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Republic of Lebanon
Office of the Minister of State for Administrative Reform
Center for Public Sector Projects and Studies
(C.P.S.P.S.)

PROJECT DOCUMENT

FOR A JOINT
TUBERCULOSIS CONTROL PROGRAM
IN
BAALBECK AND HERMEL

TUBERCULOSIS CONTROL PROJECT FOR BAALBECK AND HERMEL

Tuberculosis is re-emerging world-wide. Lebanon is a country which still has a considerable number of cases appearing yearly. The National TB Control Program estimates that TB occurs in around 60/100,000 population. Two NTBCP Centers currently serve the area of Baalbeck and Hermel: Zahle (established in 1991) and Hermel (established in 1997). The Zahle centers offers all TB related services including laboratory and X-ray services and medications, while Hermel center is able to offer only treatment and monitoring.

The number of cases from the Baalbeck and Hermel regions registered in the Hermel and Zahle Centers was 70 in 1997. The overall number of cases is believed to be higher as a significant proportion of patients go to Syria for treatment due to the factors of proximity and affordability.

The NTBCP have estimated the incidence of TB in the area of Baalbeck-Hermel to be around 40/100,000, and hence expect the number of cases to be around 100 per year of whom 70 are expected to be positive.

While the actual numbers may be small, the dispersed nature of villages and the rough terrain of the area promise to make reaching this number somewhat of a challenge.

It is at this stage proposed that both preventive and curative work be carried out with regard TB within the scope of work of the health program of the UN Integrated Rural Development Project for Baalbeck and Hermel.

MAIN STRATEGIES

The current project proposes to carry out testing on suspect cases, and to ensure that TB sufferers receive regular treatment over the prescribes period of 6 months.

1. DOTS

The main strategy for achieving this is through the adoption of the WHO-advocated DOTS program. DOTS relies heavily on community health workers who are entrusted with delivering medication to TB patients in their homes on a daily basis for the duration of the treatment. Heavy reliance will be placed on local NGOs in the area to carry out the actual follow-up of cases. It is hoped that the application of a DOTS program will begin as a pilot trial in Baalbeck and Hermel.

Activities:

- i. Survey of Health Centers and NGOs active in region in order to determine which have the capacities to serve as focal points for DOTS. A list of identified Health Centers can be found at the end of this document.

- ii. Draft and sign agreements with NGOs to carry out program
- iii. Train physicians on DOTS principles
- iv. Train CHWs on administration of treatment
- v. Ensure supply of drugs at each designated Center
- vi. Provide health Education material to be distributed through CHWs

2. Diagnostic Centers

The two existing Ministry of Public Health TB Centers in the Beqa'a (Zahle and Hermel) will continue to be the referral points for the program in Baalbeck and Hermel.

X-ray diagnosis will be carried out at both Hermel Hospital and Baalbeck Hospital with minimal staff training. Other Health care centers with X-ray facilities will also be able to carry out diagnosis after agreement with the Program.

Laboratory testing and diagnosis are to be carried out through a contractual agreement with a pathologist resident in Baalbeck and with facilities in both Baalbeck city and Hermel town. A flat rate of USDollars 4 per test was agreed upon with the pathologist. The work of the laboratory will be directly monitored by the NTBCP.

Activities

- i. Ensure X-ray equipment available and functional
- ii. Train X-ray technicians
- iii. Purchase and distribute X-ray film and materials
- iv. Draft and sign contract with private laboratory

3. Treatment Centers

Nineteen Health Care Centers have been chosen to act as treatment/ referral centers for TB patients. The Centers have been chosen on the basis of the availability of staff and equipment, regularity of opening hours, and accounting for a balanced geographical distribution. It is foreseen that the four new Centers in 'Irsal, Shmistar, Nabi Sheet, and Deir el-Ahmar, as well as the PHC Center of Hermel Hospital will eventually play central roles as treatment Centers.

Physicians working in these Centers will undergo a short training course in TB control, treatment, and management. They will be exposed to the DOTS program, and will be encouraged to involve the Centers' staff as well as NGOs active in their areas in the program. The physicians will be encouraged to utilize the services of the two diagnostic centers in Baalbeck and Hermel.

The primary target for training will be General Practitioners where available, and other Specialists where there are no General Practitioners. A total of 35 physicians will be

trained to account for the fact the Health Centers often have several physicians working on a rotation schedule to ensure coverage.

In addition to the physicians, a number of Community Health Workers will be trained. Those will be chosen from among the staff of the Health Centers under contract with the NTBCP and will undergo training in DOTS, health education techniques and record keeping. It is expected that around 40 CHWs from the various public and NGO Centers will be identified and trained by the Program.

Activities:

- i. Determine centers to be involved in Project as Treatment Centers
- ii. Train physician in Centers on proper disease management and treatment
- iii. Train physicians on DOTS
- iv. Train physicians on record keeping and HIS
- v. Train Para-medical staff on DOTS
- vi. Train Para-medical staff on record keeping and HIS
- vii. Train physicians and other staff on TB health education messages
- viii. Purchase and distribute sufficient drugs
- ix. Supply needed health education materials for patients and general population
- x. Follow-up, support, and supervision by Regional Coordinator

4. Raising Public Awareness

The treatment program will be accompanied and supported by a program of health education and awareness raising. This health education component will be active on two levels:

1. Prevention: targeting the entire population to make them aware of TB as a disease and ways of infection and prevention. This is proposed to be achieved through various channels including personal level health education in Health Centers, printed matter to be distributed to the population through various Health Centers and NGOs (booklets, leaflets, flyers, posters), and through the utilization of mass media (TV and radio) popular in Baalbeck and Hermel.
2. Treatment: targeting TB sufferers and their families, aiming to explain the importance of the continuity of care and of preventive action for other family members. This is to be achieved through personal interaction between the patients and their families on the one hand and the medical/ health team on the other. The efforts of the health team are to be backed-up and supported by specific printed material outlining precautions and advocating preventive behaviours.

Activities:

- i. Design and testing of printed and audiovisual materials for patients and families
- ii. Design and testing of printed and audiovisual materials for general population
- iii. Production of educational materials for patients and families

- iv. Production of educational materials for general population
- v. Training of Health Centers' staff and NGO members on use of materials
- vi. Visits and meetings with community leaders to gather support for campaign
- vii. Coordination with media networks for dissemination of messages
- viii. Follow-up, support, and supervision by Regional Coordinator and National Director

5. Management and Coordination

Three different levels of management and coordination will be in place:

1. Technical support and coordination to be offered through two resident regional coordinators. One of which is currently the coordinator of the National TB Control Program based in Baalbeck. Another Regional Coordinator will need to be identified and recruited. The coordinators will need to be assigned schedules of regular (twice weekly) visits to the various Centers in their areas to inspect, supervise and support the work taking place at the Centers. The Regional Coordinators will be responsible for assuring the quality of work and identifying problem areas and suggesting solutions. The Regional Coordinators will undergo short-term training to update their knowledge especially with reference to the management of a DOTS program.
2. Technical management and the supervision of the project through the National Director (Dr. M'tanious Saadeh) in terms of providing the overall vision and direction to the program and of ensuring the integration of DOTS. The National Director will also be responsible for ensuring that medical and drug supplies are available in the Diagnostic Centers and the Treatment Centers.

The National Director will also be responsible for the regular updating of knowledge and skills of participating physicians in the Program, through regular general meetings (2-3 times per year)

3. Day-to-day administrative and logistic support to be provided through the Health Sector Coordinator of the IRDP.

BUDGET

A. Training:

Physicians in Health Centers:	35 physicians @	USD 2,000/ year
Community Health Workers	40 CHW @	USD 4,000/ year
Regional Coordinators	2 RS @	USD 300/ year
Total		USD 6,300/ year

B. Supervision:

Regional Coordinators: 2 x \$ 300/month x 12 months =	USD 7,200/ year
Technical Supervisor: \$ 300/month x 12 months =	USD 3,600/ year
Total	USD 10,800/ year

C. Laboratory Testing:

Each case requires an average of 8 lab tests during the course of treatment, hence the total cost of laboratory testing per year would be:

70 cases x 8 tests x \$4/test =	USD 2,240/ year
Cost of quality control =	USD 1,000/ year
Total	USD 3,240/ year

D. X-ray Procedures:

Each case requires 3 X-rays during the course of treatment, hence the total cost of X-rays per year would be:

70 cases x 3 X-rays x \$3.5/X-ray =	USD 735/ year
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E. Advocacy, Mobilization & Education:

Total cost =	USD 2,000/ year
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F. Evaluation:

Review of case data and treatment outcomes =	USD 2,000/ year
Short-term consultant to evaluate project (WHO)=	USD 1,500/ year
Total	USD 3,500/ year

Grand Total:

Total/ year = S 26,575*

Total for two years: S 26,575/ year x 2 years = USD 53,150*

* Note:

Medications for treatment will be provided by the National Tuberculosis Control Program of the Ministry of Public Health. The Ministry also covers the full costs of hospitalization based on the recommendation of the NTBCP Coordinator. The Ministry will also provide all reporting forms and patient files required by the Program.

The budget presented above is, therefore, exclusive of these contributions by the Ministry.

Annex 1

Health Centers Involved in DOTS:

Baalbeck

Baalbeck:
Faraj Ballouq Center - Hai`a Sohhiya Islamiah
Red Cross Center
Baalbeck Public Hospital

Barqa: Ordre of Malta Center

Deir el-Ahmar: Auxillia Center

Tarayya: MoPH Health Center

Shmistar: `Amel Health Center

Brital: Hai`a Sohhiya Islamiah Center

Nabi Sheet: Hai`a Sohhiya Islamiah Center

`Ain: Hai`a Sohhiya Islamiah Center

`Irsal: Al-Irshad al-Khayri Center

Yuneen: Al-Haidar Center

Temneen Tahta: MoSA Center

Ras Baalbeck: Al Markaz As-Sohhi al-Ijtima`i

Qa`a: Greek Catholic Health Center

Hermel

Hermel:
Hai`a Sohhiya Islamiah Center
MoPH TB Control Center
Red Cross (plus mobile Health Unit)

Qasr: Al-Jam`iyya al-Khairiya al-Islamiah Center

Annexes 2-7 will also be attached to the proposal. Those are in Arabic and are as follows:

Annex 2: List of Health Center physicians to be trained

Annex 3: List of CHWs to be trained

Annex 4: Sample of NTBCP laboratory reporting form

Annex 5: Draft agreement between MoPH & private Laboratory in Baalbeck

Annex 6: Draft agreement between MoPH & NGO Health Centers

Annex 7: Terms of Reference for Regional Coordinators

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