



Ministry of Health



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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS & MALARIA (GFATM)

Obtaining Technical Assistance

The Ministry of Health, Nutrition & Indigenous Medicine is the Principal Recipient of four grants awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The four grants involve in the prevention and control of HIV/AIDS and Tuberculosis, prevention of re-introduction of Malaria in to Sri Lanka and Strengthening of the Health System (HSS) in the Northern Province. The grants are expected to run up to end of 2018.

Applications are called from qualified and experienced individuals for the following position at the GFATM Project - National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) Grant.

National TA for preparation of Standard of Practices (SOPs) for community awareness and referral – National Consultant

National Programme for Tuberculosis and Control Chest Diseases (NPTCCD), is one of the key institutions in the National Health System. The NPTCCD is headed by the Director and is responsible for the Tuberculosis and other Respiratory Disease Control activities of the entire country and is in close coordination with the general health services including indigenous medicine, private health sector and other governmental and non-governmental stakeholders.

At present, there are 26 District Chest Clinics functioning in 25 administrative districts. Inpatient facilities are provided through National Hospital for Respiratory Diseases and chest wards in 13 Hospitals. Curative health care institutes (Government or Private) are expected to detect either Tuberculosis patients or presumptive patients and refer them for confirmation of the diagnosis and treatment and care at the District Chest Clinics. Diagnostic services are carried out through the National Tuberculosis Reference Laboratory (NTRL), Regional Culture Laboratories, District Chest Clinic Laboratories and Microscopy Centers established in Government curative health care institutes scattered right round the country. Central Drug Stores of the NPTCCD is responsible for the estimation, procurement, supply and distribution of anti-TB medicines to chest clinics.

NPTCCD is responsible for infrastructure development and financial management of the institutions under its direct administrative purview i.e. Colombo and Gampaha Chest Clinics, Central Drug Stores, and National Tuberculosis Reference Laboratory (NTRL). It also provides technical guidance and financial assistance from funds obtained from donor agencies for implementation of the TB control activities at the district level including infrastructure development, technical assistance and capacity building etc. to all other District Chest Clinics (DCCs)

The District Chest Clinic is the key organizational unit of the National Tuberculosis Prevention Program at district level. It is the focal point of the NPTCCD for all TB activities in the district. The DCCs are under the administrative control of the District Tuberculosis Control Officer (DTCO) who functions

under the Regional Director of Health Services (RDHS). There is a well-established preventive health service which serves up to grass root level in the country and functions through over 300 Medical Officers of Health. (MOH). Medical Officers of Health are providing their services through a network of Public Health Inspectors and Public Health Midwives who provide the domiciliary health care to the nation.

The estimates of the TB burden in Sri Lanka have been more or less static over the period from 2000 to 2016. In most years since 2000, case detection rates were below 70% (59 -74).The latest available figure for 2015 shows a case detection rate of 66%. The case detection levels vary widely between different districts in the country (see figure below). This could be related to either differences in underlying incidence or differences in the effectiveness of diagnostic procedures or TB case detection in health facilities. It could further due to the fact that communities are not well coordinated or systematically organized at grass root level for awareness and referral.

The beliefs, attitudes, taboos, myths and multiple socio economic factors that persist in certain communities and even urban rural settings have an influence on health seeking behavior of the people of which may have influenced on case detection.

The components of the National Strategic Plan (NSP) focus on improving access to healthcare services for underserved populations, e.g. through ensuring access to services at peripheral hospitals. These support measures will also address the specific needs of underserved populations in rural areas and urban settings. Use of the service of the Public Health Midwives whose one of the main responsibilities is visiting families, for provision of domiciliary health care to mothers and children also could be an asset to disseminate TB specific health information to the community which will further improve communication at grassroots level. Public Health Midwives/ Family Health Workers at MOH level can be used for community awareness and referral for sputum microscopy.

The volunteers or peer educators from Non-Governmental Organizations (NGO) and Community Based Organizations (CBO) are another set of personnel who are being involved in community awareness. The non-health extension workers like Social Workers, Grama Seva Niladharis (Community Headmen) and informal leaders like even religious leaders, celebrities and community leaders also could be utilized for creating awareness and referral in community settings.

The health care professionals including Medical Practitioners from Government and Private health sectors in Allopathic, Ayurvedic, Homeopathic and Traditional medical systems could also be utilized in creating awareness and referral.

Hence, there is a strong requirement for preparing of SOPs for the use of Public Health Midwives, Public Health Inspectors, NGO/CBO volunteers, health professional / practioners, formal and non-formal community leaders, and other undertakers of identifying suspects of TB at home and institutional settings. The SOPs will ensure that TB case detection activities and TB care are optimized and standardized in both public and private health facilities and communities. It also ensures that community health worker and staff at health facilities conduct TB awareness and referrals routinely and consistently among all patients either with TB symptomatic or asymptomatic.

Therefore, NPTCCD is seeking technical assistance for developing validated SOPs to achieve efficient and effective output and uniformity of TB services by selecting a most suitable person who is well qualified and has enough experiences in the public health field both in Sri Lanka and overseas with experiences in health education and communication programs. The knowledge and experience with special reference to Tuberculosis control and prevention in Sri Lanka will be an added advantage.

Terms and conditions:

The selected consultant should

1. Review all available relevant documents (NSP 2015-2020, End TB Plan 2017 -2020, Report on JMM 2014, General Manual of NPTCCD, Guidelines for management of childhood TB, Report on Epidemiological Review and Impact analysis, Report on Mid Term Review)
2. Have discussions / meetings with local resource persons, professionals and other relevant stakeholders to identify the scope
Local Resource: Director, Deputy Director, Consultant Community Physicians
Medical Officers of NPTCCD, District TB Control Officers,
Professionals: Consultant Respiratory Physicians, Experts from Family Health Bureau and Health Education Bureau,
Stakeholders: Medical Officers of Health, Public Health Inspectors and Public Health Midwives, Officers from Colombo Municipal Council
NGOO, CBOO, Officers from Prison Department
3. Prepare draft documents /SOPs at a forum of key staff members by the given time line
4. Develop and submit the final SOPs in all three languages.

The selected National Consultant should have,

1. Post Graduate qualification in the field of Community Medicine or Public Health
2. At least 10 years of experience in the public health fields in Sri Lanka.
3. Experience of at least 5 years in the field of Health Education and Communication either in Sri Lanka or overseas or both.
4. Experience in preparation of SOPs and other documents in public health fields and field of health education and communication.

Time Frame

- ✓ One month
- ✓ Estimated Cost for one-month consultancy – Rs. 200,000.00

All applications should be sent along with CV and copies of relevant certificates and documents in order to prove the qualification and experience. State “**Application for Post of [indicate the post applied]- GFATM Project**” on top of the left side of envelope to reach the below address within 14 days of this advertisement.

The Program Director,

NPTCCD, | 3rd Floor, Public Health Complex, No 555/5, Elvitigala Mawatha, Colombo 05.

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