

TB DOTS-CHE (Community Health Education) Program

Ozamiz City, Philippines
Ozamiz City, Philippines
MARY TAGO



Organization type:

nonprofit/ngo/citizen sector

Project Stage:

Growth

Budget:

\$1 million - \$5 million

Website:

<http://www.hcdphilippines.com.ph>

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Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

HCDI is committed to bring total transformational development to impoverished communities to effect a sustainable TB DOTS-CHE Program.

About Project

Problem: What problem is this project trying to address?

The Philippines ranked ninth among the 22 high burdened countries with TB disease according to World Health Organization. This disease continues to be a major public health problem in our country since it is the sixth leading cause of mortality and accounts 7 per cent of the total deaths. Together with Philippine government agencies and people’s organizations, Holistic Community Development and Initiatives,

Incorporated, collaborated with the National Tuberculosis Program in achieving the Millennium Development Goal of reducing TB cases by half in 2015. HCDI implemented "Tuberculosis Directly Observed Treatment Short Course Therapy-Community Health Education to impact change in behavior, knowledge and practice about the disease.

Solution: What is the proposed solution? Please be specific!

HCDI addressed TB disease through ACSM (Advocacy Communication Social Mobilization) component of the National Tuberculosis Program using the TB DOTS-CHE strategy. Starting from the grassroots level moving to the national level through collaborative efforts from multi-sectoral and various people's organizations. HCDI is committed to improving the health condition of the vulnerable groups particularly in the area of TB. Delivery mechanisms are founded on four levels: individual, family, community and the nation as a whole. This involves trainings, communication, empowerment of the stakeholders and beneficiaries (identified TB patients) advocacy and awareness raising activities, home visits, and TB DOTS-CHE Volunteers as Treatment partners.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

TB DOTS is government's approach in halting the spread of Tuberculosis and HCDI added CHE Program strategy to strengthen it. HCDI designed CHE as point entry to bring transformed lives starting from an individual and moving to the family where behaviour change and empowerment are most essential; the community levels who need capacity enhancement and the nation for TB free country. CHE Program addresses all vulnerable aspects in a community, not only health issues but as well as agriculture, environment, micro enterprise and moral value teaching. The fact that development is holistic, total transformation of mankind is achieved through collaborative efforts from the different sectors and people's organization. This innovation is undertaken with the philosophy that prevention is better than cure and with careful adherence to its core values that included the following: • Multiplication through intensive training • Preventive vis-à-vis curative medicine • Community ownership of TB DOTS-CHE program • Home visits ensures adequate case holding and optimal treatment outcome • Program Sustainability • Program effectiveness • Sensitive adoption to the local needs of the community to ensure relevance and success.

Sustainability

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Word Vision is our only competitor in the implementation of ACSM component of NTP. Our difference is that their approach is concentrated to social mobilization for the promotion of preventive health care. World Vision is focused on: Building capacity for emergency preparedness and responses
Developing standards and tools for emergency programming Provide technical support Establish partnerships Support Humanitarian and Emergency Affairs

Team

Founding Story

The CHE Program was implemented initially in 1986 in Uganda, Africa. It is a developmental work of some faith based organizations and when it became a success, its mother organization, Medical Ambassadors International-Lifewind made a paradigm shift from conducting free health care clinics and relief work to community health education and developmental work. The Philippine TB DOTS-CHE Program started when the Director of the Infectious Disease Office, Dr. Jaime Lagahid, saw the presentation of Cambodia CHE Program. Thus, in January 2007, TB DOTS was "married" to CHE Program to come up with TB DOTS-CHE Program. This program was piloted in Ozamiz City, Philippines, with Global Fund as funding partner through Tropical Disease Foundation, Inc. as primary partner. HCDI became the sub recipient the following year as it scales up to other areas. Currently, with Philippine Business for Social Progress as Primary Recipient, it expanded to 8 sites. It envisions of scaling up to other areas.

About You

Organization:

HOLISTIC COMMUNITY DEVELOPMENT & INITIATIVES (HCDI), INC. PMU

About You

First Name

LYNNE

Last Name

PINA

Twitter URL

<http://www.twitter.com/ozamizhcdi>

Facebook URL

[www.facebook.com/pages/Holistic Community Development and Initiatives HCDI/167416709973689](http://www.facebook.com/pages/Holistic-Community-Development-and-Initiatives-HCDI/167416709973689)

About Your Organization

Organization Name

HOLISTIC COMMUNITY DEVELOPMENT & INITIATIVES (HCDI), INC. PMU

Organization Country

, MSC, Ozamiz City

Country where this project is creating social impact

, Ozamiz City

How long has your organization been operating?

More than 5 years

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen..

Innovation

How long have you been in operation?

Operating for more than 5 years

Which of the following best describes the barrier(s) your innovation addresses? Choose up to two

Access, Quality.

Social Impact

Please describe the goal of your initiative; outline what you are trying to achieve

Holistic approach empowers the target communities to become self-reliant and to undertake sustainable community development program. This is achieved by providing education, social services and livelihood program through advocacy, communication, social and resource mobilization and care for TB patient at the local level. HCDI intends to impact behavioural change and increase knowledge on TB which ultimately can result to reduce occurrence, prevalence and mortality rate due to the disease. Areas considered for the program are those that have high incidence rate, low detection rate, low cure rate of TB. These are usually impoverished communities and highly populated urban slum areas and congested place near the coastal areas.

What has been the impact of your solution to date?

As a result, HCDI has accomplished the following goals:

- Increased case detection rate
- Increased cure rate
- Enhanced case holding with the TB DOTS-CHE Volunteers as treatment partners once their referred TB symptomatic patients are identified as positive.

What is your projected impact over the next five years?

In collaboration with other key stakeholders, HCDI aims to maintain and further improve the delivery of TB DOTS-CHE program at the grassroots levels thereby achieving the Philippine Millennium Development Goals of halting and reversing the incidence of TB by 2015 through the following areas:

- Lower mortality rate caused by TB
- Increase detection rate
- Lower prevalence of TB
- Increase treatment success rate

What barriers might hinder the success of your project? How do you plan to overcome them?

Financial constraints to support our undertakings are considered to be the greatest hindrance in implementing the program. Our phase 1 program implementation funded by Global Fund in fighting against TB has ended last December 2011. We initially planned to continue its scale up to implement the program for the next three years to cover the whole province. However, during phase 2, changes have been made and the target sites were now concentrated in the areas not covered by HCDI from the 8 sites, only 1 was covered. To address this, some village leaders passed a resolution to write a letter of appeal for the continuation of the TB DOTS-CHE program in the area. It is for this reason that HCDI seeks new financial partners.

Winning entries present a strong plan for how they will achieve and track growth. Identify your six-month milestone for growing your impact

HCDI's program implementation was every six months, it will be started first in several barangays to total a certain population

Identify three major tasks you will have to complete to reach your six-month milestone

Task 1

Conduct Baseline Survey to identify current status of the area

Task 2

Carry out vision sharing with the CHO and the Local Government Unit, Training of Trainers I for the CHO NTP staff and HCDI staf

Task 3

Establishment of local organizations namely, TB DOTS-CHE Committee and TB DOTS-CHE Volunteers after undergoing the training

Now think bigger! Identify your 12-month impact milestone

1. Cure not less than 85% of newly detected sputum smears + TB cases. 2. Detect not less than 85% of estimated new sputum smear

Identify three major tasks you will have to complete to reach your 12-month milestone

Task 1

Provide various trainings (Training of Trainers, Team Building, etc.)

Task 2

Monitor TB DOTS-CHE Volunteers doing the On the Job Training that includes awareness activities, home visits and basic five heal

Task 3

Program expansion is implementing the program to other areas with the local trainers doing home visit after training the new TB

Sustainability

Tell us about your partnerships

HCDI have strong partnership with the Department of Health through its Rural Health Units to synchronize our efforts of combating tuberculosis. We also collaborate with the Department of Social Work and Development, Department of Education, community members, people's group, other non government, or Faith Base organizations who share the vision with HCDI. The NTP and PBSP provided us technical partnership while Global fund as the financial partners.

Are you currently targeting other specific populations, locations, or markets for your innovation? If so, where and why?

HCDI prefers to target the impoverished communities and highly populated urban slum areas and congested place near the coastal areas because these are places where are noted with high incidence rate, low detection rate, low cure rate of TB.

What type of operating environment and internal organizational factors make your innovation successful?

HCDI has a simple structure following a top down and bottom up management. Each position including those volunteers has well defined job descriptions. Tasks are specialized but can be delegated if situation demands for it. Detailed rules and guidelines are provided to dictate work procedures and supply parameters within which organizational members can make decisions. To improve efficiency, all HCDI staff is required to undergo the Training of Trainers I,II & III.

HCDI position itself in marketing its social services because it focuses on cost-leadership strategy where the local people themselves are trained for program ownership. Since it considers operating in a dynamic environment, use of advanced and modern technology may need to be continuously improved and updated.

Please elaborate on any needs or offers you have mentioned above and/or suggest categories of support that aren't specified within the list

HCDI needs to develop its skills in finding possible financial partners and in writing program proposal and it also needs to improve its monitoring and evaluation techniques. The needs mention here would fall under technical assistance.

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