

Control and Prevention of Tuberculosis

Burma Country Narrative

Family Health International (FHI 360)

FY2014 Semi-Annual Performance Report

(October 1, 2013 – March 31, 2014)



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Narrative I: Executive Summary

Highlights of CAP-TB Burma's achievements for the first six months of FY14 are centered on implementing the project's community-driven solutions for MDR-TB; charting new paths in innovation and technology with the country's first solar-powered GeneXpert machine; and leveraging social and mass media to disseminate critical messages on TB infection control. All of the project's activities in Burma are done with the overall goal of decreasing disease transmission and generation of MDR-TB for effective prevention, improving case finding, and maximizing treatment outcomes through supporting patients during treatment.

Community driven solution: Community DOT by volunteers

CAP TB implementing agencies conduct home based care activities for MDR TB patients in 18 out of the country's 38 MDR-TB townships. In two of these townships, CAP-TB's IA, Myanmar Medical Association (MMA), works in close collaboration with the National TB Program and basic health staff to provide DOT for MDR-TB patients. Community volunteers were recruited in these townships to work alongside basic health staff to conduct daily home visits to MDR TB patients for DOT, providing psychosocial support and health education to patients and family members. This community-driven DOT model was recognized by Dr. Nguyen Nhat Linh from the WHO Geneva's Global TB Program, and by the USAID Washington TB team. The NTP also values the potential of this model to support rapid scale-up of PMDT and is interested in expansion to other project townships.

Innovative technology: Solar power for Gene Xpert machine

The NTP recognized the underutilization of Gene Xpert machines installed at MDR TB treatment centers where access to the electrical grid and voltage stability were major concerns. To provide a solution to this problem, CAP-TB procured the country's first solar power system for the Gene Xpert machines at Yangon's Lower Myanmar TB Center, which provides stable, continuous power enabling uninterrupted analysis of sputum for MDR-TB. This helps to pave the way for the NTP to scale up solar-powered Gene Xpert machines in district level and more remote facilities, improving access to diagnosis in unreached areas of the country.

Social and mass media for effective communication: Cough campaign

The CAP-TB "Cover your Cough" campaign used creative social and mass media to reach patients, families, and communities on simple methods to reduce TB and MDR-TB transmission. Through effective partnership with Burma's top hip hop celebrity, publicizing over the airwaves on FM radio stations, and working with event organizers and different stakeholders, CAP-TB conducted public quiz shows at selected hot spots on TB and infection control related health messages. Radio listeners' live feedback through FM radio station was also solicited during popular spots on the air. Thousands of stickers with photos of the campaign's celebrity spokesperson demonstrating good cough etiquette were posted on hundreds of buses and taxis on the crowded roads of Rangoon. Many of these methods were innovative and to our knowledge, some had never been done in the country before—demonstrating the impact of social and mass media communication to teach a simple, life-saving message.

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: Conduct training on TB and MDR-TB for staff from CAP-TB partner organizations

- CAP TB Implementing Agency, Myanmar Business Coalition on AID (MBCA) in collaboration with FHI 360 conducted orientation training for 3 new outreach workers and 3 existing outreach workers. Facilitators/Trainers were Program officers of FHI 360 (medical doctors), as well as the Project manager

and Area coordinator of MBCA. Three days training conducted during 29th to 31st October, covering **6** Outreach workers (**2** men and **4** women). (*CAP-TB indicator 14; USAID PMP 17*) The topics covered details of following components:

- Case finding strategies
 - Laboratory diagnosis of MDR-TB
 - Burma PMDT overview
 - Infection control
 - DOT provision
 - Basic concepts of MDR TB counseling
 - Management of adverse reactions
 - Monitoring treatment
- MBCA conducted training on basic knowledge of TB, infection control and case finding for TB champions, who are volunteers within the business and industrial sectors who teach among factory workers and their families. The objective of the training was “To train volunteers (TB Champions) on basic knowledge of TB to conduct case finding in their respective factories in the industrial zone in Monywa”. The topics covered: Introduction about CAP-TB, Basic knowledge about TB, Diagnosis and Treatment of TB, Infection control and Case finding strategies. Facilitators/Trainers were the MBCA Project manager (medical doctor), Area coordinator and Outreach workers of MBCA. The one day training conducted on 20th November, covering **15** TB champions (**8** men and **7** women); 22th January, for another **16** TB champions (**5** men and **11** women) and 19th March, for another **22** TB Champions (**4** men and **18** women). (*CAP-TB indicator 14; USAID PMP 17*)
 - For follow up, MBCA conducted monthly TB champion gathering sessions on 18th October (participated by 8 TB Champions), 29th November (participated by 20 TB Champions), 31st December (participated by 14 TB Champions), 30th January (participated by 27 TB Champions), 28th February (participated by 30 TB Champions) and 25th March (participated by 31 TB Champions). During these sessions, MBCA and the TB Champions:
 - Discussed challenges for communication with ORWs/BHS and among themselves
 - Shared best practices and update information regarding TB/MDR TB.

Activity 1.1.2: Conduct community outreach activities in project sites

- Community activities were conducted in 15 CAP-TB coverage townships in 2 different regions by CAP TB Implementing Agencies (IAs), Myanmar Health Assistant Association (MHAA) and Pyi Gyi Khin (PGK). Health education and information on TB symptoms, diagnosis, treatment and available health services were provided using IEC materials. This activity covered **4,932** beneficiaries (**1,814** men and **3,118** women)—data from two IAs, MHAA and PGK. (*CAP-TB indicator 2; USAID PMP 9*)
 1. MHAA and PGK built linkages between families, communities and the TB centers by coordination with the basic health staff, who provide home visits. This was done to ensure continuity of care to MDR-TB patients, through individual contact and service promotion events within coverage townships.
 2. Community supporters of MMA piloted this activity during FY14 with the main focus on neighborhoods of MDR TB patients
- Case finding activities were done during health education sessions and **227** beneficiaries (**102** men and **125** women) were referred to TB/MDR TB related services. (*CAP-TB indicator 3*) Among them, 198 accessed to referral destinations. 216 out of 227 referred cases were presumptive MDR TB/TB cases. Among these **186** had done Sputum AFB examination. **13** smear positive TB cases, and **1** MDR-TB case was notified. **14** TB diagnosed cases were initiated on treatment.
- Myanmar Business Coalition on Aid (MBCA) conducted DOT supervision to TB patients registered under the NTP in Monywa Township, Sagaing Region. As of March, monthly home visits were conducted to total **83** TB patients (54 male and 29 female) (*CAP-TB indicator 1; USAID PMP 8*), where they built

linkages between NTP and TB patients to support regular clinical and sputum follow up; to give health education on TB and infection control; to check the pill count and side effects; and to look for Presumptive TB cases in the family members.

- From the above activities a total of **22,277** IEC materials were distributed through health talks during reporting period, including **21,058** pamphlets, 1,041 masks, **108** posters, **20** T shirts and **50** caps. (*CAP-TB indicator 4*)

Activity 1.1.3: Provide referral linkage with Township Health Centers for TB screening for all employees in business industries in Monywa Township

- MBCA organized health education sessions for employers, employees and their family members to teach on TB signs and symptoms, diagnosis, treatment of TB/MDR TB, the importance to seek treatment for symptoms, the importance of adherence, and available health services using IEC materials. MBCA provided referral linkages with the established MBCA non-profit clinic in Monywa and Township Health Centers for TB screening. During this reporting period, the activity covered **191** factories and businesses in Monywa reaching **5,972** workers and family members (**1,520** men and **4,452** women). (*CAP-TB indicator 2; USAID PMP 9*)
- Active case finding was done and this provided referral services to **106** (**47** men and **59** women) beneficiaries to TB/MDR TB related health services. (*CAP-TB indicator 3*) Among them, **97** were presumptive TB cases. Sputum AFB test was done for 64 cases and **9** positive TB cases were notified. Total 11 cases (9 Sputum smear positive and 2 Lymph node biopsy positive) started TB treatment.
- During these activities and distribution through MBCA clinic, **9,587** IEC materials were distributed during reporting period, including (**9,437** pamphlets, **150** posters). (*CAP-TB indicator 4*)

Activity 1.1.4: Commemorate World TB Day with activities to advocate for TB services

- CAP TB project participated in NTP's World TB Day ceremony at the Ministry of Health Office, Nay Pyi Taw and University of Nursing, Yangon on 24th February.
- CAP TB implementing agencies participated at World TB Day celebrations in project townships, in close collaboration with Township Medical Officers and Basic Health Staff.
- MBCA conducted a 'Road Show' event at Monywa Industrial Zone during 25th and 26th March, where videos on TB and MDR-TB knowledge were displayed in open spaces, and the Cough campaign quiz show was also performed at intervals during the road show.

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 Implementing Agencies conducted infection control (IC) activities in MDR TB patients' households as part of home based care activities in the project's **18** townships (**9** in Yangon region, **7** in Mandalay region and **2** in Sagaing region). The objectives were to increase awareness about infection control in households of TB and MDR-TB patients, to set minimum requirements of IC and to provide education about better IC. In guidance with NTP recommendations, the CAP-TB team developed a checklist for infection control using regional references and a QA checklist. This checklist is a tool to assess infection control at MDR-TB patients' households, intended for use by field staff and volunteers during home visits. It 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 progress of improvement, and re-evaluated after 6 months. During this reporting period, total of **542** MDR-TB patients were evaluated on the 10 critical points from the checklist, of which 7 out of 10 points must be met for a satisfactory review. **98 %** achieved this score and thus met quality infection control standards. (*CAP-TB Indicator 6*)

- CAP TB is working together with MBCA, MHAA and PGK to provide temporary appropriate shelter for the MDR TB patients who need to be isolated for better infection control during the intensive phase of the treatment. FHI 360 met with the project’s 4IAs on 21st October to gather consensus on eligible criteria for these shelters, provision procedures and monitoring methods. With recommendation from respective NTP personnel and TMOs, following 8 patients were provided with accommodation rental/renovation, focusing to meet the needs of infection control standard.

IA	Patient Number	Description	Township	Start month
MBCA	1	Rental	Monywa	January
	2	Rental	Monywa	January
	3	Renovation	Monywa	January
	4	Rental	Monywa	February
	5	Rental	Monywa	March
MHAA	6	Rental	Hlaing Thar Yar	January
	7	Rental	Patheingyi	February
	8	Renovation	Hlaing Thar Yar	March

- With the objective to increase the awareness of cough etiquette in the general community and reduce the risk of transmission of TB and other airborne diseases, CAP TB launched a ‘Cough Campaign’ during Q2 FY14. The Implementing Agencies participated in a ‘Brainstorming session for cough campaign’ conducted on 30th December. Activities were discussed, and more ideas and inputs were received, from which a detailed action plan was developed.
- The Cough Campaign included 7 activities through various channels, ranging from mass media to individual quiz shows. Facebook was used to promote public attention towards the campaign’s photo contest, as well as a Facebook “Like and Share” contest and other activities. Mass media such as FM radio transmission was done with two popular radio stations (Mandalay FM and City FM). On air, the campaign’s message was delivered through health discussion, “lightning quick” 10-second short stories shared on air between the radio hosts, and live feedback from the listeners. Posters, vinyl banners, and stickers were developed with the campaign’s celebrity spokesperson, Burma’s most popular hip hop star and actor who contributed his celebrity status for the campaign. Stickers and posters were targeted at taxis, in-town buses and high way buses, where the community at large would be conscious of cough hygiene, while travelling in crowded and poorly ventilated vehicles during long commutes. Posters and banners were hung at health facilities, bus terminals and public places, the goal to educate the community and to raise awareness among health care providers. Promotional events were conducted at 9 project townships in Yangon Region by 8 Outreach workers and program staff from FHI 360 and CAP-TB’s IAs. 2 to 6 hotspots (such as bus stops, markets, road junctions and public places) in each project township were defined to reach targeted communities and to encourage participation by more people. During each event, quiz shows were conducted using 15 TB/Cough hygiene related questions, including short health education messages at interval times. On 6th April, celebration event was conducted at Kandawgyi Karaweik Oo Yin, led by the full CAP-TB team from Chief of Party to Outreach workers. Chris Milligan, USAID Mission Director and Saskia Funston, Sr. Development Outreach Specialist attended this event, along with officials from Yangon Regional Health Department, Department of Medical Research and township health centers and representatives from partner organizations who are working to fight against TB.

- During the Cough Campaign, **96** promotion events (Quiz shows) were conducted at **34** bus stops and major road junctions, **49** markets, **5** at highway bus terminals, **2** at rail way stations, **2** at University of Technology campus (West Yangon) and **4** at other public places (e.g., parks, religious places). Outreach teams reached an estimated **3,731** community members (**1,698** Male and **2,033** Female) to the quiz shows. During promotional events, **7,263** IEC materials including **247** cups, **312** T-shirts, **1,945** pamphlets, **1,242** masks, **1,895** tissue paper packs, **1,348** towels, **87** caps, **14** back packs and **41** others were distributed. **2,320** stickers were posted on public transport vehicles (taxis and buses) and **132** posters/banners were posted at health facilities and in public places.

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

- During 4th to 8th March, Dr. Phyo Wai Tun, Program Officer and Myo Thiha, Logistics Assistant from FHI 360 travelled to Moreh, India and Tamu, Burma for getting the solar panel and related materials delivered over the border. The solar panel equipment for the Gene Xpert machine was successfully delivered to Yangon's Lower Myanmar TB Center, followed by successful installation in April 2014. The solar panel system is now providing uninterrupted electrical power to the center's two Genexpert machines.

Output 2.2 Strengthened case finding and referral for MDR-TB

Activity 2.2.1: Screen retreatment TB cases for MDR-TB with GeneXpert machine

- Total **647** samples were tested with the CAP-TB procured Gene Xpert machine at the Lower Myanmar TB Center. Among those samples, **211** cases were diagnosed as MDR TB (MTB +, RIF resistance +) and the positivity rate was 33%. (*CAP-TB indicator 9; USAID PMP 7*)

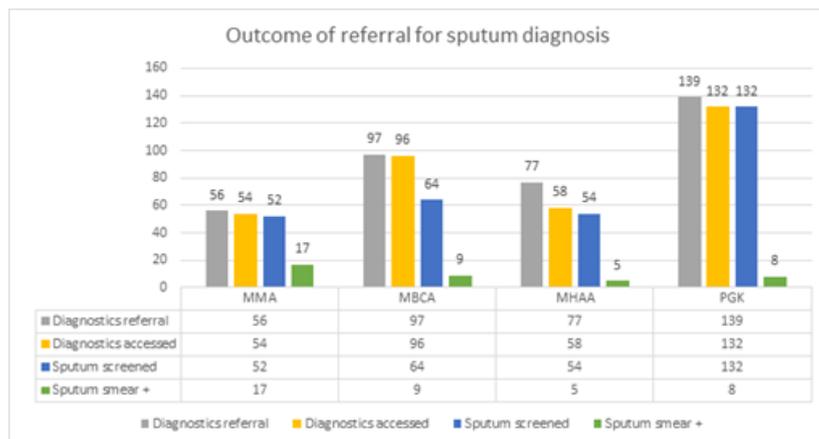
Activity 2.2.2: Provide education on population at high risk for MDR-TB

- All 4 IAs conduct monthly home based care activities to TB and MDR TB patients' houses, in **18** townships (**9** in Yangon region, **7** in Mandalay region and **2** in Sagaing region) covering households of MDR TB patients and also TB patients in Monywa Township. During home visit activities, patients and household members were reminded about the signs and symptoms of TB to detect Presumptive TB cases early.
- During health education sessions, **1,507** close contact of TB/MDR TB patients (at 4,201 frequency of contact), **71** Migrants, **38** Diabetes cases and **365** elderly people were reached. During home visits, the most frequent topic discussed were 'Importance of treatment adherence' and 'Infection Control'.

Activity 2.2.3: Strengthen referral linkages for MDR-TB suspects and patients between service providers

- CAP TB referral flow and procedures for linkages within the TB system is achieved through activities such as coordination reports and meetings with NTP and stakeholders (activity 4.1.2), health education activities (activity 1.1.2, 2.2.2, 4.2.2) and training activities such as case finding (as in activity 1.1.1). Overall, a total of **413** cases were referred to township health centers and MBCA clinic (NTP recognized treatment center). From referred cases, **372** accessed services, resulting in **90%** successful referral overall. (*CAP-TB indicator 13*)

- Among the presumptive TB cases who received testing for sputum AFB, positivity rates were from 7% to 33%. The highest percentage was seen in presumptive TB cases referred by MMA's community supporters, and the lowest sputum positivity rate was for PGK. This is likely due to the fact that PGK outreach workers refer people both from the community in the urban centers of Yangon as well as close contacts identified during home visits. This is in contrast to the other IAs, who primarily identify presumptive TB cases during home visits or when identifying close contacts---decreasing the total number of referrals when compared to PGK but increasing the rate of sputum positivity. Because PGK implements activities in areas with some of the highest reported prevalence in the country, we will continue outreach, education, and case finding activities but will concurrently continue training PGK outreach workers in their skills for identifying people at risk for TB and MDR-TB. Due to the high risk of the crowded urban setting, it is likely better to err on the side of referring a higher number of people. However, too many referrals with a low sputum positivity rate may overload the health system at the township health centers, thus CAP-TB will continue activities while tracking numbers in the coming months.



Output 2.3 Strengthened human resource capacity for MDR-TB management

Activity 2.3.1: Conduct training for General Practitioners (GPs) on Standard Treatment of TB and diagnosis of MDR-TB and Infection control

- In collaboration with the MMA-Public Private Mix project, the PMDT training sessions for GPs in 16 of the 18 targeted townships were conducted during FY13. One training session was conducted during 7th - 8th January in Meikthila township with participation by **21 GPs (16 men and 5 women)** (*CAP-TB indicator 15; USAID PMP 18*). The one remaining township will have PMDT training in Q3 FY14.
- This PMDT training focused on standard treatment of TB and diagnosis of MDR-TB and IC for GPs (Scheme III). The training curriculum was reviewed by the NTP and training experts were from NTP, WHO, FHI 360 and MSF-Holland. These GPs were from the private sector and are not currently treating MDR-TB patients. The objective of these trainings was to build their capacity to be ready in future years to treat patients after the NTP expands to include GPs in treatment of MDR TB patients, and to know the guidelines for MDR-TB management in Burma and referral mechanisms within the network.
- Total number of **6,000** pamphlets and **22** posters were distributed during those trainings and GPs will distribute them to beneficiaries. (*CAP-TB indicator 4*)
- As follow-up for the PMDT training (Activity 2.3.1), a referral tracking mechanism at GP clinics was discussed during 20th November M&E meeting. With collaboration from the FHI 360 Program Officer, MMA agreed to collect the referral data (from all trained 18 townships) on quarterly basis. As of this reporting period, the trained GPs referred **24** Presumptive MDR TB cases (**14 men and 10 women**) (*CAP-TB indicator 3*) to Township Health Centers, where they had access to Gene Xpert diagnosis. Among them, **20** accessed services, resulting in **83 %** successful referral. Among them, 3 out of 8 cases, who completed Gene Xpert diagnosis, were found as MTB positive and RIF resistance positive.

Activity 2.3.2: Conduct community DOTs for MDR TB patients in selected pilot townships

- MMA, in close collaboration with the NTP and Township Medical Officers, is piloting DOT through community volunteers in 2 townships: South Okkalarpa Township in Yangon Region and Chanmya Tharzi Township in Mandalay region. The trained community supporters conducted MDR-TB DOT for the evening dose to **36** MDR-TB patients (*CAP-TB indicator 1; USAID PMP 8*). They educated patients on

early recognition of minor side effects and referred cases to township health centers. Health education was done for family members and neighbors of MDR TB patients reaching **193** beneficiaries (**90** men and **103** women). (*CAP-TB indicator 2; USAID PMP 9*) Through Home visit and health education sessions, **56** presumptive TB/MDR TB cases (**31** men and **25** women) were referred to health facilities for diagnosis of TB/MDR TB. (*CAP-TB indicator 3*). Among them, Sputum AFB examination was done for **52** cases and **17** cases were found to be Sputum Smear positive (33% positivity). TB treatment was started for **22** diagnosed cases (17 Sputum smear positive and 5 sputum smear negative cases). Category I TB treatment failed in **2** patients out of 22 treatment initiated cases. Total number of **172** pamphlets and posters were distributed during this activity. (*CAP-TB indicator 4*)

Activity 2.3.3: Conduct refresher TOT for MDR-TB clinical management training from project townships under the NTP expansion plan for MDR-TB

- Refresher Training for Programmatic Management of MDR TB will be conducted during Q3 in collaboration with NTP, WHO and other partner organizations. This training is aimed at building the capacity and skill on management of MDR-TB for the Physicians, township medical officers and TB coordinators from the project townships. The invitation list for PMDT TOT was received from NTP during February.

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

Activity 2.4.1: Provide package of services to MDR-TB patients

- The package of services 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. 4 CAP TB IAs provided this package of support to **560** MDR TB patients (**339** men and **221** women) (*CAP-TB indicator 17; figure as of March*) in 18 coverage townships. During the home visit for package of services, the IAs also provided health education on TB signs and symptoms, infection control and checked for drug side effects, improvement of infection control and developing of TB signs and symptoms in family members.

C. Strategic Information

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

- The team from London School of Hygiene and Tropical Medicine (LSHTM) led by Professor Richard Coker visited the University of Public Health, USAID, UNAIDS, MSF Holland, and WHO to understand the nature and magnitude of costs associated with treatment choices from the provider and patient perspective. The team also sought to gain initial insights into obstacles and incentive structures affecting patient's decisions to seek and comply with treatment.
- The team also visited Lower Myanmar TB Center, Aung San TB Hospital and North Okkalapa Township Health Center to understand the system for diagnosing and managing TB/MDR-TB including patient referral and follow-up, and the social implications of diagnosis and treatment during 13th to 15th November. Professor Coker met with the National TB Programme at Nay Pyi Taw and discussed the research questions for the case control study and received the inputs. As a next step, LHSTM will submit the research proposal to National TB Program through FHI 360.

D. Monitoring and Evaluation

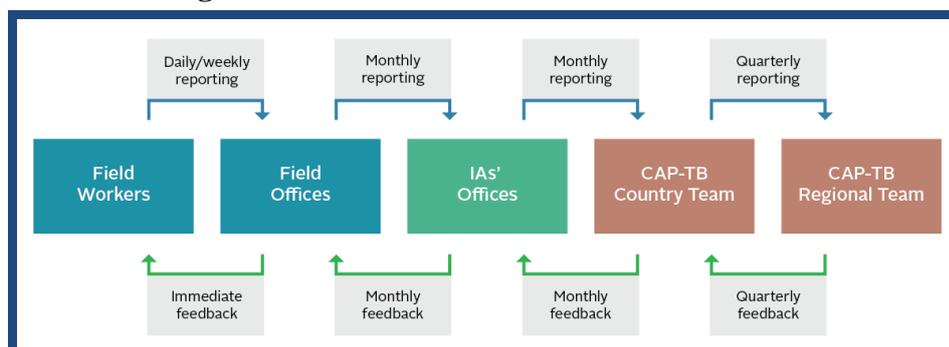


Figure. Data flow and feedback mechanism of CAP TB Project

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)

- CAP-TB has used a regional support model for monitoring and evaluation. Data originate from the field, generated by outreach and community workers who conduct the activities. The data quality is checked at each level of reporting and feedback are provided as in the figure above. The mechanisms for data quality assurance helped to strengthen the project's M&E, with the goal to ensure high quality of data collected and reported as well as to build capacity in M&E for all CAP-TB partners.
- MHAA CAP-TB conducted one M&E training delivered by Dr Phyo San Win (M&E Officer, UNOPS) in this reporting period. The main objective for the training was to acquire knowledge on handling M&E needs for the project, and it was attended by CAP-TB staff as well as MHAA PMU (Program Management Unit). The training was conducted over 3 days (25 Jan-27 Jan 14) at MHAA Office, participated by 7 related project staff (3 men and 4 women). *(CAP-TB indicator 21; USAID PMP 20)* During this training, Basic Concept of Project Cycle Management and Logical Framework, Concept and Definition of M&E, Monitoring Tools and SMART Indicators were discussed on day one. For day two, Evaluation: Planning and Methodology, and Information Collection: Data, Data Flow and Data Management, Data Processing, Reporting and DQA. Senior M&E Officer from FHI 360 joined on day 3 to discuss about data flow mechanism, feedback mechanism, and coordination report.
- Discussion sessions were held to discuss current practices and challenges; and importance of monthly feedback to field sites and data sharing.

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 9th January, Dr. Thandar Lwin, Program Manager of NTP hosted a meeting at NTP office, participated by FHI 360 and CAP TB Implementing Agencies. She discussed the current and future plan of the NTP and contribution of CAP TB project towards the gaps of NTP. CAP TB Implementing Agencies had a chance to discuss about current activities and challenges within project townships.

- The CAP-TB team has participated at TB Technical Strategic Group Core Group meeting which was held on January 27, 2014 to discuss draft strategies and plans on MDR TB expansion 2014-2016. The CAP-TB team has worked closely with WHO and NTP and contributed inputs during the development of two documents 1) narrative showing gap analysis and realistic scale-up plan and 2) costed operational plan on MDR TB expansion 2014-2016 with submission by WHO to 3 MDG on February 5, 2014. On March 12, 2014, information was received that 3MDG will support MDR-TB control with US\$ 19 million until end 2016 including support to manage 1800 MDR-TB patients and geographical expansion to another 40 townships. CAP-TB team has participated in the high level consultation meeting on MDR TB challenges in Burma conducted on March 17, 2014 at Ministry of Health, Nay Pyi Taw. That meeting was to:
 1. Launch the results of the third nationwide drug resistance survey conducted in 2012-2013
 2. Disseminate the achievement of programmatic management of MDR-TB in Burma
 3. Review the latest science on new anti-TB drugs and shorter MDR-TB treatment regimens
 4. Discuss future directions to curb MDR-TB in Burma
- 4 points from the report and a total of 125 people attended the meeting including higher level staff from MOH, Professors in Respiratory Medicines and HIV/AIDS, INGO and local NGO representative working on TB. The meeting report is available on request.

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

- The CAP-TB team has continued working closely with the IAs, NTP and other partner organizations to improve the coordination and collaboration with stakeholders and avoid duplication of services. With technical support from FHI 360, coordination reports were submitted to NTP and Department of Health, at township (monthly) and regional level (quarterly).
 - MMA conducted quarterly coordinating meeting in South Okkalapa (on 1st November) and Chan Mya Tharzi (on 6th November), with participation by Township Medical Officers, Township TB Coordinators, Basic Health Staff, and the FHI 360 Program Officer. Community supporters also attended the meetings. The challenges and solutions were discussed by all participants for smooth and effective implementation at field level. The meetings were the first quarterly coordinating meetings after implementation of community DOT for MDR TB patients. Township medical officers really appreciated the activities and discussed issues such as management of complicated patients by close collaboration between basic health staff and community supporters, logistical support for drug management etc.
- On 5th and 7th of November, Dr. Nguyen Nhat Linh from Global TB Program, WHO Geneva accompanied with WHO country office members and responsible persons from NTP visited one of the MMA GP clinics in Yangon and community supporters in Yangon and Mandalay. The purpose of the visit was to conduct situational analysis of the existing Public Private Mix (PPM) for TB activities and the Programmatic Management of Drug-resistant TB (PMDT) activities in the country. In addition to this, the visit also aimed to assess the preparedness of the NTP and non-NTP health care providers for implementing PPM for MDR-TB management (PPM-MDR-TB) activities. Dr. Phyo Wai Tun, Program Officer from FHI 360 and MMA CAP-TB project staff joined the visit and shared about the CAP-TB project activities. On 8th November, a meeting was conducted at NTP office where WHO, NTP, FHI 360 and the 4 Implementing Agencies attended and discussed CAP TB project activities. Dr. Nguyen Nhat Linh appreciated the CAP-TB strategic model for improvement of prevention and management of MDR TB in Burma and his report will be shared after the visit.
- FHI 360 joined the technical visit from USAID Washington TB team, William Wells, Senior TB Technical Advisor and Amy Bloom, Consultant, Bureau of Global Health during December 2-6. USAID TB team visited CAP-TB sites, MMA GP clinics, and one patient's house in Yangon and met with community supporters from MMA. FHI 360 also hosted a round table discussion with the technical

partners including WHO, MSF, MSH, PSI, Clinton Foundation and CAP TB IAs. In the meeting, the TB team discussed about the current TB landscape in Burma and opportunities for improving impact of USG investments and to discuss broader partnerships including GFATM investments.

- On 8th January, Program Officer and Senior M&E Officer joined the 42th Myanmar Health Research Congress at Department of Medical Research (Lower Myanmar) and had a chance to observe the latest information about TB/MDR TB research conducted in Burma.
- During 19th – 21st February, Prof. Aimé De Muynck, Ms. Carina Stover and Ms. Amy Bloom visited CAP-TB project sites in Yangon and Mandalay to conduct the mid-term project performance evaluation for CAP-TB activities in Burma. They also visited to the program manager from National TB Program, regional TB officer from Lower Myanmar TB Center and two township health centers. Output 4.2 Strengthened partnerships for quality TB care, including private sector
- On 8th November, Dr. Zarni Thaung and Dr. Soe Htut Aung joined Marie Stopes International (MSI) meeting on launching a draft handbook of community volunteer in reproductive health services, where CAP TB had a chance to learn about developing and disseminating a manual in collaboration with the Ministry of Health.
- On 25th and 26th November, CAP TB joined the MBCA ‘Malaria Forum’ held at UMFCCI, where CAP TB had a chance to learn about the possible replication of TB services through Private-Public Partnership and Cooperate Social Responsibility of business partners.

Activity 4.2.2: Advocate with employers of large industries to provide TB/MDR-TB health education to employees through local partners

- In Monywa industrial zone, MBCA organized formal and informal discussion sessions with factory owners/managers and stake holders to advocate for the importance of TB/MDR-TB in workplace, and non-discrimination/non-termination of TB/MDR-TB patients from factories.
- On 21st December, MBCA conducted an advocacy meeting with Local Authority at District level Health Department personals, NTP, General Practitioners, focal persons from Social Security Board, Industrial Zone Management committee, Business owners and managers. The objective of this meeting was to evaluate the FY13 activities of MBCA CAP-TB Project and to advocate for activities of CAP TB project during FY 14. The achievement of MBCA CAP TB project activities in Monywa during FY13 was shared to the participants. 2 new activities for FY14 (DOT supervision to TB patients, provision of temporary accommodation to MDR TB patients for better infection control) were also shared to the participants. After this meeting, Local Authority at District level Health Department personnel, NTP, focal persons from Social Security Board, Industrial Zone Management committee, and Business owners were clear on MBCA accomplishments for TB/MDR TB control in Monywa.

F. Capacity building and technical assistance

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)

- FHI 360 Team continued to provide necessary support and suggestions to Implementing Agencies during site visits and discussion sessions for capacity building.
- FHI 360 conducted ‘USIAD rules and regulations’ session at the FHI360 Office on 24th October 2013 and Finance staff from CAP TB IAs participated. Program team from MHAA, MBCA and FHI 360 also participated in this training.

- FHI 360 Finance Officer and focal finance person from the partners have worked together to develop the best budgetary control format for FY 14 approved budget.
- CAP-TB IAs have been implementing activities for one financial year. Thus, according to FHI 360 Financial and Administrative guidelines, Finance Officer conducted the first Financial and Administrative review to 4 Partners on 9-12 December 2013. FHI 360 finance officer used the F&A check list tools and reviewed the payments (purchase under CAP-TB funds). Interviews of the representative person from each IA, along with findings and corrective actions were made in response to the findings.
- During this reporting period, **258** partners (**4** implementing agencies and **254** GPs) worked in engagement with NTP following guidelines/instruction of NTP for proper referrals. (*CAP-TB indicator 26; USAID PMP 24*)
- On 21st January 2014, Finance Officer organized the training of “Financial guide lines of FHI360 and USAID rules and regulation to MBCA field finance staff and Yangon who was new recruited for CAP-TB project. New finance associate from FHI 360 and Administrative officer also joined to this training.

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.

Annex II: Processes carried out to ensure data quality

- CAP-TB project continued to work in close collaboration with MMA, PGK, MBCA and MHAA to review and strengthen their routinely reported data. Monthly feedback to CAP TB IAs was provided from both the Program and M&E perspective.
- One M&E discussion session was conducted on 20th November at the FHI 360 office to discuss FY 13 Achievements, challenges in CAP TB M&E strategies linking to indicators, and general group discussion on CAP TB M&E details. Another session was conducted to discuss the current DQA practice of CAP TB and previous DQA reports were reviewed together with each IA. In follow up, the IAs agreed to practice DQA within each of their own agencies on a quarterly basis in FY14. Further discussion was done to record new activities of FY 14 based on approved workplan.
- M&E visits (during 16th December to 3rd January) were conducted to focus on additional FY14 activities and related M&E practices. During these visits, recommendations from previous (Q2 FY13) DQA visit were reviewed and best practices of the IAs were learned.

Level	Area checked
Headquarters	<ul style="list-style-type: none"> • Data flow and feedback mechanism • Coordination and data communication • Recording reporting dates • Record keeping and file management
Field Offices	<ul style="list-style-type: none"> • Data usage at field level • Target disaggregation and ORW assignment • Tracking of referred cases and MDR TB patients • Record keeping and file management

- Regarding the CAP TB database, CAP TB team project provided inputs on draft version based on current M&E practices and feasibility of implementation, during first week of December. Next step will be trial entry of data into the database and discussion with the IAs.

Annex III: Summary of accomplishments against the work plan and targets *(Please reference CAP-TB Data Collection Sheet and Annex III in the 3-country narrative for this FY14 SAPR)*