

# **Control and Prevention-Tuberculosis**

## **Burma Country Narrative**

**Family Health International (FHI 360)**

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



**USAID**  
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**CAP-TB**  
CONTROL AND PREVENTION  
OF TUBERCULOSIS

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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**

Highlights of CAP-TB Burma's achievements for funding year 2014 (FY14) include successful implementation of the project's community-driven solutions for multi-drug resistant tuberculosis (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. At the end of FY14, CAP-TB also launched an innovative mobile health application, DOTsync, which mobilizes the community, an entire cadre of the health system, while tracking management of multi-drug resistant tuberculosis (MDR-TB). This innovative mobile health initiative addresses a critical gap in the health system---the shortage of human resources for directly observed therapy (DOT)---thus DOTsync has potential to make a big impact in the country's strategy for MDR-TB elimination. All of the project's activities in Burma are implemented with the overall goal of decreasing disease transmission and generation of MDR-TB through effective prevention, improving MDR-TB case finding, and maximizing treatment outcomes through supporting patients during treatment.

### **Community driven solution: Directly observed therapy (DOT) by community health workers**

CAP-TB implementing agencies supported home-based care for MDR-TB patients in 18 out of the country's 68 MDR-TB townships. In two of these townships, CAP-TB's implementing agency (IA), Myanmar Medical Association (MMA), collaborates closely 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. These are the country's first community supporters to provide DOT for MDR-TB patients, and the community-driven DOT model was recognized by the international sector for its potential for scale-up. The NTP also values the potential of this model to support rapid scale-up of PMDT and is supporting its expansion to other project townships, most notably with support from the Three Millennium Development Goal (3MDG), which is funding FHI 360 to scale up the CAP-TB model in Burma.

### **Innovation and Technology:**

#### **1. Solar-powered 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.

#### **2. DOTsync: Integration of Mobile Technology in MDR-TB response**

CAP-TB's IA, Myanmar Medical Association (MMA), with technical assistance from FHI 360 has launched DOTsync, a mobile application for community DOT that was developed by the project using Dimagi's open-source CommCare software. DOTsync is now active in 3 project townships. The CAP-TB project strives to use "Information Communication Technology" to strengthen project management and to reduce burdensome data recording and reporting procedures. DOTsync will be scaled up among field staff of Pyi Gyi Khin and Myanmar Health Assistant Association, CAP-TB's two other IAs, in FY15.

### **Social and mass media for effective communication: Cough campaign**

Leading up to World TB Day 2014, 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
- B. MDR-TB Management
- C. Strategic Information
- D. Monitoring and Evaluation
- E. Enabling environment for MDR-TB control and prevention
- F. Capacity building and technical assistance

### **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**

- To strengthen the CAP-TB IA outreach workers of capacity to conduct home visits, the CAP-TB FHI 360 team conducted a refresher training during 23<sup>rd</sup> to 25<sup>th</sup> June. The field staff and program staff from IAs, namely Myanmar Health Assistant Association (MHAA), Myanmar Medical Association (MMA) and Pyi Gyi Khin (PGK), participated in that training. On day 1, experts from MSF Holland provided training on patient counseling. On day 2 and day 3, CAP-TB Senior Program Officers and Senior M&E Officer from FHI 360 provided training to strengthen their TB/MDR-TB knowledge and capacity. Fourteen CAP-TB staff participated (5 men and 9 women) in the training. (*CAP-TB indicator 14; USAID PMP 17*)

Training objectives were to do the following:

- Provide update on TB and MDR-TB management
  - Strengthen capacity in conducting home based care
  - Share experience among partner organizations
- MMA organized training for community supporters from Thingan Gyun Township, Yangon Region. The two-day training was held from 17<sup>th</sup> and 18<sup>th</sup> June, participated by 15 community supporters (8 men and 7 women). (*CAP-TB indicator 14; USAID PMP 17*) Dr. Saw Aung Shwe Phyu, Township Medical Officer participated as a resource person. The trainers were Dr. Myat Myat Moe, TB specialist and Dr. Kyaw Naing, district team leader from the NTP, Project Manager and Project Officer from MMA CAP-TB project, and CAP-TB Senior Program Officers and Senior M&E Officer from FHI

360. The NTP's training guideline was used as the guidance tool for the training. The trained community supporters will form a community network to promote treatment adherence for MDR-TB patients in their homes. The training topics covered the following components:

- Introduction about the CAP-TB project
  - Basic knowledge about TB, Diagnosis and Treatment of TB
  - MDR-TB overview
  - DOT provision and treatment monitoring
  - Basic concepts of MDR-TB counseling
  - Infection control
  - Management of adverse reactions
  - Contact tracing
- CAP-TB IA, 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 CAP-TB Senior Program Officers of FHI 360 (medical doctors), along with MBCA Project Manager and Area Coordinator. The three day training was held during 29<sup>th</sup> to 31<sup>st</sup> 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 aspects of MDR-TB
    - Myanmar Programmatic Management of Drug-resistant TB (PMDT) overview
    - Infection control
    - DOT provision
    - Basic concepts of MDR-TB counseling
    - Management of adverse reactions
    - Monitoring treatment
  - MBCA conducted a training on 'basic knowledge of TB, infection control and case finding' for TB champions, who are volunteers among factory workers and their family members, within the business and industrial sectors. The objective was 'To train volunteers (TB Champions) for basic knowledge of TB to conduct case finding in their respective factories in the industrial zone in Monywa'. The topics covered included: Introduction about CAP-TB, Basic knowledge about TB, Diagnosis and Treatment of TB, Infection control and Case finding strategies. Facilitators/Trainers were Project manager (medical doctor), Area coordinator and Outreach workers of MBCA. One day training was conducted on 20<sup>th</sup> November, covering **15** TB champions (**8** men and **7** women); 22<sup>th</sup> January, for additional **16** TB champions (**5** men and **11** women) and 19<sup>th</sup> March, for **22** TB Champions (**4** men and **18** women). (*CAP-TB indicator 14; USAID PMP 17*)
  - For follow up, MBCA conducted monthly TB champion sessions on 18<sup>th</sup> October (participated by 8 TB Champions), 29<sup>th</sup> November (participated by 20 TB Champions), 31<sup>st</sup> December (participated by 14 TB Champions), 30<sup>th</sup> January (participated by 27 TB Champions), 28<sup>th</sup> February (participated by 30 TB Champions), 25<sup>th</sup> March (participated by 31 TB Champions) 28<sup>th</sup> April (with 22 TB Champions) and 28<sup>th</sup> May (with 34 TB Champions). During these sessions, the TB Champions shared best practices, discussed challenges and were updated on TB and MDR-TB information, with the following objectives:
    - Mobilize communities to advocate for and use TB Services
    - Promote early case detection and referral
    - Strengthen coordination between providers and the community to ensure diagnosis and treatment for potential MDR-TB patients and strengthening infection control to prevent spread.

- To ensure that potential TB/MDR-TB patients identified by the TB service delivery network will receive high-quality diagnosis in a timely fashion, followed by appropriate treatment.
- MHAA recruited 4 Peer Educators (PEs) 2 in Yangon and 2 in Mandalay. Those PEs were trained by CAP-TB's Senior Program Officer (FHI 360) on TB/MDR-TB information, infection control, counselling and psychological support. These PEs are cured MDR-TB patients with motivation to help other MDR-TB patients currently undergoing treatment. They will visit MDR-TB patient homes together with MHAA CAP-TB staff, in order to share their experience and support.

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

- Community activities were conducted in 15 CAP-TB townships in 2 different regions by CAP-TB IAs, MHAA and PGK. Health education and information on TB symptoms, diagnosis, treatment and available health services were provided using IEC materials. This activity covered **12,174** beneficiaries (**4,596** men and **7,578** women)—data from two IAs, MHAA and PGK. (*CAP-TB indicator 2; USAID PMP 9*)
  - 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.
  - Community supporters of MMA also conducted activities with a focus on neighborhoods of TB/MDR-TB patients
- Case finding activities were done during health education sessions and **390** beneficiaries (**162** men and **228** women) were referred to TB/MDR-TB related services. (*CAP-TB indicator 3*) Among them, **353** accessed to referral destinations. Among these **331** (**131** men and **200** women) had done Sputum AFB examination and **17** (**10** men and **7** women) smear positive TB cases were notified to NTP. 5 TB cases were notified by Chest X-ray diagnosis. Among diagnosed TB cases, **15** (**9** men and **6** women) cases were initiated with TB treatment and 2 out of them already successfully completed TB treatment. Also Gene Xpert diagnosis was done to **3** presumptive MDR-TB cases and **1** was diagnosed as MTB + and Rifampicin resistance.
- MBCA conducted DOT supervision to TB patients registered under the NTP in Monywa Township, Sagaing Region. During the reporting period MBCA registered a total of **177** TB patients (**113** men and **64** women) (*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 among close contacts in the household.
- From the above activities a total of **44,205** IEC materials were distributed through health talks during reporting period, including **38,643** pamphlets, **108** posters, **140** T shirts, **50** caps and **2,593** masks with infection control message. (*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 provide information on signs and symptoms, diagnosis, treatment of TB/MDR-TB, the importance to seek treatment if symptoms develop, 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 **241** factories

and businesses in Monywa reaching **8,147** workers and family members (**2,133** men and **6,014** women). (*CAP-TB indicator 2; USAID PMP 9*)

- Active case finding was done, providing referral services to **142** (**72** men and **70** women) beneficiaries to TB/MDR-TB related health services (*CAP-TB indicator 3*) and among them, **131** accessed services. According to the latest available information from MBCA, 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, **15,448** IEC materials were distributed during reporting period, including (**15,072** pamphlets, **250** posters/vinyl, **126** T-shirts). (*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 Ministry of Office, Nay Pyi Taw and University of Nursing, Yangon on 24<sup>th</sup> February. CAP-TB IAs also participated at World TB Day celebration at project townships, in close collaboration with Township Medical Officers and Basic Health Staff.
- MBCA conducted a 'Road Show' event at Monywa Industrial Zone during 25<sup>th</sup> and 26<sup>th</sup> March, where videos about TB and MDR-TB knowledge were displayed in an open space, and the Cough campaign quiz show was also held in interval times of the road show.
- MMA conducted a special Continuing Medical Education session (CME) regarding 'Combating TB Battle', at Myanmar Medical Association, Mandalay, on 1<sup>st</sup> April. The participants were professors and clinicians from specialist hospitals, professors and students from medical/paramedical universities, representatives from National TB Program, and responsible persons from WHO and CAP-TB IAs. Also Chief of Party and Senior Program Officer from FHI 360 also attended the event in Mandalay. This activity reached **258** individuals (**111** men and **147** women). (*CAP-TB indicator 2; USAID PMP 9*) and **1,587** IEC materials (*CAP-TB indicator 4*) were distributed.
- MHAA celebrated World TB Day event in Yangon on 7<sup>th</sup> April participated by government bodies and CAP-TB Senior Program Officer from FHI 360.
- PGK commemorated a World TB Day event at Mayangone township, with participation from the Township medical officer, TB coordinator and Basic Health Staff from Ministry of Health.

### **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 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 to improve IC. With guidance from the NTP, 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 **455** 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. **94%** scored at least 7 and thus met quality infection control standards. (*CAP-TB Indicator 6*)

- CAP-TB worked with MBCA, MHAA and PGK to provide temporary shelter for infectious MDR-TB patients during the intensive phase of their treatment. FHI 360 organized a brainstorming session on 21<sup>st</sup> October among the 4 IAs to gather consensus on eligible criteria for these shelters, provision procedures and monitoring methods. With recommendation from respective NTP personnel and TMOs, **49** MDR-TB patients were provided with accommodation rental/renovation, focusing to meet the needs of infection control standards.
- 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 IAs participated in a ‘Brainstorming session for cough campaign’ conducted on 30<sup>th</sup> December. Activities were discussed, and ideas and inputs were received, from which a detailed action plan was developed.

The CAP-TB “Cover your Cough Campaign” included 7 main 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, Facebook “Like and Share” contest and other activities. Mass media was also used by messaging through two famous radio stations (Mandalay FM and City FM). Through FM radio, the message was delivered through short announcements, health talks, short stories shared by the radio announcers, and live feedback from the community. Burma’s renowned pop star and actor donated his celebrity status for the campaign, and posters, vinyls and stickers were distributed with his photo throughout the community. Sticker posting was targeted at stations for taxis, in-town buses and high way buses. Cough hygiene is particularly noticeable when travelling in crowded and poorly ventilated vehicles with long commutes. Poster and vinyl posting was done at health facilities, bus terminals and public places, targeting the community to improve awareness among health care providers. Promotional events were conducted at 9 project townships in Yangon Region by 8 Outreach workers and program staffs from FHI 360 and IAs. Two to 6 hotspots (such as bus stops, markets, road junctions and public places) in each project township were purposely chosen to reach the targeted community and to increase participation. During each event, a cough quiz show was conducted using 15 TB/Cough hygiene related questions, including short health education messages at intervals. On 6<sup>th</sup> April, celebration event was conducted at Kandawgyi Karaweik Oo Yin, participated by project staff from CAP-TB, 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 center. The closing ceremony of the Cover Your Cough Campaign had broad representation from local and international partner organizations who are working to fight against TB.

During the Cough Campaign, **96** promotion events (Quiz shows) were conducted at (**34** at bus stops and major road junctions, **49** markets, **5** at highway bus terminals, **2** at rail way stations and **4** at other public places) were reached by outreach teams bringing attention of 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) were distributed. **2,320** stickers were posted on public transport vehicles (taxis and buses) and **132** posters/vinyls were posted at health facilities and public places. Note that the numbers for community members and IEC materials distributed during the cough campaign are estimates and thus are NOT included in the APR total.

## 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 implement solar panel system for GeneXpert machine**

- During 4<sup>th</sup> to 8<sup>th</sup> March, Dr. Phyo Wai Tun, CAP-TB Senior Program Officer and Myo Thiha, Logistics Assistant from FHI 360 travelled to Moreh, India and Tamu, Myanmar to receive the solar panel and related materials which were delivered over the border. The solar panel for the CAP-TB Gene Xpert machine successfully arrived to the Lower Myanmar TB Center during March. After the solar panel, batteries, inverter and accessories were installed in April by the technicians from supplier. The USAID CAP-TB-supported Gene Xpert machine is the first machine in Burma to receive continuous power supply through solar power.

### **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 **1,256** samples were tested with Gene Xpert machine (procured by CAP-TB project) at the Lower Myanmar TB Center following NTP guidelines. Among those samples, **284** cases were diagnosed as MDR-TB (MTB +, RIF resistance +/-Indeterminate) and positivity was 23%. (*CAP-TB indicator 9; USAID PMP 7*)

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

- All 4 IAs have conducted 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, **2,610** close contacts of TB/MDR-TB patients, **105** Migrant people, **76** Diabetes cases **10** PLHIV and **559** Elderly people were reached. During home visits, the most frequent topics 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 linkage and procedures including documentation of referrals, was discussed and agreed upon by CAP-TB IAs and NTP. The referral system is achieved through coordination reports and coordination meetings with NTP and stakeholders (as in activity 4.1.2), health education activities (as in activity 1.1.2, 2.2.2, 4.2.2) and training activities such as case finding (as in activity 1.1.1). Overall, total of **909** cases were referred to township health centers and MBCA clinic (NTP recognized treatment center). From referred cases, **814** accessed services, resulting in **89%** successful referral overall. (*CAP-TB indicator 13*)

### **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 MMA-PPM (Public-Private Mix) project, the PMDT training sessions for GPs in 16 of the 18 targeted townships were trained during FY14. One training session was conducted during 7<sup>th</sup> - 8<sup>th</sup> January in Meikthila township participated by **21** GPs (**16** men and **5** women) (*CAP-TB indicator 15; USAID PMP 18*). The one remaining training in Lashio Township was conducted during 22<sup>nd</sup> to 23<sup>rd</sup> May, participated by **26** GPs (**19** men and **7** women) (*CAP-TB indicator 15; USAID PMP 18*).
- This PMDT training focused on standard treatment of TB and diagnosis of MDR-TB and IC for GPs. Training curriculum was reviewed by NTP and resource persons were from NTP, WHO, FHI 360 and MSF-Holland. These GPs are from the private sector and are not currently treating MDR-TB patients, although they are responsible for referring them into the NTP (Scheme III). 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 learn about the management of MDR-TB in Myanmar and referral mechanism’. Total number of **9,000** pamphlets and **42** 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 20<sup>th</sup> November M&E meeting. With collaboration from the CAP-TB Senior Program Officer (FHI 360), MMA agreed to collect the referral data (from all trained 18 townships) on a quarterly basis. As of this reporting period, the trained GPs referred **51** presumptive MDR-TB cases (**27** men and **24** women) (*CAP-TB indicator 3*) to Township Health Centers, where they had access to Gene Xpert diagnosis. Among them, **41** got access to services, resulting **80 %** successful referral. 26 out of 41 cases, who completed Gene Xpert diagnosis, **5** 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 (Community Supporters) in 3 townships: South Okkalarpa Township and Thingangyun Township in Yangon Region and Chanmya Tharzi Township in Mandalay region. During the reporting period, **63** MDR-TB patients (**37** men and **26** women) (*CAP-TB indicator 1; USAID PMP 8*) were registered for MDR-TB DOT for the evening dose by these trained volunteers. As of September at the end of FY14, Community Supporters provided evening dose of MDR-TB DOT to 42 MDR-TB patients in 3 project townships. They also educated the patients on early recognition of minor side effects and referred cases to township health centers. This fills a critical gap in MDR-TB, shifting work from the basic health staff, who are over-worked and often unable to provide DOT for these patients.
- Health education was also done to family members or neighbors of MDR-TB patients and risk community members reaching **688** beneficiaries (**348** men and **340** women). (*CAP-TB indicator 2; USAID PMP 9*) Through home visit and health education sessions, **326** presumptive TB/MDR-TB cases (**158** men and **168** women) were referred to health facilities for diagnosis of TB/MDR-TB. (*CAP-TB indicator 3*). Among them, Sputum AFB examination was done to **109** cases and **35** cases were found to be Sputum Smear positive. Also 153 cases had access to NTP’s mobile X-Ray team. TB treatment started for **60** diagnosed cases (46 on CAT I TB treatment, 11 on CAT II and 3 are CAT III). Treatment outcomes had been recorded for 12 treatment initiated cases, and there were 7 cured, 3 completed, 1 CAT I failure and 1 expired. Total number of **547** 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**

- Two refresher trainings for Programmatic Management of MDR-TB were conducted during this reporting period in collaboration with NTP and WHO. These trainings aimed to build the capacity on management of MDR-TB for the Physicians, Township Medical Officers (TMOs) and TB coordinators from the project townships. One training was conducted in Yangon during 15<sup>th</sup> to 16<sup>th</sup> May, with 36 participants and another one was conducted in Mandalay during 29<sup>th</sup> to 30<sup>th</sup> May, with 31 participants. A total of **67** participants (**30** men and **37** women) attended the trainings. (*CAP-TB Indicator 15, USAID PMP indicator 18*)

**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 comprehensive CAP-TB “package of services” includes monthly supply of nutrition and transportation support to enable follow up visits to the NTP. It is provided on a monthly basis to assist the NTP’s MDR-TB strategy. During the reporting period, **614** MDR-TB patients (**373** men and **241** women) received the package of support from 4 CAP-TB IAs (*CAP-TB indicator 17*) in 18 coverage townships. As of the month of September, at the end of FY14, there are total of 322 MDR-TB patients receiving the package of support in 16 current CAP-TB townships. During the home visits for the 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 3.1 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**

6 <sup>th</sup> to 9 <sup>th</sup> May	DOTsync: Dimagi’s team of Saijai Liangpusakul, Senior Field Manager and Devika Sarin, Project Manager conducted their field testing visit. This visit was facilitated by FHI 360 in collaboration with MMA CAP-TB team. 5 selected community supporters were trained and field testing was done in 4 MDR-TB patient homes, to get feedback from both field users and beneficiaries. During afternoon session of 9 <sup>th</sup> May, the team from Dimagi, FHI 360 and MMA discussed plans and timeline for the DOTsync pilot and launch.
3 <sup>rd</sup> to 7 <sup>th</sup> June	CAP-TB Senior M&E Officer and Senior Program Officer from FHI 360 joined ‘Application building training of CommCare’ at FHI 360’s Asia Pacific Regional Office, Bangkok, together with M&E persons from other countries.
9th June	One day ToT training was conducted by Damigi, participated by 5 selected Community Supporters and 5 CAP-TB staff from different IAs. The objective of this training was to be able to conduct direct training to community supporters in the future.
June - July	The participants from ToT conducted Direct trainings to Community Supporters in South Okkalapa Township (10-13 June), Chan Mya Tharzi Township (2-5 July) and Thingangyun Township (7-8 July). After those training, mobile phones were distributed to Community Supporters to

	implement 'Test application' for beta-testing during their activities in the field.
August	Review of the test application and launching of full application was done in 3 project townships.
September	The information collected with the mobile application was reviewed during feedback sessions in September.
Future plan	The information reported using mobile application will be reported to USAID starting from 1 <sup>st</sup> October in FY15.

- On 22<sup>nd</sup> July, the first data analysis workshop was organized in FHI 360 Myanmar Office. It was led by Chief of Party, CAP-TB project and participated by responsible program staff, M&E staff from 3 IAs and FHI 360 CAP-TB team. This workshop was designed to strengthen data analysis and presentation skill, to promote the data utilization practice among IAs and will be conducted quarterly.
- On August 6<sup>th</sup>, Senior M&E Officer and Senior Program Officer participated in the ICT4D (Information Communication Technology for Development) workshop, facilitated by Wayan Vota, Technical Advisor, Socio and Economic Development, FHI 360. The main theme of the workshop was to allow development actors to seek opportunities and discuss challenges in Myanmar, which currently has the lowest Internet penetration in Southern Asia.
- During 12<sup>th</sup> and 13<sup>th</sup> September, MHAA organized report writing training with external consultant, with objective of strengthening the reporting writing skill of MHAA staff by better understanding the project design and more application of the knowledge and expertise. That training was participated by MHAA staff from different projects including 6 from MHAA CAP-TB Project.

## 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)

- 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 were provided as in the figure below. 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.

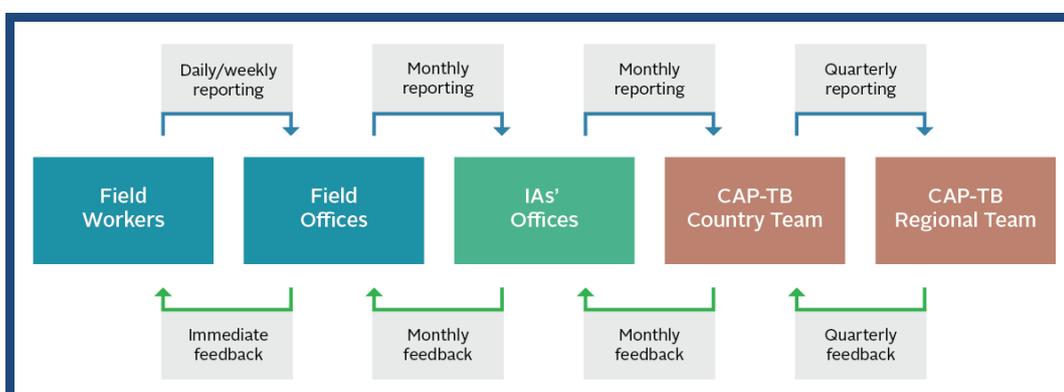


Figure. Data flow and feedback mechanism of CAP-TB Project

- 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 this training is to get the knowledge how to handle M&E in the project to all CAP-TB staffs as well as MHAA PMU (Program Management Unit). It was 3 days (25<sup>th</sup> to 27<sup>th</sup> Jan 14) training 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. 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.
- PGK CAP-TB team conducted one M&E training delivered by Dr Phyo San Win (Freelance consultant for M&E) in this reporting period. The main objective was increase knowledge on handling M&E in project related staff. It was 2 days (10 and 11 June) training at PGK Office, participated by 9 related project staff (4 men and 5 women). (*CAP-TB indicator 21; USAID PMP 20*) Topics similar to those listed for MHAA (above) were discussed for the PGK M&E training.
- On day 3 of ORW refresher training, CAP-TB Senior M&E Officer from FHI 360 delivered M&E related training. The main focus was to learn and grow M&E experiences among IAs, to update on CAP-TB M&E practices, to share challenges and common errors and to introduce mobile technology in data management. Among the 14 participants 2 (women) from MHAA were the first time to learn about M&E in CAP-TB project. (*CAP-TB indicator 21; USAID PMP 20*)

## 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 James Coker visited to 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. Prof: Richard met with National TB Programme at Nay Pyi Taw and discussed the research questions, the rationale behind the proposed case control study and received the inputs from the NTP manager. The research proposal has been approved by Ministry of Health and National TB Program through FHI 360. On September 5<sup>th</sup>, Professor Coker met with Program Manager, NTP for further detail planning of the study.
- During 23<sup>rd</sup> and 24<sup>th</sup> April, Research Design & Methods Training Workshop (Nay Pyi Taw) by the LSHTM team and National University of Singapore (NUS) in collaboration with FHI 360. The trainers are Dr. Mishal Khan (LSHTM), Dr. Samantha Watson (LSHTM), Dr. Coll Hutchison (LSHTM) and Dr. Joanne Yoong (NUS). This training was actively participated by 10 participants (6 men and 4 women) (*CAP-TB indicator 21; USAID PMP 20*), consisting of 3 Assistant Directors, 5 Regional Officers and 2 Medical Officer from National TB Program. Preparation for implementing "Case-Control Study of

Risk Factors for MDR-TB in Yangon, Myanmar” was started in May in close collaboration with NTP.

- CAP-TB Senior M&E Officer and Senior Program Officer participated in ‘Workshop on Prioritizing New Research Areas for Tuberculosis Control in Myanmar’, organized by Burnet Institute and National TB Program (NTP) in Nay Pyi Taw during 2<sup>nd</sup> - 5<sup>th</sup> September. It was the second research workshop of NTP (the first workshop being conducted in 2009). During the first workshop in 2009, 10 topics were prioritized and which guided the research activities of NTP and partners. During this second workshop, discussion sessions were held in 5 different domains, which were identified by NTP based on current TB/MDR-TB management experiences. Senior M&E Officer joined ‘Epidemiology and social determinants of TB’ group and Senior Program Officer joined ‘Treatment and prevention of TB, including DR TB and infection control’. After the workshop 59 prioritized research topics were submitted to Ministry of Health for further approval and finalization of the list. It is expected that the final list of 20 top research priorities for TB and MDR-TB will be released by the NTP after MOH approval.
- During 22<sup>nd</sup> to 24<sup>th</sup> September, Senior M&E Officer participated in Biostatistics Workshop organized by FHI 360 Nepal, facilitated by Mario Chen, Director, Quantitative Sciences. The workshop was designed to introduce an overview of research activity covering topics related to study design, sampling methods, analysis methods and discussion session on field work planning. This training was supported by FHI 360 funding.

## **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 9<sup>th</sup> January, Dr. Thandar Lwin, Program Manager of NTP hosted a meeting at NTP office, participated by FHI 360 and CAP-TB IAs. She discussed the current and future plan of NTP and contribution of CAP-TB project towards the gaps of NTP. CAP-TB IAs discussed their current activities and challenges within project townships.
- CAP-TB team has participated at TB TSG Core Group meeting which was held on January 27, 2014 to discuss draft strategies and plans on MDR-TB expansion 2014-2016. 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 and WHO has submitted to 3 MDG fund on February 5, 2014. On March 12, 2014, information 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 Myanmar conducted on March 17, 2014 at Ministry of Health, Nay Pyi Taw. That meeting aimed to:
  - Launch the results of the third nationwide drug resistance survey conducted in 2012-2013
  - Disseminate the achievement of programmatic management of MDR-TB in Myanmar
  - Review the latest science on new anti-TB drugs and shorter MDR-TB treatment regimens
  - Discuss future directions to curb MDR-TB in Myanmar

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.

- Senior M&E Officer, FHI 360 joined the Myanmar Demographic Household Survey (MDHS) ‘National Questionnaire Design Workshop’ at Meeting room, Ministry of Health on 26<sup>th</sup> June. It was conducted by USAID Burma Mission, Ministry of Health and ICF international. After presentation sessions, 10 working groups were formed to review on each technical area. FHI 360 joined ‘HIV/AIDS’ group.
- On 28<sup>th</sup> April, the FHI 360 Country Director participated in the TB TSG meeting, conducted by National TB Program at Latha office.
- On 26<sup>th</sup> and 27<sup>th</sup> of July, the CAP-TB Sr. Program officer attended the 2014 INGO coordination meeting organized by Ministry of Health. The meeting was conducted in participatory manner to review the implementation status of INGOs in 2013, to collect the action plan for 2014 and to develop a monitoring sheet collectively among the INGOs for future joint assessment.
- On 11<sup>th</sup> and 12<sup>th</sup> of August, the CAP-TB Sr. Program Officer attended the biannual regional TB evaluation meeting organized at Yangon Regional Health Department and presented CAP-TB project activities and achievements. The deputy regional health director and regional TB officer appreciated the overall CAP-TB strategies especially community DOT activity and cough campaign.

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

- CAP-TB team 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).
- On 5<sup>th</sup> and 7<sup>th</sup> November, Dr. NGUYEN Nhat Linh from Global TB Program, WHO Geneva accompanied by WHO country office and the 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 addition, 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 staffs joined the visit and explained about the CAP-TB project activities. On 8<sup>th</sup> 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 specifically recognized the CAP-TB strategic model for its potential to improve prevention and management of MDR-TB in Myanmar and recommended its scale-up by the NTP.
- 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 42th Myanmar Health Research Congress at Department of Medical Research (Lower Myanmar) and observed the latest information about TB/MDR-TB research conducted in Myanmar.
- 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 Myanmar. They also visited to the program manager from National TB Program, regional TB officer from Lower Myanmar TB Center and two township health centers.
- 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.
- As the year end activity of CAP-TB project, CAP-TB IAs, MMA and PGK conducted ‘Review and Evaluation meeting’. MMA conducted Year-end Evaluation meeting on 14<sup>th</sup> August in Chan Mya Tharzi Township and 17<sup>th</sup> September in South Okkalapa Township. As government counterparts, the responsible person from National TB Program, Township Health Centers and Basic Health Staff participated. CAP-TB FHI 360 staff also joined those meetings. After presentation of activities and achievements by MMA CAP-TB team, the discussion session between Basic Health Staff and Community Supporters was conducted. This meeting provided solutions for day to day challenges of MDR-TB DOT in the presence of focal persons from NTP, Township Health Center, FHI 360 and field staff. PGK conducted ‘Evaluation meeting’ on 26<sup>th</sup> September, participated by responsible government counterparts from 6 project townships and Program Manager, CAP-TB Project, FHI 360.
- Jackie McPherson, Regional Deputy Director, FHI 360 APRO participated in coordinating meeting with IAs to review the activities, plan for upcoming FY15 and discuss challenges, at FHI 360 Myanmar office on 28<sup>th</sup> August.

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

- On 8<sup>th</sup> November, Senior M&E Officer and Senior Program Officer joined Marie Stopes International (MSI) meeting on launching a draft handbook of community volunteer in reproductive health services, where CAP-TB learned about developing and disseminating a manual in collaboration with the MOH.
- On 25th and 26th November, CAP-TB joined the MBCA ‘Malaria Forum’ held at UMFCCI, where CAP-TB learned about the possible replication of TB services through Private-Public Partnership and Coporate Social Responsibility of business partners.
- Senior M&E Officer joined an event ‘Myanmar: Unlocking the Potential’ organized by Asia Development Bank (ADB) on 11<sup>th</sup> September. It was dissemination of a study conducted by Cyn-Young Park, Assistant Chief Economist from Asia Development Bank (ADB) in collaboration with Ministry of National Planning and Economic Development (MNPED) during 2013. The objective of this study was to recommend reform priorities in many sectors, where Health is under ‘Human Capital Development Sector’.
- On 16<sup>th</sup> September, CAP-TB project presented DOTsync during CommCare Workshop, conducted by Dimagi. That workshop was participated by interested UN agencies, INGOs and NGOs, CBOs, Mobile Service Providers (MSPs) and Media.

**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)**

- The CAP-TB FHI 360 team continued to provide necessary support and suggestions to the project's IAs during site visits and discussion sessions for capacity building. Finance Officer from FHI 360 and focal finance person from partners have worked together to develop the best budgetary control format for FY 14 approved budget.
- FHI 360 conducted 'USAID rules and regulations' session at the FHI360 Office on 24th October 2013 with participation from CAP-TB IA finance staff. Program teams from MHAA, MBCA and FHI 360 Myanmar also participated in this training.
- The CAP-TB FHI 360 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 all payments purchased 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.
- On 21<sup>st</sup> January 2014, CAP-TB FHI 360 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.
- According to FHI 360 Financial and Administrative guide lines, the CAP-TB FHI 360 Senior Admin and Finance Officer conducted quarterly payment review to all IAs (MMA on 19<sup>th</sup> May, MHAA on 20<sup>th</sup> May, MBCA on 23<sup>rd</sup> May and PGK on 16<sup>th</sup> June) and follow up review was done to the previous findings. Also field visits were conducted to field offices, during 2<sup>nd</sup> to 4<sup>th</sup> June to MBCA, Monywa office and 4<sup>th</sup> to 6<sup>th</sup> June to MHAA, Mandalay office.
- On 7<sup>th</sup> and 8<sup>th</sup> August, Eric Stephan, Technical Advisor, from FHI 360 provided a training workshop on 'External Communication Strategy' as a follow up of previous year's Organization Capacity Assessment Report. Total 9 higher and middle level management staff (6 men and 3 women) from CAP-TB IAs participated. (*CAP-TB indicator 16*) Draft communication strategy was developed by each IA and Mr. Stephan provided technical inputs during follow up meetings with each IA.
- During this reporting period, 284 partners (4 implementing agencies and 280 GPs) worked in engagement with NTP following guidelines/instruction of NTP for proper referrals. (*CAP-TB indicator 26; USAID PMP 24*)

**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 21<sup>st</sup> 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.

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

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. Next, the CAP-TB team defined solutions and systematically applied them, accompanied by regular recording and reporting of the process; this has been done throughout CAP-TB's engagement with the local agencies to measure progress. Routine evaluation of performance enables 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. Capacity building has been a foundational priority for the project from the start of implementation. The CAP-TB FHI 360 used the Organizational Capacity Assessment Tool (OCAT) to systematically assess the strengths and weaknesses of each implementing agency, creating baseline data to monitor capacity development over time. Technical assistance is also a core foundation for the CAP-TB project, which is relevant to many of the activities previously discussed in sections on MDR-TB prevention (page 5), MDR-TB management (page 10), and Strategic Information (page 12).

**Table 1-1 – 1-7: Program level monitoring results** *(Please see Data Collection Excel sheet and CAP-TB Regional Summary Annex III)*

### **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, 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 20<sup>th</sup> 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 16<sup>th</sup> December to 3<sup>rd</sup> January) were conducted to focus on additional FY14 activities and related M&E practices. During these visits, recommendations from the previous (Q2 FY13) DQA were reviewed and best practices of the IAs were learned.

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

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