

Indonesia

**Year 1
Quarterly Report
October 2010 - March 2011**

May 2nd, 2011

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	2-5-2011
From	MA Hamid Salim
To	USAID/Jakarta
Reporting Period	October 2010-March 2011

Technical Areas	% Completion
1. Universal and Early Access	36%
2. Laboratories	31%
3. Infection Control	55%
4. PMDT	25%
5. TB/HIV	0%
6. Health Systems Strengthening	66%
8. Drug supply and management	0%
Overall work plan completion	30%

Most Significant Achievements

TB CARE I consensus meeting was conducted for 3 days in Jakarta with the participation of all TB CARE I partners and stakeholders. The service delivery areas and activities to be implemented by different partners were agreed upon. There was consensus on a work plan based on the NTP's 5 year strategic plan and 5 years plan of the USAID support to TB control.

TB CARE I partners participated in the TB Joint External Monitoring Mission in mid February and visited 5 provinces (DKI Jakarta, North Sumatera, South Sulawesi, Papua, and East Java). The final report has been received.

TB CARE I provided technical assistance and financial support to finalize the revised training module of smear microscopy.

TB CARE I supported second National TB Congress held on 24th -25th March. There were several symposiums updating on TB program activities, and exhibitions participated by partners.

Five sites of PMDT (East Jakarta, Surabaya, Malang, Solo and Makassar) are operationalized; By the end of March 2011, there were 940 MDR-TB suspects tested, for 668 patients DST results available, 277 confirmed MDR-TB were identified and 202 of them were put on treatment with SLD. The 6 month interim results showed among 102 MDR-TB on treatment 72 have converted. MDR-TB counseling and case management were strengthened to reduce treatment refusal and lost to follow up.

TB CARE I contracted UGM to develop and finalize the National PPM TB action plan with the assistance from Jan Voskens as the consultant. Besides that, TB CARE I provided technical support to develop and finalize the other component of National TB Action Plan such as PMDT, Lab, Drug Management, ACSM, HRD, Logistic, and Strategic Information.

Overall work plan implementation status

The quick start work plan was approved by USAID in the last week of March. The full annual work plan will be prepared and submitted to USAID in June 2011.

Technical and administrative challenges

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Reaching Risk Populations	Prisons implementing routine TB screening to all new inmates	Proportion of prison with routine screening among new inmates implemented divided by all prisons supported by TBCARE	NA	10%			
2	Engaging local communities	HIV+ MARPs screened for TB	Proportion of HIV+ MARPs that screened for TB among HIV+ MARPs that had been	NA	5%			
3	Engaging all provider	Hospitals and lung clinics implementing DOTS	Number of hospitals and lung clinic implementing DOTS with good performance in TBCARE supported areas	113	118		<p>- TA for preparation of the workshop on Hospital DOTS instrument for accreditation through informal meeting with Medical Services and NTP.</p> <p>- TA and provide support to contract UGM for finalizing the National PPM action plan.</p>	Next step : meeting with NTP and Medical Services to harmonize the schedule and implementation of TB CARE.

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
1	Strengthened lab network and QA for smear microscopy and TB-HIV labs	Quality assured laboratories for SS microscopy and HIV testing	Proportion of laboratories which participate external quality assurance (cross-check and panel testing) for smear microscopy examination, in TBCARE supported areas	NA	40%		- support the Lab Working Group to finalize the microscopic training modules on 16-18 February 2011 - support the Lab Working Group on 23-25 February 2011 to prepare the LQAS workshop.	Next step: support the LQAS workshop
2	Strengthened lab network and QA for culture and DST	C/DST quality assured labs	Number of reference laboratories that are quality assured by SNRL for culture, and DST	5	5			
3	New diagnostic tools implemented and integrated into lab network	New diagnostic tools implementation	Number of reference laboratories implement the new diagnostic tools: Hain test, GeneXpert	0	1		finalize the APW for Microbiology Lab University of Indonesia to conduct HAIN test study phase 2 and the protocol of HAIN test for SLD.	Next step: monitor the implementation of HAIN study phase 2 and SLD.

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
1	Improved TB-IC in PMDT sites	PMDT sites with QA assured TBIC	Number of PMDT sites where TB infection control assessment has been completed and a plan has been implemented according to international standards	2	5			

2	Improved TB-IC in specific settings	Prisons with TB-IC implemented	Proportion of prisons where TB infection control assessment has been completed and a plan has been implemented according to national standards	NA	10%			
3	Improved TB-IC Implementation	Health facility with TB-IC implemented	Number of health facility implementing minimal TB IC package	7	10			

Technical Area		4. PMDT						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Diagnostic (Lab)	Proportion of MDR-TB suspects proved to be MDR-TB	Number of MDR-TB patients proved by DST/ LPA/ Xpert MTB/Rif among identified MDR-TB suspects submitted specimens	300	2100	202	5 sites of PMDT (East Jakarta, Surabaya, Malang, Solo and Makassar) continued implementing PMDT; By the end of March 2011, 940 MDR-TB suspects were tested, 668 got DST results, 277 were confirmed MDR-TB	Workload in 5 quality assured labs will increase dramatically; Labs should be prepared; The reporting of results should be timely.
2	Treatment (scale up plan)	Proportion of proved MDR-TB enrolled to treatment	Number of MDR-TB patients enrolled for SLDs treatment among All proved MDR-TB patients	100	700	277	Among 277 confirmed cases of MDR-TB, 202 were on treatment with SLD, 8 were pre-enrolled, 10 were excluded, 19 died before treatment, 13 lost before treatment and 25 refused to treatment; The 6 month interim results showed among 102 MDR-TB on treatment 72 have converted; 3 new sites were prepared in Medan, Denpasar and Jogjakarta; MDR-TB counseling and case management were strengthened to reduce treatment refusal and lost to follow up.	By end of 2011, new 500 additional confirmed MDR-TB are expected to be enrolled; screening of MDR-TB suspects should be speed up in all sites.

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Strengthening TB/HIV collaborative mechanism	TWG in district level is available	Number of TWG available in district level	16	20			
2	Decreased TB burden among PLHIV	TB treatment among PLHIV with TB	Proportion of PLHIV treated for TB among all PLHIV diagnosed with TB	NA	10%			
3	Decreased HIV burden among TB patients	TB patient with HIV co-infection received CPT	Proportion of TB patients with HIV co-infection that received CPT	NA	10%			

Technical Area		6. Health Systems Strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
6.1	Increased Political commitment	Government funding for TB	Number of districts showing an increase in TB funding compared to previous year	NA	20			

	Strengthened leadership and management	Districts with staffs trained in leadership and management	Number of districts trained in leadership and programme management	NA	8			
6.2	Strengthened HR Capacity	provinces with Provincial Training Plan	Percentage of provinces with provincial training plan on TB related issues (DOTS, PDMT, TB-HIV, surveillance etc) from all sources of funding	NA	10%			

Technical Area 8. Drug supply and management

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
1	Uninterrupted supply of quality TB drugs and commodities	Drug supply	Proportion of districts reporting no stock-out of first-line anti-TB drugs (category 1, category 2 and pediatric) on the last day of each quarter in supported TB CARE area	75%	100%		
2	Improved DMIS	Drug management capacity	Proportion of districts with staff trained in logistic management (including DMIS) in supported TB CARE area	62%	70%	Recruitment of this position has been put on hold as per the request of USAID	No further action will be taken until additional guidance is given by USAID and/or the APA 1 workplan is approved.

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Increased case notification in selected areas and populations	1.1.1	Coordination meeting of TB-HIV program in prisons	FHI	3.387	0%			
	1.1.2	Socialization of TB-HIV program in prisons	FHI	33.326	0%			
	1.1.3	Recruitment of TB-HIV Officer	FHI	3.900	100%	Mar	2011	One TB/HIV Officer has been recruited
	1.1.4	Workshop on TB-HIV IEC material for prisons	FHI	1.863	0%			
	1.1.5	Support maintenance and expansion of hospital DOTS	KNCV	34.091	25%	Sep	2011	Provided TA to 11 hospitals in 4 provinces (East Java, West Java, Central Java, West Sumatera)
	1.1.6	Support DOTS expansion in underserved areas	KNCV	34.500	25%	Sep	2011	Provided TA to Papua and West Papua province health offices: in joint supervision with HIV team, TB Money & Data Validation and compilation for provincial TB and TB/HIV data, facilitated on the Job Training and facilitated three batches of total 134 TB Staff Training in three districts.
	1.1.7	Improve DOTS in 4 low performance provinces	WHO	21.059	0%	Sep	2011	
	1.1.8	HDL working group meeting	KNCV	12.000	25%	May	2011	Activity preparation (drafting TOR, time scheduling) and informal meeting with BUK/ Medical Services and NTP to prepare the working group meeting that will be held on early May
	1.1.9	Develop hospital accreditation instrument	KNCV	6.000	25%	May	2011	Activity preparation through drafting TOR, develop schedule and conduct informal meeting with Medical Services-MoH to organize workshop on tools development for accreditation
	1.1.10	Develop standard of TB care in hospital	KNCV	6.900	25%	Jun	2011	Drafting TOR, develop schedule and conduct informal meeting with Medical Services to prepare the workshop
	1.1.11	Develop PPM action plan	KNCV	48.500	100%	Mar	2011	Contracted UGM to develop and finalize the National PPM action plan which is launched on World TB Day 24 March 2011.

1.2 Increased engagement of private sector (pulmonary specialists) in TB care and control	1.2.1	Conduct monitoring and evaluation of initial project	ATS	17.162	100%	Mar	2011	M&E meetings have been done 3 times (January, February and March 2011) in which discussions were conducted between Pulmonologists, ATS, PDPI, DKI Jakarta Provincial Health Office, National TB Program, PMU TB CARE, UNDP, Central/East/South Jakarta District Office, representatives from private hospitals/clinics involved in this project, and WHO Indonesia. Among results from this discussion: 1. This project will be continued and pulmonologists involved will be added up to 40 specialists. 2. 9 among 18 private practices already involved in this project are expected soon to be DOTS hospital/clinic. 3. 7 among 18 private practices laboratory involved in this project have never been trained by the ministry of health to perform AFB test. They all expected to be trained soon. 4. Other issues in ISTC implementation in these private practices will be addressed accordingly, with
	1.2.2	Develop scale up project to increase engagement of private sector	ATS	2.544	75%	May	2011	Plan for scale up has been discussed during previous monthly meeting, and will be finalized during ATS conference in Denver (May, 2011)
	1.2.3	Workshop on ISTC	KNCV	11.500	0%			
					36%			

Outcomes	2. Laboratories				Planned Completion		Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion	Month	Year			
2.1 Strengthened lab network and QA for smear microscopy and TB-HIV labs	2.1.1	Develop LQAS National policy and curricula	KNCV	3.400	0%			
	2.1.2	Finalize microscopy training module	KNCV	1.500	100%	Feb	2011	The activity was implemented, in Jakarta for 3 days, 16 -18 February 2011, 14 participants from KNCV, lab Working Group, Medical Service and NTP attended.
	2.1.3	TB Lab Working Group meeting	KNCV	2.150	100%	Feb	2011	see above
	2.1.4	Training smear microscopy for lab technician in selected hospitals	KNCV	70.545	0%	Jun	2011	Preparing the TOR and conduct informal coordination discussion to organize the training

	2.1.5	Supervisory visit	KNCV	5.760	 25%	Sep	2011	Providing TA on supervision in 2 out of 8 provincial reference lab (Jambi and Bengkulu)
	2.1.6	LQAS workshop	KNCV	75.645	 0%	Jun	2011	Coordination meeting on LQAS workshop preparation was conducted in Jakarta for 3 days (23-25 Feb), 14 participants attended , lab Working group, Medical Service and NTP.
	2.1.7	Lab Renovation	KNCV	105.550	 50%	Apr	2011	The renovation progress is currently in the final phase. KNCV and bio-safety consultant conducted a visit to review the \renovation and prepare for the next steps (testing and commissioning).
2.2 Strengthened lab network and QA for culture and DST	2.2.1	Improve capacity of QA culture and DST	KNCV	19.886	 0%	Sep	2011	Richard Lumb's mission is planned in May 2011 to strengthen the labs for QA culture and DST.
	2.2.2	Coordination of Lab network among NTP, Lab Division-MOH, TB CARE and EXPAND-TB	WHO	10.530	 25%	Sep	2011	Dr. Fuad Mirzayev, WHO HQ consultant joined EXPAND-TB assessment in March and facilitated MOU process; Recruitment of consultant could not be initiated due to budget delayed.
2.3 New diagnostic tools implemented and integrated into lab network	2.3.1	HAIN test study phase 2	KNCV	70.381	 25%	Sep	2011	the APW finalized and the HAIN test study has started
	2.3.2	HAIN test for SLD	KNCV	29.622	 25%	Sep	2011	The protocol is finalized and the APW is in progress
	2.3.3	HAIN study phase 1 sequencing	KNCV	3.000	 25%	Sep	2011	conducted coordination for the proposal preparation, budget plan and time line
	2.3.4	Procurement of GeneXpert	KNCV	212.500	 25%	Sep	2011	Prepared the procurement process (custom clearance price, contact supplier), disseminate the genexpert capability to prospective users
					 31%			

Outcomes	3. Infection Control			Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
	Lead Partner					Month	Year	
3.1 Improved TB-IC in PMDT sites	3.1.1	Renovation of Saiful Anwar hospital and selected health centers in Malang	KNCV	21.000	 75%	Jun	2011	The Syaiful Anwar hospital has been completely renovated. At the moment, preliminary activity to start the Health Center (HC) renovation has been prepared (assesment to the HC). The next step is continue with drawing design and budget plan, design approval, procurement process and then start the renovation work.

	3.1.2	Renovation of Labuang Baji hospital and selected health centers in Makassar	KNCV	57.000	75%	Sep	2011	The Labuang Baji hospital has been completely renovated. The selected HC will start renovation -MDR patient already detected from the area.
	3.1.3	Renovation of Muwardi hospital and selected health centers in Solo	KNCV	51.000	100%	Apr	2011	Moewardi hospital in Solo has been completely renovated as well as 4 HCs.
	3.1.4	Renovation of selected health centers in East Jakarta and Surabaya	KNCV	34.000	25%	Sep	2011	Conducted assesment with the architect to draft the renovation design. After that, it will continue with drawing design approval from Provincial Health Office and KNCV, budget estimation, procurement process and then start the renovation.
3.2 Improved TB-IC in specific settings	3.2.1	Workshop on TB-IC in prisons	FHI	27.055	0%			
					55%			

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Support for diagnosis and management of MDR-TB in selected PMDT sites	4.1.1	PMDT Coordination meetings	KNCV	30.000	25%	May	2011	The coordination meeting with all stakeholders for PMDT (NTP, KNCV, WHO, Hospital, PMDT Working group) is planned: preparation of TOR, time schedule with stakeholder, etc. are in progress.
	4.1.2	Review the National PMDT guidelines	KNCV	5.400	25%	May	2011	The workshop will be conducted for 4 days. The workshop preparation has been done including TOR development
	4.1.3	Support diagnostic through HAIN test	KNCV	11.500	0%	Sep	2011	The Hain study Phase 2 has been started. Protocol for HAIN SLD study has been prepared.
	4.1.4	Follow up assessment for expansion to 4 new PMDT sites	KNCV	11.000	0%	Jun	2011	Assessment will be done to 4 sites in 4 provinces, i.e Bandung (West Java), Yogya (DIY Yogya) , Medan (North Sumatera) and Denpasar (Bali) in mid May. The team consists of NTP, Medical Services and KNCV
	4.1.5	Psycho social support for MDR TB patients	KNCV	6.000	75%	Sep	2011	The activity still continues on a monthly basis and also patient group gathering, participated by patients, medical experts, social workers, motivators and District Health Office.

	4.1.6	Support the expansion and quality improvement of PMDT	WHO	15.666	25%	Sep	2011	WHO provided TA to expand quality PMDT from 5 sites to 8 sites; 202 MDR-TB were enrolled for treatment; Recruitment of National Professional Officer could not be initiated due to budget delay.
					25%			

		5. TB/HIV				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
5.1 Decreased TB burden among PLHIV	5.1.1	Workshop on TB-HIV algorithm	FHI	10.650	0%			
	5.1.2	Support operation of TA	FHI	17.382	0%			
					0%			

		6. Health Systems Strengthening				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
6.1 Strengthened HR capacity	6.1.1	International training & conferences	KNCV	33.333	0%	Sep	2011	Some training and conferences has been listed to be attended until September 2011.
	6.1.2	Technical update meeting	KNCV	13.000	25%	Sep	2011	Program Manager and Office Manager of KNCV participate in training about USAID regulations and policies in April 2011.
	6.1.3	Establish new team of master trainers	WHO	44.301	0%	Sep	2011	This activity has been changed to establish provincial training team
	6.1.4	Support operation of TA	WHO	39.550	0%	Sep	2011	
6.2 Increased political commitment and support	6.2.1	Support the World TB Day Commemoration (WTBD)	FHI	5.655	100%	Mar	2011	Opened booth & provided IEC material for World TB day commemoration.
	6.2.2	Involving one of FHI HQ staff as external reviewer in JEMM	FHI	9.410	100%	Feb	2011	Activity was done but changed that only FHI Indonesia involved in JEMM as a team for only DKI and Papua provinces

6.2.3	Participation in quickstart and APA 1 workplanning	MSH	5.868	 100%	Feb	2011	Claire Moodie led the quickstart and APA 1 workplanning for MSH. One visit was conducted in December 2010 to agree upon the SOW with USAID, the NTP and partners. MSH contributed budget and workplan input within the agreed upon timeline.
6.2.4	Participation in Consensus Building Workshop and workplan finalization	MSH	22.107	 100%	Jan	2011	Claire Moodie represented MSH in the consensus building workshop and workplan finalization. MSH APA 1 activities derived from consensus building workshop findings and discussions, as well as follow-on activities from TB CAP.
6.2.5	Participation in the JEMM as a drug management advisor	MSH	72.450	 100%	Feb	2011	Although the title only mentions the drug management advisor participation in JEMM, MSH contributed a drug management advisor and a financial advisor for the mission (with TB CARE I funds). Both participants contributed significantly to the findings of the JEMM final report, which should be released soon. (C. Moodie also participated in JEMM through TB CAP for MIS/M&E).
6.2.6	Support Joint External Monitoring Mission	KNCV	61.560	 100%	Feb	2011	Provided operational costs and fee for 5 interpreters to support JEMM activities in 5 provinces (DKI Jakarta, North Sumatera, South Sulawesi, Papua, and East Java)
6.2.7	TB CARE Consensus Meeting	KNCV	29.450	 100%	Jan	2011	The consensus meeting was conducted for 3 days in Jakarta. Participated by 22 institution of TB partners such as Aisyiyah community, Ministry Law and Justice, Medical Service MOH, NTP MOH, TB CARE partners etc
6.2.8	Contribute to the World TB Day Commemoration	KNCV	80.700	 100%	Mar	2011	TB CARE1 supported the National TB Congress which has been successfully done, with remarks of Vice President of Republic of Indonesia, Ministry of Health, and Coordinator of Ministry of Welfare.
6.2.9	World TB Day	WHO	11.300	 100%	Mar	2011	WHO supported WTBD activities, including Pre-congress workshop, TB Congress technical presentation and IEC booth exhibition and public awareness campaign, WHO borrowed activity budget from country office
6.2.10	Participate in Consensus Meeting to develop Annual Workplan	ATS	6.207	 0%			
6.2.11	Participate in TB CARE Consensus Meeting	The Union	8.993	 0%			
6.2.12	Participation in TB CARE Consensus Meeting	KNCV	28.550	 100%	Jan	2011	TB CARE1 conducted the Consensus meeting with assistance of Dr Jeroen van Gorkom and Dr Salim from KNCV HQ and Dr Jan Voskens from PMU.

	6.2.13	Participation in the JEMM and HLM	KNCV	44.782	 100%	Feb	2011	TB CARE1 supported JEMM through TA of Richard Lumb, Jeroen Van Gorkom, Steve Graham and Katrina
					 66%			

		8. Drug supply and management				Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget	Cumulative Completion			
8.1 Uninterrupted supply of quality TB drugs and commodities	8.1.1	Participation in the Manila Global Fund meeting as a PSM advisor for the NTP	MSH	11.622	 0%	Jun	2011	Although this meeting is no longer slated to take place in Manila, support to the NTP on PSM for the Global Fund (both in the form of PSM plans and the newly requested country profile) are taking place in April. Minimal additional support is anticipated under APA 1 through the signing of GF Round 10.
8.2 Improved DMIS	8.2.1	Placement of a full-time drug management expert in country	MSH	3.408	 0%	May	2011	Recruitment of this position has been put on hold per the request of USAID. No further action will be taken until additional guidance is given by USAID and/or the APA 1 workplan is approved.
					 0%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
				{Copy from the work plan}						

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)

NO	TECHNICAL AREAS	PROGRESS/ PHOTOS CAPTURED	
1	PMDT	PROGRESS OF PMDT IN INDONESIA, AUGUST 2009- MARCH 2011	
2		TB CARE CONSENSUS MEETING , JANUARY 2011	

3

HSS

WORLD TB DAY commemoration in Jakarta :
1. Pre National Congress with Vice President of RI palace, 24 March 2011
2. Ministry of Health open the National Congress, 25 April 2011
3. Mass Aerobic Exercises



4

JOINT EXTERNAL MONITORING MISSION , 14 - 25 February in Indonesia, Field visit to 5 provinces, participated by external reviews from KNCV, WHO, ATS, MSH and FHI

