GUIDELINES
IN ESTABLISHING
A DOTS NETWORK

A Step-by-Step Guide
**to Establishing a Local Delivery of
TB Services (DOTS) Network in Support of
the Tuberculosis Control Program**

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Guidelines in Establishing a DOTS Network

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Contents

Abbreviations

BJMP   Bureau of Jail Management and Penology
BPLO   Business Permit and Licensing Office
BuCor   Bureau of Corrections
CBO   Community-Based Organization
CHO   City Health Office
CHT   Community Health Team
DepEd   Department of Education
DOTS   Delivery of TB Services
DRTB   Drug-Resistant Tuberculosis
DSAP   Drugstores Association of the Philippines
DSTB   Drug-Susceptible Tuberculosis
DSWD   Department of Social Welfare and Development
FBO   Faith-Based Organization
ISTC   International Standards for TB Care
LGU   Local Government Unit
MOV   Means of Verification
NBP   National Bilibid Prison
NTRL   National Tuberculosis Reference Laboratory
PDI   Pharmacy DOTS Initiative
PhilSTEP1   Philippine Strategic Elimination Plan Phase 1
PHO   Provincial Health Office
PPhA   Philippine Pharmacists Association
RAR   Referral Acceptance Rate
Rif   Rifampicin
RR   Rifampicin Resistant
SDN   Service Delivery Network
SP   *Sangguniang Panglalawigan/Panlungsod* (provincial/city legislative council)
TML   Target Master List

Tools Index

Template for Master List of TB Service Providers (Step 2)

PowerPoint Presentation: Introduction to DOTS in SDN (Step 3)

Worksheet for Training Needs of Health Providers/TDRN members (Step 3)

Sample MOU for DOTS in SDN (Step 3)

Template for Directory of DOTS Facilities (Step 4)

Activity Design for Workshop on DOTS in SDN (Step 6)

Facilitator's Guide for Workshop in Developing SDN Referring Protocols and Procedures (Step 6)

Sample Referral Protocol (Step 6)

Sample LGU Referral Protocol (Step 6)

Guide Questions for Plenary Discussion during Workshop on Developing SDN Referral Protocols and Procedures (Step 6)

Sample Ordinance Adopting Implementation of TB Control Program (Step 7)

Indicators, Definition, MOV, and Data Sources (Step 8)

About this Toolkit

This toolkit presents the tools, templates, and steps in establishing local Delivery of TB Services (DOTS) in the service delivery network in support of the tuberculosis (TB) control program. The tools and templates in this toolkit were developed based on the collective experiences of local government partners of the **IMPACT Project**.

For whom is this toolkit?

This toolkit is intended primarily for NTP staff at the Department of Health (DOH) regional offices who are assigned to provide technical assistance to the provinces and highly urbanized cities (HUCs), and also for DOH Development Management Officers (DMOs) and Provincial/City Health Office NTP team members involved in establishing a DOTS network at the local level.

What does this toolkit contain?

This toolkit consists of two parts.

Part 1 provides an introduction, definition of terms, background information and the rationale for establishing a local DOTS network.

Part 2 describes the step-by-step process in establishing a local DOTS network.

Users of this toolkit may reproduce the tools and templates, including the PowerPoint presentations, provided in this TA package.

Introduction

The magnitude of the TB problem has placed the Philippines third among the 30 high-TB burden countries in incident TB cases per 100,000 population, and fifth among the top 30 countries with high multidrug-resistant TB (MDRTB) burden in thousand incident cases (WHO Global TB Report 2017). TB continues to be the country's 8th leading cause of death (DOH, 2013) and 8th top cause of illness (DOH, 2014). The 2016 National Tuberculosis Prevalence Survey showed that the burden of TB remains high among Filipino adults and is higher than previously estimated. About 1 million Filipinos are expected to have the TB disease and may not even know it. Factors associated with high prevalence include weaknesses in health systems and poor health-seeking behavior. Poverty and malnutrition further fuel the spread of TB. While the national government and its development partners have made significant investments in the TB control program, TB remains a major public health challenge with serious economic consequences. TB morbidity and premature mortality result in economic losses valued at PhP8 billion ($171 million) annually (Peabody J. et al., 2005).

The institution of the Directly Observed Treatment, Short Course (DOTS) strategy in 1996 and its nationwide implementation in the public health sector starting 2002 have enabled the country to make significant progress in TB control. Program performance, however, remains variable across cities and municipalities. Moreover, while the TB control program continues to gain broader support and greater momentum, it needs to keep pace with the rate of infection.

The Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT), a five-year technical assistance (TA) project funded by the United States Agency for International Development (USAID), sought to respond to the abovementioned challenges. The Project provided TA to the Department of Health (DOH) National TB Control Program (NTP) and worked directly with 43 provinces and cities – in Luzon, Visayas, and Mindanao, including the Autonomous Region in Muslim Mindanao – with the greatest burden of TB disease and lowest performance in both case detection and cure rates. IMPACT engaged both public and private sectors at the national and local levels to detect and successfully treat TB cases.

Guided by a harmonized blueprint of technical assistance and research initiatives, as well as the USAID TB Portfolio Results Framework, the Project worked with other USAID cooperating agencies and key partners involved in TB control. IMPACT measured the outcomes of project interventions against a set of national program indicators and targets identified in the enhanced Philippine Plan of Action to Control Tuberculosis (PhilPACT) 2010–2016. IMPACT was implemented from October 2012 to September 2017, with an extension period of seven months from October 2017 to April 2018.

The goal of IMPACT was to reduce TB prevalence by 30%, achieve 85% case detection rate for all forms of TB, and 90% cure rate for new smear-positive cases in all participating sites by 2017 relative to the 2010 baseline.

The Project aimed at achieving three objectives:

- strengthen demand for TB services through adoption of healthy behaviors within families;
- improve supply of TB services, including the availability and quality of public sector services and selective expansion of private sector providers; and
- remove policy and systems barriers to support supply of, and demand for TB services.

IMPACT complemented the health programs of USAID/Philippines and other development partners. Its activities are aligned with the principles of the United States Government Global Health Initiative and the Government of the Philippines' Universal Health Care agenda (*Kalusugan Pangkalahatan)*.

PART 1

A. Definition of Terms

DOTS – **Delivery of TB Services,** previously known as Directly-Observed Treatment, Short course. The act of providing different types of services that include information dissemination, education, finding presumptive TB patients, referring patients, screening, diagnosing, treating and ensuring that TB patients finish the entire duration of treatment.

DOTS in SDN – a province- or city-wide coordinated network of public and private health care facilities that provide a part or the entire spectrum of TB services from prevention, screening, diagnosis and to completion of treatment within the overall health service delivery network (SDN).

TB Service Providers – refers to any facility/group/individual involved in administering a part of, or the entire spectrum of TB-related health care, including prevention and referral services.

DOTS facility – a health care facility, whether public or private, that provides the entire spectrum of TB services, including screening, diagnostic, therapeutic, and those preventive in nature, in accordance with the policies and guidelines of the NTP. It maintains a TB Register.

DOTS referring facility/individual/group – a facility, individual or group that has a functional system of ensuring that presumptive TB or diagnosed TB cases are successfully referred to other DOTS facilities. This can be further classified into the following:

- o Health facility – hospitals, stand-alone private clinics, pharmacies, jail clinics
- o Non-health facility – schools, workplaces, day care centers, orphanages, residential homes
- o Non-health individual/group – church/faith-based organizations, community health teams, community volunteers, TB Task Forces

LGU TB core team – refers to the group of people designated by the provincial and city local government unit (LGU) as managers and coordinators for the NTP. This is composed of a physician, nurse and medical technologist.

Non-NTP providers – a general term used to refer to TB service providers coming from the private sector, other government facilities (outside the health centers), and the community (e.g., community-based organizations, community health teams, barangay health workers).

Patient-centered care – delivery of health care which considers the preferences, aspirations, gender and human rights of individual service users and the cultures of their communities.

Referral tracking mechanism – the process whereby sources and outcomes of referrals are determined by the DOTS facility.

TB service – performance of a function related to TB that includes giving information, referring, tracking, preventing, screening, diagnosis and treatment.

B. Establishing Delivery of TB Services (DOTS) in a Service Delivery Network (SDN)

To be considered functional, a DOTS in SDN should have the following attributes:

1. Directory of all facilities providing TB services
2. Coordinating Body
3. Formal agreements/policy support
4. Protocols and Procedures including referral tracking mechanisms
5. Provision of services
6. Monitoring and Evaluation system

The National Tuberculosis Control Program (NTP) recognizes that without the active participation of other players, like the private sector, other government agencies and the community, eliminating TB would be difficult. It also recognizes the Philippine context of having a complex and segmented healthcare system from the national to the local level and between public and private health care providers. This makes it difficult for patients, especially the poor, to avail of quality health services.[1]

Establishing a local DOTS network is a strategy to connect all TB service providers from both the public and private sectors, including TB education services from the community, to achieve the following objectives: (1) reduce delay in the diagnosis and treatment of a TB case; (2) ensure continuity of care and compliance to treatment; (3) reduce out-of-pocket costs to patients; (4) ensure that the TB patient is registered and notified to NTP; and (5) ensure that other health needs (e.g., comorbidities) of TB patients are addressed. It is one of the targets of PhilSTEP1 under the sixth strategy to expand provision of expanded and integrated patient-centered TB services. Under this strategy, 80% of provinces and 100% of highly urbanized cities (HUCs) are targeted to have a functional DOTS network by year 2022.

This strategy is also aligned with the Philippine Health Agenda under the current Administration. This guarantees that all Filipinos have equitable geographic and financial access to a comprehensive range of quality health services available in different levels of care upon first contact with a healthcare facility by establishing SDNs.

DOTS in SDN is meant to be established within the SDN under the Philippine Health Agenda and not as a separate entity.

Before embarking on this journey and taking on this huge task, please make sure that you have the following systems support to ensure that your DOTS in SDN will become functional and sustain its activities for a very long time.

Systems Requirements

1. *A good information system.* The default information system for the TB program is the Integrated TB Information System (ITIS). However, there is a volume of information NOT found in ITIS that you will need to monitor the functionality of DOTS in SDN. You may have to create a subsystem to complement the data that ITIS generates. It may be paper-based or web-based depending on your LGU's resources. You need to create this information system as you go along and conduct

the various steps and activities to establish DOTS in SDN. A guide on what indicators to monitor is found in Step 8 of this toolkit.

2. *A strong political will.* For DOTS in SDN to function, you need the powerful influence of all political leaders and heads of government offices in your province. To obtain this, it is best that you advocate with them first before endeavoring to establish DOTS in SDN. You will need all the support you can get, and their support is the one that really counts.

3. *Consistent and reliable funding support* for SDN-related activities such as program implementation reviews (PIRs) with partners, partnership-building activities, and development of referral protocols.

Expected Output

Functional delivery of TB services in a service delivery network

Outcomes

- Short term:
  - Engagement of private sector and other government agencies in DOTS in SDN
  - Active participation and implementation of TB program among member institutions and agencies
- Long term:
  - Increased case finding including finding of missing cases
  - Higher contribution of TB cases from all participating member agencies/organizations/ groups

Assumptions

1. The private sector and the local offices of national government agencies are willing to cooperate and have good leadership to implement TB program activities in their respective institutions.
2. DOTS in SDN is supported by local chief executives despite changes in the administration.
3. There is an annual budget allocated to support the activities related to DOTS in SDN.
4. Local NTP teams will continue to monitor and ensure the sustainability of DOTS in SDN despite limited human resources and/or rapid turnover of local health staff.

PART 2
Steps in Establishing DOTS in SDN

This section presents the tools and steps in establishing DOTS in a service delivery network.

The steps are not arranged in chronological order. Since each step may take a month or longer to complete, you may start with one step while waiting for the results of another. Do a quick overview of all the steps and determine which step to start with, which ones you have already done, and which ones you just need to continue.

Step 1. Identify a multisectoral coordinating committee

Rationale

Republic Act 10767, also known as An Act Establishing a Comprehensive Philippine Plan of Action to Eliminate Tuberculosis as a Public Health Problem and Appropriating Funds Therefor, was signed into law

mandating the establishment of multisectoral coordinating committees (MSCCs). The MSCC, when established successfully, will ensure a functional and comprehensive network for the delivery of TB services in the province or city.
The MSCC is an organized partnership between LGUs and other sectors, both public and private, working for TB elimination, which includes ensuring a functional and comprehensive delivery of TB services in the province or city. This organizational body can be called by different names, e.g., provincial/city coordinating committee (PCC/CCC), multisectoral alliance (MSA), local TB council or local coalition, or any equivalent. The MSCC will manage the DOTS Network. The roles and responsibilities of the MSCC are:

1. initiate the development of local policies, guidelines and plan for the local DOTS;
2. advocate for the passage of legislative policies, resolutions related to DOTS;
3. advocate with local governments to support activities to sustain DOTS;
4. lead resource mobilization for the DOTS activities;
5. identify capacity building needs and recommend to PHO/CHO for implementation;
6. plan the monitoring and evaluation of DOTS;
7. regularly assess the notification processes and recommend ways to improve it;
8. develop a mechanism to ensure access to, and minimize delays in diagnostic and treatment services and reduce out-of-pocket cost to patients; and
9. receive feedback from participating partners and key affected populations and discuss/mediate interventions to address any problems.

Task Objectives

At the end of this step, you should have:

1. formed an MSCC with identified roles and responsibilities, and
2. created a work plan together with the MSCC members.

Process 1 (for LGUs with existing MSCC)

1. The PHO/CHO will identify a multisectoral coordinating body that will be responsible for planning, implementing, monitoring and evaluating the expansion of DOTS in SDN.
2. After identifying the MSCC, conduct advocacy and consultation with members of the MSCC *(refer to Step 3 of this guide)*
3. After advocating with the MSCC and obtaining their commitment, conduct a workshop to prepare a work plan with the MSCC and local NTP team as participants. Involving the MSCC members in the preparation of the work plan will make them better appreciate the TB problem and thus more actively participate in creating solutions. This will also help reduce the burden carried by local NTP core teams in solving TB-related problems since the responsibility will be shared with the MSCC member organizations. To conduct this workshop, refer to the suggested toolkit below. The work plan should be able to address the program challenges experienced by the LGU and how the MSCC can assist in addressing these problems.

Suggested Tool: IMPACT TA package on "Formation and Strengthening of Multisectoral Coordinating Committee," under "Step 3. Conduct workshop on preparation of work plans based on PhilSTEP."

Process 2 (for LGUs with no MSCC)

If your LGU does not have an MSCC, you need to organize one as the MSCC has very specific roles for DOTS in SDN. To guide you in organizing your local MSCC, please refer to the suggested tool below. It is a separate technical assistance package.

Suggested Tool: IMPACT TA package on "Formation and Strengthening of Multisectoral Coordinating Committee."

Process Output

Whether **Process 1** or **Process 2** is selected by the implementing LGU, both processes will have only one output: a **strategic plan** consisting of the following components:
1. Establishment or expansion of SDN to include delivery of TB services
2. Identification, pooling and mobilization of resources
3. Other activities identified to address program challenges

Step 2. Conduct Mapping of TB Service Providers

Rationale

For DOTS in SDN to be relevant, there should be evidence that a critical number of TB service providers can be engaged. Mapping of all TB service providers should include, at the minimum, the location (address) and, ideally, the service capabilities and expected case load of presumptive TB or TB cases.

Task Objective

At the end of this step, you should have mapped and listed all TB service providers in the province/HUC.

Process

1. Create a master list of TB service providers by mapping all health care service providers present in your province/HUC and identify which of them provide TB services. MSCC partners and the municipal LGUs can assist you in accomplishing this.
2. Please refer to the following list for examples of TB service providers:
   a. DOTS facilities
      - Rural health units or health centers
      - Hospitals (public and private)
      - Private PPMD clinics
      - Private stand-alone clinics

      - NGO-run DOTS clinics
      - Other government facilities with their own TB register

   b. DOTS-referring facilities/individuals/groups
      - Health facility – hospitals, stand-alone private clinics, pharmacies, jail clinics
      - Non-health facility – schools, workplaces, day care centers, orphanages, residential homes
      - Non-health individual/group – church/faith-based organizations, community health teams, community volunteers, TB Task Forces

   c. Other diagnostic facilities. These are engaged public or private facilities that provide diagnostic services only but are not necessarily DOTS providing or referring.
      - X-ray facilities (diagnostic centers)
      - Xpert sites (that are not DOTS facilities nor DOTS referring) – e.g., provincial health offices
      - Private laboratories providing DSSM (TB microscopy laboratories)

3. Possible data sources for TB service providers are the Business Permit and License Office (BPLO), city or municipal planning and development office, BJMP, DOLE, and DepEd. You may also refer to the table below for possible data sources.

DOTS Facilities	Updated DOTS Directory
TB DOTS-referring private hospitals	PTSI sites: PTSI database from mapping Non-PTSI sites: PHO/CHO or local mapping by IMPACT BPLO
TB DOTS-referring public hospitals	PHO/CHO
Private clinics	PHO/CHO BPLO
Private physicians (standalone)	PHO/CHO
Private companies	IMPACT project report on engaged facilities PHO/CHO

DOTS Facilities	Updated DOTS Directory
	BPLO
Private pharmacies	PPhA sites: PPhA database from mapping Non-PPhA sites: project reports of IMPACT engaged pharmacies or from PHO/CHO BPLO
Jails and prisons	BJMP list verified by IMPACT regional team Prisons Directory (only 7 prisons nationwide) Provincial jail from PHO
Public schools	DepEd Division Offices
Day care centers	DSWD regional offices PHO/CHO (LGU Social Welfare and Development Office)
Residential Homes	
Government workplaces	PHO/CHO
Community-based organizations	IMPACT project report on engaged CBOs PHO/CHO
TB task forces	PHO/CHO
X-ray facilities	PHO/CHO (of LGU business permit and licensing office)
Xpert sites	PHO/CHO
Private TB microscopy laboratories	PHO/CHO

4. The list should be consolidated into a master list by the PHO/CHO for presentation to stakeholders during the advocacy activity as described in the next step of this guide.
5. From the master list, prioritize TB service providers to be engaged, and divide them into batches for **advocacy and consultation** *(please refer to Step 3 of this guide)* and for **training of participating TB service providers** *(please refer to Step 4 of this guide)*.
   a. The number of batches for advocacy and consultation and for training will depend on available resources and discussions between the service providers, implementers and local government.
   b. Although not all TB service providers will participate in DOTS in SDN, the master list will serve as reference for subsequent expansion and updating.

Suggested Tool: Template for Master List of TB Service Provider

Process Output

Master list of TB service providers

Step 3. Conduct advocacy and consultation

Rationale

Before you can establish your SDN, you need to inform various stakeholders in your province/HUC about the magnitude of the national and local TB problem. They are grouped into the following: (1) MSCC members, (2) municipal government and RHU personnel, and (3) private TB service providers. There is also a need to show what the local NTP team has done so far and what remaining challenges the LGU

needs to overcome. This will hopefully gain the interest of the MSCC and other stakeholders in participating and collaborating with your LGU in the fight against TB. Since these groups have varying levels of interest in the TB program, the topics you will need to discuss will slightly vary with each group. Hence, the tasks listed below each have a different set of objectives, depending on your audience.

This step is composed of a series of advocacy and consultation meetings and not just a single activity. Ideally, the first consultation meeting should be with the identified MSCC to get their support for the installation and/or expansion of the DOTS Network. **If the LGU has no existing MSCC, the first step is to form one** *(refer to Process 2 of Step 1 of this guide)*.

Once the advocacy and consultation meetings are conducted and MSCC support has been obtained, you may now carry out consultations with municipal/barangay LGUs and their RHUs/health centers, and with other TB service providers.

Task 1 Objectives (Advocacy and consultation meeting with MSCC for LGUS with pre-existing MSCC)

At the end of this step, you should have:

1. presented the national and local TB situation, the role of MSCC as a coordinating body of DOTS in SDN, and introduction to DOTS in SDN;
2. discussed the rationale, procedures and activities in developing a local DOTS Network;
3. obtained the commitment and support of the MSCC; and
4. agreed on plans and next steps for the local DOTS Network installation.

Task 2 Objectives (Advocacy and consultation meeting with LCEs of municipal and barangay government along with RHUs and health centers)

At the end of this step, you should have:

1. presented the national and local TB situation and introduction to DOTS in SDN,
2. discussed the rationale, procedures and activities in developing a local DOTS Network,
3. discussed the budgetary requirement of the DOTS in SDN activities at the municipal level,
4. obtained the commitment and support of the LCEs, and
5. agreed on plans and next steps for the local DOTS Network installation.

Note: Alternatively, consultations with RHUs/health centers may be conducted separately from those with LCEs and may be held simultaneously with other activities where their attendance is required.

Task 3 Objectives (Advocacy and consultation meeting with TB service providers)

At the end of this step, you should have:

1. presented the local TB situation and introduction to DOTS in SDN;
2. discussed the rationale, procedures and activities in developing a local DOTS Network;
3. obtained the commitment and support of the TB service providers to participate and collaborate in the delivery of TB services;

4. assessed the training needs of all interested TB service providers from both public and private sectors; and
5. agreed on plans and next steps for the local DOTS Network installation.

Note: Consultations with TB service providers could be done individually or in groups. The objective is to get their commitment to join the SDN, and to identify the services each provider will be bringing forth into the network which could help determine their training needs, if any.

Process

1. Preparatory activities before conducting the different advocacy and consultation meetings:
   a. Send out invitation letters to participants.
   b. Identify venue and meals of the participants.
   c. Prepare the PowerPoint Presentation covering the following topics:
      i. National and local TB situation (accomplishments and challenges)
      ii. How the different identified stakeholders can assist the LGU in addressing the issues
      iii. Introduction to DOTS in SDN *(this is provided in this package)*
2. Conduct the advocacy and consultation meetings *(refer to the proposed program below)*.
   a. Start the opening activities.
   b. Present the TB situation.
   c. Present the "Introduction to DOTS in SDN" and how it works.
   d. Obtain the commitment of the different stakeholders. This can be done by each one signing a letter of commitment, if advocating to individual stakeholders, or by signing a pledge of commitment on a tarpaulin, if advocating to a group.
   e. Start the plenary discussion. Refer to the discussion guide below for each task.
3. The NTP team/MSCC secretariat should take down minutes of each meeting.

Suggested Tools

- PowerPoint Presentation on "Introduction to DOTS in SDN"
- Worksheet on training needs
- Sample MOU

Proposed Program

Time	Activity	Facilitator/Person in-charge
8:30 – 9:00	Opening • Registration of Participants • National Anthem • Welcome Message • Agenda of the Meeting	PHO/CHO
9:00 – 10:00	Presentation of local TB situation	PHO/CHO
10:00 – 11:00	Presentation: Introduction to DOTS in SDN *(standard PowerPoint slides provided in this toolkit)*	PHO/CHO

Time	Activity	Facilitator/Person in-charge
11:00 – 11:30	Signing of pledge of commitment (tarpaulin) *(For stakeholders not part of the local government)*	PHO/CHO
11:30 – 12:00	Plenary Discussion, Agreements and Next Steps *(See discussion guide below)*	PHO/CHO

Discussion Guide for Task 1

1. Roles and mandate of the MSCC
2. How can the MSCC oversee installation and function of the DOTS in SDN?
   - Creation of a subcommittee
   - Role of MSCC in recruitment of facilities to join DOTS in SDN
   - Role of MSCC in the monitoring of participating facilities, if any
   - Representation in the MSCC of referring facilities (e.g., local chapters of DSAP, PPhA)
3. How can the participation of TB service providers be formalized?
   - Province-wide MOU with all participating facilities (use the **sample MOU** that is part of the suggested tools for this step)
   - Other forms of agreement (individual MOUs, municipal-level MOUs)
4. Plan for the DOTS Network installation
   - Listing of engaged facilities
   - Consultative workshop/writeshop on DOTS in SDN protocols and procedures (with representatives from RHUs and other engaged facilities)
   - Development, finalization and signing of MOU
   - Development of other DOTS Network-related policies (e.g., provincial/city ordinance)
   - Launching of the DOTS Network
5. Plan for future meetings

Discussion Guide for Task 2

1. Plan for the DOTS Network installation
   - Budget allocation for DOTS in SDN and MSCC activities
   - Trainings to be conducted for interested TB service providers (source of funding, resource speakers)
   - Consultative workshop on DOTS Network protocols and procedures (with representatives from RHUs and other engaged facilities)
   - Development, finalization and signing of MOU between LGU and other stakeholders (use the **sample MOU** which is part of the Suggested Tools for this step)
   - Development of other DOTS Network-related policies (e.g., provincial/city ordinance)
   - Launching of the DOTS Network
2. Plan for future meetings

Discussion Guide for Task 3

1. Plan for the DOTS Network installation

- Training needs of interested TB service providers (use the **worksheet for training needs**, which is part of the suggested tools for this step)
- Trainings to be conducted for interested TB service providers based on training needs assessment (schedule, venue, source of funding, resource speakers)
- Consultative workshop on DOTS Network protocols and procedures (with representatives from RHUs and other engaged facilities)
- Development, finalization and signing of MOU between LGU and other stakeholders (use the **sample MOU** which is part of the Suggested Tools for this step)
- Contact details and other information to be obtained for the directory
- Launching of the DOTS Network

2. Plan for future meetings

Process Outputs

1. Pledge of commitment of all stakeholders
2. Consolidated plans and next steps towards establishing DOTS in SDN
3. List of trainings to be conducted
4. Contact details from the TB service providers for the directory

Step 4. Create a directory of TB service providers participating in DOTS in SDN

Rationale

The objective of maintaining a directory of participating TB service providers is to inform all SDN members and clients which facilities are providing TB services based on NTP standards and where to avail of them. This will also guide local program managers in monitoring and supervising activities. The directory will supplement the nationwide TB DOTS directory of the NTP as it will include all TB service providers and their schedules, types of services provided, contact details, and status of certification and PHIC accreditation.

Task Objective

At the end of this step, you should have obtained all the necessary information to create a directory.

Process

1. Upon obtaining the commitment of the TB service providers, either in groups or individually, get the following information from them:
   a. For referring units:
      i. Name of the institution/organization
      ii. Address
      iii. Contact person and number
   b. For DOTS providing facilities
      i. Types of TB services provided

      ii.   Schedule of services (if available)

     iii.   Name of DOTS Providing Facility

     iv.   Contact person and number

      v.   PHIC accreditation status

2. You may use the template for the directory included in this toolkit. You may also refer to the master list you created after the mapping in Step 1, and check which among them became members of your network and which did not.
3. The PHO shall approve the final version of the directory
4. Print and reproduce the directory.
5. Disseminate the directory to all participating TB service providers and to the community.
6. Update the directory annually to reflect new members (or no longer members) of the SDN.

Suggested Tool: Template for directory

Process Output

Directory of participating TB service providers

Step 5. Conduct training of participating TB service providers

Rationale

Inviting other TB service providers especially from the private sector to join your service delivery network would entail standardizing protocols and procedures that are within acceptable standards. This will not only ensure the quality of the service provided, but also prevent clients from paying extra especially for lab services where results will not be accepted by the health unit.

Task Objective

At the end of this step, you should have trained all participating TB service providers.

Process

1. Based on the training needs assessment done during the advocacy activity, you will identify the trainings to be conducted and the training providers.
2. The PHO/CHO, in coordination with DOH RO or training provider, will conduct the necessary trainings.
3. The MSCC may assist in referring additional TB service providers to the LGU or DOH who may need specific trainings

Below is a menu of available trainings and their corresponding providers. The trainings are based on the type of service provided by a facility or institution.

TB Service Provider	Trainings Available	Provider of Training
RHUs Private clinics Workplace clinics School clinics	• Basic DOTS training for doctors and nurses • PMDT training • Orientation on TB DOTS • iDOTS training	DOH-RO/PHO
TB microscopy laboratory (private or public)	• Training on DSSM • Biosafety training	DOH-RO/PHO
Hospitals (public or private)	• Hospital DOTS training	DOH-RO/PHO
Jails and prisons	• Basic DOTS training for jails and prisons	BJMP, BuCor/NBP, DOH-RO/PHO
Pharmacies	• Pharmacy DOTS Initiative (PDI) training	DOH-RO PPHA
Workplace	• Orientation on TB DOTS • Program Management Training (PMT) • TB Educators Training (TET)	DOH-RO/PHO
Schools	• Orientation on TB DOTS	DOH-RO/PHO
Community groups Faith-based organizations	• Orientation on TB DOTS • IPCC training	DOH-RO/PHO
Remote smearing stations	• Smear preparation	PHO
GX site	• Xpert MTB/Rif Operator	NTRL

Suggested Tools:

- IMPACT materials on PDI training
- Harmonized hospital DOTS guidelines and tools
- Orientation on DOTS and ISTC for private providers
- TB in prisons training materials
- Program Management Training for the Workplace
- TB Educators Training

Process Output

Competent TB service providers rendering services according to NTP standards

Step 6: Develop Referral Protocols and Procedures

Rationale

Before conducting this step, refer to the Technical Assistance Package titled "Guide to the Formation and Strengthening of MSA." Go to Step 5 of the Guide. This refers to the consultation with the MSCC regarding the development of referral protocols.

After training all the priority TB service providers in your province or HUC, standard protocols and procedures should be agreed upon by all stakeholders to prevent confusion and unnecessary conflicts between and among participating members. The referral protocols and procedures shall serve as guide and will govern the interaction and referrals between and among participating partners.

The protocols and procedures should be drafted by the PHO/CHO in consultation with the participating TB service providers. This shall be based on, or consistent with the local policy. It can be incorporated into the overall SDN referral protocol for all health programs.

Task Objectives

At the end of this step, you should have:
1. Discussed and agreed on the minimum contents of the DOTS in SDN referral protocols
2. Developed a customized referring, feedback, and tracking mechanism in the locality
3. Developed a comprehensive referral protocol and procedures

Process

To conduct this step, you will need all the tools listed below. Please read the **Facilitator's Guide** and **Activity Design** to guide you in conducting this activity.

Suggested Tools:

- Activity design
- Facilitator's guide
- Guide questions for the workshop
- Sample of LGU-developed referral protocols and procedures
- Sample of a generic DOTS NETWORK protocols and procedures

1. Conduct the workshop activity.
2. Finalize the referral protocol.
3. Call a general assembly of stakeholders and present the final referral protocols as part of the consultative process.
4. Revise if necessary. The updated directory may be incorporated into the referral protocols to facilitate the referral process.
5. Print the final version of the referral protocol.
6. Reproduce and disseminate the protocol to all participating TB service providers and to the community. This can be done during the training of the TB service providers, PIRs, data quality checks, and meetings.
7. Provide orientation on the protocols to other TB service providers who were not able to attend previous activities.

Process Outputs

- Printed copy of the referral protocols with updated directory
- All participating TB service providers of the DOTS Network have a copy of the referral protocols and procedures, and flow chart

- TB service providers oriented on referral protocol and procedures

Step 7. Issue a local policy to support the DOTS in SDN

Rationale

A policy issuance in the form of a local ordinance is one of the most important requirements for DOTS in SDN to function. It should be issued to give a local mandate to the MSCC and the DOTS in SDN. Without it, all your efforts in establishing DOTS in SDN would be wasted. Past experiences have shown that without policy support, the MSCC is not recognized as a coordinating body for DOTS in SDN and all activities eventually die down with the dwindling of resources. DOTS in SDN also ceased to exist once the MSCC disbanded due to lack of resources. Hence, it is important that one of the provisions of the local policy is the allocation of budget not only for the TB Program, but for the MSCC activities and DOTS in SDN-related activities. It should clearly stipulate the roles and responsibilities of the participating TB service providers as well as that of the local government and other partners (e.g., DOH, local NGOs or development partners).

However, pending issuance of such, other policy instruments such as a local government resolution or executive order will suffice.

At the minimum, a province or city-wide MOU should be executed among participating TB service providers and the LGU. Alternatively, an MOU between individual TB service providers and an LGU can be executed.

The LGU is responsible for the issuance of the policy. Assistance in developing the policy may be requested from the DOH Regional Office or from partners. It is important to start this process early on as past experiences have shown that it takes a year or even longer for the policy to be approved and signed by the local chief executive.

Task Objective

At the end of this step, you should have drafted a policy in support of the TB program, MSCC and DOTS in SDN.

Process

To come up with a local policy, please refer to the following suggested tools:
- Sample MOU
- Sample ordinance
- "Toolkit on Training on Participatory Evidence-based Legislation" (***Note:*** This is a specialized training which aims to capacitate the LGU in drafting policies based on identified policy needs. LGUs may have to attend this training instead of conducting this training themselves.)

Alternatively, you can skip the training and start with a sample ordinance. Use the sample ordinance as a working document and ask assistance from the MSCC to refine and customize the sample ordinance to

address your policy needs. The MSCC can also opt to invite stakeholders for a consultation and revise the sample ordinance based on agreements.

Once you have the final draft of the policy instrument, submit the draft to the *Sangguniang Panlalawigan/Panlungsod* (SP*)* Committee on Health for sponsorship. SP on Health will monitor and track the policy until it gets approved and signed by the local chief executive.

Process Output

Approved ordinance or its equivalent supporting the MSCC, DOTS in SDN, and the TB Program as a whole

Step 8. Plan a monitoring and evaluation (M&E) system

Rationale

This M&E system is different from the M&E tool developed by DOH to monitor implementation of the Manual of Procedures (MOP). This M&E system should be able to tell you the progress, functionality and effectiveness of DOTS in SDN. However, your M&E system for DOTS in SDN may be incorporated into an existing M&E system for TB in your province or city since some of the indicators being monitored for DOTS in SDN are the same as the indicators for MOP and PhilSTEP. To do this, your monitoring and evaluation system would require a good information or data collection system. All the information obtained during monitoring can be used during PIRs and quarterly meetings of the MSCC.

Task Objective

At the end of this step, you should have developed a monitoring and evaluation plan that includes a good data collection system.

Process

1. Use the following table of indicators as a guide to develop your data collection system. The definition, means of verification (MOV) and data sources of each indicator is given in the Suggested Tool for this step below.
2. You may need to develop additional reporting forms apart from the usual NTP records and reports to collect the information that cannot be found in the regular NTP records and reports *(Refer to Input, Process, Output Indicators below)*. These additional reporting forms may be paper-based or web-based depending on the LGU resources.
3. Make sure that these additional data collection forms and reports are stated or mentioned in the **RECORDING AND REPORTING** section of the Referral Protocol that you developed in Step 6 of this guide. This is to ensure that the partners will recognize these additional forms as official and submit them as part of your agreements.
4. Your monitoring plan should include the following:
   - Schedule of monitoring visits and submission of reports
   - Frequency of evaluation (every 3 years)

- Composition of the monitoring team (e.g., NTP core team, LGU, private partners from the MSCC and development partners)
- Data to be collected and the corresponding data collection forms to use *(refer to Suggested Tool)*

Input	Process	Output	Outcome
1. Percentage of engaged providers (DOTS membership) 2. Functional Multisectoral Coordinating Committee 3. Availability of local policy support for the DOTS 4. Availability of implementing guidelines/referral protocols 5. Availability of budget for DOTS	1. Provision of services compliant with NTP policies 2. Implementation of M/E activities	1. Number of referrals made (classified by each type of TB service provider) 2. Referral Acceptance Rate	1. Percentage contribution of community (15%) 2. Percentage contribution of private sector (30%) 3. Program turnaround time 4. Percent of patients who faced catastrophic cost (sold an asset or borrowed money) 5. Diagnostic Delays 6. Case Notification Rate (10%-20% annual increase) 7. DRTB – 90% Case Detection Rate/Treatment Coverage Rate 8. DSTB - 95% Treatment Success Rate 9. DRTB - 85% Treatment Success Rate

Suggested Tool: Indicator Definition, MOVs and Data Sources

Process Output

Monitoring and evaluation plan

Rationale

Launching the DOTS in SDN is one way of promoting the network. It is a ceremony participated in by most of the network partners and participating TB service providers to officially mark the establishment of the network. This is an opportunity to inform the people that whether their initial point of care is a public health facility or a private hospital/clinic, they will be assured of efficient and quality service. Access is made easier as there will be more facilities offering the same services and queueing time will hopefully be lessened since people will no longer be going to just one place for a particular service. The network is proof of the collaboration and linkage between the public sector and the private sector.
Depending on the agreements of the participating TB service providers, the LGU and the MSCC, the official launching of DOTS in SDN is intended to achieve the following objectives:

1. To inform the community that the network has been established to cater to their health needs, and ensure quality of service and continuity of care
2. To introduce the slogan or logo of DOTS in SDN (similar to a *Sentrong Sigla* logo) as a symbol of quality service that can be posted in the walls of member institutions
3. To introduce the members of the network
4. To recognize the contribution of LGU partners to the TB elimination efforts

Subject to availability of funding support, this could be held as a separate activity or as part of an event (e.g., World TB Day).

Task Objective

At the end of this step, you should have informed all the stakeholders and the community about the existence of DOTS in SDN, its purpose and its goals.

Process

You may prepare a program for this particular activity; you may choose from the list below what you want to include in the program:

1. Ceremonial signing of the MOU by the participating facilities
2. Announcement of a local ordinance supporting DOTS in SDN, MSCC and TB Program
3. Introduction of members of the network as quality TB service providers
4. Introduction of the local brand. It might be helpful to use a local brand (e.g., logo or slogan), which the participating TB service providers can post in their walls so that they will be recognized as part of the local DOTS in SDN. When people see this brand, they will equate it with quality TB service recognized by the local government.
5. Formal launch and distribution of local directory and referral protocols and procedures
6. Short orientation on network referral protocols
7. Awarding ceremony for good program performers in the previous years
8. Partnership-building sessions

   Suggested Tool: None

Process Output

Formal launch of DOTS Network conducted

Useful Resources

1. DOH Administrative Order No. 2017-0014. Framework for Redefining Service Delivery Networks (SDN)
2. DOH Department Memorandum 2018-00__. Guidelines in Establishing and/or Strengthening Delivery of TB Services in Service Delivery Network

Reference

Framework for Redefining Service Delivery Networks. Manila: Department of Health; 2017 p. 1.