



Challenge TB - Burma

Year 2

Quarterly Monitoring Report

October-December 2015

Submission date: January 30, 2016

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Cover photo: Su Hlaing Tint, Technical Officer for Laboratory, CTB was conducting a laboratory monitoring visit together with officials from NTRL to Kayin Chaung Station Hospital, Twante Township, remote township of Yangon Division.

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Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Burma
Lead Partner	FHI 360
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

A significant proportion of project activities during this quarter focused on planning and coordination. As the APA2 work plan activities were still under discussion with USAID, the majority of activities implemented included primarily APA1 activities (April 1, 2015- March 30, 2016). These activities included training to support National TB Program (NTP) and local partner requests, finalizing assessment reports, conducting follow-up activities to support collecting information for the laboratory assessment of the peripheral level of the network, and sending NTP staff to the 46th Union World Conference on Lung Health. On December 23rd, the project was informed about USAID Washington approval of the work plan; however confirmation of "full USAID approval" of the work plan was received on January 5th.

Project training activities continue by supporting local partners in training of volunteers (See success story below) and by providing refresher training on PPM-DOTs for NTP staff; these trainings are helping the National TB Program to continue achieving successful outcomes.

This quarter two major reports were finalized and submitted to USAID and the MOH /NTP. Those reports included:

1. TB Infection Control Burma Assessment
2. Laboratory Network Review Part 1: Situational Review - *Reference Laboratories and Peripheral Network Overview*

Both documents provide significant recommendations to the National TB Program (See Annexes 1&2 for below); those recommendations should help guide a process to improve both National TB-Infection Control efforts and to strengthen the laboratory network at national level to facility level. The Challenge TB team is still awaiting formal approval from the Ministry of Health (MoH) and NTP before disseminating the reports and take action on the recommendations. While completing the reports is a big step, the measurable changes from these reports are not anticipated until later in the fiscal year after the NTP approves the reports for distribution.

Key findings from the visit include:

TB Infection Control:

- The TB-IC Manual and chapter 16 of the PMDT guidelines are not completely aligned.
- Although the TB-IC Manual was published only one year ago, it misses important latest developments, for example on the FAST¹ strategy and on upper-room Ultraviolet Germicidal Irradiation (UR-UVGI).
- The Manual also misses SOPs and practical tools on monitoring TB-IC implementation and compliance with TB-IC standard practices and respirator use.

Laboratory Network Assessment:

- Presently there are 4 algorithms in use that are directed by various indications for rapid Xpert MTB RIF testing. This is overly complicated and can be confusing for clinicians.
- Extensive observations and recommendations were provided to the laboratories based at the National TB Reference Laboratory in Yangon, Upper Myanmar TB Center, and the Taunggyi Regional TB Center. As these findings were so extensive, the report should be referenced to see the detailed findings.

A third major assessment, a National Situation Assessment report of the Public Private Mix (PPM) situation in the country is completed; submission to USAID and partners was pending when the quarter ended.

Following the laboratory assessment, the Challenge TB Laboratory Technical Officer worked extensively with the NRL staff to complete an assessment form and translate the form into Burmese language. When implemented the form will help Challenge TB to finalize the assessment of the peripheral level of the laboratory network and support upcoming project plans to introduce new alternatives for sputum

¹ FAST stands for Finding cases Actively in health facilities, Separate and Treat them effectively

transport in the country. After significant efforts to gain approval to test the form, the first site visits were conducted in December.

One short mission report was also provided by the project Technical Back-stop (Dr. Agnes Gebhard). That report focused on the Programmatic Management of Drug-Resistant TB. It has been submitted to the NTP manager and Director of Disease Control. Fifteen recommendations were provided to the national partners with this report (See Annex 3: PMDT Report Recommendations).

Some key findings include:

- Initiation of MDR-TB treatment for rifampicin resistant patient can take up to one-month because the MDR-TB committee that must approve treatment initiation meets just once a month.
- HIV status was not systematically noted in the patient cards and information on ART regimens is lacking, which may indicate difficulties in the co-management of HIV and TB treatment (despite adequate instructions in the NTP guideline p 65) .
- Identification of pre-XDR and XDR TB by second line drug resistance testing is essential for effective management of drug resistant TB: changes are needed for optimization of the country's diagnostic algorithm to ensure patient triage and early treatment initiation based on DST results.

Finally, while sending national counterparts to attend the 46th Union Conference might not appear to be a significant accomplishment, it represented a substantial amount of effort by CTB staff. Given the short lead-time provided by the MoH once they approved participants, it initially appeared that no representatives from the government would be able to attend the conference. After a major logistical effort from the CTB staff, with support from the FHI360 office, all NTP representatives (5) selected by MoH to attend the conference were able to attend the event in Cape Town, South Africa. CTB provided financial support for two of these representatives; the logistic support ensured all five participants could attend the conference.

Technical/administrative challenges and actions to overcome them:

The project continues to address technical and administrative challenges. As our work is very dependent on the MoH and their vision for NTP activities, and because their plans and priorities are rather fluid – especially given recent elections and anticipated governmental shifts – it can be difficult to receive clear and timely feedback from the NTP/MoH. This creates challenges to get the necessary approvals to move ahead with activities in the work plan that are outside of the MoH's priority at the given moment. Furthermore, the availability of consultants has not always been in line with the MoH's desired timelines or plans envisioned in the work plan. For example, late requests by NTP for changes in approach and tools to be used for the National Strategic Plan (NSP) resulted in major efforts to revise and consolidate the NSP into a format that was significantly different than the originally agreed upon drafts; this effort results in a situation where other important project activities were put on hold to ensure that the biggest NTP priorities are addressed first. These issues create a bottleneck whereby a lack feedback from project recommendations and the heavy NTP focus on specific priorities will result in delays to implement some activities; these activities may also be linked to planning for anticipated STTA. The situation will likely reduce the amount of planned STTA that will be conducted. The issue with the level of STTA was anticipated in the planning process; the strategic decision was taken to keep activities in the work plan (e.g. ACF Assessment) to allow the project to maintain the ability to fully support the National Program where we see needs and to assure budget would be available to provide that support and address ad hoc requests which MoH has made (e.g. Director of Disease Control requested CTB to conduct a National Health Accounts (NHA)- actually TB Sub-account assessment).

Because the MoH and NTP are based in Naw Pyi Taw but the project office is based in Yangon close to the implementation area, communications with National Counterparts are complicated. Organizing face-to-face meetings is not easy; even when travel is made to Naw Pyi Taw for agreed upon meetings, it is not guaranteed that the meetings will take place. After face to face meetings, we are learning that multiple follow-up efforts via phone or e-mail are required and even then do not always yield the expected responses and approvals of specific activities in the work plan (e.g. Decentralization of MDR-TB treatment Assessment).

In cases, when counterparts in Yangon (e.g. NRL Staff and the Regional TB Director) are waiting for formal approval from the national level, this results in delays to implement activities. We may be told activities are no longer needed but this is not formally communicated to the CTB team leaving the activities with an unclear status. To address this issue the CTB team is currently discussing various options to address the situation including discussing following only the most formal means of communication which may necessitate responses to all communications to be channeled through the International Relations Department (IRD). In that scenario, we'd schedule monthly meetings or another agreed timeframe through IRD during which project updates and formal approvals to conduct activities

might be received, thus increasing the role of the FHI360 Program Director in communications with the Director of Disease Control. For the interim, the Country Representative for FHI360 (Dr. Khin Zarli) is increasing communications with the Director of Disease Control.

Regarding the availability of consultants, challenges have arisen for several reasons:

- Approvals- MoH delaying approval for consultants (e.g. Childhood TB ToR) and then asking for support on short notice when the consultant was not available.
- Work flow issues- consultants did not build-in sufficient time in their schedule, believing national counterparts would complete work independently with distant support; in instances when counterparts did not complete their work in the work flow, earlier trips would have been desirable to complete a deliverable sooner.
- Availability of project consultants - due to other commitments being out of line with original work planning discussions.

To address these issues more dialogue and meetings with the national counterparts, reviewing planned STTA is required but needs to be approached with sensitivity to the current context. We also realize that at the national level, the NTP will need significant project support to have the time and ability to complete their part of work-in-partnership, as well as close follow-up. This is especially important as we budget consultants' time and availability during the APA3 planning process - not only should timelines be agreed upon with NTP but project consultants should block that time during the planning process to try to avoid conflicts in scheduling.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
PPM Assessment	1.1.1	PPM assessment finalized and result shared to stakeholders				National Situation Assessment conducted and report is to be shared with NTP, WHO and other stakeholders	Partially met	The report was submitted to PMU, KNCV and will be submitted to USAID in January, 2016.
Private and Public Hospital DOTS	1.1.3	Training conducted and FAST introduced	Workshops to include both Public and Private hospital key staff. Conduct supportive supervision of new PPM Sites.	Trainings conducted and FAST introduced in hospitals selected Conduct supportive supervision of PPM sites.	Conduct Supportive Supervision of new PPM sites.	Contacting with Myanmar Private Hospital Association which is interested in linking more closely with the NTP to ensure cases are notified but which is also hesitant to engage according to Myanmar Medical Association / NTP requirements because of the extra workload this requires.	Partially met	Technical Officer for PPM and Special Populations has been in discussions with the newly assigned NTP focal point for PPM. FAST Introduction can only begin after activities in 5.1 have advanced.
Implement Scale-up in selected sites (Activities 2-5 are new to APA2)	1.1.4	Drug seller locations mapped; Existing IEC materials reviewed and selected; Adapt and develop materials if	Drug seller locations mapped; Four trainings conducted for drug sellers Identify Champions	Four trainings conducted for drug sellers Identify Champions Champions Trained	Four trainings conducted for drug sellers Identify Champions Champions Trained	Discussions with PSI and JATA on models used for working with drug sellers took place. New CTB staff are tasked with collecting available IEC materials used in locations where drug sellers work.	Not Met	A focus on finalizing the PPM Assessment and recommendation resulted in the delay of this activity.

		needed. Print materials to be used						
Private and Public Hospital DOTS	1.1.5	Materials printed; Trainings conducted and FAST introduced in 5 hospitals	Engagement Workshops to support NTP PPM Roll Out Conducted. Workshops to include both Public and Private hospital key staff. Conduct supportive supervision of new PPM Sites.	Trainings conducted and FAST introduced in hospitals selected (5) / Conduct supportive supervision of PPM sites.	Conduct Supportive Supervision of new PPM sites.	Dialogue between the NTP PPM focal point and CTB PPM/Special Populations Technical Officer are ongoing.	Not Met	Sites have not yet been selected. A new NTP PPM focal point has been selected and this person is just becoming familiar with PPM.
Prison Engagement	1.1.6	NA	Symposium conducted with stakeholders on TB management in prisons			Meeting held with IRC and attended the meeting hosted by IRC with other prison stakeholders.	N/A	Director of Disease Control asked only to conduct such a meeting after meeting with ICRC. CTB is now in contact with International Committee of the Red Cross (ICRC) and other stakeholders who are working in prisons.
Population Level Advocacy and Communication Campaign (National)	1.2.1	Planning and Strategy Dev. Conducted.				Meetings conducted with NTP and Millennium Development Goals- 3 Diseases Fund (3MDG). Director of Disease Control stated such work should include working with PSI in	Partially met	Work plan was just approved in January and this activity was left with a caveat that USAID wants to discuss the plans further.

						materials development. CoP met with 3MGD to discuss their current plans and to receive the terms of reference for their plans in order to ensure any CTB work will build on work already conducted in the country. CTB has identified person to oversee this activity.		
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Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Strengthen TB laboratory capacity from national level to periphery	2.1.1	Finalize National TB Laboratory System Assessment Report Share Report Results, TA provided to NTRL to revise Myanmar TB Diagnosis Expansion Plan	Supportive Supervision visit conducted (4). Revised Myanmar TB Diagnostic Expansion Plan approved by NTRL and NTP	Supportive Supervision visit conducted (4).	Supportive Supervision visit conducted (4).	Part 1 of the National laboratory System Assessment Report is done and submitted to MoH.	Partially met	Approval to share results has not been provided. TA to revise diagnostic expansion plan has not started and it looks like WHO may do this work.
Introduction to Laboratory Quality	2.1.2		QMS Introductory	Training on SoP	Supportive Supervision	Discussions with experts on QMS	N/A	No Activities Planned this quarter.

Management System (QMS)			Work shop Conducted	Writing and QMS Implementation Plan development conducted. QMS Strategic Implementation Plan Developed	visit conducted.	ongoing.		
Build laboratory capacity to provide culture/DST	2.3.1	TA provided for supporting 2nd line DST development (3 facilities). LTO Trained in Antwerp		2nd line DST expanded and started two/three laboratories. (Note: If three labs are reached this will be accelerated expansion of the national targets).		During National Laboratory System Assessment, NRLs were visited and the CTB Laboratory Technical Officer and Senior Laboratory Advisor supported training in 2 nd line DST during SNRL training for NRL's. The assessment provided detailed lists of existing issues in NRLs related to culture and DST. Training for the LTO was scheduled.	Partially met	LTO will be trained in January.
Strengthen laboratory capacity for use of Xpert	2.4.1	Guidelines and tools produced and disseminated	Trainings conducted for guidelines on tools (2) National Counterpart trained by Cepheid in Toulouse,	Cascade Xpert Trainings conducted (4)	Cascade Xpert Trainings conducted (4)	The team has not yet collected GeneXpert Guidelines and tools. Currently the country uses WHO guidelines.	Not met	The CTB Project team is collecting all national guidelines that are available in the country.

			France					
Sputum Transport System	2.6.1	<p>Assessment Survey Designed and distributed</p> <p>Sputum Transport Methods Identified</p> <p>Methods of transporting specimens in Myanmar identified.</p>	<p>Sites to introduce alternative transportati on methods introduced.</p>	<p>Sputum transport system pilot started in one rural and one urban area</p> <p>Sites Linked to follow-on testing.</p>	<p>Collection of data on introduction results started.</p>	<p>Assessment forms designed and translated into local language. Forms have been used during site visits.</p> <p>MoH only began approving site visits in December. After testing the assessment form modifications were made. The realization was made that these may have to be completed with more external support to ensure they reflect reality on-site (e.g. Staff say guidelines and SOPs are available; when asked to show them they are not available).</p>	Partially met	<p>Assessment of sputum transport methods is ongoing and varies by State and Region.</p> <p>Survey template was designed and translated. Methods have been identified in 3 states, but a complete vision of the current activities is pending results of the survey.</p> <p>Mapping of referrals to the 2 major Ref labs has been completed identifying current linkages.</p>
Supporting development and maintaining of bio-safety Measures in new and existing laboratories	2.7.1	<p>Consultant (Building Engineer) reviewed existing construction plans</p> <p>Recommend ations Provided</p>	<p>Site Visits conducted</p> <p>Recommend ations Provided</p>			<p>CTB staff have communicated with 3 MDG. 3 MDG provided floor plans to existing facilities and plans for new construction. From a distance CTB provided feedback on the plans, floor layout and managing equipment.</p> <p>As 3MDG planned to hire an engineer to provide advice on 3MDG construction</p>	Met	

						activities, CTB provided them the contacts with several engineers with the appropriate backgrounds.		
Bio-Safety Officer Training	2.7.2			NRL Counterpart (s) complete training		Planned for Q3	N/A	
Trained staff begin implementing annual Bio-safety training and assessments of all BL3 laboratories.	2.7.3				Training Conducted Bio-Safety Assessments conducted Results available	Planned for Q4	N/A	

December 4, 2015 Dala Township (Laboratory Technical Officer) joins NRL monitoring visit:



Dala Township, Yangon Region



TB microscopy laboratory building attached to X-ray building at Dala Township hospital



TB Microscopy Laboratory



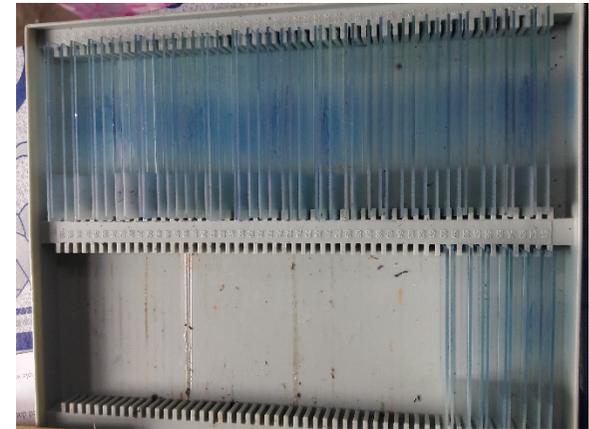
Fluorescence Microscope (need to be separated from the working table)



Staining reagents



Staining area



Slides storage

1-4 15 3 29.9.15

	Pat	Slide
Dx	44	88
Dx (+)	11	22
f/a	64	128
f/a (+)	-	-
Total	108	216

(29)

2015 2015 (96)

of	Dx		f/a		Total		
	P	S	P	S	P	S	
Jan	50	100	18	36	154	129	259
Feb	51	102	22	44	108	108	216
March	48	96	8	16	178	147	299
April	44	88	22	44	108	108	216
May	51	102	14	28	124	113	226
Jun	46	92	6	12	143	120	249
July	40	80	14	28	144	112	224
August	52	104	10	20	124	114	228
Sept	56	112	10	20	162	137	279
Oct	44	88	8	16	138	113	226
Nov	48	96	24	48	106	101	202

Very good data management monthly and yearly



Staining





On-site slide checking by Daw Ahmar Sein



**Photo taken at the end of microscopy lab visit
Daw Than Than Ngwe, TB coordinator
Daw San San Wi, Grade II technician;
Daw Su Hlaing Tint, Laboratory technical officer CTB/FHI360;
Daw Ahmar Sein, STLS NTRL NTP**

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support assessment, development and implementation of rational childhood TB prevention and care work practices	3.1.1	Assessment Conducted	Detailed action plan developed Cross Visit Conducted (3 Persons)			Activity planned and scheduled for Q2 in coordination with the NTP.	Partially met	Activity delayed due to MoH request to hold off on STTA, due to flooding and NTP staff being overwhelmed by the situation. When the Director of Disease Control requested this activity it was planned according to availability of the consultant in the second quarter.

Support discussions on decentralization of anti-retroviral therapy in TB treatment centers	3.2.1	Consultation held with NAP and NTP to discuss intro of ART into TB/HIV collaborative Townships;	Forum held for stakeholders on intro of ART into TB/HIV collaborative Townships at One Stop Service Sites most appropriate for location. Resource needs analysis (identify most appropriate sites for One Stop Services completed.	TB/HIV Collaborative Site expansion tracked.	TB/HIV Collaborative Site expansion tracked.	This activity is not started yet.	Not met	Currently the NTP has other priorities. NTP and National AIDS Program are not ready to conduct decentralization process in this quarter. It is likely that such work will need to wait until the NSP and GFATM Joint Concept note are completed.
Improve TB service provision for IDPs	3.2.2	NA	Forum on TB services for IDPs conducted Barriers to COC for IDPs with TB analyzed and results shared with NTP.	Forum on TB services for IDPs conducted;	Forum on TB services for IDPs conducted	Assessing the IDPs status and information.	N/A	
Improve TB services for cross-border migrants	3.2.3	Coordinate with IOM, USAID and CAP TB Thailand to assess funding	Forum on TB services for cross-border migrants conducted	Forum on TB services for cross-border migrants conducted	NTP facilitation of services in ethnic areas (e.g. Provision of Anti-TB	Efforts to assess GFATM funding levels yielded the following: The Global Fund signed New Funding Mechanism (NFM) Grant for TB/HIV in	Not met	Director of Disease Control has pointed out this activity can only be conducted after planning with higher level commission.

		levels (GFATM) in Thailand and the Thai Government's plans moving forward regarding provision of TB services for migrants from Myanmar living in the border areas in Thailand		Advocacy workshops for establishing cooperative linkages to improve/ access to TB Prevention and Treatment activities in hard to reach areas.	medicines and availability of TB diagnostics for hard to reach populations initiated.	2016, with budget of 46 million USD covering the period from 2015 to 2016. The NFM grant includes components to provide TB related services to migrants, such as MDR, TB-HIV and active case findings. Thailand is currently in the process of transition out of GF funding to domestic funding. Transition plan includes discussions of how to extend the current GF covered services to be taken on by migrant insurance or other financial means.		Assessment of funding levels for migrants in Thailand is ongoing through efforts to contact the Thailand Principal Recipient and NTP Manager.
Strengthen capacity of ethnic health authorities for TB control	3.2.4	Engage with NGO partners working in Ethnic areas, develop linkages with local partners, and identify needs to guide training activities.	TB training materials adapted for ethnic health authorities	TB training for Health authorities and community groups/ volunteers conducted.	TB training for Health authorities and community groups/ volunteers conducted.	Technical assistance including regular trainings to the community volunteers of three local partners (Pyi Gyi Khin, MMA and MHAA) was provided. Staff maintained contact with IRC staff to identify next possible opportunities for collaboration.	Partially met	Work is ongoing. Over the last quarter only dialogue took place opportunities to link directly with Ethnic authorities and local partners did not arise.
Strengthen capacity of national partners in PMDT and community-based DOTS	3.2.5	Township Health Centers for PMDT assessed	TA provided for ongoing capacity building for local	Operations Research Conducted	Results Assessed design follow-on activities	Decentralization Assessment form was prepared with the Yangon Regional TB Director with input	Partially met	After the assessment form was completed the NTP manager informally mentioned this activity is not needed. The team

		and findings shared with NTP and Township Medical Officers TA provided for ongoing capacity building for local partners / Expand these activities to ethnic areas.	partners; Operations research designed for PMDT		initiated.	from the CTB consultants (Dr. Max Meis and Dr. Agnes Gebhard). Technical assistance including regular trainings to the community volunteers of three local partners (Pyi Gyi Khin, MMA and MHAA) was provided.		needs to follow-up on this statement as the Director of Disease Control had confirmed this activity can be conducted. Challenge TB technical Staff supported CAP-TB Project training of trainers, local NGO and NTP requests to train community volunteers.
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Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Contact investigation	4.1.1	NA	Investigation conducted Round Table Discussions Held National Scale-up Plan Drafted	Scale-up plan, printed, and distributed. ToT training conducted	CI Cascade Trainings Conducted (For 20 Townships) CI roll out started Algorithms developed submitted for approval	This activity was not started yet.	N/A	
Cost effectiveness of ACF approaches	4.2.1	NA	Study Protocol Developed	NA	2. Ethics Board Approval Received	This activity was not started yet.	N/A	It needs to be reconfirmed with NTP whether it would like CTB to conduct an expanded ACF Assessment.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Review of NTP Infection control guideline	5.1.1	Shared result of TB-IC assessment Scale-up and M&E Plans Developed	Congregate Settings Analysis Conducted.			Shared result of TB-IC assessment to NTP.	Partially met	Formal approval to disseminate the TB-IC report results has not yet been received.
Implementation plan rolled out	5.1.2	Training Materials Revised TOT Conducted Training for 15 township health centers completed	Training for 15 township health centers completed	Training for 15 township health centers completed National workshop on Airborne Infection Control including Design and Engineering conducted	Training for 15 township health centers completed	National TB-IC materials and training guidelines were in the process of updating by consultant.	Partially met	Revision of the training materials should follow the update of the TB-IC Manual. Update of the Manual and revision of the training materials is postponed to Q2. Planning is in process. Activity was planned earlier than it should have been given time needed to revise the guideline and update training materials.
Assess TB Disease among HCW	5.2.1	Facilities included in the survey identified. Survey Forms Distributed	Conduct Baseline Survey of TB disease among Health Care Workers	Analyze Results	TB Disease among HCWs survey completed and results available. Next steps defined.	This activity has not yet started.	Not met	This is the new activity in APA 2 which could not be started until the work plan was approved. The survey will be extended to selected congregate settings such as prisons (prison staff) and garment factories (workers), if possible.

Sub-objective 7. Political commitment and leadership									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015			
Finalization of the National Strategic Plan 2016-2020 and accompanying costed Operational Plan: 2016-2020.	7.1.1	Support to NTP for development of NSP and operational plan provided	Support to NTP for development of NSP and operational plan provided / National Strategic Plan adopted			Development of NSP and operational plan is ongoing with many adjustments due to MoH requests for changes.	Met		
Support NTP to update policy and technical guidelines, and disseminated through training and info sessions	7.1.2		Guidelines requiring updating identified. Review of guidelines initiated.		SOPs developed / Disseminated.	TB-IC guideline is being updated.	Partially met		

Sub-objective 8. Comprehensive partnerships and informed community involvement									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015			
Support NTP and NSP plans to Establish National Stop TB Partnership and Stop TB Partnerships at Regional and State Level.	8.1.1	Status of Global Initiative reviewed	Meeting Held Decision taken on partnership	Charter Developed Meeting Held	NSTP Established Meeting Held	It was confirmed that no partnership exists in Burma but the initiative is included in the NSP. CoP communicated	Met	While the NSP does include the establishment of National and lower level Stop TB Partnerships, it is too early to tell if it will be supported during this fiscal year.	

						with the Tajikistan NTP manager to benefit from shared experiences and bottlenecks from a country that recently started National Stop TB Partnership.		Informal discussions with the WHO indicate that they will not focus on establishing these partnerships.
Provide TA to NTP to prepare GF application	8.2.1		Global Fund TA provided for concept note development.	Global Fund application completed	Application accepted for funding.		N/A	This work is scheduled for Q2

Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Introduce new drugs to the NTP as appropriate	9.2.1	Information on new drugs followed-up to NTP Work shop (Protocol Development conducted)	Time Model Training conducted Protocol Revision done Cross visit conducted.	SOP Workshop conducted	Sensitization training conducted.	Introduction of new drugs workshop and protocol development process are planned to be conducted later in the year.	Not met	Protocol Workshop tentatively scheduled for February. Activity is awaiting MoH approval. Time Model Training will be in Viet Nam next quarter. IRD confirmed MoH approval and provided names for the participants of this training which is underway as the report is being finalized.

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		

Reporting and recording system	10.1.1	Scoping Assessment Conducted (Activities 2a and 2b) Database supported	Prototyping and training plan completed Database supported	Selected Mapping of Data initiated Database supported	Database supported		Not met	Activities could not be considered until the work plan was approved.
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Sub-objective 11. Human resource development									
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015			
Section will reflect all international training planned in Y2 as reflected in other sections. It is not yet completed.	11.1.1	LTO Trained in SNRL Antwerp	2 Persons attended Union Conference.	2 NTP Staff trained at LSHTM on Time Model I NRL appointed staff trained in Toulouse.	2 MoH Infrastructure staff trained on Harvard course. (Move from APA2 to subsequent year)			Partially met	The LTO will be trained in SNRL Antwerp in Jan 2016.

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
UNOPS & Save the children (to date)	A	A1	US\$ 129,610,424	US\$ 83,741,218	?
UNOPS	A	B1	US\$ 54,442,021	US\$ 62,532,846	US\$ 31,339,577
SCF	A	A2	US\$ 10,043,468	US\$ 9,416,865	US\$ 9,077,933
GFATM TB (2015 total)	A	Not Applicable **	US\$ 129,610,424	US\$ 83,741,218	US\$ 46,438,508

* Since January 2010

** The Global Fund does not produce a combined rating for each reporting period. This was done during the grant renewals (old phase 2) and now for NFM country allocations. For the last NFM country allocation the country rating was weighted rating all grants in the last 3 years. For Myanmar the next combined rating will be for period Jul-Dec 2015 (PUDR should be submitted 15 Feb 2016).

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The CoP was recently informed that both GFATM grants have recently been downgraded. One of the primary reasons cited for this issue is that Active Case Finding Targets were not being met. Other challenges and bottlenecks were not articulated.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB involvement in GF support and implementation included attending a meeting organized by Save the Children Foundation, during which grant sub-recipients presented the results of their active case finding activities (ACF). Challenge TB and CAP-TB staff provided input during the meeting. After the meeting, the Challenge TB Chief of Party met and corresponded with the Save the Children Deputy Director, Implementation and Management (GFATM PR Unit) to discuss issues concerning ACF activities in Burma, planning for the GFATM Joint Concept Note development, upcoming TIME Model training, and to provide an overview of Challenge TB's APA1 work plan.

Subsequent to these discussions the Save the Children Deputy Director introduced the CTB CoP to the Fund Portfolio Manager (Izakun Gaviria) and the M&E Lead from the GFATM for Myanmar (Sandra Kuzmanovska). No face to face meetings took place but through e-mail correspondence the CoP shared details about Challenge TB, so the Global Fund management team would be aware of our activities and plans.

Meanwhile, the Challenge TB team was conducting a search for consultants to help support the Joint Concept Note preparation team but the NTP Manager informed the project that the MoH wants WHO to lead this process. Subsequently, the WHO planned to hire a consultant to be based in Burma for three months to oversee the concept note development. The Challenge TB team will provide feedback and input into the process as it moves forward. In addition, the Challenge TB team is supporting the participation of two NTP staff and one project staff person to be involved in the TIME Model training.; discussions with WHO and the London School of Hygiene and Tropical Medicine and underway to try to ensure that TIME can contribute to the Joint Concept Note process.

4. Success Stories – Planning and Development

Planned success story title:	Supporting MDR-TB patient's treatment using community based volunteer approach
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	<p>The USAID Challenge TB Project provides support to Burma in its efforts to eliminate tuberculosis (TB). One of the activities the Challenge TB Project has supported is strengthening local partner's efforts to cure patients with multi-drug resistant TB (MDR-TB) through volunteers who support community based treatment for MDR-TB patients.</p> <p>The Challenge TB Project's work with community volunteers is a continuation of work introduced by earlier USAID projects for several local organizations (Myanmar Medical Association, Myanmar Health Assistant Association (MHAA) and Pyi-Gyi-Khin Organization) that are fighting TB. To date most of the 443 volunteers that have been trained with USAID Challenge TB Project support to provide community based treatment support are still actively involved in supporting MDR-TB patients. Currently those volunteers are providing treatment support for 539 MDR-TB patients in Yangon region; this support covers approximately 42% of all MDR-TB patients in Yangon. One of these volunteers, Ms. Tin Tin Myint, recently shared her experience of working as a volunteer with a patient who appreciates the support she is receiving to help cure her of TB.</p> <p>Ms. Tin Tin Myint said,</p> <p><i>"I am (Ms) Tin Tin Myint and 47 years old. I am staying in Inn Sein township of Yangon Region. I am currently working as a volunteer in community based MDR-TB care project of MHAA and taking care of 3 MDR-TB patients. I joined this project as a volunteer in August, 2015. Prior to volunteering in this project, I attended volunteer training for 2 days. Trainers were from the National TB Program, the USAID Challenge TB Project (FHI360), Myanmar Medical Association, MHAA and Pyi-Gyi-Khin organization. The training was very useful for me. After getting training, I joined as a volunteer supporting MDR-TB patient care by counselling the patients, ensuring patients take their medicines, have timely support if they have side effects, and helping to identify close contacts to the patients who may also have been infected with TB. I am really satisfied to give that kind of effective care to MDR-TB patients and I have enough confidence to support the care for MDR-TB patients since I received the necessary volunteer training."</i></p> <p>One MDR-TB patient, pictured here, who is provided with evening DOT (Directly Observed Treatment) by Ms. Tin Tin Myint and treatment from the National TB Program said,</p> <p><i>"I am currently taking MDR-TB treatment from NTP and it is more than 6 months now. I have to take the medicine regularly at least 20 months to complete and cure MDR-TB. It is a long journey and it is difficult to walk alone. However, I feel that I am lucky as I have good care givers who are helping me to complete the treatment successfully. Those care givers are my family members, health care workers from NTP and volunteer/health care workers from MHAA. In the morning, health care worker from NTP is coming to provide morning DOT. In the evening, Ms. Tin Tin Myint (volunteer) is coming to provide evening DOT. Although Ms. Tin Tin Myint is a volunteer, she is very kind and supportive to me. She comes to me each evening to provide my medicines. She is not only caring for me to take the medicine regularly but also caring for me regularly because I am suffering MDR-TB and checking if I have treatment side effects or not. And also she does contacts screening when she visits my home and she always gave me enough time to discuss with her. That is why, I thanks to Ms. Tin Tin Myint not only for caring about me but also for her kind</i></p>

and respectful volunteerism.”

The USAID Challenge TB Projects collaboration with the NTP and local organization is helping to ensure MDR-TB patients receive better care and that more patients can be put on care. This work is helping reduce suffering of the patient and reduce transmission of TB to other people in the country.

Status update:

Success story ready for dissemination.



MDR-TB patient is receiving evening DOT from the community volunteer, Ms. Tin Tin Myint.



MDR-TB patient is receiving evening DOT from the community volunteer, Ms. Tin Tin Myint.

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	192	192 (100%)	
Total 2011	690	163 (23.6%)	
Total 2012	778	442 (56.8%)	
Total 2013	1,984	1,537 (77.5%)	
Total 2014	2,076	1,537 (72%)	
Jan-Mar 2015	644	467 (72%)	
Apr-Jun 2015	N/A	N/A	
Jul-Sep 2015	N/A	N/A	
Oct-Dec 2015			
Total 2015			

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	<p>TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)</p> <p>Most CTB activities are supporting the NTP efforts at the national level. Intervention-specific geographic areas are mentioned below.</p>						Data not available at the time of the report
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Contact investigations						Data not available at the time of the report. It is not certain NTP will pursue this activity.	
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Reported by private providers (i.e. non-governmental facilities)		Activities will be defined in agreement with NTP but they are not yet selected.				Data not available at the time of the report (Locations to be determined).	
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

Children (0-14)	CTB geographic focus for this intervention						Data not available at the time of the report / Support at National Level.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Other (improving access to high-risk groups near boarder)		Kachin, Kayin, and Shan States (IDPs) and Mon and Karen States (Ethnic Health Authorities)					Data not available at the time of the report / Support at National Level.
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
Other (sputum transport system)		When locations piloting sputum transport models are identified					Data not available at the time of the report / Support at National Level.
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	FHI 360	Kimberley Booher			X		1. Work with Financial Team 2. Support work plan Development	Pending			
2	FHI 360	TBD			X		Follow-up monitoring to actions following PPM Assessment	Pending			
3	FHI360	Tahir Turk PHD			X		Mass Media Campaign	Pending			
4	FHI360	Tahir Turk PHD				X	Mass Media Campaign	Pending			
5	KNCV	Kathleen England			X		1. Follow-up on lab 2. On Site Mentoring	Pending			
6	FHI360	TBD			X		Conduct Introductory QMS Workshop Implementation Plan development	Pending			
7	FHI360	TBD				X	Training on SoP Writing and QMS Supportive Supervision Visit	Pending			
8	KNCV	Agnes Gebhard		X			Curriculum development and TOT for the training of clinicians to promote effective use of lab testing and optimal interpretation of lab test results	Pending			ToR submission delayed as strategic decision was taken that CTB-Burma should only focus on NTP Priorities (NSP and Concept Note) until NTP is ready to look at other issues.

9	KNCV	Kathleen England		X			Culture DST Follow-up Lab development and monitoring Diagnostic expansion plan revision	Pending				See previous comment. Trips were to be linked.
10	FHI360	Su Hlaing Tint		X			TB Diagnostic Training at SNRL, Antwerp, Belgium	Complete	Jan 15 - Feb 5	3 weeks		Still ongoing for 3 weeks training.
11 12 13	FHI360	3 Pediatrician (NTP)			X		Pediatricians to accompany Steve Graham during one of his regular visits to Vietnam	Pending				
14	KNCV	Steve Graham		X			Childhood TB Training Roll-Out Plan	Pending				Trip Scheduled and approved.
15	FHI360	Fabio Luelmo		X			Review of progress Training on Cohort Analysis / Global TB Trends Identify simple, inexpensive OR for action.	Pending				Plans Postponed to focus team only on NTP Priorities.
16	KNCV	Max Meis	X				Contact Investigation Assessment TB-IC Follow-up	Pending				Plan initially delayed pending work plan approval.
17 18	KNCV	Ellen Mitchell/Nick Blok	X				ACF Assessment	Pending				Work discussed with NTP was not deemed as a priority when discussed. May take place at a later date.
19	KNCV	Max Meis			X		TB-IC TOT / Monitoring CI Follow-up	Pending				
20 21	FHI360	Ed Nardell / Paul Jensen			X		Airborne Infection Control Training	Pending				Due to availability of consultants likely to move to Q4
22	FHI360	Christy Hanson		X			NSP Finalization	Complete	Jan 16 - 22	7 days		Took place in Q2 due to availability of the consultant.
23	FHI360	TBD	X				Costing of Operational Plan for NSP.	Pending				NTP opted to use WHO Costing tool and wanted to

											complete with available national staff with some external support.
24	FHI360	Rick Homan		X			Costing of Operational Plan for NSP.	Complete	Jan. 22 -30	8 days	ToR changed to include capacity building for costing and Director of Disease control asked for an added activity (TB Spending Assessment) which USAID approved.
25	FHI360	Christy Hanson			X		Global Fund TB and HIV combined Concept note preparation. Writing Combined Concept note	Pending			SoW changed to providing technical review of draft note. Two trips reduced to one scheduled in May.
26	KNCV	Agnes Gebhard		X			Support development of concept note	Pending			Given MoH desire for WHO to lead Concept note development. This trip may be reduced to distance technical support.
27 28 29	FHI360	3 Persons / 2 NTP - 1 CTB: Dr. Kyaw Soe Htet Dr. Thansar Thwin Dr. Cho Cho San	X				TB Impact Module & Estimates Training (TIME) 2. Will contribute to concept note	Complete	Jan. 24-29	6 days	Complete at time of submission to USAID.
30	FHI360	5 NTP Staff		X			Cross Visit to see implementation of new drugs	Pending			
31	KNCV	Agnes Gebhard	X				Support New Drugs and regimens Pharmacovigilance training.	Pending			ToR submission delayed as strategic decision was taken that CTB-Burma should only focus on NTP Priorities (NSP and Concept

											Note) until NTP is ready to look at other issues.
32	KNCV	Agnes Gebhard			X		Support New Drugs and regimens	Pending			
33	KNCV	Christina Mergenthaler	X				Trend Analysis	Pending			Linked to ACF Assessment which MoH has not agreed to conduct at this stage.
34	KNCV	TBD (KIT) / (2 Person)			X		GIS Introduction Work shop	Pending			
35	KNCV	TBD (KIT) / (2 Person)				X	GIS Follow-up	Pending			
36 37	FHI360	Dr. Toe Sandar Dr. Tin Maung Swe	X				IUATLD Conference (Cape Town) 2 NTP Staff	Complete	Nov. 30 – December 8	8 days	
38	FHI360	TBD (1)			X		Cepheid Training Toulouse France	Pending			
39 40	FHI360	Kyaw Myo Lwin Thomas Mohr	X				46 th Union World Conference on Lung Health, held in Cape Town, South Africa	Complete	Nov. 30 – December 8	9 days	
41	FHI360	Carol Hamilton			X		Technical Support Lecture on TB / HIV Work Plan development	Pending			
42 43	FHI360	Thomas Mohr, PD, and M&E			X		Attend the CDs meeting in the Hague (3 people, CD, PD and M&E staff.	Complete	Dec 2 - 6	7 days	
Total number of visits conducted (cumulative for fiscal year)								10			
Total number of visits planned in approved work plan								43			
Percent of planned international consultant visits conducted								23.26%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
% of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	Sex, age group	annually	22.4% (2014) 31,798/141957	23% 35,236/153,200	Measured Annually	Data from December 2015 not yet available.
Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Sex, age group	annually	141,957 (2014)	153200	Measured Annually	Data from December 2015 not yet available. Paper based system does not provide data in a way to disaggregate in the categories here except possibly for the prison sector but this data is not yet available to CTB.
% of (population) with correct knowledge and positive attitudes towards people affected by TB	Sex, age group, occupation	annually	TBD	TBD	Measured Annually	Work to collect such data was not conducted in 2015.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions	Not applicable	annually	2 (There is an operational plan completed in November 2014. At the end of 2015 the assessment of progress towards targets can be measured.)	2	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories enrolled in EQA for smear microscopy	Not applicable	annually	514 (2014)	520	Measured Annually	Data from December 2015 not yet available.
Number and percent of TB reference laboratories (national and intermediate) within the	Not applicable	annually	0 (2014)	33.3% (1/3)	Measured Annually	CTB hopes to introduce QMS later in the fiscal year.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).						
Number of GLI-approved TB microscopy network standards met	Not applicable	annually	Standard fulfilled = 5 (1,3,6,8,9)	7/11	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories showing adequate performance in external quality assurance for smear microscopy	Not applicable	annually	93% 478/514	93% 483/520	Measured Annually	Data from December 2015 not yet available.
Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Sex, age group, new and retreated	annually	Not available	18%	Measured Annually	Data from December 2015 not yet available.
MTB positivity rate of Xpert test results		annually	39% (2014)	42%	Measured Annually	Data from December 2015 not yet available.
% unsuccessful Xpert tests		annually	Not yet available	Will coordinate with WHO/CHAI to get this data.	Measured Annually	Data from December 2015 not yet available.
#/% of new TB cases diagnosed using GeneXpert		annually		Will coordinate with WHO/CHAI to get this data.	Measured Annually	Data from December 2015 not yet available.
# of specimens transported for TB diagnostic services		annually		Not able to evaluate at this time but we will work to evaluate this over the course of CTB.	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST		annually	N/A		Measured Annually	This will be assessed. Targets will be set for APA3.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
and Xpert)						

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	Not applicable	annually	TSR - 85% (36,180/ 42,565) (2014 Report) - 2013 Cohort	85%	Measured Annually	Data from December 2015 not yet available.
Number of MDR-TB cases initiating second-line treatment	Sex, age group	annually	National: 2,076 cases were notified and diagnosed as MDR TB. Among them, 1,537 cases started on treatment. (2014)	4,063	Measured Annually	Data from December 2015 not yet available.
Number and percent of MDR-TB cases successfully treated	Not applicable	annually	79% (2014) [Cure 71% + Completed 8%]	81%	Measured Annually	Data from December 2015 not yet available.
% of health facilities with integrated or collaborative TB and HIV services	Not applicable	annually	41% 136/330	71% 236/330	Measured Annually	Data from December 2015 not yet available.
Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Sex, age group	annually	141,957 (2014)	153,200	Measured Annually	Data from December 2015 not yet available.
Number of MDR-TB cases detected	Sex, age group	annually	National: 2,076 cases were diagnosed and notified as MDR TB.	4,063	Measured Annually	Data from December 2015 not yet available.

Sub-objective: 3. Patient-centered care and treatment						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			Among them, 1,537 cases started on treatment. (2014)			

Sub-objective: 4. Targeted screening for active TB						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
#/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	National	Annual	Not currently available when it will be available is not known.	Such data not available in the current RR system	Measured Annually	Data from December 2015 not yet available.
Status of active case finding (0=no ACF policies or practices implemented; 1=policies or laws supporting ACF have been enacted; 2=ACF policy has been piloted/introduced in limited settings; 3=ACF policy implemented nationally)	National	Annual	No Baseline available yet but the country has tried to initiate ACF activities since 2013.	ACF Policy still being defined	Measured Annually	

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
#/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)	Not applicable	annually	Baseline is not available yet and it will be collected by Q4 Y1.	Target will be determined after NTP agrees to a roll-out plan. 45 Township Health Centers to be trained.	Measured Annually	Data from December 2015 not yet available.
Number and % of health care workers diagnosed with TB during reporting period	Sex	annually	Not available	TBD	Measured Annually	Data from December 2015 not yet available.

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
% of the national TB strategic plan that is funded (from government funds, Global Fund grants, donors, etc.)	Not applicable	annually	Baseline will be set in APA2 as soon as costing of TB NSP is completed	Target will be set after the baseline	Measured Annually	Costing for the NSP (2016-2020) is ongoing. This information should be available next quarter.
Status of NSP development: 0=The NSP is expired or not being implemented; 1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented	Not applicable	annually	1	3	3	Finalization is expected next quarter.
% of activity budget covered by private sector cost share, by specific activity	Not applicable	annually	Not available	TBD	Measured Annually	There are no plans at present to seek private sector funding for CTB project activities.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Status of National Stop TB Partnership	Not applicable	annually	0= no National Stop TB Partnership exists	1= National Stop TB Partnership established, and has adequate organizational structure; and a secretariat is in place that plays a facilitating role, and signed a common partnering agreement with all partners; but does not	0	National and Regional Stop TB Partnerships are envisioned in the NSP.

Sub-objective: 8. Comprehensive partnerships and informed community involvement						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
				have detailed charter/plan, and does not meet regularly/produce deliverables;		
% of local partners' operating budget covered by diverse non-USG funding sources	Not applicable	annually	Not available	0%	Measured Annually	CTB-Burma has not yet contracted any local partners.
Global Fund grant rating	Not applicable	annually	A1 (2014)	A1	N/A	Combined score will only be made in December of 2016. Both TB grants have been downgraded to B2 (UNOPS) and A2 (SCF).

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	Not applicable	annually	0 (2014)	N/A	Measured Annually	At Central level stock outs have not occurred. The current LMIS is not functioning well enough to know if the periphery level/patient level experience stock outs.
# of new and ancillary drug regimens that have become available in country since the start of Challenge TB	Not applicable	annually	0	2	Through communications with MSF, CTB learned that the NTP received Bedaquiline to treat 10 patients but the NTP then asked for assistance from MSF and they did not have all of the drugs required for a complete regimen. MSF-Holland has plans to introduce Bedaquiline and Delaminid as a part of the End TB Project (UNITAID). MSF is organizing online and face-to-face trainings on Pharmaco-vigilance in preparation to introduce the new drugs. A 2-day face-to-face training will be in February for the same	Only MSF-Holland has NTP approved plans to introduce Bedaquiline and Delaminid.

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					group of trainees. MSF hopes to start treatment in March. The NTP and MSF have already identified patients eligible for Bedaquiline. NTP has asked if MSF could treat patients with Bdq coming from NTP including MSF topping up the regimen with Lzd, Cfx etc.	

Sub-objective: 10. Quality data, surveillance and M&E						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Status of electronic recording and reporting system	Not applicable	annually	0=R&R system is entirely paper-based;	N/A	0	Clinton Health Access Initiative (CHAI) is initiating an ERR system that initially will only cover MDR-TB patients.
Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	Not applicable	annually	NA	NA	In October, 2014 WHO used the Standards and Benchmarks checklist. The main findings stated that the TB surveillance system in Myanmar has strengths but also important gaps that need prompt action. Results: Met: B1.1, B1.2, B2.1 Partially: B1.3, B1.7 Not Met: B1.6, B1.8, B1.9, B1.10, B.2.2 Not Applicable: B1.5 Not Assessable: B1.4	No new information is available since the results shared in the "Results to date" column.
% of operations research project funding provided to local partner (provide % for each OR project)	Not applicable	annually	0	0%	Not Applicable	No OP has been conducted to date. The MoH has been clear that at present they do not want CTB to conduct research.
Operational research findings are used to change policy or practices	Not applicable	annually	Not available	No	Not Applicable	No OR conducted yet.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
(ex, change guidelines or implementation approach)						

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
# of healthcare workers trained, by gender and technical area	Sex, technical area	annually	0	1790	56 (Male 9 / Female 47)	CTB involved in the training of MOH staff in Refresher Training of PPM DOTS.
% of USAID TB funding directed to local partners	Not applicable	annually	0	7%	0	Activities that will provide funds to local partners have not yet been initiated.

Annex 1 TB-IC Assessment recommendations:

The major actions to be taken in 2016 are:

Actions for the consultant:

1. Update the TB-IC Manual and training materials before the next STTA in April 2016;
2. Together with a consultant from the Centers for Disease Control and Prevention (CDC) in Atlanta, USA, conduct ToT for TB and IPC supervisors and expanded training of architects and engineers in April 2016 from MOH and collaborative implementing partners (STTA);
3. Assist in analyzing data on HCWs who were diagnosed with TB and notified;
4. Advise on the incorporation of TB-IC in routine TB supervision, data management and surveillance;
5. Mentor the focal person for Care and Prevention of the FHI360 country team.

Actions for the NTP:

1. Consider the suggestions made by the consultant on TB-IC specific strategic interventions and key activities for the 2016-2020 NSP.

Actions for the CTB/FHI360 Country Office:

1. Consider the suggestions made by the consultant on TB-IC key activities for the CTB strategy and workplan;
2. Share facility assessment findings and recommendations with the respective health facilities.

Annex 2: Laboratory Report recommendations:

1 Recommendations and next steps

As the laboratory network in Burma (Myanmar) is at a critical stage of development, the number one recommendation to Challenge TB is to consider seconding a Senior Advisor to the National Program for at least 1-2 years as the country works to achieve its national goals for capacity building, quality improvement and on-going expansion. Important additional information for consideration is that by the end of 2015, two of the senior level Microbiologists and TB specialists with the most institutional memory will be leaving the program. Thus, there will be limited capacity at the National level to support the high level advancements, strategic developments, the transfer of experiential knowledge, or a strong capacity for implementing operational research and surveillance activities.

Other recommendations according to this Mission are as follows:

National TB program

- Top Priority = NTRL construction. Floor plan should include all lab activities on the main floor with restricted entry. Climate control needed to reduce mold and sources of contamination. There is a need for training rooms to start implementing national training programs and increase HR capacity. New facility design should provide adequate space for clean to dirty workflow, proper size for culture processes, incubation, and isolate storage in BL3, clean/dry storage space, and external space for staff offices and data management. Ensure construction to international safety regulations.
- Follow-up on construction of Taunggyi BL3: ensure proper design (as above);
- Simplify Xpert Algorithms into one for easy use and interpretation;
- Ensure proper IC measures at Taunggyi – separate specimen reception area and a separate area for patient TST and HIV testing. Ensure N95 use;
- Ensure HR capacity for routine lab services and supervision as per the National Strategy;
- Re-evaluate lab expansion plan with regard to the impact of rapid molecular resistance testing (current / upcoming) and decreased workloads for conventional cDST in the future.

Upper and Lower Myanmar Reference Labs

- Design uniform system for data transcriptions with QA checks;
- Train staff to completely fill-in all data in record books and registers;
- Develop routine Microscopy refresher trainings for labs with high errors;
- Establish QC (pos) slide distribution from central level and add reporting indicator in EQA

program on the number of QCs per quarter;

- Enforce BL3 use for all culture inoculations, testing, and incubation;
- Use one decontamination protocol (NaOH-NALC) for specimen processing;
- Train staff to investigate reasons/sources for contamination at all labs;
- Ensure re-staining practices for EQA, add QC indicator, develop data recording template to be used at all MCs, add QA steps for data entry;
- Provide mentoring and support to Taunggyi to develop routine culture testing;
- SOPs, protocols, guidelines, and manuals should be translated into Myanmar language or local languages as needed;
- Enforce good laboratory practices (GLP) and routine housekeeping activities to maintain a clean work environment and eliminate risks for contamination.

SRL - Thailand

- Ensure follow-up on 2nd-line DST training results from testing;
- Provide support to ensure proficiency.

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- Provide LQMS training to develop “best practices” and implement routine quality assurance measures;
- Support the development of clinical trainings for upcoming new Xpert technologies (Ultra/XDR/HIV cartridges), use of HAINsl testing, and discussions on data interpretations and discrepancies;
- Support efforts to implement routine 2nd-line DR testing of RR-TB cases for early detection of pre/XDR cases;
- Support the development of reliable specimen referral mechanism in needed areas of Myanmar. Investigate alternatives for specimen preservation for long distances;
- Support NRL with the development of routine training programs in Biosafety, Microscopy, and Culture-based diagnostics;
- Provide frequent mentoring of staff to build technical competencies for critical thinking and troubleshooting non-routine lab issues;
- In order to assist the lab development program effectively it may be necessary to implement long term in-country TA with the experience to guide lab activities and mentor staff daily, assist with QMS implementation, train on trouble shooting lab issues, develop routine equipment maintenance practices, build skills in critical thinking and leadership, train to collect and record quality performance indicators, and train to analyze and disaggregate data to provide clear reporting to the National program.

Annex 3: PMDT Report recommendations

Recommendations/Actions to be taken/Next Steps		
Action	Responsibility	Due date
On NTP performance in the framework of PMDT		
Explore the in depth NTP performance at district level regarding diagnostic performance, with the aim to increase diagnosis of active TB and R resistant TB, as per the newly expanded Xpert inclusion criteria.	NTP, FHI	Q4 2015-first half 2016
The NTP is advised to systematically promote and follow up the actual implementation of the revised criteria towards early start of MDR treatment for eligible groups of patients (prior to confirmation by the expert committee for straightforward cases and with ad hoc meetings of the committee for decision making on difficult patients) – as a target, initiation of treatment should take place within one week of diagnosis of MDR	NTP and partners	Q4 2015 and continuously
Drug storage conditions and stock keeping practices need to be better organized at PMDT treatment sites as well as their	NTP and hospitals	Q 4 2015, 2016

satellites for ambulatory treatment support, in accordance with the national regulations.		
The NTP is advised to institutionalize the systematic recording of HIV treatment information (including the ART regimen) to help avoid difficulties in management of patients with co-infection.	NTP	Q4 2015, Q 1 2016
The NTP is advised to perform in depth analysis of: 1) The causes of death of MDR patients and identify possible interventions to prevent undue death among patients. 2) The observed difference of treatment success in the PAS and non-PAS cohorts	NTP and partners	Q4 2015-2016
The NTP is advised to ensure bacteriological follow-up of MDR treatment as per treatment guidelines	NTP and partners	Q4 2015
On health reform and PMDT		
The MOH is advised to ensure that during the health reform process a strong institutional connection is maintained between hospitals which diagnose and treat TB and MDR TB patients and their respective TB units for close coordination and collaboration.	MOH, NTP	Q4 2015,2016 and further
MOH, NTP and partners are advised to closely monitor the impact of the health reforms on TB control and to anticipate possible negative effects of the health reform and to implement mitigating measures (like timely training of new staff, new leaders etc.)	MOH, NTP, partners	Q4 2015,2016 and further
On pharmacovigilance, diagnosis and treatment of pre-XDR and XDR TB		
The NTP is advised to optimize the country's diagnostic algorithm to ensure patient triage and early initiation of the right treatment, for MDR and (pre-) XDR TB, based on molecular SL DST results with adjustments after phenotypic SL DST results are known, making use of the SNRL network for SL DST backup.	NTP, NRL, with support from the SNRL and laboratory consultants	Q1,2 2016
The NTP is advised as soon as possible to work with the NRL and SNRL to perform DST for fluoroquinolones (FQ) and second line injectables (SLI) on a representative sample of approximately 100 MDR patients at each treatment site, to assess the prevalence of FQ and SLI and XDR resistance among MDR patients in the actual treatment cohorts.	NTP, NRL. SNRL and laboratory consultants	Q4 2015- to be finalized by half 2016.
FHI/KNCV are advised to follow a comprehensive approach, with the steps outlined in annex 3, to the development of pharmacovigilance in the framework of PMDT and the treatment of pre-XDR and XDR TB with the optimal use of existing, new and repurposed drugs, with the aim of strengthening pharmacovigilance in general through the example of PMDT.	USAID, FHI / KNCV	Q4 2015, 2016

<p>The MOH is advised to establish a TWG with participation of all stakeholders in pharmacovigilance in the framework of PMDT and the treatment of pre-XDR and XDR TB.</p>	<p>MOH/NTP, Pharmacovigilance department</p>	
<p>FHI is advised to facilitate convening of a meeting of the TWG above and stakeholders to discuss and define the field of Pharmacovigilance in the framework of PMDT and the treatment of pre-XDR and XDR TB with an optimal mix of existing, new and repurposed drugs, define roles and responsibilities among the stakeholders and develop a PV implementation plan with PMDT and the use of new and repurposed TB drugs as a pilot case. KNCV will be advised to provide facilitation and the framework of the plan as a basis for the discussions</p>	<p>FHI, KNCV, NTP</p>	<p>Q1 2016</p>
<p>The MOH is advised to establish a coordinating committee between the NTP and the Pharmacovigilance department.</p>	<p>MOH, NTP, Pharmacovigilance department and stakeholders</p>	<p>Q4 2015</p>
<p>The NTP and partners are advised to the exact requirements for importation of new and repurposed drugs for the treatment of pre-XDR and XDR TB (bedaquiline, delamanid, linezolid, and clofazimine) under the waver system</p>	<p>NTP and partners (FHI in collaboration with CHAI)</p>	<p>Q4 2015</p>