

Control and Prevention-Tuberculosis

Thailand Country Narrative

Family Health International (FHI 360)

**FY2013 Annual Performance Report
(October 1, 2012 – September 30, 2013)**



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CAP-TB
CONTROL AND PREVENTION
OF TUBERCULOSIS

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Narrative I: Executive Summary

FY13 was a productive and enlightening year for the CAP-TB Thailand Project. After having supported the Rayong Provincial Health Office and the National Catholic Commission on Migration as the project’s local implementing agencies since Quarter 3 of 2012, we have seen growth in forming key relationships with local authorities in Rayong and linkages from the communities with healthcare providers in the project’s catchment area. The relationship between the FHI 360 CAP-TB team and our local IAs has also been strengthened, as we have guided, monitored, evaluated, and worked alongside the project partners in Rayong. Intensive support, assistance and supervision were provided throughout FY13 on a regular basis to build capacity, review CAP-TB’s goals and objectives, discuss challenges faced, and together identify solutions to the challenges.

As we have gained increasing clarity on the most needed role for CAP-TB in Rayong and in Thailand, based upon the project’s strategic model and the needs within the TB control program, this helped to inform the evaluation of our performance and guide strategic reprogramming for FY14. Provision of funding for direct service delivery is less needed in Thailand when compared to the need for strengthening expertise for MDR-TB care and treatment. The case conference-paradigm that was initiated in FY13 will be scaled up in FY14, with a focus on building capacity of the multi-disciplinary team that provides coordinated care for TB and MDR-TB in Rayong province, including the Provincial Health Office, physicians, nurses, pharmacists, social workers, TB coordinators and clinic staff, and village health volunteers. In doing so, Rayong will take the lead among Thailand’s provinces, as improving technical skill for TB and MDR-TB care has been noted throughout the country. Here we present the performance, achievements, and challenges from FY13 implementation in Thailand.

Narrative II: Program performance/achievements and key challenges encountered during reporting period by thematic area

Program performance/achievements

A. MDR-TB Prevention (IR1)

IR 1.1: Mobilized communities to advocate for and use TB service

Table1: Summary of Indicators and Achievements for IR1.1

Indicator	Number of People Reached
<i>CAP-TB Indicator 2:</i> Number of individuals reached with TB prevention and treatment messages, through outreach and small group activities.	<p>A total of 4,775 persons were reached through small and large group activities and community radio.</p> <p>2,559 persons reached through small and large group activities; 902 males, 2,040 females.</p> <p>Approximately 2,216 persons (10% of total populations), 1,119 males, 1,097 females) were reached through community radio.</p>
<i>CAP-TB Indicator 3:</i> Number of individuals referred to TB- and MDR –TB related services.	Totally 879 individuals referred; 372 males, 145 females.

Activity 1.1.1: *Develop a Memorandum of Understanding (MOU) to increase local political commitment*

The Memorandum of Understanding (MOU) is aimed at the local authorities in the project catchment areas, to seek their support and cooperation in project implementation and to introduce the formation of the Community TB Committee. The MOU is the agreement between the Municipality, Rayong Hospital, District Health Office, Rayong Provincial Public Health Office, sub-district health promotion hospital (SHPH) and NCCM.

In FY13, the MOU with Nong Bua Tambol Municipality (Ban Khai District) and with Phe Tambol Municipality (Muang District) were signed.

Activity 1.1.2: Appoint Community TB Committee

NCCM organized an initial meeting at the end of FY 12 on September 28, 2012 for 15 participants including chairpersons of village health volunteers from Moo 1, 2 and 3 in Phe Municipality; the Public Health Department Director and the TB Coordinator of Phe Municipality, including representatives from Phe Subdistrict Health Promotional Hospital (SHPH) and Rayong Hospital to discuss a collaborative way to work together to strengthen TB/MDR-TB prevention and management in community. At this meeting, it was decided that the participants would serve as the Community TB Committee in Phe to provide DOT for TB patients with support and supervision from Phe SHPH. This linkage is important to increase commitment in the local authorities for TB and MDR-TB prevention and control.

Activity 1.1.3: Promote knowledge and awareness among the general public about TB/MDR-TB

NCCM distributed TB materials that were developed by the Bureau of Tuberculosis and Raks Thai Foundation through village health volunteer trainings, screening for potential TB patients among the four at-risk population groups, home visits and World TB Day. A total of 1,500 copies of TB material in Thai and 300 copies of TB material in Thai-Khmer were distributed in FY13.

Activity 1.1.4: Community outreach by community leaders and peer educators

NCCM provided TB/MDR-TB information through small (less than 30 participants) and large group (30 participants or more) activities. A total of 2,559 people (778 males, 1,781 females) were reached with TB/MDR-TB information (CAP-TB Indicator 2/PMP Indicator 9).

NCCM joined Ban Khai District Health Office and Ban Khai Hospital in the ‘Stop illnesses the Buddhist way’ Project. The project engages people in activities on Buddhist holy days at temples and invites district-level “monk deans” to preach. TB, HIV and dengue fever information is integrated into the preaching with an emphasis on health seeking behavior and treatment adherence. Interested participants communicate their intent to the monk dean with a promise to adhere to treatment. It was found that individuals who participated in the project had a higher rate in receiving continued care and treatment than those who did not.

The outbreak of dengue fever in Rayong Province limited community outreach activities which were planned among village health volunteers during April – September 2013. This was mostly due to village health volunteers being required to focus all of their time on dengue prevention and diagnosis, taking away from time they could have spent on TB prevention and education activities. Because village health volunteers are not disease-specific, seasonal variation is to be expected and should be taken into consideration by the PHO when planning their TB control strategy.

Activity 1.1.5: Organize events with partners to raise awareness of TB in the communities

NCCM distributed a CD on TB developed by the BTB to the community leaders in the four target areas to disseminate TB information. The leaders played this CD over the community radio once a week. According to the population registration in the four target areas, it is estimated that approximately 2,216 persons (10% of total populations, 1,119 males, 1,097 females) were reached.

Rayong PHO, Rayong Hospital and NCCM worked with the Foundation for AIDS Rights (FAR) to organize World TB Day events in Klaeng District (March 19), Muang District (March 22), and Ban Khai (March 25). In all three districts, the CAP-TB Project organized exhibition booths, games and TB/MDR-TB quizzes. CAP-

TB supported 10 banners and joined a parade to raise community awareness about TB/MDR-TB prevention and control. Project staff also gave away T-shirts and water bottles at the CAP-TB exhibition booths. According to the sign-up sheet, a total of 460 individuals (183 males, 277 females) participated in the World TB Day event organized in the three districts. Number of people reached through the World TB Day event is part of the numbers reported under activity 1.1.4 above.

Activity 1.1.6: Empower communities for the active involvement of TB and MDR/TB prevention

NCCM provided TB/MDR-TB information through a Community Learning Center (CLC) with support from the National Catholic Commission for Sea Farers (NCCS). TB/MDR-TB information/education for Cambodian migrants was implemented through four NCCS volunteers who are also Cambodian and thus can communicate with the migrants.

In order to provide information to migrants more effectively, NCCM also trained their own migrant health volunteers, providing Thai lessons and training on computer skills. NCCM currently has two active volunteers in Ban Phe, and they plan to train additional volunteers in Klaeng, Ban Khai and Mabtapud to support project implementation and the work of existing village health volunteers in the communities. A total of 71 migrants (39 males, 32 females) were reached through the CLC.

NCCM staff and volunteers conducted home and community visits to the migrant community to screen for potential TB patients and to disseminate TB/MDR-TB knowledge and information during April – September 2013. Challenges to maximizing home visits included the mobile nature of the migrant population, namely that some returned to their homes in Cambodia to farm their land. In addition, the time that the staff and volunteers could provide TB/MDR-TB information was between 17.00-18.30 hours only which is after work hours, given that many of the migrant population work on fishing boats and in the fishing industry, limiting access.

IR 1.2: Scale-up implementation of TB infection control in health facilities

Table2: Summary of Indicators and Achievements for IR1.2

Indicator	Percentage of households reached	Remarks
CAP-TB Indicator 6: Percentage of households with MDR-TB patients meeting quality infection control standards.	27% (TBC)	Rayong Hospital’s infection control checklist was used to assess compliance on simple measures in the household. Three out of the total 11 MDR-TB patients met quality infection control practice in the checklist.

Activity 1.2.1: Develop a practical guide for infection control for TB in household

FHI 360 has been working with Rayong PHO and NCCM to develop a practical guide for TB infection control (IC) in the household setting since December 2012. The project will continue to support Rayong PHO, the four hospitals and NCCM to scale up implementation of this TB IC guideline and checklist to promote proper practices in health facilities and households in FY14.

Activity 1.2.2: Conduct Tuberculosis Infection Control training for Rayong health officers from provincial, district and sub-district level hospitals and NCC M staff

Rayong PHO in partnership with NCCM organized TB IC training on February 6, 2013 for 100 participants (including 98 health officers (36 males, 64 females) and two NCCM staff (one male and one female) aimed at improving IC practices in health facilities and households. According to the pre- and post-training evaluation, participants improved their understanding about IC principles and practices in their facilities. Of note, as a result of this training, the hospitals have reorganized their waiting areas to separate diagnosed or potential TB patients from other patients to decrease transmission. The hospitals also have a better understanding about their roles in assessing and improving IC during home visits.

Activity 1.2.3: Promoting infection control practice in households

Rayong PHO, a multi-disciplinary team from Rayong Hospital, NCCM and village health volunteers promoted TB IC in communities and households to TB/MDR-TB patients, their families and the community during home visits.

NCCM has been using Rayong Hospital’s TB/AIDS patient follow-up checklist to measure adherence to household IC standards. The checklist measures general living conditions, standards for good ventilation, maximizing sunlight (opening window shades and curtains), guidelines for cough hygiene and masks, and proper disposal of sputum containers. The checklist is also used to evaluate the patient’s general health and (among PLHIV) ART adherence, identify unmet care needs and promote TB screening among the patient’s close contacts.

In FY 13, Rayong PHO conducted a total of eight home visits to eight MDR-TB patients. NCCM staff are now taking care of three new MDR-TB patients (five in total), two in Mabtapud and one in Ban Khai districts.

B. MDR-TB Management (IR2)

IR 2.2: Strengthened case-finding and referrals for MDR-TB

Table3: Summary of Indicators and Achievements for IR2.2

Indicator	Number of People Referred	Remarks
<i>CAP-TB Indicator 13:</i> Percentage of successful referrals.	<p>A total of 194 cases referred by hospitals all over the province and from other provinces to the four hospitals received services at the four hospitals.</p> <p>One hundred and forty cases were referred by the three community hospitals (Ban Khai, Klaeng and Mabtapud) to Rayong Hospital and tested for Rifampicin resistance using GeneXpert.</p> <p>Eighty-seven cases referred to the four hospitals (namely at Rayong, Mabtapud, Klaeng and Ban Khai hospitals) also received services at the hospitals on the same day when the referral forms were received.</p> <p>Of these 87 cases, 58 were males (all TB patients), 28 were females (two were TB contacts, the others were TB patients) and one MDR-TB patient.</p> <p>75 cases were referred by lower-level healthcare facilities; four by private sector (all TB patients) and 11 by others including community and provincial-level hospitals and relative.</p>	<p>Note that these referrals were made both for known TB and MDR-TB patients (questions on care and side effects) as well as for TB diagnosis (potential patients).</p> <p>The majority of the referrals were made by the four hospitals to other hospitals in Rayong Province and was therefore reported using the hospital reporting forms</p>

Activity 2.2.1: Scale up early case detection of TB

A standard screening form was developed by the CAP-TB Project and used to identify potential TB patients among the four at-risk population groups: PLHIV, diabetics, elderly, and migrant population. Two hundred and twenty migrants, 473 diabetics, 107 elderly persons and 39 general populations were screened. The BTB’s “re-on-pre” criteria were used to guide the identification of potential TB patients. These criteria are relevant to people who are “retreatment” candidates (history of default, treatment failure); “on” candidates

(those who have persistently positive culture after 2 or 3 months on treatment; and “pre” candidates, or those who are at risk for TB or MDR-TB (listed above).

Using these criteria, a total of 266 tests were performed using GeneXpert in FY13. Of these tests, 72 were ‘re’ cases (64 males, eight females), 51 were ‘on’ cases (36 males, 15 females) and 130 were ‘pre’ cases (101 males and 31 females).

Activity 2.2.2: Perform GeneXpert test, culture and DST

In FY13, 266 patients were tested for Rifampicin resistance using GeneXpert. Of these numbers, 33 were positive for Rifampicin resistance (CAP-TB Indicator 7). Three patients were subsequently found to be MDR-TB by culture and DST, although their GeneXpert results were negative for resistance. Totally 36 persons (17 new and 19 retreated cases) were therefore diagnosed as MDR-TB patients.

Of these 36 MDR-TB patients, five patients have died (three before treatment initiation and two during treatment). 31 patients are currently on treatment (PMP Indicator 10/CAP-TB Indicator 11).

Activity 2.2.3: Coordinate with partners to strengthen the linkage of referral system

In FY13, efforts have been made to strengthen linkage of referral system by promoting the use of a standardized referral form to coordinate the linkage of TB/MDR-TB patients from the communities and sub-district level to health facilities for diagnosis, care and treatment-- and back to the community for continuity of care.

NCCM played a crucial role in facilitating referrals of potential TB patients to public health facilities for diagnosis while Rayong PHO had an important role in coordinating referrals of patients back to the community for care and treatment.

IR 2.3: Strengthened human resource capacity for MDR-TB management

Table4: Summary of Indicators and Achievements for IR2.3

Indicator	Number of individuals trained	Remarks
CAP-TB Indicator 16: Number of individuals trained.	Please see section Activity 2.3.1 (below)	For organizational development, the categories are: governance, administration, human resources management, financial management, organizational management, program management, or project performance management; level (national, regional or sub-national); sector (public or private); and gender.

Activity 2.3.1: Conduct training on TB and MDR-TB for health officers at provincial, district and community levels

The TB/MDR-TB training for practitioner-level physicians was organized on May 7 and a meeting on TB prevention measures for TB clinic staff was organized on May 8. The training aimed at building the participants’ capacity and knowledge for proper care and treatment of TB/MDR-TB patients.

There were 23 participants who attended the training on May 7 including 15 physicians (7 males, 8 females) from Rayong, Nikompattana, Pluak Daeng, Khao Cha Mao, Klaeng, and Mabtapud hospitals, one nurse (female), seven staff (all females) from Rayong PHO and Rayong Hospital. The training was led by a team of resource persons, including Dr Yuthichai Kasetcharoen, Medical Advisor for CAP-TB Project (Thailand Program), Dr Chittima Thibbadee and Dr Bralee Santiwut from Rayong Hospital as well as a pediatrician from Rayong Hospital, a physician from Ban Chang Hospital and Medical Scientist (Senior Professional Level) from Bureau of Tuberculosis.

On May 8, a total of 56 participants (34 males, 22 females) attended the meeting to discuss TB prevention. The group was composed of public health technical and public health officers; medical scientists from district health offices; and sub-district health promotion hospitals in Rayong Province. The training was led by a team of resource persons, including Dr Yuthichai Kasetcharoen, Dr Chittima Thibbadee, Medical Scientist (Senior Professional Level) from Bureau of Tuberculosis, registered nurse from Rayong Hospital and Head of Disease Control Division, Rayong PHO.

Activity 2.3.2: Study tour for TB and MDR-TB management to learn from Chiang Mai’s experience

The study tour for healthcare providers, PHO personnel (19 persons, 2males and 17 females) and NCCM staff (2 females) was organized to see Chiang Mai’s experience on community-based TB/MDR-TB prevention and management (November 26-28, 2012).

Activity 2.3.3 Capacity building for village health volunteers and migrant health volunteers

NCCM first organized training for village health volunteers in the four target communities to promote their knowledge and understanding about TB/MDR-TB and screening of potential TB patients in FY12. Refresher trainings for 240 village health volunteers (42 males, 198 females – indicator 17) in the four project target areas (Ban Khai, Klaeng, Mabtapud, and Phe) were organized in FY13.

Activity 2.3.4: Support three physicians to attend the Union course on Clinical Management of MDR-TB in Bangkok, Thailand

CAP-TB Project supported three physicians (one male, two females - indicator 18) to attend the *Clinical Management of MDR-TB Training of Trainers* (November 5-9, 2012), which was aimed at building the participants’ capacity in MDR-TB clinical management.

Activity 2.3.5: Support the Anti-Tuberculosis Association of Thailand (ATAT) to organize a clinical training on MDR-TB management

CAP-TB supported the Anti-Tuberculosis Association of Thailand (ATAT) to organize a symposium on MDR-TB clinical management (February 26-28) to build capacity of the participating 40 physicians (29 males, 11 females – indicator 18) from 12 regions in Thailand. The goal of the training was to teach skills on managing MDR-TB patients.

Activity 2.3.6: Conduct TB/MDR-TB case conference

In FY13, TB/MDR-TB case conference was organized in December 2012. The case conference brought together a multi-disciplinary team within the Rayong TB network to discuss challenges in the diagnosis and treatment for MDR-TB patients. This case conference successfully promoted better coordination among various partners within the TB network. In FY14, CAP-TB will continue to engage Rayong PHO, the four hospitals and NCCM through three Project Coordinators to organize case conference to include not only the logistic and clinical management of the patients, but also to include the technical aspects of TB/MDR-TB management. These case conferences will be organized on a monthly basis in FY14.

IR 2.4: Scaled-up quality treatment and community approached for PMDT

Table5: Summary of Indicators and Achievements for IR2.4

Indicator	Number of People Reached	Remarks
CAP-TB Indicator 17: Number of individuals received package of TB/MDR-TB service through USAID supported sites	11	The package of services for MDR-TB patients in Rayong consisted of transportation support and living support for drug adherence. Six of the 11 patients have been transferred to receive living support under GFATM funding.

Activity 2.4.1: Strengthen community-based DOT

NCCM conducted home visits to 10 TB patients and five MDR-TB patients on a daily basis.

To monitor side effects and help MDR-TB and TB patients to keep informed on their health benefits (increasing health-seeking behavior), Rayong PHO worked in concert with Rayong Hospital and the community/sub-district health promotion hospitals to support patient care. During the reporting period, Rayong PHO followed up on five MDR-TB patients and conducted home visits to two patients.

Activity 2.4.2: Provide package of services

CAP-TB has supported transportation costs to 11 MDR-TB patients and health officers to conduct DOT for them. To avoid duplication of support provided to TB/MDR-TB patients, five patients have been transitioned to GFATM support, and the CAP-TB Project will facilitate the transfer of the remaining six patients to receive living support GFATM in FY14. (CAP-TB Indicator 17). The principle of transferring support of these patients to GFATM is to avoid duplication of donor funding.

Activity 2.4.3: Refine the CAP-TB model implementation in Rayong and scale up.

In FY13, the implementation of the model was expanded to cover Ban Khai, Klaeng and Mabtaphud using the same strategy as described for Phe. Specifically, Rayong PHO worked in close collaboration with NCCM to introduce the project's screening form and promote active screening among the target populations in Muang (Mabtaphud), Ban Khai and Klaeng. The training on TB/MDR-TB, screening and referral of potential TB patients was not only provided to the VHVs, but also to PLHIV to enable them to screen for potential TB patients among their peers.

In FY14, the CAP-TB Project will shift its focus to building capacity of the multi-disciplinary team and TB network in providing care and treatment for TB/MDR-TB patients. The project will support CAP-TB partner, NCCM, to transition DOT provision for a total of 21 TB patients and five MDR-TB patients over to the provincial TB network, where village health volunteer leaders and public health facilities will manage the patients' care.

C. Strategic Information (IR3)

IR 3.1: Strengthened capacity of TB programs to collect, use, and analyze data for management

Activity 3.1.1: Training on and implementation of ODPC 10 TB software

The Office of Disease Prevention and Control (ODPC) conducted training on the use of their TB case management and reporting software, from February 27-28, 2013, for 25 participants including health personnel from TB clinics, statistics officers and IT staff from hospitals at all levels within Rayong Province.

All hospitals in the province have started using the software. Some technical problems have been identified, including some incompatibility of ODPC 10 software with the software currently used in Rayong hospitals (SSB and HSIP). As a result, some data must be re-entered into the new program instead of simply transferred from the previous program.

Activity 3.1.2: Conduct on-site mentoring to partners on data quality assurance (DQA) to build capacity for data use

Shanthi Noriega, Associate Director, Strategic Information, FHI 360 Asia Pacific Regional Office and Duanne Punpiputt, Country Program Manager for CAP-TB Project (Thailand Program) conducted a data quality assurance visit to Rayong Province from March 25-27, 2013 with Rayong PHO, NCCM and representatives from Rayong, Mabtaphud, Klaeng and Ban Khai hospitals. The visit was aimed at assessing the monitoring and evaluation processes of the CAP-TB project in Rayong Province in order to provide guidance on how the system could be strengthened to provide valid, reliable, complete, timely, and precise data.

The visit included a review of existing monitoring and reporting systems and validation of reported data. An action plan in response to the DQA results and findings was discussed and agreed upon with the project partners.

Activity 3.1.3: Conduct site visits and strategic information-related monitoring for routine reporting

Since January 2013, Duanne Punpiputt, Country Program Manager for CAP-TB Thailand conducted regular site visits every two weeks to Rayong Province. The support provided during the reporting period has been focused on activity implementation. For Quarters 3 and 4, additional focus was placed on monitoring of routinely reported data and capacity building to partners to improve project and program management.

IR 3.2: Increased TB research activities

Activity 3.2.1: Disseminate gender assessment findings among partners in Rayong Province

CAP-TB did not proceed with the “Trends” survey in Thailand as the BTB had already completed a recent survey on the knowledge, attitudes and practice (KAP) for tuberculosis. This was conducted among Thai, migrant and ethnic populations in 11 provinces (including Rayong) in four regions of Thailand during November 2010 – March 2011.

In addition, Mahidol University in collaboration with the Bureau of Tuberculosis (BTB) (GFATM Round 8), are implementing a study to strengthen the quality of TB control in marginalized population through community empowerment. The project explores gender-sensitive TB/HIV/AIDS service delivery and building capacity of healthcare providers in providing services in a gender-sensitive manner. The project is implemented in Rayong Province, thus a specific gender analysis by CAP-TB will not be done in Rayong.

D. Monitoring and Evaluation

As described in section C. Strategic Information, the Country Program Manager for CAP-TB Project, Thailand Program conducted site visits to Rayong Province every two weeks to provide supportive supervision for the implementing agencies (IAs) on project implementation and monitoring.

In addition to these site visits, the Associate Director, Strategic Information, FHI 360 Asia Pacific Regional Office and the Country Program Manager also conducted a data quality assessment (DQA) in March 2013 with Rayong PHO and NCCM to review their monitoring system and verify data reported under CAP-TB Project.

Another DQA was conducted by USAID RDMA in August 2013 to review the existing monitoring and data reporting system implemented by the partners and to verify data reported in CAP-TB reporting forms. It was recommended that CAP-TB Project should review the reporting form and the list of indicators to consider simplifying the forms and decreasing the list of indicators.

In FY14, CAP-TB Project will continue to conduct monitoring and evaluation activities on a regular basis, as part of project monthly meeting and monthly case conference, but with a more specific focus on service delivery and referrals of MDR-TB patients.

E. Enabling environment for MDR-TB control and prevention (IR4)

IR 4.1: Strengthened partnerships for quality TB care, including private sector

Activity 4.1.1 Coordinate with private sectors to implement the MDR-TB prevention and management of adverse drugs reaction in MDR-TB patients and infection control in health facilities and households

Rayong PHO provided screening and referral forms as well as updates on the BTB guidelines to Ruam Paett and Mongkut Rayong hospitals in FY13. In FY14, Rayong PHO will continue to engage both hospitals through the monthly case conference with the goal to strengthen MDR-TB clinical expertise.

F. Capacity building and technical assistance

A baseline organization capacity assessment was conducted with the NCCM and Rayong PHO team in December 2012 using the organizational capacity assessment tool (OCAT). The organization capacity in seven areas was assessed and capacity building needs were prioritized as follows: organization/program management, external communications, human resources management, project performance management and financial management. Recommendations were made to build capacity for the project partners in those priority areas.

In FY13, the greatest focus was placed on building the partners' capacity in financial management and project monitoring, evaluation and reporting. A financial and Administration review was conducted by the FHI 360 APRO finance officer and recommendations were made to the project partners, with regular follow-up. M&E training and visits were conducted by the FHI 360 Associate Director for Strategic Information; intensive training and follow-up on recording and reporting was also a regular part of the site visits conducted by the CAP-TB Country Program Manager.

Key challenges

1. **Recording and Reporting:** the CAP-TB reporting forms required project-specific information (particularly relating to data disaggregation) which was different from that required by the BTB. This challenge contributed to a delay in data collection and reporting, compounded by the significant issues with recording and reporting within the TB network itself. In order to minimize extra, unnecessary burden on the partners, the CAP-TB project will simplify the forms and simplify the indicators that best reflect the scope and activities of the project in FY14.
2. **DOT provision for MDR-TB patients is a challenge:** this is a time-consuming and labor-intensive process requiring persistence and commitment as well as a good relationship between the DOT supervisor and patient. In FY14, CAP-TB will work closely with Rayong PHO, NCCM, the four hospitals and the communities to identify the most appropriate intervention to provide DOT support and continuous care for MDR-TB patients. The challenge of ensuring DOT for both TB and MDR-TB patients has been identified throughout the country of Thailand, particularly in regions and provinces where the TB burden is high. The goal of the project for FY14 is to help Rayong PHO, as the lead for TB control and prevention in the province, to implement an effective and comprehensive strategy for DOT.

Narrative III: Success stories

The road to an MOU: Establishing the commitment of local organizations

Successful TB/MDR-TB treatment requires continuous support both from healthcare providers and from the community. A key activity of CAP-TB in Thailand is to promote involvement and commitment of local organizations in TB/MDR-TB prevention and management.



NCCM meeting with local authorities in Rayong

The four Rayong communities where CAP-TB implements activities are administered by the Tambol Administration Organization (TAO) and municipality authorities, who directly supervise the village health volunteers that are critical to health activities in the area.

But during initial discussions with these local organizations, tuberculosis was not their priority. Local attention was focused on challenges like dengue fever, HIV, and hand, foot, mouth disease in children. Efforts on creating a committed, ongoing engagement with tuberculosis activities in the communities stagnated, while other activities were prioritized.

When the goal is to bring disparate organizations' strategic choices into a single, harmonized vision, there is simply no substitute for patient and continued engagement. CAP-TB's partner, National Catholic Commission on Migration (NCCM), persisted in reaching out and reinforcing the need to coordinate with local partners. On a monthly basis, NCCM coordinated the Rayong Provincial Health Organization, four hospitals, and district health offices (DHOs) in compiling and sending the local organizations the roster of new TB/MDR-TB patients in the target area, their needs and contact information. NCCM continued reaching out for ad hoc assistance to patients for emergency or transportation needs. The local organizations were invited to chair the project's trainings for village health volunteers aimed at promoting knowledge of TB, and MDR-TB and DOTS.

This continued active contact with local organizations finally succeeded in directing their attention to TB and MDR-TB prevention and management. The memorandum of understanding, signed between CAP-TB partners and the local authorities, represents accomplishment not of flashy innovation but the merits of patient and persistent connection.

Table 1-1 – 1-7: Program level monitoring results: *Please see CAP-TB Data Collection Form and Annex III, Project Narrative*

Annex I: Method used to estimate total number of individuals reached and adjustment factor to calculate for potential overlap among different partners and other USG (Narrative)

Estimations were used for the total number of individuals reached through community radio (PMP Indicator 9, CAP-TB Indicator 2). This target was estimated at 10% of total population in the target communities (based on population registration). The estimated proportion was defined in the FY13 monitoring and evaluation plan, in which the population reached through TB prevention and treatment messages (including the community radio) is estimated to be 10% of the total population in the catchment areas.

The project regularly assessed potential overlap with GFATM-funded activities, as noted in other portions of this report. From a recording and reporting standpoint, the number of individuals initiated on MDR-TB treatment reported through CAP-TB is also reported to GFATM.

Annex II: Processes carried out to ensure data quality

In FY13, two data quality assessments (DQA) were conducted, one by FHI 360 and one by USAID. Recommendations from both DQAs were shared with the project partners in Rayong. The CAP-TB Country Program Manager for Thailand followed up with the partners on those recommendations on a regular basis. Data reported in the CAP-TB reporting forms were reviewed by the Country Program Manager and feedback was provided along with further verification and validation as needed.

At the field level, data reported by the four hospitals were sent to Rayong PHO; likewise data reported by NCCM field officers were sent to NCCM field manager for review. Verification and validation were carried out as needed to ensure the best data quality reported.

Annex III: Summary of accomplishments against the work plan and targets

Please see Annex III, Project Narrative and CAP-TB Data Collection Form