

Tuberculosis Control

Project Summary Sheet

Project	Tuberculosis control
Sector	Health
Appealing Agency	WHO
Area of Operations	(geographical area: District, Region, and Country)
Target population	(the population living in the area covered by the project)
Implementing Agency	WHO, in collaboration with local health agencies, NGOs, Red Cross Associations, UN, others.
Timeframe	...(expected duration, rather than precise dates)....
Objective	To reduce morbidity, mortality and transmission of TB
Funds requested (from the international community).....

Background - Epidemiological Situation

- 3 Tuberculosis is a major public health problem
- 3 Ranking in overall cause of morbidity and mortality in this country/emergency situation.
- 3 Incidence of smear positive TB
- 3 National Tuberculosis Programme in place
- 3 National treatment protocols
- 3 % population covered by DOTS programme
- 3 % case detection rate
- 3 % cure rate/treatment completion rate
- 3 NGOs implementing TB control programmes
- 3 Data available on drug resistance

In this context, WHO intends to contribute to reduce morbidity, mortality and transmission of TB by ensuring accurate diagnosis and effective treatment using DOTS and preventing the development of drug resistant strains of TB.

Activities. WHO will

1. Human resource development - training of trainers, health personnel at health facilities for DOTS implementation; laboratory personnel;
2. Laboratory network development - Develop a national reference laboratory for tuberculosis control; Strengthen peripheral laboratory network; Supply laboratories within the network with necessary equipment and supplies and establish a system for regular quality control for sputum smear microscopy
3. Supervisory system development - Supervision to be carried out by team, including nationals and WHO staff and laboratory personnel - per diem and transportation expenses to MOH/lead health agency staff for supervision.
4. Logistics system development - Establish system for drug procurement, storage and distribution of TB drugs, materials required for TB sputum smear microscopy, forms and registers for recording and reporting purposes and health education materials.

5. Health Education - Develop standard health education materials to be developed taking into consideration community knowledge, beliefs, attitude and health seeking behaviour.
6. Coordination - Strengthen coordination through establishment of central and peripheral level TB Coordination Committees including national authorities, WHO, NGOs and other partners. Regular quarterly meetings.
7. Programme monitoring - Establish regular programme monitoring and evaluation. All programme levels to report on case notification, sputum smear conversion and treatment outcome on quarterly basis.

Special emphasis will go on.... (if applicable: essential strategy notes).

Institutional arrangements and inputs. Activities will be implemented by WHO, in collaboration with local health agencies, NGOs, Red Cross Associations, and UN agencies.

WHO will contribute to the project.... *(this may include other donors' contributions)*.....
 Additional assistance is needed in order to.....

Outputs, reporting and evaluation. The activities above are expected to produce trained health personnel in DOTS, laboratory network, supervisory and logistics system, and program monitoring.

Technical and administrative reports will be submitted by WHO to the donor (and *the national authorities, if applicable*) every A joint evaluation will be conducted by WHO,..... and..... on.....

Budget	USD
Training of TB programme manager, microscopist, treatment observers and other health care staff
Supervision and monitoring
Anti TB drugs
Binocular microscopes and safety cabinets
Reagents, slides sputum containers and other diagnostic related supplies
Development of reporting and recording system for TB case finding and treatment outcome
Development, translation and printing of guidelines for TB control
Development and dissemination of health education material
TB staff costs and technical expertise
Total costs (1)
Total available (2. <i>from *** or other donors</i>)
Total requested (3.= 1-2)

For more information contact the CDS working group at CDSEmergencies@who.int