資　　料

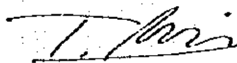
1　ミニッツ・合同評価報告書

MINUTES OF DISCUSSION
BETWEEN
THE JAPANESE EVALUATION TEAM
AND THE AUTHORITIES CONCERNED
OF THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES
ON THE JAPANESE TECHNICAL COOPERATION
FOR
THE PUBLIC HEALTH DEVELOPMENT PROJECT

The Japanese Evaluation Team, organized by the Japan International Cooperation Agency (hereafter referred to as "JICA") and headed by Dr. Toru Mori, Director, the Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association with joint participation of a representative of World Health Organization has been dispatched to the Republic of the Philippines from 20th to 26th April 1997 in order to evaluate the implementation and achievements of the Project for Public Health Development with special emphasis on Tuberculosis Control during its period under the record of discussions signed on April 3, 1992.

As a result of the discussion, the Evaluation Team and Philippine authorities concerned agreed to report and recommend to both the Governments of Japan and the Republic of the Philippines the matters referred to in the document attached hereto.

Manila, 24th of April, 1997



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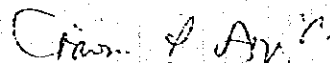

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JOINT EVALUATION REPORT
ON THE PHILIPPINES - JAPAN COOPERATION PROJECT
FOR PUBLIC HEALTH DEVELOPMENT PROJECT IN THE PHILIPPINES

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I. **List of Participants**

1. Philippine Side

1. Dr. Mariquita Mantala	Director III, TB Control Services, Department of Health

2. Japanese Side

(1) Evaluation Team

1. Dr. Toru Mori	Team Leader, Director Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association
2. Dr. Atsuyuki Kurashima	Medical Chief, Division of Internal Medicine, Tokyo National Chest Hospital
3. Dr. Kiminori Suzuki	Director, OPD & Medical Information-Epidemiology Division, Chiba Anti-Tuberculosis Association
4. Mr. Narihiro Yaegashi	Deputy Director, First Medical Cooperation Division, Medical Cooperation Department, JICA

(2) Project Team

1. Dr. Shoichi Endo	Chief Advisor
2. Mr. Yoshinori Terasaki	Coordinator
3. Dr. Masashi Suchi	JICA Short-term expert on TB Control

(3) Embassy of Japan

1. Dr. Hikaru Fukuda	Second Secretary, Embassy of Japan

(4) JICA Philippine Office

1. Ms. Maki Nagai	Asst. Resident Representative,

3. World Health Organization

1. Dr. Dong Il Ahn	Medical Officer, Regional Office for Western Pacific

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II. Circumstances of Project Formation

The morbidity and mortality of the communicable diseases including tuberculosis is still at high level in the Philippines. The Government has been implementing communicable diseases control as major public health program. However the program has not reached at the satisfactory level. Considering the situation, the Japanese Government offered the cooperation in the field of public health during the annual meeting for technical cooperation in 1989. In response to this offer, the Philippine Government requested the cooperation in the field of public health with particular emphasis on tuberculosis control in the form of project type technical cooperation which includes dispatch of experts, provision of equipment, and training of counterparts in Japan.

The Department of Health of the Republic of the Philippines and JICA signed the Record of Discussions on April 3, 1992 to work out the detail of the project type technical cooperation for the Public Health Development with particular emphasis on Tuberculosis Control.

III. Objectives of the Project

Overall Goal

The overall goal of the Project is to develop a public health service system in the defined model area with the focus on the Tuberculosis Control Program as a model component of public health service system to improve public health of the people in the Republic of the Philippines.

Project Objective

The objective of the Project is to reinforce implementation of the Tuberculosis Control Program with special emphasis on case-finding and treatment, serving as a public health management model to be adopted for implementation of other local government health programs.

IV. Strategies of the Project

1) Improving case-finding and treatment of tuberculosis through enhanced utilization of the primary health-care services, together with strengthened bacteriological services and patient education.
2) Reinforcing implementation of the National Tuberculosis Control Program, especially in the areas of recording and reporting, supervision and monitoring, and evaluation.
3) Strengthening IEC activities for tuberculosis control and related activities.
4) Establishing a surveillance system for the purpose of monitoring the epidemiological impact of the tuberculosis control program and evaluating its activities
5) Establishing a laboratory services network with the reference laboratory for improving quality control activities of the program.

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6) Conducting operations research in defined areas to identify a better model of program implementation
7) Holding various seminars to motivate the program staff and decision makers, and to evaluate the Project
8) Training program in order to improve the technical level of personnel
9) Other activities for the Project mutually agreed upon as necessary

V. Organization and management of the Project

Project Staff

Japanese experts

Chief Advisor (medical doctor) and Project coordinator

Local staff

two Technical assistants, one Secretary and one Driver

Counterparts

Director and Staff of the Department of Health-Tuberculosis Control Service

Medical and Nurse Coordinators at Regional Office 7, Provincial Health Office and City Health Offices

District Nurse Coordinators

The following meetings were organized to plan, monitor, evaluate the Project activities and steer the direction of the Project.

Joint Coordinating Committee which consists of Undersecretary of Health for Public Health Services, DOH (Chairperson), Director Foreign Assistance Coordinating Services, Director, Tuberculosis Control Services DOH, Director, Regional Health Office 7, Provincial Health Officer, Cebu Province, Governor of Cebu Province, Mayor of Cebu City, City Health Officer, Cebu City, Chief Advisor, Coordinator and other experts of the Project and Resident Representative of JICA Philippine Office meets twice a year to discuss the policy matters including planning and evaluation.

Regional, Provincial and City (Cebu and Mandaue Cities) coordinators meet once every 2 months to plan the activities based on the policies laid down by JCC.

Task force which consists of the District Nurse Coordinators in addition to the above mentioned coordinators meet time to time to discuss solutions on practical problems they encountered in the field.

Senior staff of Regional Office meet once a month to discuss the administrative problems to ensure the project activities well integrated into the health structure of the Philippines.

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Advisory committee attached to JICA HQ Tokyo which consists of tuberculosis experts mainly from Research Institute of Tuberculosis and representatives of Ministries of Foreign Affairs and Health and Welfare and representatives of JICA discuss technical matters and matters related to administration of JICA and the Japanese Government.

Mainly the following agencies are carrying out National Tuberculosis Program in the Project.

Tuberculosis Control Services, Department of Health

Regional Health Office 7

Provincial and City Health Offices

Rural Health Unit and City Health Center

Barangay Health Station

The role of the following workers at the above mentioned offices in the NTP are stated in pages 17-19. TBCS Staff, Regional Coordinators, Provincial/Chartered City Coordinators, Municipal Health Officer/Physician-in-charge, District Nurse Coordinator, Public Health Nurse, Rural Health Midwife, Medical Technologist or NTP microscopist and Barangay Health Worker.

VI. Coverage of the Project

The Project covers Cebu Province, Cebu and Mandaue Cities with the land area of 5,088 km^2 and the population of 2,948,458. The Project implemented its activities introducing them step by step in one third of the population at a time. The detail of the implementation is stated in the table in page 20.

VII. Inputs to the Project

The details of the inputs to the Project by three participating agencies are stated in page 21.

The Department of Health provides drugs, recording/reporting forms, manpower, laboratory supplies and other consumable supplies.

The Local Government Unit (LGU) provides service of their health workers and consumable supplies.

JICA provides the service of the experts, equipment and some supplies, and training of the workers locally and in Japan.

VIII. Progress of the Project Activities

1. Baseline survey was conducted to know the manpower, physical facilities, performance of tuberculosis service at general health service units to adequately plan the Project activities for program integration.
2. Reference Laboratory was inaugurated in August 1994. Since then this has been well utilized for management of microscopy service in the field particularly quality control

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of smear examination, training of technicians and operational research.

3. Feasibility and effectiveness of the new NTP guidelines which were formulated based on the new NTP policies recommended by WHO has been tested in one city and one RHU. The new policy emphasizes improvement of accuracy of diagnosis, choice of appropriate regimen, completeness of treatment achieving 85% cure rate and establishment of simple and effective recording and reporting for monitoring and evaluation. The test showed that high rate of 3 specimen collection (90% of symptomatics examined), improvements of the rate for positive cases diagnosed per symptomatics examined, high cure rate around 80%.
4. Based on the results of the above mentioned tests, implementation of the new NTP guidelines was carried out step-by-step introducing it into one third of the Project area (called as Intensive Service Area) divided by population at a time. Before introduction careful preparation such as briefing of the new policy to Local Government Unit, baseline survey of the facility of the health units, provision of equipment and intensive training of all health workers of the health units. This may serve as a model of the procedure for introduction of the new NTP policy into new areas. The 1st Intensive Service Area started the implementation in September 1995, the 2nd in February to March 1996 and the 3rd in September 1996. Now the whole area of the Project is implementing the new NTP (see the table in page 20).
5. Obtaining cooperation of the sectors other than rural health units and city health centers. National Seminar was conducted to introduce the new NTP policy with participation of not only the government officials but also representatives of NGOs, professional groups, academic society and league of local government units. Cooperation of the Philippine Tuberculosis Society is now obtained for coordinated service of tuberculosis control. This kind of activities are now extended to Cebu Medical Society and Government Hospitals.
6. Operational Research to test feasibility and find out adequate methods of Directly Observed Treatment Short-course has been conducted in the selected areas of the 1st and 2nd ISA. This activity will be introduced into other areas of the Project.

IX. Accomplishment of the Project

A. *Accomplishment in relation to the strategies of the Project stated in paragraph IV.*

Using the strategies mentioned in paragraph IV page 3, the Project implemented the new NTP and made the following accomplishments.

1. Improve case-finding and treatment of tuberculosis

1.1 Case-finding

Case-finding service in the new NTP is based primarily on sputum microscopy. The new guidelines changed sputum collection from active case-finding in which health workers have to go around community to collect sputum to passive case-finding in which 3 sputum specimens are collected from a patient who visits the health facility because of tuberculosis symptoms.

Table 1. No. Symptomatics Examined and the Rate for Three Sputum Collection, Rate for Positive Patients Diagnosed per Symptomatics and Rate for Positive Patients per Population by District/City in the Quarter of October to December 1996

	No. Sym	% 3 Coll.	Positive Rate (%)	No. & Rate for Positive /Pop (per 100,000)	
Districts in 1st ISA	1,008	85.4	13.6	137	21.2
Lapu-lapu	295	98.6	16.6	49	27.5
Mandaue	372	93.7	14.0	52	28.1
Cebu	1,023	98.1	24.2	248	36.6
Danao	109	90.8	14.7	16	19.2
Toledo	207	91.8	16.9	35	25.5
Districts in 3rd ISA	1,365	88.8	15.5	212	21.1
Total	4,379	91.4	17.1	749	25.4

The quarterly performance report of October to December 1996 showed that 3 sputum specimens were collected from 91.4 % of symptomatics. This is considered as satisfactory and 3 specimen collection of the new guidelines is feasible. The rate for positive patients diagnosed per symptomatics examined is 17.1%. This is a good improvement from around 3 % before introduction of the new guidelines. The number of positive patients diagnosed in the last quarter 1996 were 749 and the rate per population was 25.4 per 100,000. The rate extrapolated from this figure to 1 year is 101.6 which is around 10 times of the recent morbidity in Japan. If the number of the patients being treated by private sectors is taken into count, the morbidity is considered horribly high.

The rate for positive patients diagnosed per symptomatics varies from 0-5 % to higher than 20 %. Now the slide check for quality control covers all RHUs and City HCs in the Project area. With this system false examination will be minimized in near future.

The percentage for smear positive cases among the newly diagnosed patients was 47.9 % in average in the whole area of the Project, 55.2 % in the 6 districts of the 1st ISA and 43.6 % in the cities and 50.9 % in the districts of 3rd ISA. The rate was higher in the districts than the cities perhaps

due to better accessibility to X-Ray examination in the cities. The rate lower than 40 % was observed in Badian, Barili, Minglanilla, Lapu-lapu and Tuburan. One of the reasons for the lower rate is inadequate laboratory service which needs improvement.

1.2 Treatment

The total number of patients who were registered for treatment was 1,664 during the last quarter 1996. Among them 1,063 (63.9 %) started treatment with Regimen I, 62 (3.8 %) with Regimen II and 537 (32.3 %) with Regimen III. There were no significant difference in use of Regimen by district/city.

The treatment outcome of the cohort of the patients registered during the first quarter 1996 in the 6 Districts and Mandaue City of the 1st ISA is shown as follows.

Table 2. Treatment Outcome of the Patients Registered during the First Quarter 1996 in the 6 Districts and Mandaue City of the First ISA

	Admit	Cured	%	Comp	%	Died	%	Failure	%	Lost	%	TO	%
New Sm(+)	187	156	83.4	6	3.2	6	3.2	2	1.1	10	5.3	7	3.7
New Sm(-)	205	0	0.0	179	87.7	7	3.4	1	0.5	10	4.9	7	3.4
Relapse	3	1	33.3	0	0.0	1	33.3	1	33.3	0	0.0	0	0.0
Failure	5	4	80.0	0	0.0	1	20.0	0	0.0	0	0.0	0	0.0

The cure rate for the new smear positive patients registered during the first quarter 1996 is 83.4 %. Only two failed. Many of the lost cases were "refused" due to minor adverse reactions. Patients education* should be intensified. DOTS may help this. To reduce complete treatment without follow up smear examination, follow up examination should be closely monitored. To reduce transfer out effective referral system should be developed.

Since the numbers of relapse and failure are small, the numbers of those cases registered in the previous quarter are added for better evaluation. Then the cure rate for relapse is 8 out of 10 (80.0 %) and the cure rate for failure is 6 out of 8 (75.0 %). These treatment outcomes show that the treatment service rendered in the 6 Districts and Mandaue City of the First ISA is very good.

*Patient education is included as a special subject in training program of the field health workers

2. Recording / reporting, supervision, monitoring and evaluation

Recording / reporting forms and procedure were developed as a part of the new NTP guidelines. All field health workers were trained in how to fill up the forms during the training course before introduction of the guidelines into practice. In addition the first quarterly performance report was compiled under the guidance of the Project staff. This contributed to making accurate reports.

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A guide for supervision was developed. This made supervision and monitoring on tuberculosis service in the field more efficient and effective. Regular supervisory visits to health facilities by the Project staff and the counterparts have been institutionalized. Quarterly performance reports are analyzed to evaluate the performances of tuberculosis services by RHU/City HC. This helps efficient supervision such as pointing out problems and deciding frequency or prioritizing supervision on particular health facility.

3. Information, Education and Communication (IEC)

A video tape "short and slim" in Visayan language to educate people in what tuberculosis is was developed. Portable sound systems were distributed to all RHUs and City HCs for the workers to conduct health education to the community.

Radio talk to general population on health education will be conducted and its effect will be evaluated.

4. Surveillance system

As stated in the paragraph 2 recording/reporting, all field health facilities submit tuberculosis service performance reports quarterly which include new smear positive patients discovered by age group. Morbidity /100,000 population is 101.6. which is 10 times higher than the figure in Japan. Time trend will be also observed.

5. Laboratory service network

Forty-six (46) laboratories with a laboratory technician were established. Some technicians cover two or three laboratories. However, covering more than 2 was discouraged. LGUs having a laboratory which is served by a technicians covering more than 3 laboratories were encouraged to employ one technician or train other category of a health worker. Now, such laboratories have been minimized. Binocular microscopes were provided to the laboratories which have no, non-functional or monocular microscope.

Cebu Province has 4 trained Medical Technologists who carry out quality control (slide check) of microscopy service at the field laboratories. In addition the technicians in Cebu and Mandaue Cities were trained in quality control. Now all laboratories in the Project area are participating quality control of microscopy. The results is utilized for problem solving at the laboratories where false readings are high.

Reference Laboratory was inaugurated in August 1994. This is now functioning as a reference and training center for field laboratories in the Project. Three (3) Medical Technologists and one laboratory aid are working. Two Medical Technologists were already trained in Tuberculosis Bacteriology course in the Research Institute of Tuberculosis, Japan Anti-Tuberculosis

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Association and one will be undergoing the same course in this fall. Then the RL will be able to carry out full-fledged function. All technicians assigned to tuberculosis field laboratories underwent the 5 day course in tuberculosis microscopy. The senior technicians in the Province and Chartered Cities underwent the training in quality control. (see the table Seminar and Training conducted by the Project pages 22 and 23).

Culture technique has been developed. This can be used for quality control of field smear examination and possibly sensitivity test.

6. Operational Research

As mentioned in paragraph VIII, feasibility and effectiveness of the new NTP guidelines were tested in one city and one RHU.

Feasibility of DOTS is being tested now in the selected areas.

Since the infrastructure of tuberculosis services has been well established in the Project area, wider range of operational researches for solving the problems encountered in the field can be carried out.

7. Seminars

The details of seminars and training program are described in the table pages 22 and 23.

National Seminar on National Tuberculosis Control Policies and Strategies conducted October 21 to 23 1996 was a major undertaking for advocacy to introduce the new NTP policy to other parts of the Philippines. Participants were the government medical officers, doctors from NGOs, professional groups, private sectors and representatives of the league of local government units.

Seminar on the new NTP policy in cooperation with Cebu Medical Society will be held for the doctors treating tuberculosis in the Project area in May 1997.

8. Training (see pages 22 and 23)

Large effort was made for training of health workers involved in tuberculosis service at all levels before starting implementation of the new NTP guidelines as follows.

i. Laboratory technicians were trained in microscopy technique for 5 days

ii. The workers at supervisory level such as District and City Nurse Coordinators and Area Medical and Nurse Supervisors underwent 5 day-training including lecture, exercises and field practice. They served in turn as facilitators for the training for the workers at lower levels.

iii. Medical Officers, Public Health Nurses and Laboratory Technicians working at RHUs and City HCs underwent 3 day-training in procedure of the new NTP guidelines particularly management of the patients as activities of NTP.

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iv. Rural Health Midwives working at RHUs, City HCs and BHSs underwent 2 day-training in the procedure of the new NTP guidelines with particular emphasis on identification of symptomatics and clinical aspects to ensure compliance to treatment.

This training program will be a model for introduction of the new NTP guidelines into new areas and were conducted before introduction to the 1st, 2nd and 3rd ISAs.

A training was conducted to introduce DOTS for the workers including Barangay Health Workers (volunteer) in the selected areas

Chief of the District Hospitals underwent two days orientation training in the new NTP guidelines and defined the role of District Hospitals in implementation of NTP. Other staff will be trained in the new guidelines to cooperate with RHUs for effective implementation of NTP.

Staff of Philippine Tuberculosis Society Cebu Pavilion received 2 day-training in the new NTP guidelines.

9. Other activities

The Project staff together with their counterparts participated at the meetings with DOH TBCS staff and Medical Officer of WHO to finalize the new NTP policy statement, procedural guidelines and training module.

Chief Advisor participated as a facilitator at the training course for senior staff of DOH TBCS and Regional and Provincial Medical Coordinators in the selected areas for expansion of the new NTP guidelines. Chief advisor also participated the training course for introduction of the new NTP guidelines in Ilo-ilo City.

Chief advisor participated at the locally organized seminar on tuberculosis service.

B. *Accomplishment in relation to the 3 components of the JICA project type technical cooperation*

1. Dispatch of Experts (see pages 24 and 25)

As stated in the attached List of Japanese Experts, Dr Masashi Suchi Chief Advisor took his assignment from the beginning of the Project on the 1st September 1992 and Mr Yoshinori Terasaki Project Coordinator arrived in Cebu on the 10th of December the same year. Dr Shoichi Endo succeeded Dr Suchi arriving Cebu on the 7th July 1995 overlapping for two months with the latter who left the post on 31st August. This overlapping of 2 experts made the hand over easy without disturbing the Project activities.

A total of 34 assignments of 10 short term experts were made during the period of the Projects. The fields of the assignments were Tuberculosis Control, Sociology, Epidemiology, Laboratory Technology, Laboratory Network System and Logistics and Radiology. These activities contributed to efficient and effective management of the Project.

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2. Counterpart Training in Japan (see page 26)

As shown in the List of Counterpart Training in Japan, 6 medical officers underwent the course "Tuberculosis Control", 4 Laboratory Technicians "Laboratory Works for Tuberculosis" from the beginning of the Project up to 1996, and one medical officer is going to attend at the course "Tuberculosis Control Program Management", one medical officer "Tuberculosis Control" and one Laboratory Technician "Laboratory Works for Tuberculosis" in 1997. The medical officers are Regional and Provincial Medical Coordinators and Medical Officers from DOH Tuberculosis Control Service. All of them have stayed in their original position and contributed to good management of the Project. The 3 Laboratory Technicians who work at the Reference Laboratory have been playing important roles in development of the activities at the Laboratory such as quality control system of field microscopy, training program of the field technicians and culture facility. The other 2 technicians works mainly improvement of quality of field microscopy such as supervision and slide check.

3. Equipment (see pages 27 to 32)

Equipment was provided as shown in the List of Equipment. Most important item was microscopes of high quality which was essential for accurate diagnosis of infectious tuberculosis. All field laboratory without functional binocular microscope were provided with a Nikon binocular microscope before introduction of the new NTP guidelines. Laboratory sinks will be also provided for improvement of the field laboratories

Equipment which were needed for establishment of Reference Laboratory were provided as shown in the list provided in the Japanese Fiscal Year 1993.

Teaching equipment such as overhead projectors, projection panels, teaching microscopes, colored television and video, loud speakers etc were provided. Copiers were used for teaching materials for a large number of participants at the various training courses.

Vehicles including cars and motor bikes were also an important item which enabled supervision efficient.

C. Others

1. Technical Exchange Program

1.1 Thailand

The counterparts, 3 medical officers, accompanied by the Chief Advisor of the Project visited Thailand to attend the International Workshop on Tuberculosis and observe the activities of the JICA Community Health Project 2-10 February 1993.

1.2 Thailand

2 medical officers and 2 technicians accompanied by the staff of the JICA Community Health Project visited the Project 22-24 November 1994.

1.3 Nepal

One medical and one nurse coordinators and two laboratory technicians accompanied by Chief Advisor of the Project visited JICA Tuberculosis Control Project 18-26 February 1995

1.4 Nepal

One medical officer and one administrative officer accompanied by 2 JICA staff visited the Project 16-21 March 1996.

1.5 Cambodia

Two medical officers accompanied by a JICA staff visited the Project 8-12 September 1996.

The participants learned through this program the common and different constraints and problems in tuberculosis control between the countries they visited and their home country. This learning experience would be useful for planning and problem solving of their programs.

X. Outcome of the Project

Major emphasis was placed on the training of the workers who work at the health facilities of all levels such as province, cities, health centers, RHUs and BHSs in order to ensure all health workers follow the standard procedure of the new NTP guidelines. The number of the workers who have been trained up to now is 1,941.

For the effective management of NTP it is utmost important to carry out supervision of the services rendered at peripheral health facilities. The guidelines for supervision was developed and the regular supervisory visit by the coordinators together with the Project staff was institutionalized.

Major effort was made on capability building of the middle class managers such as District Nurse Coordinators in supervision of TB services at the periphery health facilities and training of the workers at lower echelon. Now, they can organize supervision, problem solving and training by themselves.

Since the new policy abolished the target for number of sputum specimens to be collected, the efficiency of sputum examination improved, for example the rate for sputum positive cases discovered per the symptomatics examined improved from 3 % before the introduction of the new NTP guidelines to higher than 10 % now. In addition the quality of the examination improved because

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of the training of the technicians and the conduct of quality control of the examination (systematic slide check).

Simple and systematic recording and reporting system was introduced. Identification and solving of service problems is now much easier. Regular submission of quarterly report was institutionalized. The performance of NTP services was evaluated quarterly. This improved the management of NTP.

Because of the above mentioned efforts, the cure rate has improved to nearly 83 %.

With the above mentioned achievements, DOH and WHO consider the Project as a model for other parts of the Philippines so they send trainees for internship in the Project. Meetings of senior staff at the Regional Office, Regional, Provincial and City Coordinators and Task Force as mentioned in the Page 4 have been institutionalized. The Project activities are now fully integrated into the health structure of DOH. This helps ensure sustainability of the program after the termination of the Project.

However, logistics of drug supply has not been well established except between Province and Cities and RHUs and HCs.

XI. Constraints

The following are the constraints in implementing the Project.

1. Lack of full-time TB coordinators at the regional and provincial TB coordinators

Provision of a full time tuberculosis coordinator at the Region, Province and Chartered City is badly needed for smooth implementation of the Project and to sustain the Project activities. However, since the health service system in the Philippines integrates many health activities, one staff of the offices has to cover several programs and the Project was not provided full time coordinators. To overcome difficulty caused by this constraint, the several meetings of the workers concerned are organized.

2. Lakc of commitment of some LGUs

Since the actual tuberculosis services are rendered at the health facilities which belong to LGU, commitment to support the Project from LGU is essential. However, it is difficult to obtain their full support. Main reason is the financial difficulty of the LGUs. The Project discussed with their executives whenever necessary and often succeeded in obtaining support particularly provision of microscopist.

3. Non-comliance to program policies by the private sector

The private sector like NGOs and private practitioners, is treating tuberculosis patients. However, their methods of diagnosis and treatment are not standardized and they do not have system to ensure treatment compliance. As a result, treatment outcome is not satisfactory which leads to

treatment failure. The Project is holding seminar for the medical professionals of the private sectors to request them to follow the national policy.

XII. Sustainability of the Project Activities

The following factors will ensure sustainability of the program in the project sites;

1. National Tuberculosis Program which the Projectis helping to enhance is integrated into the general health services of the peripheral health units and the Project does not provide special services.
2. Management system to ensure smooth implementation of services was also established. The project organized various meetings mentioned in paragraph V. Organization and Management of the Project. These groups will monitor and supervise the activities in the peripheral health units.
3. The Project provides only equipment, supplies and training as an initial investment for upgrading NTP to satisfactory level. Other logistical requirements such as drugs, laboratory supplies, etc. which are needed in running the program are provided by the Central and local governments.
4. Tuberculosis Control Service, DOH provides leadership such as technical guidance, monitoring and evaluation, identification and solutions of the field problems.

XIII. Conclusion and Recommendation

The new NTP being implemented in the Project Area reached satisfactory level and the Project accumulated experience and know-how in implementation of the new NTP. Thus, the Project is now capable to serve as a model of tuberculosis control program for other parts of the country and also to advise the Philippine Government for improvement of NTP.

Considering the weakness of the current National Tuberculosis Program in many parts of the country, the Group of Participants at the Evaluation strongly recommends the replication of this model in other provinces and cities. The Group agreed that the proposal made by the Philippine Government for further cooperation of the Japanese Government in the field of tuberculosis control now being processed, should be considered favorably.

The Group recommends that the Government utilize the Project experience and know-how in policy making, program planning, management of NTP and evaluation.

The counterparts particularly after termination of the Project should make further effort in order to improve tuberculosis service in the Project area as follows.

i. Logistics should be improved at the Regional Office and between the Regional Office and DOH Manila Office.

ii. There are several health units which performance is substandard. This should be improved through supervision with problem solving method

iii. Further effort should be made to obtain cooperation of other sectors than the public

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health service of the Government such as Government Hospitals, NGOs, professional groups and the Local Government Units.

iv. Effort should be made to implement DOTS in the whole areas of the Project so that higher cure rate be obtained.

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ROLES OF HEALTH WORKERS

1. TBCS Staff
   - 1.1 Participate in project planning, policy decisions and budgetary requirement preparation.
   - 1.2 Provide technical assistance during training.
   - 1.3 Serve as liaison with the local and international agencies
   - 1.4 Monitor the implementation of NTP
   - 1.5 Organize annual/semestral planning and assessment of the project.
   - 1.6 Ensure adequate supply of anti-TB drugs and other NTP supplies to all areas

2. Regional NTP Coordinators
   - 2.1 Coordinate all project-related activities in the region with the assistance of the Regional Director and TBCS project coordinator.
   - 2.2 Participate in the regional planning of activities and budget proposal for implementation of the project.
   - 2.3 Act as core of trainor.
   - 2.4 Organize semestral regional planning and evaluation.
   - 2.5 Monitor the implementation of NTP, and institute corrective or remedial measures to ensure the success of program implementation by assessing the following:
     - 2.5.1 Availability of drugs, NTP supplies, recording and reporting
     - 2.5.2 Quarterly case-finding and cohort analysis

3. Provincial/chartered city NTP coordinators (Medical, Nurse, MT)
   - 3.1 Coordinate all project-related activities in the province with the assistance of the Regional NTP coordinator and TBCS project coordinator.
   - 3.2 Organize provincial planning and evaluation activities.
   - 3.3 Monitor/supervise the implementation of NTP by assessing the following;
     - 3.3.1 Analyze all information from the submitted report like cohort analysis (e.g. cure rate, completed treatment, etc.)
     - 3.3.2 Smear-check system in all microscopy centers for quality control of sputum examinations.
     - 3.3.3 Availability of drugs, NTP supplies, recording and reporting forms.
   - 3.4 Maintain all records and reports coming from the rural health centers, prepare and submit quarterly, and annual reports to the IPHO/Office of the Govemor for transmittal to the regional health office.

T.M.

3.5 Act as core of trainors in conducting on-the-job training in NTP of newly designated or recruited personnel.

4. Medical Officer (Municipal Health Officer/Physician-in-charge)

4.1 Supervise all RHU and BHS health workers to ensure proper implementation of the NTP guidelines and policies such as:

a. identification and examination of TB cases

b. implementation of case holding mechanisms such as directly observed treatment SCC (DOTS)

c. maintenance, analysis and submission of quarterly report on new cases/relapses and quarterly cohort analysis.

d. referral of TB cases to other health facility.

e. requisition of NTP drugs and other supplies.

4.2 Decide on who among smear negative cases need x-ray examination.

4.3 Attend to all diagnosed TB cases for clinical assessment and decision on regimen and management of adverse reactions to the drugs.

4.4 Assist in the training of all categories of health workers involved in NTP.

4.5 Organize planning and evaluation of the NTP activities.

5. District Nurse Coordinators

5.1 Monitor NTP implementation in the RHU level with regards to case-finding, treatment and proper/updated recording

5.2 Ensure prompt submission of quarterly laboratory, case-finding and cohort report at the RHU level.

5.3 Assist the RHU staff to ensure that NTP logistics are adequate.

5.4 Plan with the Regional/Provincial TB Coordinators on NTP activities.

5.5 Act as facilitator during NTP training

5.6 Motivate the Local Government Executives (LGEs) together with the RHU staff to support the TB Control Program.

6. Public Health Nurse

6.1 Assist the medical officer in supervising all midwives in the proper implementation of the NTP guidelines/policies.

6.2 Maintain NTP records such as the NTP TB Register and submit Quarterly report on new cases and relapses and quarterly cohort analysis.

6.3 Conduct on-the-job training of new staff.

6.4 Handle requisition and distribution of drugs and other logistics

T.M.

6.5 Coordinate closely with the microscopist and other health workers

7. Rural Health Midwife

7.1 Identify TB suspect and send required number of sputum specimens with laboratory request to microscopy center. In far flung areas, the properly trained midwife may do smearing, fixing of the sputum collected before transporting to the microscopy centers.

7.2 Refer all diagnosed TB cases to the Medical Officer/PHN for clinical evaluation and initiation of treatment.

7.3 Implement good case holding by adapting DOTS.

7.4 Supervise the BHWs to ensure proper implementation of DOTS.

7.5 Maintain records such as Treatment card and TB Symptomatics Masterlist

7.6 Provide continuous health education to all TB patients placed under treatment and community for participation in the NTP.

7.7 Refer patient with adverse reactions to the drugs to the medical officer for further evaluation and management.

7.8 Monitor sputum follow-up of all TB cases during the course of treatment.

8. Medical technologist or NTP microscopist

8.1 Do sputum microscopy for diagnosis and follow-up of all cases placed under treatment.

8.2 Submit laboratory results to the MHO/PHN as soon as possible.

8.3 Maintain and update the NTP Laboratory Register and submit the required report, Quarterly Laboratory Report on Sputum Examination.

8.4 Submit slides quarterly to the provincial validation center for smear check system for quality control of all sputum examination (100% smear (+) and 20% of smear(-).

9. Barangay Health Worker

9.1 Refer TB suspects to BHS.

9.2 Implement DOTS within the catchment areas.

9.3 Follow-up defaulters as soon as possible.

9.4 Refer patients with adverse reactions to the health worker.

9.5 Maintain the identification card on individual patient placed on DOTS.

9.6 Provide education on TB to patient, his family and community.

T.M.

Accomplishment of the Project in Case-finding and Treatment, 1994-1996

	1994	1995	1996	Total
Pop. covered	217,753	1,041,030	2,948,458	2,948,458
No. of RHUs	1	27	62	62
No. of HCs	28	50	158	158
No. of Sx Examined	1,129	3,344	11,840	16,313
Positive rate	9.4%	12.5%	17.1%	14.6%
With 3 sputum collection	83.3%	82.0%	92.2%	89.5%
Total TB cases	326	979	3,907	5,212
No. of sputum (+) initiated treatment	102	417	1,850	2,369
New	97	409	1,760	2,266
Relapse	5	8	90	103
% sputum (+) to total TB cases	31.3%	42.6%	47.4%	45.5%
Cure rate of new smear (+)	79.4%	77.0%	*83.4%	79.4%
Completion rate of new smear (-)	82.8%	86.4%	*87.7%	85.8%

Note:
1994 - Field test area (from June)
1995 - 1st ISA (4th qtr.)
1996 - 2nd ISA (March- December)
3rd ISA (4th qtr.)
*1st quarter '96 (6 districts & 1 city only)

T.M.

Input to the Project

DOH

Drug

Laboratory Supplies

Service of staff

LGU

Some Laboratory Supplies

Service of workers at the Health Facility

JICA

Experts (see pages 24 and 25)	
Counterpart Training in Japan (see page 26)	
Equipment (see pages 27 to 32)	29,815,000 pesos
Local cost including training and other incidental expenses	9,167,000 pesos
Construction of Reference Laboratory	6,258,000 pesos

T. M.

Date of Training	Title	Duration (in days)	No. of participants	Category of Participants
April 22-26, 1996 May 6 - 10, 1996 May 22-24, 1996	Refresher Training Course on Laboratory Works	5 5 3	14 10 3	Untrained MT of Cebu City & 3rd ISAs 3rd ISAs Untrained MT of Mandaue City
May 27 - 31, 1996	Orientation Training of the New NTP Guideli Supervisory level	5	17	DNC, City TB Coordinators of the 3rd ISAs
June 26-28 ; July 2-4; July 9-11; 16-8, 1996	RHU level (4 batches)	3	135	MHO, PHN, MT, MO of Toledo City & Health Personnels of St. Paul Clinic Alegria, Cebu and Camp Lapu-Lapu
Aug. 6-7 ; 8-9 ; 21-23 Aug. 27 - 28, 1996	BHS Level (5 Batches)	2	319	RHM, Sputum Canvassers, Nursing Aide of Toledo City and the 3rd ISAs Nurses in Cebu TB Pavilon
Oct. 21 - 23, 1996	Nat'l Seminar on Nat'l TB Control Policy and Strategy	3	74	Health Personnels from DOH, Province, and NGOs; Government Officials
Oct 28-30; Nov. 8, 1996 Nov. 8, 1996	DOTS Orientation	0.5	251	RHMs, BHWs, PHNs, MHOs of Cebu, Mandaue and Danao City, Dumanjug, Bogo, Oslob, Borbon, Badian, Liloan
Nov. 20-21, 1996 Dec. 26-27, 1996 Jan 9-10, 1997	Training on Quality Control	2	4	MT of Mandaue, Lapu-lapu and Cebu City
Dec. 18 - 19, 1996	Orientation Training of the New NTP Guidelines of Cebu TB Pavilion Staff	2	11	Doctors, Nurses, MT
Jan. 27 - 31, 1997	Basic Training Course on Direct Smear Examination	5	7	MHO, RHM, PHN, MT of Daanbantayan I & II; Sta. Fe., Talisay III, Pilar, San Francisco District Hosp., Pilar, Cordova
March 18 - 19, 1997	Dist. Chiefs' Training on the New NTP Guidelines	2	17	Chiefs' of District Hospitals
March 21, 1997	Workshop on DOTS	1	47	MO, PHN, RHM, BHWs
TOTAL NO. OF HEALTH PERSONNEL TRAINED			1,941	

T.M.

Seminars and Trainings Conducted by the Project
1993 to Present

Date of Training	Title	Duration (in days)	No. of participants	Category of Participants
March 9-11,1993	Seminar on Tuberculosis Control	3	65	Municipal/City Medical Officers PHNs & MT
Sept. 16-17, 1993	Seminar on Clinical Aspects on TB COntrol	2	51	Municipal/City Medical Officers District Hospitals MD, DOH-IRFO 7 Medical Specialists
Sept. 20-21,1993	Seminar on TB Case Management and Approachto the Community	2	49	PHNs
December 23, 1993	Orientation on Proper Use and Care of Microscope	1	12	Med. Techs. and end users of Donated Microscope
Feb. 21-23, 1994	Seminar Workshop on Supervision/ Monitoring Skills and New NTP Guidelines	3	25	DSPHNs, Provincial Coordinator, Regional/Provincial/City NTP Coordinators/MT Cebu IPHO
May 2-7, 1994	Orientation Workshop of the New NTP Guidelines (3 Batches)	2	86	Dalaguete RHU I & Mandaue CHO Personnel
Aug. 29-Sept. 2; 12-16; Sept. 12-16; 26-30; Oct. 10-14, 1994	Refresher Training Course on Lab. Works (4 Batches)	5	32	MT in the RHU/City/District Hospitals of the ISAs
January 24 - 26, 1995	Workshop for the Finalization and Expansion of NTP Guidelines	3	23	MHO, MO, MS, PHN, DNC, RHM, MT of the field test areas, 1st ISAs, RFO 7, and PHO
April 24-28,1995	Seminar Workshop of the New NTP Guidelines Supervisory level	5	16	Provincial/District Nurse Supervisors and City TB Coordinators
June 14-16 ; 21-23 ; June 28-30, July 5-7, 1995	RHU Level (4 Batches)	3	129	MHO, District Hosp./City Medical Officers, PHNs, and MT in the ISAs
Aug. 28-31, 1995 Sept. 4-5, 1995	BHS Level (3 batches)	2	263	Rural Health Midwives & Sputum Canvassers
June 28-30, 1995	Workshop on Quality Control	3	5	Prov. MT & Provincial TB Medical Coordinator
July 10-14, 1995	Refresher Course on Laboratory Works	5	10	MT of Cebu City & Danao City
Nov. 13-17, 1995	Orientation Training of the New NTP Guidelines Supervisory level	5	18	Med. Officers and Nurse Supervisors of the Cities of Cebu and Danao
Nov. 27-29 ; Dec. 4-5 ; Dec. 11-13, 1995	Health Center level (3 batches)	3	128	Medical Officers, PHNs, MT of Cebu City & Danao City
Jan. 8-10 ; 15-17, 1995	BHS Level (2 Batches)	3	120	Rural Health Midwives of Danao City and Cebu City

T.M.

List of Japanese Experts

(Long term experts)

Name	Field	Duration
1. Dr. Masashi SUCHI	Chief Adviser	Sept. 1, 1992 - Aug. 31, 1995
2. Mr. Yoshinori TERASAKI	Project Coordinator	Dec. 10, 1992 - Aug. 31, 1997
3. Dr. Shoichi ENDO	Chief Adviser	July 6, 1995 - Aug. 31, 1997

(Short term experts)

Name	Field	Duration
1. Dr. Nobukatsu ISHIKAWA	Tuberculosis Conrtrol	March 4 - March 12, 1993
2. Ms. Shigemi TOKESHI	Sociology	May 21 - June 20, 1993
3. Dr. Toru MORI	Epidemiology	June 13 - June 20, 1993
4. Ms. Shigemi TOKESHI	Sociology	July 15 - Aug. 18, 1993
5. Ms. Akiko FUJIKI	Laboratory Technology	Sept. 8 - Sept. 25, 1993
6. Dr. Masakazu AOKI	Tuberculosis Control	Sept. 15 - Sept. 19, 1993
7. Dr. Nobukatsu ISHIKAWA	Tuberculosis Control	Sept. 15 - Sept. 23, 1993
8. Dr. Toru MORI	Epidemiology	Nov. 7 - Nov. 14, 1993
9. Dr. Shoichi ENDO	Tuberculosis Control	Feb. 16 - Feb. 27, 1994
10. Dr. Akihiro SEITA	Laboratory Network System and Logistics	April 24 - May 7, 1994
11. Ms. Akiko FUJIKI	Laboratory Technology	April 24 - May 21, 1994
12. Dr. Toru MORI	Epidemiology	June 21 - June 29, 1994
13. Mr. Seikou NAKAOJI	Radiology	July 13 - July 27, 1994
14. Ms. Akiko FUJIKI	Laboratory Technology	Aug. 14 - Sept. 3, 1994
15. Dr. Norio YAMADA	Tuberculosis Control	Jan. 18 - Jan. 30, 1995
16. Dr. Shoichi ENDO	Tuberculosis Control	April 19 - April 30, 1995
17. Ms. Akiko FUJIKI	Laboratory Technology	April 23 - May 13, 1995
18. Ms. Akiko FUJIKI	Laboratory Technology	June 22 - July 13, 1995
19. Mr. Seikou NAKAOJI	Radiology	July 12 - July 19, 1995
20. Dr. Toru MORI	Epidemiology	Aug. 9 - Aug. 17, 1995
21. Dr. Masashi SUCHI	Tuberculosis Control	Nov. 2 - Nov. 30, 1995
22. Dr. Masashi SUCHI	Tuberculosis Control	Feb. 14 - March 14, 1996

T.M.

List of Japanese Experts

Name	Field	Duration
23. Ms. Akiko FUJIKI	Laboratory Technology	April 14 - May 3, 1996
24. Dr. Masashi SUCHI	Tuberculosis Control	May 29 - June 25, 1996
25. Dr. Toru MORI	Epidemiology	June 17 - June 25, 1996
26. Ms. Akiko FUJIKI	Laboratory Technology	Sept. 1 - Sept. 27, 1996
27. Dr. Masashi SUCHI	Tuberculosis Control	Sept. 4 - Sept. 15, 1996
28. Dr. Masashi SUCHI	Tuberculosis Control	Oct. 13 - Oct. 24, 1996
29. Dr. Masakazu AOKI	Tuberculosis Control	Oct. 20 - Oct. 23, 1996
30. Mr. Seikou NAKAOJI	Radiology	Nov. 6 - Nov. 13, 1996
31. Dr. Masashi SUCHI	Tuberculosis Control	Feb. 13 - March 9, 1997
32. Dr. Masashi SUCHI	Tuberculosis Control	April 13 - May 11, 1997
33. Dr. Masakazu AOKI	Tuberculosis Control	May 7 - May 11, 1997
34. Ms. Akiko FUJIKI	Laboratory Technology	May 11 - June 4, 1997

The List of Counter Part Training in Japan

	Name	Training	Duration	Present Post
1.	Dr. Elaine TELERON	Tuberculosis Control	July 11 to October 10, 1992	DOH-RFO 7
2.	Dr. Nora CRUZ	Tuberculosis Control	July 11 to October 10, 1992	TBCS, Manila
3.	Dr. Vivian LOFRANCO	Tuberculosis Control	July 14 to October 17, 1993	TBCS, Manila
4.	Mr. Benny LOBERIZA	Laboratory Works for TB	September 27, 1993 to February 11, 1994	Reference Laboratory
5.	Dr. Lucia FLORENDO	Tuberculosis Control	June 23 to October 23, 1994	DOH-RFO 7
6.	Ms. Yolanda GARCES	Laboratory Works for TB	October 3, 1994 to February 18, 1995	Cebu PHO
7.	Dr. Enrique SANCHO	Tuberculosis Control	June 16 to October 22, 1995	Cebu Chest Center
8.	Ms. Joji Ann FANLO	Laboratory Works for TB	October 2, 1995 to February 18, 1996	Reference Laboratory
9.	Dr. Cristina GIANGO	Tuberculosis Control	June 17 to October 20, 1996	Cebu PHO
10.	Ms. Ma. Dorotea BACALSO	Laboratory Works for TB	September 30, 1996 to February 16, 1997	Cebu City Health Office
11.	Dr. Elaine TELERON	TB Control Program Management	Fiscal Year 1997	DOH-RFO 7
12.	Dr. Rosalind VIANZON	Tuberculosis Control	Fiscal Year 1997	TBCS, Manila
13.	Ms. Lucy AGUIMAN	Laboratory Works for TB	Fiscal Year 1997	Reference Laboratory

T.M.

List of Equipment Provided by JICA

Japanese Fiscal Year 1992

Name of Equipment	Quantity	Allocation
Computer & Laser Printer	4 sets	JICA Project Office, DOH-RFO 7, Cebu PHO & TBCS, Manila
Softwares	1 set	JICA Project Office
Micrsocopes	33 sets	Reference Laboratory (11 sets) RHUs (16 sets)
Teaching Microscopes	2 sets	Reference Laboratory
Copier with sorter	1 set	DOH-RFO 7 RHTC
OHP Portable & Portable Scree	5 units	5 Districts (1st ISA)
Projection Panel	1 unit	DOH-RFO 7 RHTC
OHP Desk top	1 unit	Reference Laboratory
Colored TV & video	2 sets	JICA Project Office & DOH-RFO 7 RHTC
Loud Speaker	5 sets	5 Districts (1st ISA)
Motorcycle with Side-car	2 units	Cities of Mandaue & Lapu-lapu
Generator	1 unit	JICA Project Office
Vehicles (Pajero)	2 units	JICA Project Office, DOH-RFO 7

T. M.

List of Equipment Provided by JICA

Japanese Fiscal Year 1993

Name of Equipment	Quantity	Allocation
Incinerator	1 unit	Reference Laboratory
Clean bench	2 units	Reference Laboratory
Distiller	1 unit	Reference Laboratory
Refrigerator	1 unit	Reference Laboratory
Deep Freezer	1 unit	Reference Laboratory
Refrigerator for chemicals	1 unit	Reference Laboratory
Pipette washer	1 unit	Reference Laboratory
Dryer for glassware	1unit	Reference Laboratory
Autoclave	2 units	Reference Laboratory
Hot air oven	1 unit	Reference Laboratory
Incubator	2 units	Reference Laboratory
Coagulator	1 unit	Reference Laboratory
Centrifuge	1 unit	Reference Laboratory
Safety cabinet for chemicals	1 unit	Reference Laboratory
Cabinet for glassware	2 units	Reference Laboratory
Electronic chemical balance	1 unit	Reference Laboratory
Cover for balance	1 unit	Reference Laboratory
Chemical balance	1 unit	Reference Laboratory
Water bath	1 unit	Reference Laboratory
Glassware & Instruments		Reference Laboratory
Experimentation tables & chairs		Reference Laboratory
X-ray Machine with Accessories	1 unit	Cebu Chest Center

T.M.

Name of Equipment	Quantity	Allocation
Books		DOH-RFO 7 RHTC
Vehicle (Microbus) with Spare parts Forwarding charges, Ocean freight, Insurance, etc.	2 units	DOH-RFO 7 & Cebu PHO
Computer & Printer	2 units	Reference Laboratory, DOH-RFO 7 RHTC
Audio-video set	1 set	Reference Laboratory
Copier with sorter	1 unit	TBCS, Manila
Motorcycle	6 units	6 Districts (1st ISA)

List of Equipment Provided by JICA

Japanese Fiscal Year 1994

Name of Equipment	Quantity	Allocation
Microscope	16 units	RHUs
Copier with sorter	1 unit	Cebu PHO
OHP desk top & screen	1 set	Cebu PHO
Sound system	1 unit	Cebu PHO
Slide Projector	1 unit	Cebu PHO
Printing Machines	5 units	TBCS Manila, DOH-RFO 7, Cebu PHO & Cities of Mandaue & Lapu-lapu
Portable sound system	50 units	RHUs
Motorcycle	6 units	Cebu City (5 units) Danao City (1 unit)

T.M.

List of Equipment Provided by JICA

Japanese Fiscal Year 1995

Name of Equipment	Quantity	Allocation
Computer with Printer UPS	1 set	Cebu City
Copier with Sorter Paper Feed Cabinet	1 set	Cebu City
OHP Portable & Screen	12 units	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
Slide Projector	1 unit	Cebu City Health Office
Loud Speaker	12 units	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
Motorcycle with	10 units	3rd ISA
Carrier	10 units	3rd ISA
Safety Helmet	10 units	3rd ISA
Muffler	10 units	Stock
Printing Machine with	3 units	Danao, Toledo & Cebu Cities
Master	24 rls	
Ink	48 tubes	
Thermal Print Head	3 units	
Color drum	8 units	DOH-RFO 7, TBCS, Manila Cebu PHO, Cities of Mandaue, Lapu-lapu, Danao, Toledo & Cebu
Portable sound system	30 units	RHUs

T.M.

List of Equipment Provided by JICA

Japanese Fiscal Year 1996

Name of Equipment	Quantity	Allocation
Binocular Microscope	10 units	RHUs
Flourescent Micrsocope	2 units	Reference Laboratory
Teaching Microscope	1 unit	Reference Laboratory
Laboratory sink	30 units	RHUs
Staining rod	120 pcs	RHUs
Slide rack	180 pcs	RHUs
Water tank	60 units	RHUs
Motorcycle with:	5 units	RHUs
Safety helmet	5 units	RHUs
Rear Carrier	5 units	RHUs
Muffler	5 units	Stock
Motorcycle with:	1 unit	Dalaguete RHUs
Safety helmet	1 unit	Dalaguete RHUs
Muffler	1 unit	Stock
Multicab	1 unit	Lapu-lapu District
Vehicle 4x4	1 unit	Cebu City Health Office
Electronic white board with	2 units	Reference Laboratory,
Thermal paper	1 rl	TBCS, Manila

2 付表１～５

付表 1

Seminars and Trainings Conducted by the Project

Date of Training	Title	Duration (in days)	No. of participants	Category of Participants
Mar. 9-11,1993	Seminar on Tuberculosis Control	3	65	Municipal/City Medical Officers PHNs & MT
Sept. 16-17, 1993	Seminar on Clinical Aspects on TB Control	2	51	Municipal/City Medical Officers District Hospitals MD, DOH-RFO 7 Medical Specialists
Sept. 20-21,1993	Seminar on TB Case Management and Approach to the Community	2	49	PHNs
Dec. 23, 1993	Orientation on Proper Use and Care of Microscope	1	12	Med. Techs. and end users of Donated Microscope
Feb. 21-23, 1994	Seminar Workshop on Supervision/ Monitoring Skills and New NTP Guidelines	3	25	DSPHNs, Provincial Coordinator, Regional/ Provincial/ City NTP Coordinators/ MT Cebu PHO
May 2-7, 1994	Orientation Workshop of the New NTP Guidelines (3 Batches)	2	86	Dalaguete RHU I & Mandaue CHO Personnel
Aug. 29-Sept. 2; 12-16; Sept. 12-16; 26-30; Oct. 10-14, 1994	Refresher Training Course on Laboratory Works (4 Batches)	5	32	MT in the RHU/City/District Hospitals of the ISAs
Jan. 24 - 26, 1995	Workshop for the Finalization and Expansion of NTP Guidelines	3	23	MHO, MO, MS, PHN, DNC, RHM, MT of the field test areas, 1st ISAs, RFO 7, and PHO
Apr. 24-28,1995	Seminar Workshop of the New NTP Guidelines Supervisory level	5	16	Provincial/District Nurse Supervisors and City TB Coordinators
June 14-16 ; 21-23 ; June 28-30; July 5-7, 1995	RHU Level (4 Batches)	3	129	MHO, District Hospital/City Medical Officers, PHNs, and MT in the ISAs
Aug. 28-31, 1995 Sept. 4-5, 1995	BHS Level(3 batches)	2	263	Rural Health Midwives & Sputum Canvassers
June 28-30, 1995	Workshop on Quality Control	3	5	Provincial MT & Provincial TB Medical Coordinator
July 10-14, 1995	Refresher Course on Laboratory Works	5	10	MT of Cebu City & Danao City
Nov. 13-17, 1995	Orientation Training of the New NTP Guidelines Supervisory level	5	18	Med. Officers and Nurse Supervisors of the Cities of Cebu and Danao
Nov. 27-29 ; Dec. 4-5 ; Dec. 11-13, 1995	Health Center level (3 batches)	3	128	Medical Officers, PHNs, MT of Cebu City & Danao City
Jan. 8-10 ; 15-17, 1996	BHS Level (2 Batches)	3	120	Rural Health Midwives of Danao City and Cebu City
Apr. 22-26, 1996	Refresher Training Course on Laboratory Works	5	14	Untrained MT of Cebu City & 3rd ISAs
May 6 - 10, 1996		5	10	3rd ISAs
May 22-24, 1996		3	3	Untrained MT of Mandaue City

Date of Training	Title	Duration (in days)	No. of participants	Category of Participants
May 27 - 31, 1996	Orientation Training of the New NTP Guidelines Supervisory level	5	17	DNC, City TB Coordinators of the 3rd ISAs
June 26-28 ; July 2-4; July 9-11; 16-8, 1996	RHU level (4 batches)	3	135	MHO, PHN, MT, MO of Toledo City & Health Personnels of St. Paul Clinic Alegria, Cebu and Camp Lapu-Lapu
Aug. 6-7 ; 8-9 ; 21-23 Aug. 27 - 28, 1996	BHS Level (5 Batches)	2	319	RHM, Sputum Canvassers, Nursing Aide of Toledo City and the 3rd ISAs Nurses in Cebu TB Pavilion
Oct. 21 - 23, 1996	National Seminar on National TB Control Policy and Strategy	3	74	Health Personnels from DOH, Province, and NGOs; Government Officials
Oct. 28-30; Nov. 8, 1996 Nov. 8, 1996	DOTS Orientation	0.5	251	RHMs, BHWs, PHNs, MHOs of Cebu, Mandaue and Danao City, Dumanjug, Bogo, Oslob, Borbon, Badian, Liloan
Nov. 20-21, 1996 Dec. 26-27, 1996 Jan 9-10, 1997	Training on Quality Control	2	4	MT of Mandaue, Lapu-lapu and Cebu City
Dec. 18 - 19, 1996	Orientation Training of the New NTP Guidelines of Cebu TB Pavilion Staff	2	11	Doctors, Nurses, MT
Jan. 27 - 31, 1997	Basic Training Course on Direct Smear Examination	5	7	MHO, RHM, PHN, MT of Daanbantayan I & II; Sta. Fe., Talisay III, Pilar, San Francisco District Hospital., Pilar, Cordova
Mar. 18 - 19, 1997	District. Chiefs' Training on the New NTP Guidelines	2	17	Chiefs' of District Hospitals
Mar. 21, 1997	Workshop on DOTS	1	47	MO, PHN, RHM, BHWs
May 10, 1997	Workshop on Hot Issues in TB Control	0.5	35	Private Mds, MHOs, MOs
June 16, 1997	Facilitator's Briefing on DOTS	0.5	27	DNCs, Nurse Supervisor's and MO
June 18-19;24-26, July 1-3, 1997	DOTS Orientation Workshop(12RHUs; 3 Cities)	1	618	PHNs, MHO/MO, RHMs, BHWs/BNS
July 8-10;15-18. 1997	Refresher Course, New NTP Guidelines	1	284	MHOs/MO, PHNs, MTs
Aug. 4-8;12-15;19-22;25-29, 1997	DOTS Orientation Workshop (44 RHUs; 1 City)	1	1,248	MHOs, PHNs, RHMs, BHWs
Aug. 11-13;18, 1997	District Hospitals' Orientation Training of the New NTP Guidelines	1	167	MO, Resident Physicians & Nurses
TOTAL NO. OF HEALTH PERSONNEL TRAINED			4,320	

付表2

List of Japanese Experts

(Long term experts)

Duration	Name	Field
Sept. 1, 1992 - Aug. 31, 1995	Dr. Masashi SUCHI	Chief Adviser
Dec. 10, 1992 - Aug. 31, 1997	Mr. Yoshinori TERASAKI	Project Coordinator
July 6, 1995 - Aug. 31, 1997	Dr. Shoichi ENDO	Chief Adviser

(Short term experts)

Fiscal Year	Duration	Name	Field
1992	Mar. 4 - Mar. 12, 1993	Dr. Nobukatsu ISHIKAWA	Tuberculosis Control
1993	May 21 - June 20, 1993	Ms. Shigemi TOKESHI	Sociology
	June 13 - June 20, 1993	Dr. Toru MORI	Epidemiology
	July 15 - Aug. 18, 1993	Ms. Shigemi TOKESHI	Sociology
	Sept. 8 - Sept. 25, 1993	Ms. Akiko FUJIKI	Laboratory Technology
	Sept. 15 - Sept. 19, 1993	Dr. Masakazu AOKI	Tuberculosis Control
	Sept. 15 - Sept. 23, 1993	Dr. Nobukatsu ISHIKAWA	Tuberculosis Control
	Nov. 7 - Nov. 14, 1993	Dr. Toru MORI	Epidemiology
	Feb. 16 - Feb. 27, 1994	Dr. Shoichi ENDO	Tuberculosis Control
1994	Apr. 24 - May 7, 1994	Dr. Akihiro SEITA	Laboratory Network System and Logistics
	Apr. 24 - May 21, 1994	Ms. Akiko FUJIKI	Laboratory Technology
	June 21 - June 29, 1994	Dr. Toru MORI	Epidemiology
	July 13 - July 27, 1994	Mr. Seikou NAKAOJI	Radiology
	Aug. 14 - Sept. 3, 1994	Ms. Akiko FUJIKI	Laboratory Technology
	Jan. 18 - Jan. 30, 1995	Dr. Norio YAMADA	Tuberculosis Control
1995	Apr. 19 - Apr. 30, 1995	Dr. Shoichi ENDO	Tuberculosis Control
	Apr. 23 - May 13, 1995	Ms. Akiko FUJIKI	Laboratory Technology
	June 22 - July 13, 1995	Ms. Akiko FUJIKI	Laboratory Technology
	July 12 - July 19, 1995	Mr. Seikou NAKAOJI	Radiology
	Aug. 9 - Aug. 17, 1995	Dr. Toru MORI	Epidemiology
	Nov. 2 - Nov. 30, 1995	Dr. Masashi SUCHI	Tuberculosis Control
	Feb. 14 - Mar. 14, 1996	Dr. Masashi SUCHI	Tuberculosis Control

Fiscal Year	Duration	Name	Field
1996	Apr. 14 - May 3, 1996	Ms. Akiko FUJIKI	Laboratory Technology
	May 29 - June 25, 1996	Dr. Masashi SUCHI	Tuberculosis Control
	June 17 - June 25, 1996	Dr. Toru MORI	Epidemiology
	Sept. 1 - Sept. 27, 1996	Ms. Akiko FUJIKI	Laboratory Technology
	Sept. 4 - Sept. 15, 1996	Dr. Masashi SUCHI	Tuberculosis Control
	Oct. 13 - Oct. 24, 1996	Dr. Masashi SUCHI	Tuberculosis Control
	Oct. 20 - Oct. 23, 1996	Dr. Masakazu AOKI	Tuberculosis Control
	Nov. 6 - Nov. 13, 1996	Mr. Seikou NAKAOJI	Radiology
	Feb. 13 - Mar. 9, 1997	Dr. Masashi SUCHI	Tuberculosis Control
1997	Apr. 13 - May 11, 1997	Dr. Masashi SUCHI	Tuberculosis Control
	May 7 - May 11, 1997	Dr. Masakazu AOKI	Tuberculosis Control
	May 11 - June 4, 1997	Ms. Akiko FUJIKI	Laboratory Technology
	July 30 - Aug. 23, 1997	Ms. Akiko FUJIKI	Laboratory Technology

付表 3

List of Counterpart Training in Japan

Fiscal Year	Duration	Name	Training Course
1992	July 11, 1992 - Oct. 10, 1992	Dr. Elaine Teleron (Medical Specialist II, RFO-7)	Tuberculosis Control II
		Dr. Nora Cruz (Medical Specialist III, Training Officer, TBCS)	Tuberculosis Control II
1993	June 14, 1993 - Oct. 17, 1993	Dr. Vivian Lofranco (Epidemiologist, MS IV, TBCS)	Tuberculosis Control II
	Sept. 27, 1993 - Feb. 13, 1994	Mr. Benny Loberiza (Medical Technician, Cebu Chest Center Reference Laboratory)	Laboratory Works for Tuberculosis
1994	June 23, 1994 - Oct. 23, 1994	Dr. Lucia Florendo (Medical Specialist IV, Provincial Coordinator)	Tuberculosis Control II
	Oct. 3, 1994 - Feb. 1995	Ms. Yolanda Garces (Medical Technologist, Cebu PHO)	Laboratory Works for Tuberculosis
1995	June 16, 1995 - Oct. 17, 1995	Dr. Enrique Sancho (Medical Specialist II, Chief, Cebu Chest Center)	Tuberculosis Control II
	Oct. 2, 1995 - Feb. 18, 1996	Ms. Joji Ann Fanlo (Medical Technologist, Cebu Chest Center Reference Laboratory)	Tuberculosis Control Laboratory Services
1996	June 17, 1996 - Oct. 20, 1996	Dr. Cristina Giango (Medical Specialist II, Cebu PHO)	Tuberculosis Control II
	Sept. 30, 1996 - Feb. 16, 1997	Ms. Maria Dorotea Bacalso (Senior Medical Technologist, Cebu CHO)	Tuberculosis Control Laboratory Services
1997	May 5, 1997 - June 22, 1997	Dr. Elaine Teleron (Medical Specialist II, RFO-7)	National Tuberculosis Program Management
	June 16, 1997 - Oct. 19, 1997	Dr. Rosalind Vianzon (Medical Specialist II, Training Officer, TBCS)	Tuberculosis Control II
	Sept. 29, 1997 - Feb. 15, 1998	Ms. Lucy B. Aguiman (Medical Technologist, Cebu Chest Center Reference Laboratory)	Tuberculosis Control Laboratory Services

付表 4

List of Equipment Provided by JICA

Fiscal Year	Item	Quantity	Allocation
1991	1. Computer & Laser printer	4	Project Office, TBCS Manila, DOH-RFO 7, Cebu PHO
	2. Software	1 set	JICA Project Office
	3. Microscope	33	11 sets: Ref.Lab. 16: RHUs, 6: 2nd ISAs
	4. Teaching microscope	2	Reference Laboratory
	5. Copier with sorter	1	DOH-RFO 7, RHTC
	6. OHP Portable & screen	5	5 districts (1st ISAs)
	7. Projection Panel	1	DOH-RFO 7, RHTC
	8. OHP desk top	1	Reference Laboratory
	9. Colored TV	2	JICA Project Office, DOH-RFO 7 RHTC
	10. Loud-speaker	5	5 districts (1st ISAs)
	11. Motorcycles with side car	2	Cities of Mandaue & Lapu-Lapu
	12. Generator	1	Project Office
	13. Vehicles (Pajero)	2	Project Office, DOH-RFO 7
1992	1. X-ray machine system	1	Cebu Chest Center
	2. Computer & Printer	2	Reference Laboratory DOH-RFO 7 RHTC
	3. Audio-video set	1	Reference Laboratory
	4. Copier with sorter	1	TBCS, Manila
	5. Books	1 set	DOH-RFO 7 RHTC
	6. Vehicles (Microbus) for supervision	2	DOH-RFO 7, Cebu PHO
	7. Motorcycle	6	6 Districts (1st ISAs)
1993	1. Incinerator	1	Reference Laboratory
	2. Clean bench	1	
	3. Distiller	2	
	4. Refrigerator	1	
	5. Deep freezer	1	
	6. Refrigerator with chemicals	1	
	7. Pipette washer	1	
	8. Dryer for glassware	1	
	9. Autoclave	2	

Fiscal Year	Item	Quantity	Allocation
1993	10. Hot Air Oven	2	
	11. Incubator	2	
	12. Coagulator	2	Reference Laboratory
	13. Centrifuge	1	
	14. Safety cabinet for chemicals	1	
	15. Cabinet for glass-ware	2	
	16. Electronic chemical balance	1	
	17. Cover for balance	1	
	18. Chemical balance	2	
	19. Water bath	1	
	20. Glass-wares	1 set	
	21. Miscellaneous instruments	1 set	
	22. Laboratory tables and chairs	1 set	
1994	1. Microscopes	16	RHUs
	2. Copier with sorter	1	Cebu PHO
	3. OHP (desk top) & screen	1	Cebu PHO
	4. Sound system	1	Cebu PHO
	5. Slide projector	1	Cebu PHO
	6. Printing machines	5	TBCS, DOH-RFO 7, Cebu PHO, Mandaue & Lapu-Lapu cities
	7. Portable sound system	50	RHUs
	8. Motorcycles	6	2nd ISAs (5: Cebu City, 1: Danao City)
1995	1. Computer with Printer, UPS	1	Cebu City
	2. Copier with Sorter Paper Feed Cabinet	1	Cebu City
	3. OHP Portable & Screen	12	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
	4. Slide Projector	1	Cebu City Health Office
	5. Loud Speaker	12	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
	6. Motorcycle	10	3rd ISA
	7. Printing Machine	3	Danao, Toledo & Cebu Cities
	8. Color drum	8	DOH-RFO 7, TBCS, Manila Cebu PHO, Cities of Mandaue, Lapu-lapu, Danao, Toledo & Cebu
	9. Portable sound system	30	RHUs

Fiscal Year	Item	Quantity	Allocation
1996	1. Binocular Microscope	10	RHUs
	2. Fluorescent Microscope	2	Reference Laboratory
	3. Teaching Microscope	1	Reference Laboratory
	4. Laboratory sink	30	RHUs
	5. Staining rod	120	RHUs
	6. Slide rack	180	RHUs
	7. Water tank	60	RHUs
	8. Motorcycle	6	RHUs
	9. Multicab	1	Lapu-lapu District
	10. Vehicle 4x4	1	Cebu City Health Office
	11. Electronic white board	2	Reference Laboratory, TBCS, Manila
1997	Microscope	18	RHUs

Technical Exchange Program

Duration	Participants	Project
Feb. 2 -10, 1993	3 Counterparts (medical officers), 1 Japanese Expert(Chief Advisor)	Community Health Project in Thailand
Feb. 18-26, 1995	4 Counterparts (1 medical and 1 nurse coordinators, 2 Laboratory technicians), 1 Japanese Expert(Chief Advisor)	Tuberculosis Control Project in Nepal

(visit from other projects)

Duration	Participants	Project
Nov. 22 -24, 1994	4 Counterparts (2 medical officers, 2 medical technicians), 1 Japanese Expert	Community Health Project in Thailand
Mar. 16-21, 1996	2 Counterparts (1 medical officer, 1 administrative officer), 2 Japanese Experts	Tuberculosis Control Project in Nepal
Sept. 8-12, 1996	2 Counterparts (2 medical officers), 1 Japanese Expert	(Expert on Laboratory Works for Tuberculosis from Cambodia)

3　総括表6～9

総括表6　目標達成度

目標達成度	実施協議時	終了時評価時	達成／未達成の理由
1.上位目標との整合性	指定されたモデル地域における結核対策の強化を通して全国の公衆衛生の向上に資することを目指しており、上位目標との整合性に問題はない。	開始直後に施行された地方分権化の中で、当初の目的に沿い地方行政における疾病対策の在り方を示すモデル事業を遂行した点で整合性は充たされている。	プロジェクト開始直後に地方分権が実施されたが、訪問、基礎調査、研修、巡回指導、機材配置、郡監督保健婦の活用、技術的支援などを適切に実施し、地方自治体の積極的な結核対策への参加を得た。
2.案件目標の達成状況	地方行政の中での公衆衛生のモデルとして結核対策を取り上げ、特に患者発見と治療に重点をおいてこれを向上させる。	次項 3.に述べるように結核対策における患者発見・治療の状況は著しく向上した。さらに、国家結核対策計画の改訂の重要な基礎を築いた。	WHO を初めとした結核対策の世界的な気運の盛り上がり、フィリピン政府の結核対策に対する積極的関与の高まりが、プロジェクト実施時期と重なった。そして、周到な現状分析と結核対策新指針の試行による成果を、保健省、WHO などに示し、良好な協力関係が構築された。
3.アウトプット目標の達成状況	①プライマリーヘルスケア・サービスの中での有症状者の受診促進、喀痰検査の励行、菌検査体制、患者指導の拡充により患者発見・治療を向上させる。	積極的患者発見と達成数値目標方式を廃し、3回連続の喀痰塗抹検査が導入し、90%以上の実施を達成。有症状受診における塗抹陽性率は 3%から 17%に上昇。新登録患者中における塗抹陽性率は約 50%。評価時コホート分析による治療成績（新塗抹陽性）は、治癒率 83.4%。	プロジェクトと保健省によって注意深く議論を重ねて改訂され、試行された結核対策新指針が、従来のノルマ達成中心の従来の患者発見から、質的評価を基礎にした治療成績重視への転換、充実した研修や効果的な巡回指導の導入に有効だった。
	②国の結核対策計画の地方における実施を、特に記録・報告、監督、評価及び要員の研修等の各方面で強化する。	結核対策新指針による統一された記録・報告様式が徹底され、精度が向上した。州・市結核担当官、郡監督保健婦による定期的な巡回指導が実施されている。患者発見、治療、検査、薬剤在庫量に関する四半期報告書が導入された。	改良を重ねた教材による研修、第 1 回目の四半期報告書作成時の再指導、簡便で有効な巡回指導ガイドの作成、プロジェクトスタッフとカウンターパートとの円滑な巡回指導などが実施された。

目標達成度	実施協議時	終了時評価時	達成／未達成の理由
3.アウトプット目標の達成状況(続き)	③結核対策及び関連領域における情報教育活動の強化及び必要な資機材の供給を行う。	啓発ビデオ「結核になった二人」の現地語化を行った。ラジオ番組の作成を予定。地方医務局、州・市・郡レベルにOHP、サウンドシステム、各保健所レベルにサウンドシステムを配置した。	結核対策の担い手である保健所などの強化が優先されたため、情報教育活動の強化は充分とは言えない。
	④結核対策の疫学的影響及び実施運営面での評価のためにサーベイランス体制を確立する。	記録・報告の精度が向上し、四半期毎に部位別・菌所見別・型別、並びに新・塗抹陽性に関しては年齢階級別の患者発見成績、検査室報告、治療成績が、各保健所別にモニターされ、問題地域の発見と重点的な指導が行われている。	新指針の試行・拡大を通じて記録・報告体制の確立に重点を置き、実施運営面での評価体制は構築できた。ツベルクリン・サーベイは実施していない。
	⑤結核菌検査の精度向上のためレファレンス検査施設機能を確立する。	プロジェクト基盤整備事業を実施し、フィリピン保健省初の NTP 専用のリファレンスラボラトリーを建設、必要機材を供与した。現在、喀痰塗抹検査、培養検査、同定検査、薬剤感受性検査、研修、試薬の供給、塗抹検査の精度管理を実施している。また、保健所レベルの検査室にも、顕微鏡など必要機材を配置し、研修を行い、精度管理も併せて行っている。	日本側からのラボ建設、機材供与、短期専門家による指導、研修員受入れと、フィリピン側による用地の確保、要員の配置、運営・維持・管理の実施などが、効果的に連携した。地方自治体も、積極的に研修員を派遣し、精度管理にも参加した。
	⑥より好ましい計画実施の方式を定式化するために地区を定めてオペレーショナル・リサーチを行う。	NTP 新指針案は策定とその試行、改良を経て、プロジェクト地域全域に拡大された。その成果を踏まえ、NTP の改訂が行われた。また、直接監視下治療の試行も、一部地域において開始された。	フィリピン保健省の結核対策指針の改訂の動きによく対応して、パイロットエリア構築に協力した。その実施の過程で、保健省、プロジェクト間で問題点の検討と改良が重ねられた。

目標達成度	実施協議時	終了時評価時	達成／未達成の理由
3.アウトプット目標の達成状況(続き)	⑦要員や政策決定者に対する動機づけ、プロジェクトの総合的評価のため各種セミナーを開催する。	各種現地セミナー、ナショナルセミナーが開催された。私的医療機関を対象とした、医師会との共同セミナーも予定されている。	フィリピン側関係機関との協力の下に、セミナーの実施体制が確立された。
	⑧要員の技術向上のため計画的な研修を実施する。	結核対策全般並びに検査技術、新指針導入段階からは新指針に関して多くの研修が実施された。新指針導入段階では、郡監督保健婦、医師・保健婦・検査技師、助産婦と 3 つのコースを設け、業務分担に従って標準化された研修が実施された。カウンターパート研修、技術交換プログラムも計画通り実施された。	日本側からの短期専門家の派遣、フィリピン側の関係者の召集、地方自治体からの要員の派遣などが適切であった。新指針導入以後は、適切なカリキュラムや教材、プロジェクトスタッフとカウンターパートの協力体制などが確立した。
	⑨その他	保健省、WHO と協議を重ねて、NTP の改訂に協力した。	保健省からの研修員受入れなど、保健省、WHO との良好な関係が形成された。
4.インプット目標の達成状況	1)日本側 ①専門家派遣 長期派遣(結核対策、業務調整)、短期派遣(疫学、結核菌検査など年間数名)	長期派遣専門家は延べ 3 名、短期派遣専門家は延べ 32 名(調査団 訪問時)で、目標通り派遣された。(別紙参照)	当初目標が妥当であり、適切なリクルートが実施された。
	②研修員受入れ (医師、検査技師など年間 2～3 名)	研修員受入れは、医師 6 名、検査技師 4 名 (調査団訪問時)で、目標通りであった。(別紙参照)	受入れ機関の協力と適切な人選が行われ た。
	③機材供与 顕微鏡、自動車、視聴覚機材など	総額 29,815,000 ペソで目標通り。(別紙)	当初目標が妥当であった。
	④リファレンスラボラトリー建設 (1993 年 R/D 追記)	総額 6,258,000 ペソで建設、必要機材は機材供与され、1994 年 8 月に開所した。	日本側、フィリピン側双方の努力により、プロジェクト基盤整備事業が適時に実施され、機材供与が効果的に行われた。

目標達成度	実施協議時	終了時評価時	達成／未達成の理由
4.インプット目標の達成状況(続き)	2)相手国側 カウンターパートの配置、必要施設の提供、必要資機材の提供	対策に必要な抗結核薬・検査試薬などの消耗品、カウンターパートなどの人件費・出張 費、保健所職員などの人件費(地方自治体)、プロジェクトオフィスのスペース並びに電気代などの維持費、巡回指導などの燃料費など	州・市・町など地方自治体を含めたフィリピン側の、プロジェクトに対する積極的な取り組みが得られた。結核対策が、一般保健医療サービスに統合されているため、特に大きな予算手当が不要であった。

総括表7 案件の効果

効果の広がりと受益者	インパクトの内容
プロジェクトレベルのインパクトと受益者	①各種研修を通じて、プロジェクト地域の結核担当官、各保健所の医師・保健婦・助産婦・検査技師の結核対策実施の能力や信頼性が向上した。 ②記録・報告の精度向上、郡監督保健婦の活用と州・市結核担当官による適切な巡回指導の実施により、保健所レベルにおける問題発見と解決が可能となった。 ③結核対策新指針の導入と数量的から質的な評価への転換により、保健所レベルにおける作業が標準化され、作業量が減少した。
セクターレベルのインパクトと受益者	①NTP 新指針の試行の結果、その実施可能性と有効性が実証され、保健省結核対策課による指針の全面的改訂が可能となった。 ②結核対策のモデル地域が構築され、他地域の結核担当官が効率的な対策の在り方を学ぶことが可能となった。
地域へのインパクトと受益者	①地方分権化の中で、地方自治体の結核対策への積極的な関わりが得られた。 ②保健所レベルでの患者発見・治療の向上により、地域住民に有効な結核診療が提供されるようになった。
マクロレベルのインパクトと受益者	①世界でも有数の結核蔓延国であるフィリピンにおいて、一部地域とはいえ有効な結核対策が示されたことは、当国の結核蔓延状況の改善に大いに貢献すると考えられる。 ②少数の長期派遣専門家と多数の短期派遣専門家によるプロジェクト運営体制や、WHO との協力のあり方を示したことなど、今後の日本の保健医療技術協力のモデルを示した。
効果発生及びその広がりの要因	①WHO フレームワークやモジュールの完成を初めとした結核対策の世界的な気運の盛り上がり。 ②フィリピン政府の結核対策に対する積極的関与の高まり。 ③プロジェクトチームとフィリピン側との円滑なプロジェクトの実施。 ④WHO との協力。 ⑤国内支援体制の充実。

総括表8 自立発展の見通し

1.組織的自立発展の見通し	
(1)実施機関存続への政策的支援の有無	結核対策はインパクト・プログラムの一つとして保健省直営の疾病対策として位置づけられ、地方医務局、州・市衛生部には結核担当官が配置されている。また、対策実施機関である保健所レベルでは、一般保健医療サービスに完全に統合されている。
(2)管理運営体制	保健省結核対策課は、1987 年以降、現在の 40 名体制を維持し、短期化学療法用の抗結核薬を全国的に供給しており、継続される予定である。
(3)組織の改廃	1992 年 10 月、地方分権が行われた。しかし、結核対策を実施している保健省結核対策課並びに保健省地方医務局は、州・市衛生部や町村保健所と、薬剤・試薬などの供給、技術的支援などで、地方分権後も協力している。
2.財務的自立発展の見通し	
(1)必要経費調達の見通し	巡回指導に関わる燃料代、カウンターパートの人件費や出張費、リファレンスラボラトリーの維持・運営費など日常業務に関しては、フィリピン側が負担している。しかし、研修開催時の参加者の交通費や日当・宿泊費は、保健省の基準に従ってプロジェクトが負担している。一部、研修に対する保健省予算の増額が見込まれるが、全ては難しいと思われる。
(2)公的補助及びその安定性の見通し	1987 年以降、年間約 20 万人に対する抗結核薬の購入を主として、年間約 1 億 5000 万ペソが、保健省予算として支出されており、1997 年も同様の予算が認められている。
(3)自主財源による費用回収状況	レントゲン撮影の一部以外、公的医療機関における結核診療は全て無料で、費用回収は行われていない。
(4)リカレントコスト負担の必要性及び妥当性	顕微鏡購入、研修、抗結核薬の緊急備蓄購入の費用は、現時点ではフィリピン側の経費負担は無理であろう。顕微鏡、新指針導入時の大規模な研修、緊急備蓄購入の費用の支出は一時的なものであるので、日本側で負担すべきであろう。その後の維持管理や小規模な再研修は、今後フィリピン側でも経費負担が可能となろう。
3.物的・技術的自立発展の見通し	
(1)移転技術の内容及び技術レベルの適性度	国際的にも広く認められている適切な戦略・技術が移転されており、その成果もほぼ満足すべき水準に達している。その水準を維持していくためのフィリピン側の技術水準も満足なものといえる。一部地域で導入が開始された「直接監視下治療」が、より広範な地域で実施されれば、より望ましい成果が期待できるであろう。

(2)要員配置状況	ほぼ充足していると考えられるが、地域医務局、州・市衛生部における、結核対策専従の担当官の配置がより望ましい。
(3)技術の定着状況	満足な水準で定着している。また、日本での研修を終えたカウンターパートは、帰国後も全て同じ業務を継続し、プロジェクトの活動に寄与した。
(4)後継者の育成計画	日常の巡回指導や研修活動を通じて行われている。
4.その他管理運営上の制約要因	①地方医務局、州・市衛生部レベルでの結核対策専従の担当官の欠如。 ②一部地方自治体の結核対策への理解の不足。 ③私的医療機関の国家結核対策への理解の不足。

総括表9 フォローアップの必要性

1.協力期間延長の要否	不要 (理由) 当初目標を達成した。この成果を他地域に拡大し、フィリピンの結核対策のモデルとすべきである。
2.終了後の対応の内容と方法 (1)内容	＜新プロジェクトによる他地域への拡大＞ ①結核対策新指針の第7地方医務局管内の他の3州と第4地方医務局管内1州への拡大。 ②ナショナルリファレンスラボラトリーの構築。 ③保健省結核対策課による結核対策新指針の全国展開に対する支援。 ④医薬品供給体制の強化。
(2)所用期間	5年間
(3)期待される効果	本プロジェクトの成果を踏まえた、国家結核対策新指針の全国的普及

4 Chronology of the Project

Japanese fiscal year	1989	1990	1991	1992	1993	1994	1995	1996	1997
	4 10	4 10	4 10	4 7 10 1	4 7 10 1	4 7 10 1	4 7 10 1	4 7 10 1	4 7 10 1
Planning & Monitoring									
JICA Mission	☆ 1st Contact Mission		☆1 ☆2 1:2nd Contact Mission, 2 Preliminary Study Team	☆1 ☆2 1:Implementation Survey Team, 2 Consultation Survey Team		☆ Consultation Survey Team		☆ Advisory Team	☆ Evaluation Team
Joint Coordinating Committee Meeting				☆	☆	☆	☆	☆ ☆	☆
Activities & Output									
Intensive Service Area (ISA)				Set up of the Project	Baseline survey; 1st ISA		Baseline survey; 2nd ISA	Baseline survey; 3rd ISA	
Implementation of new NTP guidelines				Project started in Sept.1,1992	Field test	Training; Mandaue, Daraguete; ☆ Finalization	Training; All parts of 1st ISA; Training; 2nd ISA	Training; 3rd ISA	
Implementation of DOTS								Training	
Information, Education and Communication				Baseline survey	Development of a video tape (Visayan version)	Provision of portable sound system			
Laboratory services network				Baseline survey					
- Establishing the Reference Laboratory (RL)					Construction of RL	☆ RL inaugurated in Aug. 1994			
- Provision of microscopes and other laboratory equipment				RHUs, RL	RL	RHUs		RHUs, RL	RHUs
Seminars and training									
- TB control, case management				▭	▭			National Seminar	▭
- New NTP guidelines, DOTS					▭	▭ ▭	▭ ▭	▭ ▭ ▭	▭
- Laboratory works					▭	▭	▭	▭	
Related Event				☆ WHO external review				☆ DOH-WHO DOTS project started	
Input of JICA									
• **JICA Experts**									
Long Term									
- Chief Advisor/Tuberculosis Control				◄······	······	······	······►◄······	······	······►
- Coordinator				◄······	······	······	······	······	······►
Short Term									
- Tuberculosis Control				▭	▭ 2, ▭	▭ ▭	▭ ▭ ▭	▭ ▭ 2 ▭	▭ 2
- Laboratory Technology					▭	▭ ▭	▭	▭ ▭	▭ ▭
- Epidemiology					▭ ▭	▭	▭	▭	
- Radiology						▭	▭	▭	
- Sociology					▭ ▭				
- Laboratory Network System & Logistics						▭			
• **Counterpart Training in Japan**									
TB Control Advance Course									▭
TB Control (II)				▭ 2	▭	▭	▭	▭	▭
TB Control Laboratory Works					▭	▭	▭	▭	▭
• **Technical Exchange Programme**					☆ Public Health Project in Thailand		☆ National Tuberculosis Control Project (2) in Nepal		
• **Equipment**			☆ Microscope P3,677,777 Vehicle ¥4,166,000	☆ Motorcycle P1,207,430 x-ray machine ¥31,047,255	☆ Clean bench ¥21,159,460	☆ Printing machine P3,254,959	☆ OHP P2,476,800	☆ Microscope P2,996,110	☆ Microscope P1,145,263

参 考 資 料

1　第６回合同調整委員会議事録

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

DATE : January 8, 1997
VENUE : Reference Laboratory of Cebu Chest Center, Cebu City
CHAIRPERSON : DR. MARIQUITA MANTALA
Director III, TB Control Service
Department of Health

MEMBERS PRESENT:

HON. PABLO GARCIA
Governor
Province of Cebu

DR. MARIETTA C. FUENTES
Director IV
DOH-RFO 7

DR. MILAGROS BACUS
Director III
DOH-RFO 7

DR. CRISTINA GIANGO
For DR. JESUS FERNANDEZ
Provincial Health Officer II
Cebu Province

DR. FELICITAS MANALOTO
Asst. City Health Officer
Cebu City

DR. FELICITAS URETA
Director, Foreign Assistance Coordination Service
DOH-Manila

MR. HIROSHI GOTO
Resident Representative
JICA Philippine Office

MS. MAKI NAGAI
Assistant Resident Representative
JICA Philippine Office

MS. MAITA ALCAMPADO
Project Liaison Officer
JICA Philippine Office

DR. SHOICHI ENDO
Chief Adviser
DOH-JICA Project, Cebu City

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

COUNTERPARTS AND OBSERVERS PRESENT:

DR. VIVIAN LOFRANCO
Medical Specialist IV
DOH-TBCS

DR. LUCIA S. FLORENDO
Provincial Coordinator
DOH-RFO 7

DR. DONG IL AHN
TB Medical Officer
WHO-Western Pacific Regional Office

DR. EDGARDO ZAFRA
Provincial Coordinator
DOH-RFO 7

DR. ELAINE TELERON
Regional TB Medical Coordinator
DOH-RFO 7

MS. COLITA AUZA
Regional TB Nurse Coordinator
DOH-RFO 7

DR. MEDALLA BORROMEO
City TB Coordinator
Cebu City Health Department

DR. ENRIQUE SANCHO
Chief, Cebu Chest Center
DOH-RFO 7

MS. ARELI BORROMEO
Provincial TB Nurse Coordiaator
Cebu Province

MS. MARIA CAROLYN DACLAN
Technical Assistant
DOH-JICA Project

MS. NYREE DAWN CAÑETE
Technical Assistant
DOH-JICA Project

Minutes Proper: (See Annex A for Minutes in Detail)

I. Approval of the Minutes of the 5th JCC Meeting

II. Progress Report (June - December 1996)

- 2.1 Expansion of the new NTP guidelines to the whole area of Cebu
- 2.2 Performance of the new NTP in the Project area
- 2.3 Summary of findings
- 2.4 Visit of the Japanese Advisory Team
- 2.5 National Seminar on the New NTP Policies and Strategies
- 2.6 Short-term experts
- 2.7 Counterpart training in Japan
- 2.8 Directly Observed Treatment Short Course
- 2.9 Technical Exchange Visit of Cambodian Doctors
- 2.10 Internship of TB Coordinators from other Provinces
- 2.11 Others
  1. Employment of the Reference Laboratory MT
  2. Administrative committee meeting
  3. TB Coordinators' Meeting
- 2.12 Discussions on the Progress Report
  1. False negative TB cases
  2. Distribution of equipment

III. Future Work Plan (January to August 1997)

- 3.1 Implementation of Operational Research of DOTS
- 3.2 Visit of Japanese Evaluation Team
- 3.3 Visit of a short-term expert on Bacteriology
- 3.4 Counterpart training in Japan
- 3.5 Refresher Training of the health workers involved in NTP
- 3.6 Seminar for medical doctors in other sectors other than DOH
- 3.7 Presentation of the new NTP guidelines to the Regional Council
- 3.8 Orientation training of district hospital staff on the new NTP guidelines

IV. Discussion of the second phase of the Project

- 4.1 Title of the Project and overall activities
- 4.2 Objectives of the Project
- 4.3 Overall targets of NTP
- 4.4 Project Content and activities
- 4.5 Expected beneficiaries
- 4.6 Requested number of JICA Experts and Field of Activities
- 4.7 Requested number of counterpart training and fields
- 4.8 Project organization and management
- 4.9 Project monitoring and evaluation
- 4.10 Project sustainability

V. Discussion of Other Matters

- 5.1 Invitation of trained Provincial Coordinators as trainors to other provinces
- 5.2 Internship of TB Coordinators
- 5.3 JCCM date

Annex A
Minutes in Detail
Sixth Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
Reference Laboratory of Cebu Chest Center
January 8, 1997

The meeting was opened by Dr. Mautala. Review of the minutes of the fifth JCCM was made.

I. The minutes of the fifth JCCM was approved by the body. The question on the status of the issues/concerns presented in the previous JCCM will be taken up in the meeting.

II. Progress Report (June - December 1996)

2.1 Expansion of the new NTP guidelines to the whole area of Cebu

The training of health workers at all levels in the last third Intensive Service Areas (ISA) in Cebu province was completed last August 1996. Implementation of the new NTP guidelines started last September 16, 1996. The new NTP guidelines covers now the whole area of Cebu province.

2.2 Performance of the new NTP in the Project area

The quarterly report for the 2nd quarter of 1996 which covers the 1st and 2nd ISA shows the performance as follows;

1. Three (3) sputum collection for diagnosis which is a new procedure in NTP was performed for 91% of symptomatic.

2. The average positive rate, positive cases diagnosed per symptomatic examined, was 16.6%. The rate varies from 0% in Catmon to 33.3% in Oslob. Some false negative were found in the RHU with positive rate of 0%. The Medical Technologist (MT) was retrained and a considerable number of positive patients were found in the 3rd quarter.

3. The number of sputum positive cases diagnosed per population a quarter was 2.74 per 10,000. The rate varies from 1.34 in Sogod District to 3.52 in Cebu City. Case finding service performed based on the new guidelines found a significant number of sputum positive cases and the quality of the service has reached to the satisfactory level except for a few RHUs.

4. Sputum negative conversion at the end of 2 month treatment for the new sputum positive cases registered in the last quarter 1995 was found to be 85.7% and the rate for those registered in January 1996 was 88.6%.

5. Cohort analysis of new smear patients registered in the last quarter of 1995 in the first ISA showed a cure rate of 77.1, completed 5.1, died 2.4, failure 2.4, lost 7.1 and transfer out 5.1%. Although failure rate is small, the cure rate is below satisfactory level with the Project

goal of 85%. In order to improve, the rate reasons for lost cases should be investigated for corrective action. Transfer out and in system for patients who change their address should be improved. The cure rate for 7 relapse cases was 100%. Out of 3 failure cases, 2 were cured and one completed treatment.

6. Percentage of sputum negative cases among the new patient registered for treatment is around 50% in average and varies from 26% in Danao district to 77.6% in Sogod district partly depending upon the availability of a good microscopy service. Behavior of patients and medical doctors in diagnosis of tuberculosis may be other possible factors.

2.3 Summary of findings

The case finding service with sputum microscopy is being performed satisfactorily in terms of 3 sputum specimen collection, positive rate and number of positive cases diagnosed in community. The treatment service is also being well performed achieving 80% cure rate.

It can be concluded that operation of NTP with the new guidelines has now reached at the satisfactory level in the Cebu Project area. However, the following problems should be tackled in the future.

1. The reasons for wide difference in positive rate by RHU should be investigated through quality control of sputum examination.

2. Effort should be made to improve cure rate from 80% to higher than 85%. The strategies for this would be 1) Introduction of Directly Observed Treatment Short Course, 2) Intensification of health education for the patients, 3) Improvement of referral of transfer out patients, 4) Adding Ethambutol to Regimen I.

3. Improvement of Reference Laboratory service such as improvement of quality control of sputum examination and development of culture and sensitivity test for epidemiological surveillance of tuberculosis bacilli.

4. In order to improve cure rate, reasons for lost should be investigated and transfer out and in system should be improved.

5. Cooperation with other sectors for better implementation of NTP.

6. Intensification of IEC program to attract TB patients to NTP service.

2.4 Visit of the Japanese Advisory Team

The Japanese Advisory Team visited the Project from June 17-25, 1996 headed by Dr. T. Mori, Deputy Director of the Research Institute of TB Tokyo and Mr. N. Yaegashi, Deputy Director of the First Medical Cooperation Division, JICA Headquarters.

They observed the Project field activities and discussed with DOH-TBCS and Regional

Office 7 the possible improvement of the Project. The team commented that the project has been progressing smoothly and has made a satisfactory achievement in order to meet the objectives of the Project. DOH and WHO appreciated the Project performance and are now planning countrywide implementation of the new NTP policy following the experiences and know-how gained from the Project. The Project should make further effort to contribute to the success of tuberculosis control in the Philippines.

2.5 National Seminar on the New NTP Policies and Strategies

This was held last October 21-23, 1996 in Manila co-sponsored by DOH and JICA in cooperation with WHO. The objectives of the seminar were to orient the participants to the new tuberculosis control policies recommended by WHO so that the participant would prepare for the introduction of the policies to the whole country.

The feasibility and effectiveness of the new guidelines of the policies which had been implemented by the Project were presented at the seminar. The number of participants include 42 from DOH and Provincial Health Offices, 19 NGO and private sectors including academe and professional groups, 12 LGUs and 1 international organization.

2.6 Short-term experts

Dr. M. Suchi visited the Project to assist in supervision and training from 29 May to 25 June 1996. He visited again last September 4-15, 1996 to assist in the preparation of the National Seminar and on October 13- 24, 1996 for the conduct of the seminar.

Ms. A. Fujiki visited the Project to assist in the improvement of the function of the Reference Laboratory particularly culture and sensitivity test, quality control and supervision of the field laboratory from September 1-27, 1996.

Mr. S. Nakaoji, X-ray technician assessed the performance of the x-ray machine at Cebu Chest Center from November 6-13, 1996.

2.7 Counterpart training in Japan

The Provincial Medical Coordinator has returned from the Group Training Course on Tuberculosis Control at RIT, JATA last October 1996.

One medical technologist from Cebu City is undergoing training on tuberculosis bacteriology in RIT.

2.8 Directly Observed Treatment Short Course

Operational Research on the Implementation of DOTS was started last November 4, 1996 in 6 Rural Health Units (one RHU in each district) and 3 cities of the first ISA. Orientation training was conducted for MOs, PHNs, RHMs and BHWs who are working at the selected RHUs.

2.9 Technical Exchange Visit of Cambodian Doctors

A team consisting of 2 Cambodian doctors who work for Cambodian NTP with a JICA expert visited the Project for 5 days in September under the JICA Technical Exchange Program to observe the Project activities and exchange knowledge and experiences with us.

2.10 Internship of TB Coordinators from other Provinces

Medical TB Coordinators of Antique and Batangas provinces and Iloilo City visited the Project for 3 weeks each in July and August 1996 to gain know-how for implementation of the new NTP.

2.11 Other matters

1. The medical technologist whose casual employment at the Reference Laboratory was terminated at the end of June was recruited in September as a permanent staff of Regional Office assigned at Ref. Lab. This enhances the capability of the laboratory.

2. A monthly administrative committee meeting has been held regularly. In addition to the previous member RD, AO, Chief of Technical, Regional Medical and Nurse Coordinators and Project staff, officer from Training and LGAM joined the committee. This enhances integration of the Project activities as regular office activities.

3. TB Coordinator's Meeting. Three meetings were held with TB Coordinators of Region, Province, cebu and Mandaue cities on the first friday of every 2 month. It's objectives are as follows; 1) to assess the progress of NTP implementation at the Project site and discuss operational problems encountered in the field and 2) to plan operational activities based on policies laid down by JCCM. This meeting facilitates timely planning and better coordination of Project activities.

2.12 Discussion on the Progress Report

1. False negative TB cases. A reaction came out on the existence of false negative cases found during the validation of slides. Although the absolute number is low, some members of the forum suggested solutions so as not to miss these cases and to prevent these false negative cases to continuously infect more people in the community.

It was explained that through quality control (validation of slides), skills of MT will be harnessed. In addition, when symptomatic yield three negative results in the sputum, he will be given symptomatic treatment and is encouraged to consult at the health center once the symptoms is not relieved or worsen.

It was also suggested to intensify Information, Education and Communication (IEC) drive on TB. Dr. Mantala emphasized that IEC topics should be directed on the importance of completion of TB treatment rather on case finding. DOH still needs to assess its resources on TB drugs. Gov. Garcia recommended to involve the political offices in these IEC campaigns. He assured that they will give support on this activity.

2. Distribution of equipment. Mr. Goto asked the progress of the distribution of

equipment, which was one of the concern during the previous JCCM. Dr. Endo stated that this matter was promptly handled by the administrative committee.

III. Future Work Plan (January to August 1997)

3.1 Implementation of Operational Research on DOTS

As stated in Para 2.8, Operational research is being conducted from November to see the feasibility of DOTS utilizing RHMs and BHW and if any change in the procedure is necessary. The results will be evaluated in March.

3.2 Visit of Japanese Evaluation Team

The Japanese Evaluation Team will visit the Philippines to evaluate the Project in April 1997.

3.3 Visit of short-term experts

Visits of short-term experts includes a medical technologist to assist the R/L in improving culture and quality control of the smear examination at the local laboratories in April and July 1997. A medical doctor will visit in May 1997 to assist in supervision and conduct of refresher training as mentioned in 3.5. another medical doctor will visit the project as a lecturer on the seminar for private doctors in May 1997.

3.4 Counterpart training in Japan

Three slots for counterpart training will be participated in the Research Institute of TB, JATA, 1) a medical doctor for TB Control Programme Management, 2) a medical officer in Group Training Course in TB Control, 3) MT for Laboratory Works.

3.5 Refresher Training of the health workers involved in NTP.

Health workers will be retrained in the implementation of the new NTP guidelines standardized with the other areas after its finalization by TBCS-Manila. Discussion and feedback of quarterly reports will be made to determine areas for improvement.

3.6 Seminar for medical doctors in other sectors other than DOH.

This involve the private practitioners and hospital staff.

3.7 Presentation of the new NTP guidelines to the Regional Council during their regular meeting.

3.8 Orientation training of the staff of district hospital on the new NTP guidelines in March.

These future plans was approved as it is.

IV. Discussion of the second phase of the Project

An outline of the terms of reference was presented in the forum for comments. The following are the terms of reference for the second phase of the Project.

4.1 Title of the Project and overall activities

The title of the Project is DOH-JICA Project Assistance to Control TB - Phase II (PACT II). The duration of the Project is five years.

The implementing organization will be the Department of Health and Local Government Units. The project sites will be at DOH-Central Office, Region IV and Region VII. The Project activities include:

1. Technical cooperation with the TB Control Service-Department of Health with regards to expansion of new National TB Control Program (NTP) policies and strategies.
2. Continuation of the DOH-JICA Public Health Development Project in Cebu and expansion to three other provinces of Region VII.
3. Establishment of NTP national demonstration site in one province in Region IV and expansion to other provinces.
4. Training of NTP program coordinators and laboratory technicians on the new NTP policies and strategies.
5. Establishment of a National TB Reference Laboratory

4.2 Objectives of the Project

1. Assist in the expansion of the implementation of the new NTP policies and strategies to cover at least fifteen provinces.
2. Improve the quality of sputum examination
3. Develop the managerial capability of key people involved in the NTP.
4. Assist in the institutionalization of NTP recording and reporting system.

4.3 Overall targets of NTP

1. Detect at least 70% of new smear positive cases
2. Ensure that at least 85% of those detected will be cured

4.4 Project Content and activities

1. Technical cooperation with TB Control Service of DOH with regards to new NTP policies and strategies. Activities include:
   a. Sending of Japanese experts to assist in project planning, monitoring and evaluation.
   b. Sending of Filipino trainees to Japan to attend courses on TB program management, laboratory etc.
   c. Provision of equipment like microscopes and laboratory supplies.

2. Continuation of the activities under the DOH-JICA project in Cebu and extension in three other provinces in Region VII. Activities include:
   a. Monitoring and supervision of the project implementation in Cebu
   b. Training of NTP coordinators and implementors in three other provinces namely Negros Oriental, Bohol and Siquijor.

3. Establishment of national demonstration site in one province in Region IV
   a. Training of provincial, district and RHU staff
   b. Monitoring and supervision
   c. Provision of equipment

4. Training of NTP coordinators and implementors on the new NTP policies and strategies in other provinces

5. Establishment of the national TB reference laboratory. This laboratory will have three major functions namely;
   a. ensure quality of laboratory examination being done in the peripheral units in coordination with the regional TB laboratory,
   b. conduct surveillance of level and trend of drug resistance in the country,
   c. train medical technologists and other microscopist

JICA is requested to provide the laboratory building, equipment and training of the staff. The Department of Health will provide the space where to place the laboratory and manpower.

4.5 Expected beneficiaries

Direct beneficiaries will be the health staff involved in the National Tuberculosis Control program at various levels. Their technical and managerial skills will be enhanced. Ultimate beneficiaries will be the TB patients who would be cured from their illness and healthy individuals who would be protected from TB due to the breakdown in its transmission in the community.

4.6 Requested number of JICA Experts and Field of Expertise

Three long term experts for NTP program management (two medical and one project coordinator) and one expert for laboratory are requested. For short-term experts, two person-month/year in the field of TB program management and one each in epidemiology, laboratory and radiology.

4.7 Requested number of counterpart training and fields

One participant per year will be sent for the courses on Basic NTP Training, Advance course and Laboratory. Three study tours will be participated by counterparts during the duration of the Project.

DOH will provide an office space to the project and shall provide the anti-TB drugs, sputum cups and other laboratory supplies for the project sites. On the other hand, the provincial government shall 1) assign one full time NTP coordinator, 2) provide per diem and traveling allowances for the supervision and attendance to training/meeting by provincial staff, 3) maintain the slide validation center and 4) supplement the resource needs of the project such as office and laboratory supplies. The municipal government shall implement the project through the health staff of RHUs.

4.8 Project organization and management

Two committees will be organized to oversee the implementation of the project. The first will be the Joint Coordinating Committee (JCC) which shall be chaired by the Undersecretary of the Office for Public Health Services, DOH. The JCC shall review and approve the annual plan of the project and make policy decisions.

The second committee shall be the Technical Working Group which shall be composed of the following 1) TBCS project coordinator, 2) JICA project technical staff, 3) Regional NTP Coordinator, 4) Provincial NTP Coordinator and 5) RHU or District representative. This group shall monitor the implementation of the project and submit to JCC the annual plan, coordinate with LGUs and make decisions on operational matters.

4.9 Project monitoring and evaluation

Two major activities will be instituted to track the progress of project implementation. First, quarterly narrative and statistical report shall be submitted to DOH (TBCS and Regional Health Office) and the local government unit concerned. Second, visits to the project sites shall be carried out by the TB Control Service staff, Regional and Provincial NTP coordinators with JICA staff.

End of the year evaluation shall be jointly conducted by DOH, LGU and JICA every year. The matrix of input-process-output-impact shall be used for the evaluation. Some critical indicators to be used are: case detection rate and treatment outcome especially cure rate.

4.10 Project sustainability

The project will be implemented in such a way that it will be within the existing structure and system of NTP. Project inputs will be focused on capability building, system improvement, and infrastructure development. Major operational expenses such as drugs, laboratory supplies, supervision, training and manpower salaries shall be shouldered by the Philippine government. Hence, when the project ends DOH and LGUs will continue implementing the activities initiated within the framework of NTP.

Dr. Ahn inquired if microscopes will be distributed solely to the Project sites. Dr. Endo responded that it could be possible that JICA can allocate microscopes nationwide provided that medical technologist will be trained at first.

V. Discussion of Other Matters

5.1 Invitation of trained Provincial Coordinators as trainors to other provinces

Some Provincial Coordinators will be utilized as resource speakers during the training on the new NTP guidelines to other provinces. An invitation will be sent to the Provincial governor.

5.2 Internship of TB Coordinators

Dr. Alui suggested for the continuation of the internship program for TB Coordinators. The program was highly appreciated by participants and adds more knowledge and experience on TB Control management.

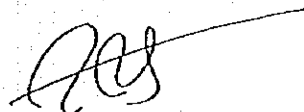
Dr. Endo expressed his support for the internship program and shall accept coordinators from other provinces in the future. The airfare of participants will be shouldered by the LGUs and per diem will be given by JICA.

5.3 JCCM date

Dr. Ureta proposed to hold the JCC on the second week especially on January to have adequate time for the release of travel funds.

The next JCCM will be on the second Thursday of June 1997 at 10:00 - 1:00 p.m.

THE CHAIRPERSON:



DR. MARIQUITA MANTALA
Director III, TB Control Service
Department of Health,
Manila

2　第７回合同調整委員会議事録

DOH-JICA Public Health Development Project

Seventh Joint Coordinating Committee Meeting (August 14,1997)

I. Progress Report

1.1. Performance of the new NTP in the Project area of Cebu

The quarterly report for the 1st quaker (January to March) of 1997, which is the second report covering entire Project area, shows the performance as follows.

1. No. Symptomatics examined

A total of 4,914 symptomatics were examined. This is 600 and 13.7 % increased from the previous quarter. The rate for those 3 specimen collected among the symptomatics is 93.8 % (91.4 % the previous quarter). This is considered as satisfactory.

2. No. Smear Positive Cases diagnosed.

A total of 720 smear positive cases were diagnosed. This is 29 cases 3.9 % less than the figure of the previous quarter. However this difference is considered within the range of random fluctuation. The number of smear positive cases diagnosed in the 2 quarters October to March when the performance report for entire Proiect area is available is 1,469.

Assuming that the same case finding activity will continue and nearly the same number of smear positive cases will be diagnosed in the future, nearly 3,000 smear positive cases will be discovered a year. The rate of this figure per population is 101 / 100,000 a year. This about 10 times of the morbidity in Japan.

3. Treatment

A total of 335 smear positive cases registered for treatment in the 1st and 2nd ISA during quarter of January to March 1996 and are available for cohort analysis. 276 cases were cured. The cure rate is 82.4 % which is close to the goal of the new NTP and therefore is considered as satisfactory. 7, 2.1 % were completed. If the follow up examination is duly done, this can be classified as cured. 28 cases were lost and many of them were refuse treatment because of minor adverse reaction such as stomach discomfort or loss of appetite. This can be reduced by better heath education or implementation of DOTS which makes patients-health worker relationship better.

4. Overall Performance

As stated above the Project is now discovering nearly 3,000 smear positive cases a year and curing 83 % of them. This is considered as satisfactory performance.

5. Problems in Performance

5.1 Positive Rate of Smear Examination

The rate for smear positive cases diagnosed per symptomatics examined has improved from around 3 % before the implementation of the Project to 17 % now. However the large difference was observed in the rate by RHU / HC. Among 65 RHUs and HCs 11 were under 5 % and 9 from 5 to 9 %. The main reason which was found by the quality control system was inadequate smearing and staining. This can be corrected through retraining of microscopists. Extraordinally high rate such as 50 % was observed in some RHUs. It was found that this is due to the excessive selection of sputum specimens by MTs. This can be corrected through proper orientation in collection of sputum specimens.

5.2 Sputum Collection

Some deviations in practice of sputum collection from the new NTP guidelines were observed such as 3 specimens collected on the day when symptomatics visited RHU instead of collection of spot, morning and spot. Symptomatics were sent to RHU to submit specimens instead of collection at BHS.

5.3 Proportion of Smear Positive Patients among Total Patients Registered for Treatment

The proportion of new smear positive patients among the patients registered for treatment in the last quarter 1996 was 47.9 % and decreased to 39.2 % in the 1st quarter 1997. The priority of treatment in the new NTP focus on smear positive cases and the Government is spending 90 % of TB budget for procurement of drugs leaving the rest for training and monitoring which are important for maintaining of quality of the program. To improve this orientation of the doctors working at the medical facilities other than RHUs / HCs is necessary.

1.2. Joint Evaluation of the Project by DOH, JICA and WHO

Since the Project will end at the end of August 1997, the final evaluation was made jointly by DOH, JICA and WHO 21 to 26 April. The evaluation team appreciated the Project performance which was stated the above paragraph 1.1., recognized the Project can serve as a model for other part of the country and recommended that the Project activities should be replicated in the other provinces where the NTP has not been well established.

1:3. Evaluation of DOTS Activities

Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association funded the evaluation of DOTS which has been implemented in one RHU per District of the 1st ISA and the whole area of Danao and the selected areas of Cebu and Mandaue Cities since November 1996. Dr M Suchi, Dr R Komatu from RIT and Mr H Sato from Research Institute of Asian Economy participated the evaluation activity. All smear positive cases registered for treatment were undergoing DOTS. 77.1 % of treatment partners were BHW. 62.9 % took all drugs at one time. It is expected that more patients will take drugs at one time through patients education. Sputum conversion at the 2nd month was as high as 90.5 %.

1.4 The New NTP Policies and Strategy

The new NTP policy statement, service procedure and training module were discussed based on the experiences gained from JICA Project and WHO Pilot Project and finalized jointly by the staff of DOH TBCS, JICA staff and their counterparts and Dr D Ahn WHO on the 6th and 8th January and 3rd and 4th March.

1.5. Orientation Training of Chief District Hospitals

Orientation training was conducted for the chiefs of the District Hospitals for 2 days on 18 and 19th March. 19 chiefs and Assistant Provincial Health Officer attended. During the meeting the role of District Hospitals were defined as follows. The hospitals follow the new NTP guidelines examining TB symptomatics with microscopy of 3 specimens and treat inpatients who are seriously ill and/or with complication only. The patients who will be treated on ambulatory basis including discharged patients shall be referred to the RHUs which cover the patients' residence.

1.6. Cooperation with PTS Cebu Pavilion

Two meetings were held on the role of PTS Cebu Pavilion in NTP one between the Pavilion and the Project and the other between City Health Office and the Project. Although the tuberculosis service of the Pavilion has been appreciated by the public, they do not have a system to hold the patients to ensure compliance of treatment. The role of the Pavilion should be limited to the diagnosis service and the patients who need treatment should be referred to the RHUs or City HCs which cover the patients' residence.

1.7. Training in Laboratory Work

1.7.1 Quality Control

Senior technicians of Cebu City underwent training in quality control of microscopy for 2 days 9th to 10th January at the Reference Laboratory. Since the same training was conducted for those of Mandaue and Lapu-Lapu Cities in the last year, now all the microscopy service in the Project area is covered by quality control service.

1.7.2 6 technicians who were newly engaged in microscopy at field laboratories underwent a 5 days training in tuberculosis microscopy 27-31 January at RL. Now microscopy service is available at all the RHUs and City HCs in the Project area.

1.8. Expansion of DOTS Implementation

Since DOTS was well accepted by the health workers such as RHMs and BHWs and the patients in the pilot area as mentioned in the paragraph 1.3, the expansion were being planed to 56 RHUs and all HCs in the 3 Cities and the one day training activities are being conducted for the workers at RHUs and BHS and BHWs since June and will be completed by the end of August.

1.9. Seminar for Cebu Medical Society

In order to orient the medical doctors working at the medical facilities other than RHUs and City HCs in the new NTP policies and strategies, a half day seminar was held in cooperation with Cebu Medical Society Inc. and BAGA Inc. on the 10 th May. Dr M Aoki, Head of Board of Directors, Japan Anti-Tuberculosis Association was invited as a main speaker. Since the day coincided with the annual meeting of internal medicine held in Manila, the number of attendants was not many. However most of the doctors involved in tuberculosis service in town attended and the discussions were quite active and fruitful.

1.10 Visits of Short Term Experts

1.10.1 Dr M Suchi visited the Project 2 times as JICA ST Expert 13 February to 9 March and 13 April to 11 May and made intensive supervisory visit-to a number of RHUs and City HC to assist monitoring of the Project activities. He also visited the Project to assist in implementation of DOTS. He identified the problems of sputum collection as stated in the paragraph 1.1. and DOTS which were discussed at the Refresher Training course.

1.10.2 Ms A Fujiki visited the Project twice one from 12 May to 4 June the other from 30 July to 23 August to assist in developing culture technique and quality control of smear examination. This time she visited several field laboratories where the rate for positive cases diagnosed / symptomatics is lower than 10 % and found inadequate smearing and staining is the reason for the low rate. She attended the monthly meeting of MTs on 8th August and discussed how to improve the quality of microscopy in the field.

1.11 Refresher Training

One day refresher training was held 7 times dividing the participants into batches in July to discuss the progress of the Project and measures to be taken to solve the problems stated in the paragraph 1.1. All MHOs, PHNs and MTs at RHUs and City HCs attended except those from Danao, Cebu and Toledo Cities for whom the training was postponed to in September.

1.12 Orientation Training of Workers at District Hospital in the New NTP

One day training was held to orient the workers at District Hospitals in the new NTP policies and strategies and obtain their cooperation in NTP. This activities were conducted 4 times dividing the participants into 4 batches

1.13. Training in Japan

1.13.1 Dr E Teleron Regional Coordinator underwent TB Control Program Management Course conducted by Research Institute of Tuberculosis, Japan from5 May to 22 June.

1.13.2 Dr Rosalind G Vianzon Medical Officer in the TBCS who will be incharge of the next JICA Project is now undergoing Tuberculosis Control Course, RIT Japan from 16 June to 10 October.

1.13.4 Ms Lucy Aguiman has been designated as a candidate for the Laboratory Works for TB, RIT, Japan from 27 October 1997 to 12 February 1998.

1.14. Equipment Provided by JICA

The equipment listed in the ANNEX was provided to the Project by JICA. Those procured with the fund of 1996 Japanese fiscal year were already handed over to the Regional Office and the hand over of those procured with the fund of 1997 fiscal year are now under process.

II Problems and Issues

2.1 Cooperation of Private Sectors

Many smear negative patients (58.2 % of the newly registered cases) referred by private practioners are treated. The Government spends 90 % of TB budget.

National Seminar was conducted in October last year and Cebu Seminar co-sponsored with Cebu Medical Society and BAGA Inc. in May this year.

More dialog with Medical Society should be made.

2.2 Cooperation of LGUs

Majority of LGUs are cooperative such as allowing their worker to attend our training and providing laboratory supplies. However more cooperation is needed for smooth management or prompt supply of parts which is essential for maintenance of equipment.

2.3 Supervision

Supervision, Monitoring and OJB Training should be intensified because the field workers always face difficulties in practice after they receive group training.

2.4 Maintaining of Monthly Administrative Meeting and Coordinators Meeting every 2 month

These meetings are essential for effective management of the Project.

2.5 Organization

2.5.1 Roles of Meetings such as JCCM, TWG and Administrative Meeting

2.5.2 Role of Regional, Provincial and City Coordinators and District Nurse Coordinators

III Future Planning

3.1 Refresher Training for the workers of Cebu, Danao and Toledo.

3.2 Launching of the new NTP in Siquijor followed by baseline survey starting 15 September.

3.3 Training of the workers in Siquijor in October

3.4 Launching of the new NTP in January 1998 followed by training in Negros Oriental.

3.5 Maintaining the present JICA Office with 2 technical assistants

LIST OF EQUIPMENT

Budget for Japanese Fiscal Year 1996 (April '96 ~ March '97)
Equipment were procured in March and donated to DOH in April 1997.

Quantity	Name of Equipment	Amount (PESO)
10 Units	Binocular Microscope Nikon SE with: Plastic Case	636,260.00
2 Units	Flourescent Microscope	898,000.00
1 Unit	Teaching Microscope	180,000.00
30 Units	Laboratory Sink	228,000.00
120 Pcs	Staining Rod	6,000.00
180 Pcs	Slide Rack	81,000.00
60 Units	Water Tank	6,900.00
5 Units	Motorcycle Honda C70 with:	155,000.00
	5 Units Muffler	9,900.00
	5 Units Safety Helmet	4,750.00
	5 Units Rear Carrier	6,000.00
1 Unit	Motorcycle TMX 155 with:	54,000.00
	1 Unit Muffler	2,600.00
	1 Unit Safety Helmet	950.00
1 Unit	Multicab	174,580.00
1 Unit	Vehicle 4X4	370,000.00
2 Units	Electronic White Board with:	126,000.00
	1 Rl. Thermal Paper	60.00
	Total Amount	2,940,000.00

Budget for Japanese Fiscal Year 1997
18 Units of Binocular Microscope has been procured — 1,145,268.00
It will be used for the 1st and 2nd Phase Project Areas.

TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE PROJECT: ACTIVITIES

I.	ACTIVITIES FOR THE OUTPUT OF THE PROJECT	Year 1 Sept. 1997 - Aug. 1998	Year 2 Sept. 1998 - Aug. 1999	Year 3 Sept. 1999 - Aug. 2000	Year 4 Sept. 2000 - Aug. 2001	Year 5 Sept. 2001- Aug. 2002
1.	Establishment of National Tuberculosis Reference Laboratory	===============	===============	===============	===============	===============
2.	Maintenance of implementation of new NTP policies and strategies in Cebu Province and expansion of implementation of new NTP policies and strategies to three other provinces in Region VII	===============	===============	===============		
3.	Establishment of NTP national demonstration site in Laguna Province, Region IV	===============	===============	===============		
4.	Assistance in expansion of the implementation of the new NTP policies and strategies to cover some other provinces			=======	===============	===============

NOTE: This schedule is subject to change within the framework of the Record of Discussion when the necessity arises during the course of the Project implementation

TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE PROJECT: INPUTS

II. INPUTS BY JICA	Year 1 Sept. 1997 - Aug. 1998	Year 2 Sept. 1998 - Aug. 1999	Year 3 Sept. 1999 - Aug. 2000	Year 4 Sept. 2000 - Aug. 2001	Year 5 Sept. 2001 - Aug. 2002
1. Dispatch of Japanese Experts in the Philippines					
1.1 Long Term					
a. Chief Advisor	===============	===============	===============	===============	===============
b. Coordinator	===============	===============	===============	===============	===============
c. Tuberculosis Control	4月 =====	===============	===============	===============	===============
d. Bacteriology	=====	===============	===========		
e. Other related fields mutually agreed upon as necessary					
1.2 Short Term					
a. Tuberculosis Control	== ==	== == ==	== == ==	== == ==	== == ==
b. Epidemiology	==	==	==	==	==
c. Bacteriology		== == ==	== == ==	== == ==	== == ==
d. Other related fields mutually agreed upon as necessary					
2. Counterpart Training in Japan					
a. Tuberculosis Control	====	====	====	====	====
b. Laboratory Works for Tuberculosis Program Management	====	====	====	====	====
c. National Tuberculosis Program management	==	==	==	==	==
3. Provision of Equipment	==	==	==	==	==
4. JICA study mission	Consultation Team		Advisory Team		Evaluation Team

III. INPUTS BY THE PHILIPPINE SIDE	Year 1 Sept. 1997 - Aug. 1998	Year 2 Sept. 1998 - Aug. 1999	Year 3 Sept. 1999 - Aug. 2000	Year 4 Sept. 2000 - Aug. 2001	Year 5 Sept. 2001 - Aug. 2002
1. Assignment of counterpart personnel	===============	===============	===============	===============	===============
2. Provision of office space for Japanese experts					
DOH - Central Office	===============	===============	===============	===============	===============
DOH - Regional Office	===============	===============	===============	===============	===============
3. Provision of anti-tuberculosis drugs and laboratory supplies	===============	===============	===============	===============	===============
4. Meeting of Coordinating Committees					
Joint Coordinating Committee	==	==	==	==	==
Technical Working Group	==	==	==	==	==
* The Committee may meet more often as the need arises					
5. Submit annual activity report	==	==	==	==	==

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

DATE : August 14, 1997
VENUE : Reference Laboratory of Cebu Chest Center
CHAIRPERSON : **DR. MARIQUITA MANTALA**
Director III, TB Control Service
Department of Health

MEMBERS PRESENT:

DR. MILAGROS BACUS
Director III
DOH-RFO 7

DR. JESUS FERNANDEZ
Provincial Health Officer II
Cebu Province

DR. ANTONIO VILLAMOR
Provincial Health Officer I
Cebu Province

DR. TOMAS FERNANDEZ
City Health Officer III
Cebu City

DR. FELICITAS MANALOTO
Asst. City Health Officer
Cebu City

MR. HIROSHI GOTO
Resident Representative
JICA Philippine Office

MS. MAKI NAGAI
Assistant Resident Representative
JICA Philippine Office

DR. SHOICHI ENDO
Chief Adviser
DOH-JICA Project, Cebu City

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

COUNTERPARTS AND OBSERVERS PRESENT:

MS. LETICIA O. CANOY
Administrative Officer V
DOH-RFO 7

DR. LUCIA S. FLORENDO
Provincial Coordinator
DOH-RFO 7

DR. ELAINE TELERON
Regional TB Medical Coordinator
DOH-RFO 7

DR. RAMON MACEREN
Chief, Technical Division
DOH-RFO 7

DR. EDGARDO ZAFRA
Provincial Coordinator
DOH-RFO 7

MS. COLITA AUZA
Regional TB Nurse Coordinator
DOH-RFO 7

DR. MEDALLA BORROMEO
City TB Coordinator
Cebu City Health Department

DR. ENRIQUE SANCHO
Chief, Cebu Chest Center
DOH-RFO 7

DR. CRISTINA GIANGO
Provincial TB Medical Coordinator
Cebu Province

MS. MARIA CAROLYN FULARON
Technical Assistant

NYREE DAWN CAÑETE
Technical Assistant
DOH-JICA Project

IV. Discussions on the Progress Report

4.1 Assistance of District Nurse Coordinators on NTP Activities

4.2 Guidelines on Equipment Distribution

4.3 More involvement of the Chief of the Technical Division Chief on the Phase II of the Project

4.4 Effectiveness of BCG given to grade I pupils (school entrance)

4.5 Cebu Philippine Tuberculosis Society will serve as diagnostic center and treatment unit for hospitalized patients only

4.6 DOTS minimize the number of lost cases

4.7 Procurement of additional TB drugs by LGUs

4.8 Transfer of one Project telephone line to the Technical Division

V. Future Work Plan

5.1 Refresher training for the health workers of Cebu, Danao and Toledo

5.2 Launching of the new NTP in Siquijor followed by a baseline survey

5.3 Training of the health workers in Siquijor in October

5.4 Launching of the Project in Negros Oriental by January 1998

5.5 Maintaining the present JICA Office

VI. Messages on the Project

VII. Addendum

The signing of the Records of Discussion of the DOH-JICA Project Assistance to Control TB - Phase II

Minutes Proper: (See Annex A for Minutes in Detail)

I. Issues arising from the sixth JCC.

II. Progress Report

2.1 Performance of the new NTP in Cebu Project Areas

1. No. of Symptomatics examined
2. No. of Smear Positive Cases diagnosed
3. Treatment
4. Overall performance
5. Problems in Performance
   - 5.1 Positive Rate of Smear Examination
   - 5.2 Sputum collection
   - 5.3 Proportion of Smear Positive Patients among Total Patients Registered for Treatment

2.2 Joint Evaluation of the Project by DOH, JICA and WHO

2.3 Evaluation of Directly Observed Treatment Short-course (DOTS) Activities

2.4 The New NTP Policies and Strategy

2.5 NTP Orientation Training of Chief's of District Hospitals

2.6 Cooperation with Cebu Philippine Tuberculosis Society

2.7 Training in Laboratory Work

2.7.1 Quality Control

2.7.2 Basic Training Course on Sputum Microscopy

2.8 Expansion of DOTS Implementation

2.9 Seminar for Cebu Medical Society

2.10 Visits of Short-term Experts

2.10.1 Short-term expert on TB Control

2.10.2 Short-term expert on Bacteriology

2.11 Refresher Training

2.12 NTP Orientation Training of District Hospital Staff

2.13 Training in Japan

2.14 Equipment Provided by JICA

III. Problems and Issues

3.1 Cooperation of Private Sectors

3.2 Cooperation of LGUs

3.3 Supervision

3.4 Maintaining of Meetings such as JCCM, Technical Working Group and Executive staff of Regional Office

Annex A
Minutes in Detail
Seventh Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
Reference Laboratory of Cebu Chest Center
August 14, 1997

The meeting was presided by Dr. Mantala. Review of the minutes of the fifth JCCM was done.

I. The issues arising from the sixth JCC.

1. The action undertaken to solve the problem on lost cases as shown in the 4th quarter of 1995 cohort analysis and the findings observed in the new NTP guideline implementation will be presented in the progress report.

2. Assigning a full time TB Coordinator for the second phase of the Project.

The TB Control Service started the negotiations with the provincial government where the new NTP is piloted requesting for a full time TB Coordinator.

In Siquijor, this matter will be presented to the provincial government. Then, it will be requested that the workload of coordinator will be more concentrated to NTP. Dr. Mantala stated the case of Batangas and Antique, in which the designated TB Coordinator's are not exclusively for NTP but set the priorities of their job on NTP activities. When a provincial coordinator will not be available, a DOH personnel maybe sought.

II. Progress Report

2.1 Performance of the new NTP in Cebu Project Areas

The quarterly report for the 1st quarter (January to March) of 1997, which is the second report covering entire Project area, shows the performance as follows:

1. No. of Symptomatics examined

A total of 4, 914 symptomatics were examined. This is 600 or 13.7% increase from the previous quarter. The rate of TB symptomatics with three sputum specimen collected is 93.8% (91.4% from the previous quarter). This is considered as satisfactory.

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the previous quarter. However, this difference is considered within the range of random fluctuation. The number of smear positive cases diagnosed in the two quarters October to March is 1,469 for the entire Project area.

Assuming that the same case finding activity will continue and nearly the same number of smear positive cases will be diagnosed in the future, nearly 3,000 smear positive cases will be discovered a year. The rate of this figure per population is 101/100, 000 a year.

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A total of 335 smear positive cases are registered for treatment in the 1st and 2nd ISA during the quarter of January to March 1996. The cohort analysis of these cases showed that 276 cases were cured. The cure rate is 82.4% which is close to the goal of the new NTP and therefore is considered satisfactory. Seven (7), 2.1% were completed. If the follow-up examination is duly done, this can be classified as cured. Twenty eight (28) cases were lost and many of them refused treatment because of minor adverse reaction such as abdominal discomfort or loss of appetite. This can be reduced by good health education or implementation of DOTS which makes patients-health worker relationship better.

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Extraordinarily high rate such as 50% was observed in some RHUs. This is due to the excessive selection of sputum specimens by MTs. This can be corrected through proper orientation in collection of sputum specimens.

5.2 Sputum collection

Some deviations in practice of sputum collection from the new NTP guidelines were observed. Example of these is 3 specimens are collected in one day when symptomatics visits the

RHU instead of collection of spot, early morning and spot. In many RHUs, symptomatics were sent to the RHU to submit sputum collection instead of sputum collection at the BHS.

5.3 Proportion of Smear Positive Patients among Total Patients Registered for Treatment

The proportion of new smear positive patients among the patients registered for treatment in the last quarter 1996 was 47.9% and decreased to 39.2% in the 1st quarter 1997. It is important to maximize the use of TB drugs. In the new NTP, smear positive cases is the priority for treatment. The government is spending 90% of TB budget for procurement of drugs leaving the rest for training and monitoring which are important for maintaining the quality of the program. To improve this findings, orientation of the doctors working at the medical facilities other than RHUs/HCs who refer the X-ray positive patients to RHUs/HCs is necessary.

2.2 Joint Evaluation of the Project by DOH, JICA and WHO

A final evaluation of the Project which will terminate at the end of August 1997, was made jointly by DOH, JICA and WHO last April 21-26, 1997. The evaluation team appreciated the Project performance which was stated in paragraph 1.1, recognized that the Project can serve as a model for other parts of the country and recommended that the Project activities should be replicated in the other provinces where the NTP has not been well established.

2.3 Evaluation of Directly Observed Treatment Short-course (DOTS) Activities

Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association funded the evaluation of DOTS which has been implemented in one RHU per District of the 1st ISA and the whole area of Danao and the selected areas of Cebu and Mandaue Cities since November 1996.

Dr. M. Suchi, Dr. R. Komatsu from RIT and Mr. H. Sato from Research Institute of Asian Economy participated the evaluation activity. All smear positive cases registered for treatment were undergoing DOTS. 77.1% of treatment partners were BHW. 62.9% took all drugs at one time. It is expected that more patients will take drugs at one time through patient education. Sputum conversion at the 2nd month was as high as 90.5%.

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The new NTP policy statement, service procedure and training module were discussed based on the experiences gained from JICA Project and WHO Pilot Project and finalized jointly

by the staff of DOH-TBCS, JICA staff and their counterparts and Dr. D. Ahn, WHO on the 6th and 8th January and 3rd and 4th March.

2.5 NTP Orientation Training of the Chief's of District Hospitals

Orientation training was conducted for the chiefs of the District Hospitals for 2 days on 18 and 19th March. Nineteen (19) Chiefs and the Assistant Provincial Health Officer attended the training. During the meeting, the role of the District Hospitals were defined as follows;

1) The hospital will follow the new NTP guidelines examining TB symptomatics by microscopy;
2) Three (3) sputum specimens will be collected per symptomatic
3) The hospital will treat inpatients who are seriously ill and/or with complication only. Patients who will be treated on ambulatory basis including discharged patients shall be referred to the RHUs which cover the patients' residence.

2.6 Cooperation with Cebu Philippine Tuberculosis Society

Two meetings were held on the role of PTS Cebu Pavilion on NTP, one between the Pavilion and the Project and the other between Cebu City Health Office and the Project. Although tuberculosis service of the Pavilion has been appreciated by the public, they do not have a system to hold the patient to ensure compliance to treatment. The role of the Pavilion should be limited to diagnosis service and the patients who need treatment should be referred to the RHUs or City HCs which cover the patients' residence.

2.7 Training in Laboratory Work

2.7.1 Quality Control

Senior technicians of Cebu City underwent training on quality control on sputum microscopy for 2 days, 9th to 10th January at the Reference Laboratory. Since the same training was conducted for those of Mandaue and Lapu-lapu cities last year, now all the microscopy service in the Project area is covered by quality control service.

2.7.2 Basic Training Course on Sputum Microscopy

Six (6) who were newly engaged in microscopy at the field laboratories underwent a five days training in tuberculosis microscopy from 27-31 January at the R/L. Now microscopy service

is available at all RHUs and City HCs in the Project area.

2.8 Expansion of DOTS Implementation

With the good acceptance of DOTS by health workers like RHMs, BHWs and the patients in the pilot areas as mentioned in the paragraph 1.3, an expansion of DOTS activities are scheduled covering 56 RHUs and all HCs in the 3 Cities. A one day training being conducted for the RHU staff with the BHWs since June will be completed by the end of August 1997.

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Inorder to orient the medical doctors working at the medical facilities other than RHUs and City HCs in the new NTP policies and strategies, a half day seminar was held in cooperation with Cebu Medical Society Inc. and Baga Inc. on the 10th of May. Dr. M. Aoki, Head of Board of Directors, JATA was invited as a main speaker. Since the day coincided with the annual meeting of the Internal Medicine held in Manila, the number of attendants was not many. However, most of the doctors involved in tuberculosis service in the city attended and the discussions were quite active and fruitful.

2.10 Visits of Short-term Experts

2.10.1 Short-term expert on TB Control

Dr. Suchi visited the Project twice as short term JICA expert last February 13-March 9 and April 13 to May 11 and made intensive supervisory visit to a number of RHUs and City HC to assist in monitoring of Project activities. He also visited the Project to assist in the implementation of D.O.T.S. He identified the problems of sputum collection as stated in paragraph 1.1 and D.O.T.S. activities which were discussed at the Refresher Training Course.

2.10.2 Short-term expert on Bacteriology

Ms. A Fujiki visited the Project twice one from May 12 to June 4 and another from July 30 to August 23 to assist in developing culture technique and quality control of smear examination. This time she visited several field laboratories where the rate for positive cases diagnosed/symptomatics is lower than 10%. Inadequacy in smearing and staining is the reason for low rate. She attended the monthly meeting of MTs on 8th of August and discussed how to improve the quality of microscopy in the field.

2.11 Refresher Training

A one day Refresher training was held seven (7) times dividing the participants into batches last July to discuss the progress of the Project and measures to be taken to solve the problems stated in paragraph 1.1. All MHOs, PHNs and MTs at RHUs and City HCs attended except those from Danao, Cebu and Toledo Cities for whom the training was postponed to September.

2.12 NTP Orientation Training of District Hospital Staff

A one day training was held to orient the workers at District Hospitals in the new NTP policies and strategies and obtain their cooperation in NTP. This activities were conducted four times dividing the participants into 4 batches.

2.13 Training in Japan

2.13.1 Dr. E. Teleron, Regional Coordinator underwent TB Control Program Management Course conducted by Research Institute of Tuberculosis, Japan from May 5 to June 22.

2.13.2 Dr. Rosalind G. Vianzon, Medical Officer in TBCS who will be in-charge of the next JICA Project is now undergoing Tuberculosis Control Course in RIT, Japan from June 16 to October 10.

2.13.3 Ms. Lucy Aguiman has been designated as a candidate for the Laboratory Works for TB in RIT, Japan from 27 October to 12 February 1998.

2.14 Equipment Provided by JICA

The equipment listed in the Annex was provided to the Project by JICA. The equipment obtained from the 1996 Japanese fiscal year funds were already handed over to the Regional Office 7. Those equipment procured from the 1997 fiscal year funds are now under process.

III. Problems and Issues

3.1 Cooperation of Private Sectors

Many smear negative patients (58.2% of newly registered cases) referred by private practitioners are treated. The government spends 90% of TB budget for drugs.

National Seminar was conducted in October last year and Cebu Seminar co-sponsored with Cebu Medical Society and Baga Inc. in May this year.

More dialog with Medical Society should be made.

3.2 Cooperation of LGUs

Majority of LGUs are cooperative like in allowing their workers to participate in our training and some provided laboratory supplies. However, more cooperation is needed for smooth management or prompt supply of parts which is essential for maintenance of equipment.

3.3 Supervision

Supervision, monitoring and on-the-job training should be intensified to assist field workers who commonly face difficulties in practice after receiving the group training.

3.4 Maintaining of Meetings such as JCCM, Technical Working Group and Executive staff of Regional Office Meeting

These meetings are essential for effective management of the Project.

IV. Discussions on the Progress Report

4. 1 Assistance of District Nurse Coordinators on NTP Activities

Dr. Endo appreciated the assistance of DNCs especially in the conduct of training and supervision in the field. He express concern on the reorganization of functions of the Region especially to DNCs which might affect the monitoring activities in the field.

Dr. Maceren explained that the DNCs detained at the Regional Office are given enough time to supervise their areas besides their function as a DOH representative. Coordination with Local Government Assistance Monitoring Service (LGAMS) with their roles & involvement in NTP should be made when the assistance of the DNCs is needed.

4.2 Guidelines on Equipment Distribution

Mrs. Canoy proposed to have a standard guidelines on equipment distribution to facilitate the documents needed (MOAs) and release of equipment especially with the Project expansion to other provinces. The body agreed that through the Technical Working Group, a draft of the guidelines on equipment allocation, distribution and maintenance be made. The draft guideline shall be submitted to the Administrative Committee for comments and thereby be approved by JCC.

4.3 More involvement of the Chief of Technical Division on the Phase II of the Project

It was recommended that the Chief of the Technical Division of the Regional Office be involved extensively in the technical and administrative aspect of the project implementation. Dr. Teleron, chairperson of the Technical Working Group invited Dr. Maceren on this meeting.

4.4 Effectiveness of BCG given to grade I pupils (school entrance)

Dr. J. Fernandez raised the issue on TB Control Service policy on the effectiveness of the second dose of BCG given to grade I pupils. This issue was raised during the Seminar with private physicians last May. Dr. Mantala assured the body that TBCS will study and decide on this matter with the involvement of WHO and JICA. Dr. Endo commit to provide reference materials from the Research Institute of TB, Japan to facilitate discussion on this matter.

4.5 Cebu Philippine Tuberculosis Society will serve as diagnostic center and treatment unit for hospitalized patients only

Dr. Mantala affirmed that PTS has inadequate manpower to follow-up TB cases, hence it is advised that they shall only be a diagnostic center and treat in-patients only. PTS has a TB microscopy laboratory and X-ray facilities.

A problem that was raised is that PTS do not follow the new NTP guidelines even after they were trained.

It was suggested that another discussion with PTS will be done together with Cebu City and JICA.

4.6 DOTS minimizes the number of lost cases

As clarified from the minutes of the 6th JCCM, it was noted that with the introduction of

Directly Observed Treatment Short-course (DOTS) from November 1996, lost cases are minimized and rapport between health worker and patient has improved.

4.7 Procurement of additional TB drugs by LGUs

Dr. Mantala informed that there still a shortage of TB drugs. She ask the support of the LGUs for smear negative patients (Regimen III).

Dr. T. Fernandez requested DOH to communicate to the LGUs for the need to procure additional TB drugs. Dr. Mantala promised to facilitate the said request.

Dr. Endo requested TBCS for additional Ethambutol in the pilot areas.

4.8 Transfer of one Project telephone line to the Technical Division

This matter will be discussed later on.

V. Future Work Plan

5.1 Refresher training for the health workers of Cebu, Danao and Toledo

This is a one day training that will be conducted sometime in September.

5.2 Launching of the Project in Siquijor followed by a baseline survey

The launching of the Project will be made this 15th of September to be followed by a baseline survey. The Project team will visit each Rural Health Unit to assess the TB Control Program implementation and equipment needs like microscopes.

5.3 Training of the health workers in Siquijor in October

The new NTP Guidelines training for Rural Health Unit staff in Siquijor is planned in October. After the completion of the training in all levels, implementation of the new NTP will be started. Allocation of equipment like microscopes has to be provided.

5.4 Launching of the Project in Negros Oriental in January 1998

The Project will be introduced in Negros Oriental by January 1998. This will be followed by the new NTP guidelines training for RHU staff.

5.5 Maintaining the present JICA Office

The JICA Office will be retained with 2 technical assistants. Dr. Endo will visit Cebu Project from time to time at least once a month to support the planned activities.

VI. Messages on the Project

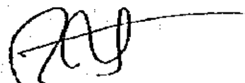
Dr. Endo express his gratitude in behalf of the Project for the support and cooperative effort of TBCS, Regional Office 7 and local government unit officers/staff which contributed to the success for the DOH-JICA Project on Tuberculosis Control. Through the good cooperation, the Project is appreciated by many people and makes JICA proud of this good performance.

Mr. Goto also expresses his sincere thanks for the cooperation of DOH, the province and City of Cebu that makes the Project a success.

Dr. Bacus conveyed her gratitude in behalf of Region 7 for the presence and successful DOH-JICA Project on Tuberculosis Control. She also gave appreciation to the Province of Cebu, Cities of Cebu and Mandaue for their continuous support to the TB Control Program. The Region looks forward for the implementation of the second phase of the Project which will now cover Siquijor, Negros Oriental and Bohol provinces. A happy farewell to the JICA experts and a good start for a new project in Manila was wished for.

Dr. Mantala expresses her thanks to the Members of the JCC and for the counterparts for their presence and active participation of the meeting.

THE CHAIRPERSON:



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JICA