

Sustaining Community Response to TB Care

Organizational Development trainings strengthen TB volunteer groups in the Philippines

by MARIA SOCORRO MELIC, with reports from MA. NATIVIDAD GUBATAN and LEO LEGASPI
Lay-out and photos by HONEE ALIPIO

April 2010

The Philippines has the ninth highest burden of Tuberculosis (TB) worldwide (WHO Report, 2009). The disease is the sixth cause of sickness and death in the country, killing 75 Filipinos every day (Philippine Department of Health, 2005).

WorldVision, an international Christian relief, development and advocacy organisation, has been working in the Philippines since 1957 to help Filipino children reach their full potential through child sponsorship and community-based programmes. It also implements and actively promotes health initiatives in partnership with other non-government organisations, government and private agencies, and communities.

In response to the TB problem in the country, World Vision launched the Social Mobilization on TB (SMT) Project in 2003 to help strengthen community participation in TB control. Funded by the Global Fund to Fight AIDS, TB and Malaria (GFATM) through Rounds 2 and 5 and Rolling Continuation Channel TB grants, the SMT Project mobilises communities by organising volunteer groups called TB Task Forces.

Volunteers to Fight TB

A TB Task Force is composed of volunteer residents in a *barangay* or village. They identify and refer people with TB symptoms or TB symptomatics to the nearest health centre, act as treatment partners to TB patients, conduct TB awareness campaigns and advocate for sustainable TB control policies and resources.

Before TB Task Forces start helping TB patients, the SMT Project and its partners train the volunteers on the Directly Observed Treatment Shortcourse (DOTS) strategy and basic health education. Refresher courses are provided to the volunteer groups over time.

TB Task Forces in Sorsogon City, Philippines, crunch numbers on life-size ledgers during a Financial Management training provided by World Vision.

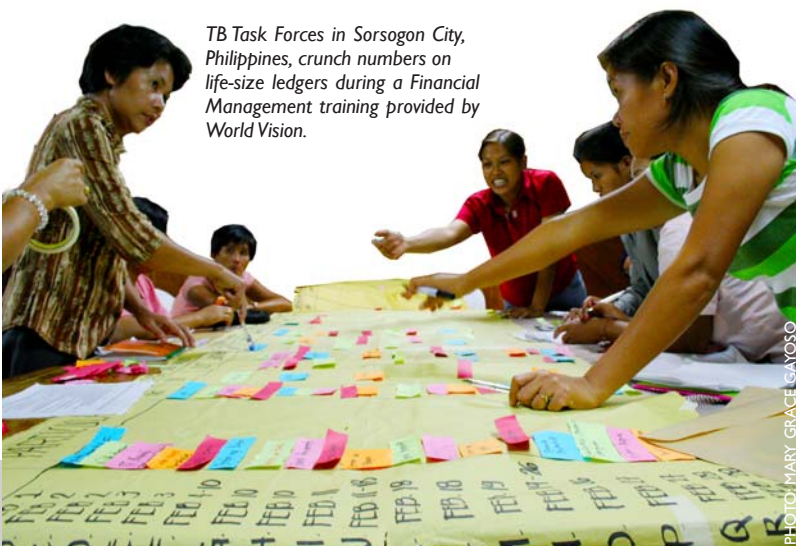


PHOTO: MARY GRACE CAYOSO

Enhancing Organisational Capacity

In the course of implementation, the project recognised the need not only to strengthen the technical knowledge of volunteers on TB and DOTS, but also to develop the TB Task Force as an organisation and to enhance the volunteers' capability in managing their groups even without GFATM and World Vision support. Further, bolstering the organisational capacity of TB Task Forces became essential for the efficient management of sustainability support funds provided later on by GFATM to the SMT Project.

To address these needs, the SMT Project held organisational development (OD) trainings starting 2006 using an OD toolkit produced for World Vision by the Asian Center for Personal and Organizational Development or ACEPOD, an independent training and consulting firm.

The OD toolkit consists of two handbooks and 10 modules that cover various OD aspects relevant to TB Task Forces. The handbooks offer basic orientations on OD and training while the modules provide a systematic guide in conducting trainings to formulate the vision, mission, goal (VMG), and constitution and by-laws (CBL) of the volunteer groups. The rest of the modules tackle other OD topics such as project proposal development, team enhancement and financial management.

Over the years, the toolkit was refined to better help TB Task Forces assess and set directions for their organisation. The project continues to address the volunteers' other OD needs not only through the toolkit, but also by inviting resource persons to conduct additional training components such as leadership enhancement.

To date, a majority of the SMT Project's 394 TB Task Forces have undergone at least one of the OD trainings. As a result, the TB Task Forces have developed clearer operational focus and direction as well as an enhanced sense of teamwork and camaraderie. The volunteer groups have defined their organisational structure and members' roles, and formed sub-committees for the accomplishment of specific tasks. They have also learned to make operational plans and analyse their groups' strengths and weaknesses for better organisational processes and systems. Many were able to register as recognised legal entities due to their VMG and CBL as part of the requirements. Having an official identity, in turn, enabled the TB Task Forces to access additional resources that have helped sustain their organisations and TB control activities. The new knowledge is also proving valuable in the efficient management of sustainability support funds provided by GFATM to selected TB Task Forces for the development of small businesses to help maintain their operations.

The strengthened volunteer groups are helping communities fight TB by using part of their mobilised resources to enable indigent TB symptomatics and patients complete diagnostic and follow-up exams by providing transportation fares and logistics such as sputum cups when shortage occurs. These tests are essential in confirming TB cases and the effectiveness of their treatment regimen.

To help further sustain these efforts, the volunteer groups formed federations or associations of TB Task Forces in 10 provinces and cities in the country. The association of TB Task Forces in one project site decided to create a cooperative.

TB Task Force volunteers in Santo Domingo, Sorsogon City, with their village leader (first from left)



Caring for TB Patients' Needs

In Sorsogon City, southeast of the nation's capital, the association of 26 TB Task Forces' dream of sustaining their TB control efforts became real when the Cooperative Development Authority (CDA) approved their registration application. On October 2007, the Sorsogon City TB Task Force Multi-purpose Cooperative was born. The association easily passed an important registration requirement—the group's CBL.

"We cannot be an organisation without our CBL," Virgiline Espinola, chairperson of the TB Task Force cooperative, said. "It clarifies our policies and the functions of officers and members so it is much easier to manage the cooperative and the volunteer groups," she added.

The cooperative's legal identity opened many doors for the TB Task Forces. "Local government leaders pay more attention to us once they know that we are a registered cooperative. It is then easier to seek funding for task force activities," Espinola explained.

This allowed the cooperative to save and build on its initial capital, taken from members' monthly dues and GFATM sustainability support funds. From P100,000 (US\$2,230) in 2007, the cooperative's total fund now amounts to P500,000 (US\$11,154).

"We want to keep saving and building from what we have now, so the cooperative can provide timely assistance to TB patients and even health centres when necessary," Espinola explained.

To ensure this, the cooperative installed a rule among TB Task Forces for the allocation of at least 10 per cent of earnings from their small businesses for TB control activities.

TB Task Forces in Barangays Bibinchan I and Santo Domingo, both recipients of financial management trainings, have been faithfully keeping to this rule. In 2009, the two volunteer groups covered the transportation fare for the diagnosis of 10 TB symptomatics at the nearest rural health unit (RHU), about 2km from each of the barangay.

"We found that TB symptomatics who do not have money to spare for transportation usually abandon diagnosis entirely," revealed Rebecca Jarilla, chairperson of Bibinchan I TB Task Force. Although it takes less than a dollar to reach the RHU, indigent TB symptomatics would rather use transportation money to put food on their family's table.

Even health workers would approach the TB Task Force in Santo Domingo for financial assistance to transport sputum samples.

This is something that happened more frequently as the task force started managing their retail store, established through earnings from the group's original business, a *botika ng barangay* or community drugstore.

Aside from over-the-counter medicine, the store sells snacks, soap and food seasonings. Through the store's earnings, the TB Task Force is able to fund the transportation of sputum specimen to the RHU to aid diagnostic and follow-up exam procedures.

Novy De Leon, TB Task Force chairperson, was quick to attribute the success of the store to the financial management training she received from World Vision. "The training was really useful to us," she recalled. "Recording store transactions accurately is a priority for us and is critical to keep our business on the right track. Without the training, this store would not have worked well," she added.

De Leon could still remember the life-size ledgers, income statements and balance sheets on manila papers as well as the fun exercises that helped her understand basic financial recording procedures.

The retail stores are also helping to sustain the TB Task Forces themselves by providing transportation fares for members, who are mostly housewives, during monthly meetings and TB awareness campaigns. "Now, there is no reason for us to be passive," Laila Latosa of Bibinchan I conveyed.



"Without the transportation assistance from the TB Task Force, I could not have recovered from TB," shared Nora Doroja of Bibinchan I, Sorsogon City. She is able to care for her children again after getting cured of the disease.