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CHALLENGE TB



Challenge TB - Burma

Year 2

Quarterly Monitoring Report

April-June 2016

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Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 2 ACTIVITY PROGRESS	5
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2	24
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	26
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	27
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	30
7. QUARTERLY INDICATOR REPORTING	34

Cover photo: Challenge TB, M&E Associate/TB-IC Officer calculating the Air Changes per Hour (ACH) at Aung San TB Hospital during the TB IC facility assessment visit

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1. Quarterly Overview

Country	Burma
Lead Partner	FHI360
Other partners	Not Applicable
Workplan timeframe	October 2015 – September 2016
Reporting period	April 2016 - June 2016

Most significant achievements:

The most significant achievements of the last quarter are the support to NTP on: finalizing Burma's National Strategic Plan; development of the Global Fund Joint TB/HIV Concept note; supporting the revision of and training on Burma's updated TB-Infection Control guidelines; provision of technical assistance to the Global Fund projects; building laboratory capacity at the national level, and; working with ethnic authorities to support Burma's goal to increase access to TB services.

1. The National TB Strategic Plan (2016-2020) and Global Fund Concept Note (2017-2020) application have been NTP's top priorities in the past quarters. CTB staff extensively supported those priorities by revising the narrative as the NSP was updated and by realigning the budgets of both documents to ensure they matched, under the lead of NTP. This quarter, the NSP was endorsed by NTP and is now in the process of printing for dissemination. In addition, CTB brought in an external consultant to work on revisions of the final draft of the Global Fund Concept Note. The revision focused on ensuring that narrative anticipated and directly addressed the perspective that TRP members have when reviewing submissions. The consultant and CTB staff coordinated closely with the lead WHO consultant in making all final adjustments in the concept note and budget to finalize the documents. The Concept note was submitted on 17th June.
2. CTB organized a consultative expert meeting on 10th May, 2016 to discuss revisions of the TB Infection Control Manual (draft). The expert meeting was chaired by Professor Tin Maung Cho and the review was led by CTB/KNCV consultant Dr. Max Meis. After broad general agreement on the guidelines was reached, a TB infection control TOT for medical officers, TB team leaders, regional officers from NTP and partner INGOs was conducted on 12-13, May, 2016. In addition to updating the TB Infection Control Manual with the NTP, CTB has supported the preparation of an accompanying Job Aids Package, Trainer's Manual and Action plan for expanding TB IC training to township health centers.

Due to extensive cost savings of the GFATM grant under Save the Children (GFATM-PR), Save the Children and the NTP identified infection control improvements as one of the priority areas to target for the reprogramming of savings. Save the Children contacted the CTB project to advise on TB-Infection measures that could be prioritized. Subsequently, the CTB project linked Save the Children with the appropriate consultants to support them in conducting facility assessments and when those assessments were conducted provided one staff person to join the assessment team. Facility assessments were conducted in 8 public health facilities in Kachin State, Mandalay Region and Shan State during 13-19 June 2016 and in 2 public health facilities in Northern Rakhine state (June to 2 July 2016). Two TB screening TB units operated by Malteser International in Northern Rakhine State were also assessed.

At the request of the Medical Superintendent (MS) of Aung San TB hospital a TB-IC assessment of this TB Treatment facility was also conducted in order to provide the MS specifications for the installation of UVGI (Ultra Violet Germicidal Irradiation) that will be installed at the hospital. Reports from these assessments will be available next quarter.

3. A technical support visit was conducted from April 27 – June 3 by a laboratory specialist (Natalia Shublazde). The visit focused on supporting TB culture and DST activities, biosafety trainings, and discussions on general laboratory issues in the Yangon National TB Reference Laboratory (NTRL). During the visit, the consultant reviewed and updated all relevant standard operating procedures (SOPS) and trained staff on the purpose for following the internationally recommended format for SOPS. A key outcome of this visit was the

development of a phased plan to build NTRL capacity to work independently with only supervisory support after two years of intensive technical support from the Challenge TB project.

4. CTB is now engaged with NGO partners working in ethnic areas to identify training needs and to increase access to TB services. During this quarter, CTB successfully linked with Karen Department of Health and Welfare (KDHW). CTB staff provided training to increase TB knowledge to basic health care staff in KDHW from 11 townships in Mon State, Kayin State, Thanintharyi Region and East Bago Region. Two trainings were conducted (from 25-26 April, and 28-29 April) during which 77 community health workers were trained.

Technical/administrative challenges and actions to overcome them:

The Challenge TB Project continues strengthening communications with both the Director of Disease Control and the NTP manager in order to ensure that the MoH priorities are addressed effectively and to help obtain their continued support to implementation of the approved work plan activities. The MOH/NTP office is based in the capital Nay Pyi Taw while the Challenge TB Project office is based in Yangon, a one-hour flight away. CTB team is working to strengthen communication with central NTP by increasing face-to-face visits and other ways of improving communications. The project has also begun discussions about opening a liaison office in Nay Pyi Taw.

Since December 2015, the NTPs intensive focus on the NSP and Global Fund Concept has created challenges for the project to conduct any planned activities outside of these two primary areas of concern for the NTP. In January, the NTP asked the project to focus solely on these priorities. Over time there has been a gradual willingness for the project to conduct additional activities. During meetings with the NTP the Project Director / Chief of Party was able to identify additional areas that the NTP agreed for the project to conduct (e.g. Laboratory, Child TB, TB-IC). Results from those activities and from the key NTP priority areas have facilitated an increase in activities and requests from the NTP for additional CTB support. The challenges of having to focus on a limited number of activities were addressed extensively during work planning meetings with the Director of Disease Control and NTP manager in July. Hopefully, the narrow focus of activities will now be expanded so the project can implement the full work plan planned for APA3.

PPM activities involve an extensive network of public and private facilities and stakeholders, and needs strong leadership from NTP to expand. CTB already has a plan to support the NTP leadership by organizing a PPM dissemination workshop on the results of the National Situation Assessment, proposed for the first week of August, which would enable all stakeholders to jointly identify ways forward. Intensifying expansion of PPM is needed to help realize the PPM targets in the new NSP.

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 (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)	
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016			
PPM Assessment	1.1.1	PPM assessment finalized and results shared to stakeholders					PPM NSA finalized and the report shared to NTP/MOH.	Partially met	CTB is planning to conduct a report dissemination workshop to share the result to the stakeholders and make joint plans for expansion. The report dissemination workshop is expected next quarter.
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 needed; Print materials to be used.	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.		The existing IEC materials available for TB control were collected and reviewed. PSI is the main agency working with drug sellers. They maintain a list of townships linked to a map where they have engaged drug sellers in PPM work. Their existing mapping lacks many relevant details (Numbers of drug sellers /township, catchment population, etc.) CTB is in discussions with consultants that can build our internal capacity to facilitate	Partially met	The production of IEC materials will begin in July and the distribution in August. Milestones were not met because the NTP had requested the project to focus only on select priorities (NSP, Concept Note Development, and select translation of NTP guidelines).

						mapping drug sellers and other relevant activities in our work plan. Focusing on building internal capacity prior to working with partners is an adjustment from our originally planned approach.		
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 5 hospitals selected. Conduct supportive supervision of PPM sites.	Conduct Supportive Supervision of new PPM sites.	Meeting with PSI and Burma Private Hospital Association were done in the previous quarters. Meeting with Burma Medical Association (MMA) TB PPM project to find the possible collaboration in PPM private hospital engagement.	Partially met	CTB is planning to conduct the workshop to discuss the PPM engagement with stakeholders- NTP, MMA, PSI and Burma Private Hospital Association (MPHA). Discussion with MMA and PSI on possible collaborations (sub-contracting) and linking Burma Private Hospital Association to NTP still ongoing.
Prison Engagement	1.1.6	NA	Symposium conducted with stakeholders on TB management in prisons.			CTB is active with ICRC and partners in the working groups in prisons.	Partially met	Director of Disease Control asked only to conduct meetings with International Committee of the Red Cross (ICRC). CTB is now in contact with ICRC and other stakeholders who are working in prisons. The prisons working group is not ready to conduct a

								symposium for the time being.
Population Level Advocacy and Communication Campaign (National)	1.2.1.	Planning and Strategy Dev. Conducted	Concepts and messages development	Campaign Launched	Post-Intervention Survey Initiated	Advocacy, Communication and Social Mobilization (ACSM) consultant was invited to conduct an initial assessment for communication campaign. The CTB team planned, arranged and facilitated meetings with local and international organizations, Ministry of Health and Sports (MOHS) staff and media companies for consultant to conduct key informant interviews. The formative research involved discussions with 50 participants.	Partially met	Interviews with remaining stakeholders (i.e. patient and general populations etc.), message development and campaign launch to be conducted when approval from NTP is obtained.
Mass Media Campaign (Cover Your Cough)	1.2.1			Plan, Strategy and concept development.	Cover Your Cough Campaign Launched.	Designing and strategy development partially completed to conduct the <i>Cover Your Cough Campaign</i> in 20 State Middle Schools in collaboration with NTP and School health team under Department of Public Health and MOHS.	Partially met	Proposal submitted to Department of Public Health and MOHS. Design and strategy to be revisited upon DOPH's recommendation. Hence milestone partially met as of Apr-Jun 2016 Quarter.

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
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 Burma TB Diagnosis Expansion Plan.	Supportive Supervision visit conducted (4); Revised Burma 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 MOHS. After getting approval from the NTP, Part 1 of the National Laboratory System Assessment Report was already shared with NTRL, UMTBC, Taunggyi Lab and other partners. A follow-up supportive supervision visit was ongoing as the quarter closed.	Partially met	The project realigned activities to focus on the NTP priority to address issues in the NTRL identified during visits by the CTB consultants. As a result, all efforts are focused on strengthening the work in the NTRL; this resulted in a reduction of supportive supervision visits by CTB.
Introduction to Laboratory Quality Management System (QMS)	2.1.2		QMS Introductory Workshop conducted.	Training on SOP writing and QMS Implementation Plan development conducted. QMS Strategic Implementation Plan Developed.	Supportive Supervision visit conducted.	Discussions with experts on QMS ongoing. Introductory presentations on QMS were provided to NTRL staff along with training on SOPs that will be necessary for the implementation of QMS. Plans for the formal QMS introductory workshop are underway.	Partially met	Approval has been provided by NTP manager to conduct a workshop in APA2 quarter 4. The newly hired senior laboratory advisor (Natalia Shubladze) and CTB lab technical officer (LTO) (Su Hlaing Tint) will mentor and follow-up the activities after the workshop.

Build laboratory capacity to provide culture/DST	2.3.1	TA provided for supporting 2nd line DST development (3 facilities). Laboratory Technical Officer 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).		Senior Laboratory Advisor, Kathleen England, provided TA for supporting second-line DST development. LTO was trained in Antwerp. 2 nd Line DST is available in Yangon and Mandalay but not yet in Taunggyi. Note: In Yangon the med tech using the MGIT machine that is responsible for liquid DST has left her position and this work is no longer taking place. CTB will help address the issue next quarter.	Met	This long-term work is ongoing. CTB has hired a laboratory expert (Natalia Shubladze) to be based fulltime in Yangon from August 8th. She was in Yangon to support the NTRL from April 27th until June 3 rd .
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, France.	Cascade Xpert Trainings conducted (4)	Cascade Xpert Trainings conducted (4)	The CTB Project team is collecting all national guidelines that are available in the country.	Not met	WHO and CTB will organize together the GeneXpert training (GLI Package of GeneXpert installation, calibration, module replacement and general maintenance). The workshop will be conducted in August.
Sputum Transport System	2.6.1	Assessment Survey Designed and distributed	Sites to introduce alternative transportation methods introduced.	Sputum transport system pilot started in one rural	Collection of data on introduction results started.	Assessment survey forms designed and translated into local language. Forms were reviewed by NTP again to be used	Partially met	NTP has not yet agreed that these surveys can be conducted. The laboratory technical officer will begin this work

		Sputum Transport Methods Identified Methods of transporting specimens in Burma identified.		and one urban area. Sites Linked to follow-on testing.		countrywide. Tentative agreement with the Union is made to test alternative methods in two of their hard-to-reach sites.		by reaching out to existing partners until site visits will be possible.
Supporting development and maintaining of bio-safety Measures in new and existing laboratories	2.7.1	Consultant (Building Engineer) reviewed existing construction plans. Recommendations provided.	Site visits conducted; Recommendations provided.			Site visits were conducted to Taunggyi lab. CTB staff have communicated with 3MDG (Millennium Development Goal). 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. Construction hasn't started yet.	Met	
Bio-Safety Officer Training	2.7.2			NRL Counterpart (s) complete training.		After exploring numerous options for conducting this training, the Challenge TB team has opted to organize Bio-Safety officer training in-country. While preliminary training was provided by CTB this training was not extensive enough for local	Partially met	Together with the Senior Laboratory Advisor, CTB conducted an on-the-job initial Bio-safety officer training. In Quarter 4, Quality Management System (QMS) initial training will be conducted. Then providing Bio-safety officer training will be one of the follow-up activities of QMS.

						counterparts to conduct independent bio-safety assessments.		
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.		Partially met	Planned for APA3, after Bio-safety officer / QMS training.

Photo list

- (1) Kathleen England's second trip report "Burma (Burma) Technical Assistance for Laboratories: Culture and Drug Susceptibility Testing (Mission: March – April, 2016)
- (2) Dr. Natalia Shubladze, Senior Laboratory Advisor, giving a presentation "Biosafety in the Mycobacteriology Laboratory" and "TB Culture Procedure and Contamination Control".
- (3) And (4) Dr. Natalia Shubladze meeting with Lower Burma TB Officer, Dr. Tin Mi Mi Khaing, and Yangon Regional TB Officer, Dr. Zaw Myint, for the agenda/ update of consultant's visit and the current issue such as the risk of flammable and toxic stocks.
- (5) And (6) the list of forms updated and drafted by the consultant
- (7) And (8), (10), (11) and (12) CTB lab consultant and CTB lab technical officer joined the Challenge TB Infection Control Consultant, Dr. Max Meis's site visit to NTRL. During his visit, a review of the report on the Negative Pressure system installed by the Nature Green Innovative (NGI), Thailand was conducted. Smoke testing of BSC and various areas of the TB containment lab were performed to assess airflow.
- (9) The consultant and FHI360 Lab technical officer attended the National Annual TB Laboratory Evaluation Meeting (2015) held in Nay Pyi Taw on 25th May 2016.
- (13) An important step for the development of Concept Note, "Consultative Small Meeting on Global Fund Concept Note Super-priorities (TB)", held in Nay Pyi Taw with participants taking complete heed to the discussion points from NTP Program Manager, Dr. Si Thu Aung (02/05/2016)
- (14) TB training to community health workers in Kayin Department of Health and Welfare (KDHW). The training was organized by Challenge TB Project (Burma) in Hpa-an, the capital of Kayin State, in April 2016.

BURMA (Myanmar)
**Technical Assistance for Laboratories:
 Culture and Drug Susceptibility Testing**

Mission: Mar-April 2016
 Funded by: Kathleen England - 00902016



5	Internal control #	Section	SOP
1	SOP-QM-001	QUALITY	Client Handbook
2	SOP-QM-002	QUALITY	SOP on Internal Quality Control
3	SOP-QM-003	MANAGEMENT	SOP on Monitoring
4	SOP-QM-004	MANAGEMENT	SOP on Monitoring of Quality Indicators
1	SAP-SOP-001	SAFETY	Safety Manual
2	SAP-SOP-002	SAFETY	Safety Audit Checklist
3	SAP-SOP-003	SAFETY	SOP on Handling Spills
4	SAP-SOP-004	SAFETY	SOP on Post Exposure Prophylaxis
5	SAP-SOP-005	SAFETY	SOP Waste maintenance
1	SOP-PR-001	PROCEDURES	Specimen collection and transportation
2	SOP-PR-002	PROCEDURES	Fluorescent microscopy
3	SOP-PR-003	PROCEDURES	Digestion-decontamination with NALC
4	SOP-PR-004	PROCEDURES	Liquid culture
5	SOP-PR-005	PROCEDURES	DST solid 2 nd line
6	SOP-PR-006	PROCEDURES	LPA MTBplus Ver 2.0
7	SOP-PR-007	PROCEDURES	DST solid 1 st line
8	SOP-PR-008	PROCEDURES	ZN microscopy
9	SOP-PR-009	PROCEDURES	DST liquid 2 nd line (with medium preparation)
10	SOP-PR-010	PROCEDURES	MAB stream maintenance
11	SOP-PR-011	PROCEDURES	Post Examination and Validation of Results
12	SOP-PR-012	PROCEDURES	Pre and Post specimen storage
13	SOP-PR-013	PROCEDURES	DST Liquid culture 1 st line drug
1	SOP-MR-001	MEDIA and REAGENT	Plain LJ preparation
2	SOP-MR-002	MEDIA and REAGENT	LJ with 2 nd line drug preparation
3	SOP-MR-003	MEDIA and REAGENT	LJ with 2 nd line drug preparation
4	SOP-MR-004	MEDIA and REAGENT	Preparation of Phosphate Buffer
5	SOP-MR-005	MEDIA and REAGENT	Aeramine preparation
6	SOP-MR-006	MEDIA and REAGENT	ZN stains preparation
1	QM-EM-SOP-001	EQUIPMENT	General Equipment maintenance
2	SOP-EQ-002	EQUIPMENT	Use and Preventive Maintenance Centrifuges
3	SOP-EQ-003	EQUIPMENT	Use and Preventive Maintenance Freezers
4	SOP-EQ-004	EQUIPMENT	Use and Preventive Maintenance Fridges
5	SOP-EQ-005	EQUIPMENT	Use and Preventive Maintenance Incubators
6	SOP-EQ-006	EQUIPMENT	Use and Preventive Maintenance BSC

6	Internal control #	Section	Form
1	ST-001	QUALITY	Inventory Stock Control Card
1	Form-002	MANAGEMENT	FORM: ROOM AND BIOSECURITY CLEANING
2	Form-SAP-005	SAFETY	Form Post Exposure Prophylaxis For posting
1	Form-PR-001	PROCEDURES	Form AFM Microscope Worksheet Direct Smears
2	Form-PR-002	PROCEDURES	Form AFM Microscope Worksheet Smears from cultures
3	Form-PR-003	PROCEDURES	Form Specimen Reception Form
4	Form-PR-004	PROCEDURES	Form Training Log Sheet
5	Form-PR-005	PROCEDURES	Form MGT Specimen worksheet
6	Form-PR-006	PROCEDURES	Form TB culture register
7	Form-PR-007	PROCEDURES	Form TB culture identification
8	Form-PR-008	PROCEDURES	Form Weekly LJ culture check
9	Form-PR-009	PROCEDURES	Form DST worksheet
10	Form-PR-010	PROCEDURES	FORM: TB REFERENCE FOR FM MICROSCOPY
11	Form-PR-011	PROCEDURES	FORM: TB REFERENCE FOR FM MICROSCOPY LJA worksheets
1	Form-MR-001	MEDIA and REAGENT	Form LJ preparation log
2	Form-MR-002	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
3	Form-MR-003	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
4	Form-MR-004	MEDIA and REAGENT	Form Worksheet for preparation of BN stain
5	Form-MR-005	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
6	Form-MR-006	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
7	Form-MR-007	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
8	Form-MR-008	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
9	Form-MR-009	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
10	Form-MR-010	MEDIA and REAGENT	Form NB-005_PBE preparation worksheet
1	Form-EQ-001	EQUIPMENT	Centrifuge Use and PM Form
2	Form-EQ-002	EQUIPMENT	Autoclave use form
3	Form-EQ-003	EQUIPMENT	Refrigerator use form
4	Form-EQ-004	EQUIPMENT	Form-Biohazard Safety Cabinet Use and PM Form
5	Form-EQ-005	EQUIPMENT	Microscope use form
6	Form-EQ-006	EQUIPMENT	Form-Biohazard Safety Cabinet Use and PM Form
7	Form-EQ-007	EQUIPMENT	Balance use form
8	Form-EQ-008	EQUIPMENT	Form-EQ-008 Incubator Use and PM Form
9	Form-EQ-009	EQUIPMENT	Form-EQ-009 Incubator Use and PM Form
10	Form-EQ-010	EQUIPMENT	Form-EQ-010 Incubator Use and PM Form
11	Form-EQ-011	EQUIPMENT	Form-EQ-011 Incubator Use and PM Form
12	Form-EQ-012	EQUIPMENT	Form-EQ-012 Incubator Use and PM Form
13	Form-EQ-013	EQUIPMENT	Form-EQ-013 Incubator Use and PM Form
14	Form-EQ-014	EQUIPMENT	Form-EQ-014 Incubator Use and PM Form
15	Form-EQ-015	EQUIPMENT	Form-EQ-015 Incubator Use and PM Form
16	Form-EQ-016	EQUIPMENT	Form-EQ-016 Incubator Use and PM Form





11



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14

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 (reason for not meeting milestone, actions to address challenges, etc.)	
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016			
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).				The assessment and detailed action plan for Childhood TB were completed in Q2.	Partially met	CTB will support cross visits of key staff to Vietnam in Q4. The plan is for this visit to take place together with Prof. Steve Graham during his next visit to Vietnam in September.
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 has not started yet.	Not met	CTB team is planning to implement according to the TB/HIV joint activities discussed between the two programs. This work will be in coordination with the disease teams that are now being established at Township level. Work to be conducted in APA3.
Improve TB service provision for IDPs	3.2.2	NA	Forum on TB services for IDPs conducted;	Forum on TB services for IDPs conducted.	Forum on TB services for IDPs conducted.			Not met	This activity was not a priority of the NTP. IDPs are a politically sensitive issue.

			Barriers to Continuum of Care for IDPs with TB analyzed and results shared with NTP.					CTB is planning to communicate with the organizations and stakeholders which are providing health care delivery in affected areas.
Improve TB services for cross-border migrants	3.2.3	Coordinate with IOM, USAID and CAP TB Thailand to assess funding levels (GFATM) in Thailand and the Thai Government's plans moving forward regarding provision of TB services for migrants from Burma living in the border areas in Thailand.	Forum on TB services for cross-border migrants conducted	Forum on TB services for cross-border migrants conducted; Advocacy workshops for establishing cooperative linkages to improve/ access to TB Prevention and Treatment activities in hard to reach areas.	NTP facilitation of services in ethnic areas e.g. Provision of Anti-TB medicines and availability of TB diagnostics for hard to reach populations initiated.	Discussions on cross-border migrants and IDPs have been postponed while the new Burma government defines their strategy for working with these groups and work in ethnic areas.	Not met	CTB supported IRC training on TB topics; Subcontracting with KDHW for case finding activities in south-eastern Burma is pending.
Strengthen capacity of ethnic health authorities for TB control	3.2.4	Engage with NGO partners working in Ethnic areas, develop linkages with local	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.	After meetings with the Karen Department of Health and Welfare (KDHW), CTB conducted two TB trainings for KDHW health staff and community health workers in April 2016.	Met	CTB is preparing to support KDHW to provide TB services in hard to reach areas in south-eastern Burma.

		partners, and identify needs to guide training activities.						
Strengthen capacity of national partners in PMDT and community-based DOTS	3.2.5	<p>Township Health Centers for PMDT assessed and findings shared with NTP and Township Medical Officers;</p> <p>TA provided for ongoing capacity building for local partners / Expand these activities to ethnic areas.</p>	<p>TA provided for ongoing capacity building for local partners;</p> <p>Operations research designed for PMDT</p>	Operations Research Conducted	Results Assessed design follow-on activities initiated.	<p>Decentralization Assessment form was prepared with former Yangon Regional TB Officer with input from the CTB consultants (Dr. Max Meis and Dr. Agnes Gebhard).</p> <p>Technical assistance including regular trainings to local partners was provided.</p> <p>OR is not expected to take place until APA3. During the previous year the Director of Disease control was clear that CTB should not work on OR. For APA3 it is tentatively agreed that CTB will support OR work and capacity building in the NTP.</p>	Partially met	CTB is planning to conduct this activity after discussion with the new regional TB Officer.

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 2015-Jun 2016		

Contact investigation	4.1.1	NA	Investigation conducted; Round table discussions held; National scale-up pdrafted.	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 has not yet started, due to competing priorities in NTP.	Not met	NTP has agreed to conduct this activity in APA3.
Cost effectiveness of ACF approaches	4.2.1	NA	Study protocol developed	NA	Ethics Board approval received.	The broad ACF assessment was removed from the APA2. Instead of conducting the ACF assessment, the project has opted to conduct the Risk Prioritization tool for internal strategic planning purposes. This information may be helpful to complete a successful concept note. CTB will look for opportunities to make the results available to the NTP.	N/A	The Risk Prioritization Tool analysis is drafted and with the NTP for review. The ACF assessment has been moved to APA3.

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 2015-Jun 2016		
Review of NTP Infection control guideline	5.1.1	Shared result of TB-	Congregate settings			Shared result of TB-IC assessment to NTP	Partially met	Assessment of congregate setting was removed from

		IC assessment Scale-up and M&E plans developed.	analysis conducted.			and partners. Plans for roll-out and scale-up of TB-IC activities are under discussion with the NTP manager.		the work plan during APA3 planning.
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 being updated by consultant. ToT has been conducted. Dates for the Airborne Infection Control training are pending.	Partially met	CTB is planning to conduct trainings to township health centers in the upcoming quarter.
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.	The survey questionnaire has been developed; CTB team has discussed with NTP manager to implement this activity.	Not met	NTP agrees to move ahead with this activity but it may be delayed until APA3.

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 2015-Jun 2016		

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.	The final polishing process and alignment of all the facts and figures among all the related documents was done.		This is a long process initiated since May, 2015. NSP and related documents have been finalized and endorsed by MHSCC during the first week of June. The cover design for NSP has been confirmed, but the layout process and the final printing process will be in quarter 4.	Met	Final documents are expected to be published next quarter for sharing during dissemination meetings.
Support NTP to update policy and technical guidelines, and disseminate these through training and info sessions	7.1.2		Guidelines requiring updating identified. Review of guidelines initiated.		SOPs developed / disseminated.	TB-IC and childhood TB guidelines are being updated; TB infection control manual, Job aids package and trainers' manual are also in the process of development.	Partially met	Work is ongoing.

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 2015-Jun 2016		
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.	Establishment of National and lower level Stop TB partnership won't be implemented until NSP has been finalized.	Not met	Informal discussions with the WHO indicate that they will not focus on establishing these partnerships. The NTP has indicated that rather than working on establishing Stop TB Partnerships that they

								would like CTB to support convening meetings on community based care.
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.	CTB staff (M&E and Strategic Information Office, the M&E Associate, and Country Representative) were extensively involved in analyzing the financial gap for preparation of the concept note. NSP budget and financial gap analysis were linked in the spreadsheet, which was handled by CTB staff. Concept note has been submitted on 17 th June, until which CTB staff was extensively involved in the process together with NTP and the WHO consultant for writing the Concept Note.	Met	

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Introduce new drugs to the NTP as appropriate	9.2.1	Information on new drugs followed-up with NTP;	Time Model Training conducted; Protocol revision	SOP workshop conducted.	Sensitization training conducted.	MSF conducted workshops on pharmaco-vigilance and introduction of the endTB Project. Meanwhile, the WHO	Not met	Due to other partner activities and the NTP desire for CTB to focus on other priorities rather than introducing new drugs, this has been delayed until the

		Workshop (protocol development conducted).	done; Cross visit conducted.			conducted an assessment on aDSM (active TB Drug-Monitoring and Management) implementation.		<p>NTP is ready for additional support.</p> <p>However, CTB supported organization of a meeting with Johnson and Johnson to discuss their Bedaquiline donation program with USAID and other stakeholders.</p> <p>Challenge TB advisor Dr. Quelapio will participate in the PMDT (GLC Mission) in August.</p> <p>A consultant from SIAPS (MSH) visited upper Burma TB Centre to review implementation of QuanTB tools and discussion for its future use after SIAPS and SCMS phase-out. CTB staff joined the visit together with NTP, SIAPS and SCMS.</p>
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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 2015-Jun 2016		

Reporting and recording system	10.1.1	Scoping assessment conducted (Activities 2a and 2b); Database supported.	Proto-typing and training plan completed; Database supported.	Selected Mapping of Data initiated; Database supported.	Database supported.	Internal discussions with FHI 360 staff that have mapping capacity and external consultants with this capacity are ongoing.	Not met	GIS training to NTP staff won't be conducted during APA2. Now CTB has initiated communication to have an internal training to CTB staff for GIS. It is not clear if it will be possible to conduct in APA2 or early in APA3; CTB staff worked closely with NTP and WHO for ensuring the consistency with NSP (2016-2020).
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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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
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; 1 NRL appointed staff trained in Cepheid Toulouse.	2 MoH Infrastructure staff trained on Harvard course. (Move from APA2 to subsequent year.)	LTO trained in SNRL, Antwerp, staff attended UNION Conference, and 11 th global Meeting on PPM in India. TIME Modelling training 2 nd part has moved tentatively to September, 2016; Cepheid training wasn't done during this quarter. The NTP manager wanted the WHO to hire the Cepheid trainer and for CTB to cover in-country training costs.	Partially met	CTB staff were sent for the following training and workshops during the period. <ul style="list-style-type: none"> • Global SI M&E workshop in Senegal; • PMDT Workshop in The Hague; • Lab training and workshop in The Hague; • Country Directors' Meeting in The Hague.

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/Signed Amount**	Total Committed Amount	Total Disbursed to Date
TB NFM – UNOPS	A2	A1	\$ 105,255,392	\$ 82,640,883	\$ 65,068,680
TB NFM – SCF	A1	A1	\$ 22,084,891	\$ 17,342,833	\$ 16,030,371
TB NFM – other	N/A	N/A	\$ 2,642,167	\$ 2,642,167	\$ 2,642,167

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

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

Both Global Fund PRs continue going through a process of reprogramming savings to completely spend those funds by the end of the GFATM fiscal year. This is an urgent priority in order not to have these funds removed from the available funding for the Concept note that was submitted in mid-June to the TRP. Unspent funds will not be available for a no-cost extension thus they need to be spent in the current fiscal year.

The joint concept note development process did not appear to negatively impact Global Fund project implementation. On the contrary, the need to spend savings during the current fiscal year created additional activities which CTB supported one of the PR's to identify. On the other hand, the GFATM process definitely impacted CTB activities as highlighted in the challenges section of the report.

There has been ongoing dialogue with the Global Fund Country Team throughout the concept note development process. Initial feedback from the TRP appears to be favorable; TRP is expected to revert to the NTP with their written comments in late July or early August. The NTP has requested CTB to communicate with Christy Hanson (FHI360 consultant) to support preparing the response to comments from the TRP.

When the concept note goes into grant making, the NTP requested CTB support to hire the lead consultant (Holger Sawert) if WHO is unable to extend his contract. It is expected to be in the next quarter.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

Challenge TB has continued supporting the GFATM and 3MDG projects by advising on such issues as:

- Advising on building layout, floor plan, construction design (CTB consultants have met UNOPS engineers to advise on these points);
- Equipment maintenance (Bio-Engineering);
- GUV procurement and installation (e.g. Advising on Quality Assured GUV fixtures to ensure those are included in tenders and supported linking the GFATM to a consultant who is providing specifications for GUV installation at the Aung San MDR-TB hospital);
- CTB provided a staff person to initially support and then conduct facility assessments at fourteen site across the country (Supporting the Save the Children PR to conduct 14 TB-IC assessments in health facilities through the country).

Please refer to the following success story as an example of these activities.

4. Success Stories – Planning and Development

Planned success story title:	Challenge TB Project is leveraging technical assistance to increase spending on infection control and reduce disease transmission in Burma.
Sub-objective of story:	5. Infection control
Intervention area of story:	5.1. Compliance with quality TB-IC measures in health care, community and congregate settings ensured
Brief description of story idea:	Challenge TB, TB-IC activities are affecting improvements at facilities throughout Burma. This is being achieved from work on the national level as well as through collaboration with the Global Fund Projects.
Status update:	<p>Globally it is well known that transmission of TB in health care and congregate settings may be a major contributing factor to ongoing transmission of TB. It is estimated that one untreated infectious TB patient may infect 10-12 people each year. Most of the older health facilities in Burma were designed without specific attention to preventing TB transmission of airborne infections. The NTP identified infection control as a major priority; Burma's National Strategic Plan (2016-2020) also highlighted infection control as a priority challenge for the country. During the first year of the Challenge TB Project, the project conducted an assessment of the TB-Infection Control situation in the country, supported the revision of the country's TB Infection control guidelines, and helped train national and NGO staff to raise awareness of the importance of infection control.</p> <p>As a result of its work, the project has been able to leverage more attention and funding towards improving infection control measures in TB facilities across the country. When one of the Global Fund (Principal Recipient) PRs had excess funds to spend on other activities, the Global Fund PR reached out to the Challenge TB team, and jointly a plan was drawn up to assess facilities and recommend measures that will create safer conditions for health staff and the public visiting facilities.</p> <p>After the joint plan was drawn up, a leading global expert on infection control visited Burma to head a number of assessments. The assessment team included a Challenge TB staff person (Naung Naung, M&E Associate) as a member of the assessment. Subsequently, Naung Naung and a doctor from the Global Fund team conducted independent facility assessments in hard to reach areas. All assessment used a standardized TB IC assessment checklist. As a result of these site assessments, the Global Fund will be investing additional funds to improve these health facilities and ensure they will be safer and have a reduced risk for health workers or visitors to become infected with TB at these sites.</p>

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 RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	690	163	The NTP combines quarterly data at the end of the month after the quarter (July in this case). The data requested will only be available the first week of August This will be included in the next quarterly report.
Total 2012	1037	442	
Total 2013	1984	667	
Total 2014	3495	1537	
Total 2015	2793	2207	
Jan-Mar 2016	755	501	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			
Total 2015			
Jan-Mar 2016	1	1	
Apr-Jun 2016	5	0	
Jul-Aug 2016			
To date in 2016			

Table 5.3 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) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province</i>)						The April-June data will only be available in August. This will be included in the next quarterly report.

	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)		31,767				
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Contact investigations Contact investigations	CTB geographic focus for this intervention						Data not available
	TB cases (all forms) notified from this						
	All TB cases notified in this CTB area						
	% of cases notified from this intervention						
Reported by private providers (i.e. non-governmental facilities) Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention			Activities areas are not yet selected in agreement with the NTP.			Data for 2016 will only be available at the end of the calendar year. National data for (2015) is 28,140 among the total notification of 140,770 (20%)
	TB cases (all forms) notified from this						
	All TB cases notified in this CTB area						
	% of cases notified from this intervention						
Children (0-14)	CTB geographic focus for this intervention						Data for 2016 will only be available at the end of the calendar year. In 2015, national data is 34,443 among total notification of 140,700 (24.5%)
	TB cases (all forms) notified from this						
	All TB cases notified in this CTB area						
	% of cases notified from this intervention						

Other (Improving access to high-risk groups near border)	CTB geographic focus for this intervention			Kachin, Kayin, and Shan States (IDPs) and Mon and Karen States (Ethnic			Not available
	TB cases (all forms) notified from this						
	All TB cases notified in this CTB area						
	% of cases notified from this intervention						
Other (Sputum Transport)	CTB geographic focus for this intervention			When locations piloting sputum transport models are identified geographic areas can be shared			Not applicable – CTB activities do not yet include sputum transport. Sputum transport activities have been initiated in the country but no
	TB cases (all forms) notified from this						
	All TB cases notified in this CTB area						
	% 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	Tahir Turk, PhD			X		To conduct need assessment and review of secondary data sources for development of ACSM strategy.	Complete	March 3-13, 2016	10 days	Initial visit conducted. Need assessment to be completed during second visit when we obtain approval from NTP.
2	FHI 360	Christy Hanson			X		Global Fund TB and HIV combined Concept note preparation. Writing combined concept note.	Complete	May 23- June 2, 2016	11 days	
3	KNCV	Mamel Quelapio (replacement of Agnes Gebhard)			X		To conduct first country assessment, visit for PMDT, aDSM and ND&R while attending NTP annual evaluation meeting.	Complete	May 22- 28, 2016	7 days	
4	KNCV	Max Meis	X				TB-IC TOT / Monitoring CI follow-up.	Complete	May 7-18, 2016	12 days	
5	FHI 360	Natalia Shubladze			X		Technical assistance to the National TB Reference Laboratory in Yangon, Burma.	Complete	April 27- June 3, 2016	38 days	Consultant will start full-time in August.
6	FHI 360	Khin Zarli Aye, Thomas Mohr, kyaw Soe Htet			X		Attended the CDs meeting in The Hague (3 people, CD, PD and M&E staff.	Complete	June 20-24, 2016	5 days	
7	FHI 360	Soe Htut Aung			X		Attended Global SI M&E Workshop, in Senegal.	Complete	May 30 – June 3, 2016	4 days	
8	FHI 360	Moe Hein Kyaw			X		Attended PMDT workshop, The Hague.	Complete	June 16-18, 2016	3 days	
9	FHI 360	Su Hlaing Tint, 3 NTP Staff (Myat Kyaw Thu, Thinn Le			X		Attended laboratory workshop in The Hague.	Complete	June 27 – July 02, 2016	6 days	

		Swe, Kyi Kyi Swe)									
10	FHI 360	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	FHI 360	Christy Hanson		X			NSP Finalization.	Complete	Jan 16 - 22	7 days	Took place in Q2 due to availability of the consultant.
12	FHI 360	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.
13	FHI 360	3 Persons / 2 NTP - 1 CTB: Dr. Kyaw Soe Htet Dr. Thansar Thwin Dr. Cho Cho San	X				TB Impact Module & Estimates Training (TIME) Will contribute to concept note	Complete	Jan. 24-29	6 days	Complete at time of submission to USAID.
14	FHI 360	Dr. Toe Sandar Dr. Tin Maung Swe	X				IUATLD Conference (Cape Town) 2 NTP Staff	Complete	Nov. 30 – December 8	8 days	
15	FHI 360	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	
16	KNCV	Kathleen England			X		Follow-up on lab; 1. On Site Mentoring; 2. Lab development and monitoring; Culture DST observation and recommendations.	Complete	March 6 – April 2	27 days	
17	KNCV	Steve Graham		X			Childhood TB Training Roll-Out Plan.	Complete	Feb 1- Feb 12		
18	FHI 360	Rick Homan	X				Costing of Operational Plan for NSP.	Complete			NTP opted to use WHO Costing tool. Rick Homan

											reviewed that work and led a National TB Spending Assessment that was requested by the Director of Disease Control.
19	FHI 360	Carol Hamilton			X		Technical Support Lecture on TB / HIV Work Plan development.	Complete	April 2-8, 2016		Visit was complete at the time of reporting.
20	FHI 360	Dr. Kyaw Myo Lwin		X			Eleventh Global Meeting on Public Private Mix for TB Care and Prevention in Mumbai, India	Complete	Feb. 29- Apr. 2, 2016	3 days	
21	FHI 360	Kimberly Booher			X		Work with financial team; Support work plan development.	Cancelled			Work will be done from distance.
22	FHI 360	TBD			X		Follow-up monitoring to actions following PPM Assessment.	Cancelled			Moved to APA3.
23	FHI 360	Tahir Turk PHD				X	Mass Media Campaign	Pending			Population Level advocacy and communication campaign will take place in APA3.
24	FHI 360	TBD			X		Conduct Introductory QMS Workshop Implementation Plan development.	Pending			
25	FHI 360	TBD				X	Training on SOP Writing and QMS supportive supervision visit.	Cancelled			SOP training conducted by FHI 360 consultant (Natalia Shubladze).
26	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	Cancelled			Activity cancelled at the request of the NTP manager.

						results.					
27	FHI 360	3 Pediatrician (NTP)			X		Pediatricians to accompany Steve Graham during one of his regular visits to Vietnam.	Pending			
28	FHI 360	Fabio Luelmo		X			Review of progress Training on Cohort Analysis / Global TB Trends identify simple, inexpensive OR for action.	Cancelled		Plans cancelled to focus team only on NTP Priorities.	
29	KNCV	Max Meis	X				Contact Investigation Assessment TB-IC Follow-up	Pending		Activity moved to APA3.	
30	KNCV	Ellen Mitchell/Nick Blok	X				ACF Assessment	Cancelled		Activity moved to APA3	
31	FHI 360	Ed Nardell / Paul Jensen			X		Airborne Infection Control Training.	Pending		Due to availability of consultants likely to move to Q4.	
32	KNCV	Agnes Gebhard		X			Support development of concept note	Cancelled		Support not required as NTP requested to WHO to lead the concept note development process.	
33	KNCV	Christina Mergenthaler	X				Trend Analysis	Cancelled		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	Cancelled		Will not be conducted in APA2.	
36	FHI 360	TBD (1)			X		Cepheid Training Toulouse France	Pending		Training can be conducted in India.	
Total number of visits conducted (cumulative for fiscal year)								11			
Total number of visits planned in approved work plan								27			

Percent of planned international consultant visits conducted	40%
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Note: The approved APA2 work plan had 27 approved STTA trips some of which were planned with more than one consultant. External training and sending of national partners for cross visits is not included in the denominator (27). If all trips including additional trips are included, the project has completed 20 of 35 trips (Some with multiple participants) or 57% of the trips included in the table. If the trips cancelled due to MOHS requests are removed from the denominator 71% of the table is complete.

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	20% (2015) 28,140/140,700	Data from December 2015 not yet available. We will collect those indicators only in the annual report.
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	140,700 (2015)	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	NA	Work to collect such data was not conducted in 2015 as KAP survey was removed from the workplan.

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	1 (There is an operational plan completed in November 2014.They haven't implemented completely according to	2	1 (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
			the plan until 2015.)			
#/% of laboratories enrolled in EQA for smear microscopy	Not applicable	annually	492 (2015)	520	492/512 (92%) enrolled in EQA (Q3 APA2)	.
Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS)	Not applicable	annually	0 (2014)	33.3% (1/3)	0% (Q3 APA2)	CTB hopes to introduce QMS later in the fiscal year.
Number of GLI-approved TB microscopy network standards met	Not applicable	annually	Standard fulfilled = 5 (1,3,6,8,9)	7/11	7/11 (Q3 APA 2)	
#/% of laboratories showing adequate performance in external quality assurance for smear microscopy	Not applicable	annually	93% 478/514	93% 483/520	96% 492/514 (Q3 APA 2)	Data from last year 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%	This data is not available in the current R&R system.	Data not available
MTB positivity rate of Xpert test results		annually	39% (2014)	42%	42% 17,692/41,957 (2015)	
% unsuccessful Xpert tests		annually	Not yet available	Will coordinate with WHO/CHAI to get this data.	2.7% error (in 2015)	
#/% of new TB cases diagnosed using GeneXpert		annually		Will coordinate with WHO/CHAI to get this data.	Measured Annually	Data not available
# of specimens transported for TB diagnostic services		annually		Not able to evaluate at this time but we will work to evaluate this	Not available	Data from last year not yet available.

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
				over the course of CTB.		
#/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)		annually	N/A		0 (Q3 APA 2)	This will be assessed. Targets will be set for APA3.

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%	86 % (2015) 120,662/140,700	
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	2207 (2015)	
Number and percent of MDR-TB cases successfully treated	Not applicable	annually	79% (2014) [Cure 71% + Completed 8%]	81%	83 % 552/666 (2013 cohort)	
% of health facilities with integrated or collaborative TB and HIV services	Not applicable	annually	41% 136/330	71% 236/330	71% 236/330 (2015)	
Number and percent of cases notified by setting (i.e. private sector,	Sex, age group	annually	141,957 (2014)	153,200	28,140/140,700 = 20% (2015)	This represents all listed groups but data is not disaggregated further.

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
pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach						
Number of MDR-TB cases detected	Sex, age group	annually	National: 2,076 cases were diagnosed and notified as MDR TB. Among them, 1,537 cases started on treatment. (2014)	4,063	2793 (2015)	

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	Not available	Data not 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	0 Q3 APA2)	2

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	Not applicable	annually	Baseline is not available yet and it will be	Target will be determined after NTP	0 (2015)	Not applicable

Sub-objective:		5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
measures with Challenge TB support (stratified by TB and PMDT services)			collected by Q4 Y1.	agrees to a roll-out plan. 45 Township Health Centers to be trained.		
Number and % of health care workers diagnosed with TB during reporting period	Sex	annually	Not available	TBD	Such data are not available in the current RR system.	Data not 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	12% (2016) Government	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 (2016)	Already finalized and endorsed by MHSCC. Now in the designing and layout process for printing.
% of activity budget covered by private sector cost share, by specific activity	Not applicable	annually	Not available	TBD	Not applicable	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	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
				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 have detailed charter/plan, and does not meet regularly/produce deliverables.		During APA3 discussions the NTP asked CTB to focus on other activities, so this is removed from our current plans.
% of local partners' operating budget covered by diverse non-USG funding sources	Not applicable	annually	Not available	0%	Not applicable	CTB-Burma has not yet contracted any local partners.
Global Fund grant rating	Not applicable	quarterly	A1 (2014)	A1	Both TB grants have been downgraded to B2 (UNOPS) and A2 (SCF).	Combined score will only be made in December of 2016.

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	quarterly	0 (2014)	N/A	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	6 patients on Bedaquiline and 1 patient on Delaminid so far until Q3 APA2	Only MSF-Holland has NTP approved plans to introduce Bedaquiline and Delaminid.

Sub-objective: 10. Quality data, surveillance and M&E						
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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	Yes (Oct. 2014)	NA	Last measured in November 2014. Next measurement expected in APA4.	In October, 2014 WHO used the Standards and Benchmarks checklist. The main findings stated that the TB surveillance system in Burma 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
% of operations research project funding provided to local partner (provide % for each OR project)	Not applicable	annually	0	0%	Not Applicable	No OR 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 (ex, change guidelines or implementation approach)	Not applicable	annually	Not available	No	Not Applicable	No OR conducted yet.

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	966 (Male= 311 and Female =655) Since inception of the project 966 people have been trained.	CTB involved in the training volunteers and counsellors from Pyi_gyi_Khin, MHAA and 3MDG and MOH staffs for MDR-TB.
% 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.