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TB CARE I

TB CARE I - Indonesia

**Year 2
Quarterly Report
January-March 2012**

May 1, 2012

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI, JATA, MSH, The Union, WHO
Date Report Sent	01/05/2012
From	MA Hamid Salim
To	USAID/Jakarta
Reporting Period	January-March 2012

Technical Areas	% Completion
1. Universal and Early Access	26%
2. Laboratories	16%
3. Infection Control	3%
4. PMDT	35%
5. TB/HIV	21%
6. Health Systems Strengthening	18%
7. M&E, OR and Surveillance	20%
8. Drug supply and management	22%
Overall work plan completion	20%

Most Significant Achievements

1. Laboratory Strengthening

- Five existing C/DST laboratories for first line and second line drugs maintain their excellent performance over time. With support of TB CARE I, five new C/DST referral laboratories are in preparation to be certified and among them, 3 laboratories are doing panel testing under guidance of SNRL SA Pathology, Adelaide. Results for quality assurance will be available in the end of Q3.

2. GeneXpert and PMDT

- Five GeneXpert machines are successfully put in place after a comprehensive site assessment by CGAT (Country GeneXpert Advisory Team), all supported by TB CARE I. In this quarter, on-site training was conducted in the sites to ensure smooth functioning of the machines and implementation guidelines. The sites are:

1. Microbiology UI, Jakarta
2. Persahabatan Hospital, Jakarta
3. Moewardi Hospital, Solo
4. Soetomo Hospital, Surabaya
5. Hasan Sadikin Hospital, Bandung

- Four machines started full operations in the course of March 2012, while one machine in Hasan Sadikin will be operational from April 2012.

- As per 31 March 2012, total number of suspects examined using GeneXpert was 122. 88 of them were confirmed as TB positive, and among them 43 were confirmed rifampicin resistant.

- All confirmed rifampicin resistant were referred to the local PMDT treatment center, 17 have already been put on treatment and 17 are still in the pre-enrollment phase.

- GeneXpert results were used to start PMDT immediately. This significantly reduced patient mortality and shortened delay of treatment initiation for MDR-TB cases.

- After introducing this new technology, DR-TB case detection increased significantly in all implementing sites (exp. in Persahabatan Hospital monthly case detection was around 10, however in March 2012, 31 cases were detected).

3. PMDT Expansion

- Two new PMDT sites (Sanglah Hospital in Denpasar, Bali and Hasan Sadikin Hospital in Bandung) started operation during this quarter. Screening of suspects have started in January 2012. These two new sites will also be supported by GeneXpert implementation.

4. World TB Day

- Two successful events related to the celebration of World TB Day were supported by TB CARE I. A national TB symposium where the new development updates were presented, was organized by University of Indonesia, and attended by around 1,000 participants. A major public event was organized in Jakarta, participated by around 8,000 people. TB CARE I supported a variety of activities including a walkathon, fun-bike, etc. The event was attended by the Coordinating Minister for Social Welfare, Vice Minister of Health, US Ambassador and several other partners. A declaration to support TB control was signed by the government officials attending ministers and US Ambassador. Pictures attached.

5. Involvement of Health Insurance Companies

TB CARE I has successfully supported the involvement of health insurances: two large health insurance companies now include insurance coverage for TB patients, consisting of support for TB diagnostics and TB treatment. The insurance companies are PT. ASKES, mainly covering government employees and their families, and PT. Jamsostek, mainly covering private employees and families.

5. Hospital Accreditation

A major milestone in this quarter is the achievement in hospital accreditation for TB control: as a result of intensive efforts supported by TB CARE, the main elements of DOTS strategy and Hospital DOTS Linkage standards are now included in the national standards for hospital accreditation. This new accreditation standards were officially launched by the Minister of Health in February 2012. DOTS and HDL standards are also included in the instrument for hospital accreditation assessment.

Overall work plan implementation status

Due to the late start of APA2, several new activities had to be postponed. For example most activities related to TB infection control had to be postponed due to change of timeline. Official approval of the work plan was granted in February 2012. Until then, the project mainly focused on implementation of activities carried forward from APA1 and preparations for APA2. This is one of the reasons why overall completion status is still low (20%). The other reason is that the majority of the activities in technical areas with low completion are actually activity scheduled for Q3 and Q4, for example in technical areas of laboratory strengthening and health system strengthening. Several other activities planned for Q2 have been rescheduled to Q3. It is expected that the acceleration of the implementation during Q3 will allow the project to catch up and achieve the expected outcomes and benchmarks set.

Technical and administrative challenges

Technical challenges

- The main challenge related to the TB CARE I work plan implementation in Q2 remains the shortage of human resources. Most of partners have faced difficulties in filling the vacancies on technical key positions, while the workload has been increasing due to the expansion of the scope of activities in APA2. This poses a high workload on the existing staff, resulting in activities being postponed. Main efforts were undertaken in Q2 to fill in existing vacancies and expectedly all the vacancies will be filled in Q3.
- Establishing an optimal project coordination mechanism among 7 partners to deliver technical support is still a challenge. The internal project coordination has improved in this quarter by having deputy director in place, monthly partners coordination meetings and establishment of a senior management team consisting of key persons from each partner.
- With the introduction of GeneXpert, MDR-TB case detection increases significantly, resulting in overburden in hospitals (limited bed capacity in hospitals), many confirmed cases are not put on treatment. Enhancing ambulatory treatment, good counseling and strengthening networking with health centers is being done as an alternative solution.
- GeneXpert implementation is behind schedule. The implementation plan has been updated. Two existing and 4 new PMDT sites are scheduled for assessments in Q3. The placement of the other 3 Xpert machines will be done after site-training and establishment of local referral networks. Assignment of the machines in 2 prisons and Jayapura lab is still waiting for final decision.

Administrative challenges

- The coordination and timely response to the differing needs and views of all TB CARE partners, NTP, USAID and PMU continues to be a challenge, as does ensuring compliance by all partners with TB CARE I and USAID regulations. TB CARE is currently recruiting some key positions which should solve the problem.
- Absence of SOPs outlining the working mechanisms between NTP and TB CARE program also causes some difficulties for NTP and KNCV as lead partner. NTP has requested KNCV to produce SOP's so that NTP is clear about approval processes, supporting documents, per diems and how to proceed when changing activities and with additional budget requests.
- Lack of clarity over certain procedures and finance and administration processes regarding sub-contracts and sub-recipients led to delays in starting OR.

In-country Global Fund status and update

Related to Global Fund Grant SSF implementation TBCARE assisted in the review of the semi-annual PUDR (progress update and disbursement request and VoI) for both R5 and SSF Grants. Further TBCARE assisted NTP in discussions for clarification with LFA and provided inputs to the GFATM PSM consultants. Both Global Fund grants for TB are now performing excellent; performance of the 4 PRs has achieved A1 and A2 ratings.

Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1 Updated information available on the quality of services from a patients' perspective Indicator Value: Yes/No	no	2011	yes	2012	No	No activity done in this quarter	This activity is scheduled for Q3
	1.1.2 Cost to patients for TB diagnosis is measured Indicator Value: Yes/No	no	2011	yes	2012	No	No activity done in this quarter	This activity will be conducted in May 2012
	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	1	2011	2	2012	1	No activity done in this quarter	Patients' Charter implementation is under local NGO as GF sub-recipient. Next step: TBCARE to continue assistance to the local NGO conducting this activity.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 Percentage of hospitals implementing DOTS Description: Percentage hospitals implementing DOTS among general hospitals serving TB patients in TB CARE I areas. Indicator Value: percentage Level: TB CARE 1 geographic areas Source: quarterly provincial reports Means of Verification: annual assessment report Numerator: Number of general hospitals implementing DOTS Denominator: Total number of general hospitals serving TB patients in TB CARE 1 areas	38%	2010	42%	2012	44% (130/293)	17 new additional hospitals in 4 provinces are now starting DOTS implementation. This includes private practices in 7 hospitals that are supported by ATS project, now linked to the national program. Steps taken to speed up DOTS implementation are recruitment of PPM TOs for West Java and East Java province and implementation of Hospital DOTS accreditation guidelines.	Next steps: - Improve the quality of DOTS in implementing hospitals - Smooth and speed up DOTS expansion to 20 more hospitals implementing hospital DOTS accreditation standards.
	1.2.6 Percentage of prisons conducting screening for TB Description: Percentage of prisons conducting screening for TB in TB CARE I areas. Indicator Value: percentage Level: TB CARE 1 geographic areas Source: quarterly provincial report Means of Verification: annual assessment report Numerator: Number of prisons conducting sceening for TB Denominator: Total number of prisons in TB CARE 1 areas	34%	2010	55%	2012		100% (20/20) of assisted prisons are screening TB for all new inmates. TA and advocacy will be provided for screening all inmates in 10 new prisons, while the 10 former prisons completed the TB screening for all inmates.	Next step: follow up with the prisons and Kanwil and provide TA to screen all inmates for TB

1.2.5 Number of health insurance agencies that provide coverage for TB Description: Number of private and public health insurance agencies that provide coverage for TB Indicator Value: number Level: national Source: annual report Means of Verification: annual insurance association report Numerator: Number of health insurance that provide coverage for TB	1	2010	3	2012		Two health insurance parties now involved in supporting their clients for TB diagnostics and treatment. One of them is PT. ASKES, which is mainly supporting government employees and families. The other one is PT. Jamsostek, which is mainly supporting private employees and families.	
1.2.5 DOTS included in standard for hospital accreditation Indicator Value: Yes/No Level: National Source: National hospital accreditation standard	No	2011	yes	2012	Yes	DOTS is included in standard for hospital accreditation and was launched officially by the Minister of Health in February 2012.	Challenges: - to ensure that quality assurance for hospital accreditation published by KARS (National Committee for Hospital Accreditation) meets TB program standards - to provide enough support to hospital for DOTS implementation

Technical Area 2. Laboratories

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year			
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	Score (1): National Strategic plan has been developed and implemented partially	2011	Score (2): National Strategic plan has been implemented partially but more advanced than 2011	2012		(1). National reference lab: 3 National Reference Labs has been established by Minister of Health. As part of capacity building, TBCARE support 3 representatives from NRL to attend Laboratory Management Course in Bangkok hosted by CDC in partnership with APHL and NIH, Thailand Ministry of Public Health on 27 Feb - 2 March 2012 (2). LQAS Expansion: LQAS training module has been revised to be used for the next LQAS training/workshop. (3). Progress Expansion of culture/DST lab. - Renovation of RS Adam Malik Medan and BBLK Palembang have been accomplished while for BLK Banjarmasin is in progress.	Next steps: (1). Continue capacity building of 3 National Reference Labs: (a) BBLK Surabaya as National Reference Lab for Culture/DST (b) BLK Bandung as National Reference Lab for Microscopy (c) Microbiology FM UI as National Reference lab for molecular and research (2) Implementation of LQAS Workshop di several Provinces: DIY, Kepri, Bangka Belitung etc. (3) TA and intensive training for RS Adam Malik and BBLK Palembang to received EQA panel test.

	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above both nationwide and TB CARE areas. Denominator: All laboratories (national and TB CARE areas separately) that perform one or more of the above TB diagnostics.	a) Microscopic: 30% b) Culture: 5/46 = 11% c) DST: 5/5 = 100% d) Rapid mol. = N/A	2011	a) Microscopic: 40% b) Culture: 8/46 = 17% c) DST: 5/5 = 100% d) Rapid mol. = 17/17 = 100%	2012	(1). 5 lab passed EQA panel test for culture/DST (BBLK Surabaya, BLK Bandung, RS Persahabatan, Microbiology UI and NEHCRI Makassar). (2). 1 additional lab received EQA panel (Microbiology UGM) (3). EQA panel test for BLK Jayapura is under preparation by SRL IMVS Adelaide, Australia and ready to send on 4th week of April.	Continue support and TA to potential labs in order to have more labs ready to received/participate in EQA panel test for culture/DST.
2.2 Ensured the availability and quality of technical assistance and services	2.2.1 Technical assistance visits from a SRL through a formal link of memorandum of agreement Indicator Value: Date (1st date: Most recent visit of SRL 2nd date: next planned visit of SRL).	Recent visit: 09-27 May 2011	2011	3 visits, 71 days in total	2012	TA by Richard Lumb, the TBCARE laboratory consultant from IMVS, Recent visit/TA: to 8 labs including RS Persahabatan, BLK Semarang, Microbiology FMUI, BLK Bandung, NEHCRI Makassar, RS Soetomo, BBLK Surabaya and BLK Jayapura, on 03-27 October 2011. Next planned visit/TA: 21 May - 13 June 2012	Next step: develop Term of Reference and itinerary for the next visit
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert = 0 lab	2011	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert = 17 labs	2012	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 4 labs	Next step: introduce GeneXpert to other potential labs
	2.3.2 Laboratories offering rapid tests for TB or drug-resistant TB Indicator Value: Number of laboratories Numerator: Number of laboratories using GeneXpert MTB/RIF and HAIN MTBDRplus disaggregated by type of technology and also disaggregated by national and TB CARE areas.	1) Hain = 3 labs 2) GeneXpert= 0 lab	2011	1) Hain = 3 labs 2) GeneXpert= 17 lab	2012	1) Hain = 3 labs 2) GeneXpert= 4 lab	Next steps: (1). GeneXpert site assessment visit to other 11 sites in Q3 & Q4 (2). GeneXpert on site training, machine installation for sites who already fulfill requirement.
	2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.	Hain 185 tests GeneXpert 0 tests	2011	Hain 185 tests GeneXpert 1500	2012	Hain 402 tests (in 2 sites) GeneXpert 117 tests (in 4 sites)	Next step: Improve suspect referral for GeneXpert testing, by strengthen linkage between HIV and DOTS clinics and between DOTS clinics and surrounding clinics.

Technical Area 3. Infection Control									
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the	
		Data	Year	Data	Year				
3.1 Increased TB IC Political Commitment	3.1.1 National TB- IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy Indicator Value: Yes/No	yes, partly	2010	yes, complete	2012		Preparation for finalization of revised national TB-IC guidelines is in progress.	Next step: Finalization of revised version of national TB-IC guidelines will take place in second week of April 2012 followed by dissemination and training on TB-IC.	
	3.1.2 TB- IC measures included in the overall national IPC policy Indicator Value: Yes/No	yes, partly	2011	yes, complete	2012			Next step: National TB-IC guidelines will be the part of Infection Prevention Control (IPC) guidelines, tentative in June 2012.	
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Number Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place.	7	2010	12	2012		Per 31 March 2012, 10 hospitals are implementing TB-IC in their facilities.	Next step: - Scale up to at least 2 other hospitals - Closely monitor the implementation of TB-IC by the national IC group	

Technical Area 4. PMDT									
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the	
		Data	Year	Data	Year				
4.1 Improved treatment success of MDR	4.1.1 TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with	Confirmed MDR TB 427, Died while waiting: 29(6.8 %)	2011	Confirmed MDR TB 790, Died while waiting<5%)	2012		131 MDR TB cases were detected (including 40 cases from GeneXpert which started in March). Two percents (3 out of 131) patients died during pre-enrollment phase.	Next step: - Expand the GeneXpert implementation to other 6 PMDT sites (Syaiful Anwar Hospital, Labuang Baji Hospital, Sardjito, Sanglah, Adam Malik and Hasan Sadikin Hospital)	

	<p>4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.</p>	<p>MDR TB enrolled 180, converted within 6 months treatment: 139 (75.6%)</p>	<p>2011</p>	<p>MDR TB enrolled 700, converted within 6 months treatment: >75%)</p>	<p>2012</p>		<p>71 MDR-TB patients were put on treatment during this quarter, 45 are on pre-enrollment screening, 3 died, 10 could not be contacted, 1 refused, 1 excluded. Conversion rate is 74,5% (245/327).</p>	<p>Next steps: - Identify bottle necks for low enrollment of MDR cases and address identified issues in consultation with NTP and other stakeholders - Starting the MDR patients enrollment process at 4 new PMDT sites as soon as possible.</p>
	<p>4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort</p>	<p>MDR TB patients enrolled: 44, cured: 8 (18.2%), treatment completed 2.3%, died 40.9%, defaulted 29.5% and failed 9.1%.</p>	<p>2011</p>	<p>MDR TB cure rate 80%</p>	<p>2014</p>		<p>Cure rate up to Q1/2010 cohort: 71% (27/38); default rate: 10.5% (4/38); death rate: 10.5% (4/38); failure: 8% (3/38); transferred out: 0.</p>	<p>Next step: Improving quality of counselling to reduce the number of default cases.</p>

Technical Area 5. TB/HIV		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		
5.1 Strengthened prevention of TB/HIV co-infection	<p>5.1.2 Facilities that are providing HIV prevention message at TB services Indicator Value: Percent Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling. Denominator: Total number of facilities providing DOTS</p>	90%	2011	100%	2012			This Indicator will be measured on Q4 in APA 2. Total number of health facilities included in this indicator is 73.
5.2 Improved diagnosis of TB/HIV co-infection	<p>5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings Indicator Value: Percent Numerator: Number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms, over a given time period. Denominator: Total number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services, over the same given time period.</p>	65%	2010	75%	2012	76% (1677/2202) of HIV patients were screened for TB at their last visit in HIV care.	202 are confirmed TB and 173 are put on treatment.	

	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	6%	2010	15%	2012	13% (117/928) of TB patients were tested for HIV status.		Next step: Improve mentoring aiming to increase screening of TB patients for their HIV status
	5.2.3 TB patients who are HIV positive Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who test HIV-positive (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period who are tested for HIV (after giving consent).	2%	2010	5%	2012	23% (27/117) of TB patients who were screened for HIV were found positive.	This high percentage is due to checking among high risk group. 100% of these HIV positive TB patients were referred to HIV treatment center.	
5.3 Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment Indicator Value: Percent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period.	30%	2010	40%	2012	Oct 2011 - Mar 2012: 36%		Challenges: - Some providers are not well informed on the new recommendation regarding ART treatment for TB patients. Many of the are still waiting for CD4 result to start ART. Next steps: - Provide mentoring to the facilities to increase ART for TB patients.
	5.3.2 HIV-positive TB patients who receive CPT Indicator Value: Percent Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment Denominator: Total number of HIV-positive TB patients registered over the same given time period.	60%	2010	80%	2012	Oct 2011 - Mar 2012: 93%		

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year			
6.1 Ensured that TB control is embedded as a priority within the national health strategies and	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations Indicator Value: Yes/No	yes, partially	2010	yes	2012		This indicator will be answered in Q4	

plans, with commensurate domestic financing and supported by the engagement of partners	6.1.2 Government budget includes support for anti-TB drugs Indicator Value: Yes/No	yes, partially	2010	yes	2012		This indicator will be answered in Q4	
	6.1.3 CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups Indicator Value: Yes/No	yes, partially	2010	yes	2012		This indicator will be answered in Q4	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.2 Status of HRD strategic plans implemented Indicator Value: Score (1-3) based on definition.	0	2011	3	2014		This indicator will be answered in Q4	
	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	446 Female: Male:	2011	500 Female: Male:	2012	198 people were trained using TB CARE I funds		Challenge: - Currently no mechanisms in place to collect information from partners to measure this indicators. Next step: - Improve capacity in our coalitions to provide quality information for this indicator.

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year			
7.1 Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	yes	2005	yes, scale up and enhancement of software	2011	Modules for web-based TB information system were already developed. Modules include PPM, TB in prison, laboratory, PMDT, TB-HIV, ACSM, human resources, surveillance, and drug management.		Next steps are to define the role of health facility in each level and to socialize the software. This activity will involve Pusdatin (Center of Data and Information MoH).
	7.1.3 Surveillance data are internally consistent Indicator Value: Percent (per quarter) Numerator: Number of complete reports received from DOTS clinics per quarter in one calendar year. Denominator: Total number of DOTS clinics in the country.	TBD	2010	TBD	2011	NA		
7.2 Improved capacity of NTPs to analyze and use	7.2.1 National M&E plan is up-to-date	yes	2011	yes, updated	2012	National M&E plan was updated in April 2011		

analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	100%	2009	100% (single web based information system is under development and will be implemented in 2014)	2012	100% feedback is provided by NTP to provincial level annually. eTB manager is only utilized in 5 PMDT sites.		
	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	yes	2010	yes	2012	TB control program monitoring and evaluation was conducted in January 2012 and was attended by all stakeholders from all levels.		
7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2010	2	2012		The abstracts of the results of OR conducted during TB CAP has now been published in Abstract Book and are ready for dissemination and for inclusion in policy development.	Challenge: Lack of clarity over certain procedures and finance and administration processes regarding sub-contracts and sub-recipients led to delays in starting OR Next step: Speed up sub-contracts clearance process to ensure OR implementation next quarter.

Technical Area		8. Drug supply and management					Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	FLD: cat1 350,232 kits (14,8 months), cat2 5,787 kits (9.1 months), child 24,867 (1.4 months) <u>SLD:</u> Ethambutol (213,696), Pyrazinamid (207,000), Kanamycin (7,450), Capreomycin (4,402), Levofloxacin (151,900), Etionamide (329,400), Cycloserine (327,400), PAS (9,510), B6 (437,000) The minimum month of stock availability	2011	FLD : cat1 397,501 kits, cat2 9,801 kits, child 44,668 kits SLD : Ethambutol (2,419,200), Pyrazinamide (2,419,200), Kanamycin (81,000), Capreomycin (27,000), Levofloxacin (1,905,120) Ethionamide (1,814,400), Cycloserine (1,814,400), PAS (181,440), Vit B6 (1,814,400)	2012	As per 31 March 2012 FLD Cat 1 275,016 kits (11,6 months); Cat 2 7,034 kits (11,1 months); Child 37,256 kits (12,8 months) SLD Ethambutol = 133.723 tbl (9 month) Pyrazinamide = 189.000 tbl (8 month), Kanamycin = 22.690 vial (7 month), Capreomycin = 7400 (44 month), Levo = 353.700 (13 month), Ethionamide = 256.500 tab (12 month), Cycloserine = 261.100 tab (13 month), PAS = 8430 sachet (11 month), Vit B6= 334.000 tab (35 month)	Stock availability for First line and second line TB Drug is safe and enough to treat the patient without interruption. All of drugs have more than 4 month supply.	
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	no	2010	yes	2012	Yes. SOPs to ensure good selection, quantifications, procurement of TB drugs were finalized and will be available to ensure quality anti TB drugs.	Next steps: - Book printing and distribution to all partners. - Finalizing SOP in english version	
	8.1.3 Diagnosed MDR patients who cannot be put on treatment due to stock-out of second-line anti-TB medicines Indicator Value: Number of patients	0	2010	0	2012	All of confirmed MDR TB patients are treated with second line TB drugs. There is no stock out at hospitals as per March 2012.	Challenge: Drug availability for second line TB drug depends on international stock market, this is quite risk for drug supply in Indonesia since almost all of drug that use for treatment MDR TB are comes from international market.	

Quarterly Activity Plan Report

1. Universal and Early Access									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
						Month	Year		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/ Patient Centered Approach)	1.1.1	Continue Support for existing PPM activities and expansion of hospital DOTS	KNCV	87,787	50%	Sep	2012	Technical assistance, supervision and on-job-training were delivered to health facilities implementing DOTS and ones assisted for DOTS implementation.	
	1.1.2	Strengthen/ development of DOTS team in hospital	KNCV	5,249	0%	Sep	2012	Will be done in Q4	
	1.1.3	To develop SOP for the Army (Army, Air Force, Navy, Police) Hospitals DOTs Linkage	KNCV	8,736	0%	Jun	2012	This activity will be conducted by Army, since Army has been GF subrecipient. Therefore, TBCARE will provide assistance in this activity.	
	1.1.4	To establish external linkage among Lung Clinics, District Health Services and Provincial Health Service in East Java	KNCV	4,304	100%	Feb	2012	This activity is allocated for external linkage establishment in Central Java in February 2012, resulting in commitment of Lung Clinics, DHS and PHS to improve cure rate, success referral rate and CDR, also to lower MDR-TB risk through various following up steps, i.e. assistance in advocacy, utilization of mailing list, coordination between DHO and lung clinics, etc.	
	1.1.5	Printing and distribution of PPM module	KNCV	6,307	0%	Sep	2012	Will be done in Q4	
	1.1.6	Organize workshop to develop a tool and methods for DOTS accreditation of hospitals	KNCV	8,676	100%	Mar	2012	DOTS accreditation tool was finalized. This tool will then be printed and distributed to be used for HDL, PPM and accreditation training.	
	1.1.7	Socialization of Accreditation Guidelines	KNCV	12,582	100%	Mar	2012	Accreditation guidelines was socialized to 11 provinces, province hospital association and accreditation sub directorate in 21-22 Mar 2012. Hospitals will prepare the accreditation for DOTS, while TBCARE will follow up by assisting the hospital, based on assessment and priority setting.	
	1.1.8	Advocate existing NGOs to expand community based DOTS screening strategy and provide technical assistance.	WHO	7,543	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.	
	1.1.9	Rapid village survey/contact tracing of TB cases	WHO	21,776	0%	Jun	2012	Will be done in Q3	
	1.1.10	Assessment of prison for PMDT	FHI	956	0%	Mar	2012	Will be done in Q3	
	1.1.11	PMDT training for prison staff	FHI	5,438	0%	Jun	2012	Will be done in Q4	
	1.1.12	TB Medical Standards Workshop	KNCV	23,475	0%	Jun	2012	Will be done in Q3	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Conduct situation assessments for PPM	KNCV	17,996	0%	Jun	2012	This activity will be done after activity 1.2.2	
	1.2.2	Organize PPM Workshop	KNCV	12,626	75%	Jun	2012	PPM workplans were developed in workshops held in 3 provinces (DIY, Central Java, West Sumatra) to guide the delivery of good TB services among care providers through PPM.	
	1.2.3	Establish provincial PPM team	KNCV	6,622	50%	Jun	2012	PPM provincial team were established for 3 provinces (DKI Jakarta, West Java, and DIY). These teams will start working to speed up PPM implementation in their respective province. Next step: PPM team establishment in West Sumatra, Central Java, and East Java.	

1.2.4	Support hospital DOTS linkage meeting with all care provides in the selected cluster	KNCV	23,117	 0%	Sep	2012	Will be done in Q4
1.2.5	Strengthen Provincial PPM Team	KNCV	7,358	 0%	Mar	2012	This activity will be done after activity 1.2.3
1.2.6	To establish linkage between Insurance Parties and NTP	KNCV	2,742	 100%	Mar	2012	Agreement with national worker security system (Jamsostek) is updated and agreement with one biggest public insurance party (Askes) is established.
1.2.7	Develop PPM Model & PPM SOP	KNCV	3,882	 0%	Sep	2012	Will be done in Q4
1.2.8	Engage private sector in TB care and control	ATS	127,244	 0%	Sep	2012	Will be done in Q4
1.2.9	Technical Assistance to the Global Fund round 10.	ATS	77,778	 0%	Sep	2012	Will be done in Q4
1.2.10	Revised national strategy on TB control in correctional system	FHI	1,335	 25%	Mar	2012	The first workshop for collecting inputs for revision on the national strategy was conducted with GF budget, FHI provided inputs and responsible for integrating the inputs in the revised national strategy draft. The next meeting is to review the draft and will be conducted with TB CARE budget next quarter
1.2.11	Workshop of TB and HIV algorithm for correctional system	FHI	789	 0%	Mar	2012	Will be completed in Q4
1.2.12	Workshop of TB and HIV SOP for correctional system	FHI	4,158	 0%	Mar	2012	Will be completed in Q4
1.2.13	Socialization of TB and HIV program in correctional system for 10 new prisons	FHI	48,209	 100%	Mar	2012	The socialization/advocacy meeting was conducted in 1 - 3 March 2012, Bandung. Participants: 75 Persons (Male: 44 Female : 31). Result: Plan of Action including screening for all inmates, training for tamping (inmates volunteer), block leader and prison staffs, intensified case finding for PLHIV, HIV testing for TB patients, pre-release and post-release activities in 2012 was finalized. Follow up with Kanwil and prisons for the implementation of activities.
1.2.14	Sub-agreement with 1 local NGO to work on TB and HIV in prisons in Jakarta	FHI	19,698	 25%	Sep	2012	On going activities, Partisan is continuing its support for 4 prisons in Jakarta. Partisan is supporting for tamping training, inmates screening, referral for sputum, HIV support group, pre and post release activities. With support from Partisan, as many as 15 inmates who were released or transferred, were assured that they come to the services they need or continue their treatment. Three inmates continued their TB treatment in Puskesmas and prisons where they were transferred, 7 inmates continue their ART in hospitals and prison where they were transferred, 2 inmates on methadone continue the MMT in puskesmas, and all of the inmates who are released completely, were referred to case management services in the NGOs in Jakarta, Bogor and Cilacap.

1.2.15	Implementation of TB and HIV program in 16 prisons	FHI	50,373	25%	Sep	2012	<p>TB-HIV implementation activities started in Jakarta, and West java.</p> <p>DKI Jakarta: March 26th, 2012: Pondok Bambu Detention Center held tamping & block leader training for TB-HIV. Total Participants : 19 inmates (16 women & 3 male minors). Result of activities: they will support for peer-education on TB-HIV also they will assist in mass screening for TB & HIV. Follow up: Detention center's staff socialization on TB & HIV, inmates education & mass screening for TB & HIV.</p> <p>West Java: Advocacy visit to new prisons; Banceuy prison and Cibinong prison with Div Pas Kanwil Kumham Jabar & Dinkes Propinsi Jabar. The advocacy visit objective is to follow up on the socialization meeting and to get support for the upcoming activities in the prisons.</p>
1.2.16	Clinical mentoring and program monitoring in 20 prisons	FHI	36,226	5%	Sep	2012	<p>Mentoring for TB dan HIV lab was done in Bekasi Prison. This mentoring is a follow up from last quarter mentoring, where we found many indeterminate results from HIV test, and to assure that the prison follow the TB lab cross check. Result: the prison staff who performs HIV testing, now is interpreting the HIV test correctly. The activity were followed by mentoring for clinical team (total: 5 male, and 10 female).</p>
1.2.17	Supervision from Directorate of Correctional Services to 20 prisons	FHI	18,015	0%	Jun	2012	
1.2.18	TB-HIV Collaboration Workshop; PITC; TB - HIV Record Report	FHI	90,009	60%	Mar	2012	<p>The workshop was conducted on 5-9 March 2012 in Bandung.</p> <p>Result: A total of 25 doctors and nurses from 10 new prisons; (M:14 and F:11) now have betterknowledge on TB-HIV, and are able to perform PITC, to record TB and HIV recording/reporting format according to national program.</p> <p>Follow up: Mentoring for the prisons and DCs.</p>
1.2.19	Workshop lesson learned and sharing experience from 20 prisons	FHI	20,832	0%	Sep	2012	Will be done by the end of Q4.
1.2.20	Logistic for case detection	FHI	8,649	25%	Mar	2012	<p>Lab supplies for TB microscopy testing in Pengayoman Hospital were procured. This is to fill the gap of funding before GF budget for prisons applies. The hospital started to perform microscopic exam, result: 220 sputums found 5 Positive patients.</p>
1.2.21	Support sputum collection booth for 10 prisons	FHI	7,587	0%	Mar	2012	Design of the sputum booth was done, the booths will be placed in Q3
1.2.22	Workshop sincronization of TB and HIV reporting with MoLHR Health's reporting	FHI	2,003	25%	Jun	2012	<p>One coordination meeting with NTP and Ditjenpas resulted in final format of TB program reporting for prisons and guideline for report development. The format includes TB-HIV variables, and socialized in the workshop for new prisons. See activity 1.2.13 and 1.2.22. Follow up: TA in RR in the prisons, and for other prisons other than supported by TB CARE, Ditjenpas will disseminate a letter to introduce TB and HIV program reporting.</p>

	1.2.23	Evaluation and recording process at existing 10 prison	FHI	18,234	0%	Mar	2012	The workshop will be done in Q3.
	1.2.24	Regular coordination meeting on TB and HIV with MoLHR and MoH	FHI	2,792	25%	Sep	2012	There were 3 MDR suspect from prisons in West Java. TB CARE will support for management of this suspect and if they are positive for MDR. Follow up: - Ditjenpas to develop MoU with Persahabatan, send letter to related Kanwil regarding the management of suspects. - FHI, NTP, and Persahabatan will support for sputum collection and transport of the suspects.
	1.2.25	Technical Assistance to low performance provinces and districts	WHO	17,137	0%	Jun	2012	Will be done in Q3
	1.2.26	Improve DOTS in 4 low performance provinces	WHO	116,626	0%	Sep	2012	Will be completed in Q4
	1.2.27	Provide Technical Assistance	WHO	12,306	50%	Sep	2012	In country travel for MO to low performance provinces.
	1.2.28	Provide Technical Assistance to NTP and Province Health Offices	KNCV	6,967	50%	Sep	2012	Technical assistance was provided to DIY Province Health Office to improve PPM implementation.
	1.2.29	supporting GeneXpert implementation in prisons	FHI	17,176	25%	Sep	2012	Meetings were conducted to support the GeneXpert implementation in prisons setting. One of the meeting was conducted in Pengayoman Hospital in the same time with Sanne's mission. See activity 2.3.10. Challenges in Pengayoman Hospital: - Hospital structure - No operational budget - No reagents and consumables - Waste management Recommendation: Reagents can be provided by NTP. Ditjenpas will assign official Director for the hospital.
	1.2.30	Training on supervisory skills for HDL supervisors	WHO	33,771	75%	Sep	2012	Training was being conducted in Palembang and Banten (Mar-Apr) to get agreement on HDL TB supervisor who will be involved in periodic supervision to district hospital implementing DOTS and also an agreement of district hospital DOTS that will be supervised periodically.
	1.2.31	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.
					26%			

2. Laboratories						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Ensured capacity, availability	2.1.1	EQA Training	JATA	99,911	0%	Sep	2012	Will be completed in September 2012
	2.1.2	Evaluation of EQA implementation	JATA	16,324	0%	Sep	2012	Will be completed in September 2012
	2.1.3	Printing report and form on EQA	JATA	44,969	0%	Sep	2012	Will be completed in September 2012

and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.4	TB Lab Working Group meeting	KNCV	24,202	50%	Sep	2012	TBCARE I support TB Lab Working Group meeting on 22-24 Feb 2012 in Bandung. Participants: NTP, BPPM, TB lab Working Group, National TB trainers and KNCV Result: (1) Revised LQAS training modules which will be used for the next LQAS training/workshop (2) SOP for microscopic examination and Quality Assurance
	2.1.5	Supervision/assessment to improve management of TB Lab networking and QA	KNCV	17,680	25%	Sep	2012	TBCARE I support supervision to North Sumatera to improve management of TB Lab networking and QA on 12-14 March 2012. Participants: NTP, BPPM and KNCV Result: (1) Latest situation and evaluation on implementation of QA and networking in North Sumatera (2) Microscopic panel test for TB lab Technicians in BLK Medan. Result: Passed Recommendation: Establish intermediate lab in North Sumatera Province
	2.1.6	Support LQAS workshop in 2 new provinces	KNCV	77,263	0%	Jun	2012	Will be done in Q3 - Q4
	2.1.7	Training/Refreshing training on smear microscopic for Provincial TB reference lab	KNCV	18,339	0%	Sep	2012	Will be done in Q3 - Q4
	2.1.8	Establish intermediate laboratory	KNCV	7,957	0%	Sep	2012	Will be done in Q3 - Q4
	2.1.9	Provide AFB microscopic panel testing	KNCV	6,674	0%	Mar	2012	Preparation of 40 sets of AFB Microscopic panel test have been done. Next step: Distribute the AFB panel test to all Provincial Reference Lab. This activity will be done in Q3
	2.1.10	Refreshing training on smear microscopic in Papua province	KNCV	17,380	0%	Sep	2012	Will be done in Q4
	2.1.11	Provide EQA panel test for cultur/DST	KNCV	24,527	50%	Sep	2012	EQA panel test for C/DST was done for 6 C/DST referral labs in Feb-Mar 2012. Result is available for five labs except Microbiology UGM. All other five labs showed good and consistent results for 4 consecutive years. Next EQA panel test will be done in Q4.
	2.1.12	Maintenance/Calibration of BSCs	KNCV	35,039	0%	Sep	2012	Will be done in Q4
	2.1.13	Support TB Lab renovation	KNCV	116,795	0%	Sep	2012	Will be done in Q3 - Q4
	2.1.14	TA to supervise NTRL in West Jawa.	JATA	28,319	0%	Jun	2012	Will be done in Q3
	2.1.15	TA to conduct EQA Training & EQA WS	JATA	79,570	0%	Sep	2012	Will be done in Q4
	2.1.16	TA to set up administrative system fro	JATA	27,232	0%	Sep	2012	Will be done in Q4
	2.1.17	EQAS for TB-HIV	FHI	33,718	0%	Jun	2012	Will be completed in Q4
2.1.18	Coordination meeting between TB Lab WG and EXPAND-TB	WHO	18,545	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.	
2.1.19	Coordination meeting between NTP and Directorate BPPM.	WHO	21,069	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability and quality of technical assistance and services	2.2.1	Improve capacity of QA culture and DST	KNCV	55,370	25%	Sep	2012	International TA delivered by Richard Lumb from IMVS Adelaide in APA2 were planned to be conducted in October 2011 (done), May 2012 and September 2012.
	2.2.2	Supervision	JATA	8,452	0%			Will be completed in Q4
	2.2.3	International TA for Lab	KNCV	74,888	0%	Sep	2012	See activity 2.2.1

and services	2.2.4	Technical Assistance to NTP and Referral labs	KNCV	11,731	50%	Sep	2012	Five TAs were delivered with results as follow (1) Review of draft of C/DST guideline Result: Final draft C/DST guideline. Next Steps: Finalization of Culture/DST guideline (2) Supervision to TB lab in RS Gatot Soebroto Result: Skill of lab technicians need to be improved. Recommendation: OJT for TB Lab technicians. (3) Finalization of checklist for TB lab human resource Next Steps: Distribute the checklist to related lab/institution (4) Finalization of assessment checklist for culture/DST lab Recommendation: Use this checklist for assessment culture/DST Lab. (5) TA to develop technical guidance on TB Lab HSE. Next Steps/Recommendation: Finalization Draft technical guidance on TB Lab HSE.
	2.2.5	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.
	2.2.6	Strengthen Capacity of NTP and Lab staff	WHO	10,170	0%	Mar	2012	The activity is postponed based on NTP request until the last quarter of APA 2 period.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	GeneXpert Site asesment visit	KNCV	17,029	50%	Jun	2012	See activity 2.3.10
	2.3.2	GeneXpert training for 12 sites	KNCV	39,279	25%	Jul	2012	GeneXpert training for RS Moewardi Solo and RS Soetomo Surabaya was delivered on 6-9 March and 13-16 March 2012 respectively. Participants: RS Moewardi Solo: 40 trainees (M=14; F=26) consist of Clinicians, staff from MDR TB Clinic, HIV TB, lab supervisors, lab technicians RS Soetomo Surabaya: 37 trainees (M=13; F=24) consist of Clinicians, staff from MDR TB Clinic, HIV TB, lab supervisors, lab technicians Result: These two sites are now conducting suspect examination using GeneXpert.

	2.3.3	HAIN test study phase 2	KNCV	49,395	 75%	Mar	2012	<p>HAIN test study phase 2 is in progress. Samples enrolment and testing have been completed. Available data were double entered and discrepancies were checked against the raw data.</p> <p>Next step:</p> <ul style="list-style-type: none"> - Microbiology UI will provide the conventional DST results and the Genotype@MTBDRplus test results (susceptibility patterns) by hospital. - Microbiology UI will provide the culture growth results (negative, positive, contamination) and the Genotype@MTBDRplus test results (result or inconclusive) by month and hospital. - Edine will follow up for the possibilities in trying to receive the LJ results linked to MDRTB suspect number from BBLK in Surabaya
	2.3.4	HAIN test for SLD	KNCV	16,320	 75%	Jun	2012	<p>HAIN test study for SLD is in progress. DST and Genotype@MTBDRsl test results are available of 132 isolates which means that 14 more isolates are needed to reach the agreed upon sample size of 146. Estimation to complete the sample size is one month.</p> <p>Next step:</p> <ul style="list-style-type: none"> - Microbiology UI will check whether the isolates with discordances on either OFX, AMK or KAN were retested using Genotype@MTBDRsl test. - Edine will check with Richard Lumb and lab expert from local TBCARE staff how specifically the EMB discordances should be interpreted and then we will decide whether whole gene sequencing is needed and for which genes.

2.3.5	GeneXpert on site training, installation and first running	KNCV	20,434	25%	Sep	2012	<p>GeneXpert on site training and machine installation were done for 5 initial sites in 28 February - 22 March 2012.</p> <p>Participants: Clinicians, staff from MDR TB Clinic, HIV TB, lab supervisors, lab technicians a. RS Persahabatan: 17 trainees (M=3; F=14) b. Microbiology UI: 12 trainees (M=4; F=8) c. RS Moewardi Solo: 40 trainees (M=14; F=26) d. RS Soetomo Surabaya: 37 trainees (M=13; F=24) e. RS Hasan Sadikin: 11 trainees (M=2; F=9)</p> <p>Result: Up 31 March 2012, 4 sites are already operating: RS Soetomo Surabaya, Microbiology UI Jakarta, RS Moewardi Solo and RS Persahabatan while for RS Hasan Sadikin will start implementation once preparation of PMDT and TB-HIV Collaboration are finalized.</p> <p>Total 117 MDR suspect (from PMDT sites and from TB-HIV sites) were examined using GeneXpert in 4 operating sites. 40 out of 117 patients are diagnosed as Rif resistant. All Rif resistant cases were referred to PMDT treatment centre for treatment. 17 Patients are being treated under PMDT program.</p> <p>Next step: Prepare on site training for other sites which already fulfill requirement to start GeneXpert implementation</p>
2.3.6	GeneXpert Supervision/Monitoring	KNCV	27,246	0%	Sep	2012	Will be completed in September 2012
2.3.7	GeneXpert Coordination meeting	KNCV	26,050	50%	May	2012	<p>(1) GeneXpert MoU was finalized with TBCARE support on 13 January 2012.</p> <p>(2) TBCARE support signing of GeneXpert MoU between MoH and 6 GeneXpert sites on 24 January 2012.</p>
2.3.8	APW for GeneXpert project manager (from NRL-Microbiology UI)	KNCV	12,614	0%	Sep	2012	Propose to cancel this activity and replace with support for GeneXpert operational cost.
2.3.9	Recalibration of GeneXpert modules	KNCV	12,614	0%	Sep	2012	Will be done at least 1 year after GeneXpert first running (Q4)

	2.3.10	International TA for GenExpert Implementation	KNCV	6,168	50%	Jun	2012	Sanne van Kampen's mission in January and February 2012 was to assist preparation of GeneXpert implementation including assessment site visit to 6 GeneXpert sites. Result: 1. 5 labs were considered to be ready for GeneXpert placement. However, linkage between HIV and DOTS and surrounding clinics should be strengthened to improve suspect referral for GeneXpert texting. 2. Implementation in Pengayoman Hospital will be delayed until PMDT services can be effectively provided through linkage with Persahabatan Hospital. Follow up: GeneXpert implementation resulting in GeneXpert currently running in 4 sites. Next TA will be done in June 2012 to speed up the scaling up of GeneXpert implementation.
					16%			

3. Infection Control								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.1 Increased TB IC Political Commitment	3.1.1	Socialization TB IC implementation at provincial level	KNCV	10,985	25%	Mar	2012	Among 5 planned provinces, socialization was conducted in 2 provinces (Central Java and DKI Jakarta)
	3.1.2	Update TBIC guideline for prison	FHI	4,423	0%	Mar	2012	Will be completed in Q4
	3.1.3	Printing updated TBIC guideline for prison	FHI	3,793	0%	Mar	2012	Will be completed in Q4
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	workshop on revision TB IC guideline, hospital and PHC building design	KNCV	4,004	25%	Jun	2012	TB IC guideline is one of important reference for TB IC implementation in health care facilities. This guideline will be drafted in April 2012, next step is to finalize, print and distribute.
	3.2.2	TB IC assessment to 10 new prisons/detention centers	FHI	22,790	0%	Mar	2012	Will be completed Q4
	3.2.3	Workshop result of TB-IC assessment in Prison	FHI	19,195	0%	Sep	2012	Will be completed Q4
	3.2.4	In-house training for TB IC (for hospital staff)	KNCV	28,364	0%	Jun	2012	Postponed to Q3-Q4
	3.2.5	In-house training for TB IC (for workplace, prison, clinic)	KNCV	28,364	0%	Jun	2012	Postponed to Q3-Q4
	3.2.6	Renovation outpatient clinic in Persahabatan Hospital	KNCV	17,519	0%	Jun	2012	Design has been approved, starting for tender process
	3.2.7	Renovation of selected Health Centers in East Jakarta and Surabaya	KNCV	35,039	0%	Jun	2012	Design has been approved, starting for tender process
	3.2.8	Renovation for treatment centers	KNCV	140,154	0%	Jun	2012	Will be started in June 2012
	3.2.9	International TA (IC consultant)	KNCV	23,211	0%	Jun	2012	Max Meiss mission is scheduled Q3.
	3.2.10	TA for TB-IC implementation and renovation 2011 .	KNCV	4,484	0%	Jun	2012	Will be completed Q3
	3.2.11	TA for TB-IC implementation and renovation 2012	KNCV	8,409	0%	Sep	2012	Will be completed Q4
	3.2.12	TBIC implementation monitoring in 5 provinces	KNCV	9,398	0%	Sep	2012	Will be completed in Q4
					3%			

4. PMDT								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Training for treatment centers	KNCV	58,789	100%			Completed
	4.1.2	Training for satellites PMDT staff	KNCV	28,621	50%	April	2012	Completed in 2 out of 4 Provinces (Bali and West Java)
	4.1.3	PMDT Socialization in new provinces	KNCV	24,264	100%	May	2012	Completed
	4.1.4	Involvement of private practitioner in PMDT	KNCV	12,790	0%	May	2012	
	4.1.5	Expansion of PMDT in new provinces in 2012	KNCV	19,499	100%	June	2012	Completed. PMDT sites expanded to new 4 provinces.
	4.1.6	PMDT site preparation in 2012	KNCV	5,116	100%	June	2012	Completed
	4.1.7	Training for treatment centers	KNCV	58,786	0%	July	2012	Will start in Q4
	4.1.8	Training for satellites PMDT staff	KNCV	28,621	0%	Aug	2012	Will start in Q4
	4.1.9	PMDT Socialization in new provinces	KNCV	24,184	0%	Aug	2012	Will start in Q4
	4.1.10	Drug Resistant TB Case findings	KNCV	4,672	100%	Dec	2011	After January covered by GF funding
	4.1.11	Sputum handling and transportation	KNCV	9,107	50%	Sep	2012	Co sharing with GF funding
	4.1.12	Home visit and contacts tracing of identified MDR TB cases.	KNCV	2,336	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.13	Treatment support (hospitalization, injection and other medical care for MDR cases)	KNCV	35,039	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.14	Follow up smear and cultures patients under MDR treatment	KNCV	29,199	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.15	Side effect management	KNCV	11,680	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.16	General Laboratory examination (LFT, KFT etc) for baseline and follow up	KNCV	23,359	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.17	Quarterly patient gathering	KNCV	8,882	25%	Sep	2012	Started at Q2
	4.1.18	Individual counseling	KNCV	350	50%	Sep	2012	Ongoing process
	4.1.19	Enabler for patient	KNCV	126,139	50%	Sep	2012	Delivered to 150 cases found before January 2012
	4.1.20	Shelter/dormitory facility facility	KNCV	12,614	50%	Sep	2012	Ongoing process
	4.1.21	PMDT coordination meeting at Provincial level	KNCV	20,916	50%	Sep	2012	Coordination meeting is conducted per semester in each provinces. DKI Jakarta: January 2012, East Java: December 2011, Central Java: March 2012, South Sulawesi: March 2012.
	4.1.22	Data validation	KNCV	13,322	25%	Sep	2012	Only DKI Jakarta has conducted data validation (March 2012).
	4.1.23	Supervision	KNCV	1,437	50%	Sep	2012	This activity is conducted quarterly to maintain and improve the quality of case management in PMDT sites.
	4.1.24	Provide personal protection	KNCV	31,304	50%	Sep	2012	Batch 1 delivered at March 2012
	4.1.25	PMDT IEC material	KNCV	2,920	0%	Jul	2012	Will be completed in July 2012
	4.1.26	Training counselling and case management of PMDT	FHI	19,743	0%	Sep	2012	Will be done in Q4
	4.1.27	PMDT counseling and case management training material review	FHI	2,671	0%	Jun	2012	Will be done in Q3
	4.1.28	Post assessment meeting for PMDT in 6 provinces.	WHO	9,375		Mar	2012	The activity is postponed based on NTP request until next quarter.
	4.1.29	Pre-assesment meeting of PMDT in 5 new sites .	WHO	4,091	0%	Mar	2012	The activity is postponed based on NTP request until next quarter.
	4.1.30	Assesment visit in 5 new PMDT sites.	WHO	15,914	0%	Jun	2012	Will be done in Q3
	4.1.31	Post assesment meeting in 5 PMDT new sites.	WHO	7,592	0%	Jun	2012	Will be done in Q3
	4.1.32	Dissemination information on PMDT as part of NTP to high ranking health official.	WHO	28,234	0%	Mar	2012	The activity is postponed based on NTP request until the last quarter of APA 2 period.

4.1.33	HRD on PMDT counselling (review).	WHO	6,718	0%	Jun	2012	Targeted to be completed in Q3
4.1.34	Translation PMDT counselling documents	WHO	1,980	0%	Sep	2012	Targeted to be completed in Q4
4.1.35	PMDT coordination meeting on clinical issues.	WHO	10,814	0%	Jun	2012	Targeted to be completed in Q3
4.1.36	Finalization of PMDT counselling documents.	WHO	10,678	0%	Sep	2012	Targeted to be completed in Q4
4.1.37	International meeting/ workshop	WHO	16,950	0%	Sep	2012	Targeted to be completed in Q4
4.1.38	International PMDT training & study	WHO	20,340	0%	Jun	2012	Targeted to be completed in Q3
4.1.39	International TA for PMDT counseling	WHO	14,690	0%	Jun	2012	Targeted to be completed in Q3
4.1.40	Support the expansion and quality improvement of PMDT	WHO	43,683	0%	Sep	2012	Targeted to be completed in Q4
4.1.41	Internal TA for PMDT activities	WHO	35,496	50%	Sep	2012	in-country travel for PMDT consultant
4.1.42	International TA	KNCV		Cancelled	Mar	2012	Cancelled before approval of APA2. See activity 4.1.41
4.1.43	Technical Assistance to NTP and PMDT sites	KNCV	7,568	50%	Sep	2012	Supervision was conducted in February-March 2012 by request from NTP.
4.1.44	Capacity building on incorporation of new rapid diagnostics in national PMDT	WHO	10,170		Mar	2012	The activity is postponed until the last quarter of APA 2 period based on NTP request in which the activity will be a study visit to one of SEAR's country where the rapid test to diagnose MDR TB has been implemented successfully.
4.1.45	Pre assesment meeting of PMDT expansion	WHO	5,008	100%	Jan	2012	The meeting was incorporated with the National Monev meeting in Surabaya. The meeting was opportunity for situational analysis and opportunity to sensitize the staff for launch of preparatory activities. The assessment tools were introduced to staff for conducting the self-assessment.
4.1.46	Assesment to newly selected sites (6 sites)	WHO	11,557	100%	Jan	2012	The meeting was incorporated with the National Monev meeting in Solo. Based on the result of the self-assessment, the 6 provinces were requested to write down their plan of action for implementation of PMDT with the guidance of PMDT unit from central level. Based on each province self assesment, a guideline in writing the plan of action was introduced during monev meeting in Solo. The 6 provinces made preliminary draft of its PMDT work-plan, that will be presented and discussed during the post assesment meeting, that is planned to be conducted in end of April 2012 (activity 4.1.28), by the request of the NTP.
4.1.47	Post assesment meeting to give feedback and make plan of action	WHO	18,903	0%	Sep	2012	Will be conducted after the completion of activity 4.1.47
4.1.48	PMDT clinical audit	WHO	12,198	100%	Sep	2012	This activity is carry forward activity from APA 1 that was conducted in September 2011 incorporated with PMDT International Training in Jakarta by IUATLD. Site visit to Persahabatan Hospital as referral hospital for PMDT, East Jakarta District Health Office and 3 HCs. After the visit there was a technical meeting to discuss about MDR TB Management of Surabaya, Malang, Makassar and Surakarta sites.
4.1.49	PMDT Clinical audit : Follow up	WHO	7,704	0%	Mar	2012	Will be conducted after the completion of activity 4.1.48

	4.1.50	external TA coordination and evaluation (1)	WHO	5,137	0%	Mar	2012	The activity is postponed until the last quarter of APA 2 period based on NTP request.	
	4.1.51	external TA coordination and evaluation (2)	WHO	7,345	0%	Mar	2012	This activity will be conducted after 4.1.50	
	4.1.52	PMDT money meeting at National Level	WHO	20,546	100%	Dec	2011	Conducted in Bogor to review and analyse the PMDT activities of each site focusing on the performance of clinical expert team for improvement future PMDT services.	
					35%				

5. TB/HIV									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
5.1 Strengthened prevention of TB/HIV co infection	5.1.1	Develop TB-HIV program management workshop presentation	FHI	2,579	100%	Mar	2012	The activity did not need budget. NTP, NAP and FHI shared task in developing the presentation for the workshop.	
	5.1.2	Workshop of TB-HIV program management	FHI	37,560	100%	Mar	2012	The workshop was conducted in 1-3 March, 2012, involving TB and HIV program from 11 provinces. This activity was cost shared with Global Fund. Result: National TB/HIV team received inputs from provinces for the TB/HIV management book and the TB/HIV variables/reporting format is finalized and socialized to the 10 provinces. Follow up: Lay-out, printing and distribution of the book.	
	5.1.3	TB-HIV TWG meeting in provincial level for 8 provinces	FHI	73,432	0%	Sep	2012	Will be completed in Q4	
	5.1.4	TB-HIV TWG meeting in national level	FHI	1,191	0%	Sep	2012	Will be done in Q3	
	5.1.5	Develop IEC material for sputum collection	FHI	2,079	0%	Jun	2012	Will be completed in Q4	
	5.1.6	Printing IEC materials and SOP	FHI	19,877	0%	Jun	2012	Will be completed in Q4	
	5.1.7	World TB Day	FHI	3,907	100%	Mar	2012	About 400 people came to FHI360 booth in TB Day, FHI provided TB/HIV IEC materials, talked about TB/HIV and gave some merchandise to the attendees.	
	5.1.8	Internal M&E FHI meeting for quality improvement	FHI	65,528	0%	Jun	2012	Will be done in Q3	

	5.1.9	Refreshing Reporting and recording for TB HIV health care facilities	FHI	48,626	 75%	Sep	2012	This activity is as the follow up of the finalization on TB/HIV variables. FHI assisted Provincial health Offices in Jakarta, West Java, Riau Island and West Papua to socialize and train facilities for the revised TB/HIV reporting format. Participants consisted of TB staffs, HIV staffs from facilities (PKM, RS, Lung clinic), District and Provincial Health Officers (the list is attached). Result and follow up: Facilities will report the TB/HIV new RR in Q1 2012. All TB and HIV staffs from 5 District Health Offices will socialize to the other health facilities in their areas with the assistance from Provincial Health Office and FHI360 if needed. DKI Jakarta: March 28 and 29, 2012 TB-HIV RR Socialization for TB & HIV staffs for several hospitals and primary health centers (PHC) held in Jakarta Timur, total Participants: 24 staffs (20 women and 4 men), and Jakarta Pusat District Health Office. Participants con Total Participants: 25 staffs (19 women and 6 men). West Java: The meeting was attended by 38 participants from 5 selected district and 11 Health care facilities. and from those 38, 28 was supported by FHI TB CARE (21 female,7 male), and 10 by GF ATM TB component. Riau Islands: 19 March 2012, Tanjungpinang. Participants: 34.
	5.1.10	ME Meeting in provincial level	FHI	12,486	 0%	Sep	2012	Will be done in Q3
	5.1.11	Logistic for consumables (TBIC)	FHI	6,676	 0%	Mar	2012	Will be done in Q3
	5.1.12	TA to NTP on TB - HIV collaborative activities	WHO	1,900	 0%	Sep	2012	Will be completed in Q4
	5.1.13	Facilitate national TB-HIV trainings for HIV staff	WHO	3,294	 0%	Sep	2012	Will be completed in Q4
	5.1.14	Facilitate national TB - HIV trainings for TB staff	WHO	3,065	 0%	Sep	2012	Will be completed in Q4
	5.1.15	Mentoring selected TB - HIV clinics	WHO	2,431	 0%	Sep	2012	Will be completed in Q4
	5.1.16	Provide Technical Assistance	WHO	12,306	 25%	Sep	2012	in country travel for MO
	5.1.17	Internal FHI TB HIV monitoring and evaluation meeting	FHI		 0%	Mar	2012	Will be done in Q3
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	PITC Training for 3 provinces	FHI	38,630	 0%	Jun	2012	Will be done in Q3
	5.2.2	TOT for HIV rapid diagnostic and opportunistic infection laboratory training for lab technician	FHI	40,058	 0%	Jun	2012	Will be done in Q3
	5.2.3	Sub-agreement with 1 local NGO to promote HIV testing within TB suspects and TB patients in Jakarta	FHI	27,919	 25%	Sep	2012	Preliminary meeting between FHI360 Country Office, FHI360 DKI Jakarta Provincial Office and PPTI Baladewa already done in the end of March 2012. Sub-agreement is being drafted and waiting for finalization. Follow up: 2nd meeting between FHI360, PPTI Baladewa and DKI Jakarta Provincial AIDS Commission, followed by finalization of sub-agreement.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3	5.3.1	TB-HIV training for TB staff	FHI	27,092	 0%	Jun	2012	Will be done in Q3

Improved treatment of TB/HIV co-infection	5.3.2	Clinical mentoring and program monitoring in 8 provinces including supervision	FHI	48,082	25%	Sep	2012	West Java: TBCARE supported workshop to develop TB HIV diagnostic flowchart in RSHS. Participant: 21 (11 female,10 male), from microbiology lab, DOTS clinic, and HIV Clinic. In this meeting FHI provided TA for recording and reporting of GeneXpert, IPT, and TB HIV, and assured the diagnostic flowchart to cover all aspects. we also discussed lesson learnt from 4 sampel GeneXpert (2 for MDR and 2 TB HIV). The flowchart will be reviewed first and then endorsed by the hospital management and planned to be used in mid April along with the launching of PMDT service in RSHS.
	5.3.3	International travel	FHI	52,874	25%	Sep	2012	Carol Hamilton visit to review TB/HIV and TB in prison activities. Carol also provided lecture on MDR TB and IPT. The lecture was attended by 30 Participants from NTP, NAP, PHO, DHO and some hospitals and puskesmas. We had inputs for TB/HIV, prison and IPT activities. Detail is in Carol's report.
	5.3.4	Develop and test SOP and internal linkage between MDR TB and HIV in ART Hospital	FHI	2,549	25%	Jun	2012	March 20th, 2012: 1st meeting for developing MDR TB and HIV SOP in Persahabatan Hospital (ART Hospital also referral hospital for PMDT in DKI Jakarta Province). Total Participants: (2 men, 12 women). Result of Activites: 5 SOPs will be developped (Suspects' tracing and referral for examination, Diagnosis, Treatment, Follow Up, Recording & reporting). PMDT team and HIV team shared the task for developing these 5 SOPs. Follow up of Activities: 2nd meeting for presenting SOPs draft will be held in the mid of April 2012.
					21%			

6. Health Systems Strengthening						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Workshop for evaluation of ACSM training and module	KNCV	6,956	25%	May	2012	TBCARE delivers TA in ACSM post evaluation training funded by GF resulted inputs from provinces that are trained for ACSM. This input will be finalized in the workshop for evaluation of ACSM training that will incorporate the result.
	6.1.2	Study on TB budget allocation in district level	KNCV	11,680	25%	May	2012	TB budget alocation will be an element of Exit Strategy document which is supported by TBCARE.
	6.1.3	Media Workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	5,858	100%	Feb	2012	Workshop to sensitize media on MDR-TB was attended by 20 journalists from national and local media. These journalists also carried site visit to one of PMDT site. This activity involved Public Communication Center.
	6.1.4	World TB Day Campaign Event	KNCV	62,444	100%	Apr	2012	Conduct fun bike and fun walk in Jakarta and involved Layanan Kesehatan Cuma-Cuma from a local NGO (free health services) and successfullydrew 8000 people to participate and drew media attention.

	6.1.5	Development of Advocacy materials	KNCV	33,365	0%	Aug	2012	These materials will be using the result of TB program cost and benefit study that will be conducted by MSH. See activity 6.1.8.
	6.1.6	ACSM Training of Trainer	KNCV	30,136	0%	Sep	2012	Will be conducted after activity 6.1.5
	6.1.7	Supervision & Monitoring ACSM of activities	KNCV	2,340	0%	Sep	2012	This activity is adjusted to NTP request and
	6.1.8	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	49,524	0%	May	2012	Postponed until May 2012 at the request of the NTP. Worked on Exit Strategy policy development instead.
	6.1.9	Strengthening and expanding planning and budgeting skills and systems (based on the Central Java pilot) to increase local governmental funding for TB	MSH	86,691	0%	Sep	2012	Study started in April 2012 to determine what indicators to use to measure exit strategy progress
	6.1.10	Conducting detailed cost and financing analyses of an expanded district TB program including the use of GeneXpert and a prison/MDR-TB program	MSH	37,533	0%	Jun	2012	Will be conducted in May 2012.
	6.1.11	TB CARE I partner meetings	ATS	34,394	0%	Sep	2012	Will be completed in Q4
	6.1.12	TB CARE I consensus meeting for APA 3	KNCV	22,589	0%	Jun	2012	Will be conducted in Q3
		Further developing and testing the strategy for generating increased revenue	MSH		Cancelled			
	6.1.13	Developing an implementation plan for the NTP exit strategy	MSH	13,406	25%	May	2012	National policy document developed in January 2012 to persuade MOH, MOF, Planning and other government bodies to support policy
	6.1.14	Further developing and testing the strategy for generating increased revenue	MSH	63,125	25%	Sep	2012	Insurance study started with local consultant in April 2012
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Conduct Advanced Course for DOTS Acceleration (ACDA) and evaluation of the course	KNCV	88,083	0%	Aug	2012	Will be conducted in August 2012.
	6.2.2	Leadership and programme management training in low DOTS performance provinces and districts	WHO	31,155	0%	Jun	2012	Will be completed in Q3
	6.2.3	Leadership and programme management post training supervision in low DOTS performance provinces and districts	WHO	12,481	0%	Sep	2012	Will be completed in Q4
	6.2.4	Review and update training material: leadership and programme management training in low DOTS performance provinces and districts	WHO	12,327	0%	Mar	2012	This activity will be adapted before the training in July 2012.
	6.2.5	Develop curriculum and modules	WHO	10,517	100%	Dec	2011	Training curriculum and the modules have been updated for TB capacity building in line with the national TB guideline. There are 18 types of TB training for improvement of TB HR.
	6.2.6	World TB Day	WHO	11,300	100%	March	2012	Supported WTBD Commemoration for National Symposium at Menara 165.
	6.2.7	International TA for HRD	WHO	14,690	50%	Sep	2012	Ms Karin Bergstrom from WHO HQ visited on February 2012 to provide TA in the updated HR development system and method.
	6.2.8	International meeting/conferences	KNCV	32,900	0%	Sep	2012	Will be conducted in Q4
	6.2.9	International meeting/workshop	WHO	10,170	0%	Sep	2012	Will be completed in Q4
	6.2.10	Internal TA for HRD activities	WHO	41,961	0%	Sep	2012	Will be completed in Q4
	6.2.11	Provide Technical Assistance	WHO	8,875	0%	Sep	2012	Will be completed in Q4
	6.2.12	Workshop / course on influencing, networking and Partnership (carried forward from APA1)	The Union	55,864	0%	Sep	2012	Replaced with activity "Advanced training of trainers for master trainers Batch 3". Approved by USAID/Mission April 2012.
	6.2.13	Design Standardized TB Curriculum in medical schools in Indonesia (carried forward from APA1)	The Union	33,572	0%	Jun	2012	Will be completed in Q3

6.2.14	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	75,554	0%	Sep	2012	Will be completed in Q4
6.2.15	Advanced Training -of-Trainers for master trainers Batch II	The Union	57,978	0%	Sep	2012	Will be completed in Q4
6.2.16	Advanced course on Public-Private Mix DOTS	The Union	56,586	0%	Jun	2012	Will be completed in Q3
6.2.17	Refresher TB Course for university lecturers	The Union	49,681	0%	Jun	2012	Will be completed in Q3
6.2.18	Implementation and adaptation of the PCA package which consist of five tools (QUOTE TB Light, Tool to Estimate Patient Costs, TB/HIV Literacy Tool, Patient Charter and Practical Guide to Improve Quality Patient Care) by involving NGO	KNCV	58,085	0%	Jun	2012	Will be conducted in June 2012.
6.2.19	International TA	KNCV	36,956	0%	Jun	2012	Will be conducted in Q3
6.2.20	Staff Capacity Building	KNCV	59,211	25%	Sep	2012	More thorough analysis on capacity building needs for staff is being done. M&E Officer and Data Management Officer were trained on TB Program for 2 weeks.
6.2.21	Leadership and progame management training in low DOTS performance provinces and districts.	WHO	28,250	0%	Sep	2012	Will be completed in Q4
6.2.22	Socialization of National HRD Action Plan and development of provincial training plan for 5 selected provinces.	WHO	13,483	0%	Sep	2012	Will be completed in Q4
6.2.23	Facilitate coordination between NTP and BPPSDM	WHO	4,109	100%	March	2012	Conducted in Bandung after the provincial training team workshop to have the same perception between NTP, BPPSDM and partners in the TB HRD.
6.2.24	Mentoring implementation of HR plans	WHO	3,853	0%	Jun	2012	Will be completed in Q3

18%

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Monthly coordination meeting	KNCV	7,300	50%	Sep	2012	Monthly TBCARE partnership meeting led by KNCV is being conducted, involving in country partners, including FHI, JATA, MSH, WHO and NTP. Senior Management Team was established to guide the program implementation and ensure that the program meets the target.
	7.1.2	Biannual internal coordination meeting	KNCV	46,125	50%	Sep	2012	KNCV internal coordination meeting will be conducted in April 2012, involving all KNCV staffs from all provinces, focusing on project management and capacity building system improvement to support KNCV's role as TBCARE leading partner.
	7.1.3	Implementation of TB web based RR to 2 pilot provinces	KNCV	13,587	0%	Jun	2012	Will be done in Q4
	7.1.4	Develop mechanism for routine reporting in TB-community setting	KNCV	2,546	0%	Jun	2012	Will be done in Q4
	7.1.5	Socialization of DR Sentinel surveillance to 1 pilot area	KNCV	3,710	0%	Jun	2012	Will be conducted in Q3-Q4
	7.1.6	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	13,543	0%	Apr	2012	NTP is planning to conduct a coordination with NAP and TBCARE partners to discuss the implementation in the pilot area

7.1.7	Finalize the ultimate changes required and agreed upon for the e-TBM drug management module and related reports	MSH	43,297		75%	Sep	2012	Uploaded a new version with new forecasting features to use routinely the tool for forecasting and procurement exercises
7.1.8	Develop a dashboard of key indicators to be selected, informed and extracted from the e-TBM	MSH	17,710		50%	Sep	2012	Mission in Feb was postponed but final version will be presented and discussed in May with partners - Indonesia will be one of the first country to contribute to the new global forecasting tool currently being developed by GDF and based on e-TBM tool
7.1.9	Revise and update the user's manual to comply with the frozen operational version	MSH	5,533		75%	Sep	2012	User's manual in English has been revised and will be made available to check compliance with current manual in Bahasa during next mission in May
7.1.10	Technical review of overall activity implementation for APA2 and technical planning for APA3	MSH	25,773		50%	Sep	2012	APA3 proposed activities will be discussed during next mission in May
7.1.11	Discuss with NTP and FLDs management team the possibility to set up a pilot to explore the usefulness and relevance of using e-TBM for FLDs in one site	MSH	18,886		0%	Sep	2012	No answer received to date on the proposal done during last september 2011 workshop on TB surveillance to define the best location for this pilot - to be discussed in May 2012
7.1.12	Provide regular and ad-hoc support in e-TB Manager use; continue to assist NTP and KNCV in e-TBM troubleshooting remotely	MSH	9,079		25%	Sep	2012	Regular contacts with NTP programmer in Indonesia and the e-TBM programming tool - certain updates were made directly by NTP Programmer incorporating knowledge on e-TBM programming in Java for web
7.1.13	Conduct on-site visits to evaluate the use of e-TBM with final users, KNCV and NTP to identify the main challenges and adapt accordingly to the training materials. Evaluation workshop July 2012	MSH	74,914		0%	Jul	2012	not yet completed, but database evaluation reveals delays in encoding data from data managers on sites. Supervisory visits will be conducted during May mission in the sites presenting more delays or incompleteness of data entries
7.1.14	Participate in the upcoming trainings to provide support for e-TBM expansion to new sites as planned according to PMDT expansion plan	MSH	9,687		0%	Sep	2012	Requested several times the planning of these trainings to adjust mission to support this activity, but it seems that no new training were held to date - maybe during next May mission
7.1.15	Meeting to review, evaluate & finalize guideline of HIV surveillance in TB patients	FHI	27,021		0%	Mar	2012	This activity will wait for the development of protocol for sentinel surveillance for HIV among TB patients and the implementation this in several pilot areas.
7.1.16	Training HIV surveillance in TB patients at selected sites	FHI	1,320		0%	Mar	2012	This activity will wait for the development of protocol for sentinel surveillance for HIV.
7.1.17	Support NTP to validate data in selected provinces	WHO	14,412		0%	Jun	2012	Will be conducted in Q3
7.1.18	Support in generating TB data for Global Report	WHO	5,675		0%	Jun	2012	Will be conducted in Q3
7.1.19	Support in developing forms for routine recording and reporting for TB program including TB-HIV	WHO	10,954		0%	Jun	2012	Will be conducted in Q3
7.1.20	Support in developing guidelines on routine recording and reporting for TB program including TB-HIV	WHO	8,342		0%	Jun	2012	Will be conducted in Q3
7.1.21	Support in DRS sentinel (1)	WHO	660		0%	Mar	2012	The activity is postponed to the next quarter until the first evaluation of the DRS Sentinel in pilot sites, before the protocol is translated.
7.1.22	Support in DRS sentinel (2)	WHO	14,442		0%	Sep	2012	Will be conducted after 7.1.22
7.1.23	Support preparation of TB prevalence survey	WHO	5,899		0%	Sep	2012	Will be conducted in Q4

	7.1.24	TA from HQ for prevalence survey	WHO	7,345	100%	Mar	2012	Dr Ikushi Onozaki held consultative meetings from 26-30 March with NIHRD and NTP colleagues to discuss the protocol for prevalence study and making initial preparations. A floor plan for prevalence study and team composition were also discussed during the visit.
	7.1.25	Develop MIS software for data base for the trainees and post training	WHO	29,906	0%	Jun	2012	Will be completed in Q4
	7.1.26	Technical assistance to DRS (1)	WHO	7,345	100%	Feb	2012	Based on request from the DG, MoH and NTP these funds were reprogrammed for visit of Phillipe Glaziou and Charalampos Sismanidis (7.1.28) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country.
	7.1.27	Technical assistance to DRS (2)	WHO	5,650	0%	Mar	2012	The activity is postponed until the last quarter of APA 2 period based on NTP request in which WHO will support international training for MoH staff to participate in training in SEARO's country.
	7.1.28	Provide technical assistance to design and develop protocol for prevalence survey.	WHO	12,995	75%	Feb	2012	Based on request from the DG, MoH and NTP these funds were reprogrammed for visit of Phillipe Glaziou and Charalampos Sismanidis (7.1.26) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country.
	7.1.29	Observation visit to Thailand TB prevalence survey	WHO	8,475	0%	Mar	2012	In consultation with WHO and NTP Thailand, this visit is planned in last week of June.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Technical meeting for the development of TB web based Recording & Reporting (RR)	KNCV	5,728	0%	Jun	2012	Will be done in Q3
	7.2.2	Training of trainer	KNCV	4,327	0%	Jun	2012	Will be done in June 2012
	7.2.3	Design the model of a regular epidemiological report to be issued with data from the e-TBM and to be disseminated among NTP and PMDT actors	MSH	6,111	50%	Sep	2012	50 % developed already, but framework would need inputs and endorsement from NTP side after a critical review. Activity expected to be completed during next mission in May 2012. Constraint to data analysis is the non regular feedback provided by NTP on PMDT progress reports and number of patients enroled plus treatmetn outcomes to date to compare real data and data encoded in e-TBM. Template and framewotk to conduct this activity is ready to use, and tested/approved, but this activity cannot be executed without receiving the regular reports as pactuated during last mission in Sept 2011 (only reports from Oct and Nov were provided, still expecting Dec 2012- Jan/Feb/March 2012 to be communicated to finalize this review).
	7.2.4	Workshop to develop TOR for procurement of software development	FHI	1,903	0%	Sep	2012	Will be done in Q3
	7.2.5	Training for Piloting software	FHI	34,047	0%	Sep	2012	Will be done in Q3

	7.2.6	Software Guidelines and protocol development	FHI	2,561	0%	Sep	2012	Will be done in Q4
	7.2.7	Support operation of TA	WHO	7,345	0%	Mar	2012	Will be conducted in Q3
	7.2.8	MIFA trainings and follow up supervision (1)	WHO	58,958	0%	Mar	2012	Will be conducted in Q3
	7.2.9	MIFA trainings and follow up supervision (2)	WHO	28,483	0%	Sep	2012	Will be completed in Q4
	7.2.10	Post training evaluation of MIFA (1)	WHO	3,177	0%	Mar	2012	The activity is postponed based on NTP request and planned to be conducted in July 2012.
	7.2.11	Post training evaluation of MIFA (2)	WHO	6,012	0%	Jun	2012	Will be done after activity 7.2.10
	7.2.12	Post training evaluation of MIFA (3)	WHO	2,862	0%	Sep	2012	Will be done after activity 7.2.11
	7.2.13	Internal TA for Surveillance activities	WHO	38,873	25%	Dec	2011	in country travel for national consultant
	7.2.14	Provide Technical Assistance	WHO	8,875	0%	Jun	2012	Will be completed in Q3
	7.2.15	International TA from KNCV HQ	KNCV	32,175	0%	Sep	2012	Technical assistance for TB information system by Nico Kalisvaart will be delivered in May 2012.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Support operational for TORG	KNCV	17,751	75%	Sep	2012	TBCARE support 3 TORG meetings
	7.3.2	support the establishment of TORG website	KNCV	2,686	25%	Jun	2012	TORG website is considered to be incorporated within tbindonesia.or.id. This will be followed up.
	7.3.3	Access to International TB Journal or publications	KNCV	280	0%	Sep	2012	This will be conducted in Q4
	7.3.4	Workshop on policy brief and effective advocacy from research results	KNCV	14,476	0%	Sep	2012	This activity will be conducted with activity 7.3.5 in Q3.
	7.3.5	Workshop for International publication writing skills	KNCV	14,476	50%	Sep	2012	See activity 7.3.4.
	7.3.6	Support participation of researchers in international TB conferences .	KNCV	14,700	0%	Sep	2012	There was no international TB conferences as per March 2012.
	7.3.7	Workshop on developing TB operational research proposal including support for the implementation of the researchs .	KNCV	77,388	50%	May	2012	OR socialization and workshop for research proposal development in batch 9 was done. Training will be conducted in 21 May 2012 for Batch 9.
	7.3.8	Supporting selected research projects based on the priority topics	KNCV	104,794	100%	Mar	2012	The proposals for batch 7-8 have been developed and a selection has been done. Selected topics include MDR-TB, TB-HIV, and TB in pediatrics.
	7.3.9	International TA from HQ	KNCV	79,548	100%	Mar	2012	Edine Tiemirsma mission in 12-22 March 2012.
	7.3.10	Workshop for analysis and reporting of Operational Research Group Batch 7 & 8	KNCV	17,965	0%	Sep	2012	This activity will be conducted after activity 7.3.12.
	7.3.11	Conduct supervision and facilitate the OR group on Batch 7 and 8	KNCV	6,090	0%	Sep	2012	This activity will be conducted after activity 7.3.12.
	7.3.12	Operational Research batch 7 and 8 implementation (from APA1)	KNCV	59,566	0%	Sep	2012	Research implementation is hampered by the contract process.
					20%			

8. Drug supply and management								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Ensure logistic system Implemented	KNCV	11,493	75%	Jun	2012	Drug sample was compiled and handed over to FDA to be tested. This activity is still waiting approval for disposition.
	8.1.2	Increasing knowledge and skill on general logistic and Drug Management	KNCV	6,356	0%	Sep	2012	This activity was planned for formal training/workshop on drug management or general logistics. Since there were no such training yet up to March 2012, this activity could not be conducted.

8.1.3	Increasing knowledge and skill on managing second line TB drug	KNCV	13,308	25%	Sep	2012	On the job training was conducted for pharmacists, nurses and physicians at PMDT site Sanglah Hospital. MDR-TB patient treatment in this hospital can now be done with proper SLD management.
8.1.4	Increasing knowledge and skill on managing second line TB drug	KNCV	27,533	0%	Sep	2012	See activity 8.1.3
8.1.5	Ensure availability of infrastructures for implementation e-TB Manager software	KNCV	17,519	0%	Sep	2012	e-TB manager infrastructure was not yet started because Sanglah Hospital has just started treatment for MDR-TB patients in February 2012.
8.1.6	Updated ETB Manager Handbook	KNCV	4,763	0%	May	2012	Will be conducted in May 2012 with consultant from MSH (Joel Keravec and Luiz)
8.1.7	Ensure Training Module for SLD is updated	KNCV	8,135	100%	Mar	2012	SLD training module was updated and finalized in 7-8 Mar 2012. Module will go through editing layout then will be used for SLD training in April 2012.
8.1.8	Printing and distribution logistic handbook	KNCV	7,008	0%	May	2012	Will be conducted in May 2012
8.1.9	Printing and distribution etb Manager Handbook	KNCV	1,051	0%	May	2012	Will be conducted in May 2012 with consultant from MSH (Joel Keravec and Luiz)
8.1.10	Ensure cold chain is maintained for 2ndline drugs when necessary i.e PAS	KNCV	5,256	0%	May	2012	Will be conducted in May 2012
8.1.11	Ensure ediquate supply of MDR TB medicines to MDR treatment sites and esure patient friendly supply system for daily medicine	KNCV	5,256	0%	May	2012	Will be conducted in May 2012
8.1.12	Increasing knowledge and skill about e-TB Manager software	KNCV	24,775	25%	Sep	2012	e-TB manager training was done for South Sulawesi provincial health office, Makassar district health office, pharmacies, Labuang Baji hospital and NECHRI laboratory. All of participants can now operate and use e-TB manager software to improve MDR-TB and SLD management in their respective area.
8.1.13	Support for the NTP in addressing SSF GFATM coniditions precedent and associated dealings with GFATM	MSH	81,136	50%	June	2012	Of the four CP's (and Special Terms and Conditions), QA budget & Country profile addressed. R & R and warehousing outsourcing CP's, outstanding. Introducing QA procedures @ POE, although not listed as a CP, is planned to be initiated with a in-country TA visit, April 2012. New M & E indicator reflecting this activity now introduced.
8.1.14	Finalize the outsourcing process for inbound logistics for FLD & SLD. Support the NTP in the ongoing management of this activity	MSH	9,520	50%	Sep	2012	Supplier selection decision finalized but commercial contract outstanding. Narrative write-up of process prepared for LFA.
8.1.15	Support the supply chain HR (PtD) projects as led by CHAI and JSI/DELIVER	MSH	4,760	25%	Jun	2012	MSH actively collaborating with PtD & MoH. First workshop on One Gate Policy, planned for April 2012.
8.1.16	System Design - provide inputs to the recording and reporting system as agreed will be utilized for FLD	MSH	4,760	25%	Mar	2012	Initiated meeting ref. logistics with FHI. Work planned during May 2012 during systems TA visits. New indictaor introduced tracking quarterly reporting rates.
8.1.17	Forecasting capacity - FLD & SLD	MSH	9,964	0%	Jun	2012	Activity to be scheduled concurrent with forthcoming systems TA, plus GDF/GLC visit, both due May 2012
8.1.18	Drug Management calendar	MSH	4,760	22%	Mar	2012	Not started

22%

Quarterly MDR-TB Report

Country	Indonesia
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Period	January-March 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	182	142
Jan-Sep 2011	255	170
Oct-Dec 2011	71	78
Total 2011	326	248
Jan-Mar 2012	131*	72

* = included those examined with Xpert machines

Quarterly GeneXpert Report

Country	Indonesia
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Period	January-March 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	17	0	17	0	0
# Cartridges	1700	0	1700	0	0

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	Microbiology, FM UI, Jakarta	USAID	Partner: KNCV TBCARE
Procured	2	4	Persahabatan Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	3	4	Pengayoman Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	4	4	Hasan Sadikin Hospital, Bandung	USAID	Partner: KNCV TBCARE
Procured	5	4	Soetomo Hospital, Surabaya	USAID	Partner: KNCV TBCARE
Procured	6	4	Moewardi Hospital, Solo	USAID	Partner: KNCV TBCARE
Procured	7	4	Saiful Anwar Hospital, Malang	USAID	Partner: KNCV TBCARE
Procured	8	4	Labuang Baji Hospital, Makassar	USAID	Partner: KNCV TBCARE

Procured	9	4	BBLK Surabaya	USAID	Partner: KNCV TBCARE
Procured	10	4	BLK Bandung	USAID	Partner: KNCV TBCARE
Procured	11	4	Karyadi Hospital, Semarang	USAID	Partner: KNCV TBCARE
Procured	12	4	Cilacap Hospital, Cilacap	USAID	Partner: KNCV TBCARE
Procured	13	4	Sanglah Hospital, Bali	USAID	Partner: KNCV TBCARE
Procured	14	4	NEHCRI Lab, Makassar	USAID	Partner: KNCV TBCARE
Procured	15	4	Microbiology, FM UGM, Yogyakarta	USAID	Partner: KNCV TBCARE
Procured	16	4	Adam Malik Hospital, Medan	USAID	Partner: KNCV TBCARE
Procured	17	4	BLK Papua, Jayapura	USAID	Partner: KNCV TBCARE

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).
Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	1700	TBD	USAID	
Planned	2	1500	TBD	Global Fund	

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

4 GeneXpert sites already start operating on March 2012: (1) Microbiology FM UI Jakarta, (2) Persahabatan Hosp. Jakarta, (3) Moewardi Hosp. Solo and (4) Soetomo Hosp. Surabaya

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

So far there is no significant technical problem in using of GeneXpert machine and cartridge. Limitedness of MDR TB treatment centre is contribute significantly in placement of the rest machine. GeneXpert placement only can be done at sites where treatment of MDR

Please describe technical assistance or evaluation of implementation activities performed and planned.

External technical assistance by PMU TBCARE I and Supranational TB reference lab (IMVS/SA Pathology, Australia)

Quarterly Photos, Charts and Other Materials



Accreditation standards and instrument for TB DOTS implementation in hospital, Jakarta, 21-22 March 2012



Experience Sharing during Patient Gathering



Cured ex-Patients Happily "Graduated" and Receiving "Certificate of Being Cured"



Sputum Sample Preparation Training in Papua

World TB Day



TB Day Commemoration, Fun Bike and Walkathon, Jakarta, 1 April 2012



**TB Day Commemoration, TBCARE Booth
Full with Visitors, Jakarta, 1 April 2012**



TB in Prison



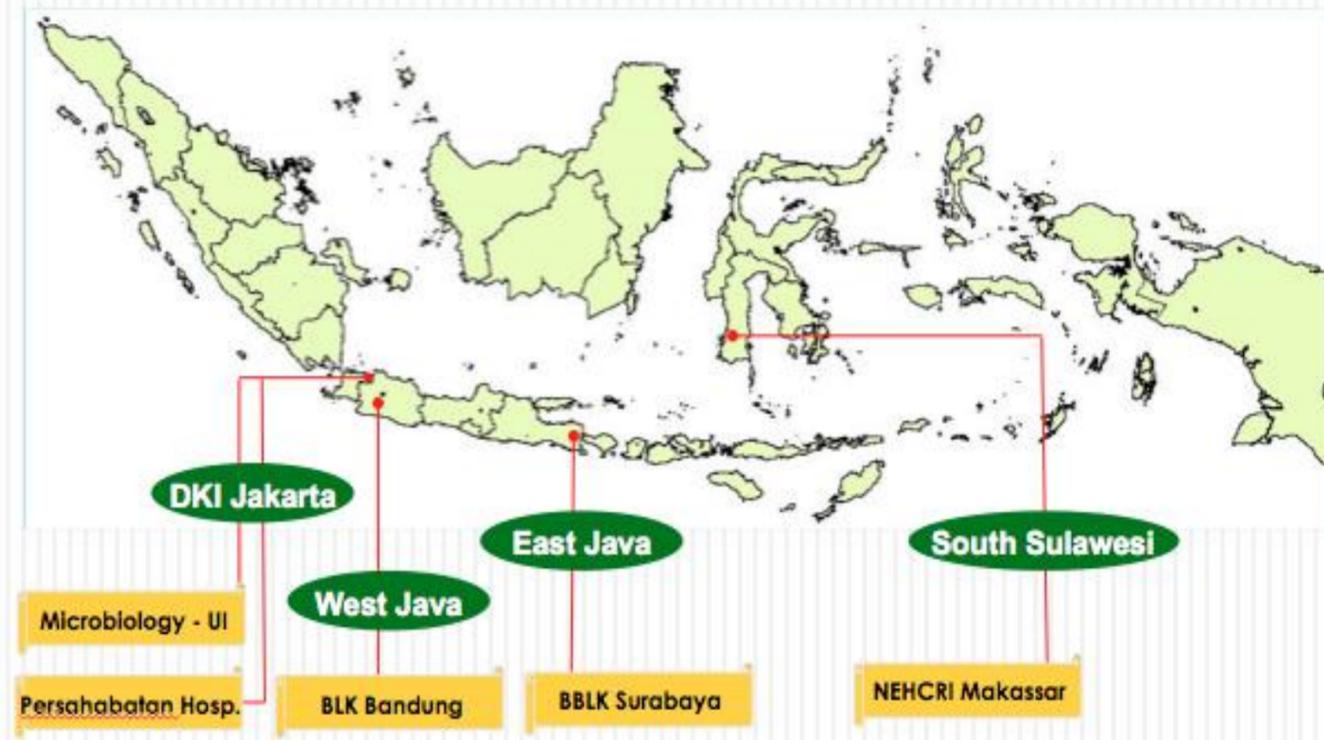
Tamping (Inmates Volunteer) Training in Pondok Bambu Detention Center (for women), Jakarta, 26 March 2012

GeneXpert and PMDT

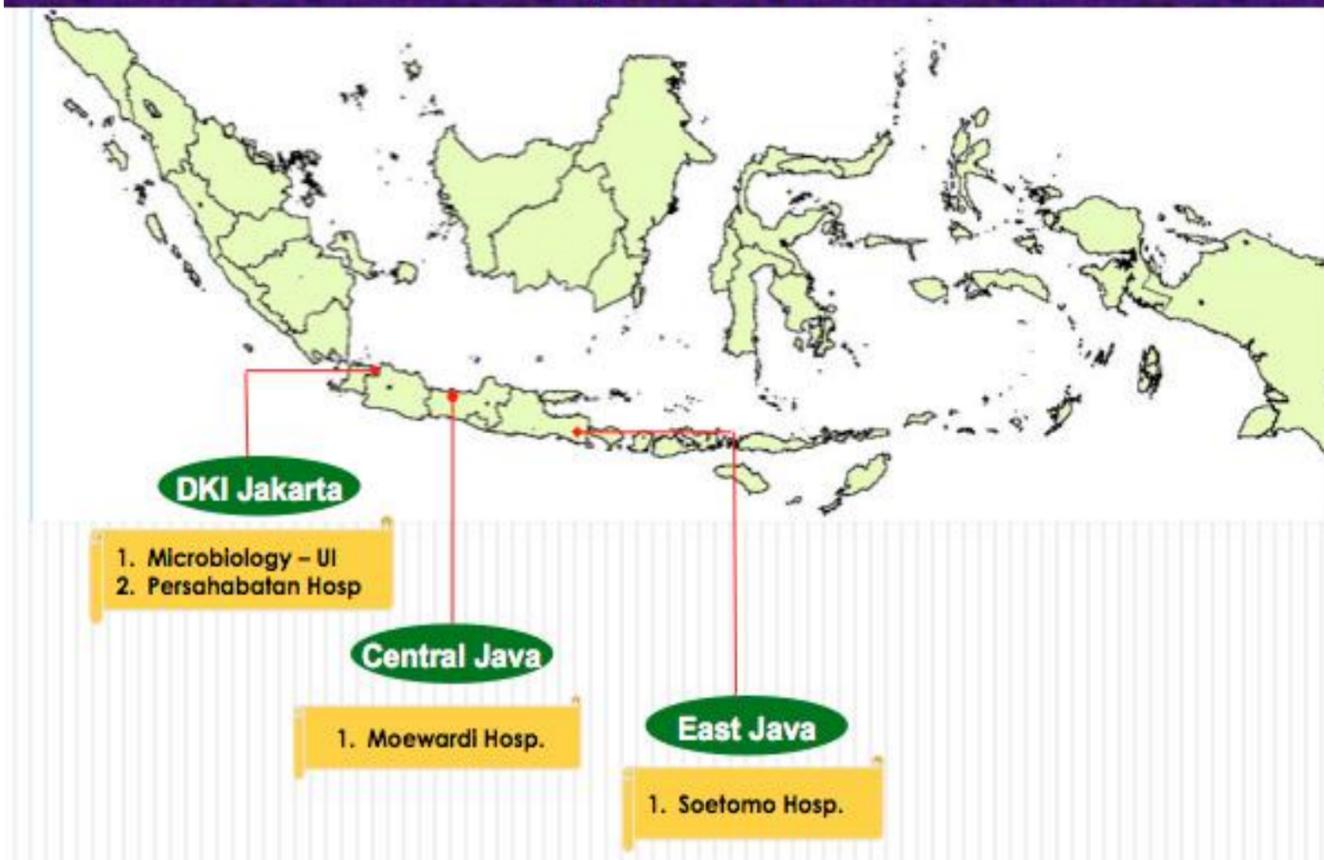


MoU Signing for GeneXpert implementation, Surakarta, 24 January 2012

Certified DST Lab. for confirmation of Xpert result



Up to March 2012, 4 GeneXpert sites already operated



**GeneXpert Examination Results in 4
Implementing Sites as per 31 March 2012**

