

④ 第1回合同調整委員会議事録

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

Annex A

Minutes in Detail of
the First Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
DOH-Regional Field Health Office No. 7, Cebu City
June 16, 1993

I. BRIEFING ON THE PROJECT Dr. Manuel G. Roxas

A. Rationale and Background

The Public Health Development Project is a response to the offer of Technical Cooperation for Health made by the Japanese Government to assist the Department of Health. This addresses two felt needs of the Department, viz:

1. The need to find the best means by which public health programs could be jointly implemented by the local government units and the Department of Health; and
2. The need to control the age-old health problem of tuberculosis which continues to flourish even in rapidly industrializing cities in the Philippines, like Cebu.

Cebu is chosen as the Project Site because:

1. The area is rapidly developing;
2. Health offices are known to be run by competent people who generally deliver; and
3. The honest-to-goodness commitment of Cebu's past and present local government leadership to push local development by investing on essential matters like health.

B. Overall Goal

To develop a public health service system in a defined model area with focus on the Tuberculosis Control Program to improve public health of the people in the Republic of the Philippines.

C. Role of the Japanese and Philippine Governments

JICA will provide technical expertise, machinery, equipment and other materials necessary to run the Project. It will also host and support the training of Filipino personnel connected with the Project.

The Philippine Government will provide or secure the services of Project counterparts and the necessary incidental facilities; supplement and maintain the machinery, equipment and materials for the Project; and extend privileges, exemptions and benefits to their Japanese counterparts and families, as necessary.

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.

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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 addressed 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 addressed 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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⑤ 第2回合同調整委員会議事録

01-20-94 16:46 RCVD

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

A. PROGRESS REPORT Dr. Masashi Suchi

1. DOH-JICA PROJECT ACTIVITIES (April 1993-March 1994)
 - 1.1 Researches/Surveys
 - 1.2 Seminars
 - 1.3 Strengthening the laboratory/radiologic functions of Cebu Chest Center
2. DISPATCH OF JAPANESE EXPERTS
3. COUNTERPART TRAINING IN JAPAN
4. EQUIPMENT
5. OPEN FORUM

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

1. PROJECT ACTIVITIES
 - 1.1 Intensifying recording/reporting system
 - 1.2 Improving logistic distribution scheme
 - 1.3 Enhancing IEC activities
 - 1.4 Implementation of planned seminars
 - 1.5 Technology exchange training
2. MISSION
3. DISPATCH OF JAPANESE EXPERTS
4. COUNTERPART TRAINING IN JAPAN
5. EQUIPMENT
6. OPEN FORUM

C. DISCUSSION OF ISSUES

1. Role of Cebu City in the DOH-JICA Project
2. Drug procurement
3. Poor recording and reporting
4. Quality of laboratory services
5. Mismanagement of TB cases by doctors
6. IEC materials
7. Logistics
8. SR regimen
9. Project expansion
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

- A. PROGRESS REPORT Dr. Masashi Suchi
1. DOH-JICA PROJECT ACTIVITIES (April 1993-March 1994)
- 1.1 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; and
- 1.2.2 Seminar on TB Case Management and Approach to the Community for Public Health Nurses.
- A Seminar on Monitoring and Supervision was slated for 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-story 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; two specialists in TB control came to conduct the seminars; and an epidemiologist attended the second JCC meeting. 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 to 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 ensure 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 Initiation of Reference Laboratory Activities

With the construction of the Reference Laboratory

completed in early 1994, this vital arm of the Cebu Chest Center would be set up to start quality control of smear and culture examinations.

2.1.2 Intensification of Recording/Reporting System

To address the recording/reporting problems gathered from 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.

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 monitor the progress of Project activities and recommend to the JCC implementation of Project plans, 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.

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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 important to establish better communication. Thus, his representation in this meeting was requested.

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. Dr. Aranas 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 so 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.

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 :

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