2022 CLA CASE COMPETITION

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Case Title:

Enhancing CLA in the Implementation of the City-wide TB Elimination Campaign to promote access to TB services in deprived

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Residents in Barangay Mambaling in Cebu City await their turn for the free Chest Xray to determine if they are infected by Tuberculosis. Credit: USAID's ProtectHealth CiTEC team/Cebu City

Summary:

The burden of tuberculosis (TB) remains high, especially among the poor. There are at least a million TB cases in the Philippines with some 31,000 deaths reported in 2020. TB disproportionately affects poor communities due to their crowded living conditions, malnutrition and poor hygiene and sanitation that facilitate disease transmission. The poor are also more vulnerable owing to poor access to health services. In Cebu City, almost half of the 7,616 bacteriologically-confirmed TB cases in 2020 were missed and add to p a persistent infection pool. As part of the efforts to eliminate TB cases in the Philippines, USAID's ProtectHealth supported the design and implementation of the City-wide TB Elimination Campaign (CiTEC) in Cebu City. CiTEC requires working with government partners, city and community health workers and barangay leaders. The use of collaborating, learning and adapting (CLA) approaches is imperative to achieve effective outcomes. Among these approaches include (1) setting up internal collaboration mechanisms between USAID's TBIHSS and ProtectHealth; (2) ensuring external collaboration with theCebu City Government, the Cebu City Health Department (CCHD), the Department of Health's Central Visayas Center for Health Development (CVCHD), PhilHealth, and local health workers and community volunteers to reduce duplication by coordinating efforts and creating a culture of knowledge sharing as a learning community; (3) employing evidence-based approaches such as using the CiTEC Baseline Assessment to guide the design of interventions in improving the effectiveness of TB program implementation; (4) enabling adaptive management to improve overall effectiveness in implementation; and (5) facilitating country-led development and local government unit The project has built a strong partnership with the Pasil and Mambaling communities that helped facilitate access to the area, ensured security of staff and allowed the conduct of case finding as a community-wide activity. Barangay leaders and staff as well as NGOs in the area partnered with the project in implementing demand generation activities, household profiling and the conduct of x-ray diagnosis by hosting the mobile x-ray van(LGU) investments in TB elimination. The CLA approach not only resulted in the proper coordination among stakeholders, but also led to the mobilization of community partners as "force multipliers" in the continued implementation of the program despite various challenges, especially during the pandemic and Typhoon Odette.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

The Philippines has an estimated 1 million TB cases but only half of the cases are notified each year. Cebu City has a population of 968,082, but missed half of the 8,541 TB cases in 2019. Cebu City contributed only 12 percent of the Region 7 target of 69,336 despite accounting for nearly 20 percent of the regional population.

CiTEC is a joint undertaking of Cebu City, the Department of Health-Central Visayas Center for Health Development (CVCHD), and Philippine Health Insurance Corporation (PhilHealth) to eliminate TB in the city. The program introduces both Active Case Finding (ACF) and Enhanced Case Finding (ECF) approaches for the identification of persons with active TB disease. Through this program, Cebu City will initiate the implementation of the Universal Health Care (UHC) Act through the establishment of public-private TB care provider network and the creation and utilization of the Special Health Fund (SHF) for TB elimination in the city, which can be the precursor for the broader SHF mandated in the UHC Act. To fully implement its objectives, CiTEC needs collaboration with different internal and external stakeholders. This collaboration encompasses (1) formulation of local policies to set up the TB care provider network (TCPN) and SHF; (2) establishing partnerships to implement UHC using TB as a tracer program; and (3) identifying and leveraging available financial, human, and other resource requirements.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

The scale and complexity of the TB problem in Cebu City requires efforts from various stakeholders and implementing partners, thus, TBIHSS and ProtectHealth use CLA approaches as a “force-multiplier.” Specifically, (1)internal collaboration between TBIHSS and ProtectHealth, as well as external collaboration with Cebu City Government, City Health Office (CHO), Center for Health Development (CHD), Barangay Health Workers (BHW) and Field Health Providers help reduce duplication through coordinating efforts, and creating a culture of knowledge sharing to transform as a learning organization, (2) Technical Evidence Base approach using the CiTEC Baseline Assessment was used to improve effectiveness of USAID’s TB program (3) enabling Adaptive Management to improve overall effectiveness, and to counter disruptions from COVID-19 pandemic, and Typhoon Odette, and (4) facilitating country-led development and local government unit (LGU) investments in TB elimination initiatives. At present, TB service delivery is being implemented both by the public and private sector, while most programs and financial assistance are delivered by the public sector, despite the latter’s limited reach and capacity. Furthermore, financing of TB programmatic activities is fragmented. Funds coming from the Cebu City local government, DOH, and PhilHealth are not fully coordinated, resulting to overlaps in providing resources or gaps in the delivery of services. USAID projects have different activities to address TB issue. TBIHSS is focused on service delivery and health systems while ProtectHealth is mandated to address financing bottlenecks.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

USAID's ProtectHealth initially proposed the conduct of an implementation research on TB elimination. However, its limited mandate on health financing and the lack of resources hindered its capacity to support activities at a city or province-wide scale. To fill the gap, the project collaborated with USAID's TBIHSS to complement each project's resources and capacities. Since the conduct of the implementation research requires the participation of a local government (through its network of clinics), the DOH, PhilHealth, and private sector providers, both projects jointly advocated for the conduct of a TB elimination campaign that was later called as CiTEC.

Cebu City agreed to host CiTEC with Barangays Pasil and Mambaling as pilot areas that have a combined population of 41,157 and high concentration of urban poor. The Cebu City government also committed to mobilize its resources including deployment of personnel, procurement of TB drugs, supplies and commodities, as well as the conduct of demand generation activities, which cost an estimated Php 5 million. On the other hand, CVCHD committed to provide mobile Xray equipment, GeneXpert cartridges, TB drugs, human resources, and capacity building support amounting to an estimated Php 22 million. Also, PhilHealth committed to pay the reimbursements from the TB benefit package worth Php 1.6 million. In total, the committed local resources for CiTEC reached an estimated of Php 28.6 million, or USD $560,000. For its part, TBIHSS committed to lead the technical assistance in the design and conduct of baseline assessment, formulation of the contractual agreement among institutional partners, design of protocols for service delivery amid the COVID-19 pandemic, development of operational manual for TB navigators, and the establishment of TB provider network to initiate integration of TB service delivery in target sites. For its part, USAID's ProtectHealth committed to lead the development of the guidelines on financing such as the contracting and payment of the TB network, enhancements to the TB outpatient benefit package, estimation of resource requirements, and design of CHD grant. The project also developed monitoring and evaluation protocols for CiTEC implementation.

There were several management challenges encountered during the initial conduct of CiTEC. The first was the need to identify suitable sites that meet the criteria of having a large urban poor population, a committed local government, and supportive regional offices of DOH and PhilHealth. After considering several sites, both projects decided to choose Cebu City. Second, was to mobilize the needed capacities and resources of stakeholders and implementing partners to implement CiTEC. Both projects designated a dedicated team to focus on CiTEC and to closely coordinate with other stakeholders through regular weekly technical working group meetings. Third, was to encourage stakeholders to pursue the conduct of CiTEC despite the challenges caused by COVID-19 pandemic. The implementing partners sustained regular technical working group meetings to maintain strong partnerships with Cebu City, CVCHD, and PhilHealth Regional Office (PRO) 7, seek updates on the status of implementation, and explore possible areas of support to address TB as well as COVID-19 concerns especially at the peak of the pandemic. In addition, USAID's TBIHSS surveyed providers on the effects of COVID-19 on the delivery of TB services that provided a picture on the extent of the disruption in services due to the pandemic. These initiatives, along with the consultative meetings with regional health and local officials on available resources for TB led to an agreement to adjust the scale and timeline of implementation. For example, CiTEC will be implemented by phase, starting with two high population density barangays followed by a roll out to other barangays in the succeeding years.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

The COVID-19 pandemic posed the biggest challenge in the delivery of TB services by causing a sharp reduction in treatment seeking behavior. Despite COVID-19, the initial implementation of the active and enhanced case finding interventions resulted in the substantial increase in case notification rates (CNR) in both barangays. In particular, Barangay Mambaling showed a dramatic increase in CNR with 356 cases reported in 2021 or 177 percent of the yearly target of diagnosed TB cases that translates to a case notification rate of 981 TB cases per 100,000 population. These figures are much higher than pre-pandemic levels.

Implementing the various case finding and case holding activities under these challenging circumstances involved close collaboration among partners. Specifically, USAID's TB IHSS and ProtectHealth continued to (1) hold regular coordination meetings involving field and Manila-based teams to reduce duplication of work, coordinate efforts in engaging various project stakeholders. This creates a culture of knowledge sharing to transform the partner organizations a learning community, particularly in terms of jointly troubleshooting operational issues; (2) making sure that interventions are guided by the best available evidence and best practices by jointly diagnosing operational challenges and looking at data and evidence from literature as well as drawing on the combined expertise and experience of both projects in responding to field challenges; (3) practicing adaptive management to improve overall effectiveness to counter disruptions from the COVID-19 pandemic and Typhoon Odette, such as jointly developing a catch-up plan that accounts for challenges; and (4) facilitating country-led development and LGU investments in TB elimination initiatives. Case in point is assisting Cebu City in developing its City TB Ordinance that allocated at least Php 5million annually for TB elimination activities through the UHC. This ordinance was passed in January 2022.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

The project has built a strong partnership with the Pasil and Mambaling communities that helped facilitate access to the area, ensured security of staff and allowed the conduct of case finding as a community-wide activity. Barangay leaders and staff as well as NGOs in the area partnered with the project in implementing demand generation activities, household profiling and the conduct of x-ray diagnosis by hosting the mobile x-ray vans to set up in community centers. Furthermore, the strong collaboration with PhilHealth and barangays helped introduce and replicate the Community PhilHealth Registration for families to become members of PhilHealth. The registration drive seeks to have families register with PhilHealth to facilitate their access to benefits. While the UHC Act mandates universal enrolment and immediate eligibility to benefits, many families are denied benefits since they lack the necessary documentation as PhilHealth members. The registration approach is now being replicated across various barangays in Cebu. Through the support and participation of barangay officials, community-based organizations, and community health volunteers. In addition, CiTEC has also been conducting learning sessions on TB 101 and PhilHealth 101 to be able to increase awareness on the healthcare benefits under the UHC, including TB package, and become more convincing advocates to their constituents. Both these interventions helped reach poor families including the Badjaos, an indigenous group living in in Sitio Alaska in Barangay Mambaling. The Badjao's are a poor and marginalized group. The project was able to reach the members of the Badjao community by working with the Presentation of the Blessed Virgin, a local faith-based NGO that supports the Badjao community.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

Gains from active and enhanced case finding measures is being maximized by addressing the reluctance of households to consult for fear of being diagnosed with COVID-19 and the limited number of health workers. In social behavior change communication, directly engaging household members by providing them information, assuring them that being diagnosed with TB will not result in being quarantined, and accompanying families during visits to the health center for diagnosis and treatment proved more effective. CiTEC also engaged the Department of Social Welfare and Development (DSWD) by making use of the Family Development Sessions (FDS) to provide families the essential information on TB. TBIHSS helped develop and pilot the use of the electronic FDS materials as well as facilitated access of 4Ps beneficiaries to subsidized anti-TB medicines and services amidst the Covid-19 pandemic. These adjustments to the protocol were determined by the field teams of both projects, in close consultation with community leaders and the health staff.

Following the devastation from Typhoon Odette, CiTEC field operations were temporarily suspended. This prompted both implementing partners to develop a catch up plan to sustain the program. Among the catch-up measures identified include engaging key stakeholders and partners in the community to support the TB elimination activities. For example, navigators who are tasked to conduct profiling and symptoms screening along with community health workers are being recruited from NGOs working in the area. CiTEC is also strengthening its collaboration with the University of Cebu-School of Medicine for the engagement of its medical students in promoting TB treatment adherence via telemonitoring under the supervision of their faculty. The program will also build a physician network composed by single practice physicians and enjoin nursing and midwifery schools in TB case management.