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TB CARE I

TB CARE I - Indonesia

**Year 3
Quarterly Report
January-March 2013**

April 30, 2013

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Abbreviations

ACDA	Advance Course of DOTS Acceleration
ACSM	Advocacy, Community and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
APA	Annual Plan of Activity
ART	Anti Retroviral Therapy
ATM	AIDS, Tuberculosis, Malaria
ATS	American Thoracic Society
BBLK	
	Balai Besar Laboratorium Kesehatan (Grand Office of Health Laboratory)
BLK	Balai Laboratorium Kesehatan (Office of Health Laboratory)
BPOM	Badan Pengawas Obat dan Makanan (Food and Drug Administration)
BPPM	
	Bina Pelayanan Penunjang Medik (Medical Laboratory Support Services)
BPPSDM	See BPSDM
BPSDM	Badan Pengembangan Sumber Daya Manusia (Human Resource Development Unit)
BSC	Biological Safety Cabinet
BUK	Bina Upaya Kesehatan (Directorate of Medical Services)
C/DST	Culture/Drug Sensitivity Test
CCM	Country Coordinating Mechanism
CDR	Case Detection Rate
CPT	Cotrimoxazole Prevention Therapy
DHO	District Health Office
Ditjenpas	
	Direktorat Jenderal Pemasyarakatan (Directorate of Correctional Services)
DIY	Daerah Istimewa Yogyakarta (Yogyakarta Special Region)
DKI	Daerah Khusus Ibukota (Capital Region)
DOTS	Direct Observed Treatment - Short Course
DRS	Drug Resistance Surveillance
EQA	External Quality Assurance
EQAS	EQA System
e-TBM	e-TB Manager
EXPAND-TB	Expanding Access to New Diagnostics for TB
FHI360	Family Health International 360
FLD	First Line Drug
FM	Faculty of Medicine
GDF	Global Drug Facility
GF	Global Fund
HCW	Health Care Worker
HDL	Hospital DOTS Linkage
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HRD	Human Resource Department
IAI	Ikatan Apoteker Indonesia (Indonesian Pharmacists Association)
IC	Infection Control
IDAI	Ikatan Dokter Anak Indonesia (Indonesian Pediatricians Association)
IEC	Information, Education, and Communication
IMA	Indonesian Medical Association
IPT	Isoniazide Prevention Therapy
IUATLD	International Union Against Tuberculosis and Lung Disease
JATA	Japan Anti Tuberculosis Association
Kanwil Kumham	Law and Human Right Health Office
KARS	Komite Akreditasi Rumah Sakit (National Committee of Hospital Accreditation)
LQAS	Lot Quality Assurance Sampling System
M&E	Monitoring and evaluation
MDR	Multi Drug Resistant

MIFA	Management Information for Action
MO	Medical Officer
MoH	Ministry of Health
MoLHR	Ministry of Law and Human Rights
MoT	Modification Tracker
MoU	Memorandum of Understanding
MSH	Management of Science for Health
MTB	Mycobacterium tuberculosis
MTB/RIF	Mycobacterium tuberculosis/Rifampicin resistant
NAD	Nangroe Aceh Darussalam
NAP	National AIDS Program
NGO	Non-governmental Organization
NPO	National Program Officer
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OJT	On the Job Training
OR	Operational Research
PAPDI	Persatuan Ahli Penyakit Dalam Indonesia (Indonesian Internists Association)
PC	Personal Computer
PCA	Patient Centered Approach
PHO	Provincial Health Office
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PMU	Project Management Office
PPM	Public Private Mix
PPTI	Perkumpulan Pemberantasan Tuberkulosis Indonesia (Indonesian Tuberculosis Elimination Association)
PtD	People to Deliver
Pusdatin	Pusat Data dan Informasi (Center of Data and Information Ministry of Health)
Puskesmas	Pusat Kesehatan Masyarakat (Public Health Center)
QA	Quality Assurance
QUOTE TB	Quality of Care as seen through the Eyes of the Patient
RAN	Rencana Aksi Nasional (National Action Plan)
RR	Recording and Reporting
RS	Rumah Sakit (Hospital)
SEARO	South East Asia Regional Office
SIKDA	Sistem Informasi Kesehatan Daerah (Regional Health Information System)
SITT	Sistem Informasi Tuberkulosis Terpadu (Integrated Tuberculosis
SLD	Second Line Drug
SOP	Standard Operating Procedure
SRL	Supranational Reference Laboratory
SSF	Single Stream Funding
TA	Technical Assistance
TB	Tuberculosis
TOR	Term of Reference
TORG	Tuberculosis Operational Research Group
ToT	Training of Trainer
TWG	Technical Working Group
UGM	Universitas Gadjah Mada
UI	University of Indonesia
USAID	U.S. Agency for International Development
WHO	World Health Organization

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI, JATA, MSH, The Union, WHO
Date Report Sent	
From	Jan Voskens
To	USAID/Jakarta
Reporting Period	January-March 2013

Technical Areas	% Completion
1. Universal and Early Access	33%
2. Laboratories	47%
3. Infection Control	31%
4. PMDT	29%
5. TB/HIV	21%
6. Health Systems Strengthening	34%
7. M&E, OR and Surveillance	25%
8. Drug supply and management	38%
Overall work plan completion	32%

Most Significant Achievements

GeneXpert implementation

The GeneXpert implementation was speeding up during this quarter. Seven machines were installed in new sites, bringing the total to 16 operational machines. The new sites are:

- Labuang Baji hospital, Makassar
- NHCR laboratory, Makassar
- Sanglah hospital, Bali
- Adam Malik hospital, Medan
- Jayapura laboratory
- Pengayoman hospital
- Kariadi hospital, Semarang

In this quarter, 1,039 cartridges have been used for screening of 1,004 suspects using Xpert. Among them, 714 were MDR-TB suspects and 290 were HIV patients suspects. 218 Rif-resistant cases were detected (201 were from MDR-TB suspects, 17 were from HIV-TB suspects).

Support to National Prevalence Survey (NPS)

TB CARE I has assisted National Health Research Institute (Litbangkes) to solve urgent bottlenecks potentially affecting the implementation of NPS. This concerned the readiness of laboratories in the survey areas. Support consisted of developing NPS laboratory plan, training of laboratory technicians and emergency procurement of equipment and consumables.

TB Financing

The AIDS, TB and Malaria (ATM) costing workshop in January 2013 brought together senior government officials (Vice-Minister and Director General of CDC) and donors into a discussion about how much the ATM programs will cost in the future and how they should be funded.

Another achievement on this area is the growing recognition by the MOH of the challenges for TB financing. This has resulted in proposed legislation for sustainable financing of TB control.

JEMM

TB CARE I contributed to successful preparation and implementation of the Joint External Monitoring Mission (JEMM) through various form of supports such as providing interpreters, transportations, and extensive technical assistance on PMDT, TB financing, logistics, PPM, etc. during the mission.

The JEMM team consisted of 21 international experts, 44 experts from the country STOP TB partners, non-governmental organizations, and NTP. The report was finalized in March 2013 and the recommendations of the report formed the basis for the development of the request for renewal of the Global Fund Single Stream Funding (GF SSF). Further, JEMM played an important role in the development of the first versions of the TB Services Costing Tool, the TB Economic Burden Tool and the use of data for advocacy towards investments in TB control at national level.

GF Grant Renewal Proposal Writing

In this quarter, TB CARE I has continued to support CCM Indonesia in the development and submission of the request for renewal of the GF SSF. The work was done in close collaboration with the team of University of Gadjah Mada, Yogyakarta, supported by experts of TB CARE I. Due to the complexity of the proposal development process, the finalization took more time and effort than anticipated. For details, see GF status update below.

Progress in regulation of private practitioners

Good progress has been made in the preparation of regulation for private sector providers. The National Guidelines for Medical Practice Standards for TB Care (PNPK) are now in the finalizing stage. These guidelines are essential to ensure standardization of quality TB care delivered by private providers by ensuring a legal basis for certification under the Indonesia Medical Association (IMA). All activities are supported and facilitated by TB CARE I.

Progress in accreditation standards for TB control

TB CARE I has facilitated the development and finalization of an assessment instrument that will help surveyors to evaluate the status of DOTS implementation in hospitals based on the accreditation standards for TB control. Next step will be including TB IC standards in the accreditation standards.

Achievement of PMDT in Prisons

This quarter the Guideline for Management of MDR in the Prison Setting was finalized and disseminated to 33 Prisons from 6 provinces (DKI Jakarta, West Java, Central Java, East Java, North Sumatra, and Banten). The identification of MDR suspects, SOP for referring sputum, PMDT related recording reporting, as well as the management of confirmed MDR are included in the guideline.

The first two MDR-HIV cases were diagnosed in the women prison in Bandung and referred for treatment in Pengayoman hospital in Jakarta. Contacts from the same cells were screened for TB symptoms and referred for GeneXpert screening.

Increased local commitment for PPM implementation

PPM team in district level is one of the keys to the PPM scaling up. Established PPM team will lead the PPM initiatives in their respective district. These initiatives include establishing district PPM plans of action.

One PPM teams have been established in 8 districts in 2 provinces (West Java and Central Java) during this quarter. Of those, 2 PPM teams were established with local funding and are fully self-supportive. PPM teams in 7 other districts were established by TB CARE I support but use local funding for their operations. Intensive advocacy from the TBCARE I PPM technical officers was instrumental to achieve this strong commitment from local health authorities.

Overall work plan implementation status

APA3 final work plan was approved on 5 March 2013. However, the implementation of APA3 started in October 2012 based on interim work plans. The overall implementation of APA3 is 32% while the overall spending in APA3 is 46%.

Technical and administrative challenges

1. During this quarter, there was a change of leadership in the project. The former Country Director (Dr. Salim Hamid) resigned, while the replacement was not yet appointed at the end of March 2013.
2. Implementation of the project was also hampered due to the serious illness of the Deputy Country Director of TBCARE I which forced her to take a long sick leave since January 2013. A new Head of Finance and Admin just started in February 2013.
3. In order to solve bottlenecks and challenges in the current management- and coalition structure of the project, KNCV hired Piet van Ommeren, a management consultant in mid-January to develop the organogram for TBCARE I team, TBCARE manual, and roles and responsibilities of KNCV Indonesia. The inputs and advices of the consultant will be taken by the management team together with Gerdy Schippers during her visit in early April 2013.
4. A new local compensation plan (LCP) for the Indonesia KNCV office has been developed weighing the responsibilities, knowledge and expertise level required, etc. The approval request will be submitted in April 2013.
5. MSH is facing a shortage of human resources for administration and technical resources to address the workloads for TB financing.
6. Procurement process for the renovation of the National Reference Laboratory for C/DST in Surabaya is still not finalized.

Global Fund Status Update

In the first three semesters of phase 1 GF SSF, twelve out of 16 indicators have been achieved. However, the absorption of the SSF grant is relatively low (around 50%) and several risks have identified for technical implementation, financial management, procurement and surveillance. Low absorption was caused by various factors including the delays in procurement for NPS and the slow expansion of PMDT. A request of renewal has been submitted on the 1st of April 2013. For phase 2 the focus is on the rapid expansion for PMDT and TB/HIV services based on provincial action plans to solve bottlenecks and expanded roll out of GeneXpert. Other priority areas are strengthening policy and regulations in support of TB control, intensified research, and enhancing engagement of society support organizations. Total of budget proposed is around 67 million dollars.

Quarterly Activity Plan Report

1. Universal and Early Access					Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
1.1.1	Development of the branding system	KNCV	10,637	0%	Sep	2013	Will be done in Q3-Q4 inline with IMA activities on TB certification for medical doctor
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2.1	Planning meetings for PPM team in district level to strengthen the coordination among stakeholders.	KNCV	8,808	25%	Sep	2013	Each established PPM team will conduct several meetings to develop plan of action in improving PPM initiatives at district level. During this quarter, all PPM teams that has been established within this quarter (see 1.2.2), has developed their plan of action.
1.2.2	Establishing PPM team in selected district level to conduct local PPM assessments	KNCV	11,701	25%	Sep	2013	Seven PPM teams were established in 7 districts in 4 provinces (West Sumatera, West Java, DIY, and East Java) during this quarter. During the establishment process, PPM assessments were also conducted in each district to mapping gap and available resources.
1.2.3	Development of TB Medical Standard (SPK)	KNCV	27,527	90%	May	2013	Final draft of TB Medical Standard was finalized and disseminated in the national seminar that was held on 26 March 2013. This national seminar was attended by 36 participants (16 males, 20 females) as representative from related medical society (such as, pulmonologist, internist, obstetricians, pediatricians), MoH, and TB CARE I. Final draft will be refined by TB Medical Standard ad-hoc team based on inputs received from national seminar. The last step will be reviewed for final editing by Consortium of Health Services (KUK) before printed.
1.2.4	Technical coordination meeting	KNCV	8,450	0%	Sep	2013	Will be conducted in Q3
1.2.5	Technical assistance for PPM implementation	KNCV	114,415	25%	Sep	2013	Support is being delivered by PPM S/TO at provincial and national level. In this quarter, technical assistance was provided to 121 hospitals in 92 districts (in 10 TB CARE I provinces). The assistance focuses on HDL assessment, internal and external linkages and on the job training for various issues.
1.2.6	Develop monitoring system for health care facilities and accredited hospitals	KNCV	1,500	100%	Feb	2013	Specific checklist instrument for TB has been endorsed by National Committee for Hospital Accreditation (KARS) after piloting in 7 hospitals in DKI Jakarta and West Java. These activities was funded by GF.

1.2.7	Supervision and backstopping from PPM STO in RO to PPM TO in provinces	KNCV	14,919	25%	Sep	2013	PPM STO conducted 6 supervision and backstopping visit to 3 provinces in this quarter (DKI Jakarta, DIY and West Java). Backstopping visit mainly focused on assisting TO PPM at provincial level in assisting with the establishment and planning of PPM team at district level.
1.2.8	Review hospitals' DOTS performance	KNCV	6,042	25%	Sep	2013	DOTS performance reviews were conducted in 11 hospitals in 4 TB CARE I supported provinces during this quarter. This activity aimed to maintain and improve implementation of DOTS in the hospitals through a regular review mechanism.
1.2.9	Develop quick reference material for clinician (diagnostic & treatment SOP and job aids) in line with national TB guideline and ISTC	WHO	5,198	0%	Mar	2013	Will be conducted in Q3 after the review of National TB Guidelines and the new PNPk are completed. The review of National TB Guideline is planned in May 2013.
1.2.10	Revision of DOTS managerial guidelines book in hospital and endorsement through a decree by Director General	KNCV	2,000	0%	Jun	2013	Activity planned for May 2013
1.2.11	Printing of DOTS managerial guidelines book	KNCV	8,776	0%	Sep	2013	Will be conducted in Q3 after the revision completed (see 1.2.10)
1.2.12	Advocacy visit on TB and TB/HIV for new prisons	FHI360	16,906	100%	Dec	2012	Advocacy visits were conducted to 5 new TB CARE supported prisons: Medan Detention center, Medan Female prison, Sukabumi prison, Sragen prison and Malang Female prison. This activity was done by visiting each prisons and involving Directorate of Correction, NTP, Provincial offices of MoLHR and Prov/District Health office from 20 Nov – 1 Dec 2012. The objective was to have strong commitment from leaders and all staff in 5 new prisons to implement the TB-HIV collaboration program. From the visit, all leaders from 5 prisons expressed their support and commitment for TB and HIV activities. Next steps are to maintain commitment at all levels, to assist prisons/DCs to develop one year plans for TB-HIV activities, training/workshop for TB-HIV collaboration including PITC and related record/report, provincial office of MoLHR to monitor the activities, PHO/DHO will support for implementation of TB-HIV.

1.2.13	Workshop for new prisons health staffs: TB/HIV Collaboration, PITC, RR, TB microscopy and HIV lab	FHI360	28,801	100%	Dec	2012	The workshop was held in Bandung on 18 – 22 Dec 2012 with 13 participants (F: 6, M:7). PITC, TB-HIV management and record/report were trained to the health staff from 5 new supported prisons (Medan Detention center, Medan Female prison, Sukabumi prison, Sragen prison and Malang Female prison. collaborate with Directorate of correction, NTP and NAP). The objectives of this workshop is provide related skills for TB-HIV management. After training, TB CARE I will provide on site mentoring to assist prisons in conducting TB-HIV activities.
1.2.14	Regular meetings to advocate issues related with service delivery in national and provincial level	FHI360	3,855	50%	Sep	2013	Two meetings in Jakarta (14 Dec 2012 and 12 Jan 2013) with Directorate of Correction institution (Ditjenpas) were held to formalized technical arrangement of TB in prison program that is supported by TB CARE. This legal document was proposed by Ditjenpas to have a legal foundation for collaboration between Ditjenpas and TB CARE I. The document is planned to be finalized and legalized in Q3. A coordination meeting focusing on TB-HIV service delivery in Nusakambangan prisons and preparation of Sragen prison to be the PMDT satellite was conducted with Central Java Provincial office of Law and Human Rights as one integrated prison service will be established in Nusakambangan Prison.
1.2.15	TA for TB and TB-HIV in prisons:	FHI360	16,723	50%	Sep	2013	TBCARE I provided continuous support in provincial level. Technical assistance and clinical mentoring were provided to 10 prisons and 5 detention centers in 4 provinces (Central Java, North Sumatra, DKI Jakarta, and West Java). Various facilitations including establishment of linkage to PHO for HIV reagents and CD4 testing, conduction of TB mass screening, independent TB recording and reporting, TB-HIV collaboration data review, preparation for JEMM (in Cipinang Detention Center), etc. During clinical mentoring in West Java, 2 MDR suspects were identified and referred for GeneXpert test.

1.2.16	Supporting TB/HIV implementation in the prisons	FHI360	43,443	50%	Sep	2013	During this quarter, TBCARE I facilitated training of inmates volunteers in Central Java -Sragen prison (12 males, 14 March) and North Sumatra -Klas I Medan Detention Center (20 males, 24-25 January). The training aimed to prepare the volunteers to be able to help during mass screening, motivate their peers to participate and assure the adherence of TB patients. In West Java, TBCARE I facilitated TB HIV in prison Coordination meeting in Sukabumi, which was aimed to build commitment of Sukabumi prison network to support TB mass screening. The meeting was attended by DHO, district labs, hospitals, health centers, and other stakeholders. TBCARE I also facilitated cross-cutting meeting between Jakarta-Bogor-Bekasi Prisons (21 February) in order to established external networking. All agreed to prepare list of patient that will be transferred out or release. On site training of TB HIV to inmate volunteers and Block leaders in Sukabumi Prison (4 March) was facilitated by TBCARE I, they were trained and ready for mass screening conduction.
1.2.17	Supervision from Ditjenpas to low performance prisons/detention centers (5) to improve engagement and ownership	FHI360	12,482	0%	Sep	2013	The plan for supervision was discussed with Ditjenpas and NTP, activities will be conducted during Q3 and Q4 due to waiting for approval of APA3.
1.2.18	Sub-agreement with Partisan (NGO)	FHI360	20,692	25%	Sep	2013	This quarter, Partisan provided support for the transfer of sputum samples to Pengayoman hospital, conducted HIV and TB support group, case management and pre-post-release.
1.2.19	Establishing integrated supervision team for PPM in district level	KNCV	5,696	0%	Sep	2013	Will be conducted in Q3-Q4, awaiting the finalization of guidance and SOP development for integrated supervision (see 1.2.41)
1.2.20	Integrated supervision	KNCV	21,445	0%	Sep	2013	Activity planned for Q3
1.2.21	Quarterly visit by National HDL supervisors to assist hospitals deliver quality services in 3 low performing provinces	WHO	7,499	50%	Sep	2013	Supervision in South Sumatra (4 district hospitals and 1 private hospital namely Sekayu, Banyu Asin, Kayu Agung, Prabumulih and M. Rabain) has been implemented in 27-28 February by National and Provincial HDL team. Supervision in Banten has been conducted in 21-22 March 2013. 3 district Hospitals (Haji Dharma Lebak, Serang and South Tangerang) in Banten were supervised.
1.2.22	TA to 5 low performance provinces and districts from WHO country office	WHO	23,391	25%	Sep	2013	TA to NTT and NTB provinces has been regularly provided by WHO consultant based in Kupang.
1.2.23	Update pediatric TB guidelines	WHO	20,963	0%	Jun	2013	Planned for Q3 after consultation with NTP.

1.2.24	Workshop on management of pediatric TB	WHO	11,340	0%	Sep	2013	Planned for Q4 after 1.2.23 completed.
1.2.25	International travel of WHO CO staff	WHO	28,250	50%	Sep	2013	MO TB attended "Accelerating scale up of MDR TB treatment at TB CARE countries", held at Bethesda, Maryland in 4-5 March 2013.
1.2.26	External linkage meeting in provincial level	KNCV	6,467	0%	Sep	2013	Since this activity is shared between TB CARE I and GF, it is agreed that the TB CARE I part will be assigned for Q3-Q4.
1.2.27	External linkage meeting at cluster basis in provincial	KNCV	14,041	30%	Sep	2013	In this quarter, 3 external linkage meetings in East Java at cluster basis were conducted out of 10 planned meetings.
1.2.28	External linkage meeting in district level	KNCV	11,701	50%	Sep	2013	During this quarter, 6 external linkage meetings were conducted in 2 TB CARE I supported provinces (West Java and Central Java). 2 out of 6 meetings were self-financed by district fund. The meeting aimed to improve TB networking at district level among related stakeholders.
1.2.29	Develop SOP to engage private practitioners to treat and notify TB	ATS	13,084	90%	Mar	2013	Text completed. Translation underway.
1.2.30	Train private practitioners and nurses who treat TB patients to implement ISTC (including TB notification)	ATS	21,624	0%	Jun	2013	No activity conducted during the quarter
1.2.31	Train nurses (working under private practitioners) on recording and reporting/ notification using PDPI module	ATS	29,430	100%	Jun	2013	Training of nurses held on 27 March 2013 with 40 participants (1 male, 39 females) consisting of nurses from private provider practices within hospitals.
1.2.32	Revising checklist for private practitioners mapping and recruitment (to improve selection of private practitioners by IDI for ISTC implementation)	ATS	1,944	100%	Mar	2013	Checklist completed and included in SOP (see activity 1.2.29)
1.2.33	Workshop for private pulmonologists involved under PDPI for ISTC implementation	ATS	10,664	0%	Mar	2013	Recruitment under way for final training of pulmonologists (see activity 1.2.32)
1.2.34	Continue engaging private pulmonologists (PDPI) for implementation of ISTC	ATS	13,312	0%	Sep	2013	Discussions ongoing to distill 5 day training to one day training and supplement one day training with routine bulletins on ISTC topics to fill in gaps to be coordinated by TB Administrators. In addition, well performing nurses will receive incentives to encourage and sustain patient centered work and reporting/recording activities.

1.2.35	M&E meeting for private practitioners involved under IDI for implementation of ISTC	ATS	21,892	0%	Jun	2013	Planned in Q3
1.2.36	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (central level)	ATS	29,836	100%	Mar	2013	An M&E meeting was held at in Jakarta 6 February. There were 56 private providers representing 56 private practices (hospitals) in the project attending including 16 from hospital management. The meeting reviewed data from Oct 2010 - Dec 2011. A total of 2,438 patients were identified and 52% were notified to the NTP. The success rate was 59%. Of the smear positive patients, 20% defaulted. Topics discussed included the need to improve transfer patient tracing to ascertain treatment outcome and the need for more lab training in Tangerang and Bekasi including emphasis on monitoring smears and on sputum production in patients.
1.2.37	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (district level)	ATS	54,160	0%	Jun	2013	Activity planned for Q3
1.2.38	DOTS strategy socialization to communities in 10 selected districts in 6 provinces	KNCV	7,127	0%	Jun	2013	Rescheduled to Q3
1.2.39	TA to advocate with existing local NGOs through provincial/ district health offices to expand community based DOTS	WHO	3,599	50%	Sep	2013	TAs have been provided in West and East Nusa Tenggara with local NGO (Aisyiyah - November 2012 in West Nusa Tenggara and Aisyiyah and Perdhaki - March 2013 in East Nusa Tenggara).
1.2.40	TA to build capacity of district and health centers TB staff to conduct contact tracing	WHO	2,878	0%	Sep	2013	The implementation activities will be supported by GF, TB CARE I only provided TA. Until March 2013, 2 provinces (ENT and WNT) have already prepared proposal for contact tracing to be implemented in Q2, but there are no response from GF yet.
1.2.41	Development of guidance and SOP for integrated supervision	KNCV	5,999	0%	Jun	2013	Will be conducted in Q3
				33%			

2. Laboratories		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
2.1.1	Update National guidelines for EQA for TB microscopy adopting LQAS	JATA	52,231	75%	Mar	2013	The draft of National Guidelines for EQA TB microscopy adopting LQAS has finalized in the meeting conducted by BPPM , NTP, Lab Working Group on 5 -7 December 2012 in Kawanua Hotel Jakarta. Next step get approval from MoH and print 3000 copies. The Guideline will be used by NTP, BPPM, Master Trainer, TB Stakeholder in all Provinces and Districts Health Office and TB Stakeholder in Health Facilities.
2.1.2	Introduce National guidelines for EQA to 4 TB CARE supported provinces	JATA	58,527	5%	Mar	2013	Preparation activity: TOR, detail budget.
2.1.3	Obtain information on EQA activities from all provinces (updated from October 2012)	JATA	7,309	15%	Feb	2013	Determine specification of the Laptop, LCD Projector and Desktop Computer and collecting the offering letters by Microscopy NTRL staff and JATA staff. These equipment will be used for supporting the Microscopy National Reference Laboratory (NTRL) in collecting EQA data from Nationwide.
2.1.4	Assist East Java province to introduce LQAS EQA system to 38 districts	JATA	132,523	20%	Mar	2013	Wasor Province and Wasor District in East Java start to Collect and to correct data (Number of slides in 2012, number of the negative slides 2012, Number of the Positive slides 2012, Positivity Rate2012) from all Health Facilities. These Data will be used during workshop to determine the sample size for EQA microscopy. The workshop will be conducted in the first week of March 2013 in Surabaya.
2.1.5	Introduce computerized system on EQA to reduce workload	JATA	44,546	10%	July	2013	Discussions were conducted by Dr. Shimouchi, IT programmer and NTRL Staff to improve the e-File.

2.1.6	Evaluation of panel testing/EQAS of TB HIV, West Java and East Java	FHI360	11,187	50%	Jun	2013	Evaluation of EQAS was conducted in Surabaya, November 23, attended by Provincial Health Laboratory, Provincial Health Office and TB CARE. The meeting was aimed to discuss about the result of TB and HIV panel testing sent in July 2012 to 48 facilities in East Java and to develop follow up plan. The dissemination of first cycle results to the DHOs and facilities was done, and the second cycle of East Java EQAS was completed. The dissemination of the results of the second cycle and on site mentoring visits will be done in the coming month. While the evaluation of EQAS in West Java was conducted on 6-7 Feb. Seven out of 19 facilities passed the HIV panel test. This meeting is to raise issue of how important to maintain quality of HIV testing and revisited again the method used. TBCARE I advocated for routine monitoring and follow up of quality of HIV testing.
2.1.7	BLK Bandung to provide AFB microscopy panel to all Provincial laboratories	KNCV	5,531	95%	Jan	2013	20 sets (2000 slides) of AFB microscopy panel test were already made completely by BLK Bandung as National TB Reference Lab for microscopy in November 2012. The AFB microscopy panel test have been sent to 14 reference labs: BLK Bangka Belitung, Kepri, Gorontalo, North Maluku, West Papua, West Sulawesi, BLK Kupang, BLK Jayapura, BLK Semarang, BBLK Surabaya, BLK Ambon, BP4 Ambon, Adam Malik Hospital, and Microbiology UGM. The remaining 6 will be sent April 2013.
2.1.8	Support laboratory renovation	KNCV	485,396	60%	Sep	2013	PT Trisakti Mekar Mandiri was chosen through tender to conduct TB Lab renovation for BBLK Surabaya both for LPA/molecular Lab and BSL-2 plus culture/DST Lab. Biosafety consultant (World BioHaztec) has assessed the LPA/molecular Lab on 9 January 2013 and it complies the specification in the tender documents. While for C/DST in BBLK Surabaya, approval and preparation for renovation will be followed up. While for BBLK Palembang, electricity was already upgraded March 2013. Electricity consultant will conduct site visit 9 April 2013 to ensure the compliance with the tender documents.
2.1.9	Support critical equipment to Microbiology-UI	KNCV	31,911	25%	Jun	2013	Tender for deep freezer procurement finalized and purchase order sent to the supplier 8 March 2013.
2.1.10	Operational cost for 1 times TB Lab Working Group meeting	KNCV	8,374	0%	Jun	2013	This activity is rescheduled to Q3

2.1.11	Support the National Prevalence Survey (NPS) in laboratory readiness	KNCV	276,270	80%	Sep	2013	As part of Laboratory support to NPS, Richard Lumb has provided a discussion paper to help Litbangkes make a NPS plan. NPS training was conducted in BLK Semarang 7-10 January 2013. Equipment and consumables procurement in NPS plan were supported by TB CARE I. Twenty out of 26 items were procured and received by laboratories and NIHRD. Purchase order for the rest were sent to suppliers.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2.1	Technical Assistance to NTP, BPPM and Referral labs	KNCV	10,914	50%	Sep	2013	During this quarter, TB CARE I provide technical assistance to NTP, BPPM in following activities: - Coordination meeting between TB Lab working group and PMDT team on 5-8 February 2013. - Socialization of LQAS during provincial TB Monev Meeting in East Kalimantan Province on 19-21 February 2013. Monev Meeting was attended by 33 participants from PHO, DHOs (Wasors), and TB Lab staff from Provincial Laboratory (23 males, 10 females) - LQAS Workshop in East Java province on 25-28 February 2013. Workshop was attended by 97 attendees (29 males, 58 females) consist of DHOs, Lab technicians from Intermediate TB Lab, Lab technicians from TB Lab of BBLK Surabaya, and PHO - Socialization of LQAS during Provincial TB Monev meeting in Maluku Province on 5-7 March 2013
2.2.2	Technical Officer for Laboratory for BPPM	KNCV	2,872	50%	Sep	2013	Job descriptions were defined, job vacancy was announced and applicants shortlisting is in progress. It is expected that the TO will be recruited by the end of Q3.

2.2.3	Maintenance, calibration, and repair of BSCs (Biological Safety Cabinet)	KNCV	31,380	100%	Mar	2013	<p>BSC maintenance and calibration have been done on 16 -25 January 2013 at the following labs:</p> <ol style="list-style-type: none"> 1. BBLK Surabaya: 3 BSCs 2. Microbiology UI: 2 BSCs 3. RS Persahabatan: 2 BSCs 4. BLK Bandung: 2 BSCs 5. Microbiology UGM: 2 BSCs 6. BLK Jayapura: 2 BSCs. <p>Result: 11 out of 13 BSCs passed and 2 failed (1 BSC at Persahabatan hospital and 1 BSC at Microbiology UGM).</p> <p>BSC at Persahabatan hospital failed due to both insufficient downflow and inflow. NSF engineer recommend to replace HEPA. BSC at Microbiology UGM failed due to inflow not enough and need to increase exhaust airflow. Replacement of HEPA Filter for 1 BSC at BBLK Surabaya was successfully done and this BSC passed for certification/calibration as well.</p>
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2.2.4	Provide TA and EQA panel test for culture DST	KNCV	23,934	75%	Sep	2013	<p>EQA panel test for culture/DST have been sent by Supranational Reference Lab (SRL), IMVS Adelaide to following 9 Labs on 17 October 2012:</p> <ol style="list-style-type: none"> 1. BBLK Surabaya 2. Microbiology UI 3. RS Persahabatan 4. BLK Bandung 5. NHCR Makassar 6. Microbiology UGM Yogyakarta 7. BLK Jayapura 8. BLK Semarang 9. RS Adam Malik Medan <p>Until end of March 8 out of 9 labs already reported their EQA result and reviewed by SRL:</p> <ol style="list-style-type: none"> 1. BBLK Surabaya: passed 100% for 1st and 2nd Line DST 2. RS Persahabatan: passed for 1st and 2nd Line DST 3. BLK Bandung: passed for 1st Line DST, 2nd Line DST result will be submitted in April 2013. 4. NHCR Makassar: passed for 1st and 2nd Line DST except for KAN. NHCR will need to retest KAN (7 false-susceptible) 5. Microbiology UGM Yogyakarta: getting very close to passing and needs to repeat panel test 6. BLK Jayapura: getting very close to passing and needs to repeat panel test 7. BLK Semarang: Passed for INH and RIF 8. RS Adam Malik Medan: passed first panel
2.2.5	Begin training of C&DST NRL to prepare, conduct, and report on EQA panel tests for FL- and SL-DST	KNCV	4,911	0%	Sep	2013	Will be conducted in Q4 at Richard Lumb's second mission

2.2.6	International TA by Richard Lumb, a lab consultant from Supranational TB Reference Lab, IMVS, Adelaide.	KNCV	123,916	50%	Sep	2013	<p>Richard Lumb provided TA 25 Feb - 15 March 2013 to 7 labs (Microbiology FMUI, BBLK Jakarta, BLK Banjarmasin, BLK Jayapura, Microbiology UGM, RS Persahabatan, and BLK Semarang. Result:</p> <ol style="list-style-type: none"> 1) Evaluation for EQA DST result from 8 labs (please see activity 2.2.4) 2) Safe working practices continue to be a major problem. These include protection of the individual lab person, fellow workers, patient, major culture and DST errors from non-QA labs therefore specific training on safe working practices required 3) EXPAND-TB: Renovations completed at both sites, hardware and reagents expected mid-May, MGIT960 will be installed before training for MGIT and LPA begins 4) Hain study: Phase-II MTBDRplus completed and reported that main aim of Phase-II (reduction in TAT for patient to begin MDR Rx) was not met. While phase-I MTBDRsl DST and LPA completed. However, resolution of discrepant results require sequence analysis. 5) EQA for East Java DRS: Findings: 160 isolates received for testing at Micro-UI: 11 non-viable (high), 101 DST completed, and 48 awaiting testing. Staff shortages affecting workflows and timelines. Time to complete DST is taking too long. Administrative delays have wasted time 6) NPS: Trial at BBLK Surabaya completed. Findings: Staff worked 12+ hour days to process samples, laboratory processes not optimized for workload, sample cross contamination likely occurred and/or R&R errors, because 63/417 (15%) had at least one culture positive sample, 35/58 (60.3%) had 1-4 colonies only, high quality lab struggled with work. Next TA scheduled for 02-26 June 2013.
2.2.7	Training of C&DST NRL in the conduct of laboratory assessments for developing C±DST	KNCV	7,419	30%	Sep	2013	<p>As part of capacity building for NRL, 3 BBLK staff who were prepared for C/DST lab capacity building joined lab visit with SRL/Richard Lumb on 25 Feb - 15 March 2013.</p> <ul style="list-style-type: none"> - Dr Koespriyani join visit to Microbiology UI, BBLK Jakarta, BLK Banjarmasin, RS Persahabatan and BLK Semarang - Ita Andayani join visit to Microbiology UGM - M. Taufiq joined lab visit to BLK Jayapura

2.2.8	International TA for GeneXpert implementation	KNCV	98,928	60%	Sep	2013	Ongoing TA by Sanne Van Kampen from 19 March to 5 April 2013. The purpose of this mission was to 1. Support TORG with Xpert data collection & analysis 2. Support integration of Xpert indicators into routine national M&E systems 3. Perform supervision visits to 4 new Xpert sites Result will be available next quarter.
2.2.9	Key Stakeholders to review a Discussion Paper prepared by SRL as the basis for preparing a National Strategic Plan that links the NRL's to Provincial, public/private hospital, other government laboratories providing TB diagnostic services to the Indonesian people	KNCV	15,954	0%	Sep	2013	This activity will be done in Q3 and Q4
2.2.10	Technical assistance from WHO Country Office	WHO	6,165	50%	Sep	2013	WHO staff participate and provide TA at GeneXpert evaluation meeting. This side meeting was arranged by KNCV during National TB Monev meeting at Yogya in 4th week of Jan 2013, TA also been provided together with Dr. Ranjani in the development of supporting documents of the Ministerial Decree on National Referral TB Laboratory, number 1909/MENKES/ SK/ IX/ 2011 (19-23 November 2012 in Jakarta and Surabaya).
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3.1	GeneXpert Site assessment visit	KNCV	21,827	0%	Sep	2013	16 out of 17 GeneXpert have been installed and the last machine will be installed in Q3. Therefore this activity no longer is necessary and is being proposed to cancel. Whenever the MOT approved, the budget will be moved to activity 2.2.1.

2.3.2	GeneXpert on site training, installation and first running	KNCV	52,558	95%	Sep	2013	7 additional GeneXpert sites were trained and followed by installation of GeneXpert machine during Q2. Participants were of Lab technicians, Lab supervisors, clinicians, Provincial Health Staff and TO PMDT, where applicable. - RS Labuang Baji and NHCR Makassarr on 14-15 Jan 2013: 28 participants (11 males, 17 females) - RS Sanglah Bali on 22-23 Jan 2013: 19 participants (8 males, 11 females) - RS Adam Malik Medan on 12-13 Feb 2013: 18 participants (8 males, 10 females) - BLK Jayapura on 6-7 March 2013: 24 participants (15 males, 9 females) - RS Pengayoman on 19-20 March 2013: 21 participants (8 males, 13 females) - RS Kariadi Semarang: on 26-27 March 2013 46 participants (22 males, 24 females)
2.3.3	Support GeneXpert operational cost	KNCV	17,551	50%	Sep	2013	GeneXpert operational cost for RS Hasan Sadikin Bandung has been paid while other sites will submit their invoice to TB CARE I in Q3. This activity is expected to underspend as so far there is no invoice from GeneXpert site for specimen transfer. Propose to cut half of this budget and move to activity 2.2.1.
2.3.4	GeneXpert Supervision/Monitoring	KNCV	7,591	50%	Sep	2013	Ongoing supervision to 4 GeneXpert sites together with Sanne van Kampen during her visit on 19 March - 5 April 2013. Result will be available next quarter.
2.3.5	GeneXpert Coordination meeting	KNCV	14,190	100%	Sep	2013	TB CARE I supported signing of GeneXpert MoU between MoH and 3 GeneXpert sites: BLK Jayapura, RS Kariadi Semarang and RS Cilacap on 29 January 2013. TB CARE I supported a coordination meeting with 5 initial GeneXpert sites during National TB Monev meeting in Yogyakarta on 30-31 January 2013 to discuss experience and challenging in GeneXpert implementation and to review GeneXpert data as well.

2.3.6	GeneXpert recalibration	KNCV	9,573	50%	Sep	2013	Related to GeneXpert calibration, TB CARE I has been initiating coordination with PT Fajar Mas Murni (PT FMM) as Cepheid local service provider since December 2012. PT FMM already ordered the calibration kit to Cepheid and this calibration kit already received by PT FMM as well. GeneXpert machines in 5 following sites will be done in April-May 2013. 1. Microbiology UI 2. RS Persahabatan 3. RS Moewardi Solo 4. RS Soetomo Surabaya 5. RS Hasan Sadikin Bandung
2.3.7	Supporting GeneXpert implementation	FHI360	11,054	25%	Sep	2013	In order to follow up request from NTP to fill cartridges gap for GeneXpert training and expansion, TB CARE I ordered 2500 cartridges on 3 December 2012. Those cartridges already arrived in country on 25 January 2013 and are started to be distributed to all GeneXpert sites in February 2013. TB CARE I assisted in the GeneXpert installment preparation in Pengayoman hospital in 18 January 2013.
2.3.8	TA for TB and TB-HIV lab in TB CARE supported sites and GeneXpert.	FHI360	10,833	50%	Sep	2013	Following the facilitations in previous quarter, facilitation was provided in Central Java, North Sumatra and West Java. Facilitation was provided for the training in sputum fixation of inmate volunteers from Sragen Prison (14 March). Sputum fixation will be referred to health center for further examination. In North Sumatra, TBCARE I facilitated on the job training in sputum microscopy of 2 laboratory staffs of Bina Kasih hospital to Helvetia PHC on March 5-7. TB CARE and PHO/DHO will monitor the implementation of TB DOTS in the hospital. In West Java, TBCARE I facilitated on the job training for smear fixation in Sukabumi prison (10-11 January), 7 inmates and health staff were trained to do smear fixation. Sukabumi prison is ready to make smear fixation and ready to conduct the mass screening. As the follow up, provincial health lab will supervise sukabumi prison in making the smear fixation.
2.3.9	Procurement of GeneXpert cartridges	KNCV	62,654	100%	Sep	2013	In order to follow up request from NTP to fill cartridges gap for GeneXpert training and expansion, TBCARE I ordered 2500 cartridges on 3 December 2012, which arrived in country in January 2013.
				47%			

3. Infection Control		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
3.1.1	Support NTP to develop policy, regulation for IC in health care facilities	KNCV	7,731	50%	Mar	2013	Finalization of TB IC manual for health care facilities was conducted in this quarter. This manual will be a basis for advocacy to Directorate of Medical Care for further policy development. Planned to finish May 2013.
3.1.2	Incorporate TB IC policy in hospital accreditation system	KNCV	4,579	30%	Sep	2013	On going process for advocacy, the specific meeting with National Committee for Hospital Accreditation (KARS) will be conducted in Q3 and to utilize also the TB IC manual as a reference for incorporation of TB IC policy in hospital accreditation system.
3.1.3	Develop TB IC SOP in 6 selected PMDT sites	KNCV	8,233	0%	Sep	2013	Will be conducted Q3
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2.1	In-house training for TB-IC staff	KNCV	64,717	25%	Sep	2013	During Q1, in house trainings were conducted in 3 provinces (DKI Jakarta, Central Java, and East Java). In DKI, the training was held in Persahabatan hospital for 10 HCWs (2 male, 8 female) involving 3 hospitals namely: RSUD Tarakan, RSUD Cengkareng and RS Fatmawati. Follow up visit by facilitator to each hospital will be conducted in Q2 to assist TB IC team at hospital in doing assessment and planning for TB IC improvement. In Central Java, the training was divided into 2 groups: 1) Health Centre: for 5 health centres, attended by 21 HCWs (9 male, 12 female) 2) Hospital: RS Paru Aryo Wirawan Salatiga, Local Government Hospital with 36 participants (19 male, 17 female). In East Java, the training was held in Soedono hospital with a total of 39 HCW participants (14 male, 25 female).
3.2.2	TA to assist new PMDT treatment centers to develop SOP and implement it	WHO	3,670	0%	Sep	2013	Planned to start at Q3. During Q2 WHO and NTP focus on the preparation of JEMM activities and GF grant renewal. However, remote technical assistance to new PMDT hospital to meet TB IC standards through environment control have been provided for West Sumatera and Babel provinces. Direct TA will be started at Q3 for South Sumatera, South Kalimantan and North Sulawesi.

3.2.3	TA for development of TB IC Plan in all PMDT/ TB HIV sites	FHI360	10,292	50%	Sep	2013	TB CARE I drafted a generic TB IC plan/SOP for TB IC and mentored Pekalongan prison staff to develop their own TB IC SOP using the generic SOP. In the coming quarters, more prisons/sites will be encouraged to develop their TB IC SOPs. In DKI Jakarta, TB CARE I assisted Pengayoman hospital to improve TB IC in the MDR ward, such as changing windows opening. TB IC assessment was conducted in Tarakan hospital, and the assessment findings indicate that in general there is no TB IC plan/SOP, no budget from the hospital to improve TB IC, and no health worker surveillance for TB. Recommendations were provided directly to board of directors, and will be followed up by TB IC team leader. A follow up assessment will be held in 6 months.
3.2.4	Procurement and supply masks and respirators to all PMDT/ TB HIV sites	FHI360	5,617	50%	Mar	2013	Order was placed, however the respirators were not in stock, thus will be available in the coming months.
				31%			

4. PMDT		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
4.1.1	Post Self assessment meeting to analyze local strength, weakness, commitment and sites selection	WHO	17,470	0%	Sep	2013	No activity conducted in Q2. NTP has developed plan for Post self assessment meeting. The first meeting for 6 provinces (Maluku, West Nusa Tenggara, South East Sulawesi, Central Kalimantan, West Kalimantan and Gorontalo) will be supported by Global Fund and will be conducted in first week of April. The second meeting for 7 provinces (Central Sulawesi, East Nusa Tenggara, North Maluku, West Papua, Jambi and Bengkulu) will be conducted in 4th week of August and will be supported by TB CARE I.
4.1.2	TA to develop local specific plan for PMDT expansion at provincial level in new areas	WHO	16,374	0%	Jun	2013	TA has been provided to review the progress of PMDT implementation plan in NAD (3-6 Oct 2012). No field visits during Q2. The plans for next visits: West Sumatera, South Kalimantan, North Sulawesi, Banten and West Sulawesi (Q3 2013 periods).
4.1.3	Meeting at central level to synchronize new provincial plan with national expansion plan	WHO	25,549	0%	Jan	2013	Activity will be conducted in Q3

4.1.4	Training for PMDT sites	KNCV	55,409	100%	Des	2012	As part of PMDT expansion plan, 7 new provinces (NAD, West Sumatra, South Sumatra, Banten, South Kalimantan, South Sulawesi and West Sularwsi) were trained for PMDT in 2 batches. In total 65 participants attended the trainings in East and Central Java. Each province was represented by the hospital (pulmonologist/internist, nurses) and Health Office (PHO, DHO) and will act as the provincial PMDT team in their corresponding province.
4.1.5	Advocacy meeting	KNCV	24,040	0%	Sep	2013	Will be held in Q3-Q4 with aim to speed up the establishment of PMDT referral site in selected provinces (13 provinces which already trained and conducted self assessment)
4.1.6	PMDT M&E meeting twice a year at central level, involving NTP, PHO, hospital management and clinical expert team	WHO	47,234	0%	Sep	2013	Will be implemented in Q3.
4.1.7	PMDT M&E meeting twice a year at provincial level, involving NTP, PHO, hospital management and clinical expert team	KNCV	38,816	0%	Sep	2013	Postponed due to some provinces already conducted M&E meeting incorporated to provincial M&E meeting funded by GF; it will be started in Q3.
4.1.8	External TA to review national PMDT guidelines	WHO	20,799	0%	Jun	2013	Will be implemented in Q3.
4.1.9	Regular meeting between National PMDT clinical expert team with panel expert HIV working group MOH	WHO	7,499	0%	Jun	2013	Will be implemented in Q3.
4.1.10	Development of clinical audit documents and to establish national clinical auditors team.	WHO	15,309	0%	Jun	2013	Will be implemented in Q3.
4.1.11	Capacity building for national team on clinical audit including to conduct on the job training for national clinical auditors.	WHO	25,133	0%	Jun	2013	Will be implemented in Q3.
4.1.12	Regular clinical audit by national clinical audit team to ensure the quality of PMDT services.	WHO	12,346	0%	Sep	2013	Will be implemented in Q4.

4.1.13	Develop guidance/standard to conduct micro training for rapid PMDT expansion in satellites setting	WHO	10,979	0%	Jun	2013	Will be implemented in Q3.
4.1.14	Workshop to review and revise PMDT training material	WHO	16,041	0%	Jun	2013	Will be implemented in Q3.
4.1.15	Incorporate PMDT components into the regular TB training curriculum	WHO	10,978	0%	Jun	2013	Will be implemented in Q3.
4.1.19	Technical assistance from WHO Country Office	WHO	16,374	50%	Sept	2013	Site visit to PMDT sites: Persahabatan hospital 12 Oct, Moewardi hospital 18-19 Oct, Sutomo and Saiful Anwar hospital: 23-25 Oct, Labuang Baji hospital 11-14 Nov. The visits were conducted by WHO, NTP focal point on PMDT and other TB CARE partners. TAs were also provided for PMDT counseling training organized by FHI360 (Bandung, 4-8 March 2013).
4.1.20	Coordination meeting between selected ART hospital/lung clinic with PMDT sites	FHI360	13,280	25%	Sep	2013	TBCARE I facilitated coordination between ART unit and PMDT unit at Soetomo Hospital, Surabaya. Coordination was attended by clinical expert team, nurses, other staffs from both units, and TB CARE. The flowchart of GeneXpert examination was introduced, TB CARE I advocated for referral of PLHIV with TB symptom to GeneXpert, and hospitalization of MDR-HIV patient in the MDR ward. However, this activity was planned for 5 provinces, the coordination meetings in remaining provinces will be conducted next quarter.
4.1.21	Prepare Health Center for PMDT service: Micro Training (On Job Training)	KNCV	24,487	50%	Sep	2013	In this quarter, on the job training for 92 satellite HCs were conducted in 7 TB CARE I supported provinces as part of patients' decentralization to the nearest health center. This on the job training reached 883 health workers as participants (284/M and 599/F). During this quarter, 104 patients were decentralized to satellite HCs. Up to March 2013, in total 330 out of 584 patients (57%) under treatment are continuing treatment at satellites health center.
4.1.22	Specimen referral mechanism: training, logistics, specimen transport cost	KNCV	30,161	50%	Sep	2013	During this quarter, TB CARE I supported specimen referral mechanism for 200 suspects in East Java and Central Java province. All the specimen were received in good condition at the lab and examined by GeneXpert. It showed the feasibility of this mechanism and lesson learned from this mechanism will be shared to other sites.

4.1.23	Sub referral hospital development (starting kit) : advocacy meeting, socialization, renovation, training, SOPs Development	KNCV	43,902	20%	Sep	2013	Establishment of sub-referral hospital was planned and initiated in Central Java and East Java. The plan is for 2 sub-referral hospitals in Central Java and 1 sub-referral hospital in East Java. Advocacy meetings were conducted in Central Java for RSUD Cilacap (district hospital) and for RS Karjadi Semarang. In Central Java, PMDT training for sub-referral hospital will be conducted in mid of April 2013.
4.1.24	Monthly supervision to PMDT treatment centers or satellites	KNCV	85,299	50%	Sep	2013	To ensure quality of services at satellite health centres, joint supervision was conducted by PMDT TOs at provincial level together with PHO/DHO staff. The visit aimed to look at the service provided, drug stock maintenance, also report and data validation. During Q2, 27 health centres in 3 TB CARE I supported provinces (North Sumatera, West Java and Central Java) were visited.
4.1.25	Treatment support (follow-up patient under MDR treatment, side effect management, sputum handling and transportation, decentralized to HC, logistic transport, dormitory and patient gathering)	KNCV	74,386	50%	Sep	2013	Treatment support is delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). As of the end of Q2, in total there are still 81 patients eligible and receiving this support in those sites. TB CARE I in this quarter also supported cost for decentralization of 65 patients in 6 TB CARE I supported provinces. The supports were provided for transportation cost for handed-over patients' document and also for drug delivery cost from referral sites to satellites.
4.1.26	Workshop for finalization of MDR SOP in the prison setting	FHI360	7,011	100%	Mar	2013	The document name was changed by NTP and Ditjenpas from MDR SOP into Guideline for MDR Management in the Prison Settings. TB CARE I provided extensive support on drafting the document and supported the finalization of the document in two meetings involving NTP, Ditjenpas, Pengayoman hospital, on 4 and 17 January 2013.
4.1.27	Workshop to familiarize prisons with MDR SOP for prison	FHI360	43,578	100%	Mar	2013	Workshop to introduce the guideline for MDR management in the prison setting (see activity 4.1.26) was held in Cirebon, 4-5 February 2013. Thirty three prisons from 6 provinces (DKI Jakarta, West Java, Central Java, East Java, North Sumatra, Banten) were invited with 50 participants (23 males, 27 females). During the workshop, identification of MDR suspects, SOP for sending sputum, record/report were trained by facilitators from TB CARE I. Next step is to provide TA to assure prisons identify MDR suspect and refer sputum to PMDT sites.

4.1.28	Coordination meeting among PMDT satellites prisons and PMDT sites: Persahabatan, RSSA, RSHS, Moewardi, and Adam Malik	FHI360	6,992	50%	Sep	2013	Coordination meetings were conducted in 2 provinces (North Sumatra and DKI Jakarta). In North Sumatra, coordination meeting between prisons in Medan and Labuan Deli with Adam Malik hospital was facilitated, 21 March 2013. The meeting discussed procedures for sputum referral from prisons to Adam Malik. Coordination meetings for DKI Jakarta was conducted for Persahabatan and Pengayoman hospital, 27 March 2013. Topics covered were steps to be taken to improve MDR diagnosis, follow up and service delivery in Pengayoman as the Persahabatan satellite site. Details such as how to better send sputum and MDR cases were discussed.
4.1.29	Coordination meeting between GeneXpert center in prison (Pengayoman and Cilacap) with PMDT hospitals, and/or culture and DST referral laboratory	FHI360	3,427	0%	Sep	2013	This activity will be conducted in Q3 due to limited time of stakeholders.
4.1.30	Supporting MDR diagnostic and treatment in the prison	FHI360	37,600	50%	Sep	2013	This quarter, support was provided to 2 provinces (North Sumatra and West Java). In North Sumatra, on the job training on PMDT for Medan prison as the PMDT satellite to Adam Malik hospital was facilitated by TB CARE (Mar 14). The training is needed to prepare the prison to be ready to care for MDR patients from the province. Preparation of the inpatient room in the prison will be started next quarter. While in West Java, advocacy and assessment of PMDT were held in Banceuy Prison (15 February), the head of prison is committed, and assigned one room which needs a minor renovation for MDR ward. MDR TB Socialization to Banceuy prison staff (15 March) and Sukabumi prison staff (14 March) were held to gain commitment from the health staffs.
4.1.31	Workshop/ meetings among high ranking officials/ decision makers of central level and provincial level on PMDT.	WHO	24,948	0%	Sep	2013	Will be implemented in Q4.

4.1.32	Training for MDR counseling	FHI360	55,895	50%	Mar	2013	The training was initially planned for December 2012. However, as the training was conflicting with agenda of the NTP it was postponed. In 4-8 March 2013, the training, consisted of two parts, one to train expert patient trainer/EPT (7 males, 9 females), and the other one to train doctors/nurses (7 males, 21 females) was conducted in Bogor. EPTs and converted MDR patients who were trained to provide feedback to doctors and nurses on how the medical staff communicated on MDR issues to them. Trainees were from Persahabatan, Moewardi hospitals and their satellites. In general, the evaluation showed that participant perceived the training very good, and NTP considered this very important and would like to have this training for all of the PMDT sites. Next training of doctors/nurses from 3 PMDT sites will be held in Surabaya using GF funding.
4.1.33	Patient gathering	KNCV	11,156	50%	Sep	2013	Psychosocial supports were provided to MDR TB patients, patients gathering is one of regular activity conducted. This activity aims to gather MDR TB patients and deliver IEC material related to MDR TB. Various materials were provided, i.e. refreshing about infection control, side effect from SLDs, sharing experience from cured patients, etc. In some sites also involving professional in hypnotherapy and also psychologist in order to motivate patients in treatment adherence. During this quarter, 10 sessions were conducted in PMDT sites and involving 478 participants (patients, patient's family, ex-patients and also HCWs).
4.1.34	Dormitory / shelter	KNCV	55,526	50%	Sep	2013	Dormitory/shelter support were provided mainly for MDR TB patients who need temporary shelter while awaiting decentralization process to the satellite health center. In this quarter, TB CARE I provided shelter for 160 patients in 5 PMDT sites. Length of stay of MDR TB patients at dormitory was various between 3 days up to maximum 6 months, and in average 37 days.

4.1.35	Transport support	KNCV	8,820	50%	Sep	2013	This support was provided by social workers or PMDT TO trace default patients. Priority for default tracing is to utilize the existing system in Government, however in some cases DHO usually requested assistance to social workers PMDT TO if they found difficulties in dealing with default patients. During this quarter, 28 visit were conducted and as result: 16 patients continue the treatment; 2 refused; 3 died; 7 request for decentralized to the nearest HC.
4.1.36	Individual counseling	KNCV	804	0%	Sep	2013	No activity in this quarter
4.1.37	Treatment support	KNCV	94,777	50%	Sep	2013	Enabler and side effect management support are delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). Up to end of Q2, in total there are still 81 patients eligible for this support in those sites. During this quarter, support also provided to 3 patients who need hospitalized due to side effect of SLD.
4.1.38	Infection control support	KNCV	151,401	50%	Sep	2013	TB CARE I supported infection control for PMDT sites by procuring N95 respirator and fit-test equipment as requested by NTP in Q1. More procurement will be done in Q3 or Q4 depending on NTP stock.
4.1.39	Renovation od selected health centers (PUSKESMAS) in East Jakarta and Surabaya, and renovation of treatment centers	KNCV	86,592	80%	Sep	2013	Renovation to improve infection control for 12 HCs in Surabaya, East Java have been completed on January 2013. This renovation will be used as a model for good practices in infection control in satellite facilities. Renovation support for 4 PMDT sites also provided, up to end this quarter renovation for Adam Malik hospital (Medan), Hasan Sadikin (Bandung) and Sanglah Hospital (Bali) have been completed, and for Sardjito hospital (DIY) still in the tender process.
4.1.40	Develop national and local capacity to provide ongoing support and development for e-TBM for all existing and new MDR-TB sites in Indonesia	MSH	62,312	50%	Sep	2013	Support provided for all existing sites using e-TB manager. System's incorporation by treatment sites staff can be showed through regular data entry in the platform. Infrastructure investments were done to ensure all required items for the system's use at the primary level.

4.1.41	Provide technical support to all involved GoI stakeholders in developing and implementing a fully electronic system, including a dashboard and indicators, for both MDR-TB patient & SLD data management in Indonesia	MSH	37,658	25%	Sep	2013	PMDT paper-based monthly reports are being sent to MSH for data completeness comparison among paper-based and eTB manager-generated reports. e-TB manager system's completeness is also tested against the paper-based reports. These monthly monitoring report will be key to demonstrate e-TB manager incorporation for cases and medicine management. This activity should be implemented during Q3.
4.1.42	e-TB Manager implementation in 7 PMDT sites	KNCV	49,322	20%	Sep	2013	On the job training conducted at Sanglah hospital in Bali Province (6 total participants; F:6, M: 0) in the first week of January 2013. Participants were from Provincial Health Office and MDR polyclinic, pharmacist from Hospital. On the job training also conducted at Sardjito Hospital, DIY Province (11 total participants; 6 males, 5 females)
4.1.43	Field visits to oversee e-TB Manager implementation to 7 PMDT sites	KNCV	9,769	15%	Sep	2013	In January, discussion was conducted on e-TB Manager implementation issues, specifically on: 1) The progress of development of TB06 and TB03 report e-TB Manager, 2) Method of data validation between e-TB Manager and excel format. The discussion resulted in e-TB Manager strategy and action plan for 2013 including the piloting of paperless report in 2 PMDT sites (Moewardi and Syaiful Anwar hospital) to initiate the full implementation of e-TB Manager.
4.1.44	M&E and e-TBM data validation meeting	KNCV	33,984	0%	Sep	2013	Planned in Q4

29%

5. TB/HIV		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
5.1.1	TA to NTP on TB-HIV/MDR TB-HIV collaborative activities	WHO	7,919	25%	Sep	2013	TA has been provided together with FHI360, NTP and NAP to disseminate new TB HIV clinical guidelines and new TB HIV surveillance system

5.1.2	Coordination meeting for TB-HIV in district, province, and national level	FHI360	69,960	50%	Sep	2013	Following TBCARE I support in previous quarter, facilitation for coordination meeting was provided for 4 provinces (Central Java, West Papua, Papua and DKI Jakarta). In Central Java, TBCARE I attended and provided inputs during the TB-HIV collaboration network meeting of Central Java Province (Feb 20). The meeting was attended by PHO, DHO, 21 hospitals, 11 lung clinics and 3 prisons. TB CARE advocated for strengthening internal network within the facility and record/report. In West Papua and Papua, Provincial as well as Districts (Fakfak (Feb 14), Jayapura District (March 13), Jayapura City (March 18), and Sorong (March 22)) TB-HIV Technical Working Group coordination were held. Evaluation of TB-HIV activities results from facilities were presented and discussed, the need for TB-HIV related capacity building for facilities were identified, some TWGs are not active and need to be revitalized. In DKI Jakarta, Finally, DKI Jakarta agreed to formalized the TB-HIV forum as TB-HIV Technical Working Group. This meeting is to establish the TWG and to select members. TB CARE advocated and to the establishment of this TWG.
5.1.3	Mentoring of MDR TB-HIV clinics	WHO	8,282	0%	Sep	2013	Will be conducted in Q3-Q4.
5.1.4	Regular mentoring in IPT sites	FHI360	8,564	50%	Sep	2013	On site mentoring to RSCM and Persahabatan hospital were provided by TB CARE I with NTP and NAP. Up to 28 February 2013, 282 PLHIV were screened, 205 were eligible and consented to start IPT. Twenty five were diagnosed with TB and put on treatment. Seventy three already completed the 6 months, 23 were defaulted, experiencing side effects, died, or pregnant. Though pregnancy is not a contraindication for INH, NTP and NAP decided to exclude those who are pregnant for security reason. Those who were died most likely due to other severe opportunistic infection. Chest X-rays were done at the end of the treatment, however some are still waiting for the results.
5.1.5	TA for evaluation of IPT result and publication	FHI360	2,093	25%	Sep	2013	TB CARE I prepared draft of IPT initial phase project updates/result from May-November 2012 implementation and submitted to NTP and NAP.
5.1.6	IPT Monev Meeting	FHI360	15,971	0%	Sep	2013	This activity will be conducted in Q4

5.1.7	Supporting the scaling up of IPT	FHI360	19,589	25%	Sep	2013	TB CARE assisted NTP with the planning of IPT scale-up in the Global Fund phase 2 proposal. NTP plans to gradually include all provinces to provide IPT to PLHIV by 2016. Next plan in Q3 and Q4 is to support NTP to revise the technical guideline, prepare for training/workshop materials for new involved provinces in the scale up.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2.1	Facilitate national TB-HIV/ MDR TB-HIV trainings for HIV staff and TB staff	WHO	9,955	0%	Sep	2013	Will be conducted in Q3-Q4.
5.2.2	Internal coordination meeting in 15 TB CARE supported sites	FHI360	8,954	25%	Sep	2013	TB CARE I facilitated internal coordination meetings between DOTS and HIV units in Jayapura (26 February 2013) and Manokwari Hospital (23 March 2013). In Jayapura hospital, the low ART coverage among TB-HIV patients was discussed and the issue is that clinicians are not convinced that patients can adhere to treatment. TB CARE I advocated and emphasized the importance of ART for TB-HIV patients. In Manokwari hospital, reported HIV testing among TB patients was low, while in fact, the number of tests conducted is high but under-reported.
5.2.3	TB/ HIV Training of Trainers	FHI360	31,423	25%	Sep	2013	TB CARE I had discussed and planned with NTP and NAP regarding TB-HIV ToT. The preparation will be conducted in April and the training will be jointly held with NTP during May-June 2013.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3.1	Supervision to low performance TB-HIV supported sites (5 sites)	FHI360	19,593	25%	Sep	2013	The plan for supervision was discussed with NTP and NAP, 5 sites will be supervised during Q3 and Q4. Sites will be decided after the criteria are defined.

5.3.2	Technical assistance for TB-HIV collaborative activities	FHI360	107,460	50%	Sep	2013	In Central Java, TA was provided to BKPM Semarang, BBKPM Surakarta, Moewardi Hospital, and Cilacap Hospital. During TA, TB-HIV collaboration management that include strengthening cross referral between TB unit and HIV unit, refresher training for TB-HIV record/report, promoting linkage between HIV unit and PMDT service. In Papua and West Papua, On site mentoring was delivered to Kotaraja PHC, Timika Kota PHC, Sentani PHC, Amban PHC, Fakfak PHC, Remu PHC, Mimika, Jayapura, Manokwari, Fakfak, Sorong Hospital. HIV testing among TB patients varies between 14-88%, TB-HIV patients receiving/continuing ART up to 48%, TB-HIV patients receiving CPT is 100%. On site mentoring tried to explore the challenges in HIV testing and ART, most of the challenges in ART are lack of human resource, concern about patients adherence and network with ART hospital. TB CARE I will provide OJT for some facilities which have new staffs, and will advocate for early ART to the ART hospital. In DKI Jakarta, TA was delivered to Persahabatan hospital and PPTI Baladewa for TB-HIV program planning 2013 and preparation for JEMM visit. TBCARE I disseminated and advocated on TB-HIV collaboration to Sartika Asih Bhayangkara Hospital, Hermina hospital, Bandung, and during Sukabumi city M&E Meeting. TBCARE I also strengthened TB-HIV collaboration at Hasan Sadikin hospital by assisting in finalizing TB HIV SOP and flow chart. TB CARE also facilitated TB-HIV training; participants were 11 District TB supervisor and 14 doctors from West Java. New Guideline of TB HIV Collaboration management and TB HIV clinical technical guideline were socialized and distributed.
5.3.3	Sub-agreement with PPTI Baladewa	FHI360	17,005	25%	Sep	2013	PPTI held coordination meeting with Persahabatan hospital. Until Q2, 37 MDR suspects have been referred to Persahabatan hospital, 11 out of 37 did not come, 12 out of 37 were MDR, 11 no results available. PPTI will trace 11 patients who did not come to Persahabatan hospital.
5.3.4	Printing for TB/HIV guidelines, forms, IEC materials, modules	FHI360	14,232	0%	Sep	2013	This will be done in Q3
5.3.5	International travel	FHI360	20,667	0%	Sep	2013	This will be done in Q4
				21%			

6. Health Systems Strengthening		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
6.1.1	Develop guidelines to improve the allocation of insurance revenues and government budget to TB control	MSH	58,614	0%	Sep	2013	MOH policy discussions are ongoing and NTP will have a clearer picture after the TB Financing Workshop on 17-18 April 2013. The activity will be completed September 2013. Post JEMM, the MOH now plans to pass a law on TB financing over the next few months and TB CARE I will be assisting.
6.1.2	Develop examples (written and video) of good insurance schemes specially TB coverage for advocacy	KNCV	12,233	0%	Mar	2013	Will be started in Q3. Coordination among TB CARE I partners is taking place.
6.1.3	Continue support to NTP on developing the TB control financing implementation and monitoring progress	MSH	34,807	50%	Sep	2013	Conducted analysis of finance M&E data and carried out data validation exercise. Developed framework for financing roadmap. NTP director presented financing papers at Beijing Health Systems Research Symposium and KL Union conference. Assistance was provided to the NTP in costing and financing to prepare the GF phase 2 request.
6.1.4	Use cost information for developing financing mechanisms and improving efficiency	MSH	56,509	75%	Jul	2013	Costing models developed and data being reviewed by MOH in connection with insurance financing strategy. Costing was discussed with Vice-Minister in November and ATM costs were reviewed in a technical meeting in December. Costs were presented to senior MOH and other policy makers and donors in January. Models to be adopted by MOH and taught to task team in July 2013 for roll out. Costing presentation was made to JEMM and at National TB program M&E meeting.
6.1.5	Conduct operations research on ATM financing, including insurance and provide guidance and advocacy to MoH and other stakeholders	MSH	99,767	40%	Sep	2013	OR conducted on TB under insurance in 3 provinces which will serve as pilots for the national social health insurance scheme. The final results will be presented in July 2013 because they need to be amended and aligned with the WHO TB planning and budgeting model and the GF proposal budget.
6.1.6	ACSM training in TB CARE provinces	KNCV	16,067	0%	Oct	2013	This activity will be conducted by NTP request

6.1.7	Strengthening patient and community for TB advocacy (PCA Implementation)	KNCV	36,841	80%	Jul	2013	Data collection for 285 respondents in 3 district (Cimahi, Cianjur, Bandung) conducted 17 December to 12 January. Data entry finished in 18 January. It supposed to end in the workshop report in Maputo, Mozambique, but based on the discussion, intervention should be added and Indonesia have to conduct endline. Intervention is planned to conduct in May, endline to be collected June-July.
6.1.8	World TB Day 2013 (community campaign)	KNCV	59,955	100%	Mar	2013	World TB Day has been conducted in collaboration with NTP and appointed Hope International Worldwide as partner. The main activities for WTBD celebration is Run for TB (24 March 2013), held in Monas square attended by around 11,000 people, partners, community-based and faith-based organizations involved in TB control. the event attended by the high level key points such as Minister of Welfare, Vice Minister of health and DKI Jakarta's governor. This is the main event of TB commemoration to generate public awareness and media attention of TB issue. In National Seminar for TB (31 March 2013), TB CARE I took part by participating in the exhibition.
6.1.9	Mentoring of ACSM at selected province	KNCV	2,011	0%	Oct	2013	This activity will be conducted by NTP request
6.1.10	ToT for Leadership and Programme Management training	WHO	30,469	100%	Mar	2013	Implemented 13-20 Jan 2013 in Bandung where 21 participants (11 males, 10 females) from NTP and 6 Provinces (NTT, NTB, Central Java, East Java, Central Kalimantan and Riau Islands) attended the training.
6.1.11	Technical assistance from WHO Country Office	WHO	8,995	50%	Sep	2013	TAs have been provided for TB supervisory tools development and orientation (2-5 Dec 2012 in Jakarta), PAL supervision in West Java (Bandung and Majalengka, 4th week Oct - 1st week Nov 2012), ToT PAL (Bogor, 2nd week Nov 2012), Stop TB Partnership Forum Indonesia (Jakarta, 7 March 2013).
6.1.12	TB CARE 1 Consensus Meeting for APA 4	KNCV	16,813	0%	Jun	2013	APA4 planning will start around May 2013. Detailed planning process is under discussion.

6.1.13	Support to Global Funds Phase 2 renewal process	KNCV	70,000	100%	Mar	2013	TB CARE I has supported CCM Indonesia in the development and submission of the request for renewal of the GF SSF. The work was done in close collaboration with the team of University of Gadjah Mada, Yogyakarta, supported by experts of the TB CARE I. Due to the complexity of the proposal development process, the finalization took more time and effort than anticipated. For phase 2 the focus is on the rapid expansion for PMDT and TB/HIV services based on provincial action plans to solve bottlenecks and expanded roll out of GeneXpert. Other priority areas are strengthening policy and regulations in support of TB control, intensified research, and enhancing engagement of society support organizations. Total of budget proposed is around 67 million dollars.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2.1	Mentoring of TB HR capacity building at selected provincial and district level	WHO	14,130	0%	Sep	2013	Will be conducted in Q3/Q4.
6.2.2	External TA for HRD to develop action plan for local capacity building	WHO	32,137	50%	Sep	2013	TA from Karin Bergstrom was delivered 19 Nov- 2 Dec 2012. The purposes: to review the existing training modules for several TB trainings such as: Pediatric TB, TB HIV, TB Laboratory and LQAS. To develop first draft of PMDT training for satellite facilities. During the visit, Ibu Karin met with all related NTP Team and focal point to review the existing practices for training. Results: The training modules analysis on role and responsibilities for pediatric TB, TB-HIV and TB laboratory were developed during the mission and handed over to NTP focal point on HRD for follow up. The draft on training strategy/principles for PMDT satellites were developed. Next step: NTP HRD focal point will follow up the recommendation. NTP will arrange a meeting to review all TB training modules in March 2013. NTP PMDT team will follow the recommendation by arrange a meeting to develop training modules and curricula for PMDT satellites training.
6.2.3	To integrate TB HRD guideline, including requirement for PMDT, TB Lab and TB surveillance.	WHO	10,258	0%	Mar	2013	No activity conducted in Q2, NTP agreed to postpone the activity until Q4/2013 in line with TA plan for TB HRD consultant (Karin Bergstrom).
6.2.4	Capacity building for Provincial Training Coordinator	WHO	38,675	0%	Sep	2013	Will be conducted in Q3/Q4.

6.2.5	Development and publication of document on HRD in Indonesia for international experience sharing (in two languages, Bahasa Indonesia and English)	WHO	7,088	0%	Sep	2013	Will be conducted in Q3/Q4.
6.2.6	ACDA Training	KNCV	38,663	100%	Dec	2012	ACDA training was conducted and followed by 26 participants from 22 provinces (8 males, 17 females). Tjos training conducted in 3 phases. First phase was conducted in APA2, 2nd phase was workfield on October-November 2012, and 3 phase was on 2-9 December 2012 for presentation and discussion on the workfield.
6.2.7	Survey on knowledge, attitude and behavior of medical school fresh graduates in Indonesia for TB control	The Union	54,335	0%	Aug	2013	Activity planned to commence June 2013
6.2.8	Mentoring the mentor as continuation of advanced ToT	The Union	36,817	100%	Feb	2013	Mentoring the Mentor Course has been conducted on February 25-28, 2013 in Yogyakarta, attended by 15 participants (8 female, 7 male) and 2 observers (1 female, 1 male) from 13 provinces. The course is continuation of the Training-of-Trainers, to provide a high performance group, identified from the original "Training of Trainer" batch to build on the training skills to transition to another level of performing which is "Coaching and mentoring". Coaching and Mentoring will prepare participants to work with others and energizes them to use these skills for implementing TB control programme.
6.2.9	PPM Course (roll over from APA 2)	The Union	55,956	0%	Jul	2013	Activity planned to commence July 2013
6.2.10	Workshop to develop TB module for medical graduates and medical interns	The Union	44,812	20%	Jun	2013	Preparation and coordination are being carried out for series of workshops under this budget line. Two workshops will be conducted in Yogyakarta, 22 April 2013 and 15-16 May 2013
6.2.11	MDR-TB clinical management course batch 3	The Union	68,540	10%	Sep	2013	Preparation and coordination are being carried out for activity conduction in May 2013.
6.2.12	Workshop to establish assessment for Medical Internship and Vignette for Indonesian Medical Doctor Competency Test (UKDI)	The Union	26,411	0%	Sep	2013	No activity yet. This activity was previously planned to be conducted on April 2013. Due to change in activity coordinator, this workshop will be delayed. Further preparation for this activity is still in process.

6.2.13	Staff Capacity Building	KNCV	53,255	0%	Sep	2013	No capacity building activity conducted until the end of Q2
				34%			

7. M&E, OR and Surveillance		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
7.1.1	Consultant to oversee the SITT (national TB program integrated information system) development, implementation and evaluation	FHI360	33,730	50%	Sep	2013	A local consultant was hired and has been overseeing the SITT progress. The consultant has been supporting the preparation of the data and information that are needed by the software developer company. Informal and formal meetings were held during the quarter to gather all of the relevant data and information on TB-HIV, PMDT, logistic, human resource, pediatric TB and laboratory. The involvement of many units within the Ministry of Health, and the dynamics of TB program that effected the recording format are important and a challenge as well. Follow up to assure all units are involved and follow the schedule will be done.
7.1.2	Training for trainer SITT phase 2	KNCV	21,948	0%	Jun	2013	Ongoing development of SITT phase 2. The training is expected to be conducted in Q3 after development completed.
7.1.3	Implementation of SITT phase 2	KNCV	34,778	0%	Jul	2013	Implementation will follow activity 7.1.2.
7.1.4	SITT phase 2 implementation monitoring	KNCV	2,298	0%	Aug	2013	Implementation monitoring will follow activity 7.1.3.
7.1.5	Evaluation of SITT phase 2 implementation	FHI360	31,148	0%	Sep	2013	Will be conducted in Q4
7.1.6	SITT manual update	FHI360	10,128	0%	Sep	2013	Will be conducted in Q4
7.1.7	Technical assistance for Pusdatin and NTP regarding information system integration (SITT and SIKDA)	KNCV	47,915	50%	Jul	2013	Following the SITT dashboard development to facilitate data sharing, a few formal and informal meetings to review and work on some issues on map, indicators and analysis tool were conducted during the quarter. NTP agreed to accept the final version of SITT dashboard. TB CARE I is facilitating closer communication with Pusdatin to prepare the system integration. This will be followed up by Nico Kalisvaart's mission (KNCV data management consultant).

7.1.8	Development of plan for integration of SITT into SIKDA in coordination with Pusdatin and related stakeholders	KNCV	1,616	25%	Feb	2013	TB CARE I participated in the meeting conducted by NTP in the identification of integration phase with Pusdatin and other related information system within on March 18-19. SIKDA generic developed by Pusdatin is still on going. SIKDA will be utilized as the main system for TB and other diseases so the data dictionary and SOP is important to integrate different system in MoH. Further discussion with Pusdatin will be conducted to speed up the integration and also as a learning process for PT Teknoglobal as SITT faze 2 developer. Further development of integration will be delivered by Nico Kalisvaart in Q4.
7.1.9	Site visit by TB CARE I M&E Officers to ensure the implementation of TB CARE I planned activities	KNCV	6,981	0%	Sep	2013	This activity originally scheduled to start January 2013. However, due to late start of APA3, TB CARE I M&E team decided to agree the M&E mechanism and strategy for the upcoming APA3 first. The coordination meeting took place 25-27 March 2013 (see activity 7.2.1) and resulted in site visit plan and closer coordination strategy that embrace all partners in provincial level to ensure better M&E on the project.
7.1.10	TB CARE I participation in bi-annual national and TB CARE I M&E meeting	KNCV	98,553	50%	Jul	2013	TB CARE I actively participated in National TB M&E Meeting January 2013 in Yogyakarta. Support and technical assistance on various aspect of the programs such as GeneXpert data validation and evaluation, activity reprogramming, and provincial health facility data refinement. Participation will be provided in the next M&E meeting, planned in June 2013. Site visit will start May 2013 due to other agenda in April 2013.
7.1.11	Local TA to support GF-NTP activities in central, provincial and	KNCV	80,949	50%	Sep	2013	On going day to day activities to support GF NTP activities at central and provincial level.
7.1.12	TB CARE I Indonesia fact sheet development	KNCV	1,080	25%	Jun	2013	Based on the discussion with M&E team in March 2013 (see activity 7.1.9), the fact sheet needs updating and printing will be done altogether with the TB CARE I Indonesia provinces profiles printing. The profile template is final and data analysis and visualization will be carried on May 2013. Printing is expected in June 2013.
7.1.13	Support NTP to validate data in selected provinces	WHO	6,599	50%	Sep	2013	WHO consultant provide TA on provincial data validation during National TB Monev meeting.

7.1.14	TA to assure TB CARE supported sites (prisons and health facilities) produce a quality TB/HIV data	FHI360	41,409	25%	Sep	2013	At the national level, TBCARE I provided TA on TB-HIV data testing related with SIHA (HIV-AIDS Information System). In DKI Jakarta, TA for recording and reporting was delivered to PPTI clinic (22 January). This is a follow up to the last technical assistance, and it was observed that the agreement made during last TA was not implemented. The current recording forms (TB 04, TB 01) were provided, and another follow up TA will be conducted. In Papua and West Papua, On site mentoring was delivered to Kotaraja PHC (12 January, 30 March), Timika Kota PHC (12 January), Sentani PHC (7 February), Amban PHC (6 January), Fakfak PHC (12 February), Remu PHC (25 January), Mimika (18 January), Jayapura, Manokwari (14 January, 25 February, 9 March), Fakfak (15 February), Sorong Hospitals (24 January). TBCARE I found that there was still some misinterpretation on how to fill in the reporting forms, and TA on RR procedures was provided onsite. In North Sumatra, TBCARE I provided TA on TB-HIV recording and reporting to Klas I Medan prison, Women's prison, Klas I Medan Detention Center, and Labuan Deli Detention Center. During TA, data from the prisons was reviewed and corrected if not valid, and all participants were given an assignment to prepare a TB-HIV report for the quarter. In West Java, TBCARE I provided on site TA to Bekasi hospital (3 January) and assisted on West Java TB-HIV data validation (18-21 March). There is improvement in Bekasi prison data, they are now ready to report 10 TB HIV variables from HIV side and together with 10 variables from TB side.
7.1.15	Supporting TB/HIV surveillance.	FHI360	64,114	0%	Aug	2013	Training and workshop will be held in Q3, while the mentoring and supervision will take place in August-September 2013.
7.1.16	Regular supervision from joint team (TB CARE partners and NTP) to survey sites	WHO	7,015	0%	Sep	2013	The NTPS will be officially started at 14 April 2013. The regular supervision will be conducted quarterly after the start.
7.1.17	TA to monitor TB prevalence survey	FHI360		Cancelled	May	2013	This activity was not approved by the mission
7.1.18	Data management for prevalence survey	WHO	16,950	0%	Sep	2013	The survey will officially start in April 2013. WHO consultant has provide Technical assistance to prepare the data management system, including provide assistance for preparation of the IT systems. The designated data management consultant for NPS will be provided after May 2013 when data from the field will enter the data management systems.

7.1.19	External TA on prevalence survey for data analysis, writing the results and publication	WHO	64,274	50%	Sep	2013	TA from Dr Ikushi (8-19 Nov) and dr. Babis (19-26 Nov). Main recommendations: 1. Employ a full-time data manager exclusively for the purposes of the survey who will be responsible for the day-to-day activities. There will be 7 labs and 6 teams sending data and data forms to NIHRD during the survey. 2. Develop data management SOPs, based on the table of contents provided. Clearly lay out roles and responsibilities of all team members who handle data and forms, as well as detailed timelines and scheduling of all related activities. 3. A list of all 156 sampled clusters, along with information on geographical location, field team and assigned laboratory should be added as an appendix to the survey protocol. Next step: Dr. Ikushi and Dr. Babis will monitor and provide remote assistant during the survey simulation (March 2013) and will visit the country again at July-August 2013 periods for supervisory and TA purposes.
7.1.20	Consensus meeting for finalization of prevalence survey results.	WHO	20,142	0%	Sep	2013	After NPS field work and data analysis are completed
7.1.21	Publication and distribution of Prevalence survey result	WHO	7,992	0%	Sep	2013	After NPS field work and data analysis are completed
7.1.22	Further data analysis, interpolating the prevalence survey result with Riskesdas result to get more precise data for provincial/district	WHO	11,142	0%	Sep	2013	After NPS field work and data analysis are completed
7.1.23	Support JEMM in 2013	WHO	99,598	100%	Feb	2013	The JEMM was undertaken from 11-22 February 2013. The mission team consisted of 21 international experts joined with 44 experts from country Stop TB partners. The mission took account of progress made by NTP on previous JEMM recommendations, implementation of NTSP and findings during field visits (DKI, Babel, East Java, North Sulawesi and Maluku). The review team noted several major achievements, challenges and developed some major recommendation. The JEMM report were referred by NTP and GF as a basic document for Grant renewal proposal development.

7.1.24	Inter government agencies monitoring and evaluation of KNCV program	KNCV	11,873	20%	Jul	2013	Capacity building on M&E took place in the M&E team coordination meeting conducted 25-27 March 2013 in Jakarta. Topics addressed include developing better project report. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. Two untrained M&E officers will be trained for TB R&R at NTP's TB programmer training in July 2013.
7.1.25	Publication of NTP annual performance report and dissemination	WHO	12,021	20%	Jul	2013	Capacity building on M&E took place in the M&E team coordination meeting conducted 25-27 March 2013 in Jakarta. Topics addressed include developing better project report. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. Two untrained M&E officers will be trained for TB R&R at NTP's TB programmer training in July 2013.
7.1.26	Translation and transportation support during JEMM 2013 implementation	KNCV	6,308	100%	Mar	2013	TB CARE I contributed to successful Joint External Monitoring Mission (JEMM) including for interpreting and transportation. The team consisted of 21 international experts, 44 experts from the country STOP TB partners, non-governmental organizations, and NTP. The report has been finalized in March 2013 and the recommendations of the report were the basis for the development of the request for renewal of the Global Fund Single Stream Funding (GF SSF).
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2.1	Improving TB related data management and M&E related capacity of TB CARE M&E staffs at provincial level	KNCV	10,168	20%	Jul	2013	Capacity building on M&E took place in the M&E team coordination meeting conducted 25-27 March 2013 in Jakarta. Topics addressed include developing better project report. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. Two untrained M&E officers will be trained for TB R&R at NTP's TB programmer training in July 2013.

7.2.2	National ToT for MIFA Training	WHO	45,571	100%	Dec	2012	The training was conducted 16-22 December at Wisma Hijau, Depok. 29 participants (18 females & 11 males) and 4 facilitators (3 males & 1 females) were joined with this ToT. Participants came from NTP ME team, BPSDM, National TB master trainers, Provincial Wasors (East Java, Yogyakarta, DKI, Riau island, Central Kalimantan, NTB, NTT, North Maluku, North Sumatera) and epidemiologist from PAEI (Indonesian Epidemiologist Association). Objective: Participants are able to facilitate the next MIFA training at provincial level. Results: 21 facilitators for MIFA are available. Next steps: Further training for MIFA training will be funded by GF, NTP has included the MIFA training at provincial level in the GF reprogramming activities. The provincial training will be started after reprogramming approval.
7.2.3	Preparing Data Management Team (DMT) for further improvement of SITT	KNCV	7,210	0%	Jul	2013	This activity is part of the mission of Nico Kalisvaart to conduct activity 7.2.4 but NTP decided to postpone the mission. The mission of Nico is expected to be conducted in Q4.
7.2.4	Training on data management to wasors and provincial data and information staff	KNCV	32,731	0%	Jun	2013	This activity was postponed by NTP and expected to be done in Q4. Currently NTP manager needs clarification whether the training that will be delivered by Nico Kalisvaart is able to be supplementary to MIFA training.
7.2.5	TA for Sentinel surveillance data analysis and reporting	WHO	11,142	0%	Sep	2013	Activity will be conducted in April-September 2013
7.2.6	Workshop to expand the MDR TB Sentinel Surveillance in line with the PMDT expansion.	WHO	7,722	0%	Sep	2013	Activity will commence July-September 2013
7.2.7	Technical assistance from WHO Country Office	WHO	20,385	0%	Sep	2013	No activity was conducted during the quarter
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3.1	Support coordination meeting for TORG to oversee the completion of the research and implementation of OR work plan	KNCV	16,840	25%	Sep	2013	There is no activity for coordination meeting this quarter, planned to conduct in May and June 2013.

7.3.2	Support participation of NTP in international TB conferences	KNCV	43,069	50%	Sep	2013	There is no activity for participation in International conference this quarter. However, TB CARE I supported 25 participants (9 males, 14 females) to attend the 43rd International Conference on Lung Health, November 2012. Participants included TORG members and Provincial Health Office staff. Each participant attended and followed the sessions in the conference according to their technical areas and interest.	
7.3.3	International TA to introduce a competitive system for quality research	KNCV	40,671	0%	Jun	2013	Not yet started, planned to conduct in June 2013 due to available time of international consultant.	
7.3.4	Call for two proposals for priority topics based on NTP priority 2 proposal through merit review (1 :Sentinel survey to asses patient and provider delay)	KNCV	1,276	0%	Jul	2013	This activity is planned in July 2013	
7.3.5	Workshop for analysis the result of Operational Research conducted by Batch 7, 8 & 9	KNCV	21,429	100%	Mar	2013	Workshop held in Bogor from 26 February to 7 March, followed by 4 groups of batch 8 (10 males, 17 females). From this workshop, it is known that research on ACSM and TB MDR will finish their report May at the latest, while research on TB HIV will finish by June and research TB childhood will needs more extension until October 2013.	
7.3.6	Supervisory visits to ensure the OR implementation by batch 7, 8 & 9	KNCV	11,041	75%	Mar	2013	Supervisory visit for batch 7-8 was conducted in APA1 and 5 October - 27 November. The last supervisory visit was conducted in Feb-Jan 2013 for TB MDR team, TB HIV and ACSM team. Facilitator for childhood TB didn't do the supervision due to time constraint. ACSM team from East Java is the most advanced in the time plan where they had finished the data collection. TB HIV team also near to finish their data collection while TB MDR and TB childhood still had some issue due to low number of respondents. But most of the teams are ready to join the Data Analysis Workshop and report writing.	
7.3.7	OR result dissemination of batch 7, 8 & 9	KNCV	10,940	0%	Oct	2013	Will be conduct as soon as batch 7-8 finished in Q3. However, for TB in childhood will be done with batch 9.	
7.3.8	Implementation of Operational Research proposed by batch 9	KNCV	136,387	25%	Sep	2013	Proposals from 3 out of 4 provinces (Riau, Central Sulawesi and West Kalimantan) are final while proposal North Maluku is still under revision. Finalization and contract for the team will be prepared in Q3.	
				25%				

8. Drug supply and management		Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
8.1.1	Develop, agree and document, national strategy; also, implementation plan	MSH	84,952	75%	Jun	2013	Dr Smine provided consultancy on provincial and district QA in October 2012. Final draft ready, Feb 2013, incorporating GF inputs and presented to NTP and stakeholders. Due translation and official endorsement before printing.
8.1.2	Identify, review, consult, agree and update all existing guidelines, SOP and training modules. Design ToT curriculum and conduct the training for NTP central level staff and partners	KNCV	23,437	70%	Jun	2013	Logistic Guideline on TB has been finalized on 13-15 March 2013. The event was attended by NTP Logistics team, TB CARE I, BPOM, and Binfar.
8.1.3	Printing and distribution Guideline, SOP to all provinces and districts	KNCV	15,318	0%	Jun	2013	NTP suggested to print Logistics Guidelines after the National TB Guideline is finalized. The plan is to divide printing in two batches, this is to be discussed further with the NTP.
8.1.4	Technical Assistance from WHO Country Office	WHO	2,039	0%	Sep	2013	TA has been provided during finalization/update of national guidelines for logistic and drug management and will continue until end of period. However, several request from NTP to provide TA during logistic training to the provinces could not be fulfilled because of overlapping schedule with other priority activities.
8.1.5	Training logistics about new guidelines and SOP for SLD	KNCV	31,050	25%	Sept	2013	On the job training was conducted in North Sumatra (10-12 October 2012, participated by pharmacists from Adam Malik Hospital, PHO and Medan DHO, 2 males, 11 females), South Sulawesi (5-7 November 2012, participated by pharmacists from Labuang Baji Hospital, PHO and Medan DHO, 7 males, 6 females). The purpose of this activity was to give knowledge on managing second line TB drug: recording and reporting system warehousing, drug dispensation to patient and drug order mechanism. Methods used were andragogy learning with presentation, exercises and discussion. Training for next sites are waiting for PMDT expansion.

8.1.6	Procurement of refrigerator and drug patient box.	KNCV	10,850	80%	July	2013	Refrigerator, AC and patient box has been procured for Adam Malik, Soetomo, Persahabatan, Labuang Baji, Saiful Anwar, Hasan Sadikin, Sardjito, and Moewardi Hospital. The procurement was done to cover 6-9 months need in the hospitals. Budget is being spared for additional request from the hospitals.
8.1.7	Assess and document issues arising, plus related systems development plans. Develop performance improvement action plan; agree & implement	MSH	12,285	50%	Sep	2013	Field information-gathering on performance ongoing during TB CARE provincial warehouse assessment. Final report and recommendations arising from TB CARE provinces due May 2013.
8.1.8	Actively participate in People that Deliver initiative addressing cross-cutting issues	MSH	13,604	50%	Sep	2013	Various formal and informal participation, including outreach for QA initiative & cross-cutting HSS pilot logistics project proposal development. HSS reprogramming project proposal is expected to be submitted April 2013. Provincial/district supply chain 'best practice' pilot will commence Q3 2013.
8.1.9	Support for ToT	KNCV	8,263	15%	Sep	2013	Previous quarter, TB CARE I provided TA as Facilitator for Logistic ToT at West Papua. This activity was conducted on 3-10 November 2012, participated by District TB program staffs and Installation Pharmacy Staffs (3 males, 12 females). Result: to obtain staffs who has good capability/skill and good knowledge in managing drugs and logistic. However, this activity is based on NTP request.
8.1.10	In collaboration with WHO, JSI, Clinton Foundation to organize three meetings (part-funding) involving provincial logistics personnel to assess TB storage at provincial level and implement a performance improvement program at the TB CARE supported provinces	MSH	48,441	25%	Sep	2013	PtD meeting cancelled in January 2013. Next meeting due April 2013, including one day focusing on TB, 24th April 2013, in conjunction with JSI. Meantime TB CARE I logistics provincial support reprogrammed for NTP / KNCV PUDR training event in April 2013.
8.1.11	Assess long-term options for TB drugs storage and make appropriate recommendations to the NTP	MSH	4,560	25%	Jul	2013	Storage strategizing addressed, in part, by JEMM and GF renewal research, proposals & recommendations made during quarter. Next stage, review in light of progress on the JSI central level refurbishment plan and agree revised strategy for TB drugs, particularly SLD, following the expiry of the current third-party lease in July 2013.
				38%			

Quarterly MDR-TB Report

Country	Indonesia
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Period	January-March 2013
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MDR TB cases diagnosed and put on treatment in country

Period	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments
2009	34	20	Data included those diagnosed with GeneXpert machines. Jan-Mar 2013 data source: e-TB manager
2010	182	142	
2011	326	248	
Jan-Mar 2012	131	67	
Apr-Jun 2012	136	123	
Jul-Sep 2012	134	95	
Oct-Dec 2012	167	97	
Total 2012	568	382	
Jan-Mar 2013	186	184	
Total	1296	976	

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	MSH		Abdelkarim Smine	To support the quality assurance of TB medicines in Indonesia	8 - 19 Oct 2012	Completed	8 - 19 Oct 2012	
2	MSH		David Collins	Attendance at Beijing conference, work on TB financing roadmap and meetings with Global Fund team in Jakarta	27 Oct - 13 Nov 2012	Completed	27 Oct - 13 Nov 2012	
3	KNCV		Sanne Van Kampen	Provide support to the TORG with GeneXpert data collection, analysis and reporting, and agree on next steps in GeneXpert roll-out	22 Oct - 10 Nov 2012	Completed	22 Oct - 10 Nov 2012	
4	KNCV		Inge Sasburg	Will concentrate and give attention to capacity building of local financial staff. This is will based on the result from internal audit and open topics on current reporting to the Head Office. In this opportunity as well, Inge Sasburg will participate in interviewing for position Head of Finance	31 Oct - 2 Nov 2012	Completed	31 Oct - 2 Nov 2012	
5	KNCV		Maarten Van Cleeff (KNCV/PMU) and Joke Langbroek (KNCV) and Janet Phillips (USAID Washington)	Report advising on next steps for improved structure to secure better implementation of TB CARE	5 - 10 Nov 2012	Completed	5 - 10 Nov 2012	
6	KNCV		Dr. Jan Voskens	<ol style="list-style-type: none"> 1. Provide input USAID/KNCV in reviewing TB CARE implementation in Indonesia 2. Participate in the PDPI/ATS meeting to expand PPM 3. Participate in preparation for GF pre-assessment for grant renewal SSF 4. Participate in the PPM toolkit in Kuala Lumpur 5. Participate in The Union Conference, Kuala Lumpur 6. Participate in the preparation meeting with NTP/AGM for the international meeting on scaling up TB control in prisons 	3 - 9 Nov 2012	Completed	3 - 9 Nov 2012	

7	WHO		Dr. Ikushi Onozaki	Initiation of national prevalence survey 2013	8 - 19 Nov 2012	Completed	8 - 14 Nov 2012	Mission period is shortened
8	WHO		Karin Bergstorm	The final document of the PMDT OJT for satellite health services	19 - 30 Nov 2012	Completed	19 - 30 Nov 2012	
9	WHO		Charalampos Sismanidis	Initiation of national prevalence survey 2013	18 - 27 Nov 2012	Completed	18 - 27 Nov 2012	
10	KNCV		Dr. Jan Voskens	1. Assist NTP in capacity building through implementation of phase 2 of the 6th Advanced Course for DOTS Expansion 2. Assist UGM in implementation core project for scaling up TB Control in the prison system 3. Assist NTP in any issues arising regarding implementation of GFATM SSF 4. Assist in data analysis for hospital DOTS linkage covering the period of 2006 - 2011 as input for SSF phase 2 grant negotiation and publication	29 Nov - 18 Dec 2012	Completed	29 Nov - 18 Dec 2012	
11	MSH		Luiz Reziolino	Provide TA to the e-TBM implementation process at all levels central (NTP) and health unit levels and provide technical support for second line drug management issues	17 - 21 Dec 2012	Completed	17 - 21 Dec 2012	
12	MSH		David Collins	Update TB exit strategy road map and produce an outline of drugs financing strategy	7 - 27 Jan 2012	Completed	27 Jan 2013	
13	KNCV		Jan Voskens	1. In collaborating with UGM assist CCM for development of the proposal request for SSF phase 2 grant renewal 2. Assist NTP in the process of updating the current National Strategic Plan for period 2014 - 2016 3. Assist NTP in providing required documents for the proposal of SSF phase 2 4. Assist NTP in preparation and implementation of JEMM in february 2013	11 Jan - 24 Mar 2013	Completed	24 Mar 2013	
14	JATA		Akira Shimouchi	discussion overall implementation plan of APA 3	13 - 19 Jan 2013	Completed	19 Jan 2013	

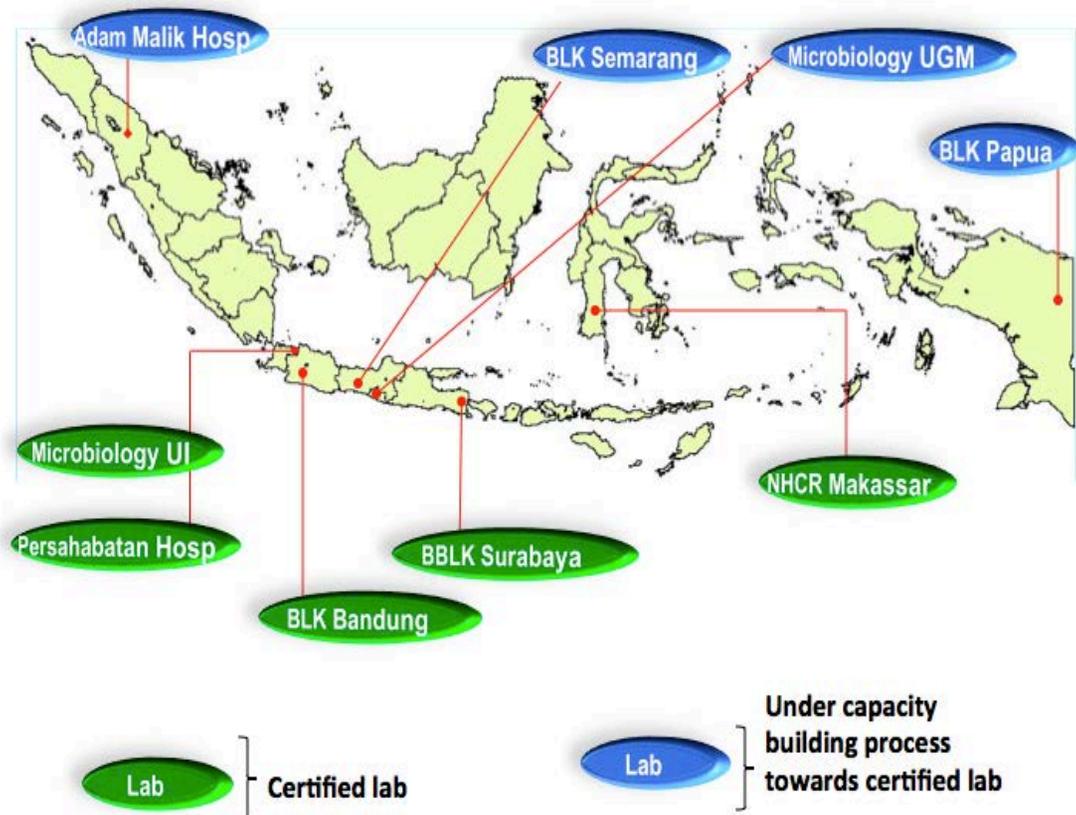
15	KNCV		Piet Van Ommersen	1. Develop/finalize the organogram for TB CARE team with the team and get internalized 2. Establish operations of work, in relations with other, rules of engagement between USAID, NTP and partners, also TB CARE Indonesia manual 3. Define roles and responsibilities internally in KNCV Indonesia	23 Jan - 6 Mar 2013	Completed	6 Mar 2013	
16	MSH		Abdelkarim Smine	Produce a set of standard operating procedures addressing TB quality assurance at all levels in Indonesia, also produce a report detailing the progress of the TB quality assurance activities	3 - 8 Feb 2013	Completed	8 Feb 2013	
17	The Union		Indu Rao & Viswanath Gopalakrishnan	Mentoring the mentor course, as continuation of advanced TOT	24 - 29 Feb 2013	Completed	29 Feb 2013	
18	KNCV		Fenneke Pak	Finalise APA 3 workplan in line with approved narrative and support the TB CARE I project where necessary	9 - 28 Feb 2013	Completed	28 Feb 2013	
19	ATS		Philip Hopewell, Fran Du Melle, Baby Djojonegoro	1. Monitoring and evaluation ATS PDPI PPM Project within TB CARE I 2. PIPKRA Annual Conference 3. JEMM 2013	5 - 19 Feb 2013	Completed	19 Feb 2013	
20	KNCV		Peter Gondrie	Follow up mission done by KNCV/PMU/USAID Washington/USAID Indonesia in November 2012	17 - 23 Feb 2013	Completed	23 Feb 2013	
21	KNCV		Richard Lumb	Provide technical assistance on strengthening of the TB laboratory network and quality assurance in relation to implementation of the TB CARE I work plan	25 Feb - 15 Mar 2013	Completed	15 Mar 2013	
22	KNCV		Sanne Van Kampen	1. Support collection & Analysis of evidence on impact of Xpert MTB/RIF 2. Support supervision of newly installed Xpert MTB/RIF devices 3. Build capacity of KNCV office staff to supervise Xpert MTB/RIF roll-out	18 Mar - 6 Apr 2013	Ongoing		

23	MSH		David Collins	<ol style="list-style-type: none"> 1. Review, modify and update the TB services costing model and the TB economic burden model 2. Review and prepare report for OR conducted by the MSH Indonesia team on the financing of TB services through Universal Health Services (UHC) 3. Help prepare, organise and lead an international workshop on financing ATM services under Universal Health Coverage under the Director General for Communicable Disease Control 	1 - 26 Apr 2013	Planned		
24	KNCV		Gerdy Schippers	<ol style="list-style-type: none"> 1. Support interim management of KNCV office (Jhon Sugiharto) in view of the newly appointed Country Director starting 15th April (Jan Voskens) and long term absence Deputy Director (Linda north) 2. Building on the situational reports and recommendations of Joke Langbroeks's/Maarten Van Cleef's mission in Nov 2012 and Piet Ommerson's assignment in 2013 3. Give guidance to the introductory period of the new country Director, setting the stage for a smooth transition from a position as senior consultant to the management position 4. Inform USAID Jakarta and NTP in briefing and debriefing session about the state of art of the above 	4 - 18 April 2013	Planned		
25	KNCV		Lucian Roeters	<ol style="list-style-type: none"> 1. Discuss relevant financial issues and developments with internal finance and admin staff 2. Review current accounting 3. Check internal financial control procedures/internal audit based on confrontation with the Field Office Manual (finance) 	9 - 11 April 2013	Planned		
26	KNCV		Roni Chandra	To attend and deliver presentation in TB CARE I symposium in the Asia Pacific Regional Conference on Lung Health 2013	10 - 14 April 2013	Planned		

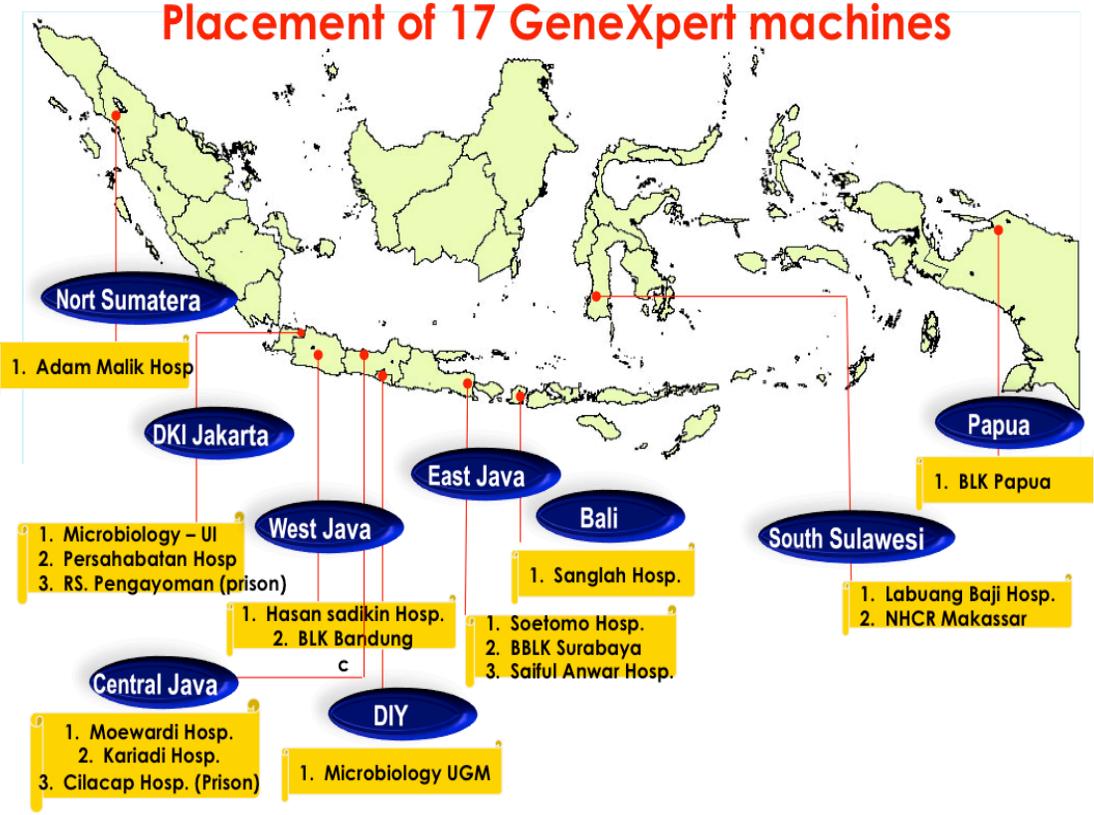
27	KNCV		Richard Lumb	<ol style="list-style-type: none"> 1. Implementation of TB CARE activities (strengthening of TB lab and introducing Sandeep Meharwal, a lab consultant to lab key person 2. Monitoring progress of the forthcoming National Prevalence Survey 3. Monitoring progress in Microbiology UI 4. Monitoring progress in BBLK Surabaya 5. Review preparations for EXPAND-TB activities in Persahabatan Hospital 	15 - 19 April 2013	Planned		
28	MSH		Luiz Reiolino	<ol style="list-style-type: none"> 1. Follow up on the TB/DR-TB surveillance issues 2. Provide technical assistance to the e-TBM implementation process 3. Provide technical support for 2nd line drug management issue 	5 - 11 May 2013	Planned		
Total number of visits conducted (cumulative for fiscal year)							22	
Total number of visits planned in workplan							29	
Percent of planned international consultant visits conducted							76%	

Quarterly Photos, Charts and Other Materials

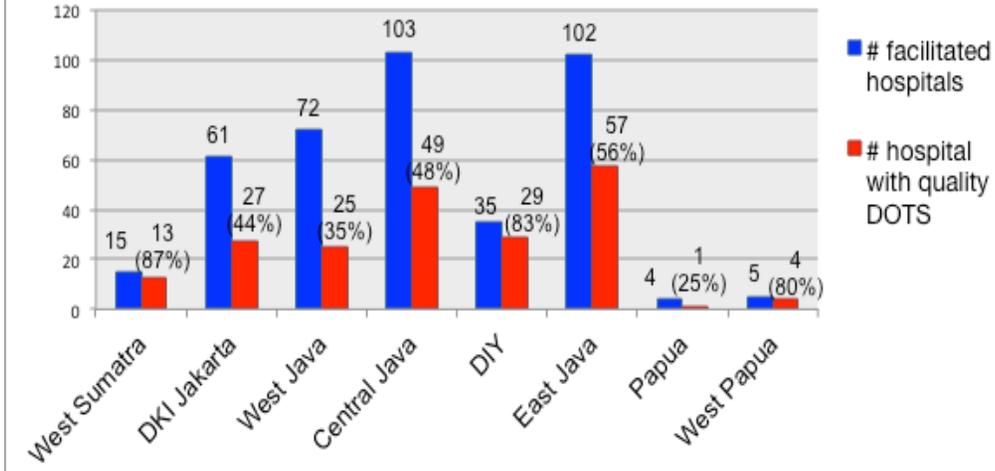
Laboratories participate in EQA for DST



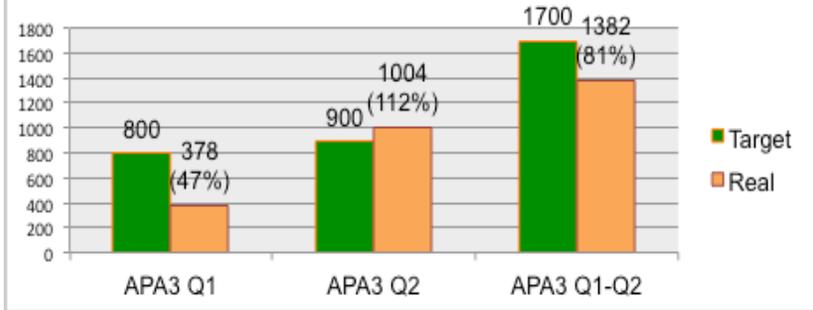
Placement of 17 GeneXpert machines



Number of hospitals implementing quality DOTS among those facilitated by TBCARE I by the end of APA3 Q2



GeneXpert tests performed APA3 Target vs Real



Former Indonesia Vice President, Jusuf Kalla (in the middle, in white, bringing a cap) participated in TB Day supported by TBCARE I



TB Fun Walk as part of TB Day event was participated by elementary school students



Technical Assistance for TB-HIV recording and reporting Pekalongan Prison, March



TB mass screening at Medan Prison, March 2013



Technical assistance to strengthen TB-HIV recording and reporting Deli Serdang hospital, March 28, 2013

Inventory List of Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Indonesia
Reporting Year:	January-March 2013
Year:	APA 3

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Server KNCV RO New	HP Proliant ML330G6	15-Apr-11	Rp 13,500,000		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		Microbiology FK-UI	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		Hasan Sadikin Hospital	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		Persahabatan Hospital	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		Soetomo Hospital	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		Moewardi Hospital	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		BLK Bandung	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	12-Jul-11	\$ 18,898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N3-6	12-Jul-11	\$ 19,398		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N3-6	12-Jul-11	\$ 19,398		KNCV Indonesia	Good			
PC HP Presario CQ3622L		22-Jul-11	Rp 4,800,000		BPPM	Good			
Printer All in One	Printer HP Photosmart B110	21-Jul-11	Rp 1,075,000		BPPM	Good			
FAX	Cannon JX210P	21-Jul-11	Rp 1,000,000		BPPM	Good			
Laptop	HP Probook U 230S	11-Oct-11	\$ 930		KNCV Indonesia	Good			
Laptop	HP Probook U 230S	11-Oct-11	\$ 930		KNCV Indonesia	Good			
Laptop	HP Probook U 230S	11-Oct-11	\$ 930		KNCV Indonesia	Good			
External HD	Seagate 500 GB				KNCV Indonesia	Good			
Modem Fax CDMA External + Flexi Card	Huawei FWT ETS1201	4-Nov-11	Rp 2,450,000		KNCV Indonesia	Good			
License Software	Kaspersky IS 2011 - 3 User				KNCV Indonesia	Good			

UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0874	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0757	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0720	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0863	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0725	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0722	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0759	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9048	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9066	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9050	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9051	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9053	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9059	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9055	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9058	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9052	30-Sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9062	30-Sep-11	\$ 528			Good			
Stavol	Stavol Matsunaga SVC- 1000F	B0908090					Good			

Stavol	Stavol Matsunaga SVC-1000F	B1004141						Good		
Stavol	Stavol Matsunaga SVC-1000F	B0908055						Good		
Stavol	Stavol Matsunaga SVC-1000F	B0908015						Good		
Stavol	Stavol Matsunaga SVC-1000F	B0908087						Good		
Modem Fax CDMA External + Flexi Card (021) 70804827	EvaFax	none						Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048964 318	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048926 312	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048979 319	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS049176 315	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048913 31B	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS049010 31B	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048940 31D	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048987 310	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS049009 319	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048952 314	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048983 31C	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048961 31B	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048965 316	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048917 314	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048942 317	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048924 318	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS049007 316	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS049190 316	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048962 311	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048958 31A	16-Mar-12	Rp 8,390,400			KNCV RO	Good		
Notebook	ASUS U46SV-WX039D	B8N0AS048932 310	16-Mar-12	Rp 8,390,400			KNCV RO	Good		

Notebook	ASUS U46SV-WX039D	B8N0AS048971 317	16-Mar-12	Rp 8,390,400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048927 312	16-Mar-12	Rp 8,390,400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048968 31B	16-Mar-12	Rp 8,390,400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048914 318	16-Mar-12	Rp 8,390,400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048923 31C	16-Mar-12	Rp 8,390,400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048949 31B	16-Mar-12	Rp 8,390,400		KNCV Indonesia	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1- 039-001	Jan 1, 11			Moewardi Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1- 039-002	Jan 1, 11			Moewardi Hospital	Good			
Lemari Obat (Kaca) Kecil		KNCV/SRKT/3- 020-001	2 March 2011	Rp 295,000		PMDT Office, Moewardi Hospital	Good			
Refrigerator (Sputum)		KNCV/SRKT/3- 029-001	27 March 2011	Rp 1,100,000		PMDT Office, Moewardi Hospital	Good			
Filling Cabinet		KNCV/SRKT/0- 017-001	27 March 2011	Rp 1,900,000		PMDT Office, Moewardi Hospital	Good			
Office Desk (1)		KNCV/SRKT/0- 004-001	27 March 2011	Rp 483,000		PMDT Office, Moewardi Hospital	Good			
Office Desk (2)		KNCV/SRKT/0- 004-002	27 March 2011	Rp 483,000		PMDT Office, Moewardi Hospital	Good			
Computer Desk		KNCV/SRKT/0- 004-003	27 March 2011	Rp 391,000		PMDT Office, Moewardi Hospital	Good			
Chair ERGO (1)		KNCV/SRKT/0- 011-001	27 March 2011	Rp 860,000		PMDT Office, Moewardi Hospital	Good			
Chair ERGO (2)		KNCV/SRKT/0- 011-002	27 March 2011	Rp 860,000		PMDT Office, Moewardi Hospital	Good			
Telephone & Fax Machine		KNCV/SRKT/2- 054-001	27 March 2011	Rp 1,350,000		PMDT Office, Moewardi Hospital	Good			
Printer		KNCV/SRKT/1- 038-001	24 March 2011	Rp 809,000		PMDT Office, Moewardi Hospital	Good			
MP-3 Player (Hypnotherapy)		KNCV/SRKT/3- 031-001	24 March 2011	Rp 200,000		PMDT Office, Moewardi Hospital	Good			
Head Set (Hypnotherapy)		KNCV/SRKT/3- 031-002	25 March 2011	Rp 75,000		PMDT Office, Moewardi Hospital	Good			
Desk		KNCV/SRKT/0- 004-004	4 April 2011	Rp 306,000		PMDT Office, Moewardi Hospital	Good			
Office chair		KNCV/SRKT/0- 011-003	4 April 2011	Rp 185,000		PMDT Office, Moewardi Hospital	Good			
Office chair		KNCV/SRKT/0- 011-004	4 April 2011	Rp 185,000		PMDT Office, Moewardi Hospital	Good			
Fan		KNCV/SRKT/1- 022-001	7 April 2011	Rp 270,000		PMDT Office, Moewardi Hospital	Good			
Bed		KNCV/SRKT/3- 115-001	19 April 2011	Rp 1,400,000		PMDT Office, Moewardi Hospital	Good			
Filling Cabinet		KNCV/SRKT/0- 017-002	9 May 2011	Rp 1,900,000		PMDT Office, Moewardi Hospital	Good			

Filling Cabinet		KNCV/SRKT/0-017-002	9 May 2011	Rp 1,900,000		PMDT Office, Moewardi Hospital	Good			
White board		KNCV/SRKT/1-025-001	9 May 2011	Rp 875,000		PMDT Office, Moewardi Hospital	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-005	4 April 2011	Rp 483,000		Banyuanyar Health Unit	Good			
Office chair		KNCV/SRKT/0-011-005	4 April 2011	Rp 185,000		Banyuanyar Health Unit	Good			
Office chair		KNCV/SRKT/0-011-006	4 April 2011	Rp 185,000		Banyuanyar Health Unit	Good			
Fan		KNCV/SRKT/1-022-002	7 April 2011	Rp 270,000		Banyuanyar Health Unit	Good			
Bed		KNCV/SRKT/3-115-002	19 April 2011	Rp 1,400,000		Banyuanyar Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-006	4 April 2011	Rp 483,000		Pajang Health Unit	Good			
Office chair		KNCV/SRKT/0-011-006	4 April 2011	Rp 185,000		Pajang Health Unit	Good			
Office chair		KNCV/SRKT/0-011-007	4 April 2011	Rp 185,000		Pajang Health Unit	Good			
Fan		KNCV/SRKT/1-022-003	7 April 2011	Rp 270,000		Pajang Health Unit	Good			
Bed		KNCV/SRKT/3-115-003	19 April 2011	Rp 1,400,000		Pajang Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-007	4 April 2011	Rp 483,000		Sibela Health Unit	Good			
Office chair		KNCV/SRKT/0-011-007	4 April 2011	Rp 185,000		Sibela Health Unit	Good			
Office chair		KNCV/SRKT/0-011-008	4 April 2011	Rp 185,000		Sibela Health Unit	Good			
Fan		KNCV/SRKT/1-022-004	7 April 2011	Rp 270,000		Sibela Health Unit	Good			
Bed		KNCV/SRKT/3-115-004	19 April 2011	Rp 1,400,000		Sibela Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-008	4 April 2011	Rp 483,000		BBKPM Surakarta	Good			
Office chair		KNCV/SRKT/0-011-008	4 April 2011	Rp 185,000		BBKPM Surakarta	Good			
Office chair		KNCV/SRKT/0-011-009	4 April 2011	Rp 185,000		BBKPM Surakarta	Good			
Fan		KNCV/SRKT/1-022-005	7 April 2011	Rp 270,000		BBKPM Surakarta	Good			
Bed		KNCV/SRKT/3-115-005	19 April 2011	Rp 1,400,000		BBKPM Surakarta	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KK	Jan 1, 11	\$ 681		Syaiful Anwar Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KP	Jan 1, 11	\$ 681		Syaiful Anwar Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200L6	Jan 1, 11	\$ 645		Malang District Health Office	Good			

PC HP Pressario CQ 4168L + Modem Hwawei	CNX 02200BW	KNCV/SMRG/1- 039-004	Jan 1, 11	\$ 645		Central Java Province Health Office	Good			
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1- 039-003	Jan 1, 11	\$ 681		Surabaya District Health Office	Good			
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1- 039-003	Jan 1, 11	\$ 681		Surakarta District Health Office				
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	SGD 183.77		Microbiology FK-UI	Good			
LCD Projectors		AZWJ10300327	28-Mar-11	US\$ 1,650	N/A	FHI Indonesia	Good			
LCD Projectors		AZWJ10300348	28-Mar-11	US\$ 1,650	N/A	FHI Indonesia	Good			