

Control and Prevention-Tuberculosis

China Country Narrative Family Health International (FHI 360)

**FY2014 Annual Performance Report
(October 1, 2013 – September 30, 2014)**



CAP-TB
CONTROL AND PREVENTION
OF TUBERCULOSIS

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Acronyms

AIDS	Acquired immune-deficiency syndrome
BCC	Behavioral Change Communication
CAA	Chinese Antituberculosis Association
CAP-TB	Control and Prevention of Tuberculosis (Greater Mekong Sub-region Multidrug-Resistant Tuberculosis Prevention and Management Project)
CBO	Community-based organization
CDC	Center for Disease Control and Prevention
CHC	Community health center
DOT	Directly-observed treatment
DR	Drug resistant
DQA	Data Quality Assessment
EQA	External Quality Assessment
F&A	Finance and Administrative
FHI 360	Family Health International 360
FY	Fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
IC	Infection Control
IEC	Information, Education, and Communication
IR	Intermediate Result
M&E	Monitoring and evaluation
MDR-TB	Multidrug resistant tuberculosis
MTB	<i>Mycobacterium tuberculosis</i>
NA	Not Available
NCTB	Chinese National Center for Tuberculosis Control and Prevention
NTP	National Tuberculosis Control Program
OCA	Organizational Capacity Assessment
PLHIV	Person (People) living with HIV/AIDS
PMDT	Programmatic Management of Drug-Resistant Tuberculosis
PPP	Private-public partnership
PTB	Pulmonary tuberculosis
Q	Quarter
RD	Residential District (<i>jie dao</i> 街道)
SFDA	Chinese State Food and Drug Administration
SOP	Standard operating procedures
TA	Technical Assistance
TB	Tuberculosis
YATA	Yunnan Anti-Tuberculosis Association
Yunnan TCC	Yunnan Tuberculosis Clinical Center
The Union	The International Union Against Tuberculosis and Lung Disease
USAID	United States Agency for International Development

Narrative I: Executive Summary

The following report details Family Health International (FHI) 360's progress in implementing the Control and Prevention of Tuberculosis (CAP-TB) project throughout fiscal year 2014 (FY14, October 2013 through September 2014) in Kunming, Yunnan Province (China). FY14 was a very productive year, with significant progress made on the project's patient-centered, community-driven initiatives for MDR-TB and TB elimination. Patient-centered counseling by nurses and peer counselors at the two main TB/MDR-TB hospitals in Kunming has been recognized at the national level as a standard of practice that should be replicated in provinces throughout China. The CAP-TB patient-centered, community-driven model for TB and MDR-TB care has also improved patient follow-up within the health system; the ultimate goal is for the project's model to improve treatment success in a way that is sustainable and cost-effective, and results from the mid-point of the project are very promising. 57 Zone, the social media application founded by CAP-TB peer counselors, has gained recognition throughout the province and at the national level for offering instant connectivity to patients and the TB team, strengthening the patient-centered model for TB and MDR-TB delivery.

The following Annual Progress Report gives the performance, achievements, and key challenges encountered during FY14. Implementation in Yunnan Province, China, is led by the Yunnan Anti-Tuberculosis Association, which continues its very effective partnership with the CAP-TB team, serving as the lead partner throughout Kunming City. Xi Shan District Center for Disease Control continues to lead on community-driven initiatives of the project, carrying responsibility for community education, patient home visits, and development of data coordination between the CDC system and Kunming No. 3 Hospital, which formally joined the CAP-TB team as an implementing agency during FY14. Partnering with No. 3 Hospital enables the project to impact the community, the public health system (YATA and CDC), and the clinical system (No. 3 Hospital), a balanced approach that touches the three key sectors of the China health system. The CAP-TB team aims to design and implement a model for MDR-TB elimination that is fully integrated into the TB control system of Yunnan Province. The goal is to integrate effective MDR-TB elimination initiatives in order to improve prevention, diagnosis, and treatment of TB and MDR-TB in a way that is sustainable, scalable, and cost-effective.

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

A: MDR-TB Prevention

Output 1.1 Mobilized communities to advocate for and use TB services

Activity 1.1.1: Provide support and build capacity for community-based groups to further strengthen the CAP-TB Strategic Model for MDR-TB prevention, diagnosis and care in Xi Shan District

FHI 360 provided support to Xishan CDC and Fuhai Residential District (RD) and 57 Zone, the QQ patient support group, to further strengthen the CAP-TB strategic model. For details please see Activity 1.1.2, Activity 2.4.2 and F: capacity building and technical assistance.

Activity 1.1.2 Conduct community educational activities on TB and MDR-TB

Small-group educational sessions: Two CAP-TB project officers from Xi Shan CDC conducted small group activities for elderly, diabetes, and migrant workers once a month. The activities were carried out in the communities in Fuhai RD or at the labor market in Xi Shan District. During the reporting period, 10 small-

group educational sessions were conducted for a total of 183 participants (65 men and 118 women) (USAID PMP Indicator 9; CAP-TB Indicator 2).

Community night event: During the reporting period, CAP-TB China conducted three community events. One was integrated into the World TB Day activities (see Activity 1.1.3, 2014 World TB Day Event). Another two were conducted in Yang Jia and Chuan Fang Communities in Fu Hai RD on 27th December 2013 and 19th June 2014. All the CAP-TB partners from the provincial to community level were actively involved in the events, which included popular singing and dancing, and TB related drama by Ai Yan Se Group, as well as participatory sessions on TB101 Q&A, and infection control skill building. The events reached an audience of approximately 1,850 people (1020 men and 830 women) (USAID PMP Indicator 9; CAP-TB Indicator 2) and more than 50 people participated in the interactive sessions. Mr. Aaron SCHUBERT, Regional Team Leader for HIV and TB, Office of Public Health, US Agency for International Development – Regional Development Mission for Asia (USAID-RDMA) and Anh INNES, Chief of Party, FHI 360 Asia-Pacific Regional Office/USAID RDMA CAP-TB Project attended the night event in June 2014.

TB education via social media sites: CAP-TB China project disseminated key TB knowledge, TB news from home and abroad and CAP-TB activities to the general public through CAP-TB social media sites with Tencent (http://t.qq.com/CAP_TB/mine) and Sina (<http://weibo.com/CAPTb>) on a monthly basis, and more frequently when needed. FY14 saw 17,399 viewers for the posts on Tencent site and, 22,887 on sina site.

Activity 1.1.3: Organize activities to commemorate World TB Day

2014 World TB Day Event: In partnership with all the CAP-TB partners in Kunming, FHI 360 held a community event on 22 March 2014 and a special large group session at Kunming No.3 Hospital on 24 March 2014 to mark World TB Day with a CAP-TB China slogan – “We are all united by the same air we breathe”. Creative activities included a “snap and share” booth, where people took photos and shared them via social media sites, games that quizzed participants on their TB knowledge, opportunities for on-site doctor consultation and sign up for health screenings. Other popular activities included dance performances, TB drama, a participatory session on demonstration of proper infection control techniques, and a speaking contest for the event slogan. During two events, hundreds of people took photos of themselves at the ‘*place your face here*’ TB poster. The key messages on the posters includes “We are all united by the same air we breathe”, “To prevent MDR-TB needs real Kung Fu”, “Shared commitment for a world free of TB” and ‘Take swift action to stop TB’. Nearly 760 people (436 men and 324 women) (USAID PMP Indicator 9; CAP-TB Indicator 2) attended the two events.

2014 World TB Campaign activities: In addition to World TB Day events, CAP-TB provided support to scale up World TB Campaign by conducting activities between March and August 2014: (1) Three educational sessions for 305 university students in Kunming during the month of World TB Day; (2) Display of World TB Day Posters developed by CAP-TB at more than 300 public places in Xi Shan District Kunming for more than one month; (3) TB short film show on more than 300 long-distance shuttle buses departing from Kunming to other parts of Yunnan Province for more than one month; (4) TB short film design contest among university students; (5) Mass media coverage for World TB Campaign activities in four key mass media in Kunming.

TB Short Film contest completed: As the last activity of the 2014 World TB Campaign, a TB short film design contest was completed in September. By the end of August 2014, CAP-TB project received 59 short videos, all from university students. 34 videos were shortlisted and reviewed by a panel of 20 representatives from TB stakeholders, including TB patients, community outreach workers, TB caregivers, TB counsellors, CDC TB staff as well as an advertisement professional working closely with CAP-TB project. 15 best videos were identified and ranked and the winners were then awarded at the annual review meeting in September 2014.

Activity 1.1.4: Strengthen leadership support through sensitization trainings for community health service centers

On 4 December 2013, 19 leaders from 13 community health centers in Fu Hai RD attended a TB training in Jing Niu Community Health Station. (8 men and 11 women) (USAID PMP Indicator 20; CAP-TB Indicator 21) Mr. Xia Xuejing, head of Chronic Diseases Division of Xi Shan CDC chaired the training with the support of FHI 360 staff. Mr. Xia introduced the national TB programmatic management guideline, explained clearly how the involvement of the community health stations may reduce their risks of TB infection and contribute to TB prevention and control in Kunming. Mr. Xu, program officer from FHI 360 introduced key steps, costs, expected outcomes and deliverables for their involvement. The community health stations are expected to provide follow-up adherence support to all the TB patients from the respective community they are responsible for. At the end of the training, participants openly discussed follow-up for MDR-TB patients. CAP-TB project secured the participants' verbal commitment. In FY14 Q2, Xi Shan CDC and FHI 360 provided on-site TA to five community health stations for better quality treatment adherence support to TB/MDR patients in their communities.

Output 1.2 Strengthened private sector involvement for TB/MDR-TB prevention

Activity 1.2.1: Provide support to private clinics/pharmacies about MDR-TB

In order to leverage the involvement of private medical practitioners, Xi Shan CDC organized a coordination meeting with Xi Shan District Society of Private Medical Practitioners on 9th April 2014. Mr. LI Yingji, Chairperson from Xi Shan District Society of Private Medical Practitioners and Mr. LI Fu, responsible for private health sector in Fuhai RD attended the meeting. Both of them expressed their support to refer presumptive TB patients for case finding and TB education via display of TB posters in the private clinics and pharmacies. As agreed among the participants, TB posters and referral cards were distributed to all the private clinics/pharmacies in Fu Hai RD and others beyond the area through the Society. Between July and Sept 2014, two community outreach workers paid visits to 48 private clinics in Fuhai RD, more than half of which were seen with TB posters on the wall. They distributed referral cards and TB related IEC material when needed and explained further to the clinic staff how they could make referrals properly.

During the reporting period, Fu Hai CHC received 297 presumptive TB cases (169 men and 128 women) (CAP-TB Indicator 3) referred by private clinics in Fu Hai RD. Through the CAP-TB referral network, 25 new TB patients were diagnosed throughout the reporting period, among whom the youngest was a two-year-old child. Referrals made by private clinics in Fu Hai RD remained stable through continued, effective coordination among the private sector, a system that was established by CAP-TB.

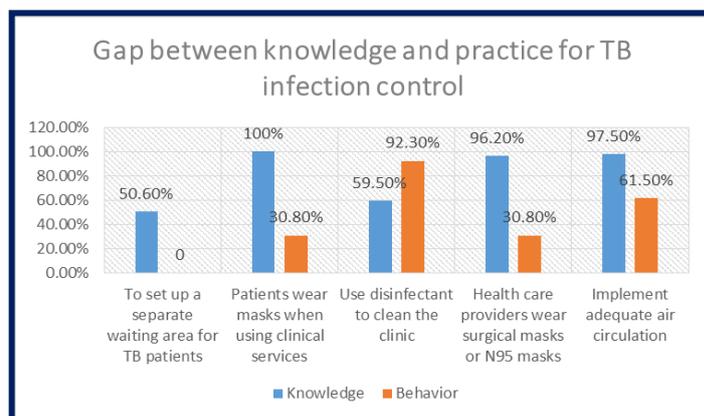
Activity 1.2.2: Strengthen the capacity of Kunming No.3 Hospital to provide appropriate TB diagnosis and first-line treatment for MDR-TB prevention

For details, please refer to F: Capacity Building and Technical Assistance.

Output 1.3 Scaled-up implementation of TB infection control in communities and health facilities

Activity 1.3.1: Conduct TB infection control training and regular assessments in health care facilities

From 28 April to 13 May 2014, Yunnan CDC conducted an infection control assessment with Yunnan TB Clinical Center (TCC), Fu Hai RD Community Health Center and its 12 sub-branches. 79 health care providers were interviewed using an infection control questionnaire to understand their understanding of infection control in health care facility. CAP-TB infection control assessment checklist was also used to score infection control practices at these sites. The results showed that there was gap between knowledge and practice, especially at the community level. Yunnan CDC TB staff



conducted on-site training to community health care staff according to their needs and the physical environment.

N95 and surgical masks: To support TB infection control in communities and health facilities supported by CAP-TB project, YATA procured 120 N95 and 13,370 surgical masks at the end of December 2013. The masks were distributed to each health facility supported by the CAP-TB project.

Activity 1.3.3: Conduct TB infection control training and regular assessments in households

Since late November 2013, two CAP-TB project officers from Xi Shan CDC made 123 home visits to 87 patients in Xi Shan District, including 78 TB patients, and 9 MDR-TB patients, of which 80 patients have received household infection control assessment by using the CAP-TB infection control checklist as an assessment tool. According to the assessments, 75 of the households met infection control standards, including 67 TB patients and 8 MDR-TB patients (CAP-TB Indicator 6). One MDR-TB patient and 5 TB patients did not meet the infection control standards; the 5 TB patients are living in migrants- populated villages in Xi Shan District, where there are very small rooms with poor air exchange. In order to reduce the infection risks in their households, the two project officers trained them on risk reduction infection control skills such as drying pillows, blanket and clothes in the sun, keeping windows open as long as possible, cleaning the floor with wet mop and disinfectant as well as wearing masks when in close contact with their family members. The close contacts of TB patients who were at risk of TB infection during the initial home visits were referred to TB screening services and three were confirmed positive for TB.

B: MDR-TB Management

During the reporting period, 57 MDR-TB cases (42 men and 15 women) (USAID PMP Indicator 7; CAP-TB Indicator 6) were found in Kunming by YNCDC, 36 of whom initiated treatment (USAID PMP Indicator 10; CAP-TB Indicator 11). The Yunnan Tuberculosis Clinical Center screened 1805 presumptive TB patients, and 44 were diagnosed with TB. They provided treatment to 3636 outpatients and 284 inpatients, including 47 MDR-TB patients. Kunming No.3 Hospital (No.2 TB Division) screened 9089 outpatients and 1234 inpatients. Among the Kunming No. 3 Hospital's patient list, 31 were identified as Xishan residents, (29 TB patients and 2 MDR-TB patients) (CAP-TB Indicator 13), and all were successfully referred from No. 3 Hospital to Xishan CDC for continuity of follow-up after hospital discharge.

Output 2.1 Ensured capacity availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients, including the rapid diagnosis of MDR-TB

Activity 2.1.1: Provide TA to strengthen the capacity of laboratory staff in diagnosis of MDR-TB

External Quality Audit (EQA) for the laboratory of No. 3 hospital: with the support from CAP-TB, No. 3 hospital has agreed to have an EQA assessment from the Yunnan CDC for their TB laboratory. Yunnan CDC selected four TB Laboratories for external quality audit (EQA) with funding from the national TB center laboratory. Those four are: Yunnan CDC TB Laboratory, Honghe Prefecture TB Laboratory, Yuxi Municipal TB Laboratory and Kunming No.3 Hospital TB Laboratory. Samples from the above four laboratories were collected and sent to the national TB reference laboratory for verification. Results showed that they all met the standards except Kunming No.3 Hospital. YNCDC provided on-site technical assistance for three times to the Hospital for quality improvement in Q3 and Q4. Improving laboratory capacity through EQA is critical for TB/MDR-TB diagnosis and follow-up, thus No. 3 Hospital's willingness to be evaluated by the CDC was great progress. Because the hospital is not under the authority of the CDC, this type of evaluation has previously never been in place.

Use of GeneXpert for rapid diagnosis of MDR-TB: During the reporting period, 3,577 LED samples (2150 men and 1427 women) were tested and 678 samples were assayed with the GeneXpert machine procured by CAP-TB project, resulting in the detection of 197 rifampicin-resistant cases (below):

Table 1: GeneXpert Tests conducted at the Yunnan CDC

Month	Samples tested	Mycobacterium tuberculosis (MTB) complex DNA		MTB not detected	Errors	Invalid Numbers
		Rifampicin Resistant	Rifampicin Sensitive			
Oct 13	13	7	4	2	0	0
Nov 13	31	8	20	3	0	0
Dec 13	77	21	46	9	1	0
Jan 14	41	17	23	1	0	0
Feb 14	40	11	8	21	0	0
Mar 14	0	0	0	0	0	0
April 14	62	14	9	39	0	0
May 14	50	30	9	11	0	0
June 14	15	8	0	7	0	0
July 14	1	0	1	0	0	0
Aug 14	107	20	85	2	0	0
Sept 14	241	61	170	6	3	1
Total:	678	197	375	101	4	1

Output 2.2 Strengthened case finding and referral for MDR-TB

Activity 2.2.1: Provide incentives for referrals of MDR-TB suspects and conduct regular feedback meeting among private and public sectors

For details, please see Activity 1.2.1.

Activity 2.2.2: Train TB health staff in the detection and management of MDR-TB

For details, please refer to F: Capacity Building and Technical Assistance.

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

Activity 2.3.1: Support participants to attend national and international level MDR-TB training conducted by National Center for TB Control and Prevention (NCTB), Union and WHO

Dr. LI Mingwu, Director of No.2 TB Division of Kunming No.3 Hospital and Ms. MA Meng, head nurse from the same division attended the 2014 National Conference on Tuberculosis Prevention and the Responsibilities of Medical Institutions in Zhenjiang City, Zhejiang Province on 10-13 September 2014. Twenty-two provinces and 60 hospitals were represented in the audience. The conference covered a wide range of topics, including TB/MDR-TB clinical treatment (including surgical resection), the latest progress in laboratory diagnosis for MDR-TB, patient education and counseling, TB treatment for elderly, pregnant women, TB/HIV patients and TB/DM patients. The conference was engaged and enthusiastic. There was open sharing of innovation, success and common challenges in caring for patients with MDR-TB. They both felt the conference was of great value because they learned more about the state of the art in TB treatment and management. Dr. LI and Ms. MA shared what they learned with the No.3 Hospital team after they returned from the conference.

Ms. LI Ling, FHI 360/CAP-TB China's Country Manager, was also invited as a guest speaker to attend the conference. In her oral presentation, Li Ling shared CAP-TB's patient-centered care model for MDR-TB prevention, which publicized CAP-TB's Yunnan strategy to the TB audience across China. Two hundreds participants from twenty-two provinces and 60 hospitals were represented, which was engaged and enthusiastic while sharing common challenges in caring for patients with TB/MDR-TB.

Output 2.4 Scaled-up quality treatment and community approaches for PMDT

Activity 2.4.1: Provide health care providers with a training in effective communication with patients

For capacity building activities, please go to F: Capacity Building and Technical Assistance.

Activity 2.4.2: Provide treatment adherence education and support to TB/MDR-TB patients

For capacity building activities, please go to F: Capacity Building and Technical Assistance.

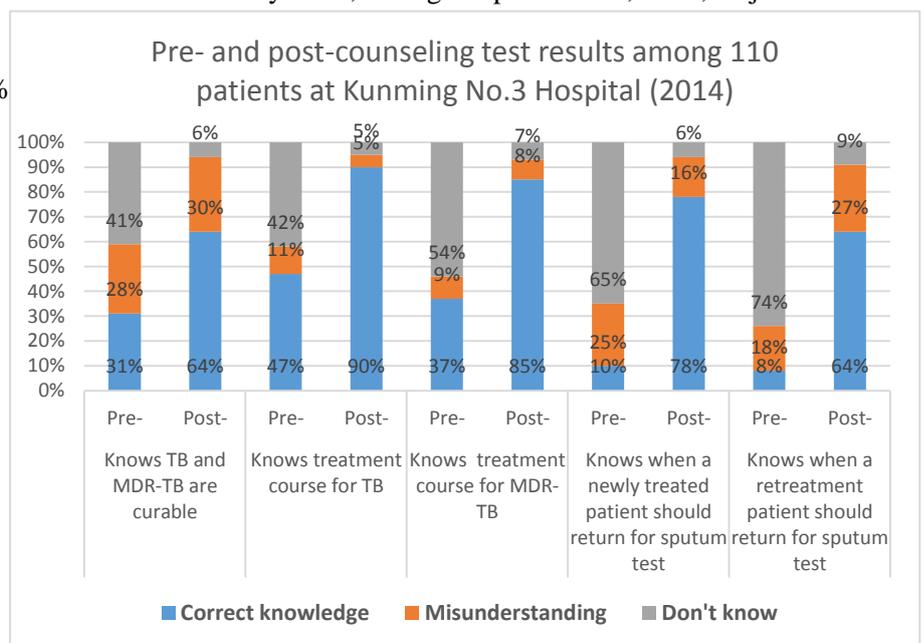
Education and counseling for hospitalized TB/MDR-TB patients: CAP-TB China supported two TB treatment sites in Kunming for provision of adherence education and support to TB/MDR-TB patients through one-on-one counseling and small-group educational activities by TB peer counselors and nurses.

At Yunnan Tuberculosis Clinical Center (TCC), the newly furnished roof garden is an ideal space for small group activities or one-on-one educational sessions in terms of infection control. A small room on the fourth floor of the TCC building was set up as a counseling room which gives more privacy for patients. As the TCC teamed gained experience, education and counseling became one of the most integral parts of the daily TB service for inpatients. The CAP-TB counseling guideline, checklists and TB flipcharts were used to guide educational conversation with inpatients. At the end of September 2014, five trained TB/MDR-TB patients (three men and two women) were involved in face-to-face education with inpatients. During the reporting period, TCC provided TB education to 310 participants (188 men and 122 women) (USAID PMP Indicator 9; CAP-TB Indicator 2), of those 195 TB/MDR-TB patients and their family members (122 men and 73 women) through 19 small group activities and 218 patients (134 men and 84 women) through one-on-one counseling.

At Kunming No.3 Hospital, four TB patients were trained in peer counseling through one-on-one mentoring from the CAP-TB FHI 360 team. TB nurses who attended four counseling trainings (November 13, December 13, February 14 and August 14) also practiced their skills through supervised counseling sessions and small-group activities with support of FHI 360. During the reporting period, Kunming No.3 Hospital conducted 11 small-group educational activities for 316 participants (161 men and 155 women) (USAID PMP Indicator 9; CAP-TB Indicator 2), including 205 TB/MDR-TB patients and 111 of their family members. Many inpatients from No.1 TB Division attended the group activities when they heard of the activity. They also provided counseling through one-on-one conversation with 592 TB/MDR-TB patients (325 men and 267 women) (USAID PMP Indicator 9; CAP-TB Indicator 2).

Pre-and Post-counseling tests in No. 3 hospital: In order to assess the effectiveness of CAP-TB project one-on-one counselling service. An assessment was conducted at #2 TB Division, Kunming No.3 hospital by using Pre-and Post-tests and provide TB/MDR-TB patients with at least once in-depth one-on-one counselling service in the interim. The assessment was started from July 2014, through September 18, 2014, with a total of 110 TB/MDR-TB patients enrolled.

The majority of the participants are less educated, 58% under high school; 74% from county and prefecture level and other provinces, and 62% farmers, mobile workers and unemployed. The assessment results strongly indicated that TB/MDR-TB patients have significant needs for more TB knowledge, proper attitudes and skills to cope with adverse drug reactions and TB stigma as well as infection control. The results also provided encouraging and solid evidence to support this effective one-on-one counselling approach as shown in the chart below:



57 Zone – internet-based peer support: 57 Zone is a virtual community created by CAP-TB China through Tencent QQ. 57 Zone is an instant



messaging service to network TB patients in Kunming and throughout the country, with the goal to provide quality TB education as well as peer care and support among TB patients. 57, literally pronounced ‘wu qi’ in Chinese, sounds like ‘No cheat’(trust), ‘no give up’, and ‘I am healthy’, which represents common concerns and desires among Chinese TB patients, as well as demonstrating what 57 Zone can do. Trained peer counsellors and peer volunteers manage the group and provide online education and counselling on a daily basis. TB service providers from Kunming No.3 Hospital and Yunnan TB Clinical Center, the two hospitals supported by CAP-TB, have also joined 57 Zone to provide technical consultation to patients online. The patients who receive treatment at these two hospitals and have access to internet are invited to join the group. A logo and QR code was designed for 57 Zone. Promotional material was printed and distributed both at TCC and Kunming No.3. Hospital and electronically.

At the end of September 2014, more than 200 people signed up for 57 Zone, including current/former TB/MDR-TB patients and their family members, CDC TB staff, TB doctors and nurses, peer counsellors. Among the participants, more than 90% are TB/MDR-TB patients and their family members. 57 Zone is managed by five MDR-TB patients (current or former) with support of health care providers from TCC and Kunming No.3 Hospital as well as FHI 360. Roles and responsibilities are defined and a weekly rotation plan improves work efficiency and timely assistance to the clients who may need help online. Through adequate facilitation and regular information updates, 57 Zone saw increasing participation from the clients- not only information consultation between patients and counsellors but also sharing of experience and concerns between the clients themselves. Words of encouragement and mutual support are commonly conveyed between the patients in the 57 Zone cyber space.

In order to improve online services and support to patients and their family members, two feedback meetings among 57 Zone QQ group managers were conducted. In FY15, CAP-TB will continue to support 57 Zone as a network of current/former TB patients owned and managed by peer counsellors/peer volunteers in Yunnan.

QQ-based community activities: In order to promote greater involvement of TB patients, 57 Zone organized three internet-based activities – One was called ‘My wish for the *Year of the Horse*’ in which 36 people, including TB patients, doctors and nurses, were encouraged to take a photo of themselves holding a sign that showed their own wishes for new year and to share the photos through 57 Zone. In addition, the 100th and 200th members of 57 Zone were identified, acknowledged and introduced to the 57 Zone group---great milestones of achievement for an innovative community-driven initiative.

Follow-up Support to TB patients in the community and feedback meetings with Kunming No.3 hospital and TCC: The two CAP-TB project officers from Xi Shan CDC provided support to TB and MDR-TB patients in home-based care with a focus on treatment adherence, coping with treatment adverse effects, and infection control. The home visit form developed by CAP-TB was used as a tool to guide the project officers to deliver quality care of services. During this reporting period, these two project officers from Xi Shan CDC paid 123 visits to 79 TB patients (52 men and 27 women) and 8 MDR-TB patients (6 men and 2 women) (USAID PMP Indicator 9; CAP-TB Indicator 2). In addition, they made 1124 phone calls to follow up with 208 TB patients and 8 MDR-TB patients (USAID PMP Indicator 9; CAP-TB Indicator 2). Every month, the project officers joined the small group activities for patients at TCC and Kunming No.3 Hospital. They were introduced to meet with the inpatients from Xi Shan District for whom they would provide follow up support upon discharge to their communities. Because of this monthly meeting, both project officers found a much higher acceptance for home visits among the TB patients. Some patients at Kunming No.3 Hospital eagerly invited them to pay home visits for further support. On a regular basis, the project officers conduct feedback meetings with TCC or Kunming No.3 Hospital to highlight areas that need improvement. These project officers thus form a critical link between TB clinical services and Xi Shan District community.

Cloud-based TB case management tool: In order to provide seamless care and support for better patient case management, CAP-TB China developed a cloud-based system that links the community with the clinical sectors. Xishan CDC, TCC and Kunming No.3 Hospital all accessed and updated patient data in a shared, consolidated spreadsheet synchronized through 360 Yunnan cloud platform (<http://yunpan.360.cn/>). It includes all TB/MDR-TB patients from Xi Shan District who are diagnosed and treated at Kunming No.3 Hospital or TCC. The system gives TB doctors and community care-givers timely updates about TB patients

throughout their long course of treatment. By the end of Sept 2014, a total of 16 MDR-TB patients and 37 TB patients were provided support using this cloud-based system.

TB stigma study: In order to understand how stigma may affect treatment adherence among TB/MDR-TB patients, YATA conducted a qualitative study about TB stigma. With the support of FHI 360, YATA conducted a preliminary literature review about TB stigma in China and worldwide. A consultation meeting was held to review all the literature findings and draw ideas from six Chinese experts who have rich knowledge and/or experiences in stigma and discrimination in China. A TB stigma training workshop was provided to 14 participants, including TB staff from Yunnan CDC/YATA, health care providers from TCC, community outreach workers from Xishan CDC as well as five TB/MDR patients. Based on the inputs from the training participants, TB stigma was contextualized into a five-layered structure— self stigma, stigma from and within the family, stigma and discrimination from the society, stigma in the health care setting and institutional stigma. YATA then drafted qualitative interview guidelines for TB patients, their family members and TB service providers. CAP-TB local consultant, Ms. XIA Donghua and Mr. Matt Avery, SBC Officer based in FHI 360 Asia Pacific Regional Office, provided technical recommendations to fine-tune the draft. After training on interview skills and pretest of the interview guideline in June, eight interviewers conducted the interviews. Data collection was completed at the end of August. Thirty-two (32) TB/MDR-TB patients (current or former), 10 family members of TB/MDR-TB patients and 13 TB service providers participated in the interviews. With the support of Ms. Xia, the local consultant, CAP-TB conducted two rounds of focus group discussion for data analysis. YATA will finalize data analysis and draft report in Q1 FY15.

Activity 2.4.3: Develop user friendly counseling toolkit and educational material for TB/MDR-TB patients

During the first half of FY14, two education flipcharts and a ‘TB patients staying healthy’ book for TB/MDR-TB education were developed. In the second half of FY14, CAP-TB designed three new leaflets covering the following topics: TB medication, food and nutrition for TB treatment and recommended procedure for quality sputum sample taking.



Activity 2.4.4: Conduct stress management activities to health care providers

On 14 May 2014, a stress management session led by Ms. OC LIN, Mainland Project Manager (former executive director) of Hong Kong AIDS Foundation was carried out upon the request of Dr. XU Lin, Director of Yunnan CDC – Provincial Center for TB Control and Prevention. 15 TB staff from Yunnan CDC attended the activities. Through interactive discussion, Ms. OC shared her personal stories from childhood to the present days of living with and fight against cancer. The participants were led to review and see their own stress, gains and losses throughout their paths of life differently. At the end, the participants all felt inspired and empowered to cope with stress and difficulties and move forward for a better life. Maintaining health among health care workers and care-givers for TB and MDR-TB patients is critical.

C: Strategic Information

Output 3.1: Strengthened capacity of TB program to collect, use and analyze data for management

Activity 3.1.1: Assist with reinforcement of TB Working Group

Bi-monthly working group meetings: Five CAP-TB working group meetings were held in FY14. All local partners (YATA/Yunnan CDC, TCC and Xishan CDC and FHI 360) sent at least one representative to attend, giving feedback and participating in the discussion. A peer counsellor was also invited to attend the meeting and to learn, share and give suggestions on behalf of the community of TB/MDR-TB patients. Inclusion of peer counselors will be a routine practice for working group meetings in the future.

Activity 3.1.2: Provide TA for site supervision

YATA/Yunnan CDC, FHI 360, Kunming CDC and Xi Shan CDC paid field visits to CAP-TB sites on a monthly basis or more frequently, as needed. They conducted frequent joint site visits and discussed issues on the spot.

Activity 3.1.4: Conduct CAP-TB annual review meeting

On 9-11 Sept 2014, CAP-TB Project and the Global Fund Project Yunnan jointly organized an annual meeting in Kunming. There were 81 participants from Yunnan Health Bureau, 16 prefecture-level CDCs, Zhenxiong County CDC and Zhenxiong County Hospital (new partners in FY15) as well as existing CAP-TB partners in Kunming (YATA, Yunnan CDC, Xishan CDC, TCC, Kunming No.3 Hospital, 57 Zone and FHI 360). Ms. OUYANG Lin, Deputy Director of Diseases Control Division, Yunnan Health Bureau attended the opening ceremony. She emphasized that CAP-TB project significantly contributed to TB control and prevention in Yunnan and pointed out that more efforts should be made to strengthen case finding and increase TB service coverage through innovation, policy reform and resource mobilization.

Ms. LI Ling, FHI 360/CAP-TB China Country Manager, reviewed CAP-TB's work in FY14 through interactive discussion with the participants. Three panel group sessions were held for the 57 Zone peer group, health care providers from TCC, and community caregivers from Xi Shan CDC to share how they made concerted efforts to support TB/MDR-TB patients for better treatment outcomes. Mr. XU Zhixiang, FHI 360 China Program Officer, previewed new innovative activities to be launched in FY15. At the end of the meeting, the participants brainstormed in small groups about what they could do to strengthen the TB response in a rural, resource poor setting, based on the shared CAP-TB project experiences. As revealed from discussion, many participants were interested in the innovative activities developed by CAP-TB project and expected future replication or utilization of patient education material or resources developed by CAP-TB.

Output 3.2 Increased TB research activity

Activity 3.2.1: Document the process of bi-directional screening of TB/DM

The bi-directional TB/DM screening initiative was continued in FY14, with training, on-site supervision and a self-administered checklist provided to all sites by FHI 360 and YATA/Yunnan CDC to strengthen consistency and appropriateness in data collection and filing.

Field work and data collection for DM/TB bi-directional screening was completed in April 2014. From June 2013 to the end of April 2014, 2,976 DM patients were screened for TB for 3,896 times and 266 (9%) were found positive with signs of TB symptoms (3 PTB cases confirmed). TCC identified 5 new DM and 22 previously diagnosed DM patients among 534 TB/MDR-TB patients screened. When compared with the TB prevalence rate (56.81 per 100,000 in 2013) and DM prevalence rate (4.8% in 2013) in Yunnan, the DM/TB bi-directional screening made a difference to the numbers of TB patients (100 per 100,000) and DM patients (5.1%) detected.

YATA carefully reviewed all the completed forms collected from the clinical sites and posted them to the IUATLD office in Beijing in May 2014 for final data entry and analysis. The IUATLD consultant completed the first draft of the study report in September 2014, which will be reviewed by FHI 360 and CAP-TB partners. Documentation of the bi-directional screening of TB/DM will be carried out in FY15.

An additional achievement from this activity is that an abstract about TB knowledge and its influencing factors among diabetics patients in communities in Kunming prepared by Ms. PAN Yuying, YATA Program Officer, was accepted for poster presentation at the 6th International Conference on Public Health Among Greater Mekong Sub-region Countries to be held at Khon Kaen, Thailand dated 6-7 November 2014.

D: Monitoring and Evaluation

Activity 3.1.3: Strengthen Data Quality Assurance (DQA) and data analysis for data management

CAP-TB M&E system orientation: On October 23, 2013, FHI 360 China conducted an M&E training for project managers and M&E staff from two IAs - YATA and Kunming No.3 Hospital. CAP-TB M&E guidelines and standard data collection forms were carefully explained to the participants. In addition, it was decided to update a clear communication flow chart for data management and reporting. Roles and responsibilities were clarified for M&E focal points designated by each CAP-TB partner. One week after the training, FHI 360 provided on-site TA to help Kunming No.3 Hospital, a new IA for FY14, to set up their M&E system for CAP-TB.

USAID Mid-term Evaluation: Between 24 February and 1 March 2014, the USAID mid-term evaluation team (Mr. Aimé De Muynck, Ms. Carina Stover, and Ms. Amy Bloom) evaluated CAP-TB China through field visits to Kunming and Beijing. They had meetings with all the CAP-TB partners and primary and secondary stakeholders, including FHI 360 China/Kunming Office, YATA/Yunnan CDC, Xishan CDC, TB/DM bi-directional screening community health center, TCC and Kunming No.3 Hospital, Yunnan AIDS Care Center, Yunnan Provincial Bureau of Health, WHO Beijing Office and the Union China Office. The team also interviewed primary beneficiaries - TB/MDR-TB patients in hospital/or in the communities. The final evaluation results were positive overall.

TA support from FHI 360 APRO and USAID/RDMA: USAID/RDMA and FHI 360 APRO reviewed PMP indicators and decreased the number of indicators for reporting to meet the real needs of the CAP-TB project. In December 13, Anh Innes, Chief of Party, CAP-TB Regional Project, provided TA to CAP-TB China via emails and teleconference to discuss, clarify and finalize the list of indicators (PMP indicators and CAP-TB indicators) and targets for CAP-TB China.

Accompanied by Anh Innes, Mr. Aaron SCHUBERT, Regional Team Leader for HIV and TB, Office of Public Health, USAID/RDMA visited CAP-TB China program in June 2014. They visited the CAP-TB project sites – Yunnan CDC, TCC, Ma Jie Community Health Center, Xishan CDC, Kunming No.3 Hospital, Yunnan Blue Sky AID Center and Yunnan AIDS Care Center. Aaron positively acknowledged the efforts made by the CAP-TB China team and suggested that CAP-TB project should make a careful plan to track outcome data, document and package the CAP-TB model for future dissemination.

Anh joined CAP-TB China team to give CAP-TB updates to NCTB officials in Beijing, including Director WANG Lixia and Deputy Director CHEN Mingting and their health education/patient support team. They requested that CAP-TB develop capacity building guidelines for physicians, peer educators and hospital/CDC engagement. They also hoped that CAP-TB will be able to show data for impact and cost of project activities.

M&E Technical Assistance from USAID/RDMA: The USAID RDMA OPH M&E team - Ms. Jittinee KHIENVICHIT and Ms. Marisa SANGUANKWAMDEE – worked with CAP-TB China team on 28-30 July 2014. Based on the follow-up actions from the previous joint DQA by FHI 360 APRO/USAID/RDMA in March 2013, the USAID team visited CAP-TB project sites – TCC and a community in Xi Shan District. Discussions included how to measure results of the China CAP-TB Project, especially in terms of capacity building on MDR-TB management, early case detection, treatment initiation and success as well as CAP-TB model scaling up in Zhenxiong County of Zhaotong Prefecture in FY15.

Conduct regular DQA: During the reporting period, FHI 360 program officers conducted two data quality assessment (DQAs) in October 2013, and May-June 2014. They paid field visits to CAP-TB sites. They

completed DQA checklists based on the interviews with designated M&E staff, review of the M&E records and random data verification. At the end of the field visits, recommendations were discussed with the local partners. The DQA results indicated that all the local CAP-TB partners in Kunming have established an M&E system that ensures solid and quality project data, especially in terms of establishment of M&E focal persons, clear roles and responsibilities for different partners, and documentation tools. During the second DQA activity, FHI 360 identified a few data entry errors with client names for follow-up home visits to TB/MDR-TB patients.

On 28th September 2014, FHI 360 organized a M&E workshop with 7 participants (3 men and 4 women) ([USAID PMP Indicator 20](#); [CAP-TB Indicator 21](#)) from all CAP-TB partners YATA/Yunnan CDC, TCC, Xishan CDC, Kunming No.3 Hospital and Yunnan Blue Sky AIDS Center (a new IA since FY15). FHI 360 Program Officer reviewed the M&E issues incurred from the past six months and provided training on how to conduct an internal DQA by using standard checklists. All CAP-TB partners will conduct their own internal DQA in October 2014.

E: Enabling Environment for MDR-TB Prevention and Control

Output 4.1: Improved capacity of National Tuberculosis Program (NTP) to develop finance and implement national TB control strategies in line with global strategies

Activity 4.1.1: Conduct cost-effectiveness analysis with the London School of Hygiene and Tropical Medicine (LSHTM)

Field visit for pre-study assessment: The LSHTM team led by Professor Richard Coker visited Kunming and Yuxi in November 2013 to understand more about the TB response strategies, DOTS, TB internet-based reporting system, and TB laboratory work in Yunnan. Based on the understanding gained in the field, the team designed a study to work with YNCDC/CAP-TB project to conduct a cost effective analysis using the national and project data, as well as conducting qualitative analyses on the impact of gender, incentives, and barriers in accessing TB diagnosis and treatment. The research protocol was approved by Yunnan CDC Ethical Committee in April 2014.

Data harmonization for analysis: In order to conduct the cost effective analysis using the national and project data, Yunnan CDC exported and harmonized all the TB patient data between 2005 and 2013 from the national TB internet-based reporting system. The database was then shared with LSHTM team for data analysis.

Field data collection for qualitative study: In August 2014, the LSHTM team sent Mr. Coll HUTCHISON and Ms. Joanne YOONG to conduct field work in Kunming for collection of qualitative data as well as documents and data for economic analysis. Qualitative analysis will be conducted on individual attitudes and social norms regarding TB. Mr. HUTCHISON has collected data through in-depth semi-structural interviews with MDR-TB patients and health care providers, focus discussion groups with communities as well as participant observation. Interview guideline was piloted. Fourteen (14) TB/MDR-TB patients and 4 health care providers were interviewed. The LSHTM team plans to conduct the second field visit to CAP-TB China to interview more patients, health care providers and organize focused group discussions at the end of October 2015.

Qualitative method training: On 12 Aug 2014, Coll HUTCHISON conducted a basic training on qualitative methodology, including study design, ethical consideration and examples of qualitative study. There were 19 participants (4 men and 15 women) from YATA, TCC and FHI 360 ([USAID PMP Indicator 20](#); [CAP-TB Indicator 21](#)). YATA/Yunnan CDC lacks field experiences in qualitative study for TB, so the training was of great help to build capacity in this area.

Activity 4.1.2: Conduct a CAP-TB project debriefing and project update meeting with institutional members of YATA

On 10 January 2014, YATA organized a CAP-TB debriefing meeting for the key institutional members. There were 46 participants, including Mr. HUANG Xingli, Director of Scientific Education, Yunnan Bureau of

Health; Ms. OUYANG Lin, Deputy Director of Diseases Control, Ms. LI Ying, Deputy Director, Yunnan Association of Sciences; Mr. CHA Shun, Director the board, YATA; Mr. LI Zhen, Deputy Director of the board, YATA; Ms. XU Lin, Secretary General, YATA as well as leaders and/or experts from four technical working groups at the local level. On behalf of CAP-TB project, Ms. XU Lin gave an overall introduction of the CAP-TB project YATA implemented through Yunnan CDC – Yunnan Center for TB Control and Prevention and highlighted significant milestones. The final feedback and discussion indicated that the participants, including key health officials, positively acknowledged the CAP-TB project implemented by YATA.

Output 4.2: Strengthened partnership for quality TB care including private sector

Activity 4.2.2: Conduct regular referral coordination meetings with private and public sector

For details, please refer to Activity 1.2.1.

Activity 4.2.3: Conduct sensitization trainings for TB health care providers in Kunming

During the reporting period, Kunming No.3 Hospital and TB Sub-branch of Kunming Academy of Medicine jointly organized two TB conferences on the most advanced TB clinical management in Kunming, respectively in December 2013 and September 2014. There were 498 participants (175 men and 323 women) from the public and private hospitals and CDCs in greater Kunming and beyond. The TB clinical service providers in Kunming increased their understanding of appropriate diagnosis and treatment of MDR-TB.

F: Capacity building and technical assistance

Train TB health staff in the detection and management of MDR-TB

MDR-TB management TA and trainings conducted by the IUATLD: During the reporting period, Dr. Chiang Chen-yuan from the IUATLD paid two one-week long field visits to CAP-TB China in January and July 2014. The purpose of the visits was to provide TA on clinical management of drug resistance TB at both TCC and Kunming No.3 Hospital; to assess case finding of drug resistance; to give consultation with the TCC on clinical audit on regimens used and dosage prescribed in TB treatment; to assess the TB information system of Kunming No.3 Hospital as well as conducting one or two-day trainings for TB clinicians. A total number of 47 TB doctors and nurses (12 Men and 35 Women) ([USAID PMP Indicator 18](#); [CAP-TB Indicator 15](#)). He organized lectures and interactive discussion with doctors and nurses. Dr. Chiang also met with Mr. CHEN Mingting, Vice Director, NCTB and updated him on the Union's involvement in CAP-TB China's activities in Kunming.

TB/HIV training and TA conducted by the IUATLD: Dr. Ignacio Monedero from the Union conducted a five-day on-site training for doctors from Yunnan AIDS Care Center from March 10th to 14th, 2014. A total of 22 participants (14 men and 8 women) ([USAID PMP Indicator 18](#); [CAP-TB Indicator 15](#)) attended this training. The purpose of this training were: 1. Harmonize treatment and management of HIV-positive patients with TB and thus reduce mortality, especially in patients with various complications; 2. Contribute to creation of a critical number of health workers with skills and competencies in provision of quality care to patients with TB-HIV.

The training was followed by a TA plan for Dr. Ignacio to give “remote” support and advice to the physician team at Yunnan AIDS Care Center regarding complicated cases, operational research etc. Upon request of Yunnan AIDS Care Center, the first skype call was set up on 7th August 2014 for Dr. Ignacio to join the discussion about proper TB screening procedure among PLHIV. He helped to revise the TB screening flowchart developed by Yunnan AIDS Care Center.

TA and capacity building to lower-level TB clinical service providers: with the support of CAP-TB project, Mr. LI Mingwu, the Director of No.2 TB Division, Kunming No.3 Hospital provided on-site technical assistance to the hospitals in Dongchuan and Luqian of Kunming City, Xiang Yun County of Da Li Prefecture

of Yunnan as well as Cunyi City of Guizhou, a province neighbouring Yunnan. Through lectures, discussion and field supervision, Dr. LI made efforts to strengthen their capacity in standardized TB/MDR-TB treatment and management of difficult cases.

Provide treatment adherence education and support to TB/MDR-TB patients

Effective communication trainings for health providers from No. 3 hospital and TCC: Mr. XU Zhixiang, FHI 360 China/Kunming Program Officer, facilitated three trainings in effective communication with patients , organized for doctors and nurses at TCC and Kunming No.3 Hospital (No.2 Division) on 15 and 17 April and 15 May 2014 respectively. The first two were small-group workshops facilitated by Mr. XU Zhixiang, and the third was a large-group workshop for more than half of the nurses from Kunming No.3 Hospital led by Ms. OC LIN from Hong Kong AIDS Foundation with support of FHI 360 staff. The trainings were all aimed at increasing health care providers' basic communication skills to minimize misunderstanding and improve two-way communication between patients and doctors for better treatment outcomes. 125 participants (7 men and 118 women) attended the trainings, including 28 doctors, 97 nurses (CAP-TB Indicator 16). Nurses, as the health care staff with more daily contact with patients, actively participated in the training. Through interactive discussion and experience sharing and role play, the participants realized the existing gaps and increased their commitment to improved communication and understanding between health care provider and patients.

TB counselling trainings and capacity building: The CAP-TB project focused on building capacity to provide counseling services for TB patients at TCC and Kunming No.3 Hospital (NO.2 TB Division) as a strategic element to leverage better treatment outcome. TB counseling training in China was adapted according to the TB counseling training modules developed by PATH's Ukraine TB/HIV project supported by USAID. During the reporting period, three intensive trainings were organized on 12-13 November 2013, 8 June 2014, 13 December 2013, February 20 2014, for 18 newly recruited nurse/peer counsellors (CAP-TB Indicator 16) and three refresher trainings, for 43 counsellors on 10-11 Feb 2014, 22 May 2014 and 29 Aug 2014 respectively. The trainings were facilitated by Mr. XU Zhixiang and ZHAO Xinru, FHI 360 China/Kunming Program Officers, and Ms. OC LIN from Hong Kong AIDS Foundation, and Ms. YU Zhonghui (TB counsellor at TCC) and Mr. HUANG Zhendong (Peer counsellor, 57 Zone) after they gained more field experiences and capacity to train others. Capacity building was strengthened through rounds of role play exercises, demonstration, on-site coaching and mentoring, and supervised session for newly trained counsellors.

Community-based care for TB/MDR-TB patients training: on 28 November 2013, Xi Shan CDC and FHI 360 organized a training on community-based care for TB staff in the community health centers and stations in Fu Hai RD. There were 26 participants from Yunnan CDC, Kunming CDC, Xi Shan CDC and 13 community health stations from Fu Hai RD (CAP-TB Indicator 16). The one-day training was adapted based on the TB counseling training dated 12-13 November 2013. Patient-centered counseling guidelines and tools were introduced to the participants. The trained community health workers will meet TB patients in their own communities at least twice during the course of TB treatment and make at least once monthly phone calls to ensure good treatment compliance.

Table 1-1 – 1-7: Program level monitoring results (Please fill in separate excel sheet)

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 made for large-group activities (e.g., WTBD) reported for (PMP #9 CAP-TB #2), as follows: all volunteers kept count of the number of participants with whom they interacted and conducted surveys. At the end of the event, the number of volunteers was multiplied by the average number of participants. For community events, an average head count was conducted at the beginning, middle, and end of the event, and the average of the three counts was used to give the total participants in the event.

For all the training activities across different topics for project staff and/or health care providers and educational activities for TB patients and their family members (PMP Indicator 9, 14, 17, 18, 20 and CAP-TB indicator 16), person names were recorded to track the unique numbers of individuals reached. Therefore, people who attend more than one training (in the same training area) are counted only once, and can be counted once again if he/she attends a training in a new training area. In light of this, please note that in this narrative, when details of the trainings are discussed individually, simply adding up participants for each training may not yield the total number that is reported (PMP Indicator 9, 14, 17, 18, 20 and CAP-TB indicator 16). When data are aggregated for reporting in the summary of accomplishments and PMP excel spreadsheet, the number of participants trained in each training area is “de-duplicated” across FY14.

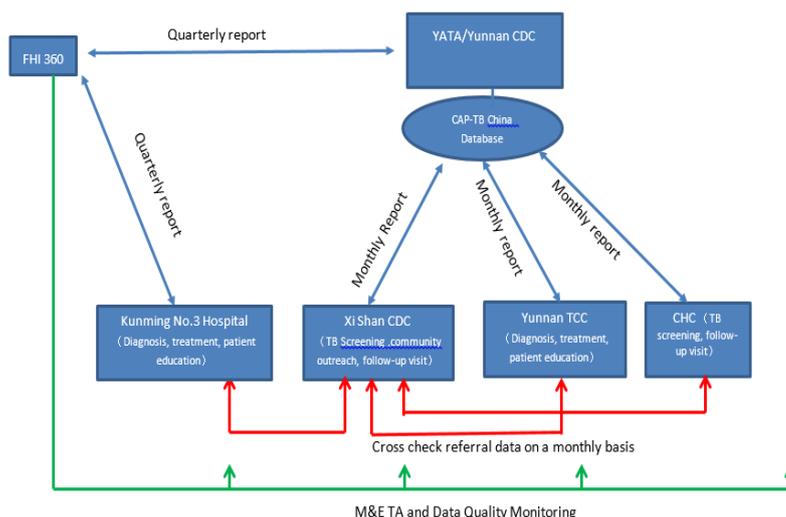
For number of individuals reached with TB prevention and treatment messages in USAID-supported project areas (PMP Indicator 9), an educational activity attended by more than 30 participants is often counted as a “large group”. However, in practice, this has a small group dynamic, given that a team of facilitators or educators work together to ensure adequate participation from each participant and/or quality of behavioral communication with individuals is strengthened. This point is relevant as group activities in the hospital educational sessions are increasing in size, and once they increase beyond 30, they will be considered large-group educational activity.

USG funded partners: The CAP-3D project was closed in Kunming in September 2013, thus there is no USG funded partners in project sites now.

Partners funded by other donors: CAP-TB project has been programmed in close coordination with NTP through YATA/Yunnan CDC, the implementing agency which leads the CAP-TB work in China. Through regular meetings with the health officials and CDC leaders responsible for TB work in Kunming and in Yunnan, the CAP-TB project clarified the scope of work to other TB programs funded or supported by the Chinese government. Yunnan CDC manages the GFATM funded TB program in Yunnan. Through coordination, CAP-TB project mainly support on: 1) Provide MDR-TB diagnosis and treatment TA to health providers; 2) Support patients peer group.

Annex II: Processes carried out to ensure data quality

FHI 360 developed a data flow chart that included all the involved local partners with components, flow of reporting, feedback mechanism and responsibilities of related staff. The data management process of CAP TB was explained to program and M&E staff of each local partner through CAP-TB bi-monthly meetings and field visits to each service site. Through the CAP-TB Working Group via QQ, a social media site in China, all the M&E staff are connected conveniently for instant communication and feedback about M&E issues on a daily basis.



The CAP TB DQA checklist and assessment documents were developed based on the *Data Quality Assessment Standard Operating Procedure of USAID RDMA Performance Management Plan by APRO*. It serves as a guideline for DQA practices in the country. All the local partners have prepared and reviewed their M&E data carefully on a monthly basis to ensure quality of data to be submitted to YATA.

Annex III: Summary of accomplishments against the work plan and targets (*Please fill in separate excel sheet and see Annex III, CAP-TB Regional Summary*).