	8	0	213	121	0	3	499	593
	22.8%	8.0%	1.6%	0.0%	42.7%	24.2%	0.0%	0.6%	100.0%	

Age Distribution of New Smear Positive Pulmonary Tb cases

June 1994	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	1	4	0	3	0	0	8
Female	0	0	0	0	1	0	0	1
Total	0	1	4	0	4	0	0	9
3rd Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	1	6	8	6	3	3	2	29
Female	0	0	2	3	0	3	1	9
Total	1	6	10	9	3	6	3	38
4th Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	1	4	5	3	3	1	3	20
Female	0	2	2	1	0	1	2	8
Total	1	6	7	4	3	2	5	28
1995								
1st Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	0	5	2	3	2	1	1	14
Female	0	2	2	2	0	0	0	6
Total	0	7	4	5	2	1	1	20
2nd Qr	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	1	7	11	7	6	7	4	43
Female	0	4	5	2	2	2	1	16
Total	1	11	16	9	8	9	5	59
3rd-2nd	0-14	15-24	25-34	35-44	45-54	55-64	65 & over	Total
Male	3	22	26	19	14	12	10	106
Female	0	8	11	8	2	6	4	39
Total	3	30	37	27	16	18	14	145

Seminar Workshop of the New NTP Guidelines**I. Rationale:**

A field testing of the New NTP guidelines is undertaken in the two areas of the ISAs. Based on the experience in its implementation, improvement in NTP activities were noted. Direct smear examination is routinely used as the main tool for case diagnosis. Case holding mechanism is given more emphasis than case finding activities. Improvement in the system of recording through record linkage is observed. From these findings and after a series of discussions with implementors and program managers, expansion of field testing activities of the revised NTP guidelines to include the rest of the Intensive Service Areas is planned for.

In its implementation, difficulties as well, were encountered by field workers. This includes, interpretation in certain aspect of the guidelines, case management and appropriately completing record information. Thus, a regular, problem oriented supervision and monitoring visits is very important to support the field workers activities. With this, a seminar workshop for provincial/district Nurse Supervisors and city TB coordinators is conducted as they are key personnel in providing technical support on NTP activities in the field level.

II. Objectives:

To orient the provincial/district nurse supervisors and city TB coordinators in the field testing of the Revised Guidelines on the following activities of the TB Control Program: Case Finding, Treatment, Recording/Reporting System and to determine the feasibility of implementing these guidelines in their respective field areas.

III. Methodology:

Lecture discussion
Practical application through Case Exercises
Open forum
Field visit

IV. Operating Details:

Venue : Reference Laboratory of Cebu Chest Center, Cebu City
Duration : 5 days
Time : 8:30 - 12:00 a.m. to 1:00 - 5:00 p.m.
Participants : (see attached list of participants)
Funding : DOH-JICA Project

V. Requirements:

Daily attendance
Active participation
Individual output

Seminar Workshop of the New NTP Guidelines

Schedule of Activities April 24-28, 1995

Day	AM 8:30 - 12:00 (15' Tea Break)	PM 1:00 - 5:00 (15' Tea Break)
1	9:00 - 10:00 Registration 10:00 - 10:30 Opening Ceremony 10:30 - 12:00 Lecture discussion on the Concept of NTP	1:00 - 2:30 Background of the revised NTP guidelines Main changes in the guideline 2:30 - 5:00 Presentation of the guidelines on case finding, chemotherapy & recording
2	8:30 - 12:00 Continuation on the presentation of the NTP guidelines	1:00 - 5:00 Presentation of the Instructional type of manual
3	8:30 - 12:00 Case Exercises	1:00 - 3:30 Guidelines on Reporting; case exercises 3:45 - 5:00 Introduction of Field testing activities
4	8:00 - 3:00 Field visit to Dalaguete RHU I	Field visit
5	8:30 - 10:00 Feedback of observations of field visit; Lecture discussion on how to implement supervision/ monitoring activities 10:15 - 12:00 Planning for Project Expansion Scheduling of orientation to field personnel	1:00 - 3:00 Finalization of action plan 3:00 - 4:00 Closing Ceremony

Annex C

Orientation Training of the New NTP Guidelines

I. Rationale:

A field testing of the New NTP guidelines is undertaken in the two areas of the ISAs. Based on the experience in its implementation, improvement in NTP activities were noted. Direct smear examination is routinely used as the main tool for case diagnosis. Case holding mechanism is given more emphasis than case finding activities. Improvement in the system of recording through record linkage among registries is observed. From these findings and after a series of discussions with implementors and program managers, expansion of field testing activities of the revised NTP guidelines to include the rest of the Intensive Service Areas is planned for.

Thus, this seminar workshop is conducted to Municipal Health Officers/City Medical Officers, Public Health Nurses and Medical Technologists to orient them with the NTP policies prior to its implementation.

II. Objectives:

To orient Municipal Health Officers, District Hospital/City Medical Officers, Public Health Nurses and Medical Technologists on the field testing of the Revised Guidelines in the following activities of the TB Control Program: Case Finding, Treatment, Recording/Reporting and Supervision/Monitoring System to determine the feasibility of implementing these guidelines in their respective field areas.

III. Methodology:

Lecture discussion
Practical application through Case Exercises
Discussions

IV. Operating Details:

Venue : Reference Laboratory of Cebu Chest Center, Cebu City
Duration : 4 batches, 3 days per batch
Date : June 14~16, 21~23, 28~30, 1995 and July 5~7, 1995
Time : 8:30 - 12:00 a.m. to 1:00 - 5:00 p.m.
Participants : (see attached list of participants)
Funding : DOH-JICA Project

V. Requirements:

Daily attendance
Active participation
Individual output

Orientation Training of the New NTI Guidelines

Schedule of Activities

Day	AM 8:30 - 12:00 (15' Tea Break)	PM 1:00 - 5:00 (15' Tea Break)
1	<p>9:00 - 9:30 Registration</p> <p>9:30 - 10:00 Opening Ceremony</p> <p>10:00 - 11:00 Lecture discussion on the Concept of TB Control</p> <p>11:00 - 12:00 Background of the revised NTP guidelines Main changes in the guideline</p>	<p>1:00 - 5:00 Presentation of the guidelines on case finding and chemotherapy</p>
2	<p>8:30 - 10:30 Recording Reporting</p> <p>10:30 - 12:00 Case Exercises</p>	<p>1:00 - 3:30 Continuation of Case Exercises</p> <p>3:30 - 5:00 Presentation from the field testing areas - Dalaguete RHU I - Mandaue City</p>
3	<p>8:30 - 10:30 Lecture on how to implement Supervision/ Monitoring Activities in the RHU level</p> <p>10:30 - 12:00 Planning workshop</p>	<p>1:00 - 3:00 Discussions</p> <p>3:00 - 4:00 Closing Ceremony</p>

Annex D

Orientation Training of the New NTP Guidelines

I. Rationale:

A field testing of the New NTP guidelines is undertaken in the two areas of the ISAs. Based on the experience in its implementation, improvement in NTP activities were noted. Direct smear examination is routinely used as the main tool for case diagnosis. Case holding mechanism is given more emphasis than case finding activities. Improvement in the system of recording through record linkage among registries is observed. From these findings and after a series of discussions with implementors and program managers, expansion of field testing activities of the revised NTP guidelines to include the rest of the Intensive Service Areas is planned for. For this purpose, the training of Provincial/District Nurse Supervisors, Medical Officers, PHNs and Medical Technologists has already been undertaken.

This seminar workshop to Rural Health Midwives in the Intensive Service Areas is conducted to orient them with the NTP policies prior to its implementation.

II. Objectives:

To orient Rural Health Midwives on the Revised Guidelines in the following activities of the TB Control Program: Case Finding, Treatment and Recording/Reporting to determine the feasibility of implementing these guidelines in their respective field areas.

III. Methodology:

Lecture discussion
Practical application through Case Exercises
Role play
Discussions

IV. Operating Details:

Date : August 28-29; 30-31 & Sept. 4-5, 1995
Venue : Ecotech, Training Center, Lahug, Cebu City
Type/Duration : live-in; 2 days
Time : 8:30 - 12:00 a.m. / 1:00 - 5:00 p.m.
Participants : Rural Health Midwives
Funding : DOH-JICA Project

V. Requirements:

Daily attendance
Active participation
Individual/Group output

Orientation Training of the New NTP Guidelines

Schedule of Activities

Day	AM 8:30 - 12:00 (15' Tea Break)	PM 1:00 - 5:00 (15' Tea Break)
1	8:30 - 9:00 Registration 9:00 - 9:30 Opening Ceremony 9:45 - 11:00 Lecture Discussion on the Concepts of TB Control (Dr. Shoichi Endo) 11:00 - 12:00 Background of the revised NTP Guidelines	1:00 - 2:30 Presentation of the guidelines on Case finding 2:30 - 4:00 Chemotherapy 4:00 - 5:00 Recording and Reporting
2	8:30 - 9:15 Presentation of the Flow Chart 8:15-12:00 Case Exercises	1:00 - 3:00 Case Presentation Discussions 3:15 - 4:00 Closing Ceremony

Annex E

**Workshop on Quality Control
Reference Laboratory of Cebu Chest Center
June 28-30, 1995**

Purpose:

To standardize the method of validation between validators and to strengthen the validation implementation of smear examination in Cebu province.

Method:

- 1) Practice of smear slide reading and checking of smear preparation with the smear slides collected from each of the validators covered area for smear examination validation.
- 2) Lecture and review on NTP validation system and basic principle of quality check/control for smear examination.

List of Participants:

- 1) Dr. Cristina Giango - Provincial TB Medical Coordinator
- 2) Ms. Yolanda Garces - Medical Technologist, Cebu IPHO
- 3) Ms. Leonides Manatad - Medical Technologist, Cebu IPHO
- 4) Ms. Marilyn Sua-an - Medical Technologist, Cebu IPHO
- 5) Mr. Felito Villa - Medical Technician, Cebu IPHO

Speakers/Facilitators:

- 1) Dr. Nora Cruz - MS IV/TBCS, Manila
- 2) Ms. Paz Rostrata - Medical Technologist, TBCS
- 3) Mr. Benny Loberiza - Medical Technician, Reference Laboratory
- 4) Ms. Akiko Fujiki - JICA Short-term Expert on Bacteriology

Workshop on Quality Control
Reference Laboratory of Cebu Chest Center
June 28 -30, 1995

Schedule of Activities

Day	AM 8:30 - 12:00 (15' Tea Break)	PM 8:30 - 12:00 (15' Tea Break)
1	8:00 - 9:00 Registration 9:00 - 9.30 Opening Ceremony 9:30 - 12:00 Validation	1:00 - 5:00 Validation
2	8:30 - 12:00 Validation	1:00 - 3:00 Validation 3:15 - 4:00 NTP Validation System (Dr. Nora Cruz) 4.00 - 5:00 Validation
3	8:30 - 12.00 Smear Quality Check	1:00 - 3:00 Principle of Quality Check (Ms. Akiko Fujiki) 3:00 - 4:00 Closing Ceremony

Practice: 1) Validation of smear slides
 2) Smear quality check

Lecture: 1) NTP validation system
 2) Principle of quality check for smear examination

Annex F

National Tuberculosis Control Program REFRESHER TRAINING ON LABORATORY WORKS

I. PURPOSE:

This training is carried out to address the needs of Medical Technologists for a refresher training on Laboratory works. The National Tuberculosis Control Program of the Department of Health adheres to provide good services to the populace through early detection of tuberculosis cases in the community. As a means to achieve this goal, it uses a simple, affordable and accurate diagnostic tool, which is the Direct Smear Examination. With this, it is imperative that Medical Technologists that manned the microscopy centers and the key personnel in TB diagnosis should be adept with knowledge and skills in TB Control and laboratory techniques with emphasis on sputum microscopy.

This refresher program enables participants from the DOH-JICA Intensive Service Areas (ISA) to implement a unified and strengthened NTP in Cebu Province/Cities.

II. OBJECTIVES:

A. General Objectives:

- 1) To provide inputs on TB Control and laboratory techniques on Direct Smear Examination.
- 2) Upgrade their knowledge and skills in sputum microscopy through practice examination.

B. Specific Objectives:

By the end of the training period, the participants are expected to be able to:

- 1) Know the importance of direct smear examination in the TB control programme;
- 2) Gain insights on the techniques of sputum collection, smearing, fixation, staining and microscopy reading;
- 3) Manage and evaluate smear microscopy laboratory;
- 4) Adopt a system of recording/reporting, logistics and referral between laboratories/radiographic facilities

III. METHODOLOGY:

Laboratory Practice
Lecture Discussion
Pre and post test
Demonstration/Return Demonstration

IV. OPERATING DETAILS:

Date : July 10 - 14, 1995
Duration : 5 days
Venue : Reference Laboratory of Cebu Chest Center
Time : 8:00 a.m. - 5:00 p.m.
Participants :

Mr. Glenn Enario	- Medical Technologist, Cebu City
Ms. Queenie Gale Custodio	- Med. Tech., Cebu City
Ms. Joyce Quimbo	- Med. Tech., Cebu City
Ms. Lilia Sorela	- Med. Tech., Cebu City
Ms. Maria Berthelia Lanawan	- Med. Tech., Cebu City
Mr. Peter Paul Laude	- Med. Tech., Danao City
Mr. Nicanor Enriquez	- Med. Tech., Danao City
Mr. Jake Gador	- Med. Tech., Badian RHUs
Ms. Emlynn Biao	- Med. Tech., Mandaue City
Ms. Lucy Aguiman	- Med. Tech., Reference Laboratory

Facilitators :

Ms. Paz Rostrata	- Medical Technologist, TBCS, Manila
Dr. Elaine Teleron	- Regional TB Medical Coordinator
Ms. Colita Auza	- Regional TB Nurse Coordinator
Mr. Benny Loberiza	- Medical Technician, Cebu Chest Center
Ms. Yolanda Garces	- Medical Technologist, Cebu IPHO

Japan International Cooperation Agency

Dr. Shoichi Endo	- Project Chief Adviser
Dr. Masashi Suchi	- Project Chief Adviser
Ms. Akiko Fujiki	- JICA Short-term Expert on Bacteriology

Funding : DOH-JICA Project

V. REQUIREMENTS:

Complete Attendance
Active participation

Refresher Training on Laboratory Works
July 10-14, 1995

Tentative Schedule of Activities

Day	AM 8:00 - 12:00 (15' Tea Break)	PM 1:30 - 5:00 (15' Tea Break)
1	8:00 - 9:00 Registration 9:00 - 9:30 Opening Ceremony 9:45 - 10:30 Quiz (Pre-test) 10:30 - 12:00 (P) Laboratory set-up (P) Microscope handling & maintenance	1:30 - 3:00 (L) General Concept on TB & TB Control NTP in the Philippines 3:00 - 5:00 (L) Ziehl-Neelsen method
2	8:00 - 8:55 (L) Aim of TB Laboratory Services 9:00 - 10:00 (L) Recording/Reporting 10:00 - 12:00 (L) Logistics (I) Logistics	1:30 - 5:00 (P) Smearing (group 1) (P) Staining (group 2) (P) Reading (group 3)
3	8:00 - 8:30 (L) Specimen Collection 8:30 - 9:00 (L) Safety Precautions and Disposal 9:00 - 12:00 (P) Smearing (P) Staining (P) Reading	1:30 - 5:00 (P) Smearing (P) Staining (P) Reading 3:15 - 3:45 Question and Answer
4	8:00 - 12:00 (P) Smearing (P) Staining (P) Reading 10:15 - 10:45 Question and Answer	1:30 - 5:00 (P) Smearing (P) Staining (P) Reading 3:15 - 3:45 Question and Answer
5	8:00 - 9:00 Quiz (Post Test) 9:00 - 12:00 Course Evaluation and Summary	1:30 - 3:00 Closing Ceremony

(L) Lecture, (P) Practice

DRAFT

The Report of the Baseline Survey on Tuberculosis Control Program in Cebu City

DOH-JICA the Public Health Development Project

Masashi Suchi, M.D., Ph.D. Chief Adviser

1. Introduction

DOH-JICA the Public Health Development Project (the Project) was started on September 1992 to develop a public health service system in the community with the focus on the Tuberculosis Control Program as a model component of public health service system to improve public health of the people. Two cities and six districts in Cebu were selected as Intensive Service Areas (ISAs) for the first two years, then two cities, Cebu city and Danao city, were selected as New ISAs from April 1995.

As the first project activity in New ISAs, the Baseline Survey was conducted as a situation analysis on Tuberculosis Control Program in said areas. This survey does not aim to evaluate the program, but aims to observe and understand the actual implementation of Tuberculosis Control through basic health services for further technical cooperation.

2. Materials and Methods

Five Area Health Centers and five Health Centers in five health areas in Cebu City were visited from June 5 - 9, 1995 by the survey team (Schedule of Baseline Survey). In each health facility, health workers were interviewed about their routine health service activities including Tuberculosis Control and existing records and reports were observed and gathered.

3. Results

3.1 Health Manpower

Table 1 shows health centers and manpower in Cebu city. The health manpower of each Health Centers such as Medical Officers (MOs) and Public

Health Nurses (PHNs) is adequate as compared to the rural areas in the province. MO covers an average population of 17,000 and about 13,000 for PHN. The coverage of 8,000 population per Rural Health Midwife (RHM) is slightly bigger as compared to the rural areas. However, the Medical Technologists has a higher coverage area (75,694) as compared to the other regular staff. One Barangay Health Worker (BHW), who receive an allowance from the city government, covers an average population of around 2,000 (based on the barangay).

3.2 General Health Services

In Cebu city, their catchment area is divided into five areas that has one Area Health Center (AHC) with Laboratory. In each health area, there are about 8-19 Health Centers (HCs) most of them with regular Medical Officer in the facility. The AHC is manned by an Area Medical Officer (AMO), Nurse supervisor (NS), Medical Technologists (MTs), Sputum Canvasser (SpC) and Rural Sanitary Inspector (RSI). Supervision/monitoring activity to their catchment HCs is made by the AMO and NS. As an AHC, it conducts a monthly staff meeting wherein program activities, problems and feedbacks are presented as seen in the records of 2 AHCs.

On the other hand, the AHC also functions as a clinic and has their own catchment barangays. It has MO, PHN, RHM that conducts outpatient consultations and implements the DOH programs such as MCH, FP, EPI, CDD, etc. The BHWs assist in the implementation of said programs. In NTP, they motivate TB symptomatics to consult health workers, do sputum collection and sometimes smearing.

3.3 Tuberculosis Control Program

3.3.1 Case-finding Activities

In Cebu City, both passive and active case findings are employed. SpCs are utilized for active case-finding and which covers 75% of the total sputum collections while the RHM covers the 25%. One SpC covers an average population of 113, 542. In each HC, the RHM or BHW do the sputum collections, smearing and fixing. They send the slides to the Laboratory mostly through the SpC or BHW. Examination results are received within 10 days through telephone or from the SpC

Logbook. A positive result is informed immediately, but negative results are sent back in group at the end of the month.

Table 2 shows the recent case-finding activities in each area. In 1995, an average of 4,000 sputum smear slides are examined for case-finding activities and 154 sputum smears positive are detected monthly. Two "Target" for case-finding activities are pointed-out in the table, namely "Target A" that is employed by Cebu city and "Target B" that is employed by Region. If the accomplishment rate is computed by "Target A", those activities seem low. However, if it is computed by "Target B", accomplishment of examinations made are one and half times of the "Target".

Table 3 shows the positive rate of sputum smear examination and expected case notification rate of sputum smear positive pulmonary tuberculosis per 100,000 population in areas. Positive rate of sputum smear examination is 3.9% in whole city, the highest is 6.9% in North, the lowest is 2.9% in Central. Notification rate of sputum smears positive tuberculosis is 270.6 per 100,000 population. North area has the highest notification rate and Central has the lowest in city. As compared with other areas in Region 7, Cebu city has the second highest notification rate following Siquijor province (Table 4). And also, as compared with whole Philippines, around 170 per 100,000 population, the importance of Tuberculosis Control in Cebu city is clear.

3.3.2 Treatment Activities

Through the observations on the Symptomatics Masterlist and Tuberculosis Case Registry, majority of detected smear positive cases were on the treatment, or initial defaulter were rare in other words.

The regularity of actual drug collections could not be observed on Treatment Cards and Tuberculosis Case Registries because of the discrepancy between recorded collections and actual drug collections. On some Treatment Cards, drug collections were recorded "weekly" but actually twice a month or less, or recorded on Tuberculosis Case Registry once every two weeks regularly.

Treatment outcomes were analyzed in seven Health Centers and were not analyzed in others because of inadequate recording or lack of information. In

seven Health Centers, 296 cases were considered as "Completion" among 370 cases analyzed under the Short Course Chemotherapy, or "Completion" rate was 80% in other words. However, since recording in Tuberculosis Case Registries were not clear or adequate, it was very difficult to analyze the outcomes of treatment based on proper Cohort Analysis Method.

In spite of many follow-up examinations that were recorded on Tuberculosis Case Registries, the reported numbers of follow-up examinations in Monthly Accomplishment Report of the Laboratory were almost the same as the reported number of positive sputum smears.

3.3.3 Recording/Reporting Activities

Since Tuberculosis Case Registries were updated at the beginning of a year except for two HCs, it was difficult to observe treatment outcomes by Cohort Analysis.

Actual case-finding activities were not observed completely, because the information of the same tuberculosis symptomatic was recorded on different records such as Symptomatics Masterlist, SpC's Logbook or Laboratory Registry in duplicate or individually. In addition, purposes of examinations were not recorded clearly whether for case-finding or follow-up on Laboratory Registry, so accurate positive rate could not be calculated for observation on case-finding activities.

Any laboratory request forms were not prepared for sputum smear examinations except for the main laboratory in city health office. Since some of the results of examinations were sent back in group without name except for positive results, some of results could be considered as negative even if no examination result or report. Some negative results of follow-up examinations recorded on Tuberculosis Case Registry and/or Treatment Card were not found on Laboratory Registry.

Record linkages between Treatment Card, Laboratory Registry and Tuberculosis Case Registry were not observed using case-number or laboratory number, hence monitoring or ensuring treatment activities were not conducted easily.

4. Discussion

The characteristics of Tuberculosis Control activities in Cebu city showed a high performance on case-finding activities and a low accuracy on case-holding and recording/reporting. These characteristics were also observed as a common situation in other ISAs.

In the field, all of workers were trying to improve their Tuberculosis Control activities in their areas. However, they were directing their efforts to case-finding activity in quantity. For example, the workloads in laboratories are very high in quantity, like 800 sputum smear examinations per month or more than 30 examinations per day in one laboratory. For those examinations, workers need to do so many sputum collections, recording, smearing, reading and reporting. It seems that the quality can not be expected in each step of Tuberculosis Control with such high quantity of the workload.

The 3.9% of positive rate on sputum smear examinations is low compared to 8% observed among tuberculosis symptomatics in National Prevalence Survey conducted in 1980 to 1983. This low positive rate may be affected by active case-finding with high "Target", because positive rates in Mandaue city and Dalaguete RHU I without active case-finding are 7 - 10% and those in the other RHUs with active case-finding are around 3% in average.

The reasons for high notification rate of sputum smear positive cases are not clear. However, high proportion of younger generation, rapid industrialization or urbanization, some specific industrial diseases as high risk for breakdown, many default cases coming back to treatment as new cases or over recording/reporting may be considered as the reasons for above mentioned high notification rate. Anyhow, it may be clear that many sputum smear positive cases are existing and detected in absolute number.

The Directly Observed Treatment, Short-course (DOTS) was not employed, because the implementation or installation of DOTS under the field condition in Philippines is still under the discussion. However, drug collections by patients are recommended weekly and regular drug intake should be confirmed through any methodologies such as retrieving the empty blister pack or interviews to patients or their family. Since the records on Treatment Cards, Tuberculosis Case

Registry or Laboratory Registry were not reflected from actual situation of drug collections, action taken for defaulters or results of follow-up examinations, case-holding activities could not be observed correctly through those records.

Since only the implementation of follow-up examination can be controlled directly by health service, the linkages between those records on follow-up examinations are very important for its absolute implementation and direct evidence. However, for lack of those linkages, laboratory request form and clear records on Laboratory Registry, some of the implementation or evidence of follow-up examinations were not found.

Acknowledgment

We would like to express our heartfelt gratitude to the following people who supported in making this baseline survey possible.

To the DOH-IRFO 7 Director, Cebu City Health Officer and Project counterparts for their assistance, participation and cooperation.

To all health workers for their time.

**Schedule of Baseline Survey to Cebu City
June 5 - 9, 1995**

Date of Visit	Health Facility	Survey Team
June 5, 1995 9:25 a.m. - 4:00 p.m.	(North) Mabolo Area Health Center (AHC) Talamban Health Center (HC)	Dr. M. Borromeo Dr. M. Suchi Ms. C. Auza Ms. C. Daclan
June 6, 1995 9:30 - 4:00	(Central) Barrio Luz AHC Lahug HC	Dr. M. Borromeo Dr. M. Suchi Ms. C. Auza Ms. C. Daclan
June 7, 1995 9:45 a.m. - 4:00 p.m.	(East) Pari-an AHC Sambag II HC	Dr. M. Borromeo Dr. M. Suchi Ms. C. Auza Ms. C. Daclan
June 8, 1995 9:35 - 3:45 p.m.	(West) Punta Princessa AHC Labangon HC	Dr. M. Borromeo Dr. E. Teleron Dr. M. Suchi Ms. C. Auza Ms. C. Daclan
June 9, 1995 9:40 a.m. - 4:00 p.m.	(South) Pardo AHC Alumnos HC	Dr. M. Borromeo Dr. M. Suchi Ms. C. Auza Ms. C. Daclan

Table 1 Health Centers and Health Manpower in Areas in Cebu City (1995)

Area	Pop.	Brgy.	HC	MO	PHN	RHM	MT	SP. C.	BHW
Central	118,375	13	8	8	8	10	2	1	55
North	87,317	21	11	6	7	25	2	1	74
East	131,735	18	10	7	12	18	2	1	56
West	197,070	13	9	8	14	14	2	2	114
South	146,752	19	19	11	13	21	1	1	88
Total	681,249	84	57	40	54	88	9	6	387
Average Population	8,110	11,952	17,031	12,616	7,741	75,694	113,542	1,760	

Table 2 Case-finding Activity as Accomplishment Rate in Areas in Cebu City (1995)

Area	Pop.	Jan-May '95		Average in Month		Average in Month		Average in Month	
		Sm Exam.	Sm (+)	Sm Exam.	Sm (+)	Target A	Accom. A	Target B	Accom. B
Central	118,375	3,327	98	665	20	781	85.2%	462	144.1%
North	87,317	2,393	166	479	33	576	83.0%	341	140.5%
East	131,735	4,071	169	814	34	869	93.6%	514	158.5%
West	197,070	5,093	166	1,019	33	1,301	78.3%	769	132.5%
South*	146,752	--	---	969	34	969	100.0%	572	169.3%
Total	681,249	14,884	599	3,946	154	4,496	87.8%	2,657	148.5%

South* : Only May '95, because Laboratory was newly opened on May '95
 Target A : Employed by Cebu City, constant is 0.0066.
 Target B : Employed by Region, constant is 0.0039.

Table 3 Case-finding Activity as Smear Positive Rate and Expected Annual Notification Rate in Areas in Cebu City (1995)

Area	Pop.	Sm Exam.	Average in Month		Expectancy in Year	
			Sm (-)	Positive	Sm(+)	Sm+/100,000
Central	118,375	665	20	2.9%	235	198.7
North	87,317	479	33	6.9%	396	453.5
East	131,735	814	34	4.2%	406	307.9
West	197,070	1,019	33	3.3%	398	202.2
South*	146,752	969	34	3.5%	408	278.0
Total	681,249	3,946	154	3.9%	1,843	270.6

South* : Only May '95, because Laboratory was newly opened on May '95

Table 4 Case-finding Activity as Smear Positive Notification Rate in Provinces/Cities in Region 7 (1993)

Provinces/Cities	Pop. 1993	Sm(+)	Sm+/100,000
Bohol	935,420	1,837	196.4
Cebu	1,613,579	1,420	88.0
Negros Oriental	783,429	1,126	143.7
Siquijor	74,942	223	297.6
Prov. Sub-T	3,407,370	4,606	135.2
Bais	63,071	64	101.5
Canlaon	40,304	55	136.5
Cebu	651,980	1,523	233.6
Danao	79,137	49	61.9
Dumaguete	86,130	129	149.8
Lapu Lapu	164,448	196	119.2
Mandaue	183,057	270	147.5
Tagbilaran	61,267	52	84.9
Toledo	130,066	84	64.6
City Sub-T	1,459,460	2,422	166.0
Grand Total	4,866,830	7,028	144.4

DRAFT

The Report of the Baseline Survey on Tuberculosis Control Program in Danao City

DOH-JICA the Public Health Development Project

Masashi Suchi, M.D., Ph.D. Chief Adviser

1. Introduction

DOH-JICA the Public Health Development Project (the Project) was started on September 1992 to develop a public health service system in the community with the focus on the Tuberculosis Control Program as a model component to improve the public health. Two cities and six districts in Cebu were selected as Intensive Service Areas (ISAs) for the first two years, then two cities, Cebu city and Danao city, were selected as new ISAs from April 1995.

As the first project activity in the new ISAs, a Baseline Survey was conducted as a situation analysis on Tuberculosis Control Program in said areas. The survey does not aim to evaluate the effectiveness of the program, but to observe and understand the actual implementation status of Tuberculosis Control through basic health services for further technical cooperation.

2. Material and Methods

A one day visit to the City Health Office and two Barangay Health Stations (BHS) in Danao City were conducted by the survey team on May 30, 1995. Health workers were interviewed about their routine health service activities including Tuberculosis Control and existing records and reports were observed and gathered.

3. Results

3.1 Health Manpower

There are 11 BHS in 42 Barangays, one BHS covers around 8,000 population. The population coverage of Medical Officer (MO), Public Health Nurse

(PHN), Medical Technologist (MT) and Rural Health Midwife (RHM) is 42,109, 28,073, 42,109 and 5,264 respectively. This coverage is almost same as that of the other cities in the first ISAs. Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHWs) such volunteer health worker covers around 800 population. After the termination of case finding package under the Philippine Health Development Project (PHDP), MT and Sputum Canvasser were hired as permanent staff.

3.2 General Health Services

The organizational set-up of health service in Danao City is the same as that of the Rural Health Units in the district. It has one Main Health Center (MHC) where the laboratory is located and 11 BHS. The MHC functions both as a clinic and health office. The distance of the farthest BHS from the MHC is about 32 km. which can be reached by public transportation within two hours.

In the BHS, the RHM implements health programs with the assistance of the BNS and BHWs. BNS assist primarily on the Nutrition program through weight taking, feeding and nutrition education to the community. BHW helps in the implementation of all the impact programs. Routinely, doctors have no clinic activity in the BHS. For complicated cases in the BHS, they will be referred to the MHC for further management.

Once a month, supervision activity to near BHS is done by the PHN, and once every quarter to far BHS. Once a week, RHM comes to the MHC to get supplies, and to attend a regular RHM meeting. In this meeting, problems and difficulties on program implementation is discussed. On the other hand, a staff meeting is scheduled once a month. As observed in the records, seven meetings were held in 1994, and three in 1995.

3.3 Tuberculosis Control Program

3.3.1 Case-finding Activities

Sputum is smeared and fixed by RHM or sometimes BHW in the BHS and by the MT in the MHC. Smear slides are brought to the Laboratory with the corresponding

request form for sputum examination by the RHM. The request forms with the examination results are sent back to the BHS within seven days. Every symptomatic examined is registered in the TB Symptomatic masterlist.

In 1993, 2,942 smears were examined, and 48 were positive, positive rate was 1.6%, and notification rate was 61.7 per 100,000 population. In 1994, 1,534 smears were examined and 41 were positive, positive rate was 2.7%, and notification rate was 48.6 per 100,000 population. In 1994, smear slides were validated and the agreement rate is 100%. For 1995, no smear validation has been done yet.

3.3.2 Treatment Activities

Table 1 shows treatment activities from 1991 to June 1995. Around 90% of cases under the Short Course Chemotherapy (SCC) were smear positive. Table 2 shows treatment outcomes of SCC on smear positive cases. From 1990 to 1994, 237 smear positive cases were treated under SCC, the cure rate as computed with 2 negative smear results at the end of 4th and 6th month of treatment is 92.4%. The treatments of 39 cases were completed among 44 smear negative cases under SCC in same period, completion rate is 88.6%.

Two months supply of TB drugs are allocated in the BHS. Drug allocation is reflected in the treatment card which is placed in their respective treatment units. As observed from the treatment card, drug collections are weekly or per every two week but this information is not noted in the treatment card. Follow-up sputum examination is done as reflected in the treatment card & laboratory registry. As mentioned, TB drugs for the following two months are provided to the BHS after sputum examination has been done.

3.3.3 Recording and Reporting

Three registries are recorded in MHC. These are the Index Registry to assign the TB Case Number for all TB cases, TB Masterlist for SCC, and TB Masterlist for Standard Regimen (SR). Sputum positive results from the laboratory were traced in the TB Masterlist for SCC.

All of Treatment Cards was collected and kept in MHC after each treatment course. Record linkages between Treatment Card, Laboratory Registry and TB Case Masterlist can be observed using the TB Case Number. A patient is designated a TB Case Number permanently through Index Registry for both of SCC and SR. Then the patient is registered in TB Case Masterlist for SCC or SR separately. The TB Case Number composed of the year, health facility code, midwife's code & serial number. One TB Case Number is used for re-treatment of the same patient.

In reporting, FHSIS reports were used. In the BHS level a Monthly Accomplishment Report is submitted.

4. Discussions

The characteristics of Tuberculosis Control activities in Danao city showed good treatment outcomes based on good recording activities. The high cure rate of 90% was achieved with much effort on case-holding activities through good monitoring using well functioning record linkage.

In case-finding activities, active case-finding is employed as same as other areas. As a result, low positive rate was observed in smear examination as compared to 8% observed among tuberculosis symptomatic in National Prevalence Survey conducted in 1980 to 1983. The smear positive notification rate of 61.7 per 100,000 population in 1993 is also quite low as compared to the average of 144 per 100,000 in Region 7. Both of active case-finding and low notification rate may affect to above mentioned low positive rate of smear examination. In new National Tuberculosis Control Program (new NTP), active case-finding is not employed but three sputum specimens should be collected from one chest symptomatic. After introducing new NTP, quality and workload of case-finding may be improved.

Effective monitoring based on record linkage between Registries in MHC and drug distribution from MHC to BHS after confirming the follow-up examination may contribute to high cure rate. However, drug intake by patient is not supervised and drug collection from treatment facility is not recorded on Treatment Card correctly.

Installation of Directly Observed Treatment, Short-course (DOTS) and further training of RHM may be useful for further improvement.

As mentioned above, recording activities in MHC is quite well. However, the system it self is complicated as compared to new NTP recording system. For example, there are three registries for indexing, SCC and SR separately. Since TB Case Number contains much information such as facility and RHM, it seems little bit complicated to trace follow-up examination on the Laboratory Registry. It may be better that all of cases are registered in one TB Case Registry and one simple TB Case Number is assigned to each treatment. For re-treatment, new TB Case Number should be assigned instead of previous TB Case Number.

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To the DOH-IRFO 7 Director, Cebu Provincial Health Officer, Danao City Health Officer and Project counterparts for their assistance, participation and cooperation.

To all health workers for their time.

Table 1 Treatment Activities in Danao City, 1991-1995
S C C SR

Year	Sm (+)	Sm (-)	Total	Sm(+)/SCC	SR
1991	69	7	76	90.8%	130
1992	61	5	66	92.4%	129
1993	48	8	56	85.7%	45
1994	35	11	46	76.1%	50
1995(-June)	21	3	24	87.5%	-
Total	234	34	268	87.3%	-

Table 2 Treatment Outcomes of SCC on Smear Positive Cases in Danao City, 1990-1994

Year	Admitted	Cured	Cure rate	Compl.	Died	Failure	Lost	Trans. cut
1990	24	20	83.3%	2	0	1	1	0
1991	69	65	94.2%	1	0	1	1	1
1992	61	56	91.8%	1	2	1	1	0
1993	48	47	97.9%	0	1	0	0	0
1994	35	31	88.6%	2	1	1	0	0
Total	237	219	92.4%	6	4	4	3	1

Member List for the Baseline Survey to Danao City

Date of Visit	Team members	
May 30, 1995	Ms. Colita Auza	- Regional TB Nurse Coordinator
	Dr. Cristina Giango	- Provincial TB Medical Coordinator
	Ms. Areli Borromeo	- Provincial TB Nurse Coordinator
	Mr. Felito Villa	- Medical Technician, Cebu IPIIO
	Dr. Masashi Suchi	- DOH-JICA Project Chief Adviser
	Ms. Maria Carolyn Daclan	- DOH-JICA Technical Assistant

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