PROJECT PROPOSAL

CANCER-FREE LIFE: PERIOD 1

Duration : 24 Months
Sector : Health
Location : Turkey

Project number: TR 0403.07

Contact Person:
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Ataç 1 Sok. No: 21/3 Yenidoğan – ANKARA
Tel : (312) 435 88 43
Standard Summary Project Fiche-2004

1. Basic Information:

1.1. Title: A Project on Cancer-Free Life: Period 1

1.2. Sector: Health
   - Twinning component: N/A

1.3. Location: TURKEY - 14 Provinces:
   (İzmir, Manisa, Çanakkale, Bursa, Samsun, Van, Kahramanmaraş, Malatya, Kayseri, Şanlıurfa, Aydın, Muğla, Muğla, Denizli, İstanbul-Ummaniye State Hospital).

1.4. Project Duration: 24 months

2. Objectives

2.1. Overall Objective: To combat cancer at primary health care level, in Turkey.

2.2. Project Purpose: To strengthen the infrastructure of primary health care to combat against cancer in 14 provinces of Turkey.

2.3. Accession Partnership and NPAA Priority:
   The Accession Partnership 2003 the principles sets out, short and medium term priorities and conditions decided and agreed on, by the European Council and Turkey.

The following short-term priorities in the field of Public Health are covered under the “Social Policy and Employment” chapter of the Accession Partnership:
   - Adopt a transposition programme of the Acquit in the field of Public Health,
   - Develop an annual plan for financing investments, based on realistic assessment of costs of alignment and of available public and private resources.
   - Review the capacity of all institutions involved in the transposition of the Acquit in the field of Public Health

In the medium terms commencing 2004-2005 priorities on public health issue are:
   - Take measures to promote access to and quality of health care and to improve the health status of the population.
   - The main objective is to enhance the general health level throughout the whole society, to improve the span and quality of life, to reduce disparities in public health levels between regions and individuals with different income levels as much as possible, and to establish the necessary infrastructure relating to these objectives, and to extend the practise of protective health services.

In addition, in the Progress Report-2003, it is stated that resources should be effectively and efficiently re-allocated as well as the mobilization of new resources, to reduce variations between different socio-economic, regional, rural/urban settled groups, in terms of basic health determinants

   Under the chapter 13.2.1. of National Programme for the Adoption of Acquis, it is stated that Turkey participates in Public Health Programme, which aims to improve the collection of data, the exchange of information and our understanding of how EU policies affect health. Other priorities include strategies for dealing with the impact on health of nutrition, physical activity, tobacco, alcohol, drugs, genetic factors, age, and gender.
2.4. Contribution to National Development Plan:

Under the Chapter 3.1.2. “The Objectives and Priorities of Mid and Long term Strategies” of Preliminary National Development Plan prepared by State Planning Organisation, it is stated in part “iii” that within the framework of “the Enhancing the Human Resources and Employment” improvement of health care services is a priority.

The project will contribute to both improvement of access and improvement of quality and service coverage.

3. Description:

3.1. Background and justification:

Cancer is a mortal disease and a major public health issue. The burden of cancer is increased on the individual basis and on the health services basis when diagnosed at late stages.

The Cancer Research and Combat Institution that was established in 1947, being an NGO, was reorganised as Cancer Control Department (CCD) of Turkish Ministry of Health (MoH) in 1983. Ever since the CCD is working in the field of cancer and related issues. There are several branches working on the prevention of cancer, epidemiological surveillance of cancers and cancer registry.

Working in cooperation and coordination with the Directorate Generals of Primary Health Care and Curative Services as well as other related departments of MoH and Provincial Health Directorates in 81 provinces, the CCD collects and process data to identify the incidences of cancers, the factors effecting the occurrence of cancers such as tobacco, nutrition, chemicals, ionising radiation, genetics etc., regional environmental risk factors. The CCD supports the policies made by the Government to combat against cancers with the assessments of the available data and organize training programmes, activities to increase public awareness and to perform an effective combat against carcinogenic agents.

One of the priorities of the CCD is to handle the cancer issue as a primary health problem and find solutions to prevent cancer.

Developments in the field of cancer and oncology show that the best ways to prevent cancer are

- To eliminate as much factors as possible before the occurrence of cancers. Genetic structure may not be changed but some environmental factors may be reduced or removed and target groups may change their life-styles with increased public awareness by training and other activities.
- Some cancers can be prevented by screening and early detection before becoming a persistent health problem. Although not all cancers are screen able or detectable at in situ or early stages, it is scientifically shown that breast cancers and cervix uteri cancers can be prevented or at least diagnosed at very early stages by screening and early diagnosis. While there are no screening tests available for some cancers, early diagnosis may be life saving and cost-effective.

Unfortunately, most of the financial and human resources are allocated for the diagnosis and treatment or rehabilitation of cancer cases and cancer is deemed to be a concern of reference hospitals with many specialists and complex medical equipment to perform complex diagnostic examinations. Until recent years, this has been the situation in Turkey. The hospitals diagnosed and treated cancer cases very effectively but those were all individual based incentives. However cancer is a public health problem and preventable in most cases by a community approach. Since it is a major public health problem, strategies should be put forth and an organized combat against cancer should be on the stage.

A community approach requires a human resource capacity trained data available and well processed collected by cancer registry and cancer epidemiological methods, a well-
organised primary health care network and strategies developed. Such work also needs the collaboration of different professions, sectors and institutions. To get a real success in community, public health sector is just a part of activities to fight against cancer. In addition to public health sector, the private health sector and non-governmental organisations should be added to the general programme, at least for some parts. Also, other facilities of the community such as (i) media at local and national level, (ii) educational infrastructure such as governmental and private schools should be a part of the general programme.

As a result, cancer should be the concern of public health area and a National Program should be laid down for the effective implementation of activities.

Turkey needs a primary health care level infrastructure to combat against cancer at the primary health care level. There has not been a model before the MEDA project funded by EU titled Cancer Screening and Education Centres Project (CSECP) and cancer was the concern of hospitals, although data were being collected and processed and CCD made policies.

In November 2002 CSECP activities begun and the CCD established 11 sample centres to combat cancer at the primary health care level.

The Cancer Screening and Education Centres Project has been implemented under MEDA funding to establish an infrastructure for screening women in terms of breast and cervical cancers and to train target groups and health workers.

Within this context;

CSECs have been established in 11 cities (Ankara, İstanbul, Adana, Antalya, Diyarbakır, Gaziantep, Erzurum, Sivas, Trabzon, Balıkesir, Edirne) and equipped with trained personnel and medical devices (mammography, USG device, colposcope, microscope, computer and training materials)

The terms of references of health workers recruited in these centres and “A working Guide” that states out the principles and procedures implemented in the centres have been drawn out.

The centres became operational by November 2003

The centres have “follow-up forms” and deliver the filled-in forms every month to the Cancer Control Department.

A mail group has been established to give the opportunity to the workers to exchange information and experience and to create a project-team spirit.

The training needs analysis is a continuous process and monitored regularly.

The training programmes, as a result is ongoing.

MoH has a nation-wide, well-organized primary health care network with very many health centres even in very small towns, however until the mentioned project, none of them had any infrastructure by means of staff or equipment to deal with target groups for screening or early diagnosis of cancer. The CCD established these 11 centres as a part of the primary health care service but close to hospitals to recruit specialist doctors of the hospitals. Not any specialists are recruited at the primary level in Turkey except Mother and Child Health Centres, which has limited types of specialist excluding radiologist, dermatologists, and pathologists. So although the services are linked to primary health care services the specialists are recruited from the curative services with some protocols.

The Model CSECs are operational currently and about to begin community based screening. However screening is a new public health concept in Turkey and more work has to be done.

Screening, as a public health term, means the early detection of a cancer when there are no clinic symptoms and when even the patient is aware of having a health problem, such as a lump in the breast, pain, vaginal discharge or any other disturbing or abnormal condition. However early diagnosis, as a public health term, means the diagnosis of a cancer at very early stages in patients with minimal disturbances or symptoms. While early detection helps an individual to recover easily, screening programs aims the target group and performed to reduce the incidence of a cancer in the target group.
Additionally, screening can only reduce cancer incidence when 70% of target population is screened for the selected cancer according to the established rules. Moreover, screening is only a matter of choice, if a screening test is available for a type of cancer and the test is available for a reasonable cost. Breast and cervix uteri cancers are the major cancers that can be effectively screened at a reasonable cost with successful results achieved when 70% of the target women are screened ie every two years.

Although the MEDA project is still on the implementation phase, when the model centres proved to achieve successful results, an expansion of these centres was deemed to be an effective way of combat against cancer and another project proposal was submitted to EU Representation for the 2004 Financial Cooperation Programme to expand these centres and add more activities. In fact, all European Union Countries effectively implement screening programmes for several cancers and decrease the incidences with effective actions taken.

As a candidate country, Turkey is on her way to adopt EU standards in public health issues as well as other issues. The current project proposal will be more than establishing model centres with the addition of more training activities and the establishment of a national cancer control strategies that will lead to the establishment of a National Cancer Control Programme.

Within this context; the project will lead to the expansion of the formerly established models. The formerly established standards, protocols and strategies will be revised for a nation-wide coverage, strategies for the expansion of models and collaboration of all centres will be established, the model training material will be revised and improved and as a result the strategies available will be used to establish a National Cancer Control Programme.

There are several NGOs or private companies acting in the field, organizing screening programmes or training activities. Whilst the expansion of centres, the project aims to further the collaboration, cooperation and coordination of actors in the field and standardize the protocols and forms available to be used nation-wide and make a peak of awareness that have been increasing with the results of the MEDA project. The CCD has established 29 Cancer Early Diagnosis and Training Centres before the projects. A screening component will be added to each’s function after the model is wee-established and with other projects that will be proposed to the Public Health Programme 2003-2008, cancer registry centres and their functions will be tried to brought up to the EU standards.

An attempt for collaboration with the Reproductive Health Programme have begun.

3.2.Linked activities:
3.2.1. The Reproductive Health Programme funded by EU: Under the call for proposals of Reproductive Health Programme, projects will contribute to increase access to early diagnosis services for cervix uteri and breast cancer including awareness in society for the prevention and early diagnosis of cervix uteri and breast cancer.
3.2.2. The screening programs funded by NGOs and Companies: The CCD is supervising the screening programmes conducted and funded by NGOs and private companies and support them with the available data.
3.2.3. The CSEC Project funded by MEDA: The project is in the implementation phase and lessons learned from this project and models put forth during the project will be used to facilitate the proposed project. The models will be improved and expanded.
3.2.4. The MoH has 29 Cancer Early Diagnosis and Education Centres. A screening function will be mounted to these centres as they have most of the required equipment. However as screening is a different concept as compared to early diagnosis, the staff of these centres will be included in the proposed project’s training activities to perform effective screening.

3.3. Results:
3.3.1. Component-1:
-Physical and Human Resource Infrastructure: Required infrastructure in pilot centres to register information, screen target groups and to serve in prevention of cancer is established and operational

Indicator(s)
- Technical equipment is in place (14 sets) within the first year of the project.
- Personnel recruited (84) within the six months of the project.
- Duration of training activities (10 man/day) within the first year of the project.

3.3.2 Component-2:
Training: Health professionals on cancer prevention and screening are trained.
Indicator(s)
- Availability of improved training modules prepared for public within the first year of the project and staff within the six months of the project. (Training modules should cover:
  - Technical training in medical issues
  - Communication skills.)
- 5 VIP + other health workers of all centres are trained within the first year of the project activities (about 140 workers)

3.3.3 Component-3:
Standards and guidelines: Standards and guidelines are established and in use
Indicator(s)
- Availability of standard screening protocols for breast cancer and cervix uteri cancer describing the properties of target population, invitation methods, the screening method and additional procedures, screening intervals and reference conditions to hospitals.

3.3.4 Component-4
Public awareness: Public awareness is increased.
Indicator(s)
- Key NGOs and CSOs involved (Key NGOs will be identified by TAT and will be proposed to the MoH)
- The demand for services will significantly increase according to statistical methods after 1 year of the beginning of awareness activities.

3.3.5 Component-5
Screening: The centres perform screening
Indicator(s)
- 70% of identified target group of women are screened for breast and Cervical cancer in each centre every year.

3.4 Activities:
3.4.1 Component-1

1.1. To make ready the infrastructure of the buildings to install equipment.
1.2. To purchase the required equipment for screening after tendering and contracting process.
1.3. To install and accept the equipment.
Input: Buildings (selection of centres), personnel (selection of personnel), supply (Purchasing 14 sets of mammography devices, USG devices, Microscopes, Colposcopes, Computers and accessories, training materials), Technical Assistance.
Output: The Physical infrastructure of the centres made ready for screening programmes execution, the medical devices are installed and inner spaces are furnished.
Timing: March 2004 - December 2005
Means required: 2.945.000 EUR
3.4.2 Component-2:
2.1. Improving the training programme
2.2. Training of personnel in communication and counselling skills.
2.3. Pre and post evaluation of training programs.
2.4. Technical training of staff
Input: Training needs assessment, the selection of VIP staff and other health workers, training materials and curricula, TAT and International expert
Output: The qualified staffs of the centres that are ready to conduct screening programmes in terms of both technical and communication aspects
Timing: July 2005 – end of the project
Means required: 2.500.000 EUR

3.4.3 Component-3:
3.1. Regular meetings with TAT and Cancer Advisory Board for the establishment of standards
3.2. Publication and dissemination of standards.
Input: Meeting with TAT and Cancer advisory board, progress and monitoring reports
Output: Published standards and protocols.
Timing: 4th of 2006
Means required: Technical Assistance

3.4.4 Component-4
4.1. Training personnel on how to increase public awareness both individually and population-wide.
4.2. Development of strategies for public awareness campaigns
4.3. Development of IEC material for public training
Input: Meeting with TAT and Cancer advisory board, progress and monitoring reports, training and IEC materials, campaigns
Output: Increased public awareness, increased public demand for screening
Timing: 3rd and 4th quarters of 2006
Means required: Technical Assistance

3.4.5 Component-5
5.1. The determination of target population
5.2. The development of invitation strategies
5.3. Record-keeping
5.4. Screening activities
5.5. Training of target groups
Input: TAT, international and national experts and project team, invitation and follow-up forms
Output: Screening tests and results.
Timing: 2nd-4th quarter of 2006
Means required: The expenses of the tests will be covered by the individual's social security scheme unless MoH makes an attempt to convince the Government to cover screening programs under social security schemes as a primary health care service. The centres will purchase required test materials by self-financing from their own budget allocated by MoH.

3.5 Lessons learned:
When the MEDA project began, the terminology was vague and not well understood even by health professionals, owing to relatively new concepts and models in Turkey. The model centres were not integrated sufficiently to the health system of Turkey. Owing to frequent revisions of the project implementation and structures, there occurred delays very often.
In addition it took time to establish the difference between clinic and screening mammography. The MEDA project has established the preventative aspects.
Although an improvement will be needed for the expansion and dissemination nation-wide, training curricula, standards and protocols are readily available for future improvement, if required.

The model system is ready to expand and attempts to cooperate and coordinate with other existing bodies, such as NGOs, other health centres, provincial health directorates have begun and in practice.

There is already a capacity built waiting to be expanded and many of the project related matters are settled down with appropriate solutions.

The MoH has successful models of centres and functions with qualified personnel and available documentation as well as agreed concepts. With the lessons learned from the MEDA project this project will improve, expand the centres and their functioning and lead to the establishment of a national system and cancer control program.

4. Institutional Framework:

The main beneficiary will be the Cancer Control Department of Ministry of Health, however close cooperation will be required with Provincial Health Directorates, Hospitals, Primary Health Care Units, Curative Services D.G. and Primary Health Care Services D.G of Ministry of Health, NGOs and CSOs.

Cancer Control Department is located in Ankara with several branches and health workers in various fields. The project office will be located in Cancer Control Department (CCD), however as need arises, a separate office for the management of the project can be a matter of choice for effective implementation of the project. In that case CCD will find a suitable place with enough space for managing staff and required office equipment.

CCD is financed by the general budget spared for Ministry of Health.

5. Detailed Budget:

<table>
<thead>
<tr>
<th>EC SUPPORT (Million EURO)</th>
<th>NATIONAL CO-FINANCING</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td><strong>Investment</strong></td>
<td><strong>Institution Building</strong></td>
<td><strong>TOTAL</strong></td>
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<tr>
<td>Medical Devices</td>
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<tr>
<td>- Mammography devices</td>
<td>2.208.750 €</td>
<td>2.208.750 €</td>
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<td>- USG devices</td>
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<td>- Microscopy and Colposcopy sets</td>
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<td>- Computer</td>
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<tr>
<td>- Training materials</td>
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<tr>
<td><strong>Total Medical Devices</strong></td>
<td>2.208.750 €</td>
<td>736.250 €</td>
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<tr>
<td>Technical Assistance</td>
<td>2.500.000 €</td>
<td>2.500.000 €</td>
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<tr>
<td>- Training</td>
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<tr>
<td>- IEC Materials</td>
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<td>- Meetings</td>
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<td>- Screening programs</td>
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<td>- Campaigns</td>
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<td>- Incidentals</td>
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<tr>
<td><strong>Total Technical Assistance</strong></td>
<td>2.500.000 €</td>
<td>4.708.750 €</td>
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</tbody>
</table>

**TOTAL PROJECT BUDGET** | 2.500.000 € | 4.708.750 € | 736.250 € | 5.445.000 € |
6. Implementation Arrangements:

6.1. Beneficiary:
The beneficiary of this project will be Ministry of Health – Cancer Control Department. The final beneficiaries are women between 50-69 years old for breast and over 30 for cervical cancers and both women and men for dermatological cancers. Stakeholders’ views will be incorporated constantly into the project design and implementation in order to respond to the real needs of the beneficiaries.

The Address of CCD is:
Sağlık Bakanlığı Kanserle Savaş Daire Başkanlığı Ataç 1 Sok 21/3 Yenişehir ANKARA
Tel/Fax: 90 312 435 88 42

6.2. Implementing Agency:
Central Financing and Contracting Unit (CFCU) will be the implementing agency and will be responsible for all procedural aspects of tendering process, contracting matters and financial management (including payments) of the project activities.

The Address of CFCU is:
PAO, Director: Nuri Ercan TORTOP
Ehlibeit Mah. 6.Sok. No 18 Ekşioğlu İş Merkezi Kat:4 06520 Balgat Ankara Türkiye
Tel: + 90 312 285 46 20
Fax: +90 312 285 96 24
e-mail: ercan.tortop@cfcu.gov.tr

6.3. Contracts:

Two types of contracts are envisaged for this project

1. Supply contract: Medical Devices
2. Service contract: Technical Assistance

Supply contract will be for the purchasing of 14 sets of medical devices required for screening programs in 14 centres; mammography devices, USG devices, Colposcopy sets, Microscopy sets, computers and accessories and training materials and will be consisted of 5-6 lots. The value of the contract for each item is expected to be as follows:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Total value for 14 sets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography Devices</td>
<td>1,550,000 EUR</td>
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<tr>
<td>USG Devices</td>
<td>550,000 EUR</td>
</tr>
<tr>
<td>Microscope and Colposcope</td>
<td>450,000 EUR</td>
</tr>
<tr>
<td>Computer and accessories</td>
<td>145,000 EUR</td>
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<tr>
<td>Training materials</td>
<td>250,000 EUR</td>
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</tbody>
</table>

Companies are expected to allocate sufficient training budget to deliver technical training and deliver of required medical reference books for the staff of 25 centres so the estimated contract amount may be higher than the total amount required for equipment along All technical assistance within this project will be covered by a single service contract. The selected contractor will need to provide the range of expertise necessary to achieve the project purposes. The main aim is to enhance the capacity of teaching or non-teaching health staff of centres through the delivery of training programs and to develop adequate
educational materials with supporting guides to perform effective screening programs and public training for increased awareness and improved communication with the target groups.

6.3.1. **Institution building component:**
Training will be delivered by the TAT experts under contract as defined above.

6.3.2. **Fund for active employment measure**
The staff of the 14 selected centres will be recruited by Ministry of Health and thus be funded by MoH.

6.3.3. **Modernisation of physical infrastructure of centres:**
Medical devices will be purchased under contract as defined above and the facility infrastructure mainly the infrastructure of the buildings will be prepared by MoH in terms of electric supply, lead plating of mammography units’ walls, furnishing and general maintenance.

7. **Implementation Schedule:**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Completion of ToR and technical specifications, tender dossier</td>
<td>March 2004</td>
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<tr>
<td>Approval of tender dossiers</td>
<td>June 2004</td>
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<tr>
<td>Tendering</td>
<td>December 2004</td>
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<tr>
<td>Start of the project activity</td>
<td>June 2005 (In case tendering will be successful and timely)</td>
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<tr>
<td>Project completion</td>
<td>December 2006 (mainly 2 years after tendering)</td>
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8. **Equal opportunity:**
The project will comply with the European Commission’s equal opportunity policy

9. **Environment:**
The project itself will not have any adverse environmental impacts.

10. **Rates of return:**
N/A

11. **Investment criteria:**
11.1. **Catalytic effect:**
The project will provide a new impetus in Cancer Combat by public training and increased awareness and the demand for screening will increase. Due to the increased demand, screening will be expanded nation wide and quick steps will be taken to reduce mortality from detectable and curable cancers. Thus the project will achieve its objectives.

11.2. **Co-financing:**
The Turkish government will provide the 25% of co-financing of the investment support, where Technical Assistance will be funded by EU alone.

11.3. **Additionality:**
National screening standards will be established.
11.4. Project readiness and size:

The MoH has a wide and effective primary health care services organization and the centres established by this project will be added over this wide spread organization. However, considering the amount of the population screening will be conducted as pilot incentives in the beginning and only after having sufficient centres and equipment a screening program may be performed nation-wide.

11.5. Sustainability:

As Cancer Screening and Education Centres are a new type of institution in Turkey, the centers established will be considered as a model for further expansion.

To provide the sustainability of services, in-service training will be continuous to sustain screening activities according to developments. A financial status is envisaged to be given to these centres to provide their own training and equipment requirements in the future. This will also shift labour and health workers will prefer working in these centres if the payments will be better in terms of rotary payments.

A Precondition is laid down to maintain long-term sustainability of the project.

11.6. Compliance with state aids provisions:

The investment component of this project respects the state aids provisions.

12. Conditionality and sequencing:

Screening costs are not covered under primary health care services and thus not funded by some social security schemes and also are not free of charge for people without social security like other primary health care services such as vaccination. The project may achieve its goals only if the screening tests are provided free of charge for people who are not covered under a social security umbrella.

So the government should take necessary steps to include screening tests in primary health care services and perform tests free of charge for people not covered by a social security program or to maintain social security for all programme.

In case the screening tests are not covered by all social security schemes and for the women who are not covered by any social security scheme, either the rotating funds of the provincial health directorates or the rotating funds of hospitals will meet the costs of test. Another opportunity at that undesirable situation is financing women without a social security scheme from the CCD budget or via the funding of selected NGOs.
ANNEXES TO PROJECT FICHE:

ANNEX I. SWOT Analysis:

Strengths:
Ministry of Health has a wide and effective primary health care organization
The former CSECs - MEDA project has been implemented successfully and there is already a capacity built although limited.

Weaknesses:
The centres are new and still need to be supported

Opportunities:
EC and CCD is committed
EU Candidacy of Turkey, reform movements to become a member as soon as possible
Family practitioners system is planned to be established to strengthen primary health care.
The government has a plan on social security for all.

Treats
The precondition for project may not be available within a short time.
Women may be unwilling to come back for regular screening
### ANNEX II. IMPLEMENTATION CHART

<table>
<thead>
<tr>
<th>ANNEX II IMPLEMENTATION CHART</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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- Tendering and contracting: C
- Implementation and payments: I
### ANNEX 3: Contracting and disbursement schedule by quarter for full duration of project (including disbursement period)

**Cancer-free Life Period 1 Project**

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<tr>
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<td>2.945.000</td>
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<td>Cumulated</td>
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<td>1.883.000</td>
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<td>4.945.000</td>
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<td>5.445.000</td>
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## ANNEX IV. LOGICAL FRAMEWORK

<table>
<thead>
<tr>
<th>INTERVENTION LOGIC</th>
<th>OBJECTIVE VERIFIABLE INDICATORS</th>
<th>SOURCES OF VERIFICATION</th>
<th>ASSUMPTIONS</th>
</tr>
</thead>
</table>
| **OVERALL OBJECTIVE** | To combat cancer at primary health care level, in Turkey. | The expansion of the number of CSECs | Data of MoH. | - Commitment of MoH  
- Continuous support of EC Representation of Turkey in the project. |
| **PROJECT PURPOSE** | To strengthen the infrastructure of primary health care to combat against cancer in 14 provinces of Turkey | - The number of centres performing screening activities at the end of the project  
- The number of medical examinations performed at each centre | - Activity reports of CSECs | - Commitment of MoH  
- Purchased equipment delivered on time without any problem in VAT exemption  
- Social security for all  
- Screening is integrated to primary health care services by means of service and finance  
- Low turnover rate of staff provided by MoH  
- TAEK process is supported by authorities. |
| **RESULTS** | | - Technical equipment are in place (14 sets)  
- Personnel recruited (84)  
- Duration of training activities (10 man/day) | - Data from MoH  
- Activity reports of CSECs  
- Data of Provincial Health Directorate  
- Progress reports  
- Monitoring reports | - Women are willing to come to the CSECs  
- Collaborative studies with other institutions (ministries, NGOs etc.) are successful  
- NGOs are interested in the project purpose and willing to support  
- The capacity of TAT is sufficient |
| Component-1: Infrastructure | | - Infrastructure in pilot centres to register information, screen target groups and to serve in prevention of cancer is established and operational | |
| Component-2: Training | | - Technical equipment are in place (14 sets)  
- Personnel recruited (84)  
- Duration of training activities (10 man/day) | |
| Component-3: Standards and guidelines | | - Availability of training modules for public and staff prepared | |
| Component-4: Public awareness | | - Availability of standard screening protocols | |
| Component-5: Screening | | - Key NGOs and CSOs involved  
- The demand for services will significantly increase according to statistical methods after 1 year of the beginning of awareness activities. | |
<p>| | | - 70% of identified target group of women are screened for breast and Cervical cancer in each centre every year | |</p>
<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Means required</th>
<th>Costs</th>
<th>Precondition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component-1</strong></td>
<td>1. Equipment</td>
<td>5,495,000 Euro from EU</td>
<td>- Regular and continuous funding and support by MoH</td>
</tr>
<tr>
<td>1. To make ready the infrastructure of the buildings to install equipment.</td>
<td>2. Training</td>
<td></td>
<td>- Qualified personnel can be recruited</td>
</tr>
<tr>
<td>1.2. To purchase the required equipment for screening after tendering and contracting process.</td>
<td>3. Educational materials</td>
<td></td>
<td>- No delays in purchasing equipment</td>
</tr>
<tr>
<td>1.3. To install and accept the equipment.</td>
<td>4. Foreign consultants</td>
<td></td>
<td>- The authorities accept the report and make required arrangement for the recruitment of other health workers in cancer control in the primary health care.</td>
</tr>
<tr>
<td><strong>Component-2:</strong></td>
<td>5. Contingencies</td>
<td>736,250 Euro from MoH of Turkey</td>
<td>- The Cancer Advisory Board makes required efforts to establish standards for screening nation wide.</td>
</tr>
<tr>
<td>2.1. Improving the training programme</td>
<td>6. Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2. Training of personnel in communication and counselling skills.</td>
<td>7. Recurrent costs</td>
<td></td>
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</tr>
<tr>
<td>2.3. Pre and post evaluation of training programs.</td>
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<tr>
<td>2.4. Technical training of staff</td>
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<tr>
<td><strong>Component-3:</strong></td>
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<tr>
<td>3. Preparation and publication of standards</td>
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<tr>
<td>3.2. Developing Protocols holding regular meetings with TAT and Cancer Advisory Board</td>
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<td><strong>Component-4</strong></td>
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<tr>
<td>4.1. Training personnel on how to increase public awareness both individually and population-wide.</td>
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<tr>
<td>4.2. Development of strategies for public awareness campaigns</td>
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<tr>
<td>4.3. Development of IEC material for public training</td>
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<tr>
<td><strong>Component-5</strong></td>
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<tr>
<td>5.1. The determination of target population</td>
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<td>5.2. The development of invitation strategies</td>
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<tr>
<td>5.3. Record-keeping</td>
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<tr>
<td>5.4. Screening activities</td>
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<tr>
<td>5.5. Training of target groups</td>
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</tbody>
</table>

**Precondition:** Screening expenses are covered under social security system being considered as a primary health care service. TAEK certification is excluded as a precondition in the provisional acceptance of medical devices.
### ANNEX V. Detailed Activity Schedule (GANNT Chart)

<table>
<thead>
<tr>
<th>Activities</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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<tr>
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<td>Q.1</td>
<td>Q.2</td>
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<tr>
<td>Project Submission and Approval</td>
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<td>Tender Dossier Approval</td>
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<tr>
<td>Tendering</td>
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<tr>
<td>Start of the Project Activity</td>
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<tr>
<td>Submission of inception report</td>
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<tr>
<td>City selection</td>
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<tr>
<td>Recruitment</td>
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<td>Personnel</td>
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<tr>
<td>Building infrastructure preparation</td>
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<tr>
<td>Delivery of equipment &amp; installation</td>
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<td>Training coordinator on duty</td>
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<td>Training programme development</td>
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<td>Training</td>
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<td>Pre-evaluation</td>
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<td>Post-evaluation</td>
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<td>Progress report</td>
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<td>Monitoring reports</td>
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<tr>
<td>Strategy development for the inclusion of other health professionals</td>
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<tr>
<td>Development of Strategies for campaigns</td>
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<td>Development of protocols</td>
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<td>Development of IEC materials</td>
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<tr>
<td>Campaign</td>
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<td>Meetings</td>
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ANNEX VI. PROBLEM TREE

Cancer is a major public health issue with an increasing importance, in Turkey

- Exposure to carcinogenic agents increase
- The nation-wide priority cannot be determined because the actual dimensions and patterns (such as age, gender, geographic pattern etc..) are not well known.
- The majority of resources (financial and human resources) are expensed on treatment and rehabilitation as compared to prevention, in cancer combat.
- There is not a national cancer strategy and strategy document such as Cancer Control Programme

Although there is a wide-spread and accessible primary health care system nation-wide, the capacity of this system is not sufficient in prevention and combat against cancer.

- Human resources - Insufficient number of trained health personnel - Some health professions are not recruited.
- Weakness of public awareness due to the inactiveness of civil society, NGOs, government etc.
- There are not accepted standards in screening. The protocols and strategies are not documented.
- Insufficient infrastructure.
- Screening is not covered under primary health care expenses and system in terms of financial means by social security
ANNEX VII. OBJECTIVE TREE

To combat against cancer on the level of primary health care.

Exposure to carcinogenic agents should be reduced

Resources (financial and human resources) should be expensed prevention and cancer combat more efficiently and in required amounts

The nation-wide priority should be determined by understanding the actual dimensions and patterns (such as age, gender, geographic pattern etc..)

A national cancer strategy and a strategy document such as Cancer Control Programme should be laid down

To increase the capacity of the widespread and accessible primary health care system nation-wide, to utilize this system in prevention and combat against cancer.

To activate Human resources
- To train personnel
- Other health professions should be recruited.

To increase public awareness as a result of the activities of civil society, NGOs, government etc.

To accept standards in screening. To document these standards and strategy

Strengthen infrastructure in primary health system in terms of screening and early diagnosis

To cover screening under primary health care expenses and system in terms of financial means under social security coverage.