



**A Guide for the Establishment of a  
Barangay Health Management Council**  
**An Initiative to Strengthen the Health System and Improve  
Services at the Barangay Level through Better Health  
Leadership, Management, and Governance**

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Systems for Improved Access  
to Pharmaceuticals and Services



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The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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## **Key Words**

Health systems strengthening; community (barangay) level; leadership, management and governance; health services

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## ACRONYMS

AP	antepartum
BHMC	Barangay Health Management Council
BOC	barangay operations center
CXR	chest x-ray
DHO	district health officer
DSSM	direct sputum smear microscopy
EPTB	extra pulmonary tuberculosis
FBD	facility-based delivery
GX	GeneXpert
HC	health center
IPT	isoniazid preventive therapy
LGU	local government unit
NGO	nongovernmental organization
NSP	new smear positive
NTP	national TB control program
PMDT	programmatic management of drug-resistant TB
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
Sm (+)	smear positive
Sm (-)	smear negative
SUW	severely underweight
TAF	treatment after failure
TB	tuberculosis
TBDC	TB diagnostic committee
Tx	treatment
USAID	US Agency for International Development
UW	underweight

## PREFACE

The concept of a Barangay Health Management Council (BHMC) was developed by a working group comprising technical advisors from the US Agency for International Development (USAID)-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program and health staff from the Quezon City Health Department in late 2011. The BHMC initiative aims to strengthen the delivery of services under the national tuberculosis (TB) control program (NTP) in poor urban communities. Through the BHMC, the community can effectively lead, manage, and govern the NTP.

This document was developed as a quick reference for those who plan to establish BHMCs. The contents of this guide are based on the insights and experiences of the people involved in the implementation of the BHMC initiative in Quezon City from 2012 to 2016. It was developed through workshops and discussions with Quezon City health staff and barangay officials working in BHMCs as core team members.

Described here are the practical steps for establishing, operationalizing, and sustaining a BHMC. Details of specific processes (e.g., planning, monitoring) are beyond the scope of this guide. Sample indicators used in the BHMC workshops are included to guide readers.

While this guide is based on the experiences in Quezon City, it can be easily adapted for use in other cities and municipalities in the Philippines.

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## INTRODUCTION

The devolution of health services to local government units (LGUs) through the Local Government Code of 1991 brought new challenges to LGUs and barangays in the management and delivery of public health services. With devolution, the LGUs became responsible for the general control and supervision of health personnel and facilities; the operation and maintenance of local health facilities; the delivery of health services; and regulatory functions, such as formulation and enforcement of ordinances related to health, nutrition, sanitation, and all other public health-related matters.

The BHMC is a collaborative effort of the Quezon City Health Department and the USAID-funded SIAPS Program in the Philippines, implemented by Management Sciences for Health. The BHMC was created to strengthen the delivery of health services, particularly the TB control program in poor urban communities.

The intent was to strengthen the health system as it works at the community (barangay) level where patients and health services meet. A strong health system at the barangay level will improve the quality and delivery of TB control program services and help reduce the burden of TB in the community in the long term. The system strengthening approach for the TB program will also benefit other health programs.

The concept uses a team approach to health leadership, management, and governance that promotes broad stakeholder participation in setting shared health priorities and objectives. The team comprises representatives from the community's health services, barangay officials, and other stakeholders.

The effective engagement, strong commitment, and cooperation of barangay officials and community stakeholders are critical to the success of BHMCs. The creation of shared objectives and priorities as articulated in a BHMC's work plan manifests stakeholders' commitment and desire to work together to improve the TB situation in their community. Barangay-level planning and decision making for TB control is done by the BHMC and is guided by evidence from barangay data.

The BHMC model supports the NTP's strategy to localize the implementation of the NTP as stated in the Philippines Plan of Action to Control TB (PhilPACT 2010–2016) and in the recently crafted Philippine Strategic TB Elimination Plan (PhilSTEP-1 2017–2022). The experiences in Quezon City have demonstrated the BHMC's potential to address service delivery problems for TB and other health programs.

## **ESTABLISHING THE BHMC**

### **Pre-establishment Phase (Preparatory Phase)**

The purpose of this phase is to formalize and increase the involvement of local barangay officials, particularly the Punong Barangay and the Kagawad for Health in the NTP, as well as other community actors who have a stake in the demand, delivery, and management of health services in the community.

The main objective is to improve the awareness and understanding of barangay officials and other stakeholders of the TB problem in the community. With a better understanding of the TB situation, they can make better decisions and take positive actions that will contribute to address the problem. This activity will also benefit health workers and program managers by giving them a better understanding of the TB problem in the community.

### ***Review the TB Situation in the Barangay***

1. Review the TB situation and the TB control program's performance in the barangay, or cluster of barangays, served by the community's public health centers (HCs). The HC staff, led by the HC medical officer with the support of the district health officer (DHO) and supervisors, should organize activities for the program review.
2. Ensure the involvement of barangay health workers, community health volunteers, community-based organizations, patients, and others affected by the disease in this activity to get varied perspectives.
3. Focus the review on the results of case studies and treatment outcomes based on routine TB program indicators. Identify the factors that positively or negatively influence the program's results. Include epidemiologic, social, political, and economic factors in the analysis to better understand the context of the community's problems and health needs.
4. Analyze the TB program performance in terms of the health system building blocks, including community leadership and governance, human resources, financing, medical products and technologies, service delivery, and information management. Understanding the systemic problems will play an important role in the effective and sustainable delivery of TB/health control services.
5. Prepare a report to be shared and discussed with barangay officials and other interested individuals or groups. Discussions are an effective way of sharing findings and should include suggestions or ideas on what barangay officials and stakeholders can do to help address the problems.
6. Discuss the findings in a way that lay people will understand. Remember that the objective is to ensure that stakeholders, particularly barangay officials, gain a better understanding of the TB situation and problems in the delivery of effective TB control services. Therefore, make an effort to keep the findings simple and easy to understand.

### **Engage Barangay Officials**

1. Organize one or more meetings to engage barangay officials. The HC medical officer, the Barangay Operations Center (BOC) coordinator, and the DHO should initiate the engagement, particularly the Punong Barangay and the Kagawad for Health. If this is an area with a cluster of barangays, ensure that all Punong Barangaya and Kagawads for Health in the cluster area are able to attend.
2. The objectives of the meeting should be to inform stakeholders of the TB situation and to get their support for the BHMC initiative.
3. Work with the barangay secretary to organize the meeting, prepare an agenda, and invite participants. Barangay officials are busy, and it may take several attempts to schedule and hold a meeting.
4. Prepare the meeting agenda with a focus on the key meeting objectives. Do not overload the agenda.
5. During the meeting, give a concise account of the review findings. Highlight the main issues in the TB situation. This is also the time to introduce the concept of the BHMC as a key intervention in which barangay officials and other community members can participate by leading and managing health services.
6. Communicate messages in a friendly, conversational manner and encourage participation. Engage barangay officials and other participants to enhance their involvement in the TB problem.
7. Distribute handouts to help participants remember key messages. Make the handouts attractive and easy to read. Provide the handouts to stakeholders who could not attend the meeting.
8. Follow the agenda and schedule. Take notes, and write minutes after the meeting.
9. More than one round of meetings and discussions or informal conversations with barangay officials, stakeholders, and advocates may be needed to achieve the objectives. Be patient and follow through.

#### **Tip #1. A better way of engaging community partners...**

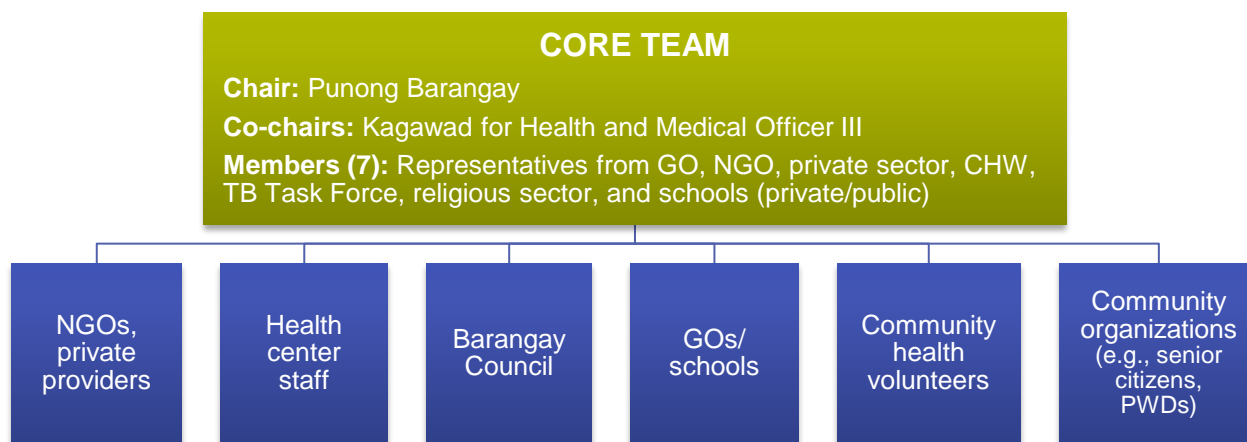
- Inform the partners of the TB situation by talking to barangay officials and partners.
- Barangay officials and other partners are busy, so make the meetings short and productive.
- It may take several meetings and informal discussions to achieve the objectives.
- Be patient and persistent.

## **Secure Barangay Officials' Commitment to Support the TB program**

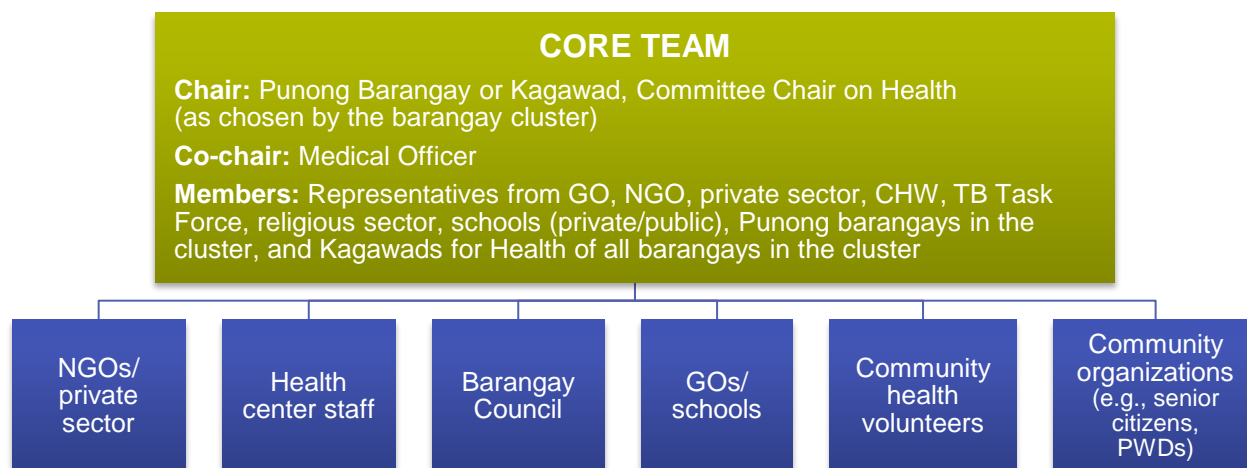
At this stage, it is important to secure the support and active participation of barangay officials in the management of the TB program and other health services. While there are many instances in which TB is not a priority for barangay officials, the medical officer and other health workers and advocates can find ways to convince them to prioritize TB control.

### **Establishment Phase**

#### **Organize the BHMC Core Team and Secretariat**



**Figure 1. Structure of a single barangay BHMC**



**Figure 2. Structure of a barangay cluster BHMC**

1. The Punong Barangay, Kagawad for Health, and medical officer should meet to organize the BHMC core team and the secretariat based on the provisions of the city ordinance. The Punong Barangay should be the chair and the Kagawad for Health and the medical officer should be co-chairs. Figures 1 and 2 show the structure for both types of BHMCs.

2. The rest of the core team should comprise a representative each from stakeholder group, such as a government organization that is active in the barangay, a community-based non-governmental organization (NGO), the private sector, a community health workers' organization, a TB task force, religious organizations, and public and/or private schools.
3. The secretariat should comprise the barangay secretary, health center nurse, and health center midwife. It should be responsible for the documentation of all activities to be conducted by the BHMC, coordination of meetings, preparation of reports, and dissemination of such as approved by the core team.
4. The city health officer, DHOs, and district supervisors should serve as technical advisors to the BHMC. The city health staff and the BHMC core team can ask for technical advice or assistance from external partners when needed.
5. The barangay, or barangays in the cluster BHMC, should create their respective barangay resolutions, which will serve as their expression of commitment to support the creation of the BHMC and the implementation of its planned activities.

**Tip #2. A better way of unifying...**

- Ensure that stakeholders have shared goals and objectives for the BHMC.
- Ensure that individual barangays in the cluster pass a resolution supporting the BHMC.
- Share commitments and achievements with BHMC members and partners.

***BHMC Member Orientation***

1. Orient the core team members and secretariat on the content of the BHMC ordinance and implementing rules and regulations, particularly the purpose and function of the BHMC. Emphasize the roles and functions of the BHMC core team and other members and the rules and procedures within the BHMC.
2. Orient the BHMC core team on the concepts and practices of team leadership, management, and governance for health at the community level. This is important because it will provide the BHMC with a new paradigm for leadership, management, and governance in which teamwork, cooperation, transparency, equity, and accountability are emphasized. The orientation should be carried out by DHOs, district supervisors, and medical officers.
3. The secretariat should be oriented on the management and use of information to ensure that relevant reports and accurate information are generated and provided to the BHMC core team and stakeholders in a timely manner. The secretariat should also ensure that achievements, lessons learned, and problems are shared with the community.

**Tip #3. A new way of moving forward...**

- Having a BHMC means working as a team for leadership, management, and governance.
- Success can be achieved when teamwork and cooperation enable the community to face challenges and overcome obstacles to better health.

## **OPERATIONALIZING THE BHMC**

### **Creating the BHMC Work Plan**

A work plan is needed to ensure that a BHMC can implement activities in a rational and focused manner. The work plan provides a direction for the BHMC by describing the objectives and activities to be implemented within a specific period of time. It unifies BHMC members and helps them work together. The work plan is one of the bases for measuring a BHMC's performance and achievements.

Planning is a joint undertaking by core team members, key stakeholders, and advisers. Ideally, an initial work plan is for a 12-month time frame. This provides adequate time to implement activities and achieve short-term tangible results. Achieving results is important to understand a BHMC's potential to overcome problems and challenges when members work together.

### ***Preparing for the Planning Workshop***

1. Planning can be carried out through well-structured activities (workshops) held in suitable facilities in the community, such as barangay or HC meeting rooms. However, an on-site planning workshop is ideal to ensure continuous participation by core team members, particularly during the early stages of the BHMC. The BHMC core team and secretariat will organize the planning activity with the support of DHOs and technical advisors.
2. Prepare the schedule and program of activities for the planning workshop. Ensure that adequate time is allocated for discussions and decision making. Invite participants well in advance of the event. Secure the resources and logistics that will be required for the activity and prepare all planning materials. Idea cards and easel sheets can be used to help guide the discussion.
3. The BHMC secretariat should prepare all relevant data sets, information, and reports, including the results of the TB program review, at least two weeks prior to the planning session (annex A). The technical advisors, HC medical officers, and other technical staff should start the analysis and interpretation of available data and information prior to the planning workshop.
4. Document the planning session activities and products and store those documents for future use.

### ***Conducting the Planning Activities***

1. The entire BHMC core team must participate in the planning session with key stakeholders. If needed, resource personnel and facilitators can be invited to join the planning activity. At the initial stages, it is suggested that BHMC technical advisors facilitate the discussions and provide guidance during the workshops.

2. Conduct the sessions in a welcoming atmosphere and encourage all core team members to participate. Follow the agenda and schedule so that everyone will be focused on the session's activities. Assign leadership roles to barangay officials during the planning session.
3. Manage the discussion so that everyone will be focused on the topic and encourage everyone to participate. Good time management is important, as is flexibility. In addition, ensure that barangay officials participate in all discussions and group activities.
4. During discussions, technical terms (e.g., "program indicators") should be simplified and explained to ensure that non-technical participants, particularly barangay officials, can understand the discussions.
5. Start with an analysis of the situation using the results of the TB program review, followed by the identification, prioritization, and analysis of the problems and their root causes. Identify priority problems and challenges and develop objectives and activities that are focused on those priorities.
6. The plan should focus on the next 12 months so that short-term results can be demonstrated to provide a sense of accomplishment and encouragement at the end of the year. Longer-term plans can be made based on the needs and the situation.
7. Planners should create the monitoring and evaluation plan based on the finished set of activities and expected results.
8. Share a copy of the approved work plan and budget with all BHMC members, key partners, and stakeholders to promote transparency among stakeholders in the community.

### **Implementing the Work Plan**

1. The BHMC core team is responsible for implementing the work plan, including securing the budget and funds and mobilizing resources, including people, tools and equipment, diagnostic supplies, medicines, office supplies, transportation, and money. These resources are usually available in the community through residents and other partners and stakeholders in the barangay.
2. Align community stakeholders and inspire them to support the plan activities. These stakeholders can include other government entities, the business sector, faith-based organizations, and schools.

### **Monitor Work Plan Implementation**

1. The BHMC core team, DHOs, supervisors, and BOC coordinators should monitor the implementation of BHMC plans and activities to ensure that they are aligned with the objectives and timeframe. The information gathered from monitoring will inform BHMCs of progress in plan implementation and achievement of results.

2. Findings should be analyzed by core team members and advisors to extract lessons learned, identify problems, and formulate solutions. This information will also feed into the evaluation process.

***Evaluation of Results of Plan Implementation***

1. At the end of the implementation, DHOs should help the BHMC core team evaluate the results of its activities. Information gathering and analysis and reporting of the results should be led by DHOs and medical officers.
2. The BHMC secretariat and DHOs should ensure that the evaluation results are reported to the BHMC core team, key stakeholders, and decision makers at the community, district, and city levels. The evaluation results can be used to guide the following year's planning.



## **MONITORING AND EVALUATION OF BHMC ESTABLISHMENT AND PERFORMANCE**

1. DHOs, with the support of the city BOC district coordinators, are tasked with monitoring the performance of BHMCs in their respective districts. Monitoring the performance of BHMCs gives DHOs the opportunity to measure and understand implementation problems and provide technical support to the implementers.
2. DHOs should create and implement a district-level BHMC monitoring and evaluation plan and budget. This will track the performance of an established BHMC based on its planned objectives and accomplishments, as well as the progress of the scale-up in districts. Annex C shows the list of indicators that DHOs can use to monitor and evaluate BHMCs. DHOs may solicit support from technical partners to implement monitoring and evaluation activities.
3. DHOs should conduct meetings to discuss and share findings from monitoring activities. It is important to highlight the positive aspects of the implementation. In addition, the lessons learned during the process should be documented. DHOs should help the BHMC core team analyze and address identified problems. Part of the monitoring process is to follow up on the results of the interventions.
4. DHOs should provide a report of the monitoring results and feedback to the BHMC core team and community stakeholders. The report should be submitted to the city health officer and shared with major stakeholders.
5. DHOs should implement evaluation activities by the end of the year with support from technical partners. They should share the evaluation results with the BHMC and community stakeholders. The evaluation report should be submitted to the city health officer, and shared with the BHMC, partners, and major stakeholders.

## STRATEGIES TO INSTITUTIONALIZE AND SUSTAIN THE BHMC

Having shown the potential of a BHMC to improve the delivery of TB control services, it is important to sustain the gains that have been made. It is worthwhile to institutionalize the existence of BHMCs in the public health and primary care landscape to enable health program managers and providers to continue making use of this mechanism to improve health in the community.

1. Pass a local (city) ordinance that supports the establishment and implementation of BHMCs to institutionalize the initiative. In the absence of a city-level ordinance, a barangay-level resolution is a good starting point for institutionalization. Advocacy and support for the policy development and approval process is recommended to achieve a barangay resolution or city ordinance.
2. Ensure that regular BHMC meetings are held to discuss progress in the implementation of activities, emerging problems and challenges, and ways to address these. Hold annual work planning and team building sessions to help sustain stakeholders' commitment to and interest in the BHMC and its activities.
3. Discussions or forums to share BHMC successes with other people or organizations within and outside the community, district, or city can help enhance community spirit, sustain commitment, and improve camaraderie among the BHMC and other barangays. They can also inspire new stakeholders to participate.
4. Collaborate with new and existing partners to address gaps and shortcomings for continuous improvement in BHMC performance. Adapt initiatives that were effective for other BHMCs.
5. Conduct continuous and innovative learning activities to update the knowledge and skills of the BHMC core team, community health workers, and other partners in the community. This will help stakeholders improve their capacity to adapt to changing situations and respond effectively to new challenges.
6. Acknowledge good performers, supporters, and partners to inspire them to continue their work and sustain their commitment to their BHMC and community.

### Tip #4 Ways to sustain BHMCs...

- Institutionalize BHMCs through an ordinance
- Inspire continuous performance of BHMCs
- Mobilize new stakeholders and partners
- Continue to build BHMC capacity
- Institutionalize effective initiatives
- Acknowledge good performance
- Share successes

## ANNEX A. BHMC INDICATORS FOR TB CASE FINDING AND TREATMENT OUTCOMES

The following indicators are based on the NTP's routine reporting requirements. They were expanded to allow a more detailed analysis of program results during planning workshops and program reviews but are not required for reporting to the NTP.

### Case Finding 1

Indicators	Baseline year		Year 1		Year 2		Year 3	
	no.	%	no.	%	no.	%	no.	%
Population								
Pres. TB cases identified								
Pres. TB cases with DSSM								
Pres. TB cases with two specimens for DSSM								
<b>Smear positive cases detected (Pos. Rate)</b>								
<b>Smear negative cases</b>								
<input type="checkbox"/> Smear (-) Pres. TB Cases								
<input type="checkbox"/> Smear (-) Pres. TB Cases with CXR								
<input type="checkbox"/> Smear (-) PTB diagnosed clinically by HC								
<input type="checkbox"/> Smear (-) PTB diagnosed through TBDC								
<b>EPTB</b>								
Number EPTB detected								
<b>Total TB cases</b>								
<input type="checkbox"/> Total Sm (+) PTB								
<input type="checkbox"/> Total Sm (-) PTB								
<input type="checkbox"/> Total EPTB								
<input type="checkbox"/> Total TB all forms								
<b>PMDT</b>								
Number of new cases screened for PMDT								
Number of retreatment cases screened for PMDT								
Number of patients referred for Xpert testing								
Number of patients referred for GX testing								
<input type="checkbox"/> GX-MTB + cases								
<input type="checkbox"/> GX-MTB + with Rif resistance								
<input type="checkbox"/> GX-MTB + Rif resistance not detected								
<input type="checkbox"/> GX-MTB + with Rif resistance indeterminate								
<input type="checkbox"/> GX-MTB not detected								

### Case Finding and Case Holding Indicators for TB in Children 1

Indicator	Baseline year		Year 1		Year 2		Year 3	
	no.	%	no.	%	no.	%	no.	%
<b>TB infection</b>	no.	%	no.	%	no.	%	no.	%
1. No. children with TB infection								
2. No. children with TB infection with IPT								
3. % children with TB infection given IPT								
4. IPT success rate								
<b>TB disease</b>	no.	%	no.	%	no.	%	no.	%
1. No. children with active TB (all forms)								
2. No. children active TB with treatment								
3. % children TB with treatment								
4. Success rate for pediatric TB								

### Adult TB Treatment Outcome 1

Indicators	Baseline year		Year 1		Year 2		Year 3	
	no.	%	no.	%	no.	%	no.	%
NSP cases put on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

### Treatment Outcome 2

Indicators	Baseline year		Year 1		Year 2		Year 3	
	no.	%	no.	%	no.	%	no.	%
Relapse cases put on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

**Treatment Outcome 3**

<b>Indicators</b>	<b>Baseline year</b>		<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	no.	%	no.	%	no.	%	no.	%
TAF cases put on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

**Treatment Outcome 4**

<b>Indicators</b>	<b>Baseline year</b>		<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	no.	%	no.	%	no.	%	no.	%
New Sm (-) cases on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

**Treatment Outcome 5**

<b>Indicators</b>	<b>Baseline year</b>		<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	no.	%	no.	%	no.	%	no.	%
TAF Sm (-) cases on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

**Treatment Outcome 6**

<b>Indicators</b>	<b>Baseline year</b>		<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	no.	%	no.	%	no.	%	no.	%
EPTB cases on treatment								
Cured								
Tx completed								
Died								
Failure								
Lost to follow up/default								
Trans-out								
Total								
Treatment success								

## **ANNEX B. INDICATORS FOR MATERNAL HEALTH AND NUTRITION PROGRAMS FOR BHMC USE**

The indicators below are for the Maternal Health and Nutrition programs and were used to fill information gaps about the programs' performance. These are not routine indicators and were used solely for the BHMC planning workshops.

### **Maternal Health Indicators**

- Number of AP with four visits
- Percent change in the number of AP with four visits
- Number of attendees in Buntis Congress
- % change in number of attendees in Buntis Congress
- Number of FBDs
- Percent change in FBDs

### **Nutrition Program Indicators**

- Number of participants in feeding program
- % change in number of participants in feeding program by facility (HC, NGOs)
- HC rehab success rate for SUW
- HC rehab success rate for UW
- NGO rehab success rate for SUW
- NGO rehab success rate for UW

## ANNEX C. INDICATORS FOR MONITORING BHMCs AT DISTRICT/CITY LEVEL

The set of indicators below is used at the district and/or city level for monitoring the scale up and functionality of new and existing BHMCs. The previous sets of program indicators are also used at the district level to monitor and evaluate BHMC performance.

<b>Number of functional BHMCs in the district</b>		
<b>Indicator</b>	<b>No.</b>	<b>Evidence</b>
1. Number of functional BHMCs in the district		1.1 Document showing organizational structure and list of roles and functions of members 1.2 Existence of functional secretariat
2. Percent of BHMCs established based on district target		

<b>Functionality of BHMCs</b>		
<b>Indicator</b>	<b>Y/N</b>	<b>Evidence</b>
1. Core team organized		1.1 Organizational meeting held (minutes) with list of members 1.2 Document showing organizational structure and list of roles and functions of members 1.3 Existence of secretariat
2. BHMC is functional		2.1 Minutes of meetings signed by secretariat 2.2 Periodic reports of activities 2.3 Existence of BHMC work plan
3. Work plan is implemented		3.1 Activity reports describing activities and results 3.2 Monitoring reports from DHO 3.3 Evaluation results
4. Monitoring is performed		4.1 Monitoring reports from BHMC and DHO
5. Annual evaluation performed		5.1 Evaluation reports



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