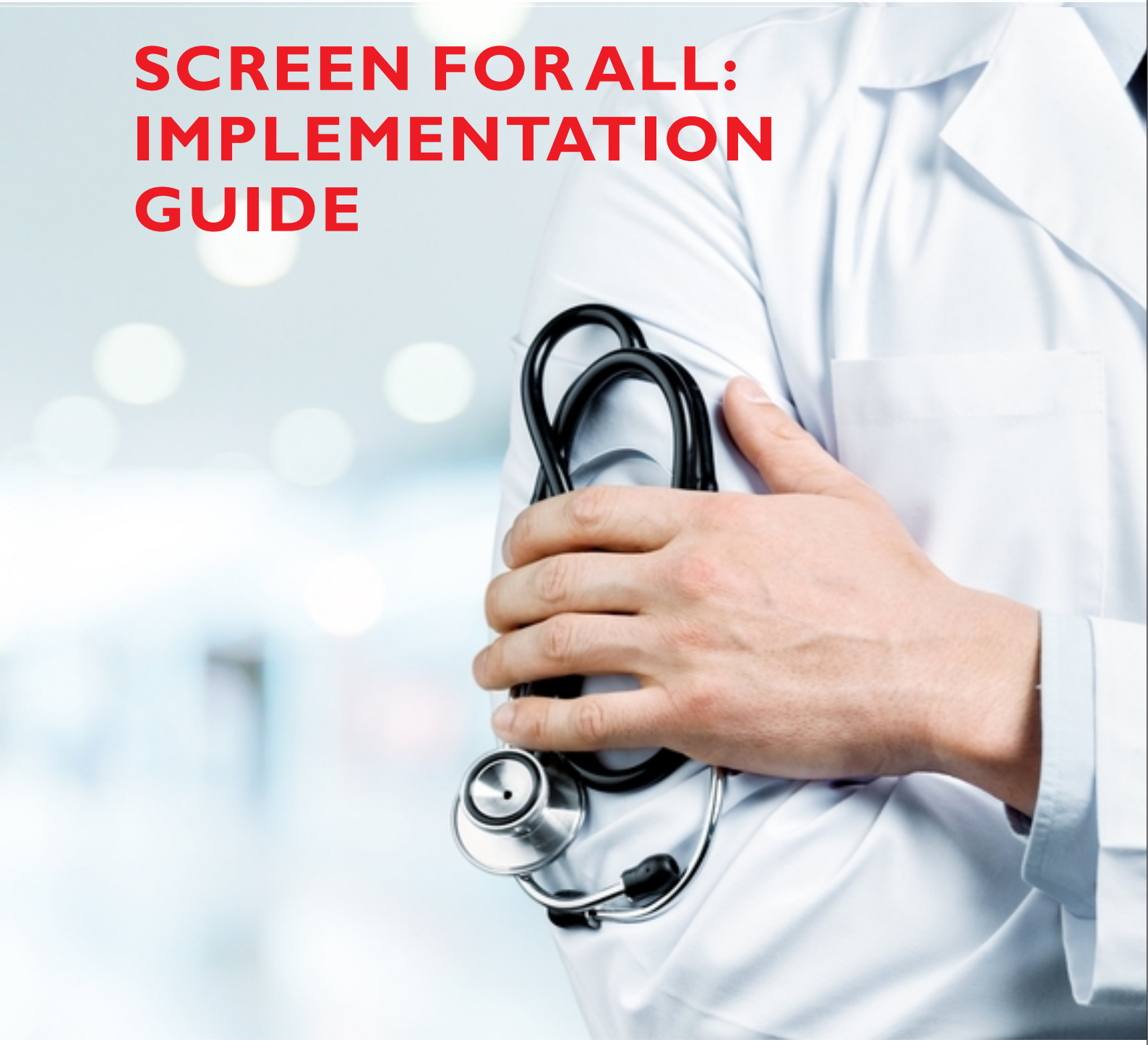
USAID
FROM THE AMERICAN PEOPLE

CPI COMMUNITY PARTNERS INTERNATIONAL

HIV/TB Agency, Information and Services Activity

SCREEN FOR ALL: IMPLEMENTATION GUIDE



PATH

Disclaimer:

"This report is developed by PATH with CPI and made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of PATH and CPI and do not necessarily reflect the views of USAID or the United States Government."

TABLE OF CONTENTS

1.ACKNOWLEDGEMENT

PATH would like to recognize and appreciate all those who contributed to this publication, including those whose names may not be listed. "Screen for All" was funded by the HIV/TB Agency, Information and Services Activity (AIS) consortium of the United States Agency for International Development (USAID). It provides practical guidance for local screening strategies and for promoting TB screening services among AIS TB partners.

2. LIST OF ABBREVIATIONS

ACF	Active Case Finding
AHRN	Asian Harm Reduction Network
AIS	Agency, Information and Services Activity
CAD	Computer-aided Detection
CBTBC	Community-based Tuberculosis Care
CPM	Community Partnership Myanmar
CPW	Community Preventive Worker
CRP	C-Reactive Protein
CXR	Chest X-Ray
DS-TB	Drug-susceptible TB
EHO	Ethnic Health Organization
GP	General Practitioner
HE	Health Education
HIV	Human Immunodeficiency Virus
KPSC	Key Population Service Center
MAM	Medical Action Myanmar
MMA	Myanmar Medical Association
MO	Medical Officer
MTB	Mycobacterium Tuberculosis
MWRD	Molecular WHO-recommended rapid diagnostics

NGO	Non-governmental Organization
NSATM	Needle Syringe Automated Taking Machine
NTP	National Tuberculosis Programmme
PCF	Passive Case Finding
PPM	Public-private Mix
PSI	Population Service International
QC	Quality Control
RR	Rifampicin resistance
TB	Tuberculosis
WHO	World Health Organization

3. EXECUTIVE SUMMARY

About one-third of the ten million people who fall ill with tuberculosis (TB) each year are not diagnosed, not notified, or do not register for treatment. Furthermore, many people delay seeking care for their illnesses before being diagnosed and treated. This results in unfavorable health outcomes, increased expenditure for patients and their families, and more disease transmission. Therefore, increasing early case detection is a critical component of improving TB care and preventing the disease. For this purpose, the World Health Organization's (WHO) End TB strategy, 2016–2035, includes systematic screening of people at high risk for tuberculosis.

Like all case-finding strategies, the "Screen for All" approach has two primary goals:

To promote early case detection and ensure treatment at available private or public clinics.

To reduce further community transmission and future incidence.

Based on WHO's principles, Myanmar's national guidelines, and the End TB Field Guide for intensified TB case finding at facilities, this document provides practical guidance for AIS's local screening strategy by:

1. Setting the objectives of screening.

2. Choosing screening tools.

3. Setting algorithms and operating procedures for each level of service delivery.

4. Establishing basic indicators for monitoring and evaluating the strategy.

4. BACKGROUND

Despite being largely curable and preventable, tuberculosis (TB) is the largest cause of death from a single infectious agent. An estimated 2.9 million of the 10 million people who were ill with tuberculosis in 2019 were neither identified nor reported to the World Health Organization (WHO). Therefore, there is an urgent need to deploy strategy to improve diagnosis and care for those people with tuberculosis who are currently being missed. One key strategy is systematic TB disease screening, which is included in the End TB strategy as a central component of its first pillar, which aims to ensure early diagnosis for all people with TB.

The traditional approach to TB case identification has been passive case finding (PCF), which was a fundamental component of early DOTS programs. PCF lays the onus on the sick individual to present at health care facilities complaining of TB-related symptoms in order to detect and diagnose a person with TB. Although PCF has reached a high proportion of sick individuals as a strategy, it has become clear that PCF is insufficient to reach all people in need. A large part of the current gap in detecting and treating people with tuberculosis is possibly due to a historical overreliance on this approach, as PCF not only misses opportunities to diagnose and initiate treatment, but also contributes to increased disease severity and mortality among those who are missed.

Intensified TB case finding is often used to describe activities within health facilities that move beyond a passive approach. It implies screening for TB symptoms among OPD clients. Outside of health facilities, active case finding (ACF) is the primary approach to detect TB cases. Active TB case finding is synonymous with systematic screening for active TB, although it normally implies screening that is implemented outside of health facilities. ACF overcomes barriers to access in vulnerable populations, reduces the total cost of diagnosis and treatment, reduces the prevalence of catastrophic costs, and overcomes barriers to seeking TB care. ACF is therefore seen as an instrument for reducing the broader socioeconomic consequences of TB.

Screening is crucial for accelerating TB case finding as well as identifying missing TB cases across all approaches. Screening not only promotes TB case detection but also identifies those who are eligible for TB preventive treatment (TPT).

5. JUSTIFICATION

Given the COVID-19 situation and the political instability in Myanmar, the number of TB cases reported in Myanmar is 65,126. This is only half the number reported in 2019 and 18 years behind because it is nearly the same as in 2003. The number of multidrug-resistant TB (MDR TB) cases reported has also decreased significantly according to data from 2021, because the local situation imposed barriers in the implementation of TB case findings, case holding, and TB prevention across all the approaches, including ACF and PCF. The national prevalence survey in 2018 also highlighted the existence of missing TB cases and asymptomatic TB cases. In this regard, all TB case finding activities need to be accelerated urgently.

The HIV/TB Agency, Information and Services Activity (AIS) project is a five-year project that has been implementing HIV and TB prevention, control, and care activities in Yangon, Mandalay, Sagaing, Kachin, and Shan (North) with funding from the United States Agency for International Development (USAID). This "Screen for All" approach document is meant to be a guide for promoting TB screening services among AIS TB partners. Then it can be considered how to scale up as much as possible with the resources available later.

6. OBJECTIVES

6.1 General objectives

- To promote early case detection and ensure treatment at available private or public clinics.
- To reduce further community transmission and future incidence.

6.2 Specific objectives

- To screen all clients who reach health facilities, including mobile clinics, CBTBC and drug sellers under the AIS project, by using appropriate methods.

- To conduct systematic screening of all household contacts of index TB cases.
- To ensure that treatment is initiated promptly for those patients found to be suffering from TB.

7. TARGET AUDIENCE

1. Health facilities and health staff of implementing partners under the AIS project.

2. Mobile clinics of implementing partners under the AIS project and their staff.

3. Community volunteers and drug sellers of the implementing partners under the AIS project.

8. TARGET BENEFICIARIES

- All clients and attendants who visit AIS health facilities, mobile clinics, and drug sellers.
- All community-based tuberculosis care (CBTBC) activities operated by the implementing partners under the AIS project.

9.WHO RECOMMENDED SCREENING TOOLS

9.1 Symptom screening

- This is a rapid, affordable, and feasible screening option that can be implemented in all settings and can be easily repeated.

9.2 Chest radiography

The chest X-ray (CXR) is a highly sensitive screening tool, that can help detect TB early, often before symptoms present themselves. It can help rule out TB before initiating TPT.

Computer-aided detection (CAD) software

- This can be used in the place of trained staff for interpretation of digital chest radiography, in places where skilled personnel are scarce or not available.

9.3 Molecular WHO-recommended rapid diagnostic tests (mWRDs) like Xpert MTB/RIF® or TrueNat®

- These can be used for screening, including among people living with HIV.

9.4 C-Reactive Protein (CRP) test

- This is a point-of-care blood test for inflammation, which can be used to screen for TB among people living with HIV.

Note: Among the WHO-recommended screening tools, screening with mWRDs and CRP is expensive and feasible only for developed countries at the moment.

10. STANDARD PROCEDURE

- The procedures will be carried out in AIS-implemented townships at NGO-led health facilities, public-private mix (PPM) general practitioners (GPs), ACF mobile clinics, COVID-19 clinics, and drug sellers. The screening for tuberculosis should be performed by the designated individual, who may be a Medical Officer (MO), TB coordinator, clinic assistant, etc.

Symptoms of Presumptive TB (≥15 years)

- 1) Any cough (2) Fever and night sweat (3) Loss of appetite and loss of weight (4) Hemoptysis (5) Chest pain (6) Frequent fatigue and tiredness (7) Neck glands

Symptoms of Presumptive TB (< 15 years)

1)Cough and/or fever for more than two weeks

2) History of contact with presumptive or diagnosed TB patients

3) Weight loss or failure to gain weight

10.1 Operating procedure at local and international NGO and GP clinics

- All the clients/attendants, including children, will be checked for presumptive TB symptoms using a symptom checker/chatbot/paper-based screening checklist, etc., to reduce staff burden or for GPs/clinics where there are no additional HR resources to support this activity.
- If client who has any presumptive TB symptoms or household contacts of diagnosed TB patients or two out of three presumptive symptoms present in children less than for age < 15 years (mentioned above), they will be referred for chest X-rays (CXR) with or without CAD and sputum microscopy. The CXR will be free of charge or services will be outsourced at a subsidized price.
- If the CXR shows any abnormality (suggestive of TB) or the sputum microscopy tests positive, that person will be asked for sputum samples for further diagnostic evaluation with mWRDs (e.g., GeneXpert, TrueNat).

If the mWRD detects Mycobacterium Tuberculosis (MTB), the person will be treated as a bacteriologically confirmed TB patient according to the National Tuberculosis Programme (NTP) guidelines. If MTB is not detected by mWRDs, they must be treated according to the sputum and CXR test results. If the mWRD result shows Rif resistance (RR), refer them to NTP and facilitate to initiate DR-TB treatment.

10.2 Operating procedure at mobile clinics

- AIS has prioritized ACF through mobile clinic in communities with structural risk factors for tuberculosis (urban poor, homeless, people in remote or isolated areas, indigenous populations, migrants, refugees, internally displaced persons, and other vulnerable or marginalized groups with limited access to health care) and workers in silica-exposed workplaces.
- The Medical Officer (MO)/assigned staff will ask all adult attendants or any TB contact children about any presumptive TB symptoms and invite them to undertake a CXR at the mobile van at the time of visit.
- People with any CXR abnormality will be asked to submit sputum samples for diagnostic evaluation at a mobile van equipped with sputum microscopy or mWRD testing infrastructure. Alternatively, the sputum sample will be sent to the nearest microscopy or mWRD facility center.
- The person diagnosed as an active TB case (clinically diagnosed or bacteriologically confirmed) must ask for diagnostic evaluation with mWRDs. In situations where mWRD testing is not accessible, the service providers need to facilitate the patient's testing.
- If the mWRD result detects MTB, they will be treated as bacteriologically confirmed TB patients according to the NTP guidelines. If MTB is not detected by mWRDs, they must be treated according to the sputum and CXR test results. If the mWRD result shows Rif resistance (RR), refer them to NTP and facilitate to initiate DR-TB treatment.

10.3 Operating procedure for community-based TB care

- Community volunteers will find people with symptoms of presumptive TB by conducting health education (HE) sessions, contact investigations, special outreach programs, and community campaigns. Every person with any presumptive TB symptom or children under 15 years of age who have two out of three presumptive symptoms for their age and their household contacts will be invited to the nearest health facility (either public or private) for CXR screening and further diagnostic evaluation.

10.4 COVID-19 clinics

At Covid-19 clinics, systematic screening for TB will be carried out by the MO/TB coordinator/assigned person for all clients. If they have presumptive symptoms or children under 15 years have two out of three presumptive symptoms, TB diagnosis will be facilitated for them. Their household contacts will also be invited for CXR screening and further diagnostic evaluation.

10.5 Drug sellers

The client who comes to buy medicine for a respiratory ailment for themselves or their family at the drug seller's channel will be asked about presumptive tuberculosis symptoms using chatbot/self-administrative questions/checklists/TB symptoms Vinyl etc. If any of the presumptive TB symptoms are present, the client will be referred to the nearest private or public health facility for diagnostic evaluation.

11. CONSIDERATION FOR IMPLEMENTATION

There will be some limitations on the implementation of the "screen for all" approach by AIS project implementing partners, particularly in the remote and hard-to-reach setting of the CBTBC approach. Due to (1) high transportation costs and (2) challenges in getting a diagnostic evaluation, the AIS project will only consider presumptive referral if the symptoms are highly suggestive of tuberculosis.

12. BASICS INDICATORS

- Number of people identified with presumptive TB.
- Number of people evaluated for TB.
- Number of people diagnosed with TB.

13. MONITORING AND EVALUATION PLAN

The "Screen for all" approach in active TB case finding will be monitored through existing MEL TB indicators in AIS (Active case finding indicators: AF-4 (Number of presumptive TB cases identified) & AF-5 (Number of presumptive TB cases tested for TB), and TB detection indicators: DT-1 (TB case notifications) & DT-12 (Bacteriological Diagnosis Coverage)). Implementing Partners are required to report the specified indicators' achievement from the respective sites where "Screen for all" approach is integrated for active TB case finding. The challenges,

effectiveness, and sustainability and scale-up of this approach on the ground will be evaluated one year after the initiation of the approach. The evaluation will include the analysis of case finding data of "Screen for all" integrated sites and compare with baseline data and other case finding data at conventional TB case finding sites. Qualitative survey/interview to clients and service providers would be augmented and reinforced to find out how this approach is amenable to scale-up and replication in different settings, and an effective complement to the conventional TB case finding.

Similarly, TPT will be monitored by existing MEL TB indicators and will be analyzed and compared with baseline data and other TPT sites where "Screen for all" approach is not integrated.

14. REFERENCES

1. National Tuberculosis Programme, Myanmar. Guidelines for Drug Sensitive TB Management in Myanmar, 2020.

2. National Tuberculosis Programme, Myanmar. Myanmar National TB Prevalence Survey Report, 2018.

3. Stop TB Partnership. Stop TB Field Guide 4: Intensified TB Case Finding at Facility Level. 2018. https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG_04.pdf

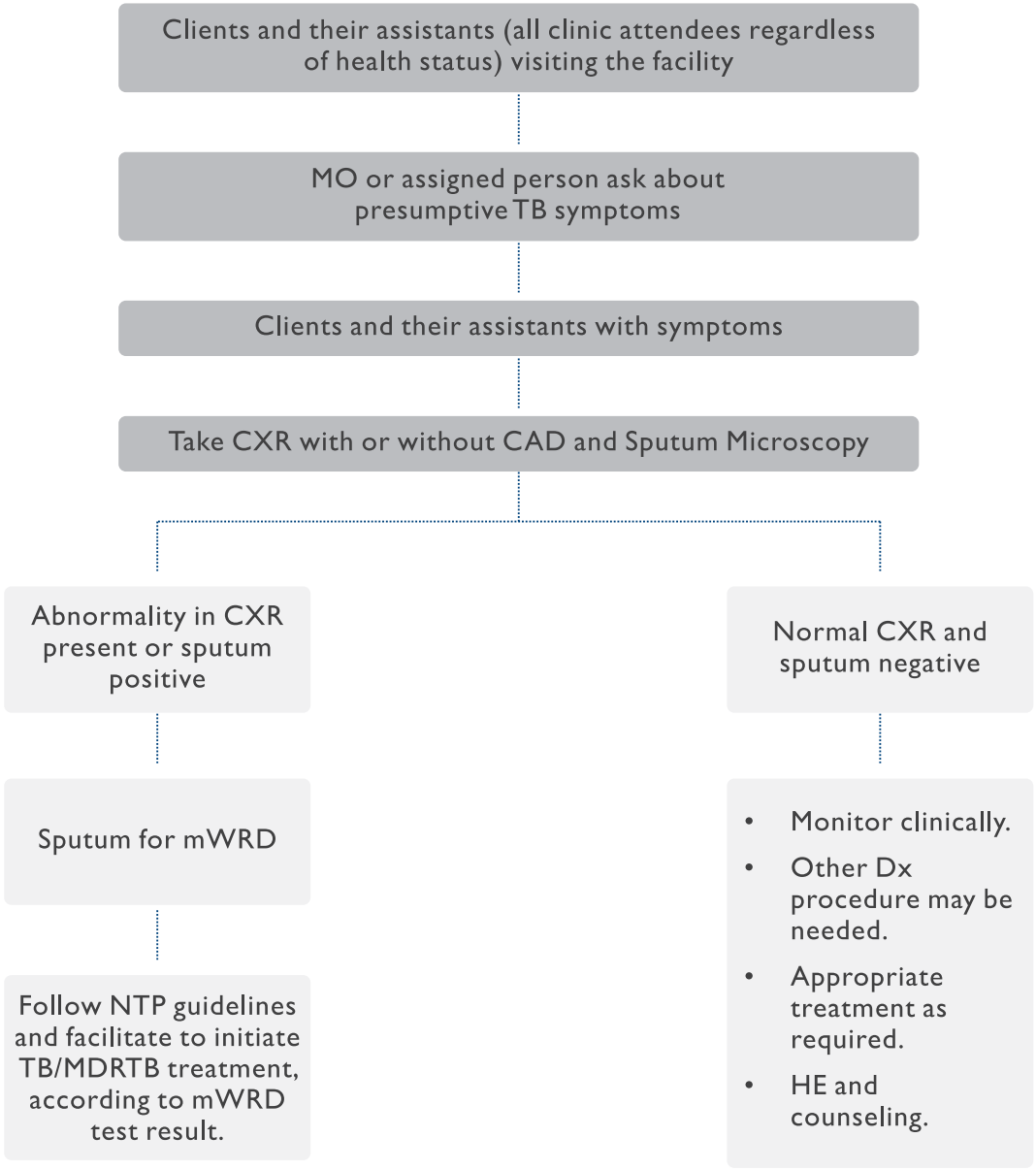
4. WHO. WHO consolidated guidelines on tuberculosis. Module 2: Screening – Systematic screening for tuberculosis disease. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240022676

5. WHO. Optimizing active case-finding for tuberculosis: Implementation lessons from South-East Asia. New Delhi: World Health Organization, Regional Office for South-East Asia; 2021. License: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/handle/10665/343105

6. WHO. Systematic screening for active tuberculosis: an operational guide. World Health Organization; 2015. https://www.who.int/publications/i/item/9789241548601

15. ANNEXURES

Annexure 1. Job aids for "Screen for All" (Facility based – Clinics)



Annexure 2. Action plan of implementing partners under AIS (FY 2023)

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
1	Myanmar Medical Association (MMA)	Facility	MMA public-private mix (PPM) GP clinics	Symptom screening	October 2022 onwards	Selection of GP clinics in the project townships based on their interest and commitment.
		Mobile	Not implemented			
		Community-Based	Project townships	Symptom screening and referral to GP clinics by MMA volunteer.	October 2022 onwards	
		Contact Tracing	Household contacts of index TB patients	Will conduct TB screening using CXR–CAD regardless of symptoms under the AIS project.	October 2022 onwards	
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Not implemented			

Since FY 2022 (August), MMA has been conducting Contact Investigation of all household contacts of all drug-susceptible TB (DS-TB) patients receiving TB treatment at PPM GPs through trained community volunteers. But in FY 2023, the MMA will implement screening at facility, mobile and community-based activities in its project townships.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
2	Myanmar Anti-TB Association (MATA)	Facility	Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, Lashio	Symptom screening followed by CXR and sputum examination.	October– September 2023	
		Mobile	Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, Lashio	Symptom screening followed by CXR and sputum examination.	October– September 2023	
		Community-Based	Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, Lashio	Symptom screening followed by CXR and sputum examination.	October– September 2023	
		Contact Tracing	Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, Lashio	Symptom screening followed by CXR and sputum examination.	October– September 2023	
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, Lashio	Symptom screening followed by CXR and sputum examination.	October– September 2023	

TB screening is the ongoing activity of MATA, which started in February 2022 in fixed clinics and in communities in August 2022. In FY 2023, MATA will scale up screen for all activities at facility, mobile, community, and contact tracing in Dalla, Thingangyun, Tharkayta, Hlaingtharyar, Thanlyin, Pyay, Maubin, and Lashio townships.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
3	**Asian Harm Reduction Network (AHRN)**	**Facility**	KPSC (Waingmaw, Bhamo, Naung Po Aung, Seng Taung) and MMT-ART clinics (Hpakant, Lone Khin, Waikha, Nant Taw, Yazagyo/Khampat, Tigyaing)	The KPSC Registration Clerk or assigned personnel will conduct symptomatic screening for all clinic attendances at entry point.	Started in October 2022 and will continue in FY 2023	
		Mobile	ACF team (Kachin, Shan)	Assigned personnel will conduct symptomatic screening.	Started in October 2022 and will continue in FY 2023	
		Community-Based	NSATM Shops	Attached peers will conduct symptomatic screening (cough, fever, weight loss, night sweats).	Started in October 2022 and will continue in FY 2023	
		Contact Tracing	KPSC, MMT-ART and ACF teams under AIS	DOTS provider or assigned personnel will conduct TB screening with at least chest X-ray at ACF mobile clinic team or nearby AHRN recommended CXR facility.	Started in October 2022 and will continue in FY 2023	Will also provide TPT for eligible children under five years of age.
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Not implemented			

AHRN implemented the "Screen for all" screening for all initiative at facility, mobile, community-based and contact tracing activities in August 2022. It will continue these activities in the same geographical areas.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
4	**Best Shelter**	**Facility**	Not implemented			
		Mobile	Not implemented			
		Community-Based	Sagaing (Kale, Tamu, Mawlaik, Kalewa), Kachin (Sinbo, Talawgyi)	Community preventive worker (CPW) will provide TB symptom screening and then invite and refer the symptomatic person to the nearest health facility (AHRN Kale, Tamu, Mawlaik, Waingmaw).	January 2023	Budget issues need to be addressed.
		Contact Tracing	Sagaing (Kale, Tamu, Mawlaik, Kalewa), Kachin (Sinbo, Talawgyi)	CPW will conduct contact tracing for the household contacts of bacteriologically confirmed TB cases and refer them to the nearest health facility (AHRN Kale, Tamu, Mawlaik, Waingmaw)	January 2023	Budget issues need to be addressed.
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Not implemented			

Best Shelter will implement community-based TB activities in FY 2023 according to available resources.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
5	Community Partnership Myanmar (CPM)	**Facility**	Not implemented			
		Mobile	Not implemented			
		Community-Based	Three ethnic health organization (EHO) partners: 1. Kachin Backpack Health Worker Team (KBPHWT) 2. Kachin Development Group (KDG) 3. Ta'ang Health Organization (THO)	Trained volunteers or field staff will deliver group HE sessions and symptom screening. If the screening tests positive, the volunteers or staff will collect the sputum sample and deliver it to the nearest sputum examination center/private laboratory/township.	January 2023	
		Contact Tracing	Household of bacteriologically confirmed pulmonary TB index cases	Trained volunteers or field staff will visit the households of the bacteriologically confirmed pulmonary TB index cases and screen their contacts for TB symptoms. If any contact has symptoms, they will be referred to the nearest TB center/NGO clinic and will support transportation allowance (TA) for contact.	January 2023	
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Not implemented			

There are three EHO groups under the CPM; namely Kachin Backpack Health Worker Team (KBPHWT), Kachin Development Group (KDG) and Ta'ang Health Organization (THO). The KBPHWT and THO started the CBTBC activities and contact investigations of bacteriologically confirmed pulmonary index cases in May 2022, but Kachin Development Group (KDG) initiated these activities in July 2022. In FY 2023, the three EHOs will continue these activities for a wider scope and are considering door-to-door health education (HE) in the communities and will expand contact investigation activities to other index cases.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
6	Population Services International (PSI)	**Facility**	Ten MDR-TB clinics at Yangon	Option 1: By using self-check chatbot/QR scan. Option 2: By hiring clinic assistants to screen all attendants for TB.	Q1 FY 2023	Option 1: Cheaper but cannot cover all attendants. Option 2: Expensive but can cover all attendants.
			Remaining TB PPM clinics	Clients/attendants can access TB self-check chatbots voluntarily by scanning the QR code provided at facilities and will be screened using the self-check chatbot.	Q1 FY 2023	Plan to expand to non-TB PPM clinics in the latter half of FY 2023 or in the next project year.
		Mobile	Ongoing activities			
		Community-Based	Ongoing activities			
		Contact Tracing	Ongoing activities			
		Drug Sellers	Drug sellers in AIS-funded townships	(1)Symptomatic cases will be screened by trained drug sellers. (2) General clients can access the TB self-check chatbot voluntarily by scanning the QR code provided at facilities and will be screened using self-check chatbot.	January 2023	Printing of QR board or QR sticker will be needed. Next step – nationwide distribution of self-check QR board to TB ACF drug sellers and pharmacies.

PSI has implemented screening of TB for all attendants at its quality control (QC) clinic by assigned staff using paper forms in September 2022 and for online social media users through its Facebook page nationwide since March 2022.

S.No.	Implementing Partners	Model of "Screen for All"	Where	How	When	Remarks
7	**Medical Action Myanmar (MAM)**	**Mobile**	Lay Shi, Lahe, Nan Yun	Two mobile teams will be equipped with portable CXR (+CAD) and TrueNat. One team will service Nan Yun and the other team is for Lahe and Lay Shi. These mobile teams will run mobile clinics and conduct TB screening (with CXR) for all villagers who attend the mobile clinics and follow the agreed algorithms for further management (including TrueNat).	Mobile teams will visit each township at least twice in a year. There will be 12 visits per month and 60 clients will be screened per visit starting from Q1 of FY 2023.	Due to risk of political/ armed conflicts in Kale and Wuntho areas, after discussion with the AIS team, MAM has planned to change the implementing area to the Naga area for FY 2023.
		Community-Based	Taze	Train and support 100 Village Health Workers (VHWs) to do TB active case finding in all villages of Taze township and refer clients to the NTP/MAM mobile team for diagnosis and treatment.	Can start after NTP approval.	CBTBC in Taze township is not in the MOU; MAM has requested NTP for approval to add Taze township and will follow up for approval.
		Contact Tracing	Lay Shi, Lahe, Nan Yun, Taze	The VHWs are trained for DOTS, contact tracing, and facilitating all eligible family members to receive TPT. The VHWs will also conduct health education and community engagement activities to raise community awareness about TB and its treatment service availability in the region. For sputum positive or under-five TB patients detected during the mobile team's visit to Lay Shi, Lahe and Nan Yun, the team members will conduct contact investigations and make sure that all eligible family members receive TPT as a one-stop service before they leave the village.	Mobile teams will visit each township at least twice in a year. All notified cases will be linked with the CBTBC program (VHWs) for contact tracing during the teams' visit to the villages starting from Q1 of FY 2023.	Due to risk of political/ armed conflicts in Kale and Wuntho areas, after discussion with the AIS team, MAM has planned to change the implementing area to the Naga area for FY 2023.
		Facility	Not implemented			
		Drug Sellers	Not implemented			
		Social Media/Chatbot	Not implemented			

AHRN implemented the "Screen for all" screening for all initiative at facility, mobile, community-based and contact tracing activities in August 2022. It will continue these activities in the same geographical areas.

No.23 D/1 Inya Myaing Road

Shwe Taung Kyar Ward 2

(Golden Valley Ward 2)

Bahan Township, Yangon, Myanmar