

TOWARDS A PEOPLE-CENTERED TB RESPONSE IN THE PHILIPPINES

A Community Report by
People Affected by Tuberculosis

March 2023



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FOREWORD

Ever since I finished my TB treatment, I thought that I was doing enough volunteering at the Lung Center of the Philippines. I helped alleviate the suffering of patients who experienced side effects from medication. I also offered encouragement to patients who sent me messages through Facebook Messenger, and to those who saw my testimonial video on Youtube. However, as time went by, I realized that the TB community can do so much more in terms of advocacy toward improving TB program implementation. Thus, I persevered with other TB survivors to form a community-led organization to help end TB in our country.

ACHIEVE helped us form our advocacy network, through the USAID-supported TB LON Project "Strengthening Civil Society Movement Towards a People-Centered TB Response in the Philippines". Finally, the Philippine Alliance to Stop TB (PASTB), a SEC-registered and genuine community-led organization was born. PASTB's role is to be the voice of the greater TB-affected communities and to become both an ally and constructive critic of the TB Program. PASTB member organizations go through a series of capacity-building activities to strengthen the sustainability of our organization and be effective partners to other stakeholders.

Among the trainings we received was how to conduct community-led monitoring. We experienced gathering data from our peers through the community scorecard and learned about the continuing struggles of people affected by TB.



Maricel Buen

President

Philippine Alliance to Stop TB (PASTB)
President-Breathe Free PH, a member of PASTB

The result of the survey that you will see in this report reflects our collective voices. We present this report to the government so that they may address our recommendations.

Among the concerns and recommendations included in this report include increasing Filipinos' knowledge that TB is curable with the right information and adherence to treatment. We also recommend to support the initiative of TB organizations to amend the TB law, improve community engagement in the TB program, as well as increasing funding for TB.

May this community report show stakeholders the opportunities for improving the national TB program. May this also mark the beginning of a stronger partnership between the government and the community in ending TB.

ABBREVIATIONS AND ACRONYMS

AAAQ	Availability, Accessibility, Acceptability, and Quality
ACHIEVE	Action for Health Initiatives, Inc.
ACF	Active case finding
ACSM	Advocacy, communication and social mobilization
ADR	Adverse drug reaction
CHD	Center for Health Development
CHO	City Health Office
CLM	Community-led monitoring
CSO	Civil Society Organization
DOH	Department of Health
DOTS	Directly-observed therapy, short-course
HCW	Health-care worker
HIV	Human Immunodeficiency Virus
HLM	High-Level Meeting
HRBA	Human Rights-based Approach
KAP	Key Affected Population
LGU	Local Government Unit
MDR- TB	Multi-drug Resistant Tuberculosis
NTP	National Tuberculosis Control Program
NCC	National Coordinating Committee
PASTB	Philippine Alliance to Stop TB
PSGs	Patient Support Groups
PHO	Provincial health office
PLHIV	People Living with HIV
RCC	Regional Coordinating Committee
TB	Tuberculosis
TB LON	Tuberculosis Local Organizations Network
UHC	Universal Health Coverage
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITION OF TERMS

Accountability means being responsible and answerable for commitments made or actions taken.^[1]

Civil society is the term the Global Fund uses to designate all those stakeholders who are neither government bodies nor private sector enterprises – groups such as international and national nongovernmental organizations, advocacy groups, faith-based organizations, networks of people living with diseases, and so on.^[2]

Conceptually, **commitments** should be followed by the actions needed to keep or achieve them. Monitoring and reporting are then used to track progress related to commitments and actions. Review is used to assess the results from monitoring that are documented in reports and associated products and to make recommendations for future actions. ^[1]

Communities is used to refer to people who are connected to each other in varied and distinct ways, such as people who are particularly affected by a given health problem or people who share particular characteristics or vulnerabilities due to gender, identity, geography, behavior, ethnicity, religion, culture or age. Community groups are also part of broader civil society.^[2]

Community-led organizations are led by the people whom they serve and are primarily accountable to them. In the AIDS response, this includes organizations by and for people living with HIV or tuberculosis and organizations by and for people affected by HIV, including gay men and other men who have sex with men, people who use drugs, prisoners, sex workers, transgender people, women and young people.^[3]

Community-led Monitoring is the process of collecting community feedback on the quality, accessibility, availability, and acceptability of services that will be stored, analyzed, and utilized for service improvement and advocacy for better programs and policies. This also collects experiences of stigma and discrimination and other human rights violations. It is a mechanism that can contribute to the accountability of government and NGO stakeholders as rights duty-bearers.

Meaningful community engagement in community-led monitoring (CLM) refers to a deliberate process where affected TB communities have a prominent and active role along the CLM spectrum, with an objective of ensuring access to quality, equitable, and rights-based care. This includes planning, decision-making, data collection, advocacy, and monitoring and evaluation processes. By implication, this means that: the needs of affected communities are prioritized; their varied and diverse expertise is recognized, and they are treated as equal partners, involved at all levels of the CLM process and supported, practically as needed, in the interest of a long-term and sustainable partnership.^[4]

[1] MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030. World Health Organization. 2019. <https://www.who.int/tb/publications/MultisectoralAccountability/en/>

[2] Civil Society. The Global Fund. 2020. <https://www.theglobalfund.org/en/civil-society/>

[3] What is a Community-led Organization?. AIDS Data Hub. 2019. <https://www.aidsdatahub.org/sites/default/files/resource/unaid-what-community-led-organization-2019.pdf>

[4] Empowering Communities to End TB. StopTB Partnership. 2021. <https://www.aidsdatahub.org/sites/default/files/resource/unaid-what-community-led-organization-2019.pdf>
<https://stoptbpartnershiponeimpact.org/resources/Conceptual%20Framework/OneImpact%20CLM%20Conceptual%20and%20Implementation%20Framework%20FN.pdf>

Health system responsiveness is defined by the WHO as the ability of the health system to meet the population's legitimate expectations regarding their interaction with the health system, apart from their expectations for the improvement of health or wealth.

Multi-sectoral refers to the different sectors of an economy and/or related parts of government, which can be defined in various ways. In the context of health, the term multi sectoral is usually used to refer to sectors of the economy (and related parts of government) that influence health and the need to be engaged by the health sector to address health issues. A multisectoral accountability framework needs to include content related to multiple sectors.^[5]

Patient-centered care is defined by the WHO as “providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions”.

People-centered TB Response focuses on meeting the health needs and expectations of people throughout the life-course. It aims to balance the rights and needs of patients with their responsibilities and capacity as stakeholders in the health system. The natural history of TB (a social disease requiring many months of treatment), including its risk factors and underlying determinants, make it appropriate for an approach based on people-centered programs and policies. The journey taken by a patient from diagnosis to treatment and ultimately to cure can benefit significantly from a people-centered approach.^[6]

PhilSTEP or the 2017–2022 Philippine Strategic TB Elimination Plan: Phase 1 (PhilSTEP1) is the road map from 2017 to the next six years for the NTP with targets that aimed to support the global End TB Strategy. In 2020, the TB program review has shown that much has been achieved and some gaps and challenges remained the same. Given this midterm status of TB elimination in the country, the DOH introduced the updated Philippine Strategic TB Elimination Plan, Phase 1: 2020–2023 (Updated PhilSTEP1) to effectively respond to the renewed and strengthened global response to end TB.

UHC or Universal Health Coverage means that everyone can obtain the health services they need without suffering financial hardship.

[5] MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030. World Health Organization. 2019. <https://www.who.int/tb/publications/MultisectoralAccountability/en/>

[6] A PEOPLE-CENTERED MODEL OF TB CARE. WHO-Europe. 2017. https://www.euro.who.int/__data/assets/pdf_file/0004/342373/TB_Content_WHO_PRO_eng_final.pdf

EXECUTIVE SUMMARY

This document “Towards a People - Centered TB Response in the Philippines - A community Report by People Affected by Tuberculosis” is the result of a participatory process that involved the development of Community-led Monitoring (CLM) tools, capacity-building of the PASTB members in the use of the tools for basic research, data processing and analysis, and transforming the data into information that can be utilized for forming recommendations that can be offered to government in developing a truly people-centered TB response.

The Philippine Alliance to Stop TB (PASTB) Strategic Plan focuses on establishing the role of PASTB in spearheading the use of CLM through tools like the CareTB App, the People-centered TB Community Scorecard, and the Trials and Triumphs Photo Exhibit that features TB survivors’ stories. The data generated from the use of these tools served as basis for crafting the community’s assessment of the national TB situation and response. The results informed the recommendations of PASTB: increased resources, new funding mechanisms, better policies, and the development of multi-sectoral accountability. This Community Report focused on the results of the TB Community Scorecard.

The respondents gave their TB experience an overall rating of 4.25 out of 5 (see Annex A for the data presentation). This rating was mostly characterized by the statement:

"Okay na rin, ang importante, gumaling"
(It's fine, the most important thing is to get cured).

Positive feedback was provided, which consisted of 1) fulfillment of needs, 2) the accommodating attitude of staff and other community volunteers, and 3) complete and adequate experience.

Negative feedback, meanwhile, consisted of 1) inadequate explanation, 2) lack of supply of medicine in the facility especially medicines for children, 3) staff shortage, and 4) the need for facility improvement.

The survey results were presented to PASTB members through a workshop, where they learned how to analyze, interpret the data, and transform these into information that they can use to craft the TB Community Report. As a result of the workshop, the participants were able to draft proposal inputs in several areas:

1. Service Quality: Here are the recommendations of PASTB in relation to the Availability, Accessibility, Acceptability, and Quality (AAAQ) issues under:
 - TB Knowledge - IEC materials may need to be translated into local languages; local radio stations must be tapped to reach remote areas, and facility staff must be trained to be better equipped with knowledge about TB.
 - Diagnosis - Contract-tracing must be improved, and patients should be made aware of free services.

- Treatment - Facilities need to ensure medicine availability, including ancillary medicines, and that there should not be any discrimination. Additional recommendations include bringing treatment closer to patients, provision of financial support from LGUs, and demands for medicines with lesser side effects.
- Workplace and Employers - TB IECs should be available in workplaces. X-rays should be shouldered by employers, especially during Annual Physical Exams.
- COVID-19 Pandemic - Availability of services should not be limited by repurposing of machines (Genexpert was used to detect COVID-19). Delays due to interruptions cause late release of laboratory results (Genexpert, sputum smear) and in turn, delay the start of treatment. Machines used for TB should not be repurposed in times of health emergencies.

The following are the recommended initiatives and activities to monitor service quality and improvements:

- a. Qualitative studies to further shed light on the numbers resulting from the survey:
 - Experiences of MDR-TB patients, children, and their families as well as informal workers and non-site-specific workplaces
 - TB experience in private facilities and closed settings
 - Non-TB and non-health services for persons with TB
 - Experiences of TB stigma and discrimination in various settings (facility, community, schools, jails, workplace, intimate relationships, among others)
 - Social impact assessment of COVID-19 on the TB situation and response
2. Community Leadership: PASTB recommends capacity-building initiatives for increased engagement, strengthening of the CLM mechanisms and referral system between PASTB organizations and local governments, empowering TB patients to become future care managers or counselors, and amendment of the TB Law.
3. Human Rights and Gender: The recommendations focus on capacity building for community-based and civil society organizations on human rights, redress mechanisms, gender, and social behavior change programs in relation to stigma and discrimination.
4. Pandemic Preparedness: PASTB recommends the development of programs for home deliveries, telemedicine, and new testing tools which will ensure continued service delivery amidst a pandemic.
5. Domestic Funding for TB: PASTB recommends including CBOs and CSOs in TB budget consultations and facilitating social contracting for community-led activities and TB health services.

PART 1. CONTEXT

I. Backgrounder and Rationale

The Philippine Alliance to Stop TB (PASTB), a SEC-registered coalition-network of civil society and the TB and HIV community - led organizations across the country, aims to amplify the voices of affected communities and advocate for people-centered TB response in all relevant public and private structures, mechanisms, and platforms. One of the Key Result Areas in the PASTB Strategic Plan is to lead Community-led Monitoring (CLM) efforts using tools that collect feedback from users of TB services.

Among these tools are the CareTB App and the People-centered TB community Scorecard, and Facebook pages/Messenger chat rooms of organizations working on TB and with the key affected populations. The feedback in the CLM will be used by the network to advocate for increased resources, new funding mechanisms, better policies, and the development of multisectoral accountability.

PASTB was founded in April 2021 with the assistance of USAID's TB LON Project, "Strengthening Civil Society Movement Towards a People-Centered TB Response", which is being implemented by the Action for Health Initiatives, Inc.

II. Objectives of the Community Report

A community report is a platform for communities to voice out their concerns and recommendations on specific development issues, which in this case is the TB Response in the Philippines. This community report is also an advocacy tool to articulate the communities' findings and recommendations to the concerned authorities such as policy makers, national planners, programmers, implementers, and their fellow affected peers. The community report shall also serve as a reference document for the development of Community TB Advocacy roadmap to contribute to the crafting of a truly people-centered National TB Response.

CLM in TB response aims to:

1. Provide a feedback mechanism between clients and service providers;
2. Generate evidence or data that can be used for decision making;
3. Monitor the course of actions undertaken by the service providers in relation to quality service; and
4. Strengthen key affected populations' and stakeholders' participation in implementing, designing and monitoring of interventions.

III. Data Sources of the Community Report

A. The CareTB Application

The CareTB Application (CareTB App) has a feedback-generating module that gathers reports and experiences of communities affected by TB, both the positive and negative: the good practices of treatment facility representatives, as well as the discrimination and human rights violations related to TB.

In late 2020, ACHIEVE initiated and developed the community reporting process as part of the module of the Care TB App. The Care TB App is a community-based monitoring tool that tracks treatment adherence of patients, maps out and locates treatment centers, and generates feedback from communities accessing TB services, including experiences of discrimination and human rights violations.

The End TB app suite, which includes the Care TB app suite, was launched publicly in 2021 and was introduced as a tool for TB patients, close contact patients, TB care providers, community members, and advocates. However, several reasons such as slow internet connection, lack of device storage capacity, and other user-related issues have hindered the popularization of this app. Given the problems in the use of the Care TB app, PASTB focused instead on gathering data through a national survey using the People-centered TB Community Scorecard.

B. People-centered TB community Scorecard

Since the first quarter of 2021, planning and preparatory activities such as community consultations through focus group discussions (FGDs), key informant interviews (KIIs), and meetings resulted in the development of the People-centered TB community Scorecard. A survey team was created with enumerators from NCR, Regions 3, 4A, 6, 10, and 11. Members of the implementation team from Regions 3 and NCR reported challenges faced, mostly from the institutions hesitant in supporting the initiative. The roll-out was then followed by the encoding and processing of survey results and the writing of the report.

C. Trials and Triumphs: A Monograph on Coping with TB-related Discrimination

Another document considered part of PASTB's CLM is called "Trials and Triumphs: A Monograph on Coping with TB-related Discrimination". This monograph consists of accounts of 15 TB survivors who experienced various forms of stigma and discrimination as a result of their condition. This document was the basis of the Trials and Triumphs Campaign to combat stigma and discrimination.

The first TB Community Report (2022) is intended to be disseminated and/or launched during the first quarter of 2023. The Community Report will be done regularly, and succeeding reports will include a new mechanism or tool called: CallKaLungs TB Community Hotline. It was developed by ACHIEVE and PASTB in partnership with the Philippine Business for Social Progress (PBSP) and APCASO. The hotline will allow communities affected by TB to give feedback about TB programs and services, as well as report and respond to experiences of TB-related stigma and discrimination.

IV. Methodology

The resulting Community Report on TB is a product of a tedious but essential processes, divided into five (5) phases:

Phase 1: Development of the TB Scorecard

Phase 1 consisted of preliminaries, and tool development. Its initial development in the first quarter of 2021 consisted of relevant documents. This phase consisted of planning and preparation activities such as community consultations through FGDs, KIIs, and meetings. These activities resulted in the development of the content of the draft pre-test intake tool. The same version was also sent to the National TB Program (NTP) for comments, and online meetings conducted on the development of the HR Scorecard.

The appropriateness of the tool was tested through the many revisions based on NTP's and TB community's feedback. The first version of the tool was submitted as part of TB LON Project Milestone Report in April 2021 (See Annex B: Draft intake tools and revisions). The first version of the tool was reviewed during a practice simulation done with PASTB members. It was then revised according to comments and suggestions resulting in the Pre-test Intake Tool.

Phase 2: Pre Testing and Validation

For Phase 2, a total of 160 Pretest survey tools (See Annex C: Revised Pretest Intake Tool). were distributed to representatives of PASTB member-organizations from NCR, Rizal, Cavite, Bulacan, Iloilo, Cagayan de Oro, Davao City, and Bukidnon. Pretest facilitators were also debriefed about their experiences and observations during the conduct of the survey.

They were asked about the challenges they faced and the strategies they employed to overcome them. Under this Phase, methodologies used include:

Quantitative survey

- Scorecard tool development and rollout
- Conduct of Pre-test and implementation of relevant revisions
- Development of the pre-test report

Qualitative interviews

- Key informant interviews (KII) and Focus Group Discussions (FGD) with community representatives and service providers from the National TB Program and Regional Offices
- Group consultation and debriefing with pre-test and pilot survey enumerators

Major revisions were done on the form, content, and the process of the scorecard. Their comments, suggestions, and other feedback were taken into consideration during the revision of the scorecard for the survey rollout and for the improvement of the conduct of the survey. For form and content, questions were rephrased for better clarity, language was simplified, and jargon, medical terms, and abbreviations were minimized. The tool was also reformatted to six (6) pages with questions rearranged to facilitate a better flow of the survey. A Pre-Test Report was developed by July 2022 (See Annex E: Pre-Test Report).

Phase 3: Actual Survey [Rollout in six (6) regions]

Phase 3 is the actual rollout of the community scorecard and commenced with the vetting of the pre-test revisions and report. The pre-test report included details on pre-test revisions, preliminary data trends, and mechanics for the community scorecard rollout. The Research Team determined the criteria for site selection which includes high TB incidence rate and presence of PASTB organization.

The proportion of respondents per area was also based on the burden rate. ACHIEVE recruited and trained 14 enumerators from the PASTB community (Please see ANNEX I: Community Enumerators). The enumerators orientation was conducted September 8, 2022 where they were provided an overview of the TB situation, the scorecard initiative, and its objectives. They were also provided relevant information to enhance relevant skills and applied ethics on data gathering and, on the use, and facilitation of the scorecard.

Rollout of the Community Survey in the Six (6) regions

From March to November 2022, the Research Team has gathered the total number of new cases and relapses per region from the Philippines National Tuberculosis Report 2020; and prioritized areas where the Philippine Alliance to Stop TB (PASTB) member organizations are based. A total of 1,012 respondents composed of current TB Drug Susceptible TB (DSTB) and Multi-Drug Resistant TB (MDRT) patients in six (6) regions- CALABARZON (R4A), National Capital Region (NCR), Central Luzon (R3), Western Visayas (R6), Northern Mindanao (R10), and Davao (R11) participated. The accomplished questionnaires were processed, encoded, and analyzed. From the analysis, recommendations were generated which formed the significant parts of the TB Community Report.

Phase 4: Processing and Data Analysis

The encoding and processing of the data was outsourced by ACHIEVE but the data analysis was a joint exercise between the consultants and selected members of PASTB. The data analysis phase was also optimized through the conduct of the Data Utilization workshop where PASTB members learned how to interpret the raw data and transform them into information.

Capacity Building of PASTB in Data Utilization

In preparation for the development of the community report, selected PASTB members were trained on Human Rights Documentation and Research and Data Utilization to enable them to understand the process of crafting the evidence-informed community report - its objectives, content, analysis, and recommendations for service improvement and TB financing. The recommendations also serve as advocacy leads for PASTB. Also, from the analysis of the results generated by the TB scorecard tool, PASTB members were also able to prioritize urgent programmatic inputs for submission to the Global Fund TB proposal development team.

Phase 5: Community Report Writing and Dissemination

The development of recommendations & report dissemination is the 5th Phase. The scorecard results were used to draft a report on the assessment of the country's TB situation and response. The scorecard results were presented to PASTB through the workshop. As a result of the workshop, the participants were able to draft proposal inputs in several areas. The community report was drafted in November 2022 and further enhanced through February and early March 2023 in preparation for its launch and dissemination.

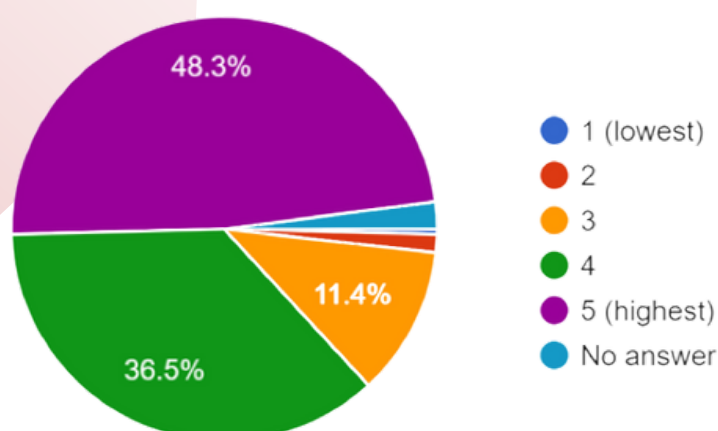
Part 2: The Community Report

I. Findings from the Survey

A. The Overall Experience of TB patients

The scorecard respondents gave their TB experience an overall rating of 4.25 out of 5. This rating can be mostly described by the statement, "Okay na rin, ang importante, gumaling" (It's fine, the most important is to get cured).

Figure 1. Overall rating of service and experience while on TB Treatment



The respondents gave this rating based on the following feedback:

Table 1. Summary of positive and negative feedback of respondents

Positive	Negative
<ul style="list-style-type: none">• Patient's needs were met• Patient was informed on what to do• Clinic staff followed protocol• Did not experience discrimination• Effective medication/treatment regimen;• "inasikaso", "inalagaan", "ginamot", "binisita", etc.• Staff and other community volunteers are accommodating, good, nice, generous, etc. Perception of experience: "maayos", "libre", complete, adequate, etc	<ul style="list-style-type: none">• Incomplete understanding; did not understand• Inadequate explanation; inaccurate information• Lacks counseling, etc.• Lack of supply of medicine in the facility (esp. meds for children)• Shortage of staff and specialists; too busy; "Minsan hindi dumadating"; "di nang-e-entertain"• Facility needs improvement: uncomfortable, too small, slow service, long lines, no seats; etc.• Patient is unsatisfied with service;• Patient had an unpleasant experience;• Patient experienced discrimination

B. AAAQ Survey Results:

These results were only able to show data trends according to each area explored by the survey. Questions were formatted to reflect the circumstances of different technical areas in the TB response. Positive responses (✓) and negative responses (x) were rated per area and overall. However, questions on discrimination have reverse logic, with negative responses as the ideal.

The scorecard, being the response of TB affected communities to the national TB response, should be taken into consideration in the adjustment of the National TB Program (NTP) to improve their interventions in the following areas:

Table 2. AAAQ Survey Results

TECHNICAL AREAS	AVAILABILITY		ACCESSIBILITY		APPROPRIATENESS		QUALITY	
	✓	✗	✓	✗	✓	✗	✓	✗
Part 2. Knowledge in TB	96.64%	2.08%	-	-	-	-	96.87%	1.91%
Part 3. Diagnosis	79.86%	5.35%	75%	24.02%	80.20%	3.36%	83.41%	2.59%
3a - X-ray	99.90%	0.10%	59.29%	39.82%	98.62%	0.99%	97.04%	2.25%
3b - GeneXpert and sputum	98.32%	1.38%	90.72%	8.21%	98.02%	0.99%	93.81%	4.72%
3c - TB contact tracing	41.36%	14.58%	-	-	43.97%	8.10%	59.39%	0.79%
Part 4. Treatment	74.20%	14.05%	62.66%	19.15%	70.19%	9.88%	71.08%	14.01%
4a - Medication	95.75%	1.58%	96.54%	2.57%	89.23%	3.80%	96.44%	2.99%
4b - Facility structure and spaces	84.79%	11.91%	69.57%	27.72%	92.00%	4.50%	91.85%	7.31%
4c - Facility staff	92.98%	5.63%	93.98%	3.26%	90.91%	2.47%	90.67%	2.77%
4d - Discrimination from providers	-	-	-	-	77.83%	6.32%	-	-
4e - Other health services	84.09%	6.13%	60.16%	21.82%	59.44%	23.22%	58.40%	1.78%
4f - Non-clinical services	22.40%	39.30%	16.72%	25.45%	22.07%	11.17%	-	-
4g - IEC materials in facilities	58.15%	19.37%	70.46%	2.13%	61.76%	3.85%	43.43%	28.36%
4h - Community engagement	81.23%	14.43%	31.18%	51.07%	68.28%	23.72%	45.66%	40.86%
Part 5. Workplace and employers	6.23%	5.96%	5.73%	1.43%	24.80%	3.10%	-	-
Part 6. Covid-19 pandemic	47.86%	19.07%	54.99%	12.25%	-	-	54.84%	12.16%

The results were analyzed by PASTB during the Data Utilization Workshop. Analysis were focused on the technical areas with the lowest approval scores. The table below summarizes the analysis on the current gaps in the TB response.

Table 3. Analysis of AAAQ Results from PASTB

AVAILABILITY	ACCESSIBILITY	APPROPRIATENESS	QUALITY
Knowledge in TB: High % shows that most of the respondents have knowledge about TB			
<ul style="list-style-type: none"> 2.08% of the total respondents suggested that they did not receive TB orientation from the facility Information, Education and Communication (IEC) materials may not be available 	<ul style="list-style-type: none"> Lacking IECs and materials Remote areas not reached Not enough time to lecture about TB 	<ul style="list-style-type: none"> Not everyone may understand IEC materials; materials not translated 	<ul style="list-style-type: none"> The figure 1.91% suggests that although patients received an orientation, they may not have fully understood the information Staff of the facility may not be well-trained or not well-equipped with knowledge about TB

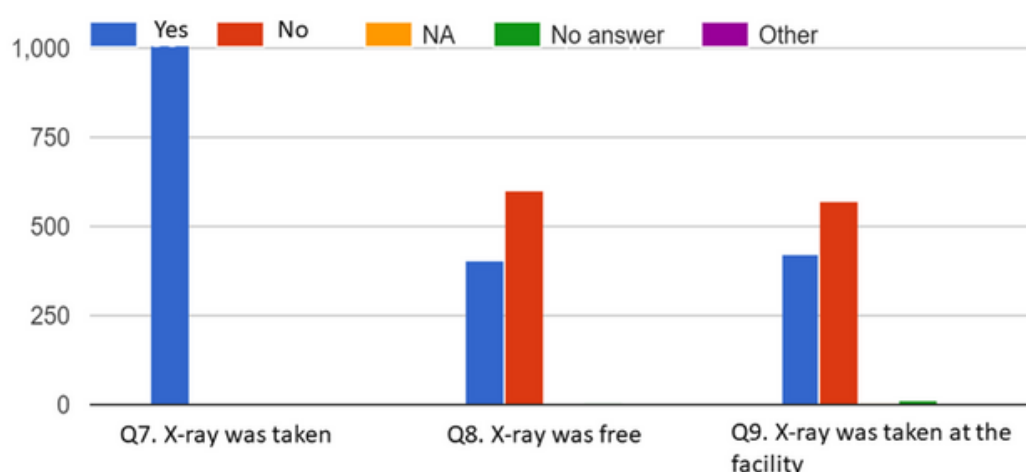
Diagnosis			
<ul style="list-style-type: none"> • Contact-tracing not fully implemented 	<ul style="list-style-type: none"> • Less than 40 percent (39.82%) of the respondents do not have access to X-ray • The figure 24.02% may indicate that respondents were not able to access TB services due to the following: <ul style="list-style-type: none"> - Not aware of the free services -Services are costly 	<ul style="list-style-type: none"> • The figure 3.36% may indicate that respondents have misconception about X-rays • Difficulties in expectorating for Gene-Xpert. 	<ul style="list-style-type: none"> • The figure 2.59% suggests low quality of diagnosis because of the number of days before results were released • Errors in the results may be due to machine factory defect
Treatment			
<ul style="list-style-type: none"> • 14.05% indicates that they are unaware of the available TB treatment services due to: <ul style="list-style-type: none"> - lack of IEC materials - lack of facility in some municipalities - community engagement is the least priority of implementers -unavailability of medicines (esp. ancillary meds) 	<ul style="list-style-type: none"> • Limited access to the treatment • Far areas; inaccessible facility • Costly prices of treatment • Limited campaign for the programs 	<ul style="list-style-type: none"> • Discrimination by service providers • Side effects 	<ul style="list-style-type: none"> • The figure 4.01% indicates that respondents have issues in their treatment • Poor quality of campaign drive in the community • Other IECs are not effective • No financial support from the LGU (transportation) • Stopped treatment due to side effects
Workplace and Employers: Low % indicates that most of the respondents are not in the workforce or not working			
<ul style="list-style-type: none"> • Services such as X-ray available in the company/or provided by the company (free) • If employees were diagnosed during APE and out-of-pocket cost • Workplace has no available IEC materials 	<ul style="list-style-type: none"> • No access to information about TB • Employee needs to go to the facility for check-up, ends up being absent with salary deduction 	<ul style="list-style-type: none"> • Facility/Health Centers are open only on weekdays 	-

COVID-19 Pandemic: Low % indicates that respondents were on treatment before pandemic			
<ul style="list-style-type: none"> • Less than half of the respondents (47.8%) underwent treatment during the pandemic. • Availability of services were limited due to repurposed machines (Genexpert 	<ul style="list-style-type: none"> • 12.25% may indicate difficulty in accessing TB services due to COVID-19 trauma • TB has symptoms similar with COVID19 	-	<ul style="list-style-type: none"> • Trust issues when it comes to the result • Delay in the release of laboratory results (Genexpert, sputum smear) • Delay in start of treatment

C. TB Diagnostic Procedures

X-ray: 59.7% (604 out of 1,012) of respondents said that they paid for their X-ray (PhP150 to 400). A huge majority (81.8% or 494 out of 604) of those tests were conducted in another facility, mostly in private hospitals and clinics, as it is unavailable in their own facilities. Those who were able to get free tests got their x-rays with vouchers or in TB DOTS facilities.

Figure 2. X-ray Diagnosis



- **Sputum:** 1.4% (14) of the total number of respondents did not go through a sputum test. 6.9% (70 out of 1,012) of all respondents paid for their sputum tests. 9.4% (96 out of 1,012) of them got their sputum tests in another facility. A few respondents reported receiving sputum test results after a week or two.

TB contact tracing: 60.5% reported going through TB contact tracing, and indicated that other household members were screened for TB (83.8%).

Diagnosis and Treatment during the COVID-19 Pandemic: 68.6% of the total respondents were diagnosed with TB during the pandemic. 14.6% of them described the facility they were treated at to be as difficult to access (mahirap puntahan), and 2.1% were not able to get complete TB medication during their visit.

D. TB Treatment and Management

Start of treatment, side effects: 5.3% did not immediately start treatment upon diagnosis. 76.7% reported having experienced side effects, but 6.3% of them said that these were not addressed.

Facility: 15.9% said that the facility location is not very accessible because transportation is costly (91.3%). While negative responses were low in other treatment areas, a high frequency of negative responses was recorded in terms of facility structure and spaces:

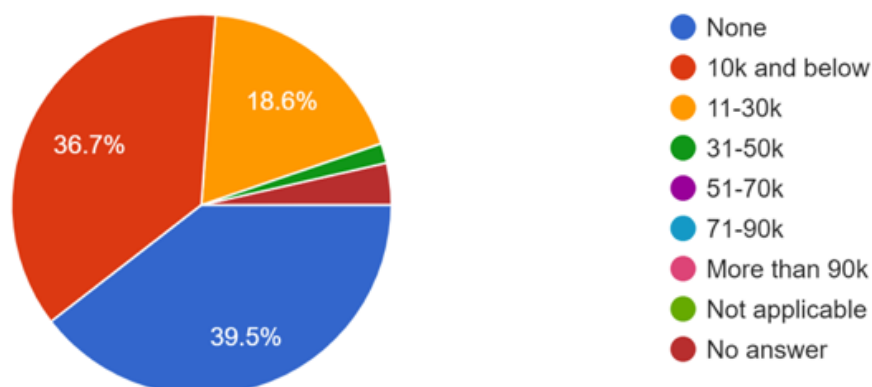
- Only 15.7% of the respondents believe that the facility has enough seats
- Only 11.2% of the respondents believe that the facility is comfortable
- Only 8.3% of the respondents believe that the facility is spacious and easy to move around in
- Only 8.2% of the respondents believe that the facility has enough space for non-TB services (
- Only 7.5% of the respondents believe that the facility is well-ventilated
- Only 4.8% of the respondents believe that the facility is neat and clean
- Only 4.2% of the respondents believe that the facility is has enough space for private conversations

Staff: 93.3% reported that there were enough facility staff to respond to their needs, however, 4% felt they were not friendly and accommodating.

E. Catastrophic Costs

The scorecard found that those who paid for their X-ray were mostly treated in public health facilities as 60.8% percent of them reported being unemployed, receiving no monthly household income at 39.6%. 82% reported not receiving any pension, allowances, or assistance, nor do they have other means of income or business (88.7%) at the time of their interviews. Those who were employed mostly received a monthly income of below PhP 10,000 at 34.8% and PhP 11,000 to 30,000 at 20.9%. 29% of these employed individuals are currently living with and/or supporting up to six or more household members.

Figure 3. Monthly Household Income of Respondents



Results also showed that 69.7% (421) of the responders were diagnosed with TB during the pandemic, 78.3% of which reported having DS-TB, and 19% with DR-TB. 539 (89.2%) of these individuals received treatment in public health centers. 494 (81.8% of 604) of them reported paying for their X-rays done in another facility.

- Most of these individuals are 26-35 years old (151 or 25%); followed by 19-25 at 16.9% (102); 36-45 at 16.2% (98); 46-55 at 15.7% (95); and 56-65 at 14.7% (89).
- 2.6% of those who paid for their x-ray reported having a disability
- 51% of them finished high school and 21.9% finished college

While TB treatment is often provided at no cost to patients, additional expenses incurred by TB-affected households can have a negative impact on finances and their well-being. The scorecard was able to gather data to further analyze the TB situation as described by the responses. Catastrophic costs do not only end after people are cleared from TB as it impacts a person physiologically, mentally, economically, and socially.

F. TB-related discrimination

Experiences of discrimination: Almost 10% of the total respondents reported being avoided (nilayuan), and or felt to be at the receiving end of someone's disdain (pinandirihan, 10.8%). 5.8% reported being a topic of social conversations that don't include them (pinag-usapan, -chismisan). 5.2% also reported being discriminated based on their faith, and gender (3.8%). 2.4% of total respondents said that they experienced discrimination based on their actual or perceived disabilities (only 2 out of 22 reported having a disability in their respondent profile).

Workplace and employers: 13.7% reported being discriminated in the workplace, while 10.4% reported difficulties applying for a job, and 9.1% reported being terminated from employment due to having TB.

II. Recommendations of the Community

1. Service Quality: Here are the recommendations of PASTB in relation to the AAAQ issues under:

- a. TB Knowledge - IEC materials may need to be translated into local languages and local radio stations must be tapped to reach remote areas. Facility staff must be given adequate training, equipping them with knowledge about TB.
- b. Diagnosis - Contact tracing must be improved, and patients should be made aware of free services.
- c. Treatment - Facilities need to ensure medicine availability, including ancillary medicines, and that there should not be any discrimination. Additional recommendations include bringing treatment closer to patients, providing financial support through LGUs, and call for medications with lesser side effects.
- d. Workplace and Employers - TB IECs should be available in workplaces; Xray costs should be shouldered by employers, especially during annual physical exams.
- e. COVID-19 Pandemic - Availability of services should not be limited due to repurposing of machines (GeneXpert were used to detect COVID19). These interruptions lead to late release of laboratory results (GeneXpert, sputum smear), which in turn delay the start of treatment. Machines used for TB should not be repurposed in times of health emergencies.

The following are the recommended initiatives and activities to monitor service quality and improvements:

- a. Qualitative studies to further shed light on the numbers from the survey
- b. Experiences of MDR-TB patients; children, and their families as well as informal workers and in non-site specific workplaces
- c. TB experience in private facilities and closed-settings
- d. Non-TB and non-health services for persons with TB
- e. Experiences of TB-related stigma and discrimination in various settings (facility, community, schools, jails, workplace, intimate relationships, among others)
- f. Assessment of the social impact of Covid-19 on TB situation and response

2. Community leadership: PASTB recommends conducting capacity-building initiatives for increased engagement, strengthening of the CLM mechanisms and referral system between PASTB organizations and local governments, empowering TB patients to become future care managers or counselors, and amending the TB Law.

3. Human rights and Gender: The recommendations focus on enhancing the capacity building for community-based and civil society organizations in the areas of human rights, redress mechanisms, gender, and social behavior change programs in relation to stigma and discrimination.

4. Pandemic preparedness: PASTB recommends the development of programs for home deliveries, telemedicine, and new testing tools which will ensure continued service delivery amidst a pandemic.

5. Domestic funding for TB: PASTB recommends including CBOs and CSOs in TB budget consultations and facilitating social contracting for community-led activities and TB health service.

SERVICE QUALITY

- Place a flowchart to guide patients and HCWs in TB treatment procedure
- Install Xray, GeneXpert in every CBO (sustainability and pandemic preparedness)
- Conduct a vaccination drive
- Secure additional budget for TB medicines

CSO/COMMUNITY LEADERSHIP IN THE TB RESPONSE

TBKAP, CSOs, and community members and volunteers should lead the TB prevention control program and campaign in the areas of:

- Case-finding and contact-tracing
- Case management; community outreach
- Peer counseling and mental health awareness
- Community-led monitoring

Goals:

- Strengthening of TB-HIV collaboration;
- Involving TB communities in policy and decision making and ensuring more seats for TB organizations in the PCCM and
- Engaging CSOs in the TB response

Recommendations:

- Capacity-building for increased engagement
- Advocacy for mandatory NTP training for physicians
- Strengthen referral system between PASTB organizations and local governments
- Empower TB patients to become future care managers or counselors
- Care for carers
- TB Law amendment

HUMAN RIGHTS AND ELIMINATION OF STIGMA AND DISCRIMINATION

Goals:

- TB Law amendment
- TB Workplace Policy

Recommendations:

- Capacity-building for CBOs/CSOs in the areas of human rights and redress mechanisms for dealing with stigma and discrimination
- Social behavioral change programs to address stigma and discrimination
 - Sensitization of healthcare workers and TB awareness in schools and the workplace
 - Amplify post-treatment interventions and address stigma and discrimination against TB survivors
 - Participate in CLM to gather data and evidence to strengthen TB law amendment efforts
 - Adoption of TB Hotline in all regions
 - LGUs to endorse Human Rights Scorecard results; Trials and Triumphs to be supported
 - Activity: Stigma index

PANDEMIC PREPAREDNESS

Create mechanism on addressing future pandemic/disasters

- TB community leaders and service providers training in disaster preparedness including contact-tracing and continued service delivery

Recommendations:

- Adopt programs on home deliveries and strengthen telemedicine; and adopt new testing tools like TBLAM test for PLHIV as immunocompromised individuals
- TBDOTS rider: Specimen transfer, treatment partner, patient transport to the facility

INCREASING DOMESTIC FUNDING FOR TB

- CBO/CSO to be included in the TB budget consultations (fund outreach, activities, livelihood courses)
 - Allocation of funds for bidirectional screening for TB and other diseases (TB-DM)
 - Give CSOs a seat in the Local Health Boards to increase budget
 - Provide enabler's fund for those who are not able to buy medications at times of medication interruption
- Access to funding from LGUs (social contracting) for community-led activities and to address TB health services gaps (such as annual x-ray for monitoring)
 - Capacity building for CBOs to access government funds
 - Recommend LGU partnership with program funders to augment funding for the TB program
 - Conduct of TB summit

3. Next Steps

The scorecard should be used to provide an overview of the TB situation in the Philippines from the perspective of the communities. However, as a tool focused on collecting strategic information from the community, it is not designed to provide immediate solutions to urgent issues. Concerns that the scorecard cannot immediately address may be forwarded to the CallKaLungs TB Community Hotline to be addressed accordingly.

The CallKaLungs Community Hotline is piloted in six regions: Regions 3, 4-A, NCR, 6, X, and XI. Training on information management and call handling has been conducted with PASTB which prepared them for the implementation of the pilot testing of the Community Hotline. ACHIEVE is documenting the pilot testing process and will involve other stakeholders to solicit inputs and feedback for the roll-out in more regions across the country.

With the community component of the CareTB App being shelved, meetings with Dure and Stop TB Partnership for a digital CLM in the country have been started. The OneImpact digital tool from the Stop TB Partnership enables people with TB to connect with peers, access TB services and information, and report problems faced while on TB treatment. OneImpact runs independently and its data is lodged at Dure Technologies (App Developer); thus, using OneImpact is expected to have cost-related implications..

With multiple repositories of data from the hotline and scorecard, and with the transition to OneImpact, there are concerns about the absorptive capacity of the community to handle digital CLM. This would clearly require sustainable effort and resources to maintain. Additionally, there are also discussions on the possibility of integrating the TB CLM with the HIV CLM. However, this is not yet possible because TB and HIV programs have different approaches in terms of cascade of care, and HIV CLM is more advanced. Furthermore, while HIV programs are backed by a strong law established to protect PLHIVs, there is no available legal framework for cases of TB-related stigma and discrimination. This idea, however, will surely be discussed in the near future.

There are also talks with StopTB Partnership to create a centralized data repository or a data warehouse to contain gathered data from the HR Scorecard, CallKaLungs Hotline, and One Impact App. Such a centralized data warehouse could improve TB data analysis by drawing from multiple or richer data sources. Results of the multiple CLM mechanisms available for TB in the country will be packaged not just for public release but also for policymaking advocacy to the government. In the LGU-level, this must also be institutionalized so that there is a more systematic way of addressing local TB concerns.

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ANNEXES

ANNEX A. DATA PRESENTATION

Full document here: <https://bit.ly/3Tku1uN>

Responders' Profile

A total of 1,012 respondents composed of current TB Drug Susceptible TB (DSTB) and Multi-Drug Resistant TB (MDRT) patients in six (6) regions participated in this survey.

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
AGE						
18yo and below	6.42%	10.16%	9.17%	8.51%	0.44%	3.45%
19-25yo	15.91%	27.81%	11.93%	9.79%	16.30%	15.86%
26-35yo	22.23%	23.53%	12.84%	17.02%	33.04%	26.21%
36-45yo	19.27%	11.23%	19.27%	20.43%	25.55%	17.93%
46-55yo	16.01%	13.90%	19.72%	19.15%	8.81%	19.31%
56-65yo	14.53%	10.70%	18.35%	16.60%	11.89%	14.48%
66-75yo	4.64%	1.60%	6.88%	7.66%	3.52%	2.07%
75yo and above	0.99%	1.07%	1.83%	0.85%	0.44%	0.69%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
KASARIAN						
Babae	35.77%	39.04%	39.91%	36.60%	29.07%	34.48%
Lalake	61.66%	55.61%	58.72%	61.70%	68.28%	63.45%
Others	2.37%	4.81%	1.38%	1.70%	2.20%	2.07%
No answer	0.20%	0.53%	0.00%	0.00%	0.44%	0.00%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
DISABILITY						
Meron	2.67%	1.60%	5.05%	1.28%	2.20%	3.45%
Wala	96.44%	97.33%	93.58%	97.45%	97.80%	95.86%
No answer	0.89%	1.07%	1.38%	1.28%	0.00%	0.69%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
ETHNICITY						
Oo	1.38%	0.53%	0.92%	2.13%	0.44%	3.45%
Hindi	96.74%	96.79%	95.41%	97.45%	97.80%	95.86%
No answer	1.88%	2.67%	3.67%	0.43%	1.76%	0.69%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
EDUCATIONAL ATTAINMENT						
Elementary	16.50%	9.63%	25.23%	21.28%	9.69%	15.17%
Highschool	51.28%	49.73%	50.00%	50.64%	55.51%	49.66%
College	20.26%	25.13%	14.68%	15.74%	22.47%	26.21%
Vocational	5.63%	6.42%	4.13%	2.55%	9.25%	6.21%
Post-graduate	1.98%	7.49%	0.46%	1.28%	0.44%	0.69%
Others	0.79%	0.00%	0.00%	3.40%	0.00%	0.00%
Not applicable	2.37%	1.60%	4.59%	3.83%	0.44%	0.69%
No answer	1.19%	0.00%	0.92%	1.28%	2.20%	1.38%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
HOUSEHOLD MEMBERS						
None	6.13%	12.30%	0.46%	3.83%	8.81%	6.21%
1-5	64.43%	63.64%	66.97%	72.34%	52.86%	66.90%
6-10	27.08%	22.99%	28.44%	22.98%	35.24%	24.14%
More than 10	2.27%	1.07%	4.13%	0.85%	3.08%	2.07%
No answer	0.10%	0.00%	0.00%	0.00%	0.00%	0.69%

OCCUPATION AND OTHER SOURCES OF INCOME

OCCUPATION	
None	57.96%
Unpaid work (Barangay Health Workers, community and barangay volunteers, housewife, peer navigator)	4.65%
Employed (private, public, casual, contractual, specialized jobs)	10.29%
Self-employed/contract workers (Technical consultants, agents, laborers, domestic workers, riders and drivers, technicians, artists, online sellers, freelance, and other similar work)	18.60%
Others (Small business owners, students, other responses)	4.35%
No answer	4.15%

All responses were classified into 'None', 'Unpaid work', 'Employed', 'Self-employed/contract workers', 'Own business', and 'Others'. **Unpaid work** includes unpaid care work, such as domestic work and housekeeping, and volunteer work that receives no regular and fixed remuneration. **Self-employed/contract workers** are individuals who are not regular

employees of an entity, but their expertise and labor are often required on a regular basis and are essential to the entity's operations.

Employed	<ul style="list-style-type: none"> • Government employees (12) • Private employees: BPO/call center agent (40); Sales agent (5); Store staff (10); Security guard (7); Accounting officer and cashier (7); Chef assistant, cook (3); OFW (2) • Others: Teacher, school staff (6); Office staff (5); Employee (3); Med tech, Midwife, Nurse aide, Security inspector
Self-employed/ contract workers	<ul style="list-style-type: none"> • Transport: Driver and dispatchers (49); Delivery (3); Mechanic (4); Loader (2) • Construction: Carpenter (4), machine operator, laborers/workers (29), painter (4); foreman (2), contractor • Small business owners and staff: Vendor (14); Online seller (7); Hairdresser/beauticians (5); Farmer (5); Massage therapist, Merchandiser, Messenger, Tailor • Domestic work, utility and maintenance: House helper (9); Utility and maintenance (7); Caretaker (2) • Consultants: Self-employed (2); IT (4); Make-up artist (3); Encoder (2); Freelance (2); Handicraft (2); Technician (2); Electrician (2); Events (2); Agent, Businessman, Solar panel installer, Steel engineer, Stockman, Tutor, Salesman • Others (5)

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
MONTHLY HOUSEHOLD INCOME						
None	39.53%	31.55%	20.64%	37.87%	54.63%	57.24%
10k and below	36.66%	30.48%	61.93%	28.09%	33.92%	24.83%
11-30k	18.58%	34.22%	14.68%	20.85%	9.25%	15.17%
31-50k	1.68%	1.60%	2.29%	0.85%	1.76%	2.07%
No answer	3.56%	2.14%	0.46%	12.34%	0.44%	0.69%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
PENSION, ALLOWANCE, ASSISTANCE						
Meron	17.59%	17.65%	24.31%	27.66%	6.17%	8.97%
Wala	80.63%	81.28%	75.69%	69.36%	93.83%	84.83%
Others	0.49%	0.00%	0.00%	0.00%	0.00%	3.45%
No answer	1.28%	1.07%	0.00%	2.98%	0.00%	2.76%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
BUSINESS						

Meron	10.38%	10.16%	12.39%	11.49%	7.05%	11.03%
Wala	88.74%	88.77%	87.16%	87.66%	92.51%	86.90%
No answer	0.89%	1.07%	0.46%	0.85%	0.44%	2.07%

TB-RELATED INFORMATION

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
TB DIAGNOSIS						
Pre-pandemic	30.34%	41.18%	13.30%	30.64%	44.93%	18.62%
During pandemic	68.58%	56.15%	85.78%	68.94%	55.07%	79.31%
No answer	1.09%	2.67%	0.92%	0.43%	0.00%	2.07%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
TYPE OF TB						
Drug susceptible (DS)	72.04%	83.42%	70.18%	75.74%	83.70%	35.86%
Drug resistant (DR)	24.80%	11.76%	26.61%	23.40%	11.01%	62.76%
Others	0.40%	0.53%	0.00%	0.43%	0.44%	0.69%
No answer	2.77%	4.28%	3.21%	0.43%	4.85%	0.69%

	OVERALL	NCR	Region 3	Region 4A	Region 6	Region 11
FACILITY TYPE						
Private	4.64%	5.88%	0.00%	0.85%	14.54%	0.69%
Public	91.60%	89.30%	95.41%	95.32%	83.70%	95.17%
Both	0.69%	2.14%	0.00%	1.28%	0.00%	0.00%
No answer	3.06%	2.67%	4.59%	2.55%	1.76%	4.14%

OVERALL RATING

Overall rating ng serbisyo at inyong experience sa pagpapagamot ng TB	
5 (highest)	489
4	369
3	115
2	14
1 (lowest)	4

No answer	21
General weighted average	4.25

RATINGS RECEIVED PER INDICATOR

The tool aimed to assess the AAAQ of the patients' knowledge about TB, their diagnosis, and treatment. It also explored TB experience in the workplace and during the Covid-19 pandemic.

Questions were formatted to reflect the ideal state and circumstances in different areas of NTP response. Positive responses (✓) and negative responses (x) were rated per area and overall. However, questions on discrimination have reverse logic, with negative responses as the ideal.

The survey respondents were made to answer yes or no to the following questions:

AVAILABILITY	✓	x
PART 2: TB KNOWLEDGE		
1. Kung ano ang sakit na TB	96.64%	2.08%
3A. X-RAY		
7. Kinuhanan ka ba ng x-ray	99.90%	0.10%
3B. SPUTUM AND GENEXPERT		
16. Kinuhanan ka ba ng plema/sputum?	98.32%	1.38%
3C. TB CONTACT TRACING		
25. Pagkatapos malaman na ikaw ay may TB, kinuha ba ang impormasyon ng mga taong kasama mo sa bahay sa loob ng nakaraang tatlong buwan?	58.89%	15.22%
25b. Na-contact ba ang mga kasama mo sa bahay?	50.79%	2.47%
25c. Na-test ba sila?	42.00%	12.75%
25e. Sila ba ay nakatanggap ng gamutan pang-iwas sa TB (TB Preventive Therapy)?	13.74%	27.87%
4A. MEDICINE		
29. Nakakuha ka ba ng gamot sa facility?	95.75%	1.58%
4B. FACILITY SPACE AND STRUCTURE		
48. May sapat ba na mauupuan sa facility?	83.50%	15.71%
49. May sapat ba na espasyo para sa iba't ibang serbisyo na di pang-TB?	86.07%	8.10%

4C. FACILITY STAFF		
50. May sapat bang doktor at nurse sa inyong facility?	92.98%	5.63%
4E. NON-TB HEALTH SERVICE		
62. Meron bang ibang serbisyong pangkalusugan sa facility na hindi lang para sa TB?	84.09%	6.13%
4F. NON-CLINICAL SERVICES		
71. Mayroon bang TB patient groups sa inyong facility?	23.52%	32.21%
72. Mayroong serbisyo para mapagusapan ang inyong karanasan tungkol sa TB?	18.28%	36.17%
78. Nakatanggap ka ba ng tulong sa pamasahe o transportation allowance?	25.40%	49.51%
4G. IEC MATERIALS		
81. Nakakita ka ba ng mga video, poster, brochure, flyer tungkol sa TB?	74.90%	8.89%
87. Nakakita ka ba ng post ng facility tungkol sa TB sa social media gaya ng Facebook, Youtube, etc.?	41.40%	29.84%
4H. COMMUNITY ENGAGEMENT		
88. Ipinapaliwanag ba sa iyo ang mga karapatan mo sa facility?	79.35%	16.40%
89. Ipinapaliwanag ba ang lahat ng merong serbisyo sa facility?	83.10%	12.45%
PART 5: WORKPLACE/EMPLOYER		
101. Merong polisiya para maprotektahan ang mga taong may TB sa inyong trabaho?	5.04%	3.95%
102. Ipinaliwanag ba ang proseso para marefer sa mga iba't ibang programa o tulong mula sa gobyerno?	6.72%	11.56%
103. Nakakita ka ba ng mga IEC gaya ng video, poster, brochure, flyer tungkol sa TB sa inyong pinagtatrabahuan?	6.92%	2.37%
PART 6: COVID-19 PANDEMIC		
106. Na-test ka ba sa TB noong pandemic?	60.97%	8.60%
107. Na-test ka ba sa ibang sakit noong pandemic?	50.00%	17.98%
108. Na-contact tracing ba sa TB ang mga kasama mo sa bahay noong pandemic?	46.44%	20.16%
113. Nakuha ka ba ng ibang serbisyong patungkol sa inyong kalusugan noong pandemic?	53.75%	11.96%
114. Na-counseling ka ba noong panahon ng pandemic?	28.16%	36.66%

ACCESSIBILITY	✓	x
3A. X-RAY		
8. Libre ba ang x-ray	39.82%	59.68%
9. Sa facility ka ba nagpa-x-ray	41.80%	56.62%

10. Madali lang magpa-x-ray	96.25%	3.16%
3B. SPUTUM AND GENEXPERT		
17. Libre ba ang test ng pagkuha ng plema?	92.00%	6.92%
18. Sa facility o center ka ba mismo nagpa-test ng plema?	89.43%	9.49%
4A. MEDICINE		
26. Nang malamang ikaw ay may TB, nasimulan agad ang gamutan?	94.37%	5.14%
28. Libre ba ang gamot para sa TB?	97.13%	2.17%
30. Madali bang kumuha ng gamot?	97.83%	1.38%
35. Madali bang makakuha ng refill ng gamot?	96.84%	1.58%
4B. FACILITY SPACE AND STRUCTURE		
40. Malapit ba at madaling puntahan ang facility?	63.24%	34.88%
41. Mura ba ang pamasahang papunta at pabalik ng facility?	75.89%	20.55%
4C. FACILITY STAFF		
53. Madali bang lapitan ang mga staff sa facilities o center?	94.27%	4.25%
54. Handa ba ang mga staff na sagutin ang mga tanong mo?	93.68%	2.27%
4E. NON-TB HEALTH SERVICE		
63. Nakakuha ka ba ng iba pang serbisyong pangkalusugan na di lang para sa TB?	64.53%	26.78%
64. Libre ba ang mga serbisyong ito?	75.00%	8.60%
69. Nabibigyan ka ba ng vitamins, at iba pang pwedeng makakatulong sa inyong nutrisyon?	77.87%	17.00%
70. Narefer ka ba sa ibang health facility para sa ibang serbisyong pangkalusugan? (kung di kailangan, NA)	23.22%	34.88%
4F. NON-CLINICAL SERVICES		
73. Madali bang makakuha ng counselling kung saan pinag-uusapan at pinoproseso ang inyong karanasan bilang indibidwal na may TB?	20.55%	4.15%
75. Nakasali ka ba sa mga aktibidad ng TB patient groups?	14.23%	45.65%
76. Madali bang sumali sa mga aktibidad ng TB patient groups?	15.71%	24.21%
79. Nirefer o dinirekta ka ba sa ibang opisina para sa iba pang pangangailangan tulad ng impormasyon, at ibang klase ng tulong o assistance? (NA kung di kailangan)	16.40%	27.77%
4G. IEC MATERIALS		
82. Madali bang maintindihan ang mga impormasyon sa mga ito? (Kung wala, NA)	71.54%	1.48%
83. Nakalagay ba sa lugar na madaling makita ang mga ito? (Kung wala, NA)	69.37%	2.77%
4H. COMMUNITY ENGAGEMENT		

92. Isinasama ka ba sa mga programa na may kinalaman sa TB?	30.73%	54.55%
93. Nakokonsulta ka ba sa mga pagbabago sa programang may kinalaman sa TB?	32.02%	53.26%
94. Isinasama at pinagsasalita ka ba sa aktibidad tulad ng meetings?	19.47%	65.22%
95. Pwede ba kayong bumuo ng sariling grupo para mapagusapan ang inyong karanasan sa TB?	42.49%	31.23%
PART 5: WORKPLACE/EMPLOYER		
104. Madali ba maintindihan ang mga impormasyon ng IECs? (Kung wala, NA)	6.03%	1.28%
105. Nakalagay ba sa lugar na madaling makita ang mga IECs? (Kung wala, NA)	5.43%	1.58%
PART 6: COVID-19 PANDEMIC		
109. Nakakuha ka ba ng kumpletong gamot sa TB noong pandemic?		
110. Madali pa ring puntahan ang mga facility noong pandemic?		

APPROPRIATENESS	✓	✗
3A. X-RAY		
11. Maayos ang proseso ng pag-x-ray	98.62%	0.99%
3B. SPUTUM AND GENEXPERT		
19. Maayos ba ang proseso ng pagkuha ng plema?	98.02%	0.99%
3C. TB CONTACT TRACING		
25d. Maayos ba ang proseso ng TB contract tracing sa mga kasama mo sa bahay	43.97%	8.10%
4A. MEDICINE		
31. Kumpleto ba ang gamot na nakuha mo?	97.63%	1.68%
37. Binantayan ba kung ano ang epekto ang gamot?	91.01%	8.10%
38. Natugunan ba ang naging side effects/ibang epekto ng gamot? (Kung wala, NA)	72.04%	4.15%
39. Pinaliwanag ba ang importansya ng pagsunod sa gamutan?	96.25%	1.28%
4B. FACILITY SPACE AND STRUCTURE		
42. Maayos ba at malinis ang facility?	94.47%	4.84%
47. Sinisigurado ba ng facility na may lugar para sa pribadong pag-uusap?	89.53%	4.15%
4C. FACILITY STAFF		
55. Marami at sapat ba ang kaalaman ang mga staff sa TB?	90.91%	2.47%
4D. EXPERIENCE OF DISCRIMINATION		

56. Nilayuan o hiniwalay ka ba sa facility dahil sa pagkakaroon ng TB?	84.78%	9.98%
57. Nakaramdam ka ba na ikaw ay pinandirihan sa facility dahil sa pagkakaroon ng TB?	83.60%	10.77%
58. Pinag-chismisan o pinag-usapan ka ba sa facility dahil sa pagkakaroon ng TB?	87.75%	5.83%
59. Nakaranas ka ba ng diskriminasyon sa facility dahil sa iyong paniniwala/ pananampalataya?	88.14%	5.24%
60. Nakaranas ka ba ng diskriminasyon sa facility dahil sa iyong kasarian?	89.53%	3.75%
61. Nakaranas ng diskriminasyon sa facility dahil sa iyong kapansanan? (kung walang kapansanan, NA)	33.20%	2.37%
4E. NON-TB HEALTH SERVICE		
65. Angkop ba ang mga serbisyong ito sa pangangailangan mo?	74.41%	9.58%
66. Na-check o nasuri ba ang kalagayan ng iyong atay at puso?	56.23%	36.26%
67. Na-test ka ba sa iba pang sakit gaya ng HIV o diabetes?	58.99%	2.77%
68. Regular ka bang nache-checkup sa iba pang sakit maliban sa TB?	48.12%	44.27%
4F. NON-CLINICAL SERVICES		
74. Nakatulong ba sa iyo ang counselling bilang indibidwal na may TB?	21.05%	3.66%
77. Nakatulong ba sa iyo ang mga aktibidad ng TB patient groups?	19.76%	18.08%
80. Nakakatulong ba ang mga serbisyong ito sa iyong pangangailangan? (kung di kailangan, NA)	25.40%	11.76%
4G. IEC MATERIALS		
85. Nakakarelate ka ba sa mensahe ng mga ito? (Kung wala, NA)	61.76%	3.85%
4H. COMMUNITY ENGAGEMENT		
90. Ginagamit at tinatanggap mo ba ang iba't ibang serbisyong binibigay ng facility?	73.32%	19.27%
91. Ibinabahagi mo ba sa ibang tao ang mga services na binibigay sa facility?	63.24%	28.16%
PART 5: WORKPLACE/EMPLOYER		
98. Nakaranas ka ba ng diskriminasyon sa dati o kasalukuyang trabaho dahil sa pagkakaroon ng TB?	24.90%	3.95%
99. Natanggal ka ba sa dati o kasalukuyang trabaho dahil sa gamutan sa TB?	25.59%	2.57%
100. Nakaranas ka ba ng diskriminasyon sa pag-apply sa dati o kasalukuyang trabaho dahil sa pagkakaroon ng TB?	23.91%	2.77%

QUALITY	✓	x
PART 2: TB KNOWLEDGE		

2. Ang mga gagawin para gumaling	97.63%	1.19%
3. Ang epekto ng mga gamot	96.84%	1.78%
4. Kung paano maaring magka-TB	96.94%	1.98%
5. Kung paano maiwasan ang TB	96.05%	2.67%
3A. X-RAY		
12. Maganda ang quality ng x-ray	98.32%	1.09%
13. Nakuha ang resulta sa loob ng isang linggo	95.26%	3.46%
14. Pinaliwanag kung para saan ang x-ray	97.04%	2.47%
15. Pinaliwanag ang resulta ng x-ray	97.53%	1.98%
3B. SPUTUM AND GENEXPERT		
20. Itinuro ba ang tamang paraan ng pagkuha ng sputum/pagdahak?	95.65%	3.26%
21. Nakuha ba ang resulta ng plema mo sa loob ng tatlong araw?	84.19%	13.14%
22. Pinaliwanag ba sayo kung para saan ang test na ito?	96.74%	2.27%
23. Pinaliwanag ba sayo ang resulta ng iyong test?	95.36%	3.16%
24. Ipinaliwanag ang susunod na gagawin base sa resulta ng test sa plema?	97.13%	1.78%
3C. TB CONTACT TRACING		
25a. Pinaliwanag ba kung bakit kinuha ang impormasyon ng mga kasama mo sa bahay?	59.39%	0.79%
4A. MEDICINE		
27. Nakakuha ka ba agad ng gamot para sa TB?	95.75%	3.66%
32. Naipaliwanag ba ang dami ng gamot at paano ito iniinom?	99.21%	0.30%
33. Naipaliwanag ba kung para saan ang mga gamot?	98.91%	0.49%
34. Naipaliwanag ba ang epekto ng iyong mga gamot?	95.85%	3.56%
36. Nakakuha ka ba ng reminder o pagpapaalala ng pag-inom ng gamot?	92.49%	6.92%
4B. FACILITY SPACE AND STRUCTURE		
43. Madali ba makakilos sa loob ng facility?	90.71%	8.30%
44. Maginhawa ba at komportable sa facility?	87.85%	11.17%
45. Maganda ba ang daloy ng hangin sa facility?	91.80%	7.51%
46. Maliwanag ba sa facility?	97.04%	2.27%
4C. FACILITY STAFF		
51. Maingat ba sila sa iyong mga personal na impormasyon?	91.80%	1.58%
52. Sensitibo ba ang mga staff sa iyong mga pangangailangan?	89.53%	3.95%
4E. NON-TB HEALTH SERVICE		

67a. Pinaliwanag ba kung bakit kailangan magpa-check ng ibang sakit tulad ng HIV o diabetes?	58.40%	1.78%
4G. IEC MATERIALS		
84. Binigyan ka ba ng babasahin tungkol sa TB?	52.27%	21.74%
86. Nakasali ka ba sa aktibidad kung saan pinaguusapan ang mga impormasyon tungkol sa TB?	34.58%	34.98%
4H. COMMUNITY ENGAGEMENT		
96. Natulungan o na-assist ka na ba ng iyong kapwa patient o volunteer sa facility?	47.83%	38.83%
97. Nainterbyu o nakausap ka na ba ng mga grupo o organisasyon patungkol sa iyong karanasan tungkol sa TB?	43.48%	42.89%
PART 6: COVID-19 PANDEMIC		
111. Mabilis bang makuha ang resulta ng mga test noong pandemic?	50.69%	15.91%
112. Nabantayan ba ang kalusugan mo noong pandemic?	58.99%	8.40%

ANNEX B: DRAFT INTAKE TOOLS AND REVISIONS

Full document here: <https://bit.ly/3lhqzGu>

Community Scorecards

AAQ: Availability

Health Rights: It relates to both the right of individuals to obtain a certain standard of health and health care and ensure a certain standard of public health with the community general. (WHO website, 2021)

Karapatan sa kalusugan: Ito ay tumutukay sa karapatan ng mga indibidwal na makakuha ng tiyak na pamantayan ng kalusugan at pangangalaga ng kalusugan at matiyak ang pamantayan ng kalusugan pampubliko sa pangkalahatang pamayanan. (Website ng WHO, 2021)

Type of facility (Uri ng pasilidad):
Scorer (Taga-iskor):
Date (Petsa):
Instruction: Please rate the indicators: 1 (Needs improvement); 2 (Average) 3 (Good) or 4 (Very Good). After scoring give reason/s or suggestions using the space provided.
Panuto: I-rate ang mga indicators: 1 (Kailangan ng pagpapabuti); 2 (Karaniwan) 3 (Mahusay) o 4 (Napakahusay). Matapos markahan, isulat ang dahilan o mungkahi sa ibinigay na espasyo.

Indicator number	Indicator	Rating Score	Reason/s	Suggestions
1.	X-ray was taken. Kinunan ng X-ray.			
2.	Sputum/specimen is collected. Ang plasma ay kinolekta.			
3.	Test results are known within 3 days to 1 week. Ang test results ay lumabas sa loob ng tatlong araw hanggang isang linggo.			
4.	Presumptive TB clients are screened. Sinusuri ang mga taong posibleng may TB.			
5.	Presumptive TB clients are linked to appropriate services; e.g TB preventive therapy, TB treatment. Hinasangguni ang mga taong posibleng may TB sa mga serbisyong naaayon sa kanilang pangangailangan; halimbawa ay TB preventive therapy, gamutan para sa TB.			
6.	Immediate initiation of treatment for DS-TB upon diagnosis. Agising simulan ang gamutan paglabas ng resulta ng pagtuturi – DS-TB.			

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Module 1: Healthcare Provider Scorecards

AAQ: Availability

Right to Health: It relates to both the right of individuals to obtain a certain standard of health and health care and ensure a certain standard of public health with the community general. (WHO website, 2021)

Indicator number

Indicator

Please rate the following indicators

Rating Score

Reason/s

Suggestions

1.	X-ray was provided.			
2.	There is a case finding algorithm.			
3.	Sputum/specimen is collected.			
4.	Sputum/specimen is transported to the diagnostic facility.			
5.	Test results are known within 3 days to 1 week.			
6.	Different types of equipment are present in the facility.			
7.	GeneXpert for MD7/RF is used.			
8.	Bacteriological and clinical diagnoses are conducted for TB-DS or MDR-TB.			
9.	Initiation of treatment for MDR-TB within seven (7) days from diagnosis			
10.	Access to standard treatment for MDR-TB and RR TB is available.			
11.	Standard Treatment for MDR-TB has been recommended.			
12.	Quality of TB drugs is ascertained.			
13.	There is supply of TB drugs for adult.			
14.	There is supply of TB drugs for children.			
15.	Amount of TB Drug prescribed/dispensed is explained.			
16.	Person centered treatment adherence is observed.			
17.	Adverse drug reaction monitoring is observed.			
18.	Screening for other diseases such as HIV is conducted.			

Page 2 of 9

From draft pre-test tool:

1. Changed pre-test mechanics: Deferred use of tool for service providers in favor of a more appropriate method
2. Reformatted for better flow and readability and reduced page numbers
3. Indicated document title and included scorecard overview and objectives
4. Merged the pre-test guide with the tool
5. Added consent statement; confidentiality clause
6. Included interview information (interviewer, areas, start and end time, and date)
7. Included demographic information (alias, geographic area, age, gender identity, ethnicity, disability, educational attainment, work and income, household members and income, type of TB and facility); open-text response to inform options for pilot test tool
8. Included 'engagement' clause
9. Included NA as option
10. Corrected typographical errors
11. Removed Tagalog translation and jargon and laymanized the language based on lingua franca
12. Revised instructions: made clear which ones they are rating and revised statements and response
13. Revised questions to rate the service, not the respondents' capability to respond, and to reflect ideal situations for easy 'yes/no' response
14. Re-arranged questions according to themes/TB cascade
15. Evened out the number of indicators per AAAQ and removed 'categories of rights'
16. Translated to pre-test encoding tool on Google Forms

PRETEST OF MODULE 2 (FOR COMMUNITY USE) ANSWER SHEET

Objectives of the TB Scorecard Pre-test. Inaayayahan namin kayong tumahok sa Pre-test ng TB Scorecard. Ang TB Scorecard ay isang survey tool na nag-a-assess ng availability, accessibility, acceptability, at quality ng mga serbisyo na may kinabibilagan sa sakit na TB at mga persons with TB. Ang pre-test na ito ay para matanong kung madali bang maunladin ang survey tool, gaano katagal itong sagutan, at kung may mga katanungan na dapat ulit upang ma-improve pa ang survey tool. Kung kayo po ay pumapayag, ang mga sagot ninyo ay atatala ng tagapanayam sa survey form. Ang survey na ito ay maaaring tumagal nang isa hanggang isat kalahating oras.

Benepityo. Walang direktang benepityo para sa iyong pakikilahok sa pananaliksik na ito pero ang pakikilahok sa pag-aaral na ito ay kailangang gawin sa iyo. Ang resulta ng survey na ito ay gagamitin upang bumuo ng isang report tungkol sa swastayon ng TB at mga persons with TB sa Pilipinas upang mapabuti ito. Bibigyan ka rin ng meet allowance at token para sa oras na iyong inilaan sa survey na ito.

Voluntary participation. Ang itan sa mga katanungan ay tungkol sa mga sensibong isyu, na maaaring hindi komportable o nakakahiya para sa iyo. May karapatan kang hindi sagutin ang anumang katanungan kung ayaw mo. Ang iyong pagpali sa panayam na ito ay kusang-loob at kayo ay hindi pinilit na sumali. Maaari mong hirin ang pakikilahok sa survey sa anumang oras at para sa anumang kadalalanan. Hindi mo kailangang magbigay ng dahilan para sa paglabaw ng isang katanungan o mahinto ang survey nang maaga. Ire-refer ka sa isang maangkop na tao / klinikang magkaranas ng paglabalisa.

Confidentiality and privacy. Ang iyong pakikilahok sa pag-aaral na ito ay magiging anonymous. Hindi namin atatala ang iyong pangalan nang hindi ka pumapayag. Kung inyong rinanaki, maaari kang pumirma sa pahintulot na ito, ganyapaman, hindi kinakailangan na gawin ito. Maaari kang gumamit ng pseudonym upang matiyak na ang iyong pagkasalalay ay hindi matatagpuan sa iyong mga sagot. Ang lahat ng mga pangalan o identifier ay aalisin mula sa mga report, at ang mga protokol ng seguridad ng lahat ng mga pag-record ng data ay mapamali. Walang mga pangalan ang maiuulat sa sinuman. Walang impormasyon na maaari kang kilalanin nang personal ang gagamitin sa anumang uri na nagresulta mula sa pananaliksik na ito.

Data Privacy and Protection: Hindi ka naninihihiang na magbigay ng personal na pagkilala ng impormasyon. Sa hinhaharap, maaari naming gamitin ang mga resulta mula sa survey na ito para sa mga pahalagang sa mga journal, presentation sa kumpensiyang, o sa iba pang mga produkto. Kung gagamitin namin ito, mayroon kang karapatang masabihan at ikaw ay hindi makikilala sa anumang presentation.

Consent Statement (paki-check kung sumasagayon)

1. Nagpapayag sa akin ang katanungan, layunin, at katatagan ng survey at kung ano ang mga kailangang kong gawin. Nasagot nang ganap at ating mga katanungan.
2. Ako ay sumasagayon na tumahok sa survey na ito. Ako ay makikipagpulongan sa aking interbyuwer at ipapalitan agad sa kanya kung ako ay may tanong tungkol sa survey na ito.
3. Naiintindihan ko na ang aking paglahok ay kusang-loob at maaari akong tumangg sa paglahok o umalis sa pananaliksik sa kahit anong panahon.

Interviewer	Start time	Date
Interviewee	End time	

Demographic Information

INSTRUCTION: Isulat ang iyong sagot sa mga impormasyong hinihingi sa baba.

Barangay	Contact number
Municipality/City	Type of TB ____ DS ____ DR
Age	Educational attainment
Gender Identity	No of household members
Ethnicity	Occupation
PWD/elderly citizen	Monthly income

INSTRUCTION: Lagyan ng check (✓) ang iyong sagot, isang check lang sa bawat tanong.

PART 1. NAIINTINDIHAN MO BA?

Naiintindihan ko...	Strongly agree	Agree	Disagree	Strongly disagree	NA
1. Kung ano ang sakit na TB					
2. Ang mga gagawin para gumaling					
3. Ang epekto ng mga gamot					
4. Kung paano ka maaaring nagka-TB					
5. Kung paano ma-prevent ang TB					
6. Naikita mo ba ang mga impormasyong ito sa social media?					
7. Saan o kanino mo ito nataman?					

PART 2. DIAGNOSIS

2a: X-RAY	Oo	Hindi	NA
1. Kinuhaan ka ng x-ray			
2. Libre ang x-ray			
3. Sa facility mismo nagpa-x-ray			
4. Madali lang magpa-x-ray			
5. Maayos ang proseso ng pagkuha ng x-ray			
6. Mapanda ang quality ng x-ray			

From pre-test tool to pilot tool

1. Included introduction of PASTB in the overview
2. Inserted page numbers
3. Simplified instructions
4. Categorized common response to provide options in the demographic information; open-text options still provided to accommodate other valid responses on gender
5. Translated to pilot test encoding tool on Google Forms
6. Created a tool guide containing important dates, rationale of questions, definition of terms of concepts
7. Included spiel for enumerators, shortened activity brief, and removed consent statement
8. Transferred end time to the last page
9. Re-categorized questions on demographic information, included options based on common responses, included questions on pension, allowances, business, and other government support, and added screener question re: date of diagnosis of treatment
10. Removed remarks column and included small box for comments and interviewee insights
11. Added and formatted logic questions and included logic instructions
12. Added screener question for Part 5
13. Added Part 7: overall rating of their TB experience including an open text for the rationale

ANNEX C: REVISED PRE-TEST TOOL

Full document here: <https://bit.ly/3FvyaGv>

PRETEST OF MODULE 2 (FOR COMMUNITY USE) ANSWER SHEET

Objectives of the TB Scorecard Pre-test. Inaanyayahan namin kayong lumahok sa Pre-test ng TB Scorecard. Ang TB Scorecard ay isang survey tool na nag-a-assess ng availability, accessibility, acceptability, at quality ng mga serbisyo na may kinalaman sa sakit na TB at mga persons with TB. **Ang pre-test na ito ay para malaman kung madali bang maintindihan ang survey tool, gaano katagal itong sagutan, at kung may mga katanungan na paulit ulit upang ma-improve pa ang survey tool.** Kung kayo po ay pumapayag, ang mga sagot ninyo ay at itatala ng tagapanayam sa survey form. Ang survey na ito ay maaaring tumagal nang isa hanggang isa't kalahating oras.

Benepisyo. Walang direktang benepisyo para sa iyong pakikilahok sa pananaliksik na ito pero ang pakikilahok sa pag-aaral na ito ay walang gastos sa iyo. Ang resulta ng survey na ito ay gagamitin upang bumuo ng isang report tungkol sa sitwasyon ng TB at mga persons with TB sa Pilipinas upang mapabuti ito. Bibigyan ka rin ng meal allowance at token para sa oras na iyong inilaan sa survey na ito.

Voluntary participation. Ang ilan sa mga katanungan ay tungkol sa mga sensitibong isyu, na maaaring hindi komportable o nakakahiya para sa iyo. May karapatan kang hindi sagutin ang anumang katanungan kung ayaw mo. Ang iyong pagsali sa panayam na ito ay kusang-loob at kayo ay hindi pinipilit na sumali. Maaari mong ihinto ang pakikilahok sa survey sa anumang oras at para sa anumang kadahilanan. Hindi mo kailangang magbigay ng dahilan para sa paglaktaw ng isang katanungan o maihinto ang survey nang maaga. Ire-refer ka sa isang naaangkop na tao / klinika kung makaranas ng pagkabalisa.

Confidentiality and privacy. Ang iyong pakik itatala ang iyong pangalan nang hindi ka i pahintulot na ito; gayunpaman, hindi kinakaila matiyak na ang iyong pagkakakilanlan ay hin identifier ay aalisin mula sa mga report, at an ay mapanatili. Walang mga pangalan ang mai nang personal ang gagamitin sa anumang ulat

Data Privacy and Protection: Hindi ka i impormasyon. Sa hinaharap, maaari naming pahayagan sa mga journal, presentasyon sa l ito, mayroon kang karapatang masabihan at ki

Consent Statement (paki-check kung sumasa

- _____ 1. Naipaliwanag sa akin ang kahala kailangan kong gawin. Nasagot na
- _____ 2. Ako ay sumasang-ayon na lumi interbyuwer at ipaalam agad sa k
- _____ 3. Naiintindihan ko na ang aking pag umalis sa pananaliksik sa kahit an

Interviewer		St
Interviewee		Er

Demographic information

INSTRUCTION: Isulat ang iyong sagot sa mga impormasyong hinihingi sa baba.

Barangay	Contact number	
Municipality/city	Type of TB	___ DS ___ DR
Age	Educational attainment	
Gender identity	No of household members	
Ethnicity	Occupation	
PWD/senior citizen	Monthly income	

INSTRUCTION: Lagyan ng check (✓) ang iyong sagot. Isang check lang sa bawat tanong.

PART 1. NAIINTINDIHAN MO BA?

Naiintindihan ko...	Strongly agree	Agree	Disagree	Strongly disagree	NA
1. Kung ano ang sakit na TB					
2. Ang mga gagawin para gumaling					
3. Ang epekto ng mga gamot					
4. Kung peano ka maaaring nagka-TB					
5. Kung peano ma-prevent ang TB					
6. Nakikita mo ba ang mga impormasyong ito sa social media?					
7. Saan o kanino mo ito nalaman?					

PART 2. DIAGNOSIS

2a: X-RAY	Oo	Hindi	NA
1. Kinuhanan ka ng x-ray			
2. Libre ang x-ray			
3. Sa facility mismo nagpa-x-ray			
4. Madali lang magpa-x-ray			
5. Maayos ang proseso ng pagkuha ng x-ray			
6. Maganda ang quality ng x-ray			

ANNEX D: PRE-TEST ENCODING TOOL

Full document here: <https://bit.ly/3JMfcxH>

Pre-test encoding tool

Questions Responses 160 Settings

Section 1 of 8

INTERVIEW INFORMATION

Form description

Interviewer

Multiple choice

- ☐ BFPH - Maricel
- ☐ ACHIEVE - Sandy
- ☐ SPMC-PMDT Davao - Victor
- ☐ LabanLungs - Mario
- ☐ CPAG - JC
- ☐ APWAI - Merze Ritz
- ☐ TransPinay Plus - Basha
- ☐ Pinoy Plus - Lean
- ☐ Kagay-an Plus - Reynan
- ☐ TBLOV - Edwin
- ☐ ICH - Emelie
- ☐ Positibong Pasigueno - Kael
- ☐ PMDT Warriors - Flora Mae

ANNEX E: PRE-TEST REPORT

Full document here: <https://bit.ly/42fatw1>

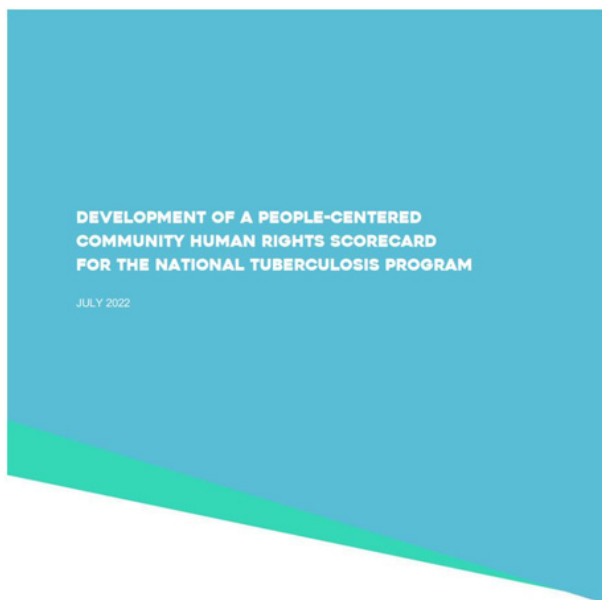


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BACKGROUND AND INTRODUCTION

PHILIPPINE TB SITUATION AND THE NATIONAL RESPONSE

Since the 1990s, tuberculosis (TB) has been a significant public health concern in the Philippines. The National TB Control Program was established in 1978 under the previous Ministry of Health, the. Since then, fighting TB has been one of the government's top health initiatives (Marasigan, 2021).

Even so, TB infection rates have been consistently rising. The World Health Organization reported that approximately one million Filipinos had active TB in 2019, which puts the Philippines at the third-highest prevalence rate in the world. The National TB Prevalence Survey found that the TB prevalence rate of 1,159/100,000 individuals is 2.5 times greater than the prior projection of 554/100,000 (JRC, 2021 cited in Marasigan 2021).

The enactment of the Comprehensive Tuberculosis Elimination Plan Act of 2016 (RA10767) mandated the creation of a nationwide strategic plan. This led to the development of the Philippine Strategic TB Elimination Plan: Phase 1 for 2017-2022 (PhiSTEP 1) as the roadmap of eliminating TB (Marasigan, 2021). The mid-term review of the Department of Health in 2020 aligned the plan with the Universal Health Care Act (RA11223) and integrated a cascade of care structure, targeted evidence-based approach and strategies to PhiSTEP 1 in order to make it more successful in responding to the enhanced global response (Cited in Marasigan 2020, Updated PhiSTEP 1, 2020).

Among the most strategic shifts in PhiSTEP1 is the engagement of Key Affected Populations (KAP) and Civil Society Organizations (CSO) to address the inadequate representation of TB affected communities in the response, and to promote real and meaningful participation, particularly at all levels of decision-making, policy and program formulation, implementation, monitoring, and evaluation (Marasigan, 2021).

The COVID-19 outbreak has also had a significant impact on the global TB control efforts. Compared to 2019, the National Tuberculosis Control Program in the Philippines saw a fall in TB testing of 49%, TB notification of 37%, and drug-resistant TB (DR-TB) notification of 14% in 2020 (Global Fund, 2021).

There is a clear need for comprehensive and evidence-based strategies in addressing TB in the Philippines. This requires a holistic machinery involving service providers and TB affected communities to sustainably provide people-centered care for Filipinos and for the future disaster-proofing of our health systems.

RATIONALE AND OBJECTIVES OF THE SCORECARD

The community scorecard is a tool for reviewing and assessing service delivery, and ensuring accountability of the government to its mandates and its people. It aims to establish a setting for learning to support long-term changes in how stakeholders perceive and approach participation, in addition to addressing specific service and public participation concerns (Marasigan, 2021). It can also be useful in promoting good governance by encouraging participation, transparency, accountability, and informed decision-making (CARE, 2002 cited in Marasigan 2021).

This community scorecard for assessing the national TB response aims to:

- Provide a feedback mechanism between clients and service providers;
- Generate evidence or data that can be used for decision making;
- Monitor the course of actions undertaken by the service providers in relation to quality service; and
- Strengthen key affected populations' and stakeholders' participation in implementing, designing and monitoring of interventions

USERS OF THE SCORECARD

The score card is intended to be used by the key affected population or community members such as People with TB, People living with HIV and AIDS; high risk populations with co-morbidities; community based organizations and civil society organizations; service providers and program implementers; and researchers and advocates.

AAAQ FRAMEWORK

The scorecard is anchored on human rights principles as applied in people-centered care using the AAAQ Framework. The right to health belongs to everyone. It has to do with both the responsibility of the State to maintain the health of its public and the right of individuals to acquire a certain degree of health and medical care (ESCR-Net, n.d.).

The term "right to health" refers to the freedom from interference, such as torture, non-consensual medical treatment, and experimentation, as well as the right to govern one's health and body, including sexual and reproductive freedom. Access to adequate health care facilities and services is a basic human right, as are appropriate State actions addressing the socioeconomic factors that affect health, such as poverty, housing, safe and healthy working conditions, food, water, and sanitation (ESCR-Net, n.d.).

Numerous other human rights, such as the right to food, water, shelter, employment, education, life, non-discrimination, privacy, access to information, and the ban against torture, are strongly related to the right to health (ESCR-Net, n.d.).

ANNEX F: PILOT TEST INTAKE TOOL

Download here: <https://bit.ly/3FxcxWm>

NTP HUMAN RIGHTS SCORECARD	
Interviewer:	City:
Date:	Start time:

Magandang araw po, ako si _____ ang mag-interview sa inyo para sa Human Rights TB Scorecard.

Ito ay isang national survey ng Philippine Alliance to Stop TB (PASTB), isang samahan ng mga taong naapektuhan ng TB, para maparating sa kinauukulan ang inyong mga karanasan at *suggestions* tungkol sa mga serbisyong may kinalaman sa tuberculosis (TB). Ang resulta ng survey na ito ay gagamitin para makagawa ng isang report tungkol sa kalagayan ng TB ngayon sa Pilipinas.

Ang survey na ito ay tatagal ng 30-40mins, at **voluntary** (o walang pagpilit) at pwedeng huminto sa pagsagot kung ikaw ay hindi kumportableng magpatuloy. Kung meron kayong mga tanong o makaranas po kayo ng pagkabalisa dahil sa survey na ito, maari ring lapitan ang aming team. Panghuli, ang mga ibabahagi niyong impormasyon ay gagamitin lamang sa survey at hindi isasapubliko (Data Privacy Act, 2012).

PART 1: RESPONDENTS' PROFILE

Pangalan	
Edad	<input type="checkbox"/> 18 and below <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66-75 <input type="checkbox"/> 76 and above
Kasarian o kinatawhan	<input type="checkbox"/> Babae <input type="checkbox"/> Lalake <input type="checkbox"/> Iba pa: _____
May kapansanan?	<input type="checkbox"/> Meron <input type="checkbox"/> Wala
Katutubo?	<input type="checkbox"/> Oo <input type="checkbox"/> Hindi
Edukasyon	<input type="checkbox"/> Not applicable <input type="checkbox"/> Elementary <input type="checkbox"/> Highschool <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Others: _____

Ilan ang kasama sa bahay?	<input type="checkbox"/> Wala <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 or more
Kinikita kada buwan	<input type="checkbox"/> Wala <input type="checkbox"/> 10k and below <input type="checkbox"/> 11-30k <input type="checkbox"/> 31-50k <input type="checkbox"/> 51-70k <input type="checkbox"/> 71-90k <input type="checkbox"/> More than 100k
Trabaho	<input type="checkbox"/> Wala
Pension/allowance /4Ps, etc.?	<input type="checkbox"/> Meron <input type="checkbox"/> Wala
Negosyo	<input type="checkbox"/> Meron <input type="checkbox"/> Wala
Kailan nadiagnose ang inyong TB?	<input type="checkbox"/> Pre-pandemic <input type="checkbox"/> During pandemic
Klase ng TB	<input type="checkbox"/> Drug susceptible <input type="checkbox"/> Drug resistant
Facility	<input type="checkbox"/> Public <input type="checkbox"/> Private

PART 2: KAALAMAN SA TB

Instruction: I-check ang sagot. Isang sagot lamang kada tanong.

Naipaliwanag ba...	OO	HINDI	NA
1. Kung ano ang sakit na TB			
2. Ang mga gagawin para gumaling			
3. Ang epekto ng mga gamot			
4. Kung paano maaring magka-TB			
5. Kung paano maiwasan ang TB			

6. **Saan o kanino mo ito nalaman?**

☐ Wala
☐ Public health centers at facilities
☐ Private hospital at clinics
☐ Doktor, nurses, at iba pang staff
☐ Posters, flyers, at iba pa
☐ TV shows at balita
☐ Websites at social media (Facebook, Instagram, atbp.)
☐ Iba pa: _____

PART 3: DIAGNOSIS

3A. X-RAY (9)	OO	HINDI	NA
7. Kinuhanan ka ba ng x-ray			
8. Libre ba ang x-ray			
9. Sa facility ka ba nagpa-x-ray			
10. Madali lang magpa-x-ray			
11. Maayos ang proseso ng pag-x-ray			
12. Maganda ang quality ng x-ray			
13. Nakuha ang resulta sa loob ng isang linggo			
14. Pinaliwanag kung para saan ang x-ray			
15. Pinaliwanag ang resulta ng x-ray			
Comments:			

3B. PAGSURI SA PLEMA	OO	HINDI	NA
16. Kinuhanan ka ba ng plema/sputum?			
17. Libre ba ang test ng pagkuha ng plema?			
18. Sa facility o center ka ba mismo nagpa-test ng plema?			
19. Maayos ba ang proseso ng pagkuha ng plema?			
20. Itinuro ba ang tamang paraan ng pagkuha ng sputum/pagdahak?			
21. Nakuha ba ang resulta ng plema mo sa loob ng tatlong araw?			
22. Pinaliwanag ba sayo kung para saan ang test na ito?			
23. Pinaliwanag ba sayo ang resulta ng iyong test?			
24. Ipinaliwanag ang susunod na gagawin base sa resulta ng test sa plema?			
Comments:			

3C. TB CONTACT TRACING

	OO	HINDI	NA
25. Pagkatapos malaman na ikaw ay may TB, kinuha ba ang impormasyon ng mga taong kasama mo sa bahay sa loob ng nakaraang tatlong buwan?			PROCEED TO PART 4; check NA for the next questions
a. Pinaliwanag ba kung bakit kinuha ang impormasyon ng mga kasama mo sa bahay?			
b. Na-contact ba ang mga kasama mo sa bahay?			PROCEED TO PART 4; check NA for the next questions
c. Na-test ba sila?			
d. Maayos ba ang proseso ng TB contract tracing sa mga kasama mo sa bahay?			
e. Sila ba ay nakatanggap ng gamutan pang-iwas sa TB (TB Preventive Therapy)?			
Comments:			

PART 4: TREATMENT

4A: GAMOT SA FACILITY	OO	HINDI	NA
26. Nang malamang ikaw ay may TB, nasimulan agad ang gamutan?			
27. Nakakuha ka ba agad ng gamot para sa TB?			
28. Libre ba ang gamot para sa TB?			
29. Nakakuha ka ba ng gamot sa facility?			
30. Madali bang kumuha ng gamot?			
31. Kumpleto ba ang gamot na nakuha mo?			
32. Naipaliwanag ba ang dami ng gamot at paano ito iniinom?			
33. Naipaliwanag ba kung para saan ang mga gamot?			

4A: (CONT.) GAMOT SA FACILITY	OO	HINDI	NA
34. Naipaliwanag ba ang epekto ng iyong mga gamot?			
35. Madali bang makakuha ng refill ng gamot?			
36. Nakakuha ka ba ng reminder o pagpapaalala ng pag-inom ng gamot?			
37. Binantayan ba kung ano ang epekto ang gamot?			
38. Natugunan ba ang naging side effects/ibang epekto ng gamot? (Kung wala, NA)			
39. Pinaliwanag ba ang importansya ng pagsunod sa gamutan?			
Comments:			

4C: HEALTH STAFF SA FACILITIES <i>Mga doktor at nurse (o Barangay Health Worker o BHW) sa loob ng facilities</i>	OO	HINDI	NA
50. May sapat bang doktor at nurse sa iyong facility?			
51. Maingat ba sila sa iyong mga personal na impormasyon?			
52. Sensitibo ba ang mga staff sa iyong mga pangangailangan?			
53. Madali bang lapitan ang mga staff sa facilities o center?			
54. Handa ba ang mga staff na sagutin ang mga tanong mo?			
55. Marami at sapat ba ang kaalaman ang mga staff sa TB?			
Comments:			

4B: ESPASYO AT STRUKTURA NG FACILITY	OO	HINDI	NA
40. Malapit ba at madaling puntahan ang facility?			
41. Mura ba ang pamasahang papunta at pabalik ng facility?			
42. Maayos ba at malinis ang facility?			
43. Madali ba makakilos sa loob ng facility?			
44. Maginhawa ba at komportable sa facility?			
45. Maganda ba ang daloy ng hangin sa facility?			
46. Maliwanag ba sa facility?			
47. Sinisigurado ba ng facility na may lugar para sa pribadong pag-uusap?			
48. May sapat ba na mauupuan sa facility?			
49. May sapat ba na espasyo para sa iba't ibang serbisyo na di pang-TB?			
Comments:			

4D: DISKRIMINASYON MULA SA FACILITY AT SA STAFF	OO	HINDI	NA
56. Nilayuan o hiniwalay ka ba sa facility dahil sa pagkakaroon ng TB?			
57. Nakaramdam ka ba na ikaw ay pinandirhan sa facility dahil sa pagkakaroon ng TB?			
58. Pinag-chismisan o pinag-usapan ka ba sa facility dahil sa pagkakaroon ng TB?			
59. Nakaranas ka ba ng diskriminasyon sa facility dahil sa iyong paniniwala/ pananampalataya?			
60. Nakaranas ka ba ng diskriminasyon sa facility dahil sa iyong kasarian?			
61. Nakaranas ng diskriminasyon sa facility dahil sa iyong kapansanan? (kung walang kapansanan, NA)			
Comments:			

4E: NON-TB HEALTH SERVICE	OO	HINDI	NA
62. Meron bang ibang serbisyong pangkalusugan sa facility na hindi lang para sa TB?			
63. Nakakuha ka ba ng iba pang serbisyong pangkalusugan na di lang para sa TB?			
64. Libre ba ang mga serbisyong ito?			
65. Angkop ba ang mga serbisyong ito sa pangangailangan mo?			
66. Na-check o nasuri ba ang kalagayan ng iyong atay at puso?			
67. Na-test ka ba sa iba pang sakit gaya ng HIV o diabetes?		PROCEED to #68	
a. Pinaliwanag ba kung bakit kailangan magpa-check ng ibang sakit tulad ng HIV o diabetes?			
68. Regular ka bang nache-checkup sa iba pang sakit maliban sa TB?			
69. Nabibigyan ka ba ng vitamins, at iba pang pwedeng makakatulong sa inyong nutrisyon?			
70. Narefer ka ba sa ibang health facility para sa ibang serbisyong pangkalusugan? (kung di kailangan, NA)			
Comments:			

4F: NON-CLINICAL SERVICES (SERBISYONG DI MEDIKAL)	OO	HINDI	NA
71. Mayroon bang TB patient groups sa inyong facility?			
72. Mayroong serbisyo para mapagusapan ang inyong karanasan tungkol sa TB?		PROCEED to #75	
73. Madali bang makakuha ng counselling kung saan pinag-uusapan at pinoproseso ang inyong karanasan bilang indibidwal na may TB?			
74. Nakatulong ba sa iyo ang counselling bilang indibidwal na may TB?			

75. Nakasali ka ba sa mga aktibidad ng TB patient groups?			
76. Madali bang sumali sa mga aktibidad ng TB patient groups?			
77. Nakatulong ba sa iyo ang mga aktibidad ng TB patient groups?			
78. Nakatanggap ka ba ng tulong sa pamasaha o transportation allowance?			
79. Nirefer o dinirekta ka ba sa ibang opisina para sa iba pang pangangailangan tulad ng impormasyon, at ibang klase ng tulong o assistance? (NA kung di kailangan)			
80. Nakakatulong ba ang mga serbisyong ito sa iyong pangangailangan? (kung di kailangan, NA)			
Comments:			

4G: IEC MATERIALS SA FACILITY	OO	HINDI	NA
81. Nakakita ka ba ng mga video, poster, brochure, flyer tungkol sa TB?		PROCEED to PART 4H check NA for the next questions	
82. Madali bang maintindihan ang mga impormasyon sa mga ito? (Kung wala, NA)			
83. Nakalagay ba sa lugar na madaling makita ang mga ito? (Kung wala, NA)			
84. Binigyan ka ba ng babasahin tungkol sa TB?			
85. Nakakarelate ka ba sa mensahe ng mga ito? (Kung wala, NA)			
86. Nakasali ka ba sa aktibidad kung saan pinag-uusapan ang mga impormasyon tungkol sa TB?			
87. Nakakita ka ba ng post ng facility tungkol sa TB sa social media gaya ng Facebook, Youtube, etc.?			
Comments:			

PART 6: COVID-19 PANDEMIC

6A: SERBISYO SA GITNA NG PANDEMYA	OO	HINDI	NA
106. Na-test ka ba sa TB noong pandemic?			
107. Na-test ka ba sa ibang sakit noong pandemic?			
108. Na-contact tracing ba sa TB ang mga kasama mo sa bahay noong pandemic?			
109. Nakakuha ka ba ng kumpletong gamot sa TB noong pandemic?			
110. Madali pa ring puntahan ang mga facility noong pandemic?			
111. Mabilis bang makuha ang resulta ng mga test noong pandemic?			
112. Nabantayan ba ang kalusugan mo noong pandemic?			
113. Nakuha ka ba ng ibang serbisyong patungkol sa inyong kalusugan noong pandemic?			
114. Na-counseling ka ba noong panahon ng pandemic?			
Comments:			

OVERALL RATING NG SERBISYO AT NG INYONG EXPERIENCE SA PAGPAPAGAMOT NG TB:

_____ out of 5
Bakit ito ang iyong rating?

Comments o suggestions?

Interesado po ba kayong makasali sa mga patient support groups o discussion para mapag-usapan ang inyong karanasan sa TB?

☐ **HINDI** (end interview)

☐ **OO**, contact no: _____.

Kung wala na po kayong gustong idagdag, dito po natatapos ang ating interview, maraming salamat po sa inyong partisipasyon (END).

Time ended

4H: COMMUNITY ENGAGEMENT SA FACILITY	OO	HINDI	NA
88. Ipinaliwanag ba sa iyo ang mga karapatan mo sa facility?			
89. Ipinaliwanag ba ang lahat ng merong serbisyo sa facility?			
90. Ginagamit at tinatanggap mo ba ang iba't ibang serbisyon binibigay ng facility?			
91. Ibinabahagi mo ba sa ibang tao ang mga services na binibigay sa facility?			
92. Isinasama ka ba sa mga programa na may kinalaman sa TB?			
93. Nakokonsulta ka ba sa mga pagbabago sa programang may kinalaman sa TB?			
94. Isinasama at pinagsasalita ka ba sa aktibidad tulad ng meetings?			
95. Pwede ba kayong bumuo ng sariling grupo para mapagusapan ang inyong karanasan sa TB?			
96. Natulungan o na-assist ka na ba ng iyong kapwa patient o volunteer sa facility?			
97. Nainterbyu o nakausap ka na ba ng mga grupo o organisasyon patungkol sa inyong karanasan tungkol sa TB?			
Comments:			

PART 5: WORKPLACE AT EMPLOYERS

May trabaho ka ba noong na-diagnose at habang nag-gamot sa TB?

- Kung MERON, proceed.
- Kung WALA, skip to PART 6, check NA.

5A: WORKPLACE O EMPLOYER	OO	HINDI	NA
98. Nakaranas ka ba ng diskriminasyon sa dati o kasalukuyang trabaho dahil sa pagkakaroon ng TB?			
99. Natanggal ka ba sa dati o kasalukuyang trabaho dahil sa gamutan sa TB?			
100. Nakaranas ka ba ng diskriminasyon sa pag-apply sa dati o kasalukuyang trabaho dahil sa pagkakaroon ng TB?			
101. Merong polisiya para maprotektahan ang mga taong may TB sa inyong trabaho?			Di alam
102. Ipinaliwanag ba ang proseso para marefer sa mga iba't ibang programa o tulong mula sa gobyerno?			
103. Nakakita ka ba ng mga IEC gaya ng video, poster, brochure, flyer tungkol sa TB sa inyong pinagtatrabahuan?			PROCEED to PART 6 check NA for the next questions
104. Madali ba maintindihan ang mga impormasyon ng IECs? (Kung wala, NA)			
105. Nakalagay ba sa lugar na madaling makita ang mga IECs? (Kung wala, NA)			
Comments:			

ANNEX G: PILOT TEST ENCODING TOOL

Full document here: <https://bit.ly/3yQuhYM>

TB HR Scorecard Encoding Tool ☆

Questions Responses 1,012 Settings

Section 1 of 8

INTERVIEW INFORMATION

Form description

Interviewer Short answer

Short answer text

Required

City/Municipality *

Short answer text

Date *
(Day only)

Short answer text

ANNEX H: TOOL GUIDE AND FIELD COLLATERALS

Full document here: <https://bit.ly/3JJZgfA>

SEPTEMBER SCHEDULE	
6-7	Orientation and distribution of kits
	National rollout
8-23	Monitors/team leads per region to report every end of day re: <ul style="list-style-type: none"> Completed interviews per enumerator Challenges and other identified needs
8-9	Courtesy calls and coordination with existing local partners for possible interviewees
16	Halfway submission of forms and start of encoding
23	End of survey debriefing and final submission of forms
30	End of encoding

NOTES

DEVELOPMENT OF A PEOPLE-CENTERED COMMUNITY HUMAN RIGHTS SCORECARD FOR THE NATIONAL TUBERCULOSIS PROGRAM

JULY 2022



ENUMERATOR'S TOOL GUIDE

Mayroong anim na parte ang scorecard tool, ito ay ang:

- Part 1: Respondent's profile
- Part 2: Kaalaman sa TB
- Part 3: Diagnosis o pagtukoy sa sakit
- Part 4: Treatment o gamutan
- Part 5: Karansan ukol sa TB sa workplace o employer
- Part 6: Covid-19 pandemic

Ang lahat ng mga katanungan ay isinulat para ang maging sagot ay **Oo** o **Hindi**. Ang **NA** ay para sa mga katanungang di aplikable sa karanasan ng mga respondent, karaniwan itong chinecheck kung hindi alam o hindi kinailangan ang mga tinutukoy sa mga tanong.

Naipaliwanag ba...	OO	HINDI	NA
1. Kung ano ang sakit na TB			

Ang **comment boxes** ay para sa mga gustong i-share ng participant tungkol sa kanilang experience o mga observation ng mga enumerators habang sila ay nag-i-interview.

Comments:

Ang ibang mga tanong ay merong **logical flow** katulad ng #81, mayroon na ring instructions na dapat sundin sa pagsagot sa mga tanong na ito.

81. Nakakita ka ba ng mga video, poster, brochure, flyer tungkol sa TB?	PROCEED to PART 4H check NA for the next questions
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Iisang sagot lang ang iche-check sa mga mula sa #1-112. Ang mga tanong na maaring may **multiple answers** ay:

- Part 1: *Klase ng TB, Facility, Kasarian, Pinagkukunan ng panggastos*,
- Part 2: *Saan at kanino mo ito nalaman?*

PART 1: RESPONDENT'S PROFILE

Lahat ng impormasyon sa PART 1 ay para malaman ang particular na karanasan ng mga respondent sa pamamagitan ng klase ng TB, edad, kasarian, at iba pa.

Pangalan	First name o alias na pangalan lang ang kailangan para madaling malaman kung sinong respondent sa isang area ang may urgent concerns o ang mga sagot nila ay kailangan ng clarifications o paglilinaw
Klase ng TB	para makita sa resulta ng survey ang partikular na experience ng mga DS or DRTB.
Facility	para malaman kung saan at anong klaseng pasilidad nila naranasan ang kanilang mga kinuwento
Edad	para makita sa resulta ng survey ang partikular na experience ng iba't ibang grupo tungkol sa kanilang edad.
Kasarian	para makita sa resulta ng survey ang partikular na experience ng mga babae, at ng mga non-conforming na mga tao
Edukasyon	para makita sa resulta ng survey ang partikular na experience ng mga taong nakatapos ng iba't ibang lebel ng pag-aaral
Ilan ang kasama sa bahay?	para makita sa resulta ng survey ang partikular na experience at epekto ng TB sa usapin ng dami ng sinusuportahan o dependents at dami ng naninirahan sa iisang espasyo
Buwanang kita ng pamilya	para makita sa resulta ng survey ang partikular na experience at epekto ng TB sa usapin ng dami ng sinusuportahan o dependents.
Pinagkukunan ng panggastos	para makita sa resulta ng survey ang epekto ng kaperahan sa karanasan TB
May kapansanan?	para makita sa resulta ng survey ang partikular na experience ng mga may kapansanan
Katutubo?	para makita sa resulta ng survey ang partikular na experience ng mga katutubo

ANNEX I: COMMUNITY ENUMERATORS

The selection of enumerators was based on the following criteria:

1. Must be 18 years old and above;
2. Must be open and able to work with people of diverse backgrounds (gender, class, age, disability, ethnicity, etc.);
3. Preferably familiar with or received trainings on human rights and gender principles; and TB situation of the Philippines;
4. Preferably with past experience of research data collection such as interviewing, conducting surveys, etc.;
5. Preferably with basic knowledge of common terms used regarding the TB cascade of care, community engagement and advocacy;
6. Must have the ability to converse fluently and comfortably using the local language/s commonly used in the assigned area;
7. Must be based in or near the assigned area for the duration of data collection;
8. Must be able to attend and complete the two-day Enumerators Training; and
9. Must be available for the duration of data collection.

	Total no. of interviews	No. of enumerators	No. of surveys per enumerator (est.)	Partner organizations and enumerators
REGION XI	145	2	73	TBai Dabaw (Davao) 1. Victor Tudtud 2. Edilberto Casil
NCR	187	3	63	Breathe Free PH, Positibong Pasigueño (Pasig) 1. Kael Mata 2. Maricel Buen 3. Carl Brian Lopez
REGION III	218	3	73	TB HEALS (Bulacan), BFPH (Pampanga, Sta. Maria) 1. Sandy Apostol 2. Jamaine Sulit 3. Melbourne Gerasol
REGION VI	227	3	76	FPOP Iloilo 1. Edgardo Gerferio 2. Angel Hormillosa 3. Alraine Anne Sta. Ana
REGION IV-A	235	3	78	CPAG (Cavite), Laban Lungs (Rizal), TBLOV (Cavite) 1. Kris Anne Guillermo 2. Meldrid Fajutag 3. Nelson Tolero
TOTAL	1,012 survey responses			

ABOUT US



The Philippine Alliance to Stop TB (PASTB) was founded on April 23, 2021 and currently has 17 member organizations across the Philippines. The members are composed of non-governmental organizations working nationally and locally, community-based organizations, and TB patient groups. The network was born out of the need to have a truly people-centered TB response in the country.

Members:

ACHIEVE (Action for Health Initiatives, Inc.)
APWAI (Association of Positive Women's Advocate, Inc.)
BFPH (Breathe Free PH Community Advocates Against TB)
CPAG (Cavite Positive Action Group, the JCH Advocacy Inc.)
ChilLungs (ChilLungs Patient Support Group Western Visayas)
FPOP-Iloilo (Family Planning Organization of the Philippines-Iloilo Chapter)
InnovationsCH (Innovations for Community Health, Inc.)
KPLUS (Kagay-an PLUS - Preserving Life, Uniting Society, Inc.)
Laban Lungs (Montalban Laban Lungs Philippines Inc.)
Pinoy Plus (Pinoy Plus Association, Inc.)
Positibong Pasigueño, Inc.
PMDT (Programmatic Management of Drug-resistant Tuberculosis) Warriors
PMPI (Positibong Marino Philippines, Inc.)
TBAI (Tuberculosis Advocates Insight) Dabaw Inc.
TB HEALS (TB Health Education and Livelihood Support Patients Alliance)
TB LoV (TB League of Volunteers, Inc.)
Transpinay Plus



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