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TB CARE I

TB CARE I-Indonesia

**Year 1
Quarterly Report
July 2011-September 2011**

October 28th, 2011

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI, MSH, The Union, WHO
Date Report Sent	October 21th, 2011
From	MA Hamid Salim
To	USAID/Jakarta
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	76%
2. Laboratories	59%
3. Infection Control	73%
4. PMDT	63%
5. TB/HIV	86%
6. Health Systems Strengthening	61%
7. M&E, OR and Surveillance	60%
8. Drug supply and management	42%
Overall work plan completion	65%

Most Significant Achievements

- TB CARE I provides 17 Xpert machines and 1700 cartridges to Indonesia. GeneXpert implementation is performed in close collaboration with the NTP and BPPM, in line with National TB Strategic Plans. TB CAREI is working in close contact with representatives from the NTP, BPPM, TB Lab Working Group, national TB Operational Research Group (TORG), WHO/Indonesia, FHI, USAID mission, and national reference laboratories, and other relevant partners in the field. The C-GAT and local collaborating partners perform the actual implementation of Xpert MTB/RIF, including site preparation, lab staff training and supervision. PMU conducts country visits to discuss implementation plans and monitoring and evaluation plans. PMU also facilitates an Xpert training workshop and training of trainers in Indonesia. Along the process, training curricula and training module were developed and used in training in 5 sites, i.e. FM UI, Persahabatan hospital, Pengayoman hospital, Hasan Sadikin hospital, Lung Clinic Bandung.
- TB CARE I supported the the horizontal collaboration and strengthened the coordination between NTP, BUK, professional organizations, NGO, insurance company, and MoLHR on PPM implementation through agreement development. This agreement serves as the cornerstone of PPM implementation.
- TB CARE I supported renovations for TB IC in Labuang Baji hospital, Moewardi hospital, Saiful Anwar hospital, 5 health centers in Solo, and 3 health centers in Malang
- In the period of April – September 2011, there were 730 MDR suspects found, with 194 confirmed MDR, of whom 120 were enrolled on PMDT. Follow up smear and culture was done for 120 new enrolled cases and 162 cases enrolled earlier. 137 patients received support for side effect management
- TB CARE I supported a Workshop on TB/DR-TB Surveillance on 20-22 September 2011 in Jakarta resulted in a detailed strategy framework or work plan (including timeframe) for the further development of the electronic TB/DR-TB surveillance and TB/DR-TB data management in Indonesia with solutions proposed and activities to be harmonized within current stakeholders and partners, and on-going initiatives
- TB CARE I supported the development of sub agreement with local NGOs to work on TB-HIV program in prison that was signed on 25 July 2011 in Jakarta.

- TB CARE I supported the development of materials and documentations in various technical areas:
 - * TB training module for medical specialists
 - * SOP book for SLD
 - * PPM assessment tools
 - * TB in Prison IEC materials
 - * Final PMDT guidelines for treatment scaling up
- TB CARE I supported the comprehensive course on Clinical Management of DR-TB in collaboration with Faculty of Medicine University of Gadjah Mada for medical specialists

Overall work plan implementation status

The completion progress of the work plan is 65%. There were several activities that could not be conducted due to time limitation. Based on Consensus Meeting in July 2011, some activities in APA-1 will be carried forward to APA-2. Some other activities that are feasible to be carried out until November 2011 will be conducted during No Cost Extension (NCE) of APA1.

Technical and administrative challenges

- Improved functioning of all existing PMDT sites and further scale up in new sites are quite challenging. In addition to this lack of human resource, in Makassar and Persahabatan hospital created additional problems to ensure the good quality on PMDT implementation, coordination and collaboration with other stakeholders.
- GeneXpert implementation in relation with appropriate laboratory infrastructure, linkage with nearby PMDT site, sample referral system, appropriate number of cartridges to be distributed and increased drug provision to PMDT sites remain as a big challenge. Based on results from the site assessments, a detailed implementation plan is yet to be developed.
- The poor drug distribution system in several geographical areas coordinated by provincial level makes it difficult to maintain uninterrupted drug provision at the district level.
- Poor data and information management in TB activities remains a challenge to monitor and evaluate the progress of the work.
- The selection of a Deputy Director KNCV Jakarta office was delayed until end October - appointment is likely by 1 November. The one-year study leave for the KNCV Director technical services provides a challenge although a replacement has been appointed.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	182	255
Number of MDR cases put on treatment	142	160

* January - December 2010 ** January - September 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
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 TB CARE	N/A	5 of 55	10 of 55	* 10 Prisons conducted TB sign and symptom screening and HIV risk factors screening for all inmates. *Advocacy meeting to get support and commitment for prison program was held in 6 July 2011, attended by 76 participants from FHI, MoLHR, NAP, NTP, Provincial Law and Human Rights, Provincial Parole Office, Provincial Health Office and Prisons/Detention center Health staffs (DKI Jakarta, West, Central and East Java).	Next step: continue providing support and mentoring to prisons
2	Engaging local communities	HIV+ persons screened for TB	Proportion of PLHIV screened for TB among HIV+ attended cases in supported provinces	60%	60%	92%	PITC, R&R training were done to engage the prison health staff. IEC materials were developed for TB in prison. Advocacy meeting with local NGO was done to expand community based DOTS and provide TA.	Challenges: clinical mentoring and monitoring was only done in 5 prisons. Next step: Expand the clinical mentoring and monitoring in the remaining 5 prisons plus 10 more prisons proposed in APA2.

3	Engaging all provider	Hospitals and lung clinics implementing DOTS	Proportion of hospitals and lung clinics implementing DOTS in TB CARE supported areas	113/293 (KNCV) 6/18 (ATS)	118/293 18/60	113/293	Technical assistance to hospitals, in house training for 2 hospitals, technical supervision visit, coordination with health office.	Challenges: To expand Hospital DOTS more assessments of new hospitals and more Technical officers to deliver TA for those hospitals and lung clinics are needed. Until end of September only 4 TOs instead of 13 are available. ATS activities are limited in some districts in DKI Jakarta. Next steps: Provide TO for DKI Jakarta, West Java, Central Java, East Java, West Sumatra, Aceh, North Sumatra and South Sulawesi. ATS will expand their activities to cover private providers in whole DKI Province, Banten, NTB and South Sumatera.
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Technical Area 2. Laboratories

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Strengthened lab network and QA for smear microscopy labs	Quality assured laboratories for SS microscopy	Proportion of laboratories which participate in external quality assurance (cross-check and panel testing) for smear microscopy examination in TB CARE supported areas	N/A	60%	N/A	7 labs have passed panel testing to become provincial referral TB lab.	Next steps : Optimize the function of these 7 labs as a referral lab for their respective provinces. Each lab should starting their role in EQA for direct smear microscopy
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	5	5 labs have reached international performance and are certified for 1st and 2nd line DST	Next steps: continue the quality assurance process for 5 existing and 3 new C/DST labs.

3	New diagnostic tools implemented and integrated into lab network	New diagnostic tools implementation	Number of health facilities implement the new diagnostic tools: GeneXpert; at least one in PMDT site	0	13	0	17 GeneXpert machine units have arrived. Development of training materials and curricula were already adjusted to local needs. TOT and first training have been done for 5 sites, there are 12 more sites to be trained.	Machine installation and training for future training for 12 sites. Next steps: intensive supervision in the first 6 months within the 17 sites.
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Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				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	5	Assessment was carried out by national team in 5 sites (Fatmawati hospital, Hasan Sadikin hospital, Bandung lung clinic, Sardjito hospital, Moewardi hospital). National team consists of MoH and TB IC working group members, assisted by Hans Mulder in September 2011	Next steps: Disseminate TB-IC guideline for health facilities, update TB-IC guideline for prison, update TB-IC detailed engineering design for healthcare facilities
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 international standards	N/A	5 of 55	0 of 55	Preliminary meeting with Sub Directorate Health Monitoring was conducted to discuss TB-IC monev system in the prison. TB-IC guideline in Prison is available, however the implementation is still limited.	Challenges : There's a need to review of TB-IC plan for prison because there is limitation for implementation due to complexity of the system within MoLH. Next step : TB CARE I will support the updating of TB IC guideline for prison

3	Improved TB-IC Implementation	Health facility with TB-IC implemented	Number of health facilities (hospitals and PHCs) implementing minimal TB-IC package	7	10	26	Draft for TB-IC assessment tool is developed. TB-IC full package has been implemented in 4 PMDT hospitals with TB-HIV care, 1 PMDT hospital and 13 PMDT health centers and 8 hospitals with TB-HIV care.	Finalize draft TB-IC assessment tool, conduct assessments. Initiate the implementation in 5 provinces (DKI Jakarta, West Java, Central Java, East Java, South Sulawesi). Support implementation in 4 new PMDT hospitals (Adam Malik, Hasan Sadikin, Sardjito, Sanglah) and 8 health center di Surabaya and DKI Jakarta
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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)	Number of MDR-TB suspects tested by DST	Number of MDR-TB suspects tested by DST among number of MDR TB suspects (should be in absolute number)	300	2100	1585	Average number of suspects previous quarter was 200, this quarter is 570	Challenges: implementation in 4 new sites was not started because NTP had postponed the expansion plan until all revision of PMDT policy and guideline are completed. Limited number of suspect in Solo and Malang. Problem in networking between hospital and lab in Makassar. Next step: speed up implementation in new 4 sites after finalization of all necessary document (September 2011) and improve networking between health centers/ private providers with PMDT hospital and between lab with hospital.

2	Treatment (scale up plan)	Number of MDR-TB received for treatment	Number of MDR-TB patients received for SLDs treatment among identified MDR-TB patients by DST (should be in absolute number)	100	700	332	In this quarter, 70% of confirmed MDR-TB patients were put on treatment. In the previous quarter the percentage was 59%. 30% of confirmed cases were not put on treatment: 15% are still in pre enrollment process (process to prepare enrollment, consist of further clinical/lab examination, counselling process, home visit, social economic verification, etc), 8% refused treatment after intensified counseling and 7% died before lab confirmation.	Challenges: Diagnosis delay in PMDT sites without direct access to C/DST lab. Conventional method like LJ requires longer time to establish the diagnosis (3 months). High refusal rate Next steps: Implementation of GeneXpert, focusing on existing PMDT sites and increase quality of health education and counseling for confirmed cases.
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Technical Area 5. TB/HIV

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	Strengthening TB/HIV collaborative mechanism	TWG in provincial level is available	Number of TWG established at provincial level; at least once a year and documentation submitted	1	2	8	TWG Meeting conducted in West Java, Central Java, DKI Jakarta, East Java, North Sumatra, Riau Islands	Routine meetings to discuss challenges and to have joint planning.
2	Decreased TB burden among PLHIV	TB treatment among PLHIV with TB	Number of PLHIV treated for TB among all PLHIV enrolled in HIV care (in absolute number)	30%	30%	27%	50 lab technicians were trained about HIV rapid test and OI in West and East Java. 36 VCT & CST staff were trained about TB-HIV infection in East Java.	Technical assistance, monitoring and evaluation. Maintain quality assurance and quality improvement. Advocate program managers and policy makers about need for HIV test reagents.
3	Decreased HIV burden among TB patients	TB patient with HIV co-infection received CPT	Percentage of all registered TB patients who are tested for HIV in TB CARE supported areas		10%	25%	FHI conducted PITC training for prisons health staffs, Puskesmas and hospitals	Providing mentoring and supervision to facilities that have been trained.

Technical Area		6. Health Systems Strengthening								
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target		
					Y1	Y1				
1	Increased Political commitment	Government funding for TB	Number of districts showing an increase in TB funding compared to previous year	N/A	20	N/A	David Collins (Consultant from MSH) collected information and developed an initial design. Discussions were held with NTP counterparts, USAID and partners.	There are limited data on TB specific funding at district and also provincial level.		
2	Strengthened leadership and management	Districts with staffs trained in leadership and management	Number of districts trained in leadership and programme management	N/A	8	N/A	No activity	Leadership and programme trainings were planned to be carried out in APA-2		
3	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	N/A	10%	88%	29 of 33 provinces already have training plan in 2011	Next challenge: address the problem of limited number of facilitators, limited budget to conduct training (either from local government or donor).		

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	M and E	National TB CARE money meeting conducted	Number of National TB CARE money meeting conducted	2	2	1	<p>The TB CARE partnership meeting was conducted on a monthly basis until September 2011. This meeting was attended by TB CARE partners</p> <p>The TB CARE money meeting is conducted every 6 months together with NTP staff.</p>	<p>TB CARE money meeting is conducted together with national money meeting. The next coordination meeting is expected to be conducted in December 2011.</p>
2	Surveillance and Information	<ul style="list-style-type: none"> - DRS plan finalized - TB Prevalence Surveys protocol finalized 	<ul style="list-style-type: none"> - National DRS plan (with sentinel sites, sampling size/ methodology of new cases etc) and specific protocol for each site - National Protocol of TB Prevalence Surveys finalized (with sampling methodology and size, screening strategy, preparation plan etc) 	N/A	No	Yes	<p>First Draft of National Sentinel DRS plan has been finalized. Sampling sites and methodology were finalized in September 2011. Assessment site to 5 provinces conducted by team consist of NTP and partners including TB CARE I conducted in September-October. For TB Prevalence surveys FHI supported MoH in developing TB-HIV variables for health facilities. MoH Launched TB-HIV variables in August 2011, FHI supported as facilitators</p>	<p>The National Sentinel DRS will be started at January 2011. Funding supported by Global Fund, however, regular supervision and technical assistance are needed. WHO will be lead partner for this activity, several activities are proposed in APA2.</p>
3	Strengthening TB research network	Provincial OR teams trained	Number of provincial OR team participated in OR workshop and conducting operational research	24	27	29	<p>Five provincial OR team participated in OR workshop in Q4. The provinces are DKI Jakarta, West Java, East Java, and Central Java. With 4 topics i.e. PMDT, TB-HIV, TB in children, ACSM (two studies).</p>	<p>Challenges : Limited support for OR funding from local budget. Next step : Advocacy activity and dissemination of OR results to the local authority should be intensified as a part of HSS (ACSM, HRD, OR). TB CARE I already appointed one TO to support integrated HSS activity</p>
4	Supported operational research projects in the priority topics	Prioritized operational research conducted	Number of studies done and published or presented at international conferences	35	40	0	<p>5 publications are in progress for international publication.</p>	<p>Same as above.</p>

Technical Area		8. Drug supply and management					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result 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%	91%		
2	Improved DMIS	Drug management capacity	Proportion of districts with staff trained in logistic management (including DMIS) in supported TB CARE area	62%	70%	64%	Provinces with trained districts in logistic management are Aceh, North Sumatra, West Sumatra, DKI Jakarta, Central Java, East Java, South Sulawesi	e-TB manager training was only carried out following PMDT expansion. The training was done with funding from Global Fund while TB CARE contributed in providing the facilitators. Challenges: no budget for regular training. In TB CARE APA2 proposal there are several training for drugs management (including DMIS) in the provinces supported by TB CARE such West Java, DIY, North Sumatra, Bali, West Sumatra, South Sumatra, West Kalimantan, Papua, etc. This training could support achievement of this indicator, even this training is more focus on SLD and PMDT logistic management. Logistic management for PMDT using the same framework with regular TB logistic

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	
	1.1.1	Improve DOTS in 4 low performance provinces	WHO	39,550	 0%	Aug	2011	Plan to be carried forward to APA 2 period since the National Consultants are still not in place.
	1.1.2	Socialization visits to provinces and districts with low performance.	WHO	17,207	 75%	Sep	2011	Socialization of TB to stakeholders is ongoing in Nusa Tenggara Timur Province.
	1.1.3	MIFA trainings and follow up supervision.	WHO	42,375	 50%	Sep	2011	MIFA training for district & provincial TB staff is ongoing in one of the low performer provinces, NTT.
	1.1.4	Internal TA for Universal Access activities	WHO	39,293	 100%	Sep	2011	National Consultant based in Kupang was in place.
	1.1.5	General Office Expenditures	WHO	79,870	 100%	Sep	2011	GOE implemented.
	1.1.6	Technical Expert for providing comprehensive technical assistance to provinces and districts in 4 low performance provinces.	WHO	38,138	 50%	Sep	2011	Medical Officer was in place for April, May and September '11.
	1.1.7	Support DOTS expansion in underserved areas	KNCV	64,134	 100%	Sep	2011	Supervision to several public health centers and 7 hospitals in Papua and Papua Barat in October 2010-September 2011 by 3 TO (2 from Papua Barat and 1 from Papua)

Reaching Risk Populations

1.1.8	Coordination meeting of TB-HIV program in prisons	FHI	3,387	 100%	Jun	2011	-TB CARE supported the coordination meeting of TB-HIV program in prisons, attended by 21 participants from MoLHR, NTP, NAP and FHI. The result were to select 10 prisons with already conducted TB and HIV program in place (including 7 prison model supported by HIV Cooperation Program for Indonesia - HCPI), use inmate leader, peer educator and support group to help the program being delivered to inmates; need coordination meeting for mapping each partner contribution in prison as not to overlap between one another -2 Xpert units will be placed in prison system to help detect TB in HIV positive inmates but the place still TBD
1.1.9	Socialization of TB-HIV program in prisons	FHI	33,326	 100%	Jul	2011	This advocacy meeting was held in 6 July 2011, attended by 76 participants from FHI, MoLHR, NAP, NTP, Provincial Law and Human Rights, Provincial Parole Office, Provincial Health Office and Prisons/Detention center Health staffs (DKI Jakarta, West, Central and East Java). The objectives of the meeting were to familiarize stakeholders on TB-HIV issues as well as to get support and commitment for the program
1.1.10	TB-HIV Officer - Prisons	FHI	17,543	 100%	Sep	2011	TB-HIV officer was hired in April 2011 and stationed in FHI Country Office
1.1.11	Workshop on TB-HIV IEC material for prisons	FHI	1,863	 100%	Jun	2011	Discussion was held in focus group discussion method with prison staff and inmates. Number of participants: 55 people divided into 2 discussion groups. Discussion result: smaller size brochure so it will easier to carry, bright colour including green-yellow-orange, pictures using model so it will virtually feel real, easy to read font and understandable language for non medical or low education inmates
1.1.13	Sub-agreement with TB NGOs	FHI	29,423	 25%	Sep	2011	Aisiyah (TB NGO) was selected for this activity. Several meetings with Aisiyah has been conducted to discuss about the scope of work in the project as well as budget negotiation. Next step will be drafting of subagreement.
1.1.14	Program Manager and supporting staff	FHI	92,820	 100%	Sep	2011	Done. Program Manager title was changed to Senior TB-HIV Officer in order to be in line with with FHI structure. The person was hired in August 2011

1.1.15	General Office Expenditures	FHI	41,788	 100%	Sep	2011	Done. The activity is for Office rent, communication, utilities, computers
1.2.1	Advocate existing NGOs to expand community based DOTS and provide technical assistance.	WHO	10,273	 75%	Sep	2011	The advocacy for NGOs for community based approached activity is on going in one of the low performer provinces, Nusa Tenggara Timur province.
1.2.3	Finalizing IEC material for prison	FHI	1,815	 100%	Aug	2011	Meeting to finalize the IEC material for prison was conducted in 30 September 2011. There were 18 participants consisted of NTP, NAP, MoLHR, and health staffs from Cipinang, and Salemba prisons. The IEC was finalized and waiting for final approval from MoLHR. MoLHR also requested other means of IEC materials, such as video, standing banners and posters.
1.2.4	Printing IEC material	FHI	1,500	 0%	Oct	2011	The printing will be done in November 2011 due to suggestion from MoLHR to wait for MoLHR new logo. The logo will be launched by the end of October 2011 in the proposed APA1 no-cost extension.
1.2.5	Clinical mentoring & program monitoring to 10 prisons	FHI	4,500	 50%	Sep	2011	Clinical mentoring and program monitoring were conducted in Paledang Bogor, Bekasi Gintung, Cirebon prison (West Java), Salemba prison, Cipinang detention center (DKI Jakarta), Class II Prison Pekalongan. TBCARE 1 provided mentoring, and in some prisons, Kanwil Kumham, Provincial and District Health Offices were involved. In these activities, many clinical TB and HIV cases were discussed, as well as some issues regarding TB screening, HIV screening, referral for TB and ARV treatment, and recording reporting. Due to time constraint clinical mentoring and monitoring to 4 other prisons will be conducted in APA2
1.2.6	Sub-agreement with local NGO for work on TB & HIV in prisons in Jakarta	FHI	36,284	 100%	Sep	2011	Partisan was the NGO selected to work in the prison. The subagreement was signed on 25 July 2011, and Partisan started to work on TB & HIV screening, training for inmates volunteer, Pre-release and after care program, and facilitating support group

Engaging local communities

1.2.7	Implementation TB & HIV in 10 prisons in Java	FHI	32,355	 50%	Sep	2011	<p>East Java: TB- HIV program in Lowokwaru Malang and Madiun prison. The activity are: 1. earlier coordination meeting prison, kanwil, PKM, DHO, PHO and FHI. 2. Program orientation for prison staffs (43 persons). 3. TB- HIV training for Tamping and inmates (60 persons). 4. TB- HIV Education sessions (100 persons). 5. FGD among inmates (60 persons) 6. Support group activities (30 persons).</p> <p>West Java: 3 prisons: Paledang, Bekasi and Gintung. The activities are : training, orientation, FGD, Pre-release, Support group and meeting coordination. Post release not yet facilitated related with Bapas roles.</p> <p>Central Java: 1 prison: Prison Level IIA Pekalongan. The activities were: training for inmate volunteer, health staffs and non-health staffs (50 persons), education for inmates (50 persons). Some activities in the prisons not conducted yet due to, activities in the prisons were planned for the whole year, and the approval for APA1 was in June 2011.</p>
1.2.8	TB/HIV workshop for prison health staffs	FHI	15,714	 100%	Aug	2011	The workshop was held on July 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons (Lowokwaru, Madiun, Paledang, Bekasi, Gintung, Prison Level IIA Pekalongan, Salemba prison, Cipinang prison, cipinang detention center, Cipinang Narcotic). Result: plan of actions from 10 prisons.
1.2.9	PITC training for prison health staffs	FHI	22,290	 100%	Aug	2011	The was held in Juli 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons (Lowokwaru, Madiun, Paledang, Bekasi, Gintung, Prison Level IIA Pekalongan, Salemba prison, Cipinang prison, cipinang detention center, Cipinang Narcotic). Result: plan of actions from 10 prisons.
1.2.10	Training on Recording & reporting system for 10 prisons	FHI	14,962	 100%	Aug	2011	The was held in Juli 17 2011, number of participants were 46 from NTP, NAP, Directorate Health and Care MoLHR, Doctors and Nurses from 10 selected prisons. Follow up: Needs mentoring and monitoring of the activity.
1.2.11	Consultant for IEC material	FHI	4,472	 100%	Sep	2011	Consultant was hired in August 2011 and worked until September 2011.
1.2.12	Technical officers	FHI	121,253	 100%	Sep	2011	Done. This activity is for salaries and travel for 1 national clinical service officer and 3 provincial clinical service officers

1.2.13	General Office Expenditures	FHI	54,078	 100%	Sep	2011	Done. This activities are for Office rent, communication, utilities, computers,etc
1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772	 0%	Dec	2011	Plan to be completed during APA 2 period.
1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	 0%	Sep	2011	Plan to be completed during APA 2 period.
1.3.3	Develop National PPM action plan	KNCV	50,182	 100%	Mar	2011	The PPM action plan has been included in National TB Strategy and launched on World TB Day , 24 March 2011.
1.3.4	Develop National PPM working group	KNCV	4,547	 25%	Sep	2011	The working group has not yet been established but an agreement on the national PPM working group has been established through a meeting that was held in July 2011. The meeting was attended by NTP, BUK, professional organizations, NGO, insurance, and MoLHR. The group will be established in APA-2.
1.3.5	Preliminary assessment of PPM in two provinces	KNCV	7,750	 75%	Aug	2011	<p>Preliminary assessment of PPM consists of 3 steps, i.e. PPM socialization, assessment and assessment result socialization. For DKI Jakarta Province, due to the limited time of the health office staff, only PPM socialization was accomplished. The other two steps for the province will be carried out in October-November 2011 with NCE.</p> <p>On the other hand, in West Java Province, the three steps have been conducted in August - September 2011. Involved parties were NTP, BUK and MoLHR. The results were: 1) Establishment of West Java PPM team 2) Four districts were selected to be the pilot sites of PPM implementation in West Java 3) Plan to develop SMS-based TB monitoring and socialization systems in 4 districts.</p>
1.3.6	Coordination meeting to prepare the implementation of PPM	KNCV	7,125	 100%	Sep	2011	A coordination meeting was held in August 2011 in Jakarta. The meeting was attended by NTP, BUK, professional organizations, NGO, insurance company, and MoLHR. The result was an agreement on the PPM implementation.

Engaging all provider

1.3.10	HDL/PPM working group meeting	KNCV	3,463	 100%	May	2011	<p>TB CARE I facilitated the coordination meeting for national level between NTP and Medical Services, MoH.</p> <p>The purpose of the meeting are :</p> <ul style="list-style-type: none"> - to have same understanding and perception - develop draft PPM working group - develop workplan up to September 2011 <p>The same meeting was also conducted in province level in DKI and West Java Province as pilot areas of PPM</p>
1.3.11	Support maintenance and expansion of hospital DOTS	KNCV	20,711	 50%	Sep	2011	<p>Support includes technical assistance to hospitals (only 54 of 88 targeted hospitals), in house training for 2 hospitals, technical supervision visit, coordination with health office. This activity could not meet the target because it's done by the TO while on the other hand there was a lacking in TO in several areas.</p>
1.3.12	Develop PPM assessment tools	KNCV	19,305	 100%	Sep	2011	<p>Assessment tools have been developed and tested. These tool were used to assess PPM in DKI Jakarta province (4 districts) and West Java province (4 districts). The assessment tools revealed the readiness of districts to implement PPM, thus based on these results, district-specific plan to improve quality in PPM implementation will be developed</p>
1.3.14	Develop Hospital accreditation instrument	KNCV	19,986	 100%	Sep	2011	<p>Accreditation instrument development has reached final phase of discussion but the instrument is not developed yet because of time limitation. Accreditation standard is developed and now is being printed to be disseminated to hospitals</p>
1.3.15	Develop standard of TB care in hospital	KNCV	14,190	cancelled	Sep	2011	<p>cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE</p>
1.3.16	Training for TB DOTS accreditation surveyors	KNCV	23,438	cancelled	Sep	2011	<p>cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE</p>
1.3.17	Try out of TB DOTS accreditation instrument.	KNCV	3,392	cancelled	Sep	2011	<p>cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE</p>

1.3.19	Internal linkage monitoring and evaluation meeting in hospitals	KNCV	11,455	 75%	Sep	2011	Activities done in East Java, Central Java, West Java, West Sumatra by TO. The result was increasing in case finding, therapy monitoring, recording and reporting. There was limited implementation in Jakarta Capital Region because of the availability of hospital staffs in Jakarta. Internal linkage meeting in Jakarta will be done in October 2011.
1.3.20	External linkage meeting in cluster	KNCV	23,125	 100%	Sep	2011	Activities done in East Java, Jakarta, West Java and Central Java from July to September 2011 by TO and attended by all healthcare facilities units including health offices, public health center, hospitals, NGO
1.3.21	Develop training module for medical specialists	KNCV	7,568	 100%	Aug	2011	The module has been developed by health professional organizations and NTP. The module recently is in correction phase and will be printed using the scheme in APA-2
1.3.22	Conduct monitoring and evaluation of initial project in engaging the pulmonologists	ATS	46,194	 100%			TB CARE I supported in Monitoring and Evaluation meeting in April 2011 for 3 sites (Central Jakarta, East Jakarta and South Jakarta) in Jakarta province, participated by Pulmonologists, ATS, PDPI, DKI Jakarta Provincial Health Office, NTP, PMU TB CARE, UNDP, representatives from private hospitals/clinics involved in this project, and WHO Indonesia.
1.3.23	Develop scale up project to increase engagement of private sector	ATS	160,301	 50%			
1.3.24	Workshop on ISTC	KNCV	11,032	 0%			cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE

1.3.25	International TA	KNCV	42,789	100%	Apr	2011	<p>TB CARE I provided TA through Jan Voskens' mission with objectives :</p> <ol style="list-style-type: none"> 1. Formulate a response on TRP (Technical Review Panel) clarifications of GF R10 proposal after initial response 2. Help with LFA assesment of R8 phase 2 and R10 and preparing required documents first grant negotiation scheduled for june 2011 3. Support finalization of the draft RAN for PPM including the translation 4. Developing the manuscript " handbook of Global TB Control and prevention"
				76%			

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633	0%			to be carried forwarded to APA 2 due to limited time for implementation
	2.1.2	Finalization of Microscopy training module	KNCV	3,139	100%	Feb	2011	The activity was implemented, in Jakarta for 3 days, 16-18 February 2011 with 14 participants from KNCV, lab Working Group, Medical Service and NTP
	2.1.3	LQAS workshop for East Java province	KNCV	20,932	cancelled			cancelled, to be implemented by JATA in APA2
	2.1.4	National LQAS Workshop (TOT LQAS)	KNCV	27,672	100%	Sep	2011	TBCARE supported LQAS TOT workshop on 08-12 August 2011 in Bandung. Participants: 23 participants from NTP, BPPM, TB Lab WG; TB National Facilitators and KNCV (Male=8 Female= 15) Result: 23 national trainers to support for LQAS training. Next step: Stepwise LQAS training

Strengthened
lab network
and QA for
smear
microscopy
labs

2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335	 0%			to be carry forwarded to APA 2 due to limited time for implementation
2.1.6	Supervisory visit	KNCV	9,682	 100%	Sep	2011	Supervisory visit was done in 8 provinces by Laboratory STO. The visited sites were TB subdirectorate and lung clinic. The visit was done during August and September 2011. Technical competence of the laboratory staff and quality assurance procedure were assessed. It was found that the staffs need refreshing training to improve their technical laboratory skills and knowledge. This activity will be followed up by refreshing training proposed in APA-2.
2.1.7	Training smear microscopy for lab technician in selected hospitals	KNCV	25,641	cancelled			cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
2.1.8	TB Lab Working Group meeting	KNCV	3,235	 100%	Feb	2011	Coordination meeting was conducted in Jakarta for 3 days (23-25 Feb), 14 participants attend, coming from lab Working group, Medical Service MOH , and NTP.
2.1.9	Provide AFB microscopic panel testing to provincial labs in 7 new provinces and intermediate labs in 3 provinces	KNCV	5,682	 100%	Apr	2011	Preparation and distribution of AFB microscopic panel test to 7 new provinces have been done on 28-29 April 2011
2.1.10	Support TB Lab Working Group (LWG) secretariat	KNCV	3,977	 100%	Aug	2011	Procurement of supportive office equipments for TB Lab Working Group secretariat has been done in September 2011
2.1.12	Establish intermediate laboratory in 3 provinces	KNCV	9,455	 0%			to be carry forwarded to APA 2 due to limited time for implementation

2.1.13	On the Job Training (OJT) for microscopic	KNCV	14,493	 100%	Jul	2011	TBCARE support OJT/refreshing training on direct smear microscopic examination for TB Lab technicians on 18-23 July 2011 in Sorong, West Papua. Participant: 12 TB Lab technicians from hospital, Health Centre Unit/Puskesmas and Balai pengobatan (Clinic). Male=2 Female= 10 Result: improve skill and knowledge of 12 TB lab technicians in West Papua on direct smear microscopic examination.
2.1.14	EQAS TB-HIV in Papua & West Papua	FHI	8,400	25%	Sep	2011	Preliminary meeting and agreement with Provincial Laboratory Office has been made in July 2011. ToR has been developed and the activity will be done in October 2011. NCE
2.1.15	National Lab Technical Officer (50% of time)	FHI	10,781	 100%	Sep	2011	Done. This activity is for National Lab Technical Officer salary.
2.2.1	Strengthen capacity of NTP and lab staff	WHO	19,775	 0%	Sep	2011	Plan to be completed during APA 2 period since the National Consultant is still not in place.
2.2.2	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	 0%	Dec	2011	Plan to be completed during APA 2 period.
2.2.3	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	18,106	 0%	Sep	2011	Plan to be completed during APA 2 period.
2.2.4	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170	 0%	Sep	2011	Plan to be completed during APA 2 period.

Strengthened
lab network
and QA for
culture and
DST

2.2.5	Provide EQA panel test for DST	KNCV	23,864	 100%	Sep	2011	TBCARE support EQA panel test for culture/DST. These EQA panel prepared and sending by Supranational TB Reference Lab, IMVS, Adelaide, Australia. 6 sets of EQA panel have been sent on 28 September 2011 to 6 labs including: (1) Microbiology FM UI, Jakarta (2) RS Persahabatan, Jakarta (3) BBLK Surabaya (4) BLK Bandung (5) NEHCRI Makassar (6) Microbiogy FM UGM, Yogyakarta. Next steps: intensive training for next culture/DST labs to receive EQA panel. Next labs to be trained are: (1) RS Soetomo, Surabaya (2) BLK Papua, Jayapura (3) BLK Semarang
2.2.6	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677	 0%			to be carried forwarded to APA 2 due to limited time for implementation
2.2.7	Finalization of culture/DST guideline	KNCV	5,677	 0%			to be carried forwarded to APA 2 due to limited time for implementation
2.2.8	Lab Renovation	KNCV	107,952	 100%	Apr	2011	- TBCARE supported TB lab renovation in BLK Jayapura and BLK Semarang. Supervision by World Biohaztec and KNCV on TB Lab renovation in BLK Jayapura was conducted on 3-5 April and 26-28 April 2011 while for BLK Semarang was conducted on 06 & 25 April Final testing and commissioning for both TB labs in May 2011 - Handing over and opening ceremony of the new TB lab in BLK Jayapura and BLK Semarang have been done on 15 and 21 June 2011 respectively. Participants: MoH, Provincial Health Office, World BioHaztec & KNCV
2.2.9	Improve capacity of QA culture and DST	KNCV	55,059	 100%	Sep	2011	Richard Lumb : visit 3 times, 11-29 Oct 2010, 7-25 Mar 2011, 9-27 May 2011, . Activities: technical assistance for strengthening TB lab networking and QA. Next steps: next supervisory visit by Supranational TB Refence Lab will be conducted on 03-28 October 2011

2.2.10	Maintenance/Calibration of BSCs	KNCV	27,273	 100%	Sep	2011	TBCARE support maintenance and recalibration of 9 unit BSCs in 5 culture/DST labs on 12-16 September 2011. These certification conducted by certified BSC engineer from Yizeta, Singapore. The 5 labs are: (1) Microbiology FM UI, Jakarta (2 units) (2) RS Persahabatan, Jakarta (2 units) (3) BBLK Surabaya (2 units) (4) BLK Bandung (1 units) (5) Microbiogy FM UGM, Yogyakarta (2 units) Result: all BSCs are passed except 1 unit in BBLK Surabaya and 1 units in Microbiology FM UGM Next steps: Support BBLK surabaya and Microbiolgy FM UGM to solve problem with the failed BSCs
2.2.13	Supervision/assessment for expansion of culture/DST labs	KNCV	7,705	 50%	Sep	2011	Carry over to APA-2 : limited time (late approval)
2.2.14	Support National Lab Reference	KNCV	34,091	 25%			TBCARE support BPPM to expedite endorsement of Minister of Health for establishing/pointing 3 National Reference Labs: (1) BBLK Surabaya as National Reference Lab for Culture/DST (2) BLK Bandung as National Refence Lab for Microscopy (3) Microbiology FM UI as National Refence lab for molecular and research. Next steps: continue support to BPPM to expedite decree from Minister of health for establishment of National Reference lab. 75% (Official appointment decree for those lab from MoH are ready, only waiting to be signed by the Minister)
2.2.15	International TA	KNCV	69,140	 100%			External TA for QA culture/DST by Richard Lumb, a lab consultant from IMVS, Adelaide as Supranational TB Reference Lab for Indonesia.
2.3.1	HAIN test study phase 2	KNCV	70,381	 75%	Sep	2011	HAIN test study phase 2 is in progress. Samples enrollment keep continue from Persahabatan hospital and Soetomo hospital. The problem was limited time. Next steps: continue Hain test study phase 2 in APA-2 through NCE.
2.3.2	HAIN test for SLD	KNCV	29,622	 75%	Sep	2011	HAIN test study for SLD is in progress. Next steps: continue Hain test study for SLD in APA-2 through NCE.

New diagnostic tools implemented and integrated into lab network	2.3.3	HAIN study phase 1 sequencing	KNCV	3,000	 75%	Sep	2011	Sequencing of Hain test phase 1 is in progress. Next steps: continue sequencing Hain test phase 1 through NCE
	2.3.4	Procurement of GeneXpert	KNCV	280,500	 100%	Sep	2011	<p>TB CARE supported workshop to prepare implementation of GeneXpert on 13-14 June 2011. Participants: NTP, BPPM, Lab WG, PMDT WG, TORG, UI, UNPAD, Persahabatan Hospital, BLK Bandung, FHI, USAID, KNCV, and PMU. Result: (1) Planning and strategy for implementation of Gene Xpert has been socialized to the stakeholder. (2) Country geneXpert Advisory Team (CGAT) has been established. (3) Site selection has been discussed and almost final. (4). Implementation steps have been developed. Update: TBCARE supported procurement 17 units GeneXpert machines and 17000 cartridges. Procurement has been done on July 2011. '- Procurement process for 17 unit UPS has been finalized '- TBCARE support GeneXpert Workshop TOT on 26-30 September 2011 at Microbiology FM UI. Participants: 25 Participants from NTP, BPPM and CGAT members attended that workshop. Result: (1) Training material, curricula and other documents for GeneXpert training have been developed. (2) Trainers/facilitators to support GeneXpert training. GeneXpert training for 5 sites in Jakarta and Bandung including</p> <ol style="list-style-type: none"> (1) Microbiology FM UI Jakarta (2) RS Persahabatan, Jakarta (3) RS pengayoman Cipinang, Jakarta (4) RS Hasan Sadikin, Bandung (5) BLK Bandung

 59%

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Improved TB-IC in PMDT sites	3.1.1	Renovation of Saiful Anwar hospital and selected health centers in Malang	KNCV	21,000	 100%	Jun	2011	Renovations in Saiful Anwar hospital and 3 health centers in Malang were completed
	3.1.2	Renovation of Labuang Baji hospital and selected health centers in Makassar	KNCV	24,864	 100%	Sep	2011	Renovations in Labuang Baji hospital were completed. The fund for renovations for health centers were reallocated for health centers in Malang and Solo.
	3.1.3	Renovation of Muwardi hospital and selected health centers in Solo	KNCV	51,000	 100%	Apr	2011	Renovations in Moewardi were completed and already functioning. Renovation in 3 HCs was completed, all partners satisfied in quality. There is additional one HC in Sukoharjo district to be renovated, expected to be completed by end of Q4
	3.1.4	Renovation of selected health centers in East Jakarta and Surabaya	KNCV	18,000	 50%	Sep	2011	TA by PMDT team and engineering consultant to selected HC in Surabaya (5 HC) conducted in first week and fourth week of May. Design provided by engineer accepted by DHO and HC. TA by PMDT team and engineering consultant to selected HC in Jakarta (5 HC) conducted in second week of June. Design provided by engineer will be presented and discussed with PHO, DHO and HC in first week of July.
	3.2.2	Logistic for infection control	FHI	7,500	 100%	Aug	2011	Done. The masks were distributed to 8 provinces (20 prisons, 60 primary health centers and hospitals).

Improved TB-IC in specific settings	3.2.3	Developing TBIC M&E system for prison	FHI	617	50%	Aug	2011	Preliminary meeting with Sub Directorate Health Monitoring was conducted to discuss TBIC monev system in the prison. Meeting results: 1) TBIC guideline in Prison is available, however the implementation is still limited, 2) need to limit the scope of TBIC that is going to be developed by TBCARE Draft for TBIC assessment tool is developed, next step is to finalize, assessment, and result meeting.
	3.2.4	TBIC assessment	FHI	1,050	0%	Sep	2011	Due to time constraint, TBIC assessment to prisons will be conducted in APA2
	3.2.5	Program Officer	FHI	39,498	100%	Sep	2011	Done. This activity is for salary and travel for 1 program officer.
	3.2.6	General Office Expenditures	FHI	27,039	100%	Sep	2011	Done. This activity is for office rent, communication, utilities, computers, etc
Improved TB-IC implementation	3.3.1	Formation of IC TB working group	KNCV	7,701	25%	Aug	2011	Workshop to discuss an agreement regarding the formation of IC TB working group was held in September 2011. The workshop was attended by IC group (BUK, Subdit, NTP and experts). Next steps will be following up with working group formation.
	3.3.2	Support TB-IC working group	KNCV	6,151	25%	Sep	2011	Support for the IC TB working group couldn't be conducted because the IC TB working group was not yet formed (See activity 3.3.1)
	3.3.3	Support revision of TB-IC managerial and technical guidelines.	KNCV	9,858	0%	sep	2011	The activity was postponed by MoH until APA-2
	3.3.4	Meeting to develop TB-IC regulation.	KNCV	6,449	cancelled	sep	2011	The activity was cancelled by MoH
	3.3.5	International TA	KNCV	24,289	100%	sep	2011	Hans Mulder mission in 12-22 September 2011 was to assist assessment of TB IC implementation in 5 hospitals and 1 lung clinic

73%

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Diagnostics (Labs)	4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170	 0%	Dec	2011	Plan to be completed during APA 2 period.
	4.1.2	PMDT expansion activities in provincial level	KNCV	5,306	 100%	Sep	2011	Meetings on expansion plan development were done in DKI Jakarta and East Java in September 2011. The result was as follows: 1) DKI Jakarta province will expand a new treatment center i.e. Fatmawati in 2012. 2) East Java will develop 3 new sub treatment centers in Pamekasan, Jember and Madiun. It is expected that in 2012, PMDT has covered the whole province
	4.1.3	Provincial level preparation activities	KNCV	7,886	 100%	May	2011	- TA conducted in Central Java province by National team (NTP, KNCV, WHO) in second week of April. Central Java PHO has a plan to expand PMDT coverage within province by selecting some hospitals as sub treatment site candidates - TB CARE I supported Clinical Consultancy meeting on PMDT in Jakarta on 23-24 May 2011
	4.1.4	PMDT Preparation meeting at hospital	KNCV	1,527	cancelled	Sep	2011	This activity was cancelled due to the late completion of activity 4.1.2 in September 2011. This activity will not be carried over because in 2012 it will be funded by Global Fund
	4.1.5	PMDT Preparation meeting in district level	KNCV	4,729	 100%	Sep	2011	The meeting was done in DKI and East Jakarta in September 2011 together with activity 4.1.2
	4.2.1	Support the expansion and quality improvement of PMDT	WHO	37,752	 0%	Sep	2011	Plan to be completed during APA 2 period since the National Consultant is still not in place.
	4.2.2	Pre assessment meeting	WHO	5,008	 0%	Oct	2011	Plan to be completed during APA 2 period.

4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557	 0%	Nov	2011	Plan to be completed during APA 2 period.
4.2.4	Follow up assessment for expansion to 4 new PMDT sites	WHO	7,705	 25%	Sep	2011	In progress
4.2.5	Post assessment meeting	WHO	18,902	 0%	Dec	2011	Plan to be completed during APA 2 period.
4.2.6	International TA	WHO	7,345	 100%	Jan	2012	Ms Karin Bergstrom (WHO HQ) visited in September for completion of General Outline of PMDT HRD, to be continued by the NTP and finalized as final draft of HRD in PMDT document by next visit.
4.2.7	International meeting/ workshop	WHO	6,780	 0%	Feb	2012	Plan to be completed during APA 2 period.
4.2.8	International PMDT training & study visit	WHO	11,865	 0%	Nov	2011	Plan to be completed during APA 2 period.
4.2.9	PMDT clinical audit	WHO	12,199	 0%	Jan	2012	Plan to be completed during APA 2 period.
4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705	 0%	Jan	2012	Plan to be completed during APA 2 period.
4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136	 100%	Sep	2011	Completed, document is incorporated in the PMDT Technical Guidelines Book-1 and Book-2.
4.2.12	Develop MDR-TB counseling and case management	WHO	7,705	 0%	Sep	2011	Plan to be completed during APA 2 period.
4.2.13	External TA coordination and evaluation (I)	WHO	5,136	 0%	Nov	2011	Plan to be completed during APA 2 period.

4.2.14	External TA coordination and evaluation (II)	WHO	7,345	 0%	Jan	2012	Plan to be completed during APA 2 period.
4.2.15	Update PMDT Document	WHO	15,409	 100%	Sep	2011	Completed, document is incorporated in the PMDT Technical Guidelines Book-1 and Book-2.
4.2.16	PMDT Monev meeting national level	WHO	20,545	 0%	Dec	2011	Plan to be completed during APA 2 period.
4.2.17	Internal TA for PMDT activities	WHO	35,441	 100%	Sep	2011	National Consultant based in Surabaya is in place.
4.2.18	General Office Expenditures	WHO	7,833	 100%	Sep	2011	GOE implemented.
4.2.19	General managerial support by TB CARE focal point/project officer	WHO	11,300	 100%	Sep	2011	General Managerial (HQ) implemented.
4.2.20	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	80,173	 100%	Sep	2011	The Union collaborated with FM UGM to organize the course, the course was organized in Grand Cempaka Hotel, Jakarta in 12-16 September 2011. Attended by 33 clinicians (pulmonologists, internists). The course was facilitated by 3 facilitators from The Union (Dr. Pepe Caminero, Dr. Sarapjit Candra, Dr. Ignacio) and 6 local facilitators. The facilitators shared new informations regarding drug resistant TB and the management. It was recommended to hold similar activity in APA-2
4.2.22	Training for treatment center and provincial team	KNCV	55,868	 0%	Sep	2011	Plan to be carried out in APA 2 Q1 due to delay on site preparation and selection

Treatment
(scale-up)

4.2.23	Training for treatment sites	KNCV	18,304	 75%	Sep	2011	Training in 2 province (Central and East Java) were completed and one province (DKI) is postponed until 19 october 2011 due to availability of Persahabatan hospital as training facility. Central Java and East Java conducted training for treatment sites in August 2011, total 62 doctors (male:24, female:38), 41 nurses (male:13, female:27) trained
4.2.24	Training workshop for health center/ hospitals for suspects finding	KNCV	9,982	 100%	Sep	2011	The training workshop delivered as On Job training for HC staffs received patients decentralized from Hospital. During July-September period 8 HC in Central Java and 21 HC in East Java received this kind of trainings. Training conducted by Provincial team (Wasor, hospital staff and PMDT TO)
4.2.25	Socialization through professional organization (IMA, PDPI) at new sites	KNCV	8,199	 75%	Sep	2011	Only conducted in Malang under collaboration with IMA. Other three sites are funded by local funding (Makassar funded by BBKPM Makassar, Solo funded by district budget and Jakarta by provincial budget). TB CARE only provided budget for facilitators for those activities.
4.2.26	PMDT dissemination of information	KNCV	7,955	 100%	Sep	2011	Conducted in DKI Jakarta and East Java focus on the Provincial expansion plan, involving 5 districts in Jakarta and 38 districts in East Java.
4.2.27	Case findings	KNCV	27,273	 75%	Sep	2011	730 suspects, 194 confirm MDR cases and 120 enrollment in April-September periods (target : 200 enrollments from 250 confirm cases detected from 750 suspects)
4.2.28	Follow up smear and cultures	KNCV	45,455	 100%	Sep	2011	Follow up smear and culture for 120 new enroll cases and 162 cases from previous years.
4.2.29	Sputum handling and transportation	KNCV	2,182	 100%	Sep	2011	Routine process all 5 sites on weekly basics
4.2.30	Home visit and contacts tracing	KNCV	1,136	 75%	Sep	2011	194 new cases visited by health centre staffs after receiving result from laboratory (targeted for 250 confirmed cases)

4.2.31	Treatment support	KNCV	90,800	 75%	Sep	2011	deliver treatment support for 120 new cases and 162 old cases
4.2.32	Side effect management	KNCV	13,636	 100%	Sep	2011	Lab examination and hospitalization are provided to support the side effect management. Total 137 patient received support on April-September periods
4.2.33	Laboratory examination for baseline and follow up	KNCV	34,091	 75%	Sep	2011	deliver baseline and lab examination support for 120 new cases and 162 old cases follow National PMDT guideline.
4.2.34	Default tracing	KNCV	1,136	 100%	Sep	2011	More than 220 tracing activities reported in five sites. National PMDT guideline stated if a patient is absent from treatment for more than 2 days, health center staff should conduct tracing activity (home visit, patient and family counselling,etc) to prevent patient from becoming a defaulter case.
4.2.35	Group activities	KNCV	2,386	 100%	Sep	2011	Quarterly activities in PMDT sites, including patient gathering, social activities and religious activities for the patients.
4.2.36	Individual activities and counseling	KNCV	568	 100%	Sep	2011	Applicable for 120 new patients and patients who need counselling from the expert (psychiatrist)
4.2.37	Patient empowerment	KNCV	152	 100%	Sep	2011	Income generation in Jakarta and Surabaya
4.2.38	Enabler for patient	KNCV	79,545	 75%	Sep	2011	deliver enablers support for 120 new cases and 162 old cases
4.2.39	Enabler for health worker	KNCV	14,205	 100%	Sep	2011	deliver enablers support (nutritional and communication support) for HCW in hospitals and Health centers
4.2.40	Shelter/dormitory facility	KNCV	6,818	 75%	Sep	2011	Routine in Solo, Surabaya, Jakarta and Malang.
4.2.41	PMDT Monev meeting Provincial level	KNCV	10,966	 75%	Sep	2011	PMDT monev meeting was done in 4 provinces, except South Sulawesi

4.2.42	PMDT Monev meeting District level	KNCV	7,063	 75%	Sep	2011	PMDT monev meeting was done in all sites, except Makassar
4.2.43	Data validation at hospital	KNCV	3,892	 75%	Sep	2011	Data validation has been conducted in all sites, except Makassar
4.2.44	Supervision and technical assistance from central level	KNCV	6,727	 50%	Sep	2011	Conducted every 6 months not every quarter. Rest of budget allocated for supervision from province to district levels.
4.2.45	Supervision from province to district and district to hospitals	KNCV	1,216	 100%	Sep	2011	Conducted every quarter, total budget needed for support significantly increased since number of districts involved in PMDT were increased more than 40% in Q3/Q4 2011
4.2.46	Web based surveillance system for PMDT	KNCV	17,273	 100%	Sep	2011	Procurement and operational cost for 5 sites
4.2.47	Site preparation in hospitals	KNCV	22,727	 0%	Sep	2011	to be carried forwarded to APA 2 due to limited time for implementation
4.2.50	Provide personal protection for health staffs and patients	KNCV	11,364	 50%	Sep	2011	Approved 50% of budget for procurement of 4000 pieces of N-95 respirators for HCW for July-December periods.
4.2.51	Technical assistance for TB-IC implementation	KNCV	7,773	 100%	Sep	2011	All design and plan are provided for PMDT hospitals and HC in 5 existing sites
4.2.52	PMDT IEC material	KNCV	5,682	 100%	Sep	2011	Printing process, Time of delivery October 2011
4.2.53	PMDT infection control material	KNCV	5,682	 100%	Sep	2011	Printing process, Time of delivery October 2011
4.2.54	International TA	KNCV	15,788	 0%	Sep	2011	to be carried forwarded to APA 2 due to limited time for implementation

 **63%**

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	5.1.1	Support TB-HIV collaborative activities	WHO	1,926	 100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities
	5.1.2	Technical Expert	WHO	38,138	 50%	Sep	2011	Medical Officer was in place for April, May and September '11.
	5.1.3	Finalizing TB-HIV program management book	FHI	6,675	 100%	Aug	2011	Workshop for finalization was done in September 12 2011 and attended by 13 participants from FHI, NTP, NAP and WHO. Next step is final lay-out and printing.
	5.1.4	Internal FHI TB-HIV monitoring & evaluation meeting	FHI	24,282	 100%	Jun	2011	Done in Q3 (11 may 2011). Attended by 20 participants. Meeting results: need to improve internal coordination, introduce TBCARE new mechanism which slightly different with TBCAP activity programming, letter from MoH is needed to stress the importance of using revised TB form that has collaborate HIV information in it, activities model are TA to strengthen and support the existing system, some indicators description still need to be discussed with MoH, refinement of TB-HIV and TB in prison activities for APA2
	5.1.5	Finalizing IEC TB-HIV material for Papua	FHI	7,800	 100%	Sep	2011	Process to finalize IEC TB-HIV material Papua version has been done through Focus Group Discussion (FGD) which involved several component such as CSO, PHO, AIDS Commission, representative people form Central Highland. Content of the material has been translated to local dialect and need second meeting to finalizing the layout. Number of participants in the first meeting is 25 The second meeting was done on 16 August 2011 to review and pre test layout and contents of the material before printing. Number of participants of this meeting : 29. TB IEC has been finalized.

5.1.6	Printing TB-HIV IEC material including forms & IEC for Papua	FHI	17,205	 100%	Sep	2011	Done. IEC materials and forms were printed and will be distributed to primary health care and hospitals in Papua and West Papua.
5.1.7	TWG meeting at national and provinces	FHI	44,980	 65%	Sep	2011	<p>East Java: The provincial TWG meeting was held on August 2011. Participants from Malang district and city, Madiun, Banyuwangi, Sidoarjo and Surabaya. Each district/city sent in 1 staff as TB off and 1 staff as HIV off from District Health off, Military health off, Law and Human Right province . Participant: 29 persons, Discuss: refresh operational definition for 17 variable TB- HIV. simulation filling the recording and reporting form. Recommendation: Recording and reporting TB- HIV program is a routine job as the other program recording and reporting. the reporting to DHO and PHO is quarterly.</p> <p>North Sumatra: The meeting was held in September 2011, participants: 28 from PHO, DHO Medan, Pematang Siantar, Deli Serdang, 5 hospitals, AIDS commission and NGO. The objective was to disseminate the result of Monev in 4 hospitals. Result: plan of action.</p> <p>Riau Islands: there were 3 meetings conducted: Tanjung Pinang City (19 June 2011), participants were 21, from 6 health centers (RSUD Tanjungpinang, Pusk Tanjungpinang, Pusk Batu-10, Pusk Sei Jang, Pusk Mekarbaru, RSAL), DHO, and FHI. Second meeting was in 20 Jun 2011 for Bintan District. Participants were 17 from 6 health centers (RSUD Tanjunguban, Pusk Toapaya, Pusk Kijang, Pusk Tanjunguban, Pusk Teluksasah), DHO and FHI.</p>

Decreased TB burden among PLHIV	5.1.8	TB-HIV monitoring & evaluation (program & clinical) meeting in 8 provinces	FHI	52,344	 50%	Sep	2011	<p>Papua: MONEV TBHIV as a joint planning between FHI and GF TB has been done on 14 - 15 July. The meeting was attended by 8 district focus for TB-HIV collaboration such as Jayapura District, Jayapura City, Merauke, Jayawijaya, Nabire, Biak , Mimika and Boven Digoel. Number of participants were 53. At the end of the meeting each district has made Workplan for the next six month and established an agreement to improve the quality of TB-HIV Collaboration activities in each district Clinical mentoring and program monitoring was done in two period. First period (19 - 21 September) in Jayapura District and second period (1-4 October) in Jayapura city. This activity was focused in PHCs.</p> <p>West Papua: Clinical Mentoring and program monitoring in Sorong City was done. TB and HIV officer from PHO and DHO was involved in this activity. That activity was focused on RS Sele Be Solu, PKM Malawei and PKM Remu. Based on result of mentoring and monitoring, need intense supervision and capacity building for the TB-HIV staff especially in RS Sele Be Solu</p> <p>Monitoring and Evaluation meeting of TB-HIV for West Papua was done on 19 - 20 August in Manokwari. That meeting was involved 4 districts which has been pointed as a pilot site of TB-HIV, namely : Manokwari District, Sorong City, Sorong District and Fakfak District. Number of participants are : 28. In that meeting the valid data can not be complete, still different perception related operational definition of the indicator.</p> <p>Riau Islands: Monitoring in Bintan District to 5 health facilities. It was done by DHO TB and HIV program manager with total participants of 17 people. Supervision result will be discussed in district M&E meeting. Monitoring in Tanjungpinang City to 6 health facilities. Total participants were 20 people. Supervision result will be discussed in district M&E meeting.</p> <p>Clinical Mentoring was provided by FHI staff with Tanjung Pinand and Bintan DHOs in 4-8 July 2011 to RSUD Pekanbaru, Pusk Tanjungpinang, Pusk Kijang dan RSUD Provinsi</p>
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5.1.9	Internal coordination meeting in health facilities	FHI	2,205	 100%	Sep	2011	<p>West Papua: Internal coordination meeting in Remu PHC. Numbers of participants: 35. Meeting results: Need technical assistance to increase capacity of TB staff to offering HIV testing to all TB patients. Scalling up services to initiate ART for uncomplicated patient in PHC. Strengthened networking between referral hospital and PHC.</p> <p>Internal coordination meeting in PKM Sentani was done on July 15, 2011. Numbers of participants are 17. Results of the meeting: Stigma and discrimination among health worker within PKM still high. This is the barrier to increase coverage of HIV Testing and to implement PITC.</p> <p>Internal coordination meeting in RSUD Jayapura done on July 6, 2011. Numbers of participants are 20.</p> <p>Internal coordination meeting at RSUD Jayapura was done on 17th September. Purpose of the meeting is review recording and reporting related HIV-AIDS and TB-HIV and also to introduced the new form from MOH. Other issue was a risen on that meeting is need to improve management of Medical Record of the patient. Number of participants are 20 (M: 6 and F: 14).</p> <p>Another coordination meeting was done in PHC Remu (27th Sepetember) and RSUD Sele Be Solu Sorong (28th September). Purpose of the meetings are : to strengthening internal networking within health facilities, increase quility of services delivery, especially for RSUD Sele Be So purpose of the meeting more focus on : how to get solution to improve services delivery related TB-HIV, to improve Recording and Reporting system, to increase coverage of HIV testing among TB patients and to increase intensified case among HIV patients. Number of participants in PKM Remu : 20 (M : 6 F: 14) , RSUD Sele Be Solu : 29 (M : 9 F: 20)</p>
5.1.10	Strengthening TB-HIV information system	FHI	2,438	 50%	Sep	2011	<p>Several meetings with NAP and NTP have been conducted to strengthen TB-HIV IS. Results: 17 TB-HIV variables and the operational definition.</p> <p>In August 2011, FHI with NAP and NTP trained PHO, DHO staffs from 19 provinces on TB-HIV variables.</p> <p>Next step is to train 8 provinces on TB-HIV variables in APA2.</p>
5.1.12	General Office Expenditures	FHI	95,865	 100%	Sep	2011	<p>Done. This activity is for office rent, communication, utilities, computers, etc</p>

	5.1.13	International travel	FHI	34,375	 100%			One FHI staff Attended Union conference in Berlin, November 2010. One FHI staff will give oral presentation regarding TB/HIV in Prisons at Union conference in Lille 2011.
	5.1.14	Technical Officers, Program Manager and Supporting staff	FHI	192,835	 100%	Sep	2011	Done. Two technical officers for West Java and DKI Jakarta were hired in August and September 2011.
Decreased TB burden among PLHIV	5.2.1	Support TB-HIV collaborative activities	WHO	1,926	 100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities
	5.2.2	Workshop on TB-HIV algorithm	FHI	10,650	 75%	Sep	2011	No workshop necessary. FHI drafted TB-HIV algorithm, submitted to NTP manager and is being reviewed.
	5.2.3	TB-HIV training for HIV staff	FHI	31,279	 100%	Sep	2011	the TB- HIV collaboration training among VCT & CST staffs was conducted in July 2011 in Kediri. Participants were from Mojokerto, Jember, Tulungagung, Blitar, Jombang and Gresik PHCs & Hospitals. Each district sent two staffs from each hospital and PHCs. Participant: 36 persons.
	5.2.4	Training HIV rapid test & OI for lab technician	FHI	29,385	 100%	Sep	2011	West Java: Training was conducted in August 2011, number of participants: 23 person from Puskesmas Pademangan, Penjaringan, Taman Sari, Palmerah, Menteng, Kemayoran East Java: Training was conducted in July 2011 in Balai Besar Laboratorium Kesehatan (Health laboratory) Surabaya. Participants from Mojokerto, Jember, Tulungagung, Blitar, Jombang, Gresik, Malang, Surabaya PHCs & Hospitals. Participant: 27 persons, Recommendation: Technical assistance, monitoring and evaluation. Quality assurance and quality improvement. Need to advocate programmer and policy maker about reagents need
	5.3.1	Support TB-HIV collaborative activities	WHO	1,926	 100%	Sep	2011	WHO actively participated in development/ finalization of Management Guidelines on TB-HIV Collaborative activities

Decreased HIV burden among TB patients

5.3.2	PITC training	FHI	35,355	 100%	Sep	2011	<p>Papua: PITC Training for TB Staff was done on 10 - 12 August. Number of participants were 27 (M: 2 and F: 25) from Jayapura City (PKM Tanjung Ria, PKM Imbi, PKM Jayapura Utara, PKM Hamadi, PKM Kotaraja, PKM Abepura, PKM Waena, PKM Abe Pantai, PKM Koya Barat, PKM Skouw, PKM Elly Uyo, RSUD Jayapura, RSUD Abepura, RS Dian Harapan) and Jayapura District (PKM Harapan, PKM Sentani, PKM Nimbokrang, PKM Kemtuk, PKM Depapre, PKM Demta, RSUD Yowari. Another participants came from DHO Jayapura district and city dan PHO Papua. The training involved 4 facilitators and 11 Expert Patient Trainers.</p> <p>West and Central Java: Training was conducted in July 2011, number of participants : 20 person (male 3 and female 17), From West Java 15 participants from Bogor TIMur, Tegal Gundil PHC, BKPM Cianjur, BKPM Cirebon, Kota Depok, Kota Bandung, kota Bekasi district hospital, Imanuel Bandung, PHO, DHO. Central Java : 5 participants. The participants were from Panti Wilasa Citarum, BKPM Semarang, Margono Sukaryo, Banyumas, Moewardi Hospital.</p>
5.3.3	TB-HIV training for TB staff	FHI	32,753	 100%	Sep	2011	<p>TB-HIV Training was conducted in July 2011 for TB staffs in West Papua where most of the staffs were not trained yet. The number of participants were 25, from Sorong SBS Hospital, Remu, Malanu, Tanjung Kasuari, Dum, Klasaman PHC. Sorong district hospital, Aimas PHC. Temiabuan hospital and PHC. Fakfak District hospital, Fakfak PHC. Wosi, Amban, Sanggeng PHC, Manokwari District hospital. Bintuni PHC.</p>
5.3.4	Counseling and case management training of conselor & social workers from MDR TB sites	FHI	12,592	 25%	Sep	2011	<p>Counseling module has been drafted, next step is to conduct workshop to finalize the module and then followed by training. Workshop and training will be conducted in APA2.</p>
				 86%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	6.1.1	World TB Day	WHO	11,300	 100%	Mar	2011	Supported World TB Day for commemoration, national congress and other activities.
	6.1.2	Participate in TB CARE Consensus Meeting	The Union	11,080	 100%	Jan	2011	Jamsheed Chorr attended the meeting to represent The Union
	6.1.3	Workshop / course on influencing, networking and Partnership	The Union	58,830	 0%	Sep	2011	Carry forward APA-2 tentative quarter 2
	6.1.4	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.
	6.1.5	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.
	6.1.6	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).

Increased political commitment

6.1.7	Conduct a study on economic loss due to TB, develop results into an advocacy tool for the NTP, Provinces and Districts, and disseminate tool to all levels.	MSH	47,972	 25%	Sep	2011	David Collins visited Jakarta in September 2011 to collect information and develop an initial design. Discussions were held with NTP counterparts, USAID and partners. The study and advocacy activities are planned for APA 2
6.1.8	Support Joint External Monitoring Mission	KNCV	61,560	 100%	Feb	2011	provide operational costs and fee for 5 interpreters for JEMM activity to 5 provinces (DKI Jakarta, North Sumatera, South Sulawesi, Papua, and East Java)
6.1.9	TB CARE Consensus Meeting	KNCV	29,450	 100%	Jan	2011	There were 2 APA-1 Consensus Meetings conducted in January and July 2011
6.1.10	Contribute to the World TB Day Commemoration	KNCV	80,451	 100%	Mar	2011	Pre National Congress has been successfully done, with remarks of Vice President of Republic of Indonesia, Ministry of health, and Coordinator of Ministry of welfare.
6.1.11	Conduct baseline data to identify TB allocation (providing baseline data in political commitment and financing)	KNCV	11,364	 25%			The initiative has been presented to OR team and budget information for some districts is already gained and the process of collecting the baseline will be continued
6.1.12	Media workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	6,557	 25%	Nov	2011	The discussion with Puskomlik (Public Communication Centre MoH) to embed the workshop within their program has been conducted. The workshop scheduled to conduct in November 2011 (no cost extension)
6.1.13	Advocacy workshop	KNCV	15,977	 25%	Nov	2011	The workshop is scheduled to be conducted in November 2011 (no cost extension). Coordination with NTP ACSM team has been made.
6.1.14	Support the World TB Day Commemoration (WTBD)	FHI	5,655	 100%	Mar	2011	This activity has been done in Q2 through IEC development
6.1.15	Involving one of FHI HQ staff as external reviewer in JEMM	FHI	9,410	 100%	Feb	2011	Instead of HQ staff, FHI national staff participated in JEMM.

	6.1.16	Strengthening comprehensive and integrated services (CoPC)	FHI	1,575	 100%	Sep	2011	A meeting to strengthen comprehensive and integrated services (CoPC) in Jayapura City was done on September 2011. Purpose of the meeting is to increase quality of services for PLHA, to provide comprehensive services for PLHA, extending services and develop referral system between health facilities. Some recommendation has been taken related to services delivery such as need refreshing training for Doctors, Nurses, Counselor and Case Manager, training for new doctors from some PHC, and very urgent issue is data validation of HIV-AIDS cases. Number of participant: 34.
	6.1.17	Participate in Consensus Meeting to develop Annual Workplan	ATS	12,838	 100%	Jan	2011	ATS participated in consensus meeting, represented by Fran du Melle and Phil Hopewell
	6.1.18	Participate in the JEMM	ATS	43,056	 100%	Feb	2011	ATS participated in JEMM, represented by Fran du Melle and Phil Hopewell
	6.1.19	Participation in TB CARE Consensus Meeting	KNCV	26,985	 100%	Jan	2011	TB CARE I supported the Consensus meeting with assistance of Dr Jeroen and Dr Salim from KNCV HQ
	6.1.20	Participation in the JEMM and HLM	KNCV	44,241	 100%	Feb	2011	TB CARE I supported JEMM through TA of Richard Lumb and Jeroen Van Gorkum. Therefore, TA provided by Steve Graham and Catarina Casalini was funded by WHO.
Strengthened leadership and management	6.2.1	Leadership and programme management training in low DOTS performance provinces and districts.	WHO	28,250	 0%	Sep	2011	Plan to be completed during APA 2 period.
	6.2.2	Workshop on integrated planning & budgeting toolkit	MSH	38,464	 100%			David Collins visited Jakarta in September 2011 to collect information and develop a initial design for rolling out the tool. The workshop was held with NTP members and partners and the results were used in the design. The roll-out activities are planned for APA 2

6.2.3	Workshop on integrated planning & budgeting toolkit	KNCV	5,298	 100%	Sep	2011	David Collins visited Jakarta in September 2011 to collect information and develop a initial design for rolling out the tool. The workshop was held with NTP members and partners and the results were used in the design. The roll-out activities are planned for APA 2
6.3.1	Empower Provincial Training Team (PTT)	WHO	13,483	 0%	Oct	2011	This activity will be carried forward to APA-2
6.3.2	Support operation of TA	WHO	44,301	 50%	Sep	2011	TA implemented.
6.3.3	International meeting/workshop	WHO	5,650	 0%	Jan	2012	This activity will be carried forward to APA-2
6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517	 0%	Oct	2011	This activity will be carried forward to APA-2
6.3.5	Translation of WHO's HRD guideline	WHO	642	 100%	Apr	2011	Completion of translation of RAN (TB HRD National Workplan) from Indonesian language into English.
6.3.6	Facilitate coordination between NTP and BPPSDM	WHO	4,109	 0%	Sep	2011	This activity will be carried forward to APA-2
6.3.7	Mentoring implementation of HR plans	WHO	3,852	 0%	Dec	2011	This activity will be carried forward to APA-2
6.3.8	External TA to finalize TB HRD in strategic plan and TB HRD action plan	WHO	7,345	 100%	Sep	2011	Ms Karin Bergstrom (WHO HQ) visited in May incorporated into the general of TB HRD plan.
6.3.9	Internal TA for HRD activities	WHO	37,752	 25%	Dec	2011	NPO was in place in Apr-May '11.
6.3.10	General Office Expenditures	WHO	8,989	 100%	Sep	2011	GOE implemented.

Strengthened HR capacity	6.3.11	General managerial support by TBCARE focal point/project officer	WHO	11,300	 100%	Sep	2011	General Managerial (HQ) support implemented
	6.3.12	Technical Expert	WHO	33,900	 50%	Sep	2011	Medical Officer was in place for April, May and September '11.
	6.3.14	Training of Trainers for master trainers	The Union	63,433	 0%	Nov	2011	The activity is planned to be conducted in Jogja in November 2011 during no cost extension period
	6.3.16	Design Standardized TB Curriculum in medical schools in Indonesia	The Union	44,161	 0%	Sep	2011	This activity will be carried forward to APA-2
	6.3.17	International training/conferences	KNCV	67,126	 100%	Sep	2011	East Java PCO and KNCV PPM coordinator, and DTO attended IUTLD Conference of the Union Asia Pacific Region in Hongkong, July 2011. Project Manager attended Conference for Supply Chain Management in Geneva 26 June - 1 July 2011. Country Director attended Workshop on Planning and Decision Making in 19-23 September 2011 in Bangladesh. Drug management TO attended Pharmaceutical Management and Quality Assurance for TB and MDR-TB Workshop in June 2011, in Laos. Drug management TO attended PSM Workshop on Second Line Drug in August 2011 in Sri Lanka.
	6.3.18	Technical update meeting	KNCV	13,000	 0%	Oct	2011	No activity to date. A technical update meeting will be conducted in October 2011 with Jeroen van Gorkum.
	6.3.19	Standardize ACDA module and curricula	KNCV	72,330	 50%	Jul	2011	The workshop to standardize module and curricula has been conducted and the output is the draft and curricula of ACDA
	6.3.20	Develop HR recruitment tool for technical/supporting staffs in program	KNCV	15,724	cancelled	Sep	2011	This activity has been cancelled by the NTP
	6.3.21	Capacity building for technical staffs	KNCV	25,219	 25%	Sep	2011	TB CARE I supported training of 3 PMDT TO in Jakarta and will support 2 MoH staff and 1 Lab TO for a GeneXpert Training in Bangalore in October 2011 and DM TO to Bangkok for Procurement of Supply Management in October 2011

 61%

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
M and E	7.1.1	Monthly coordination meeting	KNCV	10,369	 100%	Sep	2011	The TBCARE partnership meeting conducted in monthly basis until September 2011. This meeting was attended by TBCARE partners
	7.1.2	Biannual money meeting	KNCV	77,273	 100%	Sep	2011	During APA1, only one KNCV Internal successfully was conducted on June 9-10, 2011
	7.2.1	Support generating TB data for global report.	WHO	1,027	 100%	Dec	2011	Supported for compiling global report.
	7.2.2	Technical assistance to DRS (I)	WHO	7,345	 25%	Aug	2011	Implementation guidelines (protocol) for DR-TB sentinel surveillance drafted
	7.2.3	Technical assistance to DRS (II)	WHO	1,541	 0%	Nov	2011	This activity will be carried forward to APA-2
	7.2.4	Technical assistance to DRS (III)	WHO	1,027	 0%	Mar	2012	This activity will be carried forward to APA-2
	7.2.5	Technical assistance to DRS (IV)	WHO	5,650	 0%	Mar	2012	This activity will be carried forward to APA-2
	7.2.6	Provide technical assistance to design and develop protocol for prevalence survey. (I)	WHO	7,345	 50%	Dec	2011	Dr Onozaki (WHO HQ) assisted Litbangkes (NIHRD) in designing and developing protocol for prevalence survey.

7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650	 0%	Dec	2011	Plan to be completed during APA 2 period.
7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475	 0%	Jan	2011	Due to a late disbursement APA 1, study visit to Cambodia will be changed to Thailand, planned in January 2012
7.2.9	Internal TA for Surveillance activities	WHO	35,441	 100%	Sep	2011	National Consultant based in Jakarta was in place.
7.2.10	General Office Expenditures	WHO	1,284	 100%	Sep	2011	GOE implemented.
7.2.11	General managerial support by TB CARE focal point/project officer	WHO	11,300	 100%	Sep	2011	General Managerial (HQ) implemented
7.2.12	Technical Expert	WHO	33,900	 50%	Sep	2011	Medical Officer was in place for April, May and September '11.
7.2.13	Finalize the user's guide and manual of e-TB Manager in English and Bahasa Indonesia to reflect all changes or improvements done to the system after the validation phase is terminated.	MSH	4,514	 75%	Sep	2011	Guide is being updated with new functionalities that have been implemented at NTP request in the platform – 80% is ready to date
7.2.14	Support upcoming trainings on SLDs guidelines and e-TB Manager use for the new PMDT sites according to the PMDT expansion plan.	MSH	39,169	 50%	Nov	2011	On 5 DR-TB sites, 4 were trained to use e-TBM to monitor SLDs distribution and use. The new site of Makassar was not yet trained due to delays in identifying a local data manager. Training is planned for November 2011.

Surveillance
and
Information

7.2.15	Train the new local NTP programmer in Java (high quality course), followed by on-the-job training on the database and e-TB manager structures.	MSH	18,783	 50%	Sep	2011	A first training was provided by teleconference early 2011 with explanations on e-TBM structure, data tables and main programming issues. A second direct training of IT expert is planned for November 2011 and will happen in Brazil with several programmers from Ukraine and Philippines as well. IT expert is already working on program lines to better incorporate e-TBM functioning knowledge
7.2.16	Ongoing remote and in-country technical assistance to strengthen the e-TB manager system for SLDs.	MSH	10,888	 50%	Sep	2011	On-going monitoring activity, on a daily basis, including RPROJ tool reporting monitoring – To date, 99% of patients on treatment are recorded in the e-TBM, consequently possibility of assessing and monitoring SLDs use in country.
7.2.17	Provide technical assistance for data extraction and support for data analysis to the NTP in using the e-TB Manager on a regular basis for PMDT monitoring.	MSH	26,719	 50%	Sep	2011	On-going activity – all reports printed and available in the e-TBM were given on hard copy to NTP and access to them demonstrated and discussed with PMDT team and NTP. Additional functions were added and reports formats reviewed during mission of September 2011 – Agreed to produce a regular monthly report through e-TBM and to share it between MSH and PMDT/NTP to compare with regular paper reporting and see if data entries are in line with number of patients reported on treatment and number of patients screened
7.2.18	Invite Indonesian NTP and PMDT representatives to present their results and experience with e-TB Manager at the next Union workshop organized by MSH to exchange experience with other countries using the e-TB Manager.	MSH	8,285	 100%	Oct	2011	Activity Will be completed in October 2011. Invitation was made in February 2011. Workshop will be held at the Union meeting on the 26 th of October 2011 and Indonesia NTP/PMDT is one of the presenter scheduled in agenda

7.2.19	Organize a workshop with experts on e-surveillance options for Indonesia, including exploring the feasibility of using e-TB Manager as an information system for supporting susceptible TB monitoring and FLDs management.	MSH	64,171	 100%	Sep	2011	Workshop on TB/DR-TB Surveillance was concluded in September 2011.
7.2.20	Protocol development for DRS sentinel surveillance	KNCV	7,851	 100%			TBCARE supported the development of Draft Protocol for Drug Resistance Sentinel (DRS) Survey on September 6-8, 2011 in Jakarta. This meeting was participated by NTP, KNCV, WHO, UNDP and PMDT working group. The draft is available as well as the action plan. The next step of this activity is that NTP and the partners will conduct assessment to 6 provinces (DKI Jakarta, East Java, West Java, South Sulawesi, North Sumatera and Bali) with main objective to obtain new treatment and re-treatment cases to select the health facility units as sentinel sites. The assessment was conducted on September 25 until October 7, 2011.
7.2.21	Socialization of DRS sentinel surveillance protocol	KNCV	5,533	 0%			Plan to be carried forward due to time limitation
7.2.22	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602	 0%			Plan to be carried forward due to time limitation

7.2.23	Input TB information system into National Health system	FHI	1,395	 50%	Sep	2011	First meeting was held in September 2011, attended by FHI, NTP, National Data Center (Pusdatin), GF TB and KNCV. Pusdatin introduced SIKNAS (National Health Information System) that is being develop and NTP introduced about recording and reporting system in TB program. The meeting also discussed about the masterplan to integrate TB reporting into SIKNAS. Result: Agreed that FHI to develop the masterplan. Second meeting was held on last week of September to present the masterplan. The masterplan is now being reviewed by all.
7.2.24	Input TB information system into MoL&HR	FHI	954	 50%	Sep	2011	Meeting was held in July with Ditjenpas. The meeting discussed about all current TB and HIV reporting system (forms and flow). Next step: discuss with Directorate of information and communication Ditjenpas to design the information flow of TB from prisons to Ditjenpas, and to integrate all TB and HIV reporting into one report.
7.2.25	M&E Officer for developing TB-HIV Information system	FHI	15,037	 100%	Sep	2011	Done. The person was hired in August 2011 and stationed in FHI Country Office.
7.2.26	General Office Expenditures	FHI	27,039	 100%	Sep	2011	Done. These activities were for office rent, communication, utilities, computers,etc
7.2.27	National M&E Officer	FHI	23,471	 100%	Sep	2011	Done. This activity is salary and travel for 1 national M&E officer (see accompanying SOW)
7.2.28	International TA	KNCV	38,334	 100%	Sep	2011	The second mission of Nico Kalisvaart (KNCV consultant for Surveillance and Data Management) on September 13 -23, 2011 to focus on organizing and conducting a 3-days workshop on TB/DR-TB surveillance with results : development plan including the goal , timelines, objectives, the strategy and direction, the needs and requirements (core and optional) as well the contents (indicators) as well as project coordinator (in charge of management of the development) and a Technical Working Group (experts and representatives of all levels) needs to be installed to guide and support the development. The proposed data of the next mission will be on February 2012.

Strengthening the TB research network	7.3.1	Assessment for establishing institutionalized TB research network	KNCV	6,398	 0%	Sep	2011	NTP consider to cancel this activity due to OR team has been established in most of 33 provinces in Indonesia. And to develop the website, its not necessary to conduct the assesment for data collection.
	7.3.2	Develop database and retrieval method of documentation of Indonesian TB research	KNCV	1,948	 50%	Sep	2011	On going to collecting data and design the website.
	7.3.3	Support basic operational cost of TORG	KNCV	14,568	 100%	Sep	2011	The latest Pleno TORG meeting has been conducted for 3 days in regards to discuss GeneXpert Research for data collection (ethical clearance),overview the activities on APA 1 , and next step on APA 2.
	7.3.4	Promote membership to the IUATLD	KNCV	182	 0%	Jan	2012	This activity is carried forward to APA 2, to get longer membership period (1 year, from January 2012)
	7.3.5	Workshop on developing policy brief and effective advocacy of research results	KNCV	13,003	 100%	Jun	2011	The workshop on developing policy brief has been conducted in West Java on 22- 25 June 2011. This workshop was attended by 16 people from 8 provincial OR teams from Aceh, W. Sumatera, Jambi, W. Java, DKI, S.E Sulawesi, Bengkulu and Bali. Nine of policy briefs from each OR team has been drafted and participants get the additional knowledge in utilizing the Stata10 as the tool to manage data.
	7.3.6	Workshop and follow up for publication writing and submission for previous OR teams	KNCV	27,131	 100%	Aug	2011	The workshop has been conducted on 8- 13 August 2011, with facilitation from KNCV International TA, Marieke Van der Werf and Edine Tiemersma. Participated by OR team from Jambi, Lampung, West Java, Bali and DKI Jakarta. The objective of this workshop is to enhance the OR team capacity , on writing their research proposal to be International Publication.
	7.3.7	Supporting submission of research papers for international conferences and journals.	KNCV	17,045	 100%	Sep	2011	KNCV facilitates 4 representative OR team from 4 provinces to attend the IUATLD International Conference in Lille , France on October 2011

	7.3.8	Support book publications and dissemination of selected TB operational research.	KNCV	19,163	 50%	Nov	2011	Process of collecting data of previous OR by NTP. This activity will be conducted in early of November 2011.
	7.3.9	Conducting research proposal workshop & facilitating conduction of operational research up to analysis and reporting.	KNCV	99,218	 100%	Aug	2011	This workshop has been conducted from 14 to 20 August 2011 in Solo. 3 proposal research has been developed. The research are with topics on ACSM (2 research) and TB in children.
Supported operational research projects in the priority topics	7.4.3	Supporting selected research projects, based on the priority topics.	KNCV	60,633	 25%	Aug	2011	The workshop for cohort research planned to be conducted paralel with OR & (short term research). Calling for proposal phase.
	7.4.4	Workshop preparation for IPT OR	FHI	7,530	 25%	Sep	2011	Preliminary meeting was conducted in August 2011, the participants were from FHI, NTP and NAP. Result: Tentative name of research team members, and sites of OR. Draft for IPT protocol has been developed. The Global fund R10 which included IPT OR in the plan was signed on September 2011, the workshop will be conducted in November 2011.
	7.4.6	International TA	KNCV	29,248	 100%			Marieke van der Werf provided international TA in 8-13 August 2011 for international publications writing in Depok for 5 OR teams with Edine Tiemersma. Edine facilitated OR workshop in Solo for the development of OR proposal in 14-20 August 2011. Marieke also provided assistance for HAIN test phase 2, HAIN test sequencing and HAIN test for MDR SL research.
				 60%				

Outcomes	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	8.1.1	Participation in the Manila Global Fund meeting as a PSM advisor for the NTP	MSH	11,622	 100%	Jun	2011	Grant negotiations for SSF (Round 8, phase two & 10) conducted with GFATM in Jakarta, June 2011. Redrafting of PSM plan completed. Grant was signed, August 2011. Country Profile (for TB) was completed, & final submission due from WHO to GFATM, by 31st October 2011.
	8.1.2	Develop a strategic framework and long-term action plan for drug management activities.	MSH	161,194	 50%	Sep	2011	Initial draft was prepared, but activity now needs to be followed through, including joint agreement with NTP & stakeholders and then managed under the auspices of the to-be-appointed Resident Advisor.
	8.1.3	Conduct supervisory visits with NTP and BINFAR (2) and provide TA on improving supervision, including planning, mentoring and follow-up.	MSH	22,920	 0%	Sep	2011	Activity not be started due to late sign-off of APA1. Activity to be combined with TA relating to storage in APA2 (see 8.1.5).
	8.1.4	Shorten the customs clearance process time of all imported commodities either by advocating for a revision of customs clearance procedures/policies and/or assign imports to an NGO for importation.	MSH	21,852	 75%	Sep	2011	Extensive work was completed to map processes, understand sources of delay, identify and clarify responsibilities. Also, various stakeholder meetings conducted. Action plan for handover to new appointee, with customs clearance responsibilities, prepared. Ongoing program of monitoring/support to NTP now planned.

Uninterrupted supply of quality TB drugs and commodities

8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	19,170	 0%	Sep	2011	Initial discussions completed and related initiatives identified under JSI (national level) & WHO (selected Districts). Activity to be substantively advanced under APA2.
8.1.6	Assist NTP & MoH/Pharmacy to design a system to encourage the proper use of TB drugs used in the private medical/pharmacy sector.	MSH	20,321	 25%	Sep	2011	Initial work planning completed and recommended supplier listing prepared and forwarded to the NTP for actioning. Due for completion, under GFATM deadline, February 2011.
8.1.7	Continue to provide technical assistance for revision and finalization of the GF Round 10 PSM plan.	MSH	47,623	 100%	Sep	2011	Activity completed in June 2011. Grant signing completed August 2011; also, drug management component of Country Profile drafted, April 2011 & redrafted with new template, August 2011. Final submission due to be prepared by WHO and submitted by NTP, October 2011
8.1.8	Assist the NTP in finalizing and signing a contract for storage and distribution of donated imported TB medications and testing materials	MSH	20,511	 50%	Sep	2011	Initial work planning completed and recommended supplier listing prepared and forwarded to the NTP for actioning. Due for completion, under GFATM deadline, February 2011.
8.1.9	Assist in the coordination of active players who will provide active support to the 3 Indonesian TB Drug Manufacturers in meeting WHO pre Qualification status in coordination with USP and the NTP.	MSH	17,830	 25%	Sep	2011	Various informal meetings conducted with USP, local hire. USP joint planning meeting conducted September 2011 (but MSH not in-country at time).

8.1.10	Drug quality Assurance	KNCV	48,682	 25%	Nov	2011	Preliminary meeting was conducted on 11 October 2011 to define quality sampling method and input from all stakeholders. Participants of the meeting is FDA, Binfar, Litbangkes and NTP. Purpose of this activity was to conduct QA of 1st line TB drugs at several provinces in Indonesia. Stages of the activity are: 1. Preliminary meeting for Quality Sampling. 2. Develop and approved TOR for QA. 3. Taking drug sample from Provinces, District, Health unit center. 4. Drug Test at FDA. 5. Report and analysis of drug quality assurance. Next step develop and approved TOR.
8.1.11	Printing and Distribution Standard Operating Procedure for Logistict Book	KNCV	11,080	 25%	Sep	2011	Final SOP documents was available, now the phase is document translation into English before printing and distribution to stakeholders.
8.1.12	Warehouse Management Assessment	KNCV	2,125	cancelled			This activity was cancelled by NTP due to limitation of output to the programe. Warehouse Management is under responsibility of Pharmaceutical and Medical devices Directorate, not CDC Directorate.
8.1.13	Pharmacist Training	KNCV	45,478	 0%			This activity could not be conducted due to limited time and depending on PMDT expansions by NTP
8.1.14	Logistic Training	KNCV	14,446	 25%	Sep	2011	This activity could not be conducted due to limited time. 25% progress for participating global workshop in Strengthening Procurement and Supply Management for SLD, in Colombo.
8.1.15	Supervision to Province and District	KNCV	38,250	 0%			This activity is carried forward to APA-2 due to limited time
8.1.16	Develop SOP Book for Secound Line Drug	KNCV	10,411	 100%	Sep	2011	SOP book was finalized by NTP and Partners in September 2011. The next step after this activity is to print and distribute the books to Province and District
8.1.17	Revise Training Moduel SLD	KNCV	10,423	 0%	Sep	2011	This activity is carried forward to APA-2 due to limited time

8.1.19	Obtain Government Support to Improve Custom Clearance Process and Assist Documentation of SLD Side Effects Reporting	KNCV		 75%	Sep	2011	The result of this activity was recommendation document and agreement from all stakeholders like Binfar, Customs and excises, Ministry of Finance, Ministry of Trade to shorten the time to taking out drugs. The next step will be monitoring the agreement and documents.
8.1.20	Operational Cost for Drug Management Activities to Support NTP	KNCV	5,234	 25%	Sep	2011	This activity is to provide budget for urgent meeting/activities as requested by NTP regarding logistic issue
8.2.1	Placement of a full-time drug management expert in country	MSH	3,408	 100%	Mar	2011	Andrew Marsden was placed as drug management expert in country and now is still ongoing
8.2.2	Support the use of e-TB manager to track the use of second line medications and to use this data for quantification of future medication needs.	MSH	13,702	 25%	Sep	2011	e-TB Manager implementation is being consolidated with new tools made available in September 2011. An online RPROJ tool to register bugs, request changes or system's evolution, and monitor transparently progress between all stakeholders is fully functional, a dashboard for consolidated indicators on PMDT progress and SLDs management (quantification/distribution/consumption/rational use) is also available for NTP use. New definitions for developing SOPs with on site data officers were taken to ensure timely and better quality/completeness of data encoding from DR-TB sites. New data consistency and quality check routines were also implemented (possibility of manually or automatically tag the cases registered, and early detect inconsistencies or extract operational reports like list of defaulters etc...). NTP endorsed the progress to date (to date 100% of patients under treatment are managed by e-TBM platform, and 75% of all screened cases are also registered), acknowledged the e-TBM potentials and reports offered, and agreed on the need to create a central data management unit to better translate information from e-TBM into strategic decision making for PMDT support. A Workshop on TB/DR-TB Surveillance was conducted, ensuring e-TBM is aligned with the objectives that were set in the TB control national strategy in Indonesia for 2010-2014. E-TBM results and progress to date are also matching already GFATM targets set for 2013.

Improved
DMIS

8.2.3	Monitor drug stocks of provinces/districts on a monthly basis as an early warning monitoring system. Create competition between districts for stock out and manual reporting information.	MSH	4,149	 0%	Sep	2011	No activity to-date, although this is now a GFATM "Special Term and Condition" with progress and improvements to be measured mid-2012.
8.2.4	Conduct workshop for the Pharmacists Association (IAI) to discuss proper, standard TB treatment and to provide technical assistance to IAI on disseminating this information to their member pharmacies.	MSH	35,781	 25%	Nov	2011	Joint NTP- IAI Commitment made to progress this specific activity in November 2011, linked to 8.1.6, private sector.
8.2.5	Workshop e-TB Manager	KNCV	19,031	 0%	Sep	2011	This activity could not be conducted due to limited time and depending on PMDT expansions by NTP
8.2.6	Training e-TB Manager on MDR TB	KNCV	21,957	 100%	Sep	2011	Updated training e-TB Manager was conducted for data officer from referral hospitals (4 hospitals) in 19 September 2011 and IT team (3 persons) from NTP in 13-14 September 2011. The training was delivered by Luis Fernando and Joel.
8.2.7	Regular Meeting with NTP	KNCV	3,188	 0%			This activity could not be conducted due to late approval of APA-1
8.2.9	Workshop for Pharmacist Association to Discuss standard TB treatment.	KNCV	17,253	 25%	Oct	2011	Preliminary discussion and TOR for workshop to discuss standard TB treatment were conducted and developed between Indonesian Pharmacist Association (IAI) and NTP. The workshop will be conducted on 19-20 October 2011. Participants will be from IAI, National TB Expert Team, NTP, Pharmaceutical and Medical Device Directorate, Kimia Farma Company, Pharmacy University Association.

8.2.10	Refrigerator	KNCV	7,955	 100%	Sep	2011	Refrigerator for 4 reference PMDT hospitals was procured.
8.2.11	Drugs Box	KNCV	2,273	 100%	Sep	2011	Drug bos for 4 reference PMDT hospitals was procured

 42%

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
Mission	PMU	USAID								
			1.3.15	Develop standard of TB care in hospital	WHO	14,190		To be determined with NTP, USAID Mission and Partners		
			1.3.16	Training for TB DOTS accreditation surveyors	WHO	23,438		To be determined with NTP, USAID Mission and Partners		
			1.3.17	Try out of TB DOTS accreditation instrument.	WHO	3,392		To be determined with NTP, USAID Mission and Partners		
			1.3.24	Workshop on ISTC	WHO	11,032		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	2. Laboratories Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								
			2.1.7	Training smear microscopy for lab technician in selected hospitals	KNCV	25,641		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	3. Infection Control Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								
			3.3.3	Support revision of TB-IC managerial and technical	KNCV	9,858		To be determined with NTP, USAID Mission and Partners		
			3.3.4	Meeting to develop TB-IC regulation.	KNCV	6,449		To be determined with NTP, USAID Mission and Partners		
Approved By (write dates)			Old Code	4. PMDT Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								
			4.1.4	PMDT Preparation meeting at hospital	KNCV	1,527		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	6. Health Systems Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								
			6.3.20	Develop HR recruitment tool for technical/ supporting staffs in program	KNCV	15,724		To be determined with NTP, USAID Mission and Partners		
			6.3.9	Internal TA for HRD activities	WHO	37,752		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								
			7.3.1	Assessment for establishing institutionalized TB research network	KNCV	6,398		To be determined with NTP, USAID Mission and Partners		
Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	8. Drug supply and Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed
Mission	PMU	USAID								

			8.1.3	Conduct supervisory visits with NTP and BINFAR (2) and provide TA on improving supervision, including planning, mentoring and follow-up.	MSH	22,920	8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	42,091
			8.1.12	Warehouse Management Assessment	KNCV	2,125		To be determined with NTP, USAID Mission and Partners		

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old	1. Universal and Early Access	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			1.1.1	Improve DOTS in 4 low performance provinces	WHO	39,550
			1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772
			1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494
Approved By (write dates)			Old	2. Laboratories	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633
			2.1.3	LQAS workshop for East Java province	JATA	20,932
			2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335
			2.1.12	Establish intermediate laboratory in 3 provinces	KNCV	9,455
			2.2.1	Strengthen capacity of NTP and lab staff	WHO	19,775
			2.2.2	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390
			2.2.3	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	18,106
			2.2.4	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170
			2.2.6	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677
			2.2.7	July 2011-September 2011	KNCV	5,677
			2.2.13	Supervision/assessment for expansion of culture/DST labs	KNCV	3,852
Approved By (write dates)			Old	3. Infection Control	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			3.2.4	TBIC assessment	FHI	1,050
Approved By (write dates)			Old	4. PMDT	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170

			4.2.1	Support the expansion and quality improvement of PMDT	WHO	37,752
			4.2.2	Pre assessment meeting	WHO	5,008
			4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557
			4.2.5	Post assessment meeting	WHO	18,902
			4.2.7	International meeting/ workshop	WHO	6,780
			4.2.8	International PMDT training & study visit	WHO	11,865
			4.2.9	PMDT clinical audit	WHO	12,199
			4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705
			4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136
			4.2.12	Develop MDR-TB counseling and case management	WHO	7,705
			4.2.13	External TA coordination and evaluation (I)	WHO	5,136
			4.2.14	External TA coordination and evaluation (II)	WHO	7,345
			4.2.16	PMDT Money meeting national level	WHO	20,545
			4.2.47	Site preparation in hospitals	KNCV	22,727
			4.2.54	October 28th, 2011	KNCV	15,788
Approved By (write dates)			Old	6. Health System Strengthening	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			6.1.3	Workshop / course on influencing, networking and Partnership	The Union	58,830
			6.2.1	Leadership and programe management training in low DOTS performance provinces and districts.	WHO	28,250
			6.3.1	Empower Provincial Training Team (PTT)	WHO	13,483
			6.3.3	International meeting/workshop	WHO	5,650
			6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517
			6.3.6	Facilitate coordination between NTP and BPPSDM	WHO	4,109
			6.3.7	Mentoring implementation of HR plans	WHO	3,852
			6.3.16	Design Standardized TB Curriculum in medical schools in Indonesia	The Union	44,161
Approved By (write dates)			Old	7. M&E, OR and Surveillance	Lead	Remainin
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	g Budget
			7.2.3	Technical assistance to DRS (II)	WHO	1,541
			7.2.4	Technical assistance to DRS (III)	WHO	1,027

			7.2.5	Technical assistance to DRS (IV)	WHO	5,650
			7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650
			7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475
			7.2.21	Socialization of DRS sentinel surveillance protocol	KNCV	5,533
			7.2.22	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602
			7.3.4	Promote membership to the IUATLD	KNCV	182
Approved By (write dates)			Old Code	8. Drug supply and Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
			8.1.5	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	19,170
			8.1.13	Pharmacist Training	KNCV	45,478
			8.1.15	Supervision to Province and District	KNCV	38,250
			8.1.17	Revise Training Moduel SLD	KNCV	10,423
			8.2.5	Workshop e-TB Manager	KNCV	19,031
			8.2.7	Regular Meeting with NTP	KNCV	3,188

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	2. Laboratories	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		

* Detailed budget is attached

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

NO	TECHNICAL AREAS	PROGRESS/ PHOTOS CAPTURED	
1	<p>Laboratories</p>	<p>Handing over of the new TB lab in BLK Semarang held on 21 June 2011</p>	
2	<p>Laboratories</p>	<p>Stakeholders meeting on GenXpert on 13-14 June, held in Jakarta</p>	
3	<p>Infection Control</p>	<p>TB Infection Control Workshop on 22 - 23 September 2011 held in Jakarta with Hans Mulder as the speaker</p>	

4	Infection Control	Briefing with Hans Mulder before field visit in hospital for TB IC assessment	
3	Infection Control	TB Infection Control technical assistance by Hans Mulder in Fatmawati Hospital Jakarta	
4	Universal Access	Education for Inmates on Topic Related TB-HIV, Lapas Pekalongan, 30 August 2011	

5	Infection Control	Surgery mask distribution to Puskesmas Kecamatan Pasar Rebo, September 2011	
	Universal Access	TB-HIV, PITC, and Recording & Reporting Training for Prisons, July 2011	

TB-HIV

Riau Island Province TB
HIV Cordination Meeting
Hotel Swiss Inn Batam,
23-24 Juli 2011

