**Introduction to CAP-TB Project**

- Greater Mekong Sub-region
- Multidrug Resistant Tuberculosis Prevention and Management “CAP-TB”
- Family Health International (FHI 360)
- FHI 360 is the prime cooperating agency, working with local partners

**CAP-TB Model:** Myanmar Medical Association (MMA)

**Key Concept**
- Community-based DOT is a key for Treatment Success
- Patient-centered, Community Driven approach to strengthen MDR-TB DOT
- Build capacity of local partner

**Role of Community Supporters**

1 out of 15 ‘Community Supporter’ is selected as ‘Community Coordinator’

- **Home Based Care**
  1. To ask and observe whether the patient takes treatment regularly.
  2. To ask and observe whether the patient checks sputum smear and culture regularly.
  3. To ask and observe whether the patient goes for regular follow up.
  4. To ask whether the patient suffers any drug side effect.
  5. To observe whether infection control measure are in place.
  6. To provide Nutrition package and transportation assistance to MDR TB patient.

- **Others**
  1. Health Education
  2. Referral services

**Thinking about mobile technology**

**Train (Job Aid)**
1. To help CS to remind about the activities they have to do
2. To help CS to conduct activities with desired quality

**Track (M&E)**
1. To ensure the activities are happening as planned
2. Prompt and detail information

**CommCare Evidences**

- Pregnant women that access CommCare are 20% more likely to access a CHW that uses CommCare, and 22% more likely to have a treatment period that is 1.7 X longer, and are 2.6 X more likely to include the client’s husband in visits (2018). In a study of 1,201 children, only 26.7% of children were assessed for all ten MICS criteria with paper protocols, compared with 70.9% with CommCare (2013). After four months of using CommCare, CHWs increased knowledge of danger signs in all major health categories by 22% (2012).

**Figure 4. The four pillars of the CommCare Evidence Base.**
Timeline of DOT Sync

- Overview

Overview Timeline of DOT Sync

Initial Field Test
Field Test
Test for Full Application
Launch

Induction
ToT
Direct
Review

April
June
August
October

Mobile Technology to help Community Supporters

Simple & Helpful

Reminding what to do
Ensuring right drug
Attracting patient and family

Mobile Technology for Efficiency

Community Supporters could save time:
- CSs get new forms from CC and send back after completion
- It is simple and easy as reporting was done simultaneously after synchronizing

Community Coordinators could save time:
- CCs distribute blank forms and ask/check completed forms
- This process was significantly shortened by technology. This responsibility was shifted to project office, where CCs have to coordinate and facilitate only.

The project office could save time:
- Error checking and data entry is time consuming
- Validation within the forms in the application could prevent most troublesome errors

Mobile Technology for Effectiveness

- November, TGG township

Ensure daily form submission: Tracked by MMA CAP-TB

- December, TGG township

Follow up for the outliers, by MMA CAP-TB

Mobile Technology for Effectiveness

- 19-26 December, TGG township

Ensure daily activity: Tracked by MMA CAP-TB
DOTsync: Workflow

- NTP and MMA HQ
- MMA CAP-TB project
- FHI 360 Myanmar
- FHI 360 APRO
- CommCare HQ Server (HIPAA compliant)
- DOTsync by Community Supporter
- DOTsync by Community Coordinator

Lessons Learnt: Community Supporters

- Some experienced and devoted field workers might refuse.
- Building confidence towards technology

The most frequent words: 'More Exercise'

Lessons Learnt: Community Supporters

- Positive words after Field Test
- Inevitable words after Field Test

Lesson Learnt: FHI360 and MMA

- End users’ participation for consensus and commitment
- Prompt Feedback (being watched and being helped) to the Field Workers for motivation
- Technical Competency for basic troubleshoot (acquired during training)
- Compliance to the phone usage policy
- Role of mid-level management when the field workers are synchronizing directly to the server (when Field offices do not have internet access)
- Thinking about scale up when the project area is very remote (as a M&E tool)

Scale up plan: Maturity Model - Stages

<table>
<thead>
<tr>
<th>Stage 1 Demonstration</th>
<th>Stage 2 Iteration</th>
<th>Stage 3 Value Creation</th>
<th>Stage 4 Scale-up</th>
<th>Stage 5 Sustain / Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
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<tr>
<td>Proof of concept tool for using phones to deliver protocols</td>
<td>Stabilized and field tested tool</td>
<td>Validated tool for delivering value to frontline workers</td>
<td>Packaged repeatable tool to scale up</td>
<td>Ongoing stable use and value extension of platform infrastructure at scale</td>
</tr>
</tbody>
</table>

Maturity Required

Programme Scale of Reach

Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 | National Programme
<table>
<thead>
<tr>
<th>Stage 1: Demonstration</th>
<th>Stage 2: Iteration</th>
<th>Stage 3: Value Creation</th>
<th>Stage 4: Scale-up</th>
<th>Stage 5: Sustain and Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Design</td>
<td>Data collected but not used</td>
<td>Data reviewed and validated for program design</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
<tr>
<td>Data Driven Management</td>
<td>Data collected but not used to improve workforce</td>
<td>Data reviewed and validated for program design</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
<tr>
<td>Technical Support</td>
<td>Limited technical capacity among program staff</td>
<td>Technical resources certified and regularly conducting basic support</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
<tr>
<td>Training and Implementation</td>
<td>Training and implementation policies not yet implemented for frontline workers</td>
<td>Training and implementation policies adapted to mHealth</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
<tr>
<td>Scale</td>
<td>Designing and demonstrating with a small number of users</td>
<td>Increasing adoption with frontline workers</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
<tr>
<td>Sustainability and Strategic Alignment</td>
<td>Focus within single organization with single source of funding</td>
<td>Building awareness, buy-in and support of frontline workers</td>
<td>Additional use cases added to technology platform</td>
<td>Program design supported by new funding</td>
</tr>
</tbody>
</table>

**Thank You**

**DOTsync:**
**PARTICIPATION by USERS since the very FIRST step**