

# **Control and Prevention of Tuberculosis**

## **Burma Country Narrative**

**Family Health International (FHI 360)**

**FY2015 Semi-Annual Performance Report  
(October 1, 2014 – March 31, 2015)**



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## Acronyms

3MDGF	The Three Millennium Development Goals Fund
BHS	Basic Health Staff
CAP-TB	Control and Prevention of Tuberculosis (Greater Mekong Sub-region Multidrug Resistant Tuberculosis Prevention and Management Project)
DOT	Directly Observed Treatment
FHI 360	Family Health International
FY	Fiscal year
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GPs	General Practitioners
IAs	Implementing Agencies
IEC	Information, education and communication
IR	Intermediate Result
JICA	Japan International Cooperation Agency
MBCA	Myanmar Business Coalition on AIDS
MDR-TB	Multidrug resistant tuberculosis
MHAA	Myanmar Health Assistants Association
MMA	Myanmar Medical Association
MOU	Memorandum of Understanding
NTP	National TB Control Program
PGK	Pyi Gyi Khin
PICTs	Program to Increase Catchment of Tuberculosis Suspects
PM	Program manager
PMP	Performance management plan
PSI	Population Services International
TA	Technical assistance
TB	Tuberculosis
TMO	Township Medical Officer
UNAID	Joint United Nations Programme on HIV/AIDS
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
The UNION	International Union Against Tuberculosis and Lung Disease
WHO	World Health Organization
WTB Day	World TB Day

## **Narrative I: Executive Summary**

### **Scale up of the cost-effective scalable and sustainable model for MDR-TB prevention and Management**

CAP-TB Burma has continued to successfully implement the project's model for multi-drug resistant tuberculosis (MDR-TB) prevention and management. The CAP-TB model has now been adapted by the Myanmar National TB Program (NTP) and scaled up to provide treatment and support for more than 2,200 patients diagnosed with MDR-TB in Mandalay and Yangon Region. This scale-up is funded by the Three Millennium Development Goals Fund.

### **Technology to train and track community volunteers**

In the first six months of FY 15, CAP-TB Burma rolled out an innovative smartphone application called "DOTsync" to manage the work of the community volunteers. This application helps the community volunteers with their home based care activity workflow, through embedded health education messages, visual graphics, and audio instruction. The contents in the application were developed in close coordination with the NTP, using the approved NTP guideline for MDR-TB management.

### **Innovative mass communication for infection control in crowded Yangon**

The CAP-TB project conducted another successful "Cover Your Cough" campaign, this year focused on crowded public transportation vehicles and stations. This campaign was done with strong publicity from media outlets in Yangon and Mandalay, with the goal to build community awareness on cough etiquette.

## **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 1.1.2: Conduct community outreach activities in project sites**

- The CAP-TB implementing agencies (IAs), Myanmar Health Assistant Association (MHAA), Myanmar Medical Association (MMA) and Pyi Gyi Khin (PGK), organized training sessions for community volunteers to provide evening-dose directly observed therapy (DOT) for MDR-TB patients. This was an expansion from FY14, to an additional 9 CAP-TB townships (1 in Mandalay and 8 in Yangon).
- These sessions for patient-centered community-based MDR-TB care and support trained the community volunteers to provide evening DOT for MDR-TB patients, to provide health and infection control education as well as social support for these patients. The 2 day training package focused on essential knowledge and skills to conduct MDR-TB DOT, including:
  - Introduction on the CAP-TB project, USAID, FHI 360, MHAA, PGK, and MMA
  - Basic knowledge about TB, diagnosis, treatment and side effects

- Contact tracing
- DOTS strategy and STOP TB strategy
- MDR-TB, diagnosis, treatment strategy and side effects
- Infection control
- Adherence counselling to MDR-TB patients
- Components of Home based care
- Role of community volunteers
- Reporting and recording of DOT activity
- The trainings were a collaborative effort among the National TB Program, FHI 360 and MSF-Holland, the main non-NTP MDR-TB treatment provider in Myanmar.
- MHAA organized two training sessions; for **10** community volunteers (**1** man and **9** women) (*CAP-TB indicator 14; USAID PMP 17*) in Mandalay on 14<sup>th</sup> and 15<sup>th</sup> November. A training in Yangon was conducted on 24<sup>th</sup> to 26<sup>th</sup> December, with **31** community volunteers (**5** men and **26** women) from Hlaing Thar Yar Township. (*CAP-TB indicator 14; USAID PMP 17*)
- PGK organized two training sessions in Yangon. On 23<sup>rd</sup> and 24<sup>th</sup> December for **26** community volunteers (**10** men and **16** women) (*CAP-TB indicator 14; USAID PMP 17*) from 3 project townships. For an additional three project townships, training was held on 25<sup>th</sup> to 26<sup>th</sup> December, with **23** community volunteers (**3** men and **20** women) (*CAP-TB indicator 14; USAID PMP 17*).
- MMA organized a training session for **18** community volunteers (**2** men and **16** Women) (*CAP-TB indicator 14; USAID PMP 17*) 15 from Thanlyin township and 3 from Thingan Gyun township on 25<sup>th</sup> and 26<sup>th</sup> February.

### **Activity 1.1.2: Conduct community outreach activities in project sites**

- Community activities were conducted in 18 CAP-TB coverage townships, 11 townships in Yangon and 7 townships in Mandalay. Health education and information on TB transmission, prevention, symptoms, diagnosis, treatment and available health services were covered. This activity reached **4,763** beneficiaries (**2,079** men and **2,684** women). (*CAP-TB indicator 2; USAID PMP 9*)
  - MHAA and PGK outreach workers built critical linkages between families, communities and the NTP's TB centers by coordination with the basic health staff from township health centers. The basic health staff provide home visits for the MDR-TB patients, and coordination with these staff helped to ensure continuity of care to MDR-TB patients, through individual contact and service promotion events within coverage townships.
  - MMA community volunteers also conducted community activities with a focus on neighborhoods of TB/MDR-TB patients.
- Case finding was conducted during health education sessions and **271** beneficiaries (**123** men and **148** women) were identified as presumptive TB cases. (*CAP-TB indicator 3*). These potential TB cases were referred to TB/MDR TB services at the NTP township health centers. Among the **271** referred presumptive MDR TB/TB cases, **239** accessed services, of whom **139** underwent sputum examination identifying **25** smear positive TB cases. **10** smear negative case were also clinically diagnosed as TB. Altogether, a total of **35** were initiated on TB treatment. The smear positivity rate among sputum smear tested cases was **18%** (25/139).
- From the above activities, a total of **70,996** IEC materials were distributed through health talks during the reporting period. (*CAP-TB indicator 4*)

### **Activity 1.1.3: Commemorate World TB Day with activities to advocate for TB services**

- The CAP-TB team (FHI 360 and IAs) participated in the central World TB Day Ceremony at the Ministry of Health Office, Naypyitaw and the regional World TB Day Ceremony in Yangon on 24<sup>th</sup> March. CAP-TB also joined the district and township World TB Day ceremonies in the project’s coverage townships, coordinating with Township Medical Officers and Basic Health Staff. **501** beneficiaries (**168** men and **333** women) were reached. (*CAP-TB indicator 2; USAID PMP 9*)
- On 29<sup>th</sup> March, MMA commemorated World TB Day with a ceremony in Yangon, with participation from the Ministry of Health, local authorities and community members. An engaging and novel communication approach was used during this ceremony, with well-known physicians and writers speaking from different perspectives to deliver simple messages. Professor Win Naing, a Pulmonary expert, explained to the community about the epidemiology of TB disease (‘Superb TB and Great man’) highlighting the linkages between health providers and community in successful TB management. This was followed by well-known pediatrician and writer, Professor Ye Myint Kyaw, who discussed how pediatricians handle presumptive childhood TB cases differently than adult, and identified wrong perceptions from the community. The two topics focused on community mobilization and engagement for MDR-TB and TB management in the community. Photo exhibitions were also held and MMA projects displayed their activities and distributed IEC materials. There was participation from **373** (**134** men and **239** female) participants. (*CAP-TB indicator 2; USAID PMP 9*)

## **Output 1.2 Scaled up implementation of TB infection control in health facilities**

### **Activity 1.2.1: Strengthen TB-IC in health facilities, households, and communities**

- CAP TB IAs conducted infection control (IC) activities in MDR TB households as a part of home based care activities in the project’s **17** townships (**10** in Yangon, **7** in Mandalay). The objectives were to increase awareness on infection control in households of TB and MDR-TB patients, to set minimum requirements of IC and to provide education on IC. Keeping consistent with the NTP guidelines, the CAP-TB team developed an IC checklist as a tool to be used by field staff and volunteers during home visits. The checklist covers 3 main levels of infection control: 1) Administrative controls 2) Environmental controls and 3) Personal Protection. The assessment through this checklist has been done on a monthly basis to determine the baseline score and progress with re-evaluation after 6 months. During this reporting period, a total of **290** MDR-TB patients were evaluated on the 9-point checklist; a minimum 7 out of 9 points must be met for a satisfactory review. **96 %** (277/290) scored at least 7 and thus met quality infection control standards. (*CAP-TB Indicator 6*)
- The CAP-TB project ran a successful “Cover Your Cough” (CYC) campaign in the month of March leading up to World TB Day. Following up on FY14’s successful campaign, the theme for FY15 was the urban public transportation system, with field activities held in crowded, urban bus stations. According to the national census in 2014, approximately 14% of the population resides in the Yangon area. A public transport survey by JICA in 2014 (Japanese International Cooperation Agency) found that public buses were used by nearly half of people travelling in Yangon. In addition, the third nationwide drug resistance survey stated that ‘Living in Yangon’ increased the risk of MDR-TB by an adjusted Odd Ratio of 3.0 (95% CI, 1.5–5.8). Considering all of these factors, FY15 CYC campaign conducted field activities by posting stickers with health education message within public transportation vehicles. During 5 field activity days, the

field workers and volunteers posted **9,633** stickers on **856** buses, **599** mini-buses and **639** taxis. Also **1,861** T-shirt with health education messages were distributed to transportation workers. One bus stop near the Lower Myanmar TB Center was also renovated, with vivid and colorful health education message on cough etiquette used to remind patients and the community to observe good cough etiquette.

- Mass media was also emphasized for FY15's CYC campaign, with the goal to reach a broader population in Yangon city. With collaboration from two popular radio stations (Mandalay FM and City FM), CAP-TB spread the message on cough etiquette "on air", during a live radio program with calls taken from listeners to share their experiences. This live program was hosted by the radio hosts and facilitated by CAP-TB's Program Officer. The CYC campaign was also featured on a talk show program with the NTP Program Manager discussing TB disease and prevention. Campaign activities were also broadcast on TV in collaboration with Sky Net Health Channel.
- The "Cover Your Cough Campaign 2015" was launched on 3<sup>rd</sup> March at the Park Royal Hotel in Yangon. Mr. Chris Milligan, USAID Burma Mission Director, Mr. William Slater, Director Burma Mission OPH, Ms. Saskia Funston, Sr. Development Outreach Specialist, and Ms. ThuVan T. Dinh, Burma Mission OPH Health Technical Advisor joined the event. The NTP Program Manager, along with officials from Yangon Regional Health Department, Department of Medical Research and Township Health Center also participated in the event. Representatives from partner organizations and reporters from various media channels attended the event. The launch ceremony and campaign activities were also reported in the following print media: 7 Days news journal, Eleven Newspaper, The Street View Journal, Myanmar Post Global Journal and Health Digest Journal.

## **B. MDR-TB Management**

### **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: Procure and install solar panel system for GeneXpert machine**

- From October to December 2014, a total of **359** samples were tested with the Gene Xpert machine (procured by CAP TB) at the Lower Myanmar TB Center following NTP guidelines. Among those, **86** samples were diagnosed as MDR TB (MTB +, RIF resistance + or indeterminate). (*CAP-TB indicator 9; USAID PMP 7*)

#### **Activity 2.1.2: Provide education on population at high risk for MDR-TB**

- Field workers from MHAA and PGK conducted monthly home-based care activities to MDR TB patients' houses in **15** townships (**8** in Yangon region, **7** in Mandalay region). As of March 2015, this activity covered 270 households among 569 enrolled MDR TB patients within project townships (47% coverage). Community volunteers visited 31 MDR-TB patients' homes, covering 35% of total enrolled patients (33/94) in 3 project townships. A total of **1,028** (**370** men and **658** women) close contacts were counseled on the signs and symptoms of TB to detect presumptive TB cases early.
- Among other high risk groups, **17** PLHIV, **74** Diabetes patients and **122** Elderly people also received TB related health messages during community outreach activities.
- Among **271** presumptive TB/MDR-TB cases referred, 110 cases (40.5%) were high risk for TB/MDR-TB, including **74** close contacts of TB/MDR-TB cases, **12** elderly, **13** migrants, and **11** diabetes cases.

Number of high risk group for TB/MDR-TB referred	Sputum/CXR done	Sputum (+)	TB treatment started	
Elderly	12	11	Nil	1
Diabetes	11	11	Nil	2
Close contacts	74	60	3	5
Migrants	13	11	Nil	1
<b>Total</b>	<b>110</b>	<b>93</b>	<b>3</b>	<b>9</b>

### Activity 2.1.3: Strengthen referral linkages between service providers and presumptive MDR-TB patients and patients

- In follow-up to the PMDT training (Activity 2.3.1), the 6 GPs who were trained on PMDT referred **39** (20 men and 19 women) presumptive MDR TB cases (*CAP-TB indicator 3*) to Township Health Centers, where they had access to Gene Xpert diagnosis. Among the 39 presumptive cases, 38 were contacts of TB patients with high risk of MDR-TB, and 1 was an MDR-TB contact. These 39 people met the criteria to be tested with Gene Xpert machine.
- Among them, **37** accessed services, resulting in a successful referral rate of 95%. Among these, **8** received Gene Xpert test and **2** were diagnosed as MDR-TB; the MDR-TB prevalence among presumptive cases tested with Gene Xpert machine was **25%**.
- During home visits, the IAs staff assisted in referring 9 MDR-TB patients (**5** men and **4** women) for side-effects and follow up visits (*CAP-TB indicator 3*). CAP-TB also assisted in follow up visits for **5** TB cases (**3** men and **2** women) (*CAP-TB indicator 3*) and **one** female TB patient was referred for adherence counseling (*CAP-TB indicator 3*).
- In FY15, a total **325** cases were referred and among them **287** accessed to referral destinations, with a successful referral rate of **88%**. (*CAP-TB indicator 13*)

## Output 2.2 Strengthened human resource capacity for MDR-TB management

### Activity 2.2.1: Provide peer support to MDR-TB patients

- In 9 CAP-TB townships under MHAA, peer educator activities were implemented to share common experiences and adherence counseling in group sessions and home visits. MHAA recruited 4 peer educators, who have completed the MDR-TB treatment course and were also microbiologically confirmed as ‘cured’. There were two training sessions, one in Yangon and one in Mandalay, for recruited peer educators. The trainings were provided by FHI 360, and topics included basic knowledge about the disease, importance of treatment adherence, infection control measures, and overview of common treatment side effects. The peer educators conducted home visit activities together with township community facilitators.
- During this reporting period, the peer educators visited **9** MDR-TB patients in October, **15** MDR-TB patients in November, **10** MDR-TB patients in December, **24** MDR-TB patients in January, **9** MDR-TB patients in February and **17** MDR-TB patients in March.

### Activity 2.2.2: Conduct community DOTs for MDR TB patients in selected pilot townships

- On 16<sup>th</sup> October, a community DOT “experience sharing session” was organized at the FHI 360 office. The meeting was led by MMA to share their experience and best practices for mobilizing the country’s first community volunteers for MDR-TB DOT. This session enabled PGK and MHAA to learn from MMA as they also began working with community volunteers during FY15 in their project townships. Lessons learned from MMA have helped to hone the strategy as it is being scaled up, both by CAP-TB partners as well as by other donors (Three Millennium Development Goals Fund).
- MHAA, MMA and PGK, in close collaboration with the NTP and Township Medical Officers, is conducting DOTS through community volunteers in 11 townships. During this reporting period, the trained community volunteers conducted MDR-TB DOT (evening dose) for **116** MDR-TB patients (**65** men and **51** women). (*CAP-TB indicator 1; USAID PMP 8*) They also educated the patients on early recognition of minor side effects and referred cases with moderate to severe side effects to township health centers.
- As of March, patient enrollment for Community Based DOT by CAP-TB community volunteers was 98, which was 20% of the total 497 patients enrolled on treatment in 11 project townships with community DOT activity. 56% (74 among 133) of the trained community volunteers were assigned for DOT provision (some community volunteers were trained but had no patients on treatment in their townships). In order to ensure continuity of care by the CAP-TB project (keeping in mind its timeline), the NTP assigned patients to CAP-TB IAs who were enrolled before 1<sup>st</sup> January 2014, thus 56% of trained community volunteers were able to provide DOT to 20% of the total MDR-TB patients enrolled. Each community volunteer has a maximum of 2 patients, since many volunteers complete these activities after the end of their work day. But 3MDG project, as continuation of CAP-TB project would recruit the remaining patients, who enrolled in 2015. So, currently CAP-TB trained community volunteers will be assigned to provide DOT in the current project coverage townships.
- Patient contribution of community DOT activity and status of community volunteers (CV) in 4 project townships\*

Township	Total enrolled patients	Evening DOT provided by CV	Coverage percentage	Total CV trained	No. of CV providing DOT
South Okkalapa	37	18	49%	15	12
Thingangyun	43	8	19%	14	5
Chanmyatharzi	14	7	36%	14	5
Hlaing	49	7	14%	11	7
Mayangone	52	5	10%	6	3
Mingalardone	54	7	13%	7	5
North Dagon	40	8	20%	9	5
North Okkalarpa	69	6	9%	6	4
Shwepyithar	44	9	20%	10	7
Patheingyi	10	9	90%	10	8
Hlaingtharyar	85	14	17%	31	13

*\*Information as of March 2015*

### **Output 2.3 Scaled-up quality treatment and community approach for PMDT**

### Activity 2.3.1: Provide package of services to MDR-TB patients

- The CAP-TB “living support package” includes nutritional support and transportation support for patients to enable follow up visits to the NTP. It is provided on a monthly basis to assist the NTP’s MDR-TB strategy. CAP TB IAs provided this package to patients who initiated MDR-TB treatment before February 2014: **275** MDR TB patients (**169** men and **106** women). (*CAP-TB indicator 17*)
- As of March, CAP-TB covered the package of support for 28% (171 out of 606) of all enrolled patients in 16 coverage townships; this number will gradually reduce over the project period. CAP-TB successfully distributed the package for 95% (**163** out of **171**) of all eligible MDR-TB patients.
- In an effort to standardize the package of support for all MDR-TB patients, the World Food Program will now be distributing nutrition to all MDR-TB patients in the Yangon region. 3MDG will be responsible to provide transportation allowance for MDR-TB patients initiated on treatment in 2015, while CAP-TB is responsible for patients initiated before 2014. There is therefore **a gap for transportation allowance of the MDR-TB patients who initiated treatment during 2014**. FHI 360 is currently working with NTP to provide the package of support for these additional patients from other sources.
- Coverage of package of support activity (as of March 2015)

Township	Total enrolled patients	CAP-TB Eligible patients	CAP-TB Patient contribution	POS provided
Hlaing	49	18	37%	17
Mayangone	52	14	27%	12
Mingalardon	54	18	33%	16
North Dagon	40	13	32%	13
North Okkalapa	69	14	20%	12
Shwe Pyi Thar	44	21	48%	21
Patheingyi	10	2	22%	2
Mahaaungmyay	17	2	12%	2
Chanmyatharzi	14	3	21%	3
Aungmyaytharsan	17	5	29%	5
Chanayetharsan	11	0	0%	0
Pyigyitagon	10	2	20%	2
Amarapura	14	5	36%	5
Insein	83	20	24%	19
Hlaingtharyar	85	23	27%	23
South Okkalapa	37	11	30%	11
<b>Total</b>	<b>606</b>	<b>171</b>	<b>26%</b>	<b>163</b>

## C. Strategic Information

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

#### Activity 3.1.1: Improve routine recording and reporting systems, monitoring tools and skills, and analysis/evaluation of program data

- The CAP-TB DOTsync mobile app, developed using CommCare’s platform, was launched as a training/tracking tool for community volunteers conducting DOT for MDR-TB patients. The primary objectives of this mobile technology were to train and track the community volunteers during their home based care activities. The application takes the user step-wise through screens for DOT, health education messages, side effects, and

contains drawings and audio instruction. The contents were developed based on the NTP's guideline, and approval from the NTP was obtained prior to DOTsync's launch. Following the launch, continued development toward more advanced utilization of the application was done in close collaboration with Dimagi. On 13<sup>th</sup> January, Dimagi organized an event for CommCare users, with participation from FHI 360, PU-AMI, PACT, Marie Stopes International, UNICEF and Proximity. The discussion session was held around current projects and the CommCare maturity model. Pitfalls and challenges were shared among participants and solutions shared from other's experiences.

- During 16<sup>th</sup> to 18<sup>th</sup> March, MMA organized DOTsync direct training for **14** community volunteers from Thanlyin township and **3** newly recruited from Thingangyun township. The trainers were from FHI 360 and MMA, and the objective was to strengthen community volunteers by using DOTsync application during field activities.
- FHI 360 team in close collaboration with CAP-TB IAs have prepared to scale up MDR-TB community based DOT activities. The existing recording and monitoring tools were reviewed and discussed for efficient and effective data collection system.

## **D. Monitoring and Evaluation**

### **Activity 3.1.2: Strengthen Data Quality Assurance (DQA) and data analysis to Myanmar Medical Association (MMA), Pyi Gyi Khin (PGK), Myanmar Business Coalition on AIDS (MBCA) and Myanmar Health Assistant Association (MHAA)**

- A data analysis and presentation training session was held on 29th December, with the goal to share achievements and experiences among partners, and to build capacity for data analysis, interpretation, and utilization. CAP-TB IAs presented their FY14 achievements and the CAP-TB project director led the discussion.
- From 16-18 December, CAP-TB Program Manager, Program Officer and Senior M&E Officer conducted field monitoring visits to 6 CAP-TB coverage townships in Yangon to strengthen community based MDR-TB management. The recommendations were shared with the relevant IAs.
- Monthly feedback was provided to CAP-TB IAs on their data reports, focusing on the content and quality of the information. One CAP-TB DQA visit will be conducted to the IAs during Quarter 3 of FY15.

## **Output 3.2 Increased TB research activity**

### **Activity 3.2.1: Conduct three inter-linked projects on incentives, gender, and economic modeling to predict effective TB/MDR-TB control and prevention**

- A Case-Control study on MDR-TB risk factors was launched during this reporting period, led technically by the London School of Hygiene and Tropical Medicine with field activities were led by the CAP-TB project team. A total of 600 patients (200 MDR-TB patients and 400 TB patients) will be recruited from 10 study townships over 6 months the data collection period. An official advocacy meeting was held on 11<sup>th</sup> November with participation by responsible persons from Yangon Regional Health Department, the NTP and Township Health Centers. Data collector training was conducted for 10 data collectors at the FHI 360 office on 26<sup>th</sup> November. The field data collection was started on 1<sup>st</sup> December and has been closely monitored by the study manager and study supervisors. As of March, 118 MDR-TB and 244 TB patients have completed the primary and secondary data collection process.

## **E. Enabling environment for MDR-TB control and prevention**

### **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: Support strategic planning, resource mobilization, and implementation of the MDR-TB program**

- On 16<sup>th</sup> October, FHI 360 organized an experience sharing session on CAP-TB's community-based MDR-TB care model. The session was led by MMA, who is the first among the CAP-TB IAs to work with community volunteers on MDR-TB DOT. The objective was to give the CAP-TB IAs exposure to the model and to MMA's input, which will help them to plan for scale up with support from 3MDG. The event was attended by program staff from PGK and MHAA.
- On 17-19 November, the CAP-TB program manager attended USAID Rules and Regulation training in Bangkok, for effective contribution to implementation, logistics and financial management of CAP-TB project.
- On 23<sup>rd</sup> December, the CAP-TB program manager participated in a MDR-TB planning meeting conducted at the 3MDG office for direct granting of 3MDG funds to CAP-TB's three implementing agencies (MMA, MHAA, and PGK). This is one of the major achievements of the project, as the CAP-TB's local partners will now receive direct funding from this international donor to expand the CAP-TB model. The FHI 360 team will continue to be involved in monitoring implementation and supervising scale-up of the CAP-TB patient-centered model. This will be done in close collaboration with 3MDG.
- On 15<sup>th</sup> January, CAP-TB presented an overview of DOTsync at the mHealth Networking and Lessons Learnt workshop, organized by 3MDG and UNOPS. Other organizations with activities in m-Health presented their projects. A panel discussion was held after the presentations and the participants shared their perspectives on the different platforms.
- The CAP-TB Program Officer joined a TB workshop in Naypyitaw from 2-6 February and the CAP-TB project participated in a Global TB conference in Bangkok from 2<sup>nd</sup> to 6<sup>th</sup> March.

#### **Activity 4.1.2: Enhance the integration/coordination of services at all levels in Yangon and Mandalay with other divisions**

- CAP-TB will continue to work closely with the WHO and NTP to improve the coordination and collaboration with stakeholders and avoid duplication of services. This will be particularly critical to ensure coordination with other donors (GFATM and 3MDG) and projects (Challenge TB).
- CAP-TB will continue to work closely with the IAs, NTP and other partner organizations to improve the coordination among stakeholders, specifically with respect to IA implementation and support of patients. With technical support from FHI 360, coordination reports were submitted to NTP and Department of Health, at township (monthly) and regional level (quarterly)
- On 6<sup>th</sup> December, members from 5<sup>th</sup> Joint Monitoring Mission visited CAP-TB project sites in Yangon and Mandalay. In Yangon, the FHI 360 Country Director and CAP-TB program manager together with IA staff presented the CAP-TB project activities. In Mandalay, CAP-TB Sr. M&E officer and IA staff joined the visit. DOTsync, the country first's mobile application used by MMA community volunteers to track patient care was well recognized as a very promising tool for strengthening data collection and monitoring MDR-TB care and prevention. The JMM recommended that the project identify a single model that is strategically cost effective for broader rollout from current CAP-TB model.

- On 28<sup>th</sup> November and 26<sup>th</sup> February, the FHI 360 Country Director and CAP-TB program manager participated in the TB Technical Strategic Group meeting, conducted by the National TB Program at the Disease Control Unit in Nay Pyi Taw.
- On 12<sup>th</sup> January, FHI 360 and CAP-TB IAs joined in a discussion session on scaling up the CAP-TB model. This detailed discussion was done in close collaboration with NTP and 3MDGF to ensure coordination of strategies to provide the package of support from the World Food Program (WFP) to MDR-TB patients. Standardizing the training package for community volunteers at the national level with technical assistance from the CAP-TB FHI 360 team was also discussed.

## **Output 4.2 Strengthened partnerships for quality TB care, including private sector**

### **Activity 4.2.1: Build the capacity of national partners (MMA, MBCA, MHAA and PGK) to plan, implement, and report on MDR-TB Scheme I (education and referral)**

- **8** PGK CAP-TB staff (**3** men and **5** women) (*CAP-TB indicator 16*) were trained on Community Facilitation Skills as a part of organizational capacity building efforts, led by Daw Htwe Htwe Hlaing (consultant) on 3<sup>rd</sup> and 4<sup>th</sup> November, 2014.
- During this reporting period, **73** partners (**3** IAs and **70** Scheme III GPs) engaged with the NTP on guidelines for standardizing the MDR-TB referral system. (*CAP-TB indicator 26; USAID PMP 24*)

## **Output 5.1: Create crosscutting mechanism to support health portfolio**

### **Activity 5.1.1. To document and package the CAP-TB model**

- With the CAP-TB project closing out after FY15, the team is currently prioritizing documentation of the CAP-TB model as implementation is being scaled up with 3MDG funds. Data will continue to be analyzed over FY15 as patients complete their 20-24 month treatment; treatment success and failure rates will be calculated. For all analyses that meet criteria for human subjects research, ethics and research review and approval will be obtained by FHI 360, with local approvals by the Myanmar NTP. Information on the project will also be disseminated to organizations working on TB, MDR-TB, and HIV to inform best practices and standard of care. Similar to the other CAP-TB countries, the project will analyze the project's patient-centered, community-driven approach to MDR-TB support to identify the elements that are essential for patient support. The CAP-TB team will then develop a 'Standard Operating Procedure' or manual that can be used by the National TB Program and other organizations for scale-up nationally.

## **F. Capacity building and technical assistance**

- The CAP-TB project has worked closely with the three IAs over the duration of the project with a specific focus on technical capacity, project performance, program performance, finances, and communication. Now, with CAP-TB support, the three IAs are receiving funding directly from 3MDG, meeting one of the primary goals of CAP-TB's capacity development strategy: to prepare local organizations to receive direct funding from international donors. Achievement milestones in the USAID FORWARD priorities have also been demonstrated throughout the project's lifetime.
- CAP-TB's capacity building strategy focuses on developing local implementing agencies to more effectively manage projects, programs, finance, administration, governance, human resource, and external communication. The process began at the start of engagement with each local agency, through identifying the main areas of focus as

defined by the USAID Forward priorities and by the implementing agencies gaps in capacity.

- Routine evaluation of performance has enabled the CAP-TB FHI 360 team to guide each local partner to adjust strategies or revise execution of activities, using an “Implement, Evaluate, Adjust” paradigm to maintain goal-directed implementation. Developing each local agency to measure their own performance is also crucial to the process, laying the foundation for effective and sustainable self-assessment and capacity development beyond the life of the project.
- Technical assistance to the Integrated Bio-Behavioral Surveillance (IBBS) assessment of female sex workers (FSWs) and men who have sex with men and transgender (MSM/TG) has progressed, with several key achievements this quarter. The draft study protocol was submitted in January and a final version with input and shaping from all collaborating agencies completed by end-March, 2015. In addition, technical assistance was provided with formatting and review of questionnaire instruments and informed consent forms. Last, needs for additional technical assistance with regard to IBBS implementation (specifically coupon management, population size estimation analysis, and study activity monitoring) were discussed with the National AIDS Program (NAP) and the work plan modified accordingly to ensure study quality upon implementation in May. The selection of Dr. Soe Htut Aung as the monitoring team leader at FHI360 was vetted and approved by the NAP and UNAIDS.

**Table: 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)**

- No estimations were made in Burma data; all data reported represent actual numbers recorded and reported. Also the township and activity coverage was coordinated by National TB program to avoid overlapping among its partners.

**Annex II: Processes carried out to ensure data quality**

- CAP-TB project continued to work in close collaboration with MMA, PGK, and MHAA to review and strengthen their routinely reported data. The FY15 M&E plan, standard definitions and tools were distributed to implementing agencies to ensure that it was standardized across all implementing agencies.
- Routine data quality assessment, aggregation and cross check methods were used to ensure quality of information for all IA monthly reports. Prompt feedback was provided on inconsistent figures and incomplete reports. The carbon papers were used for primary sources for field activities and they were kept at both IA level and country level. All supporting documents are also stored at IA offices to use as primary source of data.

**Annex III: Summary of accomplishments against the work plan and targets (Please fill in separate excel sheet).**

(Please see Data Collection Excel sheet and CAP-TB Regional Summary Annex III)