

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Philippines

Project title:

Tuberculosis Control Project in the Philippines

Issue/Sector:

Health/Medical Care

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

First Medical Cooperation Division, Medical Cooperation Department

Total cost:

532 Million Yen

Period of Cooperation

1 September 1997 - 31 August 2002

Partner Country's Implementing Organization:

Department of Health (DOH), Center for Health Development

Supporting Organization in Japan:

The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association

Related Cooperation:

Project-type Technical Cooperation "the DOH-JICA Public Health Project"

Grant Aid : "National TB Reference Laboratory(NTRL)"

Community Empowerment Program; "The PTS-JICA Relief Program for Indigent TB Patient"

In-country Training Program; "National Tuberculosis Program"

1-1 Background of the Project

Tuberculosis (TB) is still a serious health problem in the Philippines. The mortality rate from TB is ranked as high as fifth place in the world. The Government of Japan implemented the DOH-JICA Public Health Project in Cebu province, started in 1992 and ended in August 1997, which was aimed at coping with TB. The Project developed a demonstration model of the revised National Tuberculosis Control Program (NTP) initiated by the Department of Health (DOH). Based on the results of this project, the Government of Philippines requested Project-type Technical Cooperation from Japan for DOH expansion of the demonstration area of NTP across the nation.

1-2 Project Overview

This Project supports the activities of the personnel in each municipality and province in order to extend the demonstration model of NTP (improvement of Directly Observed Treatment, Short-course, and demonstration methods such as trainer's training and a formulated report), which was first conducted in Cebu province

(1) Overall Goal

Tuberculosis in the Philippines is controlled.

(2) Project Purpose

The Management of the National Tuberculosis Control Program (NTP) at all levels is improved.

(3) Outputs

1) The implementation of the NTP in the model area, Cebu province, is maintained and expanded to three other provinces (Negros Oriental, Bohol, Siquijor) in Region 7.

2) NTP demonstration site is established in Laguna Province, Region 7.

- 3) Implementation of the NTP is expanded to other provinces.
- 4) A laboratory service network centered on the laboratory quality assurance system of the National TB Reference Laboratory (NTRL) is established.
- 5) The drug resistance survey (DRS) in Cebu and Mandaue Cities is properly conducted.
- 6) The nationwide drug resistance survey is conducted.

(4) Inputs

Japanese side:

Long-term Experts	5	Equipment	111 Million Yen
Short-term Experts	22	Local Cost	80 Million Yen
Trainees received	12		

Philippine Side:

Counterparts

Local Cost

2. Evaluation Team

Members of Evaluation Team

Team Leader: Toru MORI, Director, The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association
 Tuberculosis Control: Akihiro OSUMI, Department of International Cooperation, The Research Institute of Tuberculosis Japan, Anti-Tuberculosis Association
 Project Analysis: Hisakazu HIRAOKA, First Medical Cooperation Division, Medical Cooperation Department, JICA

Period of Evaluation 11 March 2002 - 20 March 2002 **Type of Evaluation:**
 Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

The Government of the Philippines endorsed the "National Objectives for Health, Philippines 1999-2003" in 1999, which announced that Tuberculosis has been one of the most hazardous communicable diseases and should be reduced by half in terms of its morbidity, mortality, and complications. Both the Overall Goal and the Project Purpose are in line with the health policy of the Philippines. The World Health Organization (WHO) declared a "Global TB emergency" in 1993 emphasizing the urgent need for action to control the global TB problem. The government of Japan announced the "Okinawa ID (infectious diseases) Initiative" and enhanced its assistance in the area of infectious diseases. Therefore, the Project is also in harmony with the policy of WHO and the relevancy is quite high.

(2) Effectiveness

The Project has established effective management procedure for the National Tuberculosis Program by training health personnel and through regular monitoring. In Cebu, the model area of the NTP, the cure rate has been maintained over 85 percent, which shows that the DOT plan had been well managed. The cure rate also exceeded 85 percent as of the 4th quarter of 2000 in the expansion area. The high quality of DOTS management was expanded to other provinces, which indicates that the Project Purpose will be accomplished. Moreover, the management ability of the TB prevention activities at the national level was improved through the drug resistance survey, etc.

(3) Efficiency

The functions of DOH were divided into different sections due to the Health Sector Reform Agenda, and the budget and the number of staff was cut. However, the Philippines side energetically performed their duty such as regular monitoring and supervision, and achieved outputs. The equipment provided was matched to local needs, available at all the sites and was easy to maintain. A small number of long-term experts who maintained a close relationship with counterparts and short-term experts with knowledge of the Philippines' TB prevention policy were dispatched as planned, resulting in considerable Project achievements. In view the above. The efficiency of the Project is considered quite high.

(4) Impact

The activities at the model area were well expanded to other areas, along with the expansion of high-quality health/Medicare services. As a result, the Rural Health Unit which engaged in the TB prevention has become more and more reliable as expected. The regular meeting of Project Assistance to Control Tuberculosis (PACT) held by DOH, National Economic Development Authority(NEDA), the Project, USAID, WHO/WPRO, NGO, and others, has built up a close relationship among cooperating organizations, which has made it easier to effectively implement NTP, and to establish a system of regular monitoring and supervision under the same approach.

(5) Sustainability

In terms of sustainability, the capacity building of health workers was largely achieved through the Project. However, further commitment of Local Government Units (LGUs) as well as DOH would be the key to sustaining high quality implementation of the NTP. LGUs as well as DOH should continuously secure a sufficient budget. It should be noted that the Project involved health volunteers, called Barangay Health Workers (BHWs) and working as DOTS treatment partners, achieved a high cure rate. This is a good example of how the NTP has utilized existing health assets and how the activities of BHWs will be continued.

3-2 Factors that promoted realization of effects

(1) Factors concerning Planning

High-quality cooperation has been achieved due to appropriate Project strategy. Baseline research, planning and operation in the model area and in the demonstration areas have resulted in successful expansion to other parts of the country.

(2) Factors concerning the Implementation Process

N/A

3-3 Factors that impeded realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning the Implementation Process

The Philippine side sometimes did not deliver the anti-TB drugs as planned. This gave rise to the concern that there was a shortage of the anti-TB drugs. Also, the launch of DOTS was delayed in some areas.

3-4 Conclusion

The Project has contributed to the expansion of DOTS in the Philippines. The Philippine NTP has been expanded more widely than expected due to hard work in each activity, daily communication, and good collaborative efforts among the other donors through PACT meetings, from the baseline surveys to implementation of the Project. The quality of the national TB prevention activities is also very high. Therefore, it can be considered that the Project has been successful.

3-5 Recommendations

The quality of the NTP implementation is still unsatisfactory in some areas outside the Project. Inappropriate activities of the NTP are likely to cause serious problems such as a drug resistant TB strain. DOH and LGUs should improve the management of the NTP with the assistance of the relevant agencies and strengthen collaboration to alleviate the impact of the TB problem. It is recommended that the Government of Japan consider further plans of cooperation to the Government of the Philippines to create the same level of achievement in other areas as well.

3-6 Lessons Learned

(1) Regular monitoring and supervision have been successfully implemented in the areas with little intervention by the Project. Thus, the Project shows that capacity building is an essential component of sustainability. It is effective to train counterparts through OJT such as regular monitoring and supervision.

(2) The stepwise progress from establishment of the model area in the previous Project as well as demonstration area will be crucial to ensure the quality of the program.

(3) Many partners are cooperating on TB control globally. An interagency coordinating committee such as PACT in the Philippines should be organized to promote effective coordination among the related agencies.

3-7 Follow-up Situation

DOH could expand DOTS across the Philippines with the support of JICA, WHO and other international cooperating organizations. However, technical support and regular monitoring and supervision were insufficient in the areas where DOT was implemented by the DOH budget or by other agencies. Therefore, many health centers have problems with the quality of the program and the sputum examination. The Government of the Philippines requested technical cooperation from JICA, which has demonstrated great successes in the improvement of the quality of the program and the sputum examination in order to break down the barriers of this situation and reduce TB problems by half by the year 2010, the overall goal. Thus, JICA is implementing Project-type technical cooperation in the Philippines under the Project title "Quality Tuberculosis Control Project" for five years, from 2002 to 2007.