GUIDELINES
IN THE FORMATION AND STRENGTHENING OF THE MULTISECTORAL COORDINATING COMMITTEE

A Step-by-Step Guide
in Support of the Tuberculosis Control Program

DOH

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Guidelines in the Formation and Strengthening of Multisectoral Coordinating Committee

A Step-by-Step Guide in Support of the Tuberculosis Control Program

This toolkit is made possible through the generous support of the American People through the United States Agency for International Development (USAID) under Cooperative Agreement No. AID-492-A-12-00014 with the Philippine Business for Social Progress (PBSP). The contents of this toolkit are the sole responsibility of PBSP and do not necessarily reflect the views of USAID or the United States Government.

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Abbreviations

AMHOP	Association of Municipal Health Officers of the Philippines
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BHW	*Barangay* (village) Health Worker
BJMP	Bureau of Jail Management and Penology
CBO	Community-based Organization
CCC	City Coordinating Committee
CCT	Conditional Cash Transfer
CHO	City Health Officer
CUP	Comprehensive Unified Policy for Tuberculosis Control in the Philippines
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DM	Diabetes Mellitus
DMO	Development Management Officers
DOH	Department of Health
DOH RO	Department of Health Regional Office
DOLE	Department of Labor and Employment
DOTS	Delivery of Tuberculosis Services; Directly Observed Treatment, Short Course
DQC	Data Quality Check
DS/DR TB	Drug-susceptible/Drug-resistant Tuberculosis
DSAP	Drugstores Association of the Philippines
DSSM	Direct Sputum Smear Microscopy
DST	Drug Susceptibility Testing
DSWD	Department of Social Welfare and Development
EQA	External Quality Assurance
FBO	Faith-based organization
4Ps	Pantawid Pampamilyang Pilipino Program
HC	Health Center
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HUC	Highly Urbanized City
ICC	Indigenous Cultural Communities
iDOTS	Integrated Delivery of Tuberculosis Services
IEC	Information, Education and Communication
IMPACT	Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis
IP	Indigenous People
LGU	Local Government Unit
LTFU	Lost to Follow-up
M&E	Monitoring and Evaluation
MDR TB	Multidrug-resistant Tuberculosis
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MOV	Means of Verification
MSA	Multisectoral Alliance

MSCC	Multisectoral Coordinating Committee
MTDP	Medical Technologist Deployment Project
NCIP	National Commission on Indigenous Peoples
NDP	Nurse Deployment Project
NEDA	National Economic and Development Authority
NHIP	National Health Insurance Program
NTP	National Tuberculosis Control Program
PCC	Provincial Coordinating Committee
PhilCAT	Philippine Coalition Against Tuberculosis
PhilHealth	Philippine Health Insurance Corporation
PhilPACT	Philippine Plan of Action to Control Tuberculosis
PhilSTEP1	Philippine Strategic Tuberculosis Elimination Plan Phase 1
PHO	Provincial Health Officer
PIR	Program Implementation Review
PLHIV	People Living with Human Immunodeficiency Virus
PMA	Philippine Medical Association
PMDT	Programmatic Management of Drug-Resistant Tuberculosis
PPhA	Philippine Pharmacists Association
PPMD	Public-Private Mix DOTS
PTSI	Philippine Tuberculosis Society, Inc.
PV	Pharmacovigilance
PWD	Persons with Disability
RA	Republic Act
RAR	Referral Acceptance Rate
RCC	Regional Coordinating Committee
RHU	Rural Health Unit
RR	Rifampicin Resistant
RRTB	Rifampicin-Resistant TB
SDN	Service Delivery Network
SSTR	Standard Short-Term Regimen
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development

Tools Index

About this Toolkit

This toolkit presents the tools, templates, and steps in the formation and strengthening of a Multisectoral Coordinating Committee (MSCC) in support of the tuberculosis (TB) control program. **This toolkit should be used together with the toolkit for "Establishing DOTS in SDN."** 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 provinces and highly urbanized cities (HUCs). DOH Development Management Officers (DMOs) and Provincial/City Health Office NTP team members can also use this as their guide in conducting the "Workshop on Strengthening PMDT Referral System and Case-Holding Mechanisms" in the provinces or HUCs.

What does this toolkit contain?

This toolkit consists of two parts.

Part 1 provides the background information and rationale for the formation of multisectoral coordinating committees, and describes in full detail its goals and objectives, and its roles and responsibilities in eliminating TB.

Part 2 explains the step-by-step process for forming and strengthening these committees.

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. Background

Public and private sector collaboration for the tuberculosis control program goes as far back as the early 1900s. The Philippine Tuberculosis Society, Inc. (PTSI), a private non-government organization, was founded during this period and in 1954 was authorized by then President Ramon Magsaysay to conduct a national fund and educational drive through Proclamation No. 43 s. 1954. The Philippine Coalition Against Tuberculosis (PhilCAT) was founded in 1994 and joined the movement in the fight to eliminate the said disease. PhilCAT is composed of government and non-government organizations, local specialty societies of chest physicians, infectious disease specialists and pharmaceutical industry representatives. Together with DOH, they led the collaborative efforts of both the public and private sectors. PhilCAT also initiated the development of the Comprehensive and Unified Policy (CUP) for Tuberculosis Control in the Philippines, which paved the way for the establishment of Regional Coordinating Committees (RCCs) and Provincial Coordinating Committees (PCCs) on Public-Private Mix DOTSS (PPMD) at the regional and provincial level, respectively.

In 2010, DOH NTP released the Philippine Plan of Action to Control Tuberculosis (PhilPACT), a medium-term plan for the period 2010-2016 that set the strategic direction to achieve its program goals and contribute to the achievement of the Millennium Development Goals. One of the strategies of PhilPACT was to localize implementation of TB control whereby public-private coordinating bodies are established and sustained through CUP mechanisms at the provincial or local level. Unfortunately, not all provinces and HUCs have successfully organized their own local multisectoral coordinating committees (MSCC).

With PhilPACT concluding in 2016, DOH NTP released another national strategic plan called the Philippine Strategic Elimination Plan Phase 1 (PhilSTEP1). This is the first phase of a long-term strategic plan to contribute to WHO's End TB Strategy and eliminate TB by 2050. One of its objectives is to "drum up support from national and regional agencies, local government units (LGUs) on the multisectoral implementation of localized TB elimination plan." To achieve this objective, LGUs are encouraged to organize multisectoral committees that are working and supporting local TB elimination efforts.

This manual will guide users in organizing and/or strengthening local MSCCs for the TB Program.

Expected Output: Provincial or City MSCCs with a PhilSTEP-based work plan to eliminate TB

Expected Outcomes:

- Functional DOTS in a service delivery network providing expanded and integrated TB care and prevention services managed by MSCC.
- Increased case notification rate.
- TB Program is owned and implemented by all stakeholders

Assumptions:

1. The local chief executive and PHO or CHO is supportive of the TB Program and allocates a budget for TB-related activities.
2. Source of funding for MSCC and TB-related activities is consistent, reliable and not affected by changes in political leadership.
3. Funds for MSCC meetings are available and accessible to the NTP core team/PHO.

4. The stakeholders that were invited are committed to their roles and responsibilities after joining and becoming a member of the provincial or city MSCC.

B. What is a Multisectoral Coordinating Committee (MSCC)?

A multisectoral coordinating committee (MSCC) is an organized partnership between LGUs and other sectors, both public and private, working for TB elimination, which includes ensuring 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 functions as a coordinating and decision-making body that manages the delivery of TB services in a service delivery network (DOTS in SDN).

This toolkit should be used together with that for **Establishing DOTS in SDN** as the two are interrelated.

Roles and responsibilities of the MSCC

1. Initiate the development of local policies, guidelines and plan for the local DOTS
2. Advocate for the passage of legislative policies and resolutions related to DOTS
3. Advocate with local governments to support activities to sustain DOTS
4. Lead resource mobilization for DOTS activities
5. Identify capacity-building needs and recommend to PHO/CHO the implementation of appropriate capacity-building activities
6. Plan the monitoring and evaluation of DOTS in SDN
7. Regularly assess the notification processes and recommend ways to improve them
8. Develop a mechanism to ensure access to and minimize delays in diagnostic and treatment services, and reduce out-of-pocket cost to patients
9. Receive feedback from participating partners and key affected populations and discuss/mediate interventions to address problems

Policy Mandates Supporting the Organization of MSCC

I. Executive Order 187, also known as the Comprehensive Unified Policy for the Control of TB in the Philippines, harmonizes and unifies TB control efforts in the country among stakeholders. The following agencies were tasked to join the partnership:

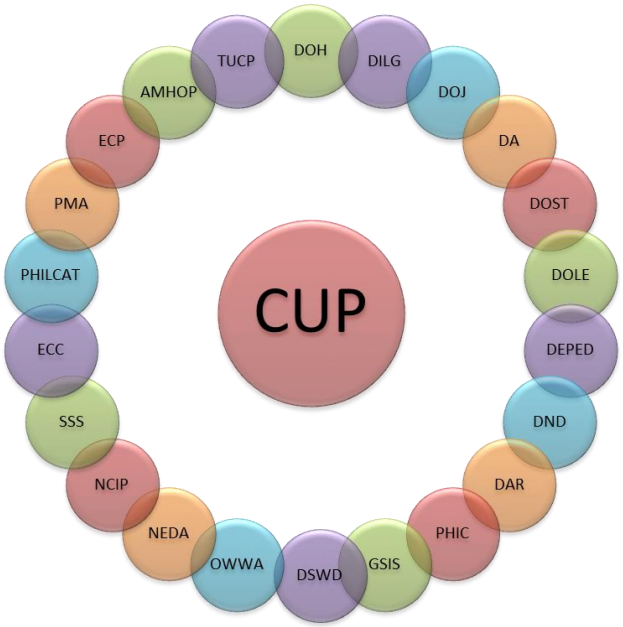

Figure 1. CUP Membership

II. The Philippine Strategic TB Elimination Plan Phase 1 (PhilSTEP1) stipulates that LGUs must have MSCCs supporting the national and local TB elimination efforts.[1]

PhilSTEP1 Strategies and Performance Indicators

Strategy	Target Performance Indicators
Empower communities and patient groups to promptly access quality TB services	15% community contribution to notification
	70% of DOTS facilities with CBOs participating in program management (proxy)
	2% of population underwent primary diagnostic examination (proxy)
Network with other agencies to reduce out-of-pocket expenses and expand social protection programs	100% of provinces/HUCs with budgetary support for TB (proxy)
	70% of patients supported by PhilHealth benefit payments
	70% of CCT families with TB-affected member availing of social protection program benefits
Galvanize national and local efforts to mobilize adequate human resources	20% increase in LGU-hired physicians, nurses, midwives and medical technologists
	90% RHUs/HCs utilizing NDPs/MTDPs for TB elimination
	100% of regional/provincial/HUC TB coordinators trained on TB program management course (proxy)

Strategy	Target Performance Indicators
Advance TB information generation and utilization for decision making	80% of TB care providers (public and private) notifying TB cases
	90% of reporting units submitting accurate report on time through ITIS
	100% Published Regional Annual TB Report (proxy)
	80% of all facilities monitored quarterly (proxy)
Guarantee compliance to national protocol of TB prevention and care services and availability of NTP products	90% of facilities certified and PhilHealth accredited at the same time
	95% of facilities complying with infection control implementation and biosafety guidelines
	% of DOTS facility staff who are diagnosed with TB (less than incidence)
	0% of DOTS facilities with stock-outs of TB drugs
	100% EQA participation rate
	100% of PMDT facilities submitting PV report
Expand provision of expanded integrated patient-centered TB services	100% of notified TB cases tested with rapid TB diagnostic laboratory
	100% of notified TB cases with DST
	95% of PLHIV screened for TB
	90% of DM screened for TB
	90% of identified poor geographic areas conducted systematic screening (proxy)
	90% of jails and prisons conducted systematic screening (proxy)
	90% Contact investigation coverage (children and PLHIV)
	95% of RR detected were enrolled
	90% of RHUs/HCs providing DS/DRTB services (iDOTS) - proxy
	100% of eligible DRTB patients are under SSTR (proxy)
	<10% RRTB interim outcome LTFU
	90% of TB patients with documented HIV status
	100% of TB/HIV patients provided with TB and ART
	90% of Level 2 and Level 3 hospitals are DOTS providing (proxy)
	30% private sector contribution to notification
	90% of provinces/HUCs with functional DOTS network/SDN

Strategy	Target Performance Indicators
Drum up support from national and regional agencies, LGUs on the multisectoral implementation of localized TB elimination plan	100% of admin units with local TB elimination plan
	100% regions and provinces, 90% HUCs with active MSCCs supporting TB elimination efforts

Characteristics of a functional MSCC[2]

1. *Agreement on a common goal and commitment to achieving the goal*
   Each member should agree and commit not just himself/herself as a representative of his/her office/organization; the office/organization should also express its agreement and commitment to achieve the group's common goal. They must own the goal. This is important so that there will be no reason, such as lack of time or lack of resources (e.g., human, financial, logistics), why a policy or an activity was not implemented. The mere fact that the organization decided to join the MSCC and agreed to commit their time and resources is enough reason for them to ensure that the activity or the policy will be implemented no matter what the cost will be.

2. *Existence of trust*
   Trust must be built among members. Any history of conflict or mistrust between and among partner agencies should be resolved at the very start of this endeavor. Trust building should be a continuous process. The convener/coordinator should be able to gain the trust of the members.

3. *Equal ownership and sharing of power and responsibilities*
   Each subcommittee under the MSCC should be durable and have equal decision-making capacities. A subcommittee should be able to deliver its own activities that contribute to the common goal of the MSCC and the member agency/organizations with no additional urging from the health department or NTP team of the LGU. The tasks should not be dictated to the members but identified and owned by the members or by the subcommittees.

4. *Sustainability*
   Sustainability should not only be about membership but also the ability to sustain high level day-to-day involvement of the leaders. There should be one appointed representative and one alternate who has the authority to make decisions for the agency he/she is representing. Resource planning should be part of the sustainability plans of each member agency.

   Enduring alliances should not just be about regular multi-agency or multisectoral meetings; it should also be about the existence of a considerable degree of commitment and trust.

5. *Addressing resource aspects*
   Since there is equal ownership and sharing of power, resources needed should also be owned and shared by members.

Suggested Core Members of the MSCC

Members of the local MSCC should come from the list of CUP members *(see Figure 1).* Not all of these agencies and organizations, however, have the capacity to contribute to the advancement of MSCC's goals and objectives. The core members suggested below were selected based on their capacity to contribute to achieving the objectives of PhilSTEP1 and on their mandated roles and functions. Please take time to review the mandate of each government agency and their potential contribution to PhilSTEP1 strategies so you know which agencies to invite to join your local MSCC. The membership may be expanded to other government agencies listed in the CUP, other private organizations, CBOs, FBOs and patient groups depending on the local context.

1. ***Department of the Interior and Local Government (DILG)***

   Mandate:
   - Supervise local governments[3]
   - Establish and prescribe rules, regulations and other issuances implementing laws on public order and safety, the general supervision over local governments and the promotion of local autonomy and community empowerment and monitor compliance thereof[3]
   - Provide assistance towards legislation regarding local governments, law enforcement and public safety[3]
   - Establish a system of coordination and cooperation among the citizenry, local executives and the Department, to ensure effective and efficient delivery of basic services to the public[3]

   Possible contribution to PhilSTEP1 goals and objectives:
   - Assist the LGU or local NTP Core Team in drafting a TB ordinance with the following provisions:
     - Composition of the MSCC
     - Roles and functions of the MSCC
     - Mandating the MSCC as the coordinating body to oversee the SDN and the public-private partnerships established in the LGU.
     - Budget allocation for the following:
       - MSCC quarterly meetings and other activities
       - TB Program (training, medicines and other logistics, info system, X-rays and other diagnostic tests, PIRs, DQCs, etc.)
       - SDN-related activities (mass screening, drafting of referral protocol, partnership meetings)
     - All private TB service providers who are part of the SDN are required to notify the public about who the TB patients are?
     - TB orientation for workplaces as requirement of renewal of business permit
     - Requiring the private partners to do the following:
       - Notify any TB case diagnosed or managed
       - Avail of NTP trainings/orientation to standardize all NTP protocols
       - Follow the NTP protocols once trained

- Follow the referral protocols and procedures established by the local government for TB and other health programs. *(Please refer to the "Guide in Establishing DOTS in SDN" for more details regarding SDN and its referral protocols.)*

- Oversee the implementation of the TB program under the Bureau of Jail Management and Penology (BJMP) and report to PHO/CHO
- Implement TB in the Workplace in their office

2. Department of Education (DepEd)

Mandate:

- Formulate, implement and coordinate policies, plans, programs and projects in the areas of formal and non-formal basic education[4]
- Supervise all elementary and secondary education institutions, including alternative learning systems, both public and private; and provides for the establishment and maintenance of a complete, adequate, and integrated system of basic education relevant to the goals of national development[4]

Possible contribution to PhilSTEP1 goals and objectives:

- Incorporate TB topics into the curriculum of elementary and secondary levels of public and private schools
- Conduct mass screening among children aged 14 years old and below for all public schools
- Coordinate similar activities in private schools
- Establish referral system between schools and TB service providers in the SDN, either public or private
- Engage the clinic teachers and school nurses as treatment partners for school children diagnosed with TB.
- Implement TB in the Workplace in their offices and in schools
- Assist PHO/CHO conduct TB information drive among teachers and non-teaching staff in schools
- Monitor TB Program implementation in DepEd and report to PHO/CHO during MSCC meetings

3. Department of Social Welfare and Development (DSWD)

Mandate:

- Formulate policies and plans which provide direction to intermediaries and other implementers in the development and delivery of social welfare and development services[5]
- Develop and enrich existing programs and services for specific groups, such as children and youth, women, family and communications, solo parents, older persons, and persons with disabilities (PWDs)[5]
- Provide social protection of the poor, vulnerable and disadvantaged sector[5]

Possible contribution to PhilSTEP1 goals and objectives:

- Revise policy on 4Ps to include additional benefits for poor families affected with TB

- Conduct IEC and BCC among high-risk groups, such as urban and rural poor, children, and senior citizens
- Implement TB in the Workplace in their offices
- Conduct mass screening in day care centers and shelters
- Establish referral systems between day care centers, orphanages, other shelters and TB service providers in the SDN
- Engage parent leaders, social workers and day care workers as treatment partners for clients with TB
- Create sustainable livelihood programs for patients and families affected by TB.
- Coordinate with National Nutrition Council for supplementary feeding program for TB patients who are underweight and malnourished
- Monitor TB program implementation in their department and report to PHO/CHO during MSCC meetings

4. ***Department of Labor and Employment (DOLE)***

Mandate:

- Provide for safe, decent, humane and improved working conditions and environment for all workers, particularly women and young workers[(6)]
- Uphold the right of workers and employers to organize and promote free collective bargaining as the foundation of the labor relations system[(6)]
- Provide and ensure the fair and expeditious settlement and disposition of labor and industrial disputes through collective bargaining, grievance machinery, conciliation, mediation, voluntary arbitration, compulsory arbitration as may be provided by law, and other modes that may be voluntarily agreed upon by the parties concerned[(6)]

Possible contribution to PhilSTEP1 goals and objectives:

- Monitor the implementation of Department Order No. 73-05: Guidelines for the Implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace, and submit a report to the PHO/CHO through NTP coordinators.
- Monitor status of employees with TB and ensure non-discrimination and fair treatment from employers.
- Assist workplaces in crafting their workplace TB policies.
- Monitor implementation of workplace TB policies and report to PHO/CHO the status of all workplaces identified in the area.
- Assist PHO/CHO in TB orientation of company employees and establish referral mechanisms between the company and the RHUs/health centers.
- Conduct information drive on employee's benefits and compensation if TB is acquired in the workplace in coordination with Employees' Compensation Commission.

5. ***National Commission on Indigenous Peoples (NCIP)***

Mandate:

- Review and assess the conditions of Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs) including existing laws and policies pertinent thereto and to propose relevant laws and policies to address their role in national development

- Formulate and implement policies, plans, programs and projects for the economic, social and cultural development of the ICCs/IPs, and to monitor the implementation thereof
- Coordinate development programs and projects for the advancement of the ICCs/IPs and to oversee the proper implementation thereof

Possible contribution to PhilSTEP1 goals and objectives:

- Assist the PHOs of provinces where IPs are found in conducting TB orientation among IPs
- Assist the PHOs in establishing a referral system between the IP groups and the RHUs
- Engage the IPs as TB advocates among their peoples
- Coordinate with PHOs regarding issues and concerns expressed by IPs regarding TB Program
- Monitor TB program implementation among IP groups and report to PHO/CHO during MSCC meetings

6. Philippine Health Insurance Corporation PHIC)

Mandate:

- Administer the National Health Insurance Program (NHIP)[7]
- Formulate and promulgate policies for the sound administration of the Program[7]
- Provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines[7]
- Supervise the provision of health benefits and to set standards, rules and regulations necessary to ensure quality of care, appropriate utilization of services, fund viability, member satisfaction, and overall accomplishment of Program objectives[7]
- Determine requirements and issue guidelines for the accreditation of health care providers for the Program in accordance with *Article IV, Section 16 of RA 7875 as amended by RA 10606)*[7]
- Conduct information campaign on the principles of the NHIP for the public and accredited health care providers. This campaign must include the current benefit packages provided by the Corporation, the mechanisms to avail of the current benefit packages, the list of accredited and disaccredited health care providers, and the list of offices/branches where members can pay or check the status of paid health premiums[7]

Possible contribution to PhilSTEP1 goals and objectives:

- Assist the PHO/CHO in identifying PHIC-accredited TB service providers in the province or HUC for mapping purposes
- Facilitate accreditation of non-accredited TB service providers in the LGU
- Formulate new policies to cover free x-rays and other lab exams (e.g., rapid diagnostic test, DSSM) for TB patients that can be availed in public and private diagnostic facilities

7. Philippine Medical Association (PMA) and/or its component societies

The Philippine Medical Association is a private sector organization. Please visit their website at: https://www.philippinemedicalassociation.org/index.php to identify their component societies, specialty societies and affiliate societies in your area.

To engage the stand-alone clinics, polyclinics and other private TB service providers in your area, you can go through their medical societies and conduct roundtable discussions with the group.

8. ***Community-based organizations (CBOs)***
   CBOs play a vital role in case finding and case holding in the community. It is advisable to include them and be represented in your MSCC.

Recommended Organizational Chart

If the membership of the MSCC is too large, you may organize them into subcommittees and assign them tasks depending on their office's mandate and/or their commitments to the MSCC. This strategy will save time as the different subcommittees can conduct activities separately as long as these are within the scope of the strategic plan. The organizational chart below is suggested. The LGU may opt to shuffle the members of the subcommittees depending on their stakeholder analysis and what the organizations/agencies have agreed to commit to the MSCC.

The names of the subcommittees may also vary depending on the priorities or needs of the LGU.

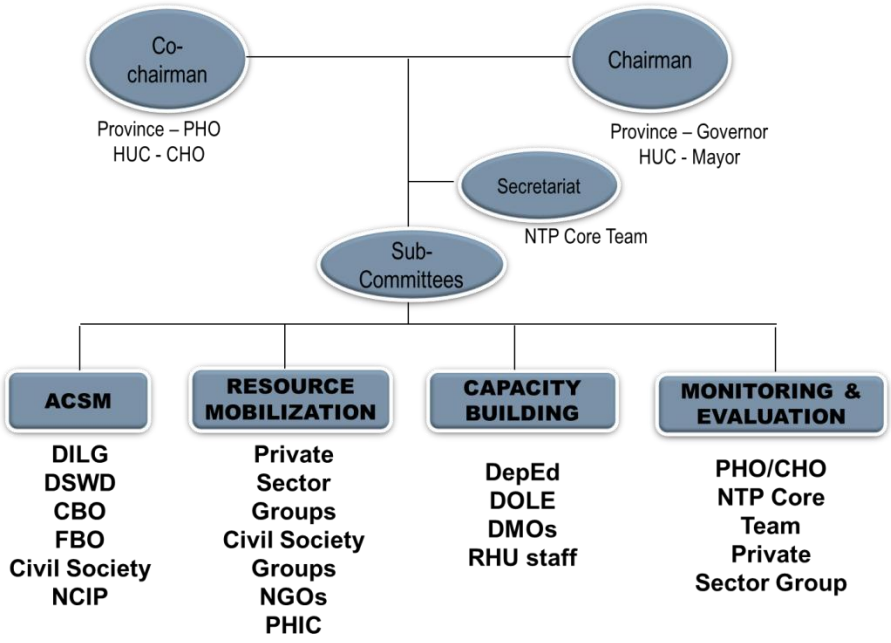

Figure 2. Recommended Organizational Chart of the MSCC

Description of the MSCC Positions and Subcommittees

Chairman – Local Chief Executive (Governor/Mayor; alternative: Vice-Governor/Vice-Mayor)
It is highly recommended for the local chief executives interested in organizing their MSCCs to serve as chair or head of the MSCC. The MSCC should be led by a person of high authority because the representatives of the organizations and the agencies who will become members of the MSCC are also persons of high authority (i.e., heads of offices). It would be difficult to lead a group of leaders if a person

with no authority is assigned to this position. The chair shall always preside over the meetings to sustain members' commitment and interest in the program.

Co-Chairman – Provincial/City Health Officer
If the local chief executive is unable to attend the meetings/MSCC-related activities, the PHO/CHO may serve as his/her representative. It is desirable if the PHO/CHO is equally charismatic or has the same good qualities as the local chief executive.

It is important for either the chairman or the co-chairman to be always present in MSCC major activities to lend prominence to the event. This will also make the members feel that what they are doing is important.

Secretariat – NTP Core Team
Since the NTP Core Team is the most knowledgeable about TB Program implementation in the LGU, they are assigned to serve as the MSCC secretariat. Their roles and responsibilities are as follows:

- Coordinate the activities planned by the MSCC related to the SDN
- Document all meetings and activities and maintain records
- Facilitate communication between and among MSCC and SDN members
- Coordinate with MSCC members
- Provide feedback to participating facilities and MSCC about any problems encountered in the TB Program
- Update the MSCC on new NTP policies and guidelines
- Provide NTP reports to the MSCC as basis for planning and decision making
- Prepare logistics during MSCC events

The medical coordinator of the NTP Team may serve as co-chair of the MSCC **provided he/she is also the PHO/CHO**. The success of the MSCC is highly dependent on leadership, so it is important to assign persons of authority to lead the group.

The Subcommittees and their Roles and Responsibilities:

Advocacy, Communication and Social Mobilization (ACSM) Committee

- Engage public and private partners in TB control, and ensure their collaboration and coordination
- Strengthen networks
- Develop and distribute IEC materials and carry out behavior change communication activities to educate communities on TB and to foster proper health-seeking behaviors and attitude towards TB
- Engage community-based organizations for TB control, including strengthening and ensuring their sustainability

Resource Mobilization Committee

- Generate and allocate resources
- Safeguard human, material and financial resources

- Conduct fund-raising activities such as donation drives from private sector members, and special events like fun runs, BINGO socials
- Provide funds for program-related activities such as:
    - financial assistance for MDRTB patients
    - livelihood training for TB patients

Capacity Building Committee

- Coordinate with DOH for the training of SDN partners
- Act as resource speakers, if applicable
- Act as trainers, where applicable
- Identify participants for the training
- Conduct training needs analysis
- Design appropriate training programs and monitoring of results

Monitoring and Evaluation (M&E) Committee

- Monitor and evaluate the performance of the RHUs as well as the TB services of member organizations and SDN partners
- Facilitate the preparation of the SDN implementation plan with SDN partners
- Prepare the M&E plan for SDN monitoring and evaluation

Part 2
Steps in forming and/or strengthening the Multisectoral Coordinating Committee

Step 1. Identify the core members

Task Objective

At the end of this task, you shall have a list of priority stakeholders to invite for a consultation meeting.

Process

1. To identify your core members, review your local PhilSTEP objectives and targets. Focus on objectives 1, 2, 5, 6 and 7. The objectives and performance targets should help you identify which government and private sector organizations to prioritize and include in your MSCC. To guide you in your selection and prioritization process, refer to Table 1 below. The table summarizes the applicable PhilSTEP objectives and the key stakeholders identified for possible collaboration. You need not engage all of them especially when your localized PhilSTEP indicates that some of the performance targets are not your priority.
2. Go back to your local PhilSTEP and identify your priority targets. Make a list of these targets.
3. Refer to Table 1 below and see if your priority targets are listed in Column 2. Mark your priority targets in the table.
4. Make a list of all the stakeholders in your province/HUC. Mark those that can assist you in achieving the PhilSTEP objectives. Compare your list with that in the third column of the table. Put a check mark on the stakeholders that are similar to those in the table. This will be your priority core members.
5. Consider the mandates of the recommended core members under Section B of this guide. If the agency is not in your priority list based on your local PhilSTEP but you deem they could be of great value to your MSCC, then you may include them in your list of core members.

Table 1. PhilSTEP objectives and performance targets and key stakeholders for MSCC membership

PhilSTEP Objective	Performance Target	Key Stakeholders for MSCC Membership
Empower communities and patient groups to promptly access quality TB services	15% of total TB notifications came from community referrals	• Community-based organizations • TB task forces • BHWs • Women's groups, • Faith-based organizations • Senior citizens' association • Youth groups • Patient groups
	70% of DOTS facilities with CBOs participating in program management	
Network with other agencies to reduce out-of-pocket expenses and expand social protection programs	70% of TB cases treated in TB DOTS facilities are supported by benefit payments from PhilHealth	PhilHealth

PhilSTEP Objective	Performance Target	Key Stakeholders for MSCC Membership
	70% of CCT families with TB affected member availing of social protection program benefits	DSWD
Guarantee compliance with national protocol of TB prevention and care services and availability of NTP products	90% of facilities certified and PhilHealth accredited at the same time	PhilHealth, AMHOP, private practitioners, public and private hospital administrators
Expand provision of expanded integrated patient-centered TB services	% of PLHIV screened for TB	• Project Red Ribbon Care Management Foundation Inc. • LoveYourself • AIDS Society of the Philippines • The Red Whistle • B-Change Group • Positive Action Foundation Philippines, Inc • Pinoy Plus Association • Take The Test Project
	90% of DM screened for TB	PMA and its component societies, specialty societies and affiliate societies (to cover practitioners from private hospitals, polyclinics, standalone clinics), AMHOP
	90% of jails and prisons conducted systematic screening	BJMP
	25% of notified TB cases are from the private health care providers	PMA and its component societies, specialty societies and affiliate societies (to cover practitioners from private hospitals, polyclinics, stand-alone clinics)
	90% contact investigation coverage (children and PLHIV)	DepEd, DSWD, CBOs, and • Project Red Ribbon Care Management Foundation Inc. • LoveYourself • AIDS Society of the Philippines • The Red Whistle • B-Change Group • Positive Action Foundation

PhilSTEP Objective	Performance Target	Key Stakeholders for MSCC Membership
		• Pinoy Plus Association • Take The Test Project
	100% of TB/HIV patients provided with TB and ART	• Project Red Ribbon Care Management Foundation Inc. • LoveYourself • AIDS Society of the Philippines • The Red Whistle • B-Change Group • Positive Action Foundation • Pinoy Plus Association • Take The Test Project
	25-30% private sector contribution to notification	PMA and component societies, specialty societies and affiliate societies (to cover practitioners from private hospitals, polyclinics, stand-alone clinics)
	90% of provinces / HUCs with functional DOTS network / SDN	DepEd, DOLE, DSWD, BJMP PMA and component societies, specialty societies and affiliate societies (to cover practitioners from private hospitals, polyclinics, stand-alone clinics)
Drum up support from national and regional agencies, local government units on the multi-sectoral implementation of localized TB elimination plan	100% for regions, provinces and HUCs and 90% for other cities and municipalities with active multi-sectoral committees supporting TB elimination efforts	DepEd, DOLE, DSWD, BJMP, PhilHealth, CBOs, PLHIV groups, DILG, PMA and component societies, specialty societies and affiliate societies (to cover practitioners from private hospitals, polyclinics, stand-alone clinics) academe

Process Output: List of potential core members of the MSCC

Step 2. Conduct advocacy and consultation

*This step is part of **Step 3 of** the **Guide to Establishing DOTS in SDN**. Once you have formed your MSA and you are ready to establish your SDN, you can skip this part of Step 3.*

After you have identified and listed your potential members for your MSCC, you need to inform them of your plan to organize the MSCC. You may do this step in a big group where you invite all your potential members in one venue, or individually, where you visit their offices one by one.

Task 1 Objectives

At the end of this step, you should have:

1. Presented the national and local TB situation
2. Presented the role of MSCC as a coordinating body of the DOTS in SDN
3. Obtained the commitment and the support of the MSCC
4. Agreed on plans and next steps

Process

1. Preparatory activities before conducting the advocacy and consultation meetings:
    a. Invitation to participants – Make sure to invite the **heads** of local offices of the different national agencies and organizations on your list. Do not use the phrase "you or your representative" in your letter. You want to ensure that a person with authority will be attending this meeting. This should be a "high level" meeting to ensure that decisions will be arrived at in the most efficient manner and resources from their respective agencies shall be committed. A template of the letter is included in this toolkit. The Department of Education was used as an example in the letter. You may customize the letter and/or fill in the blanks. The template includes the possible contribution of the agency to the overall goals and objectives of the MSCC. This will hopefully convey the importance of the agency's participation in the meeting. The possible contributions of the agency is found in Section B of this toolkit. You may copy and paste them on the invitation letters. Just make sure you copy the relevant sections correctly.
    b. Prepare the following:
        i. Venue and meals of the participants
        ii. PowerPoint presentation covering the following topics:
            - National and local TB situation
            - MSCC: members, roles and functions (included in this toolkit)
    c. Confirm the attendance of the participants a few days before the meeting to ensure that more than 75% of your invitees will attend.
    d. Tarpaulin of roles and functions, and pledge of commitment of the MSCC for ceremonial signing
2. Conduct the advocacy and consultation meetings *(refer to the proposed program below)*.

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 – 9:45	Presentation of local TB situation	PHO/CHO
9:45 – 10:30	MSCC members, roles, and functions	PHO/CHO
10:30 – 11:30	Signing of pledge of commitment (tarpaulin)	PHO/CHO
11:30 – 12:00	Plenary Discussion, Agreements and Next Steps *(see discussion guide below)*	PHO/CHO
	LUNCH	

a. Start the opening activities
b. Present the TB situation
c. Present the MSCC: its members, and roles and functions
d. Obtain the commitment of the different stakeholders. The rationale for presenting the TB situation and the concept of MSCC is to convey to your stakeholders that there is a TB problem, so vast that the local health department cannot solve it alone. The MSCC will be the platform where issues and gaps related to TB can be addressed in a multi-sectoral approach. The MSCC is also the platform for coordination so that each member agency/organization can implement the TB program in their respective agencies to increase the TB coverage of the health department without utilizing HRH.

   You need to be able to explain the above concept to the members to obtain their commitment. Review the MSCC slide presentation prior to the meeting to familiarize yourself with how the MSCC works.

   To get the commitment of the MSCC members, you can ask them to sign a letter of commitment if you're doing this individually; or, if in a group, sign the pledge of commitment tarpaulin.

IMPORTANT!

Highlight the importance of the role of the MSCC in the province and having an official representative of the member agency in each MSCC activity/meeting. This should be part of the member agency's commitment. If this is impossible, proper endorsement of the commitments made by the outgoing agency representative to the MSCC should be made to the incoming agency representative. This is the responsibility of the outgoing representative.

An alternate representative may be designated for as long as s/he has the same decision-making power/authority as the official representative.

e. Start the plenary discussion. Refer to the discussion guide below.

DISCUSSION GUIDE

1) Roles and mandate of each member of the MSCC and their contribution to the attainment of PhilSTEP.
2) Resources available for the MSCC from the health department. (Make sure you have secured this prior to issuing invitation letters to stakeholders). You may ask DOH RO for assistance if the LGU has no budget.
3) Resources that the members can commit as mandated in the CUP. Emphasize that it is important for members to commit not only their time, but also their agency's resources towards eliminating TB. You need to ensure that the MSCC members are aware that they need to allocate a portion of their agency's resources for the TB Program. This is important as you will be conducting a workshop in your next activity *(see Step 3 below)*.
4) Plan for the next step. You need to set the date for the next activity, which is the preparation of work plans.

**The NTP team/MSCC secretariat should take down minutes of each meeting.

Step 3. Conduct workshop on preparation of work plans based on PhilSTEP1

This will be the first activity of the MSCC as a group. To get the cooperation of the various agencies and organizations in implementing PhilSTEP1 and achieve its objectives, you need to gather the MSCC members and prepare a work plan.

Task 1 Objective

At the end of this step, the MSCC should have:

1. prepared a work plan, and
2. agreed on next steps.

Process

1. Preparatory activities before conducting the workshop.
    a. Send out the invitation letters 3-4 weeks before the scheduled date of the workshop. Make sure the same representatives who attended the consultation meeting will be the same ones attending this activity.
    b. Prepare the following:
        i. Venue and meals of the participants. This is a whole-day activity.
        ii. PowerPoint Presentation of your local PhilSTEP containing the strategies, performance targets, key activities and sub-activities (you need to prepare this beforehand)
        iii. A copy of the planning matrix in Excel file (included in this toolkit)
        iv. two extra laptops for the breakout session of the workshop
    c. Confirm the attendance of your participants one week before the workshop.
2. Conduct the planning workshop *(refer to the proposed program below)*.

Proposed Program

Time	*Activity*	*Facilitator/Person in-charge*
8:30 – 9:00	Opening • Registration of Participants • National Anthem • Welcome Message • Mechanics of the Workshop	PHO/CHO
9:00 – 9:45	Presentation of local PhilSTEP	PHO/CHO
9:45 – 12:00	Planning session	PHO/CHO
	LUNCH	
1:00 –3:00	Presentation of work plans from each agency	PHO/CHO
3:00 – 4:00	Discussion of agreements and next steps	

a. Start the opening activities
b. Present the local PhilSTEP. Highlight the areas where possible collaboration with MSCC members can be done.
c. Divide the participants into two groups.
d. Assign the first group to the first 4 objectives of PhilSTEP and the second group, the last 3 objectives of PhilSTEP.
e. Provide each group with a copy of the planning matrix template in Excel file *(included in this toolkit)*.
f. Based on the PhilSTEP performance targets, ask each member how their agency can contribute to the achievement of the target. Possible areas for collaboration have also been identified for you *(refer to Table 1 of this guide)*. You can use this table to identify which agencies/organizations will be able to help you with which target. You may provide each agency with a copy of the possible contributions that are listed under Section A of this guide, and ask if they can commit to doing some or all of the tasks in the list. Each agency needs to list down its own activities and sub-activities in the planning matrix, and the estimated budget required to conduct each sub-activity. Budget requirements are also included in the matrix. A sample plan has been prepared to guide you and the participants on how to fill out the Excel file. The participants should be done with this activity by lunch time.
g. After lunch, ask the member agencies to present their work plans to the whole group.
h. Ask the other members to comment or suggest other activities.
i. Collect the outputs of each member agency. Consolidate all outputs into one MSCC work plan.
j. Discuss agreements and next steps.

**The NTP team/MSCC secretariat should take down minutes of this meeting.

Process Output: Work plan for the MSCC based on PhilSTEP

Step 4. Draft the TB ordinance

You may skip this step if the province or city already has an existing ordinance mandating the MSCC as the official coordinating body for the SDN, with an allocated budget. For provinces or cities with no such ordinances, samples are included in this toolkit as reference. Review the sample ordinances in this toolkit and present these to the MSCC in your next meeting. Suggested points for discussion are as follows:

1. What TB ordinances are available in the province/HUC? Do these need to be revised or amended based on recent updates?
2. Will the province or city use the sample ordinance as template for their ordinance and customize it based on the local context, or will it draft a new one and start from scratch?
3. What will be the provisions of this ordinance? Recommended provisions are as follows:
    a. Composition of the MSCC
    b. Roles and functions of the MSCC
    c. Budget allocation for the following:
        i. MSCC quarterly meetings and other activities
        ii. TB Program (training, medicines and other logistics, information system, X-rays and other diagnostic tests, PIRs, DQCs, etc.)
        iii. SDN-related activities (mass screening, drafting of referral protocol, partnership meetings)
    d. All private TB service providers who are part of the SDN are required to notify the public about who the TB patients are.
    e. TB orientation for workplaces as requirement of renewal of business permit.
    f. All participating TB service providers should follow the referral protocol and procedures created by the province or city. *(Please refer to the "Guide in Establishing DOTS in SDN" for more details regarding SDN and its referral protocols.)*

This step may require a series of meetings of the MSCC until it is finalized and approved. Be sure to allocate enough budget for the series of meetings. While awaiting approval of the ordinance, you may proceed to the next steps of this guide and conduct the activities for the MSCC.

The next steps are mostly related to SDN activities that the MSCC must be a part of as the SDN's coordinating body.

Step 5. Meet to discuss the establishment of DOTS in SDN

For this step, a separate toolkit titled "Guide to Establishing DOTS in the SDN" is available for your reference. You may need to review the said guide first before proceeding with this step. It will help you explain to the MSCC members how they can assist you in establishing DOTS in SDN. As the SDN's coordinating body, the MSCC needs to fully understand what this topic is all about.

Task 1 Objectives

At the end of this step, you should have:

1. discussed the rationale, procedures and activities in developing a local DOTS Network and the MSCC's role and functions in relation to the DOTS Network; and
2. agreed on plans and next steps.

Process

1. Preparatory activities before conducting the meeting
    a. Send the invitation 3-4 weeks before the scheduled date of the meeting.
    b. Prepare the following:
        i. Venue and meals of the participants. This is a whole-day activity.
        ii. PowerPoint Presentation on Introduction to DOTS in SDN *(included in the toolkit)*
2. Conduct the consultation meetings
    a. Call to order
    b. Present the *Introduction to DOTS in SDN* and how it works
    c. Start the plenary discussion *(refer to the agenda/discussion guide below)*

**The NTP team/MSCC secretariat should take down minutes of each meeting.

DISCUSSION GUIDE

1. How can the MSCC oversee installation and function of DOTS in the SDN?
    - Creation of a subcommittee
    - Role of MSCC in recruitment of facilities to join DOTS in the SDN
    - Role of MSCC in monitoring participating facilities, if any
    - Representation in the MSCC of referring facilities (e.g., local chapters of DSAP, PPhA)
2. How can the participation of TB service providers be formalized?
    - Provincewide MOU with all participating facilities (sample MOU is included in this package)
    - Other forms of agreement (individual MOUs, municipal-level MOUs)
3. Plan for the DOTS Network installation (optional if DOTS network is already established in the LGU)
    - Listing of engaged facilities
    - Consultative workshop/writeshop on DOTS in SDN protocols and procedures (when? where? who?)
    - Development, finalization and signing of MOU
    - Development of other DOTS Network-related policies (e.g., provincial/city ordinance)
    - Launching of the DOTS Network

Step 6. Establish/Strengthen DOTS in the SDN

For this step, again, refer to the toolkit titled "Guide to Establishing DOTS in SDN." Since you already have organized your local MSCC, you now have other people to assist you in conducting the steps in establishing your SDN.

This step in the formation and strengthening of MSCC alone will requre several meetings of the MSCC. By the time you reach this level, trust, camaraderie and friendships would have been established among the members. Foster these as you go from one step to the next as there will be more activities for you and the MSCC until TB is completely eliminated in your province/HUC and in the country.

Step 7. Plan the monitoring and evaluation of the DOTS in SDN

One of the tasks and functions of the MSCC is to plan the monitoring and evaluation (M&E) of DOTS in SDN. This step is exactly the same as **Step 8 described in the "Guide to Establishing DOTS in SDN."** It was copied here as part of the strengthening and sustaining activities of the MSCC.

This M&E system is different from the M&E tool developed by DOH to monitor the 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 those in the MOP and PhilSTEP1. To do this, your M&E system would require a good information or data collection system.

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. Preparatory activities before conducting the meeting.
    a. Send the invitation 3-4 weeks before the scheduled date of the meeting.
    b. Prepare the following:
        i. Venue and meals of the participants. This is a whole-day activity.
        ii. Copies of the indicators to be monitored *(This is included in this toolkit. Just reproduce it. The filename is: Indicator Definition_MOVs_Data Sources)*
2. Conduct the M&E planning workshop.
    a. Use the following table of indicators as guide to develop your data collection system. The definition, means of verification (MOV) and data sources of each indicator are found in the Suggested Tool for this step.
    b. 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 and Outcome Indicators below)*. These additional reporting forms may be paper-based or Web-based depending on the LGU resources.
    c. 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 "Guide to Establishing DOTS in SDN."** This is to ensure that the partners will recognize these additional forms as official and submit them as part of your agreements. Your monitoring plan should include the following:

i. Schedule of monitoring visits and submission of reports
ii. Frequency of evaluation (every 3 years)
iii. Composition of the monitoring team (e.g., NTP core team, LGU, private partners from the MSCC, and development partners)
iv. Data to be collected and the corresponding data collection forms to use *(refer to document with filename: Indicator Definition_MOVs_Data Sources)*

Table 2. Indicators to use for monitoring the functionality and progress of the DOTS in SDN

Input	Process	Output	Outcome
1. Percentage of engaged providers (DOTS membership) 2. Functional MSCC 3. Availability of local policy support for 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

Step 8. Monitor and update the MSCC

At this point, it would be good to check on your MSCC members. This monitoring is different from the monitoring for the SDN. This is to see how the MSCC members are doing—whether they have issues or

concerns about the membership or the implementation of TB program in their respective agencies. You also need to update the members on the status of TB in your province and if there are new guidelines from DOH central office. Monitoring and updating can be done quarterly or bi-annually. You can do this during MSCC quarterly meetings and ask each member to present their activities and accomplishments. Always refer to the MSCC work plan when conducting this activity. Make sure that the activities conducted by the agencies are still aligned with the PhilSTEP1 goals and objectives.

Things to monitor:

- ☐ Activities conducted by the agencies/organizations in their respective offices based on the prepared work plan
- ☐ Number of referrals or TB cases identified by each member agency
- ☐ Issues and concerns of each member regarding TB Program implementation

What to update the MSCC on:

- ☐ Overall LGU TB performance
- ☐ Contribution of each agency as a percentage of the overall LGU performance based on consolidated reports
- ☐ New DOH policies and guidelines on NTP
- ☐ Trainings available and schedules
- ☐ Progress of the SDN
- ☐ Results of monitoring the SDN

Step 9. Recognize and reward partners during provincial/HUC town events

This step may be done during World TB Day or Lung Month celebration or other provincial/HUC events. Recognizing and rewarding your MSCC members and SDN partners is one way of showing your appreciation and at the same time make them feel that they have made a valuable contribution to the province towards TB elimination.

Suggested ways to show your appreciation:

- Plaque of appreciation
- Award for the agency/organization/private partner with the highest number of referrals
- Award for the agency/organization/private partner with the highest number of TB cases enrolled/registered
- Awarding of seal of quality service to the hospital/clinic/laboratory with the best TB services based on client survey

Useful Resource

Castillo FA, Lorenzo FME, Cabanela N, Castillo MNA, Calalang DM, Cruz MIdl. Multisectoral Alliances for TB Control: A rapid assessment with special report on organizational development aspects of alliance building. Unpublished. Manila, Philippines: Philippine Business for Social Progress – TB LINC Project, September 2011.

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