STOPPING AS SUCCESS:
TRANSITIONING TO LOCALLY LED DEVELOPMENT

WORLD VISION'S SOCIAL MOBILIZATION ON TUBERCULOSIS PROJECT IN THE PHILIPPINES

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PHILLIPINES

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ACRONYMS

BHW	barangay health workers
CIDA	Canadian International Development Agency
CoMSC	Acommunity managed savings and credit association
CSO	civil society organization
DAC	development assisting center
DOTS	directly observed treatment, short course
GFATM	Global Fund to Fight AIDS, TB and Malaria
ICTTFI	Iloilo City TB Task Force Federation, Inc.
IEC	information, education and communication
INGO	international non-governmental organization
LGU	local government unit
NGO	non-governmental organization
NTP	national tuberculosis program
PTSI	Philippine Tuberculosis Society, Inc.
SEC	security and exchange commission
SMT	Social Mobilization on Tuberculosis
TB	tuberculosis
WVDFI	World Vision Development Foundation, Inc.
WHO	World Health Organization
USAID	United States Agency for International Development

STOPPING AS SUCCESS

This case study was developed as part of Stopping As Success (SAS), implemented by a consortium consisting of Peace Direct, CDA Collaborative Learning Projects, and Search for Common Ground, with support and funding from the United States Agency for International Development (USAID). SAS is a collaborative learning project that aims to study the dynamics at play when ending a development program, and provide guidelines on how to ensure locally led development. In doing this, SAS looks beyond the technical aspects of an exit strategy to identify examples that demonstrate a transition toward locally led development. The case studies produced by the project highlight the past and present realities faced by international non-government organizations (INGOs), local civil society organizations (CSOs), and local NGOs, focusing in particular on how partnerships evolve during transitions or devolvement to local entities.
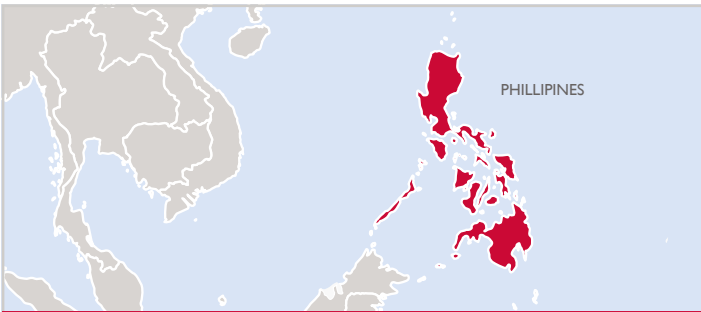
1. INTRODUCTION AND METHODOLOGY

This report documents the handover of World Vision's Social Mobilization on Tuberculosis (SMT) project (2005–11) in Iloilo City, Philippines, positioning the case study within the Philippines' broader civil society and international aid context. The report looks beyond technical aspects to consider how partnerships between international and local actors evolve during transition processes.

The report draws on a number of conversations, interviews, and focus group discussions conducted in Iloilo City and Manila over three weeks in April 2018. Two members of the Stopping As Success team spoke

TYPE OF TRANSITION

SMT is an example of a programmatic transition, whereby World Vision contributed to the creation of a Filipino umbrella entity called the Iloilo City TB Taskforce Federation, Inc. Despite facing challenges when funding came to an end, the Federation successfully lobbied for a policy shift that led to direct government support, allowing their work to continue.

with 56 local and international aid actors in one-to-one interviews and focus group discussions, which were held with community volunteers in project sites around Iloilo City. In addition, relevant documents were analyzed, including World Vision's SMT evaluation reports and key policy documents.

A separate learning exchange on locally led development and partnerships was held with 20 aid actors from INGOs, donor agencies, academia, youth organizations, social movements, and volunteer organizations. This provided space for participants to critically discuss aid effectiveness and share their experiences of working with international actors.[1]

2. CONTEXT

The Philippines is an archipelago composed of some 7,641 islands, and is currently home to a population of 100.9 million. Although the World Bank classifies the Philippines as a lower middle-income country, according to the country's National Economic and Development Agency[2] and the European Union,[3] the country is on track to become an upper middle-income country by 2020. More recently, several analysts have stated that the Philippines is one of the fastest growing economies in Southeast Asia.[4]

The country has a diverse civil society landscape, with most organizations falling under two main umbrellas: non-governmental organizations (NGOs) or people's organizations. People's organizations are typically community groups made up of marginalized individuals advocating for civil and political rights. NGOs, which may be local, national, or international (INGOs), are intermediate agencies and institutions.

The Philippines is recognized as having one of the most vibrant and dynamic civil societies in the world,[5] which can be traced back to the People Power Revolution of 1986. The proclamation of martial law in 1972, under the dictatorship of Ferdinand Marcos, led to many development workers and civil society advocates being imprisoned.[6] Despite this, civil society activism strengthened over time, playing a significant role in toppling the Marcos regime. When Corazon Aquino took over the presidency after the 1986 revolution, the number of CSOs in the country grew exponentially.

Since the mid-1980s, civil society has benefited from state legislation that is highly supportive of their activities.[7] State permission is not required to establish an organization and there are very few controls on foreign funding. The landmark Local Government Code of 1991 paved the way for stronger partnerships between civil society and government, which can be observed at the national, provincial, and local levels.

The presence of INGOs in the Philippines can be traced back to the Spanish colonial period beginning in the 16th century, when religious orders brought with them welfare institutions such as orphanages, asylums, and parochial schools, many of which persist to this day. Later, during the era of American intervention in early 20th century, NGOs such as the American Red Cross and American Tuberculosis Society established local branches in the country. Today, many of the key INGOs and networks are based in the Philippines and headed by Filipinos.[8]

Foreign aid is channeled into the Philippines in a variety of different ways. In 2017, total overseas development assistance amounted to US$14.77 billion, which consisted of US$12.30 billion in loans and US$2.47 billion in grants, a slight decrease from 2016. Japan and the US are the largest bilateral donors, the former providing 45 percent of loans and the latter 40 percent of grants. Infrastructure development projects accounted for 56 percent of loans, with 36 percent of grants going toward social reform and community development projects.[9]

A large portion of foreign aid is given directly to local groups, with, for instance, 98.5 percent of the estimated ₱15 billion (US$289 million) received for relief and rehabilitation following Typhoon Yolanda in 2013 going to Filipino organizations.[10] The Typhoon Yolanda humanitarian response sparked conversations around accountability and corruption both within the Philippines and internationally.[11] In our interviews, many local NGOs described a lack of coordination in the humanitarian response, which led to aid being distributed unequally.

DEPENDENCE ON FOREIGN AID AND ITS IMPLICATIONS FOR EXITS AND TRANSITIONS

The vast majority of local and national NGOs in the Philippines continue to rely on foreign aid. According

to informal estimates, in many cases NGOs source 50–95 percent of their annual budgets from international funders.[12] Most of our interviewees stressed the need for better coordination between INGOs and the state, including closer collaboration with local government units (LGUs), which are sometimes left to implement projects that did not include their input at the planning stage.

In Iloilo City, the research team found that aid is often structured around short-term projects, with some as short as three months. Very few donors are willing to make long-term commitments and extensions of funds are often dependent on fulfilling strict and complex regulations. Thus, raising funds locally continues to be a challenge for many Filipino NGOs.[13]

Insecurity surrounding funding sources creates anxiety among local NGOs, driving them to appeal to funding agencies outside the country.[14] Two interviewees spoke about how NGOs tend to strategically prioritize the development sector's "flavor of the month" in order to ensure continued funding, rather than finding ways to sustain themselves without recourse to foreign funding.

These challenges form part of a wider national debate around aid exits and transitions. The Philippines' current president, Rodrigo Duterte, has been a vocal critic of foreign aid,[15] especially when it is accompanied by the political agenda of a specific donor.[16] His narratives have brought to the surface debates among local and international aid actors on whether the Philippines should receive foreign aid at all.

LOCALIZATION AGENDA IN THE PHILIPPINES

There has been wide recognition within the international aid sector of the importance of working with pre-existing local capacity.[17] The Philippines is one of the sites host to a series of localization projects co-implemented by the START Network – a global consortium of 42 INGOs founded in 2010 that aims to make the humanitarian aid system more responsive, innovative, and effective.[18] These projects fall under the three-year Disasters and Emergencies Preparedness Programme (DEPP),[19] funded by UK Aid.

"Financial Enablers" and "Transforming Surge Capacity" were two such projects implemented in the Philippines.

The Financial Enablers project focused on supporting the autonomy of local NGOs closest to those affected by crises in making decisions related to humanitarian aid. To do this, the project helped develop national partnerships and "… provided flexible grants for those partnerships to decide what capacity development to invest in."[20] The Transforming Surge Capacity project, meanwhile, aims through collaboration to improve the effectiveness of surge capacity[21] across the Philippines' humanitarian sector.[22] Over three years, its components included networking, providing platforms for collaboration, and capacity development. One of our interviewees described the initiative as "… building a pool of humanitarian professionals from the local context." In the Philippines, there was a decision to shift power to a national NGO network rather than work through an INGO.[23]

These initiatives show that while there have been challenges in working with international actors, there are initiatives that recognize and support locally led development. As such, the Philippines presents a fascinating opportunity to gain a more nuanced and process-based understanding of what exits and transitions look like on the ground.

3. WORLD VISION INTERNATIONAL: HISTORY IN THE PHILIPPINES

World Vision started working in the Philippines in 1957, just seven years after it was founded.[24] In the first two decades, its work focused on service provision, including activities such as running orphanages, prison ministry (work with incarcerated people), food relief, health assistance, and donating musical instruments and books to children.

In 1976, World Vision's approach to development took a different turn with the launch of the Development Assisting Center (DAC). Unlike their earlier development approaches, the DAC was envisaged as being "community-based," focusing on empowering poor families to "manage their development." In 1987, when World Vison closed its offices in the Philippines for two years, the management of pre-existing projects was passed to their Asia Regional Office, with local community volunteers continuing to support implementation.

In 1989, World Vision re-opened in the Philippines, appointing a Filipino as executive director for the first time. A greater focus was put on strengthening service provision and empowering local communities. In 1990, World Vision piloted the Provincial Development Approach, which focused on networking, capacity building, and partnerships with stakeholders. Its goal was strengthening capacity at the provincial level.

In 1995, World Vision's country office in the Philippines devolved into a separate legal entity known as World Vision Development Foundation, Inc. (WVDFI).[25] According to interviews with WVDFI staff members in Manila, by becoming an officially recognized local NGO, WVDFI was able to gain a certain degree of independence from international management. They continue to work in partnership with World Vision International but have certain privileges, such as the right to raise funds in-country, something an INGO is not legally allowed to do. Being able to appeal to both international and national donors was a particular advantage for World Vision Philippines, as they were able to access to a diverse range of funding sources.

As a legally recognized national institution, World Vision Philippines has its own board of trustees. The board prioritizes the development needs of the country, while keeping in mind the general mission and goals of World Vision International. One interviewee shared that the devolvement allowed World Vision Philippines to venture into other projects relevant to the local context, such as child sponsorship programs. World Vision Philippines' activities now fall under the areas of education, economic development, health and nutrition, disaster risk reduction and management, and child protection. World Vision Philippines also manages "special projects," which are non-sponsorship projects funded by various agencies (such as USAID, the US Department of Labor, and the Global Fund) instead of "support offices."[26] One such project was the SMT project, the focus of this case study.

In 2017, World Vision Philippines celebrated its sixtieth year in the country. Between 2014 and 2017, 2.7 million children were impacted by World Vision's programs and advocacy activities, while today the organization has 38 program areas in operation across the country, including in Iloilo.[27] World Vision Philippines' work in Iloilo started almost twenty years ago, with the continuation of its programs

there made possible by funding from World Vision Canada. However, this funding is likely to come to an end in the next couple of years, with staff members at the Iloilo office currently preparing partners and communities for the possible closure of the area program. Activities conducted in preparation have included training community leaders, strengthening partnerships with local institutions, and mapping local resources.

WORLD VISION'S SOCIAL MOBILIZATION ON TUBERCULOSIS (SMT) PROJECT

In 2003, World Vision Philippines launched its SMT project, a nationwide initiative focused on community mobilization, tied to the government's National Tuberculosis Program (NTP). Launched in 1987, the NTP is the country's overarching strategy for the prevention, management, and treatment of tuberculosis (TB). It is put into practice by 17 regional offices and involves INGOs, such as World Vision, as implementing partners. The project was funded by the Global Fund to Fight AIDS, TB and Malaria (GFATM).

TB is a highly contagious airborne disease that is more prevalent in densely populated areas and poor, urban communities, and has been a major health problem in the Philippines in recent years, with a reported 38 Filipinos dying as a result of it every day.[28] This makes the disease the sixth leading cause of death in the country,[29] and, according to the 2017 Global Tuberculosis Report, Philippines ranks fourth for TB globally.[30] TB is highly stigmatized in the Philippines, which is as a result, as our some of our interviewees suggested, of a lack of understanding of the disease and its treatment. This stigma impacts patients' willingness to access TB testing and treatment, despite it being a preventable and treatable disease.

In an official commendation in 2007, the Philippines Senate declared World Vision a "… major stakeholder in the fight against TB." World Vision's work on TB dates back to 1998 and the Kusog Baga (Healthy Lungs) tuberculosis program, then funded by the Canadian International Development Agency (CIDA). Kusog Baga focused on the technical training of health care workers – mostly nurses and doctors – and, according to a country report by CIDA in 2004, the project led to the TB cure rate rising to 87 percent and failure rates dropping to 1 percent in nine provinces. One of the

program officers shared that by the time Kusog Baga ended in 2004, technical capacity had been significantly strengthened.

According to many of our interviewees, SMT builds on the accomplishments of the Kusog Baga program, shifting the focus from technical training to community mobilization and relocating its efforts from rural areas to urban communities.

THE ROLE OF TB TASK FORCES AND VOLUNTEERS

At the heart of the SMT project are the TB task forces, which are organized groups of barangay health workers (BHW), council officials, volunteers, and former TB patients. A barangay is the smallest administrative structure in the Philippines, and many of these groups were already volunteering in local health programs long before their participation in SMT. When the Local Government Code of 1991 led to a decentralized health system, BHWs, composed mostly of female volunteers, were instrumental in the delivery of health services, including TB programs.

The SMT project placed TB task forces at the forefront of local TB advocacy, communication, and social mobilization. Broadly speaking, they do this in three ways:

1. Volunteers conduct health education classes and house-to-house awareness campaigns to raise community members' awareness about TB. Given TB is highly stigmatized, the aim is to demystify strongly held misconceptions and encourage potential clients to attend health teachings, report symptoms, get tested, and seek treatment. As noted by one TB task force leader: "Before, even though we already knew that someone had symptoms of TB, it took us so much time and effort to reach them. They are embarrassed about their disease. However, because of our persistent health teaching, we feel that we have somehow broken that stigma, and they are now able to seek help from us." A TB task force volunteer explained the approach: "We were trained to be strategic so people attend our health classes. When we conducted a health class with a group of pedicab drivers, there was less resistance because they were coming into our classes as friends and colleagues. We also conducted bench conferences where we gather mothers and young people in benches or under a tree to talk about TB."

2. Volunteers accompany community members to health clinics for check-ups and examinations, with the SMT project providing transportation and food expenses. Volunteers stated that this practice helped increase their TB detection rate, as potential patients were unlikely to get tested alone. According to a City health officer: "The patients have stigma, and some are scared … they don't go to health centers. That's why there is a massive educational campaign and support. And the volunteers are the ones doing campaigning and bringing the patients to health centers."

3. Volunteers serve as treatment partners under an approach known as "directly observed treatment, short course" (DOTS). DOTS requires a treatment partner to directly observes that a patient takes their medication, in order to "… ensure that the drugs are taken in the right combinations and for the appropriate duration."[31] A former TB patient found this approach to be effective: "The TB task force come to my house every day and always remind me to take my medications. Without them, I probably would not be able to take my medication correctly, and I wouldn't get better."

Between 2003 and 2013, World Vision trained 538 TB task forces across 29 cities in the Philippines.[32] In the same ten-year period, the task forces identified over 16,000 TB patients, with around 12,000 of these directly supervised by a volunteer. The TB task forces also launched an awareness campaign, which reached over 295,000 households via house-to-house visits, and more than 18,000 people through health classes.

As a national project, SMT's overall direction and strategy were envisaged as being uniform across all project cities. However, implementation was tailored to the particular context, as was the case in Iloilo City – the project site this report is based on.

SETTING UP SMT IN ILOILO CITY

SMT in Iloilo City – a highly urbanized city in the Western Visayas region – was implemented in 2005. It began with 4 pilot sites within the city, later expanding to 28 in 2011 when World Vision handed over the SMT

project. Iloilo City has 180 barangays and, according to the Department of Health, a population of almost 465,000. In 2016, over 3,100 individuals were tested for TB in Iloilo City, with just under 16 percent of those tested diagnosed as positive. At the same time, the case detection rate[33] increased to 70.20 percent from 46 percent in 2015. However, it is unclear if this progress can be attributed directly to World Vision's SMT program.

Many interviewees noted that Iloilo City government's commitment to fighting TB predated World Vision's SMT project, with the City Health Office long recognized as a top-performing institution in the implementation of the TB DOTS program. As one city health officer reported: "My program before SMT was already doing well. We were already awarded by the World Health Organization and the Department of Health because we already surpassed the CDR and cure rate targets at the national level."

Programs and structures for responding to TB had already been set up by the local government body, with significant results, meaning SMT complemented pre-existing efforts as opposed to creating entirely new structures. Nonetheless, it is worth noting that the city's TB program city faced challenges in terms of limited human resources, funding, and technical expertise. The dominant view from interviewees was that World Vision enhanced and supported pre-existing practices by trying to fill some of the previous system's gaps.

World Vision has a long history in Iloilo City, working on both child sponsorship and health programs. Many of the development actors we interviewed, especially those in the health sector, spoke highly of World Vision's work on TB. This work dated back to the Kusog Baga project, many program officers for which continued to work for SMT. As such, the relationships between World Vision, the Iloilo City government, and local CSOs have roots in the late 1980s. As a former Kusog Baga and then SMT program officer reported: "The Local Government Unit and the Department of Health are familiar with World Vision because of the successful implementation of the Kusog Baga project. So, when the SMT project was implemented, it was very welcomed. World Vision has a good reputation since the previous project."

World Vision originally secured a partnership with the Iloilo City government through the City Health Office and the office of the city councilor in charge of health. Figure 1 shows the various government institutions and actors World Vision partnered with for the SMT implementation. After securing formal partnerships with the local government unit, World Vision proceeded to get in touch with the heads of barangay councils, known as "captains." World Vision secured the captains' buy-in by outlining the support it would provide, as well as the support it would request from the council. As a TB task force volunteer reported: "We did not have any doubts about World Vision's intention because they had a courtesy call with our barangay captains and barangay officials – especially the councilor on health. That was important."

FIGURE 1. INSTITUTIONS AND INDIVIDUALS INVOLVED IN THE DELIVERY OF SMT

Levels	Structures/Government Bodies	Individuals
National Level	National Government Department of Health	
City Level	City government Iloilo City Health Office TB Task Force Federation	City mayor City councilor in charge of the Committee on Health, Sanitation, and Hospital Services TB Task Force Federation officers and members
Barangay Level	Barangay council Barangay health centers TB task force	Barangay captain Barangay councilor in charge of health Barangay health workers 17 volunteers as treatment partners and community educators

> "When we started, most people were not committed. Many were suspicious of the work. Why should they participate in an activity where they won't gain anything? So, World Vision suggested that we mobilize barangay health workers and local volunteers. Because they have been serving the barangay for a long time, it was easy to recruit them."

World Vision then partnered with the pre-existing barangay health volunteers to form TB task forces, each consisting of about 17 members. In some barangays, the recruitment process was straightforward, as health volunteers played an active role in the community. However, World Vision was met with suspicion by some other barangays, with a TB task force volunteer and barangay councilor describing the initial response as follows: "When we started, most people were not committed. Many were suspicious of the work. Why should they participate in an activity where they won't gain anything? So, World Vision suggested that we mobilize barangay health workers and local volunteers. Because they have been serving the barangay for a long time, it was easy to recruit them."

World Vision delivered a range of training programs in the process of setting up the task forces. While many volunteers were already involved in advocating for a better response to TB, capacity development was still vital to provide volunteers with the technical competence necessary to deliver treatment and health classes.[34] As community educators, it was essential that they understand disease progression, transmission, and treatment.

World Vision also provided IEC (information, education, and communication) materials such as flyers, flipcharts, newsletters, and information sheets, as well as food and transportation allowances to support volunteers' health training and community education classes. It also introduced various incentives, with, for example, TB task forces that

performed particularly well rewarded with television sets for their offices and grocery packages. Volunteers were also given uniforms, which many interviewees felt gave them a sense of a shared identity.

The interviewees felt the provisions offered to the taskforces were important in mobilizing volunteers to keep up the momentum, thereby contributing to increased success in identifying and treating TB patients. Many interviewees shared how such provisions streamlined the operations of TB task forces and made them "more organized." Moreover, the training given to volunteers boosted their confidence, ensuring they felt well-equipped to explain the symptoms and treatment of TB to others. This was particularly significant to volunteers who had no formal schooling, who told us the training made them feel on a par with their "educated" peers.

The project's "exit," however, meant that many of these provisions were cut. This impacted both the working dynamics of the local volunteers, as well presenting challenges for multiple relationships involving the communities, barangay councilors, taskforces, and the local goverment.

4. MAPPING THE TRANSITION

TRANSITION TRIGGERS

The SMT program in Iloilo City came to an end in 2011, with interviewees citing two main reasons: funding and satisfactory performance.

For some, it was clear the project's lifespan was dependent on the funder's commitment of five years – a common situation for World Vision when it comes to special non-sponsor projects such as SMT. Also, the funding from GFATM came via a primary recipient: first the Tropical Disease Foundation (TDF)[35] and later the Philippines Business for Social Progress (PBSB).[36] As a sub-recipient, it was difficult for World Vision to request a funding extension. A former SMT program officer elaborated: "The project ended because the funding ended. The commitment was only for five years. We were working for an extension, but World Vision was only the sub-recipient, so we are just following whatever it was that was submitted by the primary recipient."

Although funding extensions did come, it was not enough to allow all the country's SMT projects to continue implementing further phases. There was some confusion about whether Iloilo City's SMT program would be one of the programs benefiting from the funding extension. As a city health officer described the situation: "When the project was ending, we lobbied for an extension. It was not approved because we have been doing well so they would transfer the project to an area that is not doing well. I thought when you are doing well; you should be incentivized and supported. However, the opposite happened: we were doing well, so the support ended."

Another dominant narrative from our interviews was that good performance was also a trigger for the exit. A former program officer, for instance, said the exit was appropriate because "… referrals were booming" and "… the cure rate passed the target." One of the local volunteers, meanwhile, shared that "… the reason [for the exit], they told us, was that we could already stand on our own two feet." Thus, it seems that stopping was regarded, to a certain extent, as a sign of success by World Vision.

COMMUNICATING THE EXIT

We heard conflicting opinions on World Vision's effectiveness in communicating the exit. Many interviewees shared that they were only informed of, but not consulted on, the exit decision. Some volunteers said that World Vision met with every barangay task force in early 2011 to inform them the project was folding up. It was only during this meeting that they learned of the exit, and some were surprised by the decision. Other volunteers noted it had always been clear that the project would end in 2011, with one pointing out that their mission and vision statements indicated 2011 as the project's final year.

There was some uncertainty around management and funding. Volunteers were especially concerned about the continuity of logistical support that World Vision had been providing, and that the volunteers had "gotten used to." The uncertainty triggered many questions, such as what would happen to the task forces; who would fund the project; and who will oversee the task force operations. These reflected a broader uncertainty on the future of the SMT project. As one TB Task Force Federation leader reported: "We felt sad. We were given financial support in most things like meetings, community health classes – we felt like we were taken-cared of. Most of these were discontinued." Another interviewee commented that: "At the start, we felt like we were not ready. We lobbied that they [World Vision] continue working with us, but that did not happen. We did not have much choice but to walk on our own two feet."

Interviewees also expressed an expectation that the government would continue funding and managing the SMT project. The transfer of responsibilities to the local government unit was significant to key actors, given the government's limited resources. As a city health officer reported: "When it comes to the budget, the local government unit has this much money only [gestures 'small' using his hands]. There's always a money matter. [The exit] has to be slow so the local government unit could prepare. We couldn't prepare that time – we thought all the while that it would expand and continue. However, when it ended suddenly, I panicked and had to think quickly about what I can do."

As with other exits and transitions observed in the Philippines, we saw minimal consensus as to when various actors believed the exit was going to happen. We also found that decision-making related to the exit occurred at the national level. However, despite gaps in communicating the exit process, local actors were increasingly involved in the process, and ultimately this influenced the sustainability of the program.

CREATING A LOCAL ENTITY: THE ILOILO CITY TB TASK FORCE FEDERATION, INC.

By 2011, World Vision had organized 28 active barangay-based TB task forces, which were federalized before the exit to form an umbrella entity called the Iloilo City TB Task Force Federation, Inc. (ICTTFI, or referred to here as "the Federation"). This meant forming an overarching body to oversee the various sub-groups. According to World Vision, bringing the task forces together into one entity "… amplifies their voice in their NTP advocacy efforts." Although the exit decision may not have been directly communicated to local entities, preparing for the exit actively involved local actors, such as the Federation. More importantly, volunteers claimed that the

Federation, to a certain extent, took over the role once occupied by World Vision. As one former SMT program officer described it: "We [World Vision] focused on the sustainability of the TB task force because we have seen their positive contribution to the TB program. Much of the efforts during the exit concentrated on how they can be sustained."

The Federation is made up of representatives nominated by each barangay task force. From this pool, an election is conducted to determine the set of representatives. All Federation officers are unpaid. The Federation in Iloilo City is officially registered at the Security and Exchange Commission (SEC), meaning it is a legally recognized entity that can engage in formal partnerships. Many TB task force volunteers

expressed that the Federation served as their voice when advocating to city government and other stakeholders: "Being federated gave us confidence in communicating with the city government. Just like when World Vision was still with us, we felt like we can go to the city if we have any concerns. Without the Federation, who will we – as barangay TB task forces – go to?"

In Iloilo City, the Federation sits in committee and cross-sectoral meetings with the Department of Health and other local government unit departments, and is also part of the City Health Office's TB service delivery network. In addition, the Federation works closely with other NGOs and CSOs in the sector. For instance, it conducts several partnership events with the Philippine Tuberculosis Society, Inc. (PTSI), which is the country's largest private national NGO, as well as being the longest serving medical institution engaged in the detection, control, and treatment of TB. The Federation's office is based in the PTSI building in Iloilo City. Its rent and utility bills are waived – an agreement, according to one of the Federation's leaders, facilitated by World Vision before its transition.

Interviewees also shared that the Federation bolstered the group's management and organizing capacity, leading to more streamlined operations. Since World Vision's transition, the Federation has served as the overseeing body of all the barangay TB task forces. One TB task force volunteer reported: "We have regular meetings and group sharing, and that's where we engage in dialogue among each other on how to best deal with certain issues we were facing on the ground." Another volunteer said: "As the youngest task force organized by World Vision, it was difficult for us to connect with other, older task forces. The Federation was instrumental in creating connections between us."

The Federation spearheads a number of income-generating activities, including fun runs, raffles, community bingo, and sports tournaments. It also supervises record management and reporting systems, generating grassroots and up-to-date statistics that are then fed into the city's database. As a Federation officer outlines: "On a daily basis, we compile reports, we continue doing house-to-house visits and then we plan for huge events like the World TB day. We already have a system in place and people

in charge of the different reporting. This reporting and documentation are critical because they are proof that we are doing our work."

Eight years after the transition, the Federation has become an active and crucial actor in the city's health sector. As a result of its contribution to patient referrals and treatment, it is highly thought of by the various actors we spoke to.

While a number of factors may have influenced the Federation's journey from fragmented grassroots volunteer groups to essential player in the city's TB advocacy, our interviews suggest that World Vision employed several strategies to "prepare" the task forces for this evolution. These strategies went beyond concretizing partnerships and SEC registration to focus on organizational learning and development.

SOCIAL AND ORGANIZATIONAL PREPARATION: THINKING ABOUT TRANSITION FROM THE START

World Vision officers and staff we spoke with reported that "thinking with the end in mind" underpinned the organization's transition strategy. Preparing communities and partners for the transition was embedded in a number of activities, even during the implementation phase.

One such activity was strengthening the technical competence that the task forces and Federation had already managed to achieve. For World Vision, this "… enhanced their capacity to manage their group even without GFATM and World Vision support."[37] As a TB task force volunteer put it: "It was good that before World Vision left us, we were built as a team. We were trained in how to work together – we had loads of capacity development, leadership training, team-building activities."

Under the organizational development program, World Vision helped task forces define their organizational structure, as well as formulate their vision, mission, and goals. It also conducted training on financial, strategic, and operational management, as well as training Federation leaders in filling out necessary government forms, record management, and referrals. All of these were essential responsibilities that the task forces and Federation needed to master as they "took over"

> " We ask them to think about the partners they need, and then World Vision will facilitate these linkages

the management role previously fulfilled by World Vision. Conversations with interviewees made clear these capacity development efforts were found to be valuable. In Iloilo City, such efforts included team-building activities, as well as psychology and emotional support. One former SMT program officer said: "We included values formation training. We invited a pastor to bring out the values in us. Our trainees felt empowered – like they have a responsibility because they are part of a community." Meanwhile, a TB task force volunteer stressed that "… the support was not only financially but also emotionally … they often conduct team building sessions with so it would enhance our relationship with each other not only with volunteers in our barangay but also with those from other barangays."

Structured team-building activities strengthened relationships between volunteers and World Vision staff, which were founded on respect and recognition of each other's capacities. This was further facilitated by the fact that all World Vision staff working on the project were themselves from Iloilo City. Volunteers we interviewed shared that they could relate with the World Vision staff, and that their concerns were well understood. The relationship between program staff and volunteers remained even after the project, with the former readily accepting invitations to be trainers and resource persons. They also continue to communicate informally, updating each other of news and developments.

RESOURCE MAPPING AND SEED FUNDING

World Vision facilitated resource mapping exercises with the Federation. Central to this was identifying key individuals and institutions with whom potential partnerships could be facilitated – if needed, with

the help of World Vision. As a World Vision staff member described it: "One of the sessions for social preparation was to gather community volunteers and leaders to identify their needs and then agencies that could support them. We ask them to think about the partners they need, and then World Vision will facilitate these linkages." A Federation leader expressed their appreciation for such efforts: "Before they [World Vision] left us, I felt that they put us in place by helping us network with other institutions. Linking us to people who can support us even when they were about to leave was helpful."

Strategies for attaining financial sustainability also became part of World Vision's exit activities, with all task forces trained in a CoMSCA (Community Managed Savings and Credit Association) scheme, whereby interested members contribute toward a common fund. In turn, members can borrow money (based on a pre-determined amount), while paying a minimal service charge and interest rate. The "profit" is then distributed equally among members after a certain period. Unfortunately, except in the cases of seven or eight task forces, the CoMSCA schemes have not been maintained.

World Vision also donated ₱75,000 (approx. US$1,300) to start the fund. Instead of giving the funds directly to the Federation's management, however, World Vision decided to put the money in a microfinance program. According to Federation leaders, they planned to use the money to collectively start a business, thereby generating a steady stream of income and enabling financial independence. Unfortunately, the microcredit company mismanaged the find, resulting in it no longer being available for the organization to use. When asked what aspect of the transition World Vision could have done better, many cited that the seed money should have been given directly to the Federation rather than a third-party microfinance organization.

LOOKING FORWARD: INSTITUTIONALIZING GOVERNMENT SUPPORT THROUGH POLICY

World Vision became a key advocate lobbying for legislation at the national and local level, with policy and structural support a component in the SMT's national strategy. By 2013, at least five TB ordinances

were passed in the Philippines, including one in Iloilo City. Other contextual factors contributed to these policy-level shifts, including the fact that TB was already a priority area for the Department of Health.

On 13 July 2011, the same year that SMT ceased operations, the Iloilo City council passed Regulation Ordinance No. 2011-572, which created the Iloilo City Local Tuberculosis Council. The TB council is under the supervision of the local chief executive, with the mayor sitting as chairman, and the councilor in charge of the Committee on Health, Sanitation, and Hospital Services sitting as vice-chairman. The council aims to be truly cross-sectoral, incorporating members from the City Health Office, Department of Education, youth council, and NGOs. Both World Vision and PTSI are named in the ordinance as NGO members, while the Federation president also sits as a member of the council. The ordinance has a provision mandating an annual budget for the Federation's operations, currently set at ₱500,000 (approximately US$8,500) per year.

At the heart of the ordinance is adopting the Advocacy, Community and Social Mobilization Approach – the foundation of the SMT project – in the overall TB prevention, management, and treatment strategy. In this regard, the ordinance recognizes that "… the Social Mobilization on tuberculosis [SMT] project with its volunteers, TB Health Workers in Iloilo has been proven to be an effective strategy in TB control." As such, the ordinance strengthens the integration of the Federation into a wider, cross-sectoral service delivery network.

The ordinance also mandated the formation of the Barangay Tuberculosis and Development Council, chaired by the barangay chairman and vice-chaired by the barangay councilor who heads the committee on health. The body includes barangay health workers and barangay task forces, among others, further localizing the initiative. Even before the city-wide ordinance was enacted, several barangay councils had already passed localized resolutions, such as providing their TB task force with a share of the barangay's development fund (which is about US$85 per year).

The implementation of these ordinances, however, was not free of problems. The issue most commonly identified by interviewees was the lengthy time lag

in funding being received. While the ordinance was enacted in 2011, interviewees reported that it was only around 2016 that funding was made available. Volunteers expressed that operating without funds was problematic, especially following the relatively steady funding stream that had come from World Vision. However, many volunteers – most of whom also come from resource-poor backgrounds – continued working, spending their own money on house-to-house trips and accompanying clients to clinics. As one volunteer described it: "We need funding for mobility, for expansion and other strategies … when our patients go to the health clinic to follow up for their treatment and their medication, we are the ones spending for their transportation costs – that comes from our own pockets because the Federation does not cover that." Meanwhile, a city health official acknowledged that "Before the city [government] was able to release the money – there is this two-year decision time – the task force continued their work. Most stayed and worked even without financial support. With World Vision, they had incentives, food, December parties. However, with the government? Nothing for the first two years after [World Vision] exited."

Although passing legislation was part of the overall SMT strategy, the successful enactment of the ordinance in Iloilo City was the result of a concerted effort among various actors, such as the Federation and the program's allies in the City Health Office. Many interviewees said it was helpful that relationships between these actors had existed at the beginning of the project, with some working together since Kusog Baga. This government–INGO relationship was founded on managed expectations, with a focus on clarity regarding which aspects of the program each institution was responsible for.

This long-standing relationship, according to many interviewees, allowed World Vision to identify and work with local champions, who were instrumental in providing leverage and support. Partnering with the local government unit, including the barangay councils, meant that World Vision was working with a familiar and – to many of the volunteers we spoke with – trustworthy vehicle. This has enhanced volunteers' confidence regarding the program, as well as helping facilitate the successful lobbying for and enactment of the ordinance.

KEY LESSONS

The transiiton story of World Vision's SMT programme presents several lessons for the wider international aid community that might be applied to other contexts. At the core of these lessons is the importance of building and strengthening the relationship with various stakeholders at different levels of the entire development network in the Philippines.

It is more effective to work with pre-existing structures than to create parallel ones. World Vision showed the importance of tapping into the volunteer structures and values already in place in Filipino communities. The volunteers' commitment throughout the process helped sustain the project in many ways, especially during several bouts of funding gaps.

Due to the project contributing to an issue that was of concern both to the government and local communities, there was much enthusiasm about working with the project, and later adapting and institutionalizing several of its activities and approaches. Even so, World Vision did not introduce a program that was entirely unfamiliar to the people and institutions it worked with. Instead, they built upon, enhanced and supported activities that were already in place.

This has a particularly significant impact on sustainability. According to a development worker who participated in the SAS workshop, it is crucial that international groups to not build "parallel systems" alongside those already in place in partner communities. The key, she claims, is in systems strengthening and INGO–government partnerships.

It is important to nurture partnerships and relationships at all institutional levels. World Vision's SMT program developed and nurtured linkages across all levels of government, as well as with various actors in the broader development ecosystem. Being a national program, SMT directly worked with and was integrated into the NTP implementation. In Iloilo City, World Vision worked closely with the city government and local CSOs. Moreover, at the heart of SMT was working with grassroots-level actors through barangay councils and local volunteers. It is these partnerships that seem to have facilitated the successful passing of local ordinances in Iloilo City and other project sites, institutionalizing support for the program's future. This case presents an example of what an aid exit can potentially look like, and what types of relationship may be established, if the INGO regards local communities as "partners" rather than simply "beneficiaries" or "recipients."

Transition can be thought of as an ongoing process rather than an end goal. World Vision engaged in various transition approaches, rather than having one overarching transition strategy or having a distinct, programmatic exit stage in the project implementation. Instead, many interviewees identified activities at various stages of the program life-cycle that, in retrospect, prepared communities and partners for the transition. The way World Vision "entered" (for example, partnering with local government and paying courtesy calls to local barangay captains) influenced the way it exited. Furthermore, the organizational development activities, relationship building, resource mapping, and finance mobilization undertaken by the groups all seem to have contributed to the empowerment of the Federation and the many task forces it oversees.

National staff and champions within an international organization are important to driving local programs. Many of the government officials and institutional leaders we spoke with – including World Vision staff – consider the organization to be an international entity. However, at the interface between World Vision and its local and national partners were staff members who came from the same locality and spoke the same language. Having national staff and champions at the frontline gave the impression that actors were working with a localized version of the global entity. According to program officers, this perception was beneficial, as there was a tendency for some local actors to think of INGOs as having significant amounts of money, which could have affected partnerships. Furthermore, many of those we spoke to cited how national staff understood their situations more, because they, too, were Filipinos. As one volunteer shared: "… they have the heart of a Filipino – they understand what it means to give to a fellow Filipino." Interviewees also said that Filipino staff seemed to have had a better understanding of the nuances of how local government operates.

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