



TB CARE I

TB CARE I - Indonesia

Year 4

Quarterly Report

April - June 2014

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1. Quarterly Overview

Country	Indonesia
Lead Partner	KNCV
Coalition Partners	ATS, FHI, JATA, MSH, The Union, WHO
Other partners	JSI, USP, IMVS
Workplan timeframe	Oct 2013 – Dec 2014
Reporting period	April – June 2014

Most significant achievements:

1. Universal Access

Achievements in implementation of PPM:

- TB CARE I provided intensive support and assistance to PPM implementation in supported the provinces. In this quarter three additional districts in 10 TB CARE I provinces established PPM teams.
- 123 hospitals developed their **Clinical Pathways (AK) and Clinical Practice Guidance (PPK)**, which are in line with the National Medical Practice Guidelines **(PNPK) for TB**. These guidelines are based on the International Standards of TB Care.

As a result Medical Practitioners and Specialists in these hospitals are now obliged by Medical Practice Law to follow these National Medical Practice Guidelines and Clinical Pathway for TB, in line with ISTC.

This approach has turned ISTC into national regulation that is enforced by the medical professional societies. Linking the Clinic Practice Standards to National Health Insurance System will further enable expansion of quality assured universal access for TB to all providers in Indonesia. The standards will serve as Quality Assurance for TB services and, as such, improve transparency and accountability for reimbursement by health insurance.

During workshops in 9 provinces, all 123 hospitals were acquainted with the new National Clinical Practice Guidelines for TB, endorsed by professional societies. TB CARE assisted the hospitals to understand the guidelines and to develop their own Clinical Pathway for implementation in their hospital. By the end of the quarter, 44 hospitals (36 %) had already implemented the clinical pathway for TB.

- In collaboration with professional organizations (Pulmonologists, Internists, and Endocrinologists), a **Protocol and Guideline for systematic screening and intensified case finding in Diabetic Mellitus (DM) patients** has been developed. Also screening algorithms have been developed for bi-directional screenings among TB and DM patients in referral facilities. Both algorithms are to be piloted in 3 provinces in Q4 2014, targeting 150 patients for each population (TB or DM).

- *Achievements for TB-HIV in prisons*

The TB CARE I support has resulted in the achievement of targets for TB-HIV in prisons:

- 1) 279 TB cases were detected in prisons, almost twice of those targeted
- 2) 89% of released inmates were successfully transferred to their referral health care facilities and continued their treatment
- 3) 99% inmates with HIV in prisons were screened for TB

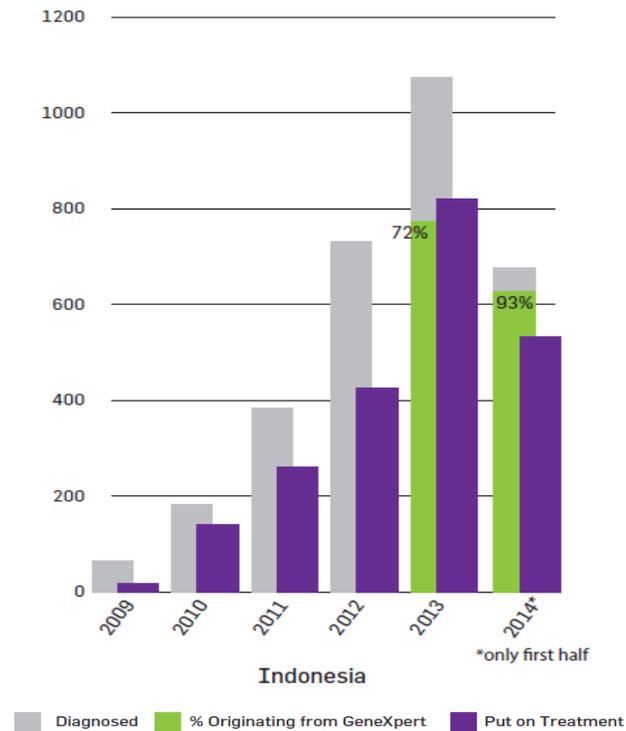
A total of 8 prisons/ detention centers (DCs) successfully implemented cough surveillance to strengthen TB case finding. This is a part of the FAST strategy, to early detect, separate and treat inmates with TB. Cough surveillance resulted in identification of 8 inmates with TB, one HIV infected inmate was positive for Rifampicin resistance. All 35 prisons/DCs supported by TB CARE I have now access to GeneXpert. During this

quarter, 5 MDR TB suspects and 1 rifampicin resistant case were diagnosed. 42 HIV infected inmates tested through GeneXpert resulted in diagnosis of 8 TB patients; none of them were rifampicin resistant.

2. Laboratories

Achievements in Xpert implementation

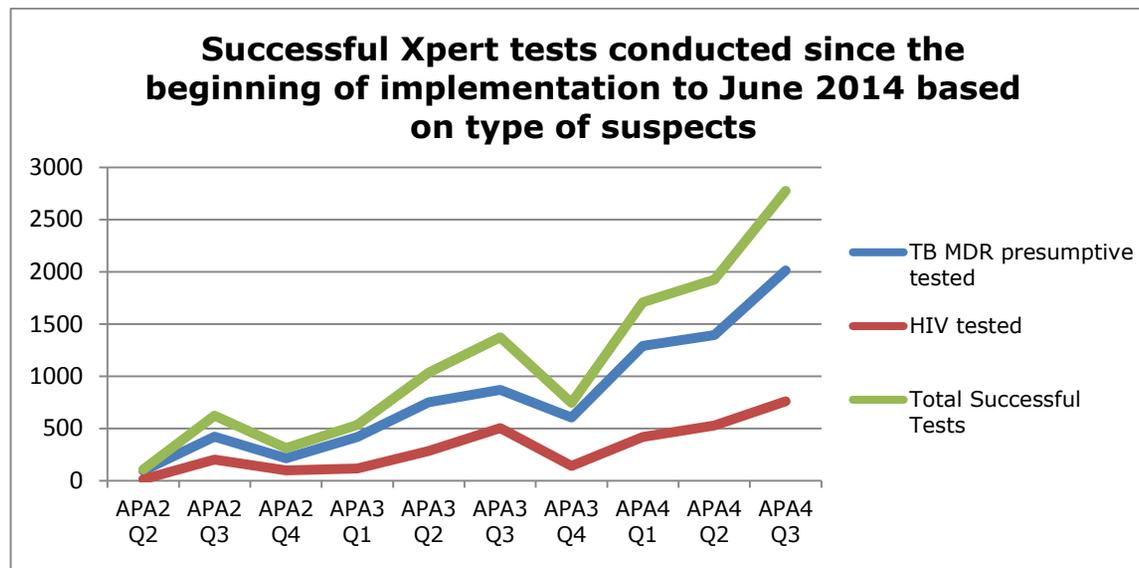
- During this quarter TB CARE provided technical assistance for installation and operationalisation of 13 additional Xpert machines procured through GF. At the end of the quarter there were 36 Xpert machines operating throughout the country supporting diagnosis of TB and expansion of PMDT. Introduction of Xpert has **improved screening of drug resistant TB**: Over recent years the number of diagnosed rifampicin resistant TB cases have increased drastically and the proportion of patients diagnosed through Xpert is growing substantially (see graph).



Graph: Number of MDR-TB patients in Indonesia diagnosed and put on treatment (2009-2014) and the proportion of all MDR-TB cases diagnosed via Xpert.

- During APA4, 6,404 tests were successfully performed for TB- and MDR-TB presumptive cases as well as PLHIV. These test resulted in 2,468 (39%) patients being diagnosed with TB (Rifampicin sensitive) and 1,030 (16%) patients who were resistant for Rifampicin. The graph shows a **significant impact of Xpert on diagnostic capacity of PMDT program** (number of Xpert tests performed in APA4 is almost two times number of test in APA3) and a substantial increase of MDR patients being diagnosed and treated for MDR-TB.

- Moreover the use of GeneXpert to diagnose TB among patients with HIV is increasing, resulting in an increased number of TB-HIV patients being enrolled on TB Treatment:



Achievements in smear microscopy

- ZN reagents are generally procured from local commercial sources and quality has been reported questionable. TB CARE I conducted a training on **quality assurance for ZN reagent**, aiming at Provincial and District Reference Laboratory staffs in 15 supported provinces. This training has resulted in 27 lab technicians being competent and capable to assess the quality of Ziehl Neelsen reagents produced from local companies.
- National Review of External Quality Assurance System for microscopy** and its implementation in nine provinces have been conducted successfully in June by a team consisting of NTP, BPPM, National Reference Labs, JATA, Adelaide SRL, JSI and KNCV. Major findings were:
 - Indonesia has good smear microscopy network in terms of trained staff, good quality microscopes, and uninterrupted supply of consumables
 - National EQA guidelines have been developed and distributed (2013)
 - Rapid nationwide expansion of EQA has been achieved but quality is compromised
 - The current EQA system does not meet future country needs and a change is required.

The team recommended:

- Assign Provincial, Intermediate, and District Laboratory Supervisors across all Provinces
- Substantially increase the capacity of the NRL - Microscopic Services (BLK Bandung) to enable this laboratory to provide leadership in quality assured smear microscopy

Achievement in culture/drug sensitivity test (C/DST)

- Through TB CARE I support and assistance, SRL IMVS Adelaide has successfully handed over responsibilities for EQA for C/DST and panel testing to BBLK Surabaya, the National Reference Lab for C/DST. This is part of the process of **developing sustainable capacity and skills for Quality Assurance** in Indonesia. BBLK Surabaya is now able to conduct lab assessments and supervision in line with SOP's including taking corrective action. In Q3, BBLK Surabaya has conducted supervision to 3 referral labs in Jakarta and Makasar. They also prepared and sent DST EQA panels to 4 reference labs.

3. TB Infection Control (TB-IC)

Achievements in FAST strategy adoption

- Following the adoption of the FAST strategy and adaptation into "TEMPO" (*Temukan, Pisahkan, Obati = Find, Separate and Treat*), TB CARE I assisted in finalizing the tools to support the implementation of TEMPO in health facilities. The tools consist of guidance, posters for protocol and patients education, and other materials. It is planned to introduce the tools in all PMDT sites in 10 supported provinces in Q4, as a way of piloting the implementation of FAST/TEMPO.
- SOPs for implementation of FAST/TEMPO in prisons were finalized. These SOPs are now being implemented in 8 prisons. Tools for TB-IC Self-Assessment were adjusted to suit prison settings. These tools will be socialized to all prisons in the next quarter.

4. PMDT

Achievements in PMDT case finding and case holding

- There is **significant increase in MDR-TB case finding**: During this quarter some 2,032 presumptive MDR patients were tested for Rif Resistance/MDR, a steady increase of 25% compared to earlier quarters. In Q3, 317 cases were enrolled on treatment, bringing the total to 799 enrolled MDR-TB cases over Q1-Q3 periods. However, this number is only 55% of the total of 1,450 MDR-TB cases targeted for year 4. More forceful actions are needed to increase screening for RR/ MDR TB. NTP has recently agreed to expand screening criteria beyond the existing MDR TB suspect criteria's, including screening of new patients in selected hospitals
- Introduction of Xpert has considerably **reduced diagnostic delay** for MDR TB patients: a significant reduction of diagnostic delay from an average of 59 days (last year) to 35 days in this quarter. The number of patients enrolled on treatment within seven days after diagnosis increased from 18% in Q2 to 29% in Q3. 91% of presumptive cases receive test results within 0-7 days (47% on the same day).
- Introduction of Xpert has significantly reduced the initial high mortality of MDR-TB patients caused by the long diagnostic process of conventional C/DST, from 8,3% in (2009-2012) to only 1.5% in Q3 2014.
- However improvement in diagnostic capacity needs to go along with improvement in treatment capacity: only 66% of confirmed cases started treatment within 2 weeks and the enrollment rate is still below 75%. These are major priorities to be addressed.
- Coverage of PMDT services has been significantly improved compared to last year, treatment services are now available in 18 provinces and access to diagnosis has been expanded to 196 districts in 28 provinces.

Achievements in PMDT in prison setting

- In order to facilitate decentralization of MDR TB treatment in prison services 8 PMDT prison satellites centers have been established in 8 provinces. Currently, there are 11 inmates with MDR TB being treated in these satellites.
- TB CARE I has assisted NTP in developing an **Expert Patient Trainer (EPT) training guideline**, aiming at reducing initial-, and treatment default of MDR TB patients. This guideline is waiting NTP endorsement. The PMDT counseling module for health workers has recently been piloted in one training batch.

Clinical Cohort Review

- Following the successful Clinical Cohort Review in February, a second **Clinical Cohort Review** was conducted at Persahabatan hospital in May. This review engaged technical staff from 7 other PMDT sites who were trained in this new approach. Objective was to replicate the clinical cohort review technique to other PMDT referral hospitals. Assessment conducted in Persahabatan hospital revealed similar poor outcomes for the 6-month interim status (Q2 cohort 2013): 10% death rate and 17% lost-to-follow-up. Final treatment outcomes for 24-month review (end of treatment, Q4 2011) revealed a treatment success of only 44% and 12% failures, 21% death rate, and 21% lost to follow-up. In all, 26 programmatic challenges were identified and action steps addressed. Progress towards resolution and any new challenges will be evaluated on a quarterly basis through the cohort review sessions.

Achievement in Community Involvement

- In Q3, TBCARE I provided technical assistance to LKNU (CEPAT/USAID project), aiming to align their strategy with the revised SSF Phase 2 approach. Interventions include contact investigation and default tracing for MDR TB patients using their community networks, in close collaboration with the Jakarta ex-patients group named "Pejuang Tangguh" (PETA). In Q3 LKNU and Persahabatan have trained community support teams and they expect starting activities in August.
- TB CARE I continued support in empowering patients by facilitating the **establishment of Peer Educators for MDR TB patient**. During Q3, there are two new peer support groups established in Bandung and Surabaya, bringing to a total of 6 active peer support groups in 5 provinces. These peer support groups conduct several activities such as home visits, MDRTB patient education and motivation, peer group meetings, etc. In Q3 239 patients were supported. 9 Defaulters have returned to treatment after intensive coaching from peer support groups. Results show that MDRTB patients feel more comfortable in receiving information and coaching support from peer educators who are also effective in reducing loss to follow up in treatment.

5. TB HIV

- In this quarter scaling up of IPT was expanded to 7 provinces. IPT was implemented in 29 hospitals, resulting in 255 PLHIV screened for TB and 76 eligible PLHIV receiving IPT.
- TB CARE I started providing assistance for updating the TB-HIV National Action Plan that will serve as basis for the GF-NFM concept paper for TB-HIV. The processes conducted in this quarter included the establishment of Revision and Secretariat Teams, epidemiological update against the current Action Plan's targets, programmatic gap analysis, formulation of new activities to fill gaps and development of the next TB-HIV action framework. It is a collaborative effort between NTP, NAP, National AIDS Commission (NAC), UNAIDS, WHO, CSOs, FBOs, MoL&HR, supported by TB CARE and other partners.
- In TB CARE I areas performance of TB HIV collaboration has reached the targets set for APA4:
 - The proportion of HIV patients screened for TB reached 89% (APA4 target=85%).
 - Proportion of HIV patients with active TB who received TB treatment increased to 98% (target APA4= 90%).

6. HSS

- The new National Health Insurance (NHI) system in Indonesia was launched in January. TB CARE Indonesia supports NTP to ensure incorporation of TB medical care and services in the insurance package. NTP succeeded to insert technical Guidance for TB patient services in the Ministerial Decree No. 28 – 2014. This decree provides guidance for implementation of the National Health Insurance scheme. Incorporation of TB in this domestic health financing scheme under Universal Health Coverage is crucial to sustain the program. The success story of Integrating TB under UHC in Indonesia has been shared internationally in several meetings, like the workshop on Public Private Mix (PPM) Models for the Sustainability of Successful TB Control Initiatives in Washington, DC in May and the global PPM Workshop in India in June.
- The TB costing tool has been expanded to prepare for the 25-year TB Financing Roadmap of Indonesia. USAID used the results of the TB Economic Burden Report to develop an advocacy concept paper for a public private partnership between NIKE and USAID Indonesia, as a possible signature initiative for USAID's Science Technology and Innovation program. NIKE has big factory in West Java with more than 70 thousand laborers. This initiative will enlarge the exposure of TB in workplaces and as such contribute to national TB Control in Indonesia.

- A start was made to measure the local government commitments to TB control. An updated TB Expenditure Monitoring form has been distributed to all provinces during the National Monitoring meeting last month. The information will be used for the Exit Strategy and also for indicating the level of local (counterpart) funding contribution, one of the essential requirements for Global Fund CN.
- TB blogger competition launched during World TB Commemoration Day is still in progress. The competition aims at increasing public awareness on tuberculosis. So far more than 500 articles on TB have been posted on social media such as Twitter, Facebook and blogs. A jury consisting of TB CARE I partners, NTP, and media experts are reviewing all submission to select 12 winners. These winners will be announced next quarter.

7. M&E, Surveillance and OR

Achievement in National Prevalence Survey

- National Institute on Health Research and Development (NIHRD) with support from NTP and TB CARE I partners has completed the data collection of the National Prevalence Survey (NPS) for all 156 clusters at the end of June 2014. 67,915 participants were included in the survey (89% participation). Preliminary analysis has been conducted for 99 clusters data from 43,684 participants. Final laboratory results will be available per mid of September 2014. Data analysis will be done in September and form the basis for the impact measurement scheduled for September.

Achievement in TB Integrated Information System (SITT)

- The SITT-phase 2 will be integrated with Malaria and AIDS information systems. TB CARE I is providing assistance to NTP to support this integration. Meanwhile transition from SITT-1 to SITT-2 is on-going in all provinces. For the second quarter 2014 the reporting from 33 provinces is now using this new system and several challenges (break down of servers in The Centre for Data and Information, loss of data, limitations in internet etc) are being faced in this process.

Achievement in e-TB Manager

- During this period, the e-TB manager team developed a module to support MIS for Xpert Cartridge management as part of the laboratory module. NTP is now using the e-TB manager laboratory reports as an accountability tool and basis for reimbursement of laboratory expenses. E-TB manager houses an e-mail group and communal forum that have been established as a platform for knowledge management and information sharing among e-TB manager users. This facility aims at helping users by sharing experiences for problem solving.

8. Drug and Logistic Management

- The TB CARE I team provided significant inputs and supports to the NTP to review the current forecasting and anticipated stock positions for pharmaceuticals and critical commodities, especially for second line TB drugs, Xpert cartridges, other laboratory supplies and inputs for warehouse improvements.
- A Workshop was conducted to prepare Indonesia for the introduction of Bedaquiline in Indonesia. WHO and KNCV consultants facilitated the workshop in June.
The results of this workshop are:
 - A draft National Implementation Plan for Bedaquiline
 - Selection of 3 hospital sites to implement bedaquiline therapy: Surabaya (Soetomo), Jakarta (Persahabatan) and Bandung (Hasan Sadikin).
 - Implementation will start in April 2015 after SOP, Guideline and budget are finalized and approved by Global Fund.
 - Establishment of a Technical Working Group bringing all major stakeholders together.
 - A plan and framework to set up Active Pharmacovigilance under responsibility of BPOM/FDA and NTP.
 - Inputs for improvement of e-TB manager software to support recording and reporting of pharmacovigilance in all sites

9. Management and administration

- The development and utilization of the **Budget-Versus-Actual tool** is continuing. The tool now supports conversion of IDR into US\$ to improve financial analysis.
- A preliminary budget for the additional quarter (October – December 2014) has been developed together with partners. This budget is being further refined.
- The online Management Information System (OMIS) for TOR tracking and monitoring of Budget Versus Actual has been introduced to all KNCV staff. Visits to provincial offices for on-site intensive training have started (2 provinces). The system will be piloted in a few provinces before being implemented nationwide.
- A couple of changes in key staff took place during this quarter: KNCV has successfully identified replacements for the Head of Human Resources, Esther Napitupulu and Deputy Director Operations, Amanda Morgan.

Challenges

1. Technical Challenges:

Universal access

- For activity 1.2.9 (Universal access-documenting best practices on engagement of private pulmonologists), data collection in Tangerang is adversely affected by the nurses' workload. There is still inadequate commitment from management of private hospitals to ensure that their nurses and staff have enough time to complete TB recording and reporting. This is aggravated by the fact that there is no TB CARE I office in Tangerang to provide technical assistance.

Peer support group

- Shortage of staff (social workers) to provide technical assistance to CSOs for involving and strengthening peer educator groups and patient organizations.
- Limitations or lack of financial support for newly established peer support groups

TB-HIV

- HIV testing among TB patients and PITC are still struggling due to shortage of qualified counselors. To address this TB CARE I will enhance the capacity of existing TB workers on promotion of HIV testing through training in "motivational interviewing".
- Many clinicians still stick to the old ART guidelines while MoH has already issued a revised guideline (through Ministerial Decree Permenkes 21/2013) in order to increase testing & treatment. TB CARE I has disseminated the revised guidelines, updated clinicians through meetings, and collaborated with the professional associations to help address this issue.
- Readiness of HIV teams to provide patients access to GeneXpert: quality of laboratory, sample packaging, specimen transfer and linkage with GeneXpert site are still challenging
- Commitment of management in health care facilities to support TB-HIV activities is still weak.
- Donor dependency remains an issue in implementation and expansion of TB-HIV.

TB Financing

- Bureaucracy remains a major challenge especially in the process to obtain research permits both at national and at local government level

M&E: SITT

- Unstable server and limited bandwidth affect accessibility and data availability in the online system. Server co-location and mirroring will be done this July to overcome this challenge.

- Miscalculations in reporting still occurred due to the complicated algorithm and policies. A hotline at national level is now available for all users to report when errors occur. NTP supported by the TBCARE I team will correct and deliver updates back to 33 provinces.
- Human resource limitations: health officers at provincial and district still need time to adjust to the new information system.
- Limited infrastructure due to poor internet connection and limited computer availability.

e-TB Manager

- e-TB Manager has the potential to provide a wealth of information on progress / results of PMDT, logistics, and laboratory which is extremely important for planning and evaluation. Unfortunately, almost 45% of users at Provincial level (Health Office =PHO) do not regularly update e-TB Manager, since they put little priority on recording and reporting of data including second line drug stocks (SLD) and cartridge management. As a result it is very challenging to obtain accurate and updated data on stocks and supplies of medicines and Xpert cartridges.

Drug Management

Obtaining clear information on stock level status for first line TB drugs:

- In the SITT system, for example, there were Districts and Provinces that reported stock outs at the end Q4 2013, while in the same month deliveries had taken place, making it impossible for them to be out of stock
- Information from the Department of Pharmaceutical Services (Binfar) on procurement, delivery for replenishment supplies is often not available
- Limited recording of drug stocks at district and provincial level becomes a challenge, especially in the transition to SITT phase II.

2. Management and Administration Challenges

- Managing staff and staff contracts during a period of unclear transition. As time passes by without a clear understanding of what is replacing TB CARE I, it is becoming increasingly challenging to manage staff contracts and to keep staff motivated as the end date of TB CARE I gets closer.
- Verifying all assets across the range of locations remains a challenge but it is hoped that by the end of August a complete list of Assets will have been compiled after which an asset disbursement plan will be developed in discussion with USAID.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date ¹	Comments
1.1.1	Number of facilities where quality of services is measured	39	39 (cumulative)	39	
1.1.2	Number of facilities where cost to patients is measured	26	26 (cumulative)	26	
1.1.3	TB personnel trained on the Patients' Charter	76	76	76	
1.2.1	Private providers collaborating with the NTP (Note: Mission indicator)	366	936	640	
1.2.2	TB cases diagnosed by private providers (Note: Mission indicator)	3819 from recruited pulmonologists (2012)	6000 in 10 TB CARE I provinces	5,343	
1.2.3	Status of PPM implementation	3	3	3	Target met, Indonesia is continuing PPM expansion
1.2.5	Childhood TB approach implemented	3	3	3	The preparation for integration of childhood TB program into MCH (Mother and Child) program and services have been initiated.
1.2.6	Number of TB cases (all forms) diagnosed in children 0-14	27,368	36,498 (10% of estimated 364,985 registered TB cases in 2014)	Q1-Q2: 10,168	No update from NTP, due to problem with SITT server
1.2.7	Prisons with DOTS	100% (25/25)	100% (35/35)	100% (35/35)	
1.2.11	Percentage of prisons conducting screening for TB	100% (25/25)	100% (35/35)	100% (35/35)	25 prisons already implement the TB mass screening, and TB screening for new

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

					inmates, 10 new prisons implement TB screening for new inmates
1.2.12	Inmates screened for TB symptoms, diagnosed and treated for TB according to national standard Numerator: disaggregate number of inmates screened, sputum exam, and treated	49,0618 screened/2,943 sputum exam/484 treated	30.000 screened/1.500 sputum exam/150 treated	20,723 screened/1,704 sputum exam/279 treated	
1.2.13	<i>Released/transferred inmates with TB and TB/HIV in TB CARE I supported prisons come to referral facilities to continue their treatment</i> Numerator: Number of released/transferred inmates with TB and TB/HIV in TB CARE I supported prisons come to referral facilities to continue treatment Denominator: Total number of released/transferred inmates with TB and TB/HIV in TB CARE I supported prisons	74/97 (76%)	80%	72/81 (89%)	
1.2.14	<i>Proportion of TB patients released from prisons during treatment and completed treatment</i> Numerator: Number of inmates with TB and TB/HIV that are released and successfully transferred for continuing TB treatment in TB CARE I supported prisons that completed TB treatment Denominator: Number of inmates with TB and TB/HIV that are released and successfully transferred for continuing TB treatment in TB CARE I supported prisons	13%	70 %	2/17 (12%)	2013 cohort
1.2.15	<i>Inmates with HIV screened for TB</i> Numerator: Number of Inmates with HIV whose TB status was assessed and recorded during their last visit during the reporting period Denominator: Total of inmates with HIV seen in HIV care in Prison during the reporting period.	706/718 (98%)	90%	1,930/1,941 (99%)	

1.2.16	<i>HIV patients with active TB in prison received TB treatment</i> Numerator: Number of HIV patients in prison who received TB treatment during their visit in HIV care Denominator: Number of HIV patients who are diagnosed with TB during their visit in HIV care	125/128 (98%)	100%	238/242 (98%)	
1.2.17	<i>TB patients in prisons with known HIV Status</i> Numerator: Number of TB patients in prisons registered during the reporting period who have a HIV test result recorded in TB register Denominator: Total number of TB patients registered during the reporting period.	283/407 (70%)	100%	193/256 (75%)	
1.2.18	<i>TB/HIV co infected patients in prisons received CPT</i> Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment Denominator: Total number of HIV-positive TB patients registered over the same given time period.	103/135 (76%)	80%	94/117 (80%)	
1.2.19	<i>Provinces implementing childhood TB approach</i> Description: Number of provinces implementing childhood TB approach	50 districts (TB CARE I and non TB CARE I areas)	10 provinces in TB CARE I areas	6 provinces in TB CARE I areas (30 districts)	(North Sumatra, Central Java, West Java, DIY, DKI, East Java) The NTP plans to expand to another 12 new province in next quarter which includes TB CARE I provinces.
1.2.20	<i>Number of TB cases (all forms) notified by private hospitals in TB CARE I areas</i> Description: Number of TB cases (all forms) notified by private hospitals in TB CARE I areas		13,600	Q1-Q3: 5,371	Data collection not fully complete.
1.2.21	<i>Number of TB cases (all forms) notified by government hospitals in TB CARE I areas</i>		34,500	Q1-Q3: 19,578	

	Description: Number of TB cases (all forms) notified by government hospitals in TB CARE I areas					
1.2.22	<i>Percentage of hospitals implementing quality DOTS in TB CARE I area</i> Numerator: Number of hospitals implementing quality DOTS in TB CARE I area Denominator: Total number of hospitals in TB CARE I areas		303/1379 (22%)	250 out of 1379 (18%) (2014)	26% (360 out of 1379)	
1.2.23	<i>Percentage of districts implementing PPM in TB CARE I areas</i> Numerator: Number of districts implementing PPM in TB CARE I area Denominator: Total number of districts in TB CARE I areas		25/226 (11%)	35/226 (15%) (2014)	38/226 (17%)	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	KNCV	Evaluation of PCA to measure patient satisfaction of TB services through Patient Centered Approach Tools, documentation of lessons learnt and guideline development. Expected deliverables: <ul style="list-style-type: none"> - Documentation of PCA's lessons learnt - Guideline of PCA implementation. 	<ul style="list-style-type: none"> - In this quarter, with two hired local consultants, we have finalized report of the implementation of PCA study in West Java. This study was done in APA3. Three tools were tested in this study were the Patients' Charter for Tuberculosis Care (PCTC), Quote TB-Light and Tool to Estimate Patients' Cost - Guideline for wider use of PCA was drafted during the PCA workshop with the assistance of Sara Massaut. Next step will be finalizing the document at the end of August. 	Nov 13	Dec 13	Ongoing
1.2.1	KNCV	Develop PPM operational guideline for TB CARE I areas, based on PPM National Action Plan (RAN) and National Referral System 2012, supporting implementation of the PPM model in 35 districts supported	<ul style="list-style-type: none"> • <i>Up to the third quarter of APA4, there are 38 PPM teams (3 additional teams in Q3) at district level continuously receiving technical support from TB CARE I.</i> 	Oct 13	Nov 13	Ongoing

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

		by TB CARE I				
1.2.2	KNCV	<p>Assist Implementation of national hospital accreditation system and national guideline for TB clinical practice (PNPK) in health care facilities, including SOP (clinical practice guideline, clinical pathway)</p> <p>Expected deliverables:</p> <ul style="list-style-type: none"> - Number of health care facilities having a clinical practice guideline and clinical pathway - SR-BUK gets good rating in GF project performance 	<ul style="list-style-type: none"> • Referring to the recent issued National Guideline for TB Clinical Practice (PNPK), TB CARE I works to assist hospitals particularly in PPM areas to develop Standard Operational Procedure of TB in the forms of Clinical Practice Guidelines (PPK) and Clinical Pathway that have become crucial requirements for hospital accreditation. • By the end of Q3, a workshop to develop PPK and AK has been carried out in 9 supported provinces • A total of 123 hospitals developed draft of PPK and AK during the workshop, and within this quarter there are 44 (36%) hospitals have their documents legalized. • Apart from technical assistance to develop PPK and CP, all PPM Technical Officers across 10 provinces have been providing ongoing technical support to hospitals and clinics (health centers) both public and private to improve internal and external DOTS linkage. <i>Total accumulative number of technical assistance (both for PPM and HDL) up to Q3 is 238 spreading across 87 Kabupaten/Kota (districts). Institutions receiving technical assistance from TB CARE I during Q3 consists of 151 hospitals, 5 specialized chest clinic (BKPM), 13 prisons, 11 private practitioners, and 37 Puskesmas.</i> 	Oct 13	Sep 14	Ongoing
1.2.3	KNCV	<p>TB CARE I PPM, PMDT, TB HIV, and Laboratory technical coordination, monitoring and evaluation at provincial level</p> <p>Expected deliverables:</p> <p>Monitoring report available with recommendation for implementation of PPM</p>	<ul style="list-style-type: none"> • The first quarterly TB CARE I/Coordination Meeting took place in November 2013. All Provincial Coordinators (PCO), Finance & Admin Team, M&E Team, Technical and Management Team came together to discuss matters of importance related to APA4 activities and budget, data collection and reporting system as well as finance and administration. This coordination meeting was a start-off aimed to reach common understanding on provincial activities and budget for APA4, pass on updated regulations regarding 	Oct 13	Sep 14	Ongoing

			<p>administration and finance, and agree on an improved system of data collection and reporting from provinces to central office.</p> <ul style="list-style-type: none"> In March 2014, we had the second quarterly TB CARE I/Coordination Meeting in Solo, Central Java. All Provincial Coordinators (PCO) were in one three-day forum with the M&E Team, Technical and Management Team from Jakarta Office to critically analyze data regarding HDL and PMDT from all PMDT centers in TB CARE I provinces, discuss how to improve the existing system of data collection and reporting from provinces to central office and look closely at our achievements as of Q2 and challenges of project implementation. Another TB CARE I coordination and M&E meeting is planned for the end of August/early Sept. 			
1.2.4	KNCV, WHO	<p>Development of protocol for systematic screening and intensified case finding in high risk groups</p> <p>Expected deliverables: Protocol and guideline for systematic screening developed and pilot tested</p>	<ul style="list-style-type: none"> In collaboration with professional organizations (Pulmonologist, Internist, and Endocrinologist), screening algorithms are developed for bidirectional screenings among TB and DM patients in referral facilities. Both algorithms are to be piloted in 3 provinces in Q4 2014, targeting 150 patients for each population (TB or DM). Protocol and generic SOPs for piloting has been developed. 	Oct 13	Sep 14	Ongoing
1.2.5	FHI360, KNCV	<p>Technical Assistance to scale up TB in prisons to 10 additional TB CARE I supported prisons/DCs</p> <p>Expected deliverables: 10 new prisons in 3 new provinces (West Sumatera, DI Yogyakarta, South Sulawesi)</p>	<p>Intensive coordination between TB CARE I partners, NAP, NTP, Directorate General for Correctional Service and Provincial Health Offices was conducted in the first quarter in order to prepare and plan the implementation of activities in 10 additional supported prisons/DCs. Advocacy meeting was conducted in 3 provinces. Assessment to prisons to become PMDT satellites resulting in 1 prison in each of 3 provinces. Implementation plan was discussed for each prison after follow up workshops conducted in 2 out of 3 provinces. Apart from that TB CARE I also have been assisting to establish linkage between health clinics in prisons with health care centers outside them,</p>	Oct 13	Sep 14	Ongoing

			<p>as well as continuously improve the referral system including prisons.</p> <p>In Q3, 3 out of 10 prisons (Pariaman prison, Padang prison, Wirogunan prison) already conducted mass screening, resulted in 1511 inmates screened for TB, 44 inmates with presumptive TB, 44 inmates sent for sputum examination and 2 inmates diagnosed with TB and 1 put on TB treatment, while the other 1 being released and referred to health care facility.</p>			
1.2.6	FHI360	<p>Technical Assistance to maintain quality DOTS to 25 prisons/DCs</p> <p>Expected deliverables: Strengthened referral systems for TB and TB-HIV between prisons in provinces between PHO, DHO, Provincial Office of MoLHR, hospitals, Puskesmas, and local NGOs</p>	<ul style="list-style-type: none"> • Technical assistance was conducted through the monitoring of TB-HIV activities in prisons, evaluation of TB-HIV activities in prisons. • Local agreement was established between Provincial Law and Human Rights Office and Provincial Health Office in 3 provinces regarding the lacking of BPJS coverage for inmates (new national insurance system). Inmates with an ID card should use the local insurance scheme and for inmates without ID card a discussion for budget allocation is still needed. • Eight (8) out of 25 prisons/DCs (2 in DKI Jakarta, 1 in East Java, 5 in West Java) already conducted training for cough officers to do cough surveillance. • Result of cough surveillance : 476 inmates with cough, 55 presumptive TB and sent for sputum examination, 8 inmates have AFB positive and 1 inmates PLHIV TB presumptive sent for GeneXpert examination, result : M.TB positive, Rifampicin resistant. 	Oct 13	Sep 14	Ongoing
1.2.7	WHO, KNCV	<p>Assistance for Policy development of Mandatory TB Notification and implementation of National Pediatric TB Guidelines</p> <p>Expected deliverables</p> <ul style="list-style-type: none"> - New national policy of TB mandatory notification following country specific context and situation. 	<ul style="list-style-type: none"> • The academic review for policy recommendation of TB mandatory notification has been completed with funding from GF and technical support from TB CARE I partners. The next steps for regulation development are still awaiting the final result from the consultant. • NTP had printed the updated National Pediatric TB guidelines and started the 	Oct 13	Sep 14	Ongoing

		<ul style="list-style-type: none"> - Proven increased notification of pediatric TB cases and treatment success rate 	<p>process to disseminate it. During TB Day commemoration NTP had launched the guidelines. The dissemination plan in 12 provinces, funded by GF, were postponed due to conflicting schedules of central team. New dissemination plan for next quarter has been developed by NTP.</p>			
1.2.8	ATS, KNCV	<p>Expand engagement of private practitioners based on adjusted PDPI model by including lessons learned.</p> <p>Expected deliverables:</p> <ul style="list-style-type: none"> - Number of pulmonologists in 3 new provinces linked to TB program - SOP developed 	<p>Project initiations were done in 3 cities of 3 provinces (Medan, Bogor, Solo), with consideration to include additional 4th city which is Surabaya. Coordination meeting was held between Health Offices and PDPI branches. Training on DOTS and project technical tasks were completed for 3 TB Administrators (local staff) from each provinces and TA from TB CARE I will be provided throughout the project. Mapping of providers were completed, recruitment is ongoing and participating pulmonologists and nurse/administrative staffs will receive 2 days training on ISTC. The first training is scheduled in August 2014. Workshop to develop/update modules for training was done, modules are being finalized. Recruitment of staff by PDPI is completed for central and local/provincial level.</p>	Oct 13	Sep 14	Ongoing
1.2.9	ATS, KNCV	<p>Document best practices and lessons learned on engagement of pulmonologists in private hospitals</p> <p>Expected deliverables:</p> <ul style="list-style-type: none"> - Number of TB cases notified by pulmonologists - Best practice of engaging pulmonologists documented 	<p>Throughout APA3, we have compiled, input, and documented lessons learned from all participants and stakeholders during M&E meetings. The document will be updated and revised throughout APA4. 1 abstract regarding this activity has been approved for poster session in the next IUATLD conference (Oct, 2014).</p> <p>Around 95% of hospitals in DKI Jakarta and Bekasi have been using SITT for TB reporting with various level of support from TB Administrators.</p> <p>From Q1-Q3 APA4, a total of 3,038 TB cases were notified by participating pulmonologists.</p>	Oct 13	Sep 14	Ongoing
1.2.10	ATS, KNCV	<p>Establish national provider certification system for TB</p>	<p>Indonesian Medical Association has completed the guideline for implementing the preliminary</p>	Oct 13	Sep 14	Ongoing

		Expected deliverables: Certification program for private practitioners established and tested.	phase of the certification system. Dissemination of guideline to all provincial level of IMAs is ongoing. Efforts to ensure that provider certification will be integrated with the current national insurance scheme (JKN) are ongoing.			
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2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
2.1.1	A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP	3	3	3	
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST	APA2 National 65% (3824/5883) APA2 TB CARE I 42% (1643/3822)	65%	National 42% (2352/5662) TB CARE I 60% (1695/2842)	No update for this quarter
2.1.3	Laboratories demonstrating acceptable EQA performance	APA2 58% (952/1643)	75%	National 67% (1585/2352) TB CARE I 66% (1121/1695)	No update for this quarter
2.2.1	Confirmed link with an SRL through a memorandum of agreement	Yes	Yes	Yes	
2.2.2	Technical assistance visits from an SRL conducted	Yes	Yes	Yes	
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB (Note: No of DST lab is also Mission indicator)	GeneXpert: 17 C/DST: 6 Hain: 2	GeneXpert: 41 Hain: 2 (plus 4 Xpert for private sector)	GeneXpert: 36 C/DST: 8 Hain: 2	5 more Xpert machine were installed in July so target will be reached in Q4.
2.3.2	Rapid tests conducted (Note: Mission indicator)	3678 successful tests	12000 (in TB CARE I areas)	6,404 successful tests	Cumulative Q1-Q3
2.3.3	Patients diagnosed with GeneXpert	Rif-sensitive 1398/3678 (38%) Rif-resistant 743/3678 (20%)	1600	Rif-sensitive 2468/6404 (39%) Rif-resistant 1030/6404 (16%)	Cumulative Q1-Q3

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ³
				Start	End	
2.1.1	JATA	Review of smear microscopy network and EQA activities Expected deliverables <ul style="list-style-type: none"> - A written report after a debriefing with NTP, BPPM and partners. Specific recommendations, responsible entities, and timelines included in the report - Roadmap for change to improve structure, and function of network, especially emphasis on EQA activities - Roadmap dissemination 	<ul style="list-style-type: none"> - In Q2, an evaluation meeting for 21 provinces resulted in a recommendation document for the improvement of TB microscopy labs - In Q3, 9 Provincial labs, 3 intermediate labs, 9 hospital labs and 11 Puskesmas were visited for smear microscopy network and EQA review. This resulted in recommendations for improving quality of smear microscopy examination, recommendation to NRL, Provincial reference lab, intermediate lab and microscopic lab and recommendation for data analysis. The proposed strategy: <ul style="list-style-type: none"> - use a provincial, intermediate and district lab supervisor role to undertake the EQA (EQA-LQAS, on site supervision, panel test). - use combination 3 parts of EQA. LQAS for majority of labs, Panel test for lab unable to participate in LQAS, untrained staff and trained staff in previous 12 months, On site supervision targeting lab with major error. 	Oct 13	Sep 14	Ongoing
2.1.2	KNCV	Strengthening referral system for specimens/isolates to higher level laboratories Deliverables: <ul style="list-style-type: none"> - SOP and video of how to package developed/updated . - SOP for dissemination of specimen transfer, video to TB labs and linkage with post office, road, rail, air transportation organizations - Strategic linkages 	<ul style="list-style-type: none"> - SOP and video of how to package TB specimens were produced. The SOP and video were disseminated during a workshop at NRL BLK Bandung. 15 TB lab technicians (7 female, 8 male) from 15 labs have been trained and had adequate skill to package and send TB specimens to referral labs. 	Oct 13	Sep 14	Completed

³ Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

		between provinces & laboratories included in SOP				
2.1.3	KNCV	Support maintenance, repairing and recertification of BSC's and BSL 2+ laboratories Expected deliverables: - Report/Certificate to confirm BSC is operational - Recertification of each laboratory; items requiring repair are identified and repaired - Sustainability plan for maintenance, calibration, accreditation, included in exit strategy.	- Recalibration of 11 BSCs at 6 labs were done in Q1. Among the BSCs, 4 required repair: 1 BSC at BLK Bandung, Microbiology UGM, BLK Jayapura and 2 BSC at BBLK Jakarta. - In Q3, broken BSCs at Microbiology UGM and BLK Jayapura were repaired. - HEPA filter replacement and recalibration for BSC at BLK Bandung was conducted in April 2014. Calibration certificate is available. - Calibration for 2 BSCs in BBLK Jakarta will be conducted with the province fund	Oct 13	Sep 14	Ongoing
2.1.4	KNCV	Improve Biosafety practices for culture/DST Lab technicians Expected deliverables • Practical training course in Bahasa Indonesia and one course conducted, • Development of a checklist, training modules based on the recent WHO Biosafety Guidelines; timeline for training; re-training and monitoring, organization of team (KNVC, JSI, BD, MOH and GOI (such as KAN); and Indonesian Biorisk Association)	- Checklist, training modules based on recent WHO Biosafety Guidelines, timeline for training are established - In Q1, the first batch of Safety Working Practice, culture/DST training as part of implementation USAID-BD MoU was done at NHCR Makassar on 02-13 Dec 2013. Participants: 8 lab technicians (all female) from NHCR, Wahidin Hospital and University of Hasanuddin. - In Q2, the second batch of practical training/Safety Working Practice and culture training in Bahasa Indonesia was conducted at NRL BBLK Surabaya on 17-21 March 2014. Participants: 17 lab technician (M=2, F=15) - The next batch of Safety Working Practice training will be conducted in September 2014	Oct 13	Sep 14	Ongoing
2.1.5	FHI360	Technical Assistance to strengthen TB/HIV laboratory activities in the prisons Expected deliverables: Prisons/DCs laboratory perform smear preparation of good quality	- Status of prison's TB laboratory : 1. There are 5 prisons which already perform microscopy examination with status of PRM/PPM, i.e. 1 from Sumut (Klas I Medan DC), 4 from W. Java (Paledang prisons, Bekasi prison, Banceuy prison, Gintung Cirebon prison) 2. There are 18 prisons which already	Oct 13	Sep 14	Ongoing

			<p>perform sputum fixation which status of PS, i.e. 3 from N. Sumatera (Medan prison, Wanita prison, Labuan Deli DC); 3 from W. Java (Wanita Bandung prison, Cibinong prison, Sukabumi prison); 4 from DKI (Cipinang prison, Narcotic prison, Cipinang DC, Pondok bambu DC); 4 from C. Java (Besi prison, Semarang prison, Pekalongan prison, Sragen prison); 4 from E. Java (Lowokwaru prison, Madiun prison, Pamekasan prison, Wanita Malang prison)</p> <p>3. There are 12 other prisons/DCs which refer the sputum examination to PHC (puskesmas)</p>			
2.2.1	KNCV, JATA, WHO	<p>TA (local) to strengthen sputum microscopy, culture/DST services</p> <p>Expected deliverables:</p> <ul style="list-style-type: none"> Report NTP and Richard Lumb include information on # of labs that implement LQAS, and # of labs certified for culture/DST, # of labs that use LPA test 	<ul style="list-style-type: none"> Eight labs are certified for C/DST: BBLK Surabaya (also using LPA), Microbiology UI, RS Persahabatan (also using LPA), BLK Bandung, NHCR Makassar, BLK Semarang, BLK Jayapura, and BBLK Jakarta. In collaboration with SRL SA Pathology and NRL BLK Bandung, National Microscopy Review was conducted in 9 following selected provinces in June 2014. <ol style="list-style-type: none"> West Sumatera DKI Jakarta Central Java DI Yogyakarta Bali NTT West Kalimantan North Sulawesi Recommendations have been provided to NTP/BPPM for policy direction. All provinces have started to implement the LQAS method for smear lab EQA in January 2014. Sampling was started in April 2014 for all provinces. To strengthen laboratory network at district level, 8 microscopy lab in North Sumatera Province had been assessed to be reference lab at district level. 	Oct 13	Sep 14	Ongoing
2.2.2	KNCV	International TA by Richard	<ul style="list-style-type: none"> National TB lab strategic plan 2014-2018 	Oct 13	Sep 14	Ongoing

		Lumb/Lisa Shepherd from Supranational Reference Lab, IMVS/SA Pathology, Adelaide Expected deliverables: Report from Richard Lumb mentioning increased # of labs that are certified for culture /DST	was drafted during Richard Lumb's visit in October 2013. This activity was participated by representatives from NTP, BPPM, 3 NRLs, JSI and TBCARE I. - Report from Richard Lumb on number of C/DST labs and number of labs using LPA tests is available. Report on Lumb and Lisa Shephard's visit in June is in progress and will be submitted around July 2014. The visit objectives were to review EQAS implementation in 9 provinces, assist DRS plan preparation and review progress of MGIT EQA and EXPAND TB project - There were 2 additional labs certified for 1 st line DST (BLK Jayapura in Q1 and BLK Jakarta in Q2). The total number of labs certified for 1 st line DST is 8. While those certified for 2 nd line DST remain 5 labs.			
2.2.3	KNCV	Capacity building for BBLK Surabaya staff to conduct laboratory assessment, supervision including EQA panel testing for referral laboratories performing DST Deliverables: BBLK Surabaya capable of: - conducting lab assessment and supervision in line with SOP's - taking corrective actions - draft reports with recommendations for improvements and follow up on recommendations; - increased number of laboratories with enhanced diagnostic capacity - SOP in panel tests, packaging, sending, interpretation of results, prepare report	- BBLK Surabaya is able to conduct lab assessments and supervision in line with SOP's including taking corrective action. In February 2014, supervision was conducted to BBLK Jakarta, BBLK Makassar and BBKPM Makassar. - Supervision to Microbiology UGM was conducted on 3-4 April 2014. Report with recommendations for improvements is available. Next supervision visit: - RS Rotinsulu: 17 July 2014 - Biofarma Lab: 18 July 2014 Follow up visit to UGM: 22-23 July 2014	Oct 13	Sep 14	Ongoing
2.2.4	KNCV	Provide TA and EQA panel test for DST Expected deliverables:	TB CARE I provided technical assistance to BBLK Surabaya as National TB Reference Lab for culture/DST to prepare DST EQA panel test for	Oct 13	Sep 14	Ongoing

		Providing an EQA panel to each laboratory involved, and preparation of report	<p>BBLK Jakarta. This panel has been sent to BBLK Jakarta on 24 October 2013. TB CARE I in collaboration with SRL SA Pathology, Adelaide, Australia provided technical assistance to BBLK Surabaya as National TB Reference Lab for culture/DST to prepare DST EQA panel test. BBLK Surabaya has the capability to prepare and send the EQA panel.</p> <p>As of the end of March, this lab was sending EQA panel to the following 6 labs: BBLK Jakarta, BLK Semarang, Microbiology UGM, BLK Jayapura, RS Adam Malik, BBLK Palembang</p> <ul style="list-style-type: none"> - SRL SA Pathology prepared and sent EQA panel to BBLK Surabaya and received by lab on 30 April 2014. - BBLK Surabaya prepared and sent DST EQA panel to 4 labs on 10 June 2014: RS Persahabatan, Microbiology UI, NHCR Makassar and BLK Bandung 			
2.2.5	KNCV/GF	<p>TA to support renovation and accelerated capacity building of new TB C/DST laboratories</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - Detailed lab design for 3 new C/DST Labs including oversight in construction and certification - Renovation of BLK Bandung and Microbiology-UI. - Identification of additional laboratories for C/DST capacity building 	<ul style="list-style-type: none"> - TB Lab renovation work already started at 4 following labs in June 2014: <ol style="list-style-type: none"> 1) Microbiology UI Jakarta 2) RS Sanglah, Bali 3) BLK Bandung 4) BLK Samarinda - Details lab design, specifications and budgeting for RS M. Jamil, Padang has been finalised and submitted to MoH. Tender by MoH is in progress. - TB lab renovation at BBLK Surabaya is finished and official ceremony was done on 11 February 2014. - Additional laboratory for culture/DST was identified: BLK Manado, BKPM Maluku, and BLK NTB. <p>Next steps: Oversight in construction by BioHaztec as consultant of renovation to above 4 labs</p>	Oct 13	Sep 14	Ongoing
2.2.6	JATA	<p>Technical assistance to conduct quality assurance on ZN reagents</p> <p>Expected deliverables:</p>	<p>Training on quality assurance on ZN reagents were done in Q3. 27 lab technicians (7 male, 20 female) from 15 provinces (10 TB CARE I provinces and have competency to</p>	Oct 13	Sep 14	Ongoing

		Provincial Reference Lab staff in 10 provinces trained	evaluate/judge and recommend Ziehl Neelse reagen with good quality.			
2.3.1	KNCV	Updating GeneXpert algorithm to include pediatric TB Expected deliverables: Development of diagnostic algorithm for children with suspected TB; assessment of pilot study and rollout (to all labs with GeneXpert machines)	- Draft of diagnostic algorithm for children with suspected TB is available. Diagnostic algorithm will be finalized and rolled out in 7 selected initial sites: RS Adam Malik Medan, RSCM Jakarta, RS Persahabatan, RS Hasan Sadikin Bandung, RS Sardjito Yogyakarta, RS Soetomo Surabaya, RS Saiful Anwar. - Preparation of pilot study is done. - Development of GeneXpert SOPs for gastric lavage and extra pulmonary specimens is in progress.	Oct 13	Sep 14	Ongoing
2.3.2	KNCV	GeneXpert recalibration, maintenance and other operational cost for 17 machines Expected deliverables: Maintenance report confirming that modules in GeneXperts are functional	- All 17 Xpert machines procured by TB CARE I have been calibrated and are functional. Calibration certificate is available.	Oct 13	Sep 14	Ongoing
2.3.3	KNCV	International TA by Sanne van Kampen for implementation and evaluation of GeneXpert Expected deliverables: • Completion of GeneXpert Operational Research from rapid implementation pilot project • Report on adjustment of Xpert implementation plan, training plan and Xpert rollout, site selection, Faster rollout, shorter time to receive data; logistics improvements. • National Guideline for GenXpert implementation	The first visit by Sanne van Kampen in Year 4 was conducted on 17 Feb – 28 Feb 2014. Deliverables : - Monitoring report from two TB CARE I Xpert sites: RS Adam Malik Medan and RS Kariadi Semarang. - Draft Xpert implementation plan for pediatric TB (including algorithm) • Revised algorithm for HIV/TB testing and action plan for intensive socialization of HIV clinics • Reviewed list of Xpert M&E indicators and plan to input indicators in SITT • Draft National Xpert maintenance & troubleshooting plan • Proposed design for a National Guideline for Xpert testing and implementation Next visit is planned in September 2014.	Oct 13	Sep 14	Ongoing
2.3.4	KNCV	Local TA for roll out of GeneXpert	Up to Q-3, 19 out of 24 new Global Fund-procured GeneXpert machines have been	Oct 13	Sep 14	Ongoing

		<p>Expected deliverables: The 24 new GeneXperts are installed and functioning and with correct and timeliness of data, improved logistic system for cartridges</p>	<p>installed and functioning:</p> <ol style="list-style-type: none"> 1. RS Arifin Achmad, Pekanbaru 2. RS Achmad Mochtar, Bukittinggi 3. RS Depati Hamzah, Bangka Belitung 4. RS Undata, Palu 5. RS Bahteramas, Kendari 6. RS Kandow, Manado 7. RS Abdoel Moeloek Lampung 8. RS Paru Jember 9. RS Prov. Sulbar, Mamuju 10. RS Kab. Sorong 11. RS Embung Fatimah Batam 12. RS Zainoel Abidin, Aceh 13. RS Haulussy, Ambon 14. RS Prov. NTB, Mataram 15. RS Soedarso Pontianak 16. RS Syahranie Samarinda 17. RS M. Hoesin Palembang 18. RS Johannes Kupang 19. RS Kudus <p>Next step: On site training and installation for the other 5 sites will be conducted in July 2014.</p>			
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2.3 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved	Yes	Yes	Yes	
3.1.2	TB-IC measures included in the overall national IPC policy	Yes	Yes	Yes	
3.2.1	"FAST" strategy has been adapted and adopted	0	3	1	
3.2.2	Facilities implementing TB IC measures with TB CARE I support	52	30 (30 facilities: 10 PMDT sites and 20 TB/HIV sites)	20	
3.3.1	Annual reporting on TB disease (all forms)	(Not measured/No	Yes	Not yet available	SOP still under

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
	among HCWs is available as part of the national R&R system	investment)	In 10 PMDT sites in 10 provinces			development, piloting is expected to be started in Q4.
3.2.1	KNCV, FHI 360 and WHO	Technical assistance for quality TB-IC implementation in new PMDT sites, prisons and TB HIV sites. Expected deliverables: Increased number of PMDT sites, prisons and TB HIV sites implementing TB-IC, as per assessment tool	<ul style="list-style-type: none"> - One navy hospital in East Java has conducted assessment for TB IC implementation. - Technical assistance for quality TB-IC was provided for 7 new PMDT sites in order to prepare plan development and renovation. - FAST procedure/guidelines was finished this quarter to be locally used for 20 selected clinics and prisons/DCs next quarter. - We have finalized FAST strategy SOPs for prison settings also modified TB IC self-assessment tools for prisons and will be socialized to all prisons in the next quarter. 	Oct 13	Sep 14	Ongoing
3.2.2	KNCV,	Incorporate FAST strategy into national guidance for TB IC Expected deliverable: Revised TB guidelines, FAST strategy incorporated	<p>With TB CARE I assistance, NTP has developed Technical Guideline for TB Infection Control in primary health care incorporating FAST strategy, adapted into TEMPO. In Indonesian, TEMPO stands for:</p> <ul style="list-style-type: none"> - TEMukan secara aktif: Find Actively - Pisahkan secara aman: Separate safely - Obati secara efektif: Treat effectively <p>Tools to support FAST/TEMPO implementation in health facilities are being developed and to be distributed to all PMDT sites as pilot for FAST/TEMPO implementation. Tools will include guidance, posters for protocol and patients education, and other materials.</p>	Oct 13	Mar 14	Completed
3.2.3	KNCV	Technical assistance for development of structural design standards for TB facilities. Expected deliverable: design standards for health facilities with TB IC principles available	<p>Preparations with Bina Upaya Kesehatan (Health Service Directorate of MOH) to initiate the activity are being conducted.</p> <p>Contract to hire architect and mechanical engineer for IC design is being drafted.</p>	Oct 13	Mar 14	Ongoing
3.3.1	KNCV	Developing policy and SOP for screening of Health Workers	Draft for protocol is being reviewed, screening is planned to be carried out within Q4 APA4.	Jan 14	Jun 14	Ongoing

	including piloting in 10 large facilities. Deliverables: - SOP and guideline for HCW screening - All HCW in 10 sites annually screened for TB in pilot facilities				
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2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
C7	Number of MDR cases diagnosed (Note: Mission indicator)	610	1615 Female: 737 Male: 878	APA4 Q1-Q3 Total: 1,060 Female: 423 Male: 637	Achieved 66% (1,060/ 1,615) of target in diagnosed cases.
C8	Number of MDR cases put on treatment (Note: Mission indicator)	438	1450 Female: 650 Male: 800 Target per province: 1.North Sumatra:120 2.West Sumatra:60 3.DKI:225 4.West Java:375 5.Central Java:225 6.East Java:285 7.DIY:25 8.South Sulawesi:90 9.Papua:35 10. West Papua:10	Total: 799 Female: 315 Male: 484 Per province result: N. Sumatera: 85 W. Sumatera: 16 DKI: 225 W. Java: 100 C. Java: 115 E. Java: 141 DIY: 5 S. Sulawesi: 59 Papua: 14 W. Papua: 0	<ul style="list-style-type: none"> Achieved 55% of enrolled cases annual target DKI has achieving 100% of annual target by Q3 North Sumatra: 70% South Sulawesi: 65% Others are below 50%
4.1.1	TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment	7% (42/568)	< 5% (210/4350) (2012)	1.5% (6/387)	# suspects Q3: 2,032 # confirmed Q3: 387 # enrolled Q3: 219 # MDR TB suspects died before treatment: 6
4.1.2	MDR TB patients who are still on treatment and have a sputum culture	49% (126/255)	85% (372/438) (2012)	2012: 48% (208/432) Jan-Mar 2013: 55.2%	

	conversion 6 months after starting MDR-TB treatment			(105/190)		
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regiment and have a negative sputum culture (Note: Mission indicator)	72% (111/140)	75% (190/255) (2011)	2011: 58.5% (149/255) Jan-Mar 2012: 52.2% (35/67)		
4.1.4	A functioning National PMDT coordinating body	2	2	2		
4.1.5	<i>Provinces with long term PMDT plan</i> Description: Number of provinces that have long term PMDT plan	6	33 (100%)	8		
4.1.6	<i>PMDT sites assessed using the comprehensive site readiness tool</i> Description: Number of PMDT sites assessed using the comprehensive site readiness tool.	6	35 (100%)	Cumulative by the end of Q3 35 PMDT treatment centers were assessed	Target met, additional 17 sub-treatment centers were also assessed	
4.1.7	<i>PMDT sites trained and treating patients (new sites)</i> Description: Number of new PMDT sites that have been trained and are treating patients.	19	35 (100%)	Cumulative by end of Q3: 35 PMDT treatment centers and 12 sub treatment centers were trained	18 treatment centers and 2 sub treatment centers at 15 provinces have started treating patients by the end of Q3.	
4.1.8	<i>Percent of patients tested by Xpert with RIF+, put on treatment within 7 days</i> Description: Proportion of MDR-TB patients either from MDR-TB or HIV suspects that diagnosed as Rif positive with Xpert and put on the right treatment within 7 days among all Rif+ patients tested with Xpert.	12/511 (2%)	20%	Q3 April-June 2014: 29% (60/210) # confirmed put on treatment: 210 # put on treatment <7 days: 60 # put on treatment between 8-14 days: 80		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
4.1.1	WHO, KNCV	Technical assistance to NTP to speed up PMDT expansion in 5 new provinces and to improve quality of PMDT supervision. Expected deliverable : Updated National PMDT long term plan 2015-2019;	PMDT long term plan: - developed for East Java province and disseminated to 38 districts - developed for West Java province and disseminated to 27 districts - finalized for DKI and DIY PMDT acceleration plan and target	Oct 13	June 14	Ongoing

		Provincial PMDT long term plan 2015-2019 for all 33 provinces	<p>calculation for all provinces and districts were developed for 2014. These were disseminated during National TB Money Meeting in Q3.</p> <p>Next plan:</p> <ul style="list-style-type: none"> - dissemination of the plan to DKI and DIY districts in Q4 - provincial planning workshops for 10 provinces (in 2 separate batches) in August 			
4.1.2	WHO, KNCV	<p>Technical assistance for establishment of new PMDT sites</p> <p>Expected deliverables:</p> <ul style="list-style-type: none"> • Establishment of PMDT sites in 5 new provinces. Best PMDT practices in TB CARE I supporting provinces documented. • Quarterly update report on PMDT expansion 	<ul style="list-style-type: none"> - A total of 20 PMDT referral centers have enrolled patient treatment by end of June 2014. - Technical support has been provided to new PMDT sites. In Q3 periods field support was provided to East Nusa Tenggara (Prof Johannes Hospital, 3-5 April), West Nusa Tenggara (Mataram Hospital, 15-21 May), East Kalimantan (Sjahanie Hospital, 9-12 June) and West Papua (Kampung Baru Hospital, 28 April-1 May) by WHO staffs. - All visited provinces need regular technical supports from central PMDT team, TB CARE I PMDT technical officers also needed to back up NTP in providing TAs on the provinces outside TB CARE supported areas. 	Oct 13	Dec 13	Ongoing
4.1.3	WHO, KNCV	<p>Technical assistance for</p> <ul style="list-style-type: none"> - establishment of PMDT Center of Excellence - support on capacity building for PMDT at central, provincial, district and facilities level <p>Deliverables:</p> <ul style="list-style-type: none"> • Road map and long term plan of CoE available in 4 new PMDT sites. • Skilled key staffs in new PMDT sites 	<ul style="list-style-type: none"> - During Q2, TB CARE I have recruited two new PMDT Technical Officers to be based in West Sumatera and Papua, and have substituted PMDT TO for DKI Jakarta following the resignation of the old TO. These technical staff have immediately been put on the basic training of PMDT and ToT of PMDT, as well as in the Management of TB Control Program (Wasor Training). - TB CARE I PMDT Technical Officers have been supporting the preparation of health centers (mostly Puskesmas) to become PMDT satellites. During Q3, 82 PMDT satellites have been established 	Jan 14	Sep 14	Ongoing

			<p>at 49 districts in 8 provinces (North Sumatera, West Sumatera, West Java, Yogyakarta, Central Java, East Java, South Sulawesi and Papua). Through one-day on-site training (OJT), PMDT Technical Officers build the capacity of health centers' staff and prepare them to receive TB-MDR patients for treatment. This number of new PMDT satellites is significantly higher than what has been done during Q2 (note: 69 new PMDT satellites in previous quarter). These on-site trainings to establish PMDT satellites have benefited 190 male and 744 female health centers' staff. Total number of patients being decentralized to PMDT satellites in Q3 is 93 men and 80 women. And total cumulative numbers of patients who have been decentralized are 250 men and 205 women. Out of those cumulative numbers, 232 male patients and 197 female patients are still on treatment.</p> <ul style="list-style-type: none"> - TB CARE I facilitated PMDT trainings as resource person/ facilitators, including at referral/ sub referral centers (3 hospitals in Kalimantan) 			
4.1.4	WHO, KNCV	<p>Technical assistance to Civil Society Organizations involved in PMDT (SSF Phase 2)</p> <p>Deliverables: CSOs capable to provide optimal patient support for PMDT and TB-HIV</p>	<ul style="list-style-type: none"> - TB CARE I has socialization concept paper on the use of peer educators as part of psychosocial support for MDR TB patients for the CSO. This document is important to provide input to CSOs for their involvement in PMDT. - TB CARE I also provided technical assistance in development of community involvement for PMDT, TB HIV, and to develop a guideline of Socialization Patient charter to CSO. - The external consultant for CSO, Mr. Thomas Joseph of STP, has provided TAs to develop CSOs involvement guidelines and strategies to actively engage CSO involvement in PMDT and 	Oct 13	Sep 14	Ongoing

			<p>TB-HIV program. From 31st Mar-9 April, he met and discussed with CSOs already involved in TB and formulated strategies, visited places where active NGOs/ CSOs engagement to support PPM and PMDT have taken places such as KMP Aisyiah Bandung for PMDT and YKB for TB in Workplace. Draft of CSOs engagement guidelines and strategies have been developed by the consultant and under process for finalization by National ACSM Team.</p> <ul style="list-style-type: none"> - TA was provided to LKNU and Persahabatan hospital to develop SOPs for Patient Tracking and default tracking for MDR TB and MDR TB HIV patient with ATS consultant 			
4.1.5	KNCV, WHO	<p>Capacity building for newly recruited Provincial PMDT coordinators</p> <p>Deliverables: 17 New Provincial PMDT Coordinators in place and functioning. Monitoring reports available of 17 new provincial PMDT sites</p>	<ul style="list-style-type: none"> - TB CARE I partners still provided capacity building through National PMDT training and ToT, so far 11 PMDT TOs have received standard PMDT training. - NTP and TB CARE Partners (KNCV and WHO) have initiated a plan to provide support to these TOs through on-site training/ internships for Provincial PMDT TO's at existing PMDT sites to speed up the learning process. 	Oct 13	Sep 14	Postponed
4.1.6	KNCV, FHI360	<p>Strengthen MDR-TB case finding by establishing and improving referral systems between PMDT centers and all health facilities / prisons</p> <p>Expected deliverables: Improved linkages and functioning referral systems between PMDT centers and other (health) facilities</p>	<ul style="list-style-type: none"> - Until end of June 2014, 35 prisons/DCs in 8 provinces have linkage with PMDT referral hospital and GeneXpert facility (N. Sumatera, W. Sumatera, DKI Jakarta, W. Java, DI Yogyakarta, C. Java, E. Java, S. Sulawesi). - April – June 2014, we found 7 new TB MDR cases (1 from Medan DC, 1 from Paledang prison, 1 from Malang prison, 1 from Pamekasan prison, 2 from Pengayoman hospital patients, 1 from Pondok Bambu DC) - Five (5) out of 7 new TB MDR cases already put on treatment while 2 patients still wait their laboratory baseline results. - Cumulatively, until end of June 2014, in 	Oct 13	Sep 14	Ongoing

			<p>Pengayoman Hospital, there are 16 MDR TB patients, among them, 14 already put on treatment and 2 still wait for their laboratory baseline results. Seven (7) out of 14 already on parole and successfully referred back to Persahabatan hospital.</p> <ul style="list-style-type: none"> - Treatment outcome from 7 inmates that still continue treatment in Pengayoman hospital, until end of June 2014, 4 inmates already have culture conversion, 1 inmate died. 			
4.1.7	FHI360	<p>Reduce initial and treatment default of MDR TB patients through improved MDR-TB counseling</p> <p>Expected deliverables :</p> <ul style="list-style-type: none"> - Revised EPT for MDR TB Counseling modules for health facilities. - 2 batches of trained staff for selected TB CARE I provinces. 	<ul style="list-style-type: none"> - TBCARE I team successfully finalized EPT training guideline and already conducted 1 batch of EPT training in Medan, North Sumatera. Thirteen (13) MDR TB patients trained to be EPTs. - MDR TB counseling modules for health facilities already merged into module 4 of PMDT training modules and already used/piloted for 1 batch of training for health care workers in Medan, North Sumatera, where we managed to trained 14 health care workers. 	Jan 14	Sep 14	Pending
4.1.8	KNCV	<p>Technical support to strengthen PMDT supervision and monitoring system at district and provincial level</p> <p>Deliverable: Monitoring system improved</p>	<ul style="list-style-type: none"> - A workshop to strengthen TB MDR knowledge among Wasors (TB Program Staff at District Health Office) is aimed to be held in each of nine TB CARE I provinces. Up to Q3, eight provinces (North Sumatera, West Sumatera, West Java, DKI Jakarta, Yogyakarta, East Java, South Sulawesi and Papua) have held this workshop separately. A total of 244 (139 male and 105 female) have benefited from these TB MDR workshops. - TB CARE I PMDT Technical Officers continuously provide technical support to TB-MDR referral and sub-referral hospitals, as well as to satellites. Total number of technical assistance visits this quarter is 91 –higher than Q2 that was only 83 visits. This support has 	Oct 13	Sep 14	Ongoing

			<p>been provided to 59 satellites and 10 referral hospitals this quarter</p> <ul style="list-style-type: none"> - Together with TB Clinical Experts of PMDT referral hospitals and Wasor TB (TB Program Staff at District/Provincial Level), TB CARE I PMDT Technical Officers have also been doing supervisory visits to PMDT satellites in order to help improve TB MDR services to all patients. Total number of satellites visited for supervision in Q3 is 59. 			
4.1.9	KNCV, ATS,	<p>Establishment of quarterly clinical -, and cohort review at treatment , sub-treatment centers at provincial level</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - Report of quarterly cohort review of PMDT services documented in sub-referral and satellite centers. - Report of the clinical conference 	<p>TB CARE I, NTP and core members of RS Persahabatan PMDT Team held the second clinical cohort review in May 2014. Cohort review will be expanded to other TB CARE I supported provinces in Q4. It is expected that this mechanism will be implemented in all TB CARE supported PMDT's sites.</p> <p>As expansion of Clinical Cohort Review supported by ATS, TB CARE I also initiated cohort review in other PMDT sites. In Q3, this activity was conducted in Central Java and South Sulawesi.</p> <p>As part of a comprehensive approach to improving care to MDR TB patients, ATS assisted the Persahabatan PMDT Team, LKNU, and the Health Office in developing an MDR TB defaulter tracing/prevention and contact investigation pilot project. The Persahabatan PMDT Team and LKNU have trained new members of community team supporting MDR TB patients, with activities slated to start by August.</p>	Oct 13	Sep 14	Ongoing
4.1.10	KNCV	<p>Treatment support for MDR TB patient</p> <p>Deliverables: Number of MDR TB patients cured and completed the treatment.</p>	<p>Total number of patients (starting treatment in 2011) who remain receiving follow up treatment support from TB CARE I have reduced into 3 patients in East Java</p>	Oct 13	Sep 14	Ongoing
4.1.11	The Union	<p>Clinical Management training for PMDT: 2 batches</p> <p>Deliverables: 50 staff members trained in MDR TB</p>	<p>Clinical Management training was conducted in Bandung. Number of trainees benefited from this training was 29 (Male: 14, Female: 17). One training due in Q4.</p>	July 14	Aug 14	Ongoing

		by national and international trainers. Pre and post test provide information on Improved knowledge and skills of clinicians on MDR TB. Tracer study to measure impact of the training.				
4.1.12	KNCV	Development national guideline for improved psycho-social support to MDR TB patients Deliverables: National guideline for psycho-social support of MDR TB patients	Peer educator training module was finalized in collaboration with NTP and BPSDM. This training module have been piloted in 2 PMDT sites (Moewardi and Syaiful Anwar Hospital).	Oct 13	Nov 13	Ongoing
4.1.13	KNCV	Capacity building for peer educators to support TB MDR patients. Deliverables: Trained Peer educators and number of peer educator activities supported.	<ul style="list-style-type: none"> In Q3, TB CARE I facilitated training of Peer Educator in South Sulawesi, West Java and East Java (Surabaya) and participated by 58 participants (32 male and 26 female). Total cumulative number of former and existing TB patients who have been trained as peer educators are 89. . Up to Q3, 6 patients group were established and functional at 6 PMDT sites in 5 provinces, namely "PETA (Pejuang Tangguh)" in DKI Jakarta, "SEMAR (Semangat Membara)" in Central Java, "Kareba Baji (Kami rela berjuang bagi Jiwa)" in South Sulawesi, "PANTER (Pantang Menyerah)" in Malang, "Arek Nekat" in Surabaya, and "Terus Berjuang" in West Java. Peer educator activities (home visit, hospital visit, peer meeting, etc) were started in 5 Provinces (DKI Jakarta, West Java, Central Java, East Java and South Sulawesi). Many lesson learned from the activites: 1. Defaulters went back to treatment facilities after peer educator visit to patient's house. 2. Peer educator is effective to prevent default. 3. Patients feel more comfortable in getting information and 	Feb 2014	Sept 2014	Ongoing

			support from peer educator. As a result, in Q3, 239 MDR TB patients were assisted by peer educator and 9 defaulters successfully encourage to continue their treatment.			
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2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
5.1.2	Eligible PLHIV enrolled for IPT during reporting period	205	500	76	IPT scale up just began in Q3 with 76 being enrolled.
5.1.3	<i>Number of PMDT sites with functioning TB-HIV linkages</i> Description: Number of PMDT sites that successfully establish linkages between TB and HIV clinics that ensure that 100% of HIV+ TB suspects receive TB tests (sputum test or GeneXpert test), and 80% are put on TB treatment during the reporting period.	0 (SOP for TB-HIV linkages available at 5 sites, improvement needed to fulfil the indicator definition)	6	5	
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings (Note: Mission indicator)	7104/7668 (93%)	85%	7,865/8,802 (89%)	
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register (Note: Mission indicator)	2074/12904 (16%)	20%	3,688/79,731 (5%)	Cohort patients TB Oct-June 2013
5.2.4	<i>Number of newly identified HIV+ TB patients</i> Description: Number of newly HIV+ TB patients during TB treatment This indicator is required by the Mission Indicator	211 Target 2013: 800	1,000	568	
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART) (Note: Mission Indicator)	410/856 (48%)	50%	383/1,031 (37%)	Cohort patients TB Oct-June 2013
5.3.2	HIV-positive TB patients started or continued on CPT (Note: Mission indicator)	720/856 (84%)	85%	523/1,031 (51%)	Cohort patients TB Oct-June 2013
5.3.3	<i>HIV patients with active TB who receive TB treatment</i> Numerator: Number of all HIV patients	NA (2010) Target 2013: 90%	90%	567/581 (98%)	

	diagnosed with TB who started TB treatment Denominator: all HIV patients diagnosed with TB, registered over the same given time period					
5.3.4	<i>Number of HIV-TB patients completing TB treatment</i> Description: Number of HIV patients that completed their TB treatments.		NA (2011) Target 2013: 366	500	368	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.1.1	FHI 360, WHO, KNCV	Technical assistance to improve TB-HIV collaborative activities Deliverables: Improved TB/HIV collaborative activities in 74 districts showing that 85% of PLHIV screened for TB and 90% of them got TB treatment; TB CARE I targets are 30% of all TB patients tested for HIV, 70% of TB-HIV got ART and 85% got CPT.	TA was given: - Clinical mentoring to 18 health facilities and assistance to military hospitals in 2 provinces - Development of TB HIV joint planning and TB HIV national action plan and action plan framework. The writing team will start the drafting in the next quarter. In two SUFA areas that data have been closely monitored (6 HFs in Makassar City and 5 HFs in West Jakarta) for cohort TB patients started treatment on January – March 2014 found that 66% (75/115 - Makassar City) and 52% (116/222 -West Jakarta) of TB Patients known their HIV status. Compare to previous year for cohort TB patients on Jan-Mar 2013, the number was 21% (22/117 - Makassar City) and 3% (8/242 - West Jakarta) In TBCARE I areas, 89% of PLHIV screened for TB and 98% of PLHIV with active TB received TB treatment; 5% of all TB patients tested for HIV, 37% of TB-HIV got ART and 51% got CPT.	Oct 13	Sep 14	Ongoing
5.1.2	FHI 360, KNCV	Support scaling up of quality implementation of IPT Deliverable:	Several efforts were made to support quality IPT implementation: - IPT workshops were conducted in 7	Oct 13	Sep 14	Ongoing

		-Monitoring and Evaluation reports of IPT implementation; -500 eligible PLHIV received IPT in APA 4	provinces in TB CARE I areas, participated by a total of 30 hospitals. - INH & pyridoxin already distributed to those 7 provinces. - Three (3) out of 30 hospitals already started IPT implementation, where they already screened 255 PLHIV, and they have 86 PLHIV eligible for IPT, 76 of those already started received IPT. -			
5.2.1	FHI 360, KNCV	Technical assistance to improve the use of GeneXpert for diagnosis of TB in PLHIV Deliverable: Agreement of ART hospitals and GeneXpert sites and SOPs for referral.	- Five (5) ART hospitals already implemented TB diagnosis for PLHIV using GeneXpert. During April – June 2014, from those hospitals, 197 PLHIV, TB presumptive examined by GeneXpert, resulted in 4 M.TB pos, rifampicin resistant and 42 M.TB pos, rifampicin sensitive. - While for prisons settings, 84 PLHIV, TB presumptive sent for GeneXpert examination, resulted in 1 M.TB pos, rifampicin resistant and 9 M.TB pos, rifampicin sensitive.	Oct 13	Sep 14	Ongoing
5.3.1	FHI 360	Technical assistance to strengthen internal linkages between PMDT and HIV units in PMDT hospitals. Deliverable: SOPs of PMDT and HIV referral or integrated service system.	- Initial discussion has started in RS Gunung Jati (West Java) - Initial and follow up discussion has been conducted for RS Karyadi (Central Java) - A discussion in RS Soetomo (East Java) and RS Dok2 (Papua) was conducted to evaluate the implementation of the SOP. - Five (5) PMDT hospitals have SOPs on linkage between PMDT and HIV unit: RS Persahabatan, RS Hasan Sadikin, RS Moewardi, RS Saiful Anwar, and RS Jayapura	Oct 13	Sep 14	Ongoing
5.3.2	FHI360	Support to Baladewa Clinic in Jakarta Deliverable: TB-HIV and MDR –TB-HIV collaborative activities implemented in this clinic	We provided support for TB-HIV implementation and also strengthening linkage for TB-HIV and PMDT between Baladewa Clinic, RSPI Sulianti Saroso (ART Hospital) and RSUP Persahabatan (PMDT Referral Hospital). Baladewa clinic already sent MDR TB suspects. Result: Jan – Mar	Oct 13	Sep14	Ongoing

			2013, a cumulative 40 TB-MDR Suspect, 4 confirmed TB MDR, and 4 enrolled treatment During April-June 2014, 166 out of 333 (50%) TB patients tested for HIV, 18 HIV positive result, 1 patient on ART and CPT (cohort of TB patients April – June 2013). This result will be validated in July 2014.			
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2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
6.1.1	Government budget includes support for anti-TB drugs		Yes (77%)	100% first line drugs supported by government	Yes. 100% FLD supported by government.	100% SLD supported by GF SSF
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes, Stop TB Partnership forum plays active role in TB advocacy	Yes	
6.2.2	People trained using TB CARE I funds		911 (M: 368, F: 543)	500	542 Female 377 Male 165	TA2: Female:67 Male:18 TA4: Female:288 Male:136 TA7: Female:22 Male:11
6.2.4	<i>Provinces with developed/updated HRD plan</i> Description: Number of provinces that have developed an HRD plan		33	33 (100%)	33 (100%)	Provincial training team may need to be revised this year to address additional HR activities related with PMDT and TB HIV scale up
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.1	KNCV, WHO	Development of National TB Strategic Plan and National TB Action Plan per Technical Area 2015-2019 Deliverables: New NSP and NAP for 2015-2019 developed through a	TB CARE I hired team from UGM to assist NTP in developing the updated TB national strategic plan 2010-2016. The draft plan has been developed and is in process of finalization. This updated NSP keeps the seven pronged strategy in the original version of 2010-2014 and put more	Oct 13	Jun 14	Ongoing

		series of workshops in central level in collaboration with UGM (sub contract).	emphasize on stronger policy regulation, broader and more rapid DOTS, TB-HIV and MDR TB services expansion, and wider civil society engagement.			
6.1.2	WHO	Technical assistance to Stop TB Partnership Forum Indonesia Deliverable: Annual plan of Stop TB partnership forum developed	WHO team actively supports the Stop TB partnership Forum Indonesia in activity planning and strategy development, including preparation for regional partnerships workshop, successfully conducted in March 2014 in Jakarta. Participants from 14 countries from WPR, EMR and SEAR attended the workshops. The workshops also was attended by STP executive secretary, Dr Lucica Ditiu, and GF executive director, Mark Dybull.	Oct 13	Sep 14	Ongoing
6.1.3	FHI360, KNCV	Supporting World TB Day 2014 Deliverable TB-HIV IEC materials developed, published and distributed to public on the National TB Day (24 March 2014	<ul style="list-style-type: none"> - TB day was conducted at the end of March. TB CARE I supported NTP to launch the blogger competition to increase awareness in the community about TB by social Media. More than 500 article about Tuberculosis was published in social media (blogs, twitter, and facebook) from the end of April to June 2014. 12 winners are being chosen by the judges team from NTP, KNCV, WHO and media expert. - Brochures and merchandise from TB CARE I were distributed around the event. 	Jan 14	Mar 14	Ongoing
6.1.4	MSH	Development of policy options to involve insurance in financing of TB control services Deliverables: Policy options document on each area showing issues, challenges, solutions and progress made.	<ul style="list-style-type: none"> - Completed and submitted the operations report on TB under insurance and held discussions with national social insurance task team members and WHO. - Supported the NTP to renew the Memorandum of Understanding (MoU) between PP PL and BPJS as the provider of National Health Insurance (JKN) to ensure TB in JKN securely as the goal of TB services. The renewal process was facilitated by Pusat KPMK, University of Gadjah Mada through a series of meetings. - Developing the summary of challenges 	Oct 13	Sep 14	Ongoing

			and potential solutions for TB services under national health insurance which requested was by NTP.			
6.1.5	MSH	Cost-effectiveness and value for money analysis for investments in TB Deliverables: Report with analysis and options for policy change.	<ul style="list-style-type: none"> - Outline of TB Value for Money document has been developed. - Preparation for Cost Effective Analysis (CEA) of community-based active case finding was started and preliminary interviews have been completed. - Preparation for Cost Effective Analysis (CEA) of Tobacco Tax Study has been started. - Preparations are being made to conduct an update of the study on cost-effectiveness of MDR-TB treatment in Central Java. 	Oct 13	Sep 14	Postponed
6.1.6	MSH	Capacity building in budgeting using costing tools for long-term provincial action planning Deliverables. Pool of local consultants trained in use costing tools	<ul style="list-style-type: none"> - Posters on costing and economic burden were presented in Paris. Costing tools were presented to GFATM. - The costing and economic burden reports were submitted to USAID and the reports and tools were posted on the TB CARE I website. The UGM master trainer team was briefed by David Collins and was provided with an outline of a training guide. - UNAIDS expressed interest in the TB cost projections and were provided with a copy of the report. 	Jan 14	Mar 14	Ongoing
6.1.7	MSH	Support for implementation of Long-term exit strategy plan Deliverables. <ul style="list-style-type: none"> • Long Term financing plan and roadmap. • National Strategic Plan 2015-2019 in which financing aspects are addressed. • TB expenditure monitoring system updated. 	<ul style="list-style-type: none"> - Poster on TB policy levels was presented in Paris. Financial sustainability discussions were held with GFATM in Geneva. - The TB costing tool is being expanded to prepare the 25-year TB Financing Roadmap of Indonesia and work has started on preparing the report. - TB Financing information was provided to UGM for inclusion in the National Strategic Plan 2014-2016 on financing aspects. - TB Expenditure Monitoring report form has been updated and will be disseminated to all provinces at the 	Oct 13	Sep 14	Ongoing

			<ul style="list-style-type: none"> - Monitoring meeting in early June. - Posters were distributed of lessons learned on international TB financing and a presentation was given on TB costing. - The TB Costing Study on Economic Burden was presented at Indonesian-Health Economic Congress. - The results of the TB CARE I team shared the publication to broaden the network among Asian and Mediterranean countries at the Stop TB Partnership Forum. - The TB financing issue, "TB Economic Burden" became one of eight topics of the essay completion among Bloggers to celebrate the World TB day. The competition period is March 24-July 12, 2014. 			
6.2.1	KNCV	External TA for HRD plan implementation Deliverables: standardized module for medical schools	Not yet started. The External TA for HRD plan implementation will be conducted in Q4.	Oct 13	Sep 14	Postponed

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Yes	Yes	Yes	
7.1.2	<i>PMDT sites implementing e-TB manager for real-time patient and inventory data in TB CARE I areas</i> Numerator: Number of PMDT sites in TB CARE I areas implementing e-TB manager for real time patient and inventory data Denominator: Number of PMDT sites in TB CARE I areas	10/11 (91%)	100 %	17 out of 17 sites (100%)	
7.1.3	<i>Districts using SITT for quarterly reporting</i>	Case register:	Case registers:	Case registers:	Data are incomplete

	<i>of case registers and logistics</i> Numerator: Number of districts that are using SITT for quarterly reporting of case registers and logistics Denominator: Number of total districts in TB CARE I supported areas		88% (440/499) Logistics: 61% (304/499)	85% (192/226) Logistics: 60% (135/226)	Jan-Mar : 18% (42/226) Apr-Jun : N/A Logistics: Jan-Mar : 20% Apr-Jun : N/A	due to SITT server problem	
7.2.1	Data quality measured by NTP		Yes	Yes	Yes		
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes		
7.2.3	<i>NTP provides regular feedback from central to province level</i> Numerator: Number of quarterly feedback reports prepared and disseminated Denominator: Total number of recipient units/facilities		4 times	100% (2011) Target 2014: 100% (33/33)	100 % (33 out of 33 provinces)		
7.2.4	<i>Province provides regular feedback to district level in TB CARE I areas</i> Numerator: Number of province provides quarterly feedback reports and disseminated to reporting districts Denominator: Total number of province in TB CARE areas		10/10 (100%)	Target 2014 : 3 out of 10 prov (30%)	8 out of 10 provinces (80%)	All provinces except DIY and North Sumatra	
7.3.1	OR studies completed (Note: Mission indicator)		4	10	5 out of 10	4 remaining studies have completed data collection. 1 remaining study is still in data collection process	
7.3.2	OR study results disseminated		4	10	5 out of 10	See above	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned Month		Status
					Start	End	
7.1.1	WHO, FHI 360, KNCV	Strengthen NTP surveillance system to include mandatory notification for TB Deliverables: - Comprehensive information system that includes mandatory notification; - Annual Profile 2013	<ul style="list-style-type: none"> NTP has initiated academic write up as the background to further develop the MoH regulation on mandatory TB notification with GF support. TA for development of concept note for surveillance system of TB Mandatory notification will start Q3, after the academic paper of mandatory notification being accepted by NTP. 		Oct 13	Sep 14	Ongoing

		<p>including Country data for the Global TB report 2014;</p> <ul style="list-style-type: none"> - Updated National TB guideline and National TB reporting systems that include revised WHO TB case definitions 	<ul style="list-style-type: none"> • Further steps for National TB guideline had conducted in 21-23 April. Almost all sections, except PPM and ME, had considered completed. NTP will discussed the PPM chapter with TB CARE I PPM core team. • The data collection process for Global TB report 2014 has been completed, the reports and clarification submitted before 14th June deadline. 			
7.1.2	FHI 360, WHO, KNCV	<p>Technical assistance for SITT phase 2 implementation at national and provincial level including other new information system and technology to be adopted by NTP</p> <p>Expected deliverables: SITT phase 2 is implemented and well maintained at central and provincial level, and data retrieved from SITT are regularly validated and evaluated.</p>	<ul style="list-style-type: none"> - TB CARE I continued to provide technical assistant to NTP on SITT phase-2 implementation by facilitating the SITT training/workshop; involved in the development of updating SITT software and handling the problem during SITT implementation at national level down to facility level ; and maintained SITT database - Provided input to NTP during technical meeting to integrate SITT-2 with Malaria and AIDS RR system - it was agreed that the integration plan, lead by Pusdatin, will be started next year. The synchronization of data mechanism has been agreed. 	Oct 13	Sep 14	Ongoing
7.1.3	WHO, KNCV	<p>Technical assistance to NTP for DR-TB surveillance</p> <p>Deliverables:</p> <ul style="list-style-type: none"> o Revised protocol of DR-TB Sentinel Surveillance for Nationwide routine DR-TB surveillance; o Annual sentinel surveillance reports with reliable and valid national DR data, including data analysis 	<ul style="list-style-type: none"> - TA has been provided by a local WHO consultant to analyze the data from 2012 DR TB sentinel survey and develop preliminary results from the first sentinel survey (4 provinces). The final result and report are available now. The formal dissemination is in progress. 2013 final report is still being prepared by NTP. - NTP decided to go to routine DR TB surveillance after 2015. TB CARE I partners have been requested to support NTP to develop a master plan towards nationwide DR TB surveillance. - TAs has been provided in development of masterplan for 2015 DR TB survey. - Proposal from dr Ikushi to utilize Rif Resistant samples of NTPS for further 	Oct 13	Sep 14	Ongoing

			1st line and 2nd line DST have been accepted by NTP.			
7.1.4	WHO	<p>Technical assistance for National TB Prevalence Survey</p> <p>Deliverables:</p> <ul style="list-style-type: none"> • quality data of NTPS • quality reports on process and progress of NTPS including inputs for problem solving and decision making and ensure that NTPS protocols are followed • mid-term evaluation visits and quarterly joint supervision reports 	<ul style="list-style-type: none"> - Dr. Ikushi Onozaki and dr Charalampos Sismanidis (funded by WHO HQ for this visit) provided technical assistance to evaluate the NTPS implementatation, conducted monitoring visit and preparation for data analysis workshop (held by TME unit of WHO HQ) at Geneva, 23-27 June 2014. The results: case definition for 80 clusters were assigned, data dictionary was set up and applied for the data base, survey data base was prepared and the data flow in lab and the central level was validated. WHO country staffs also actively engage with NIHRD to prepare and analyze the data. - TAs also provided by WHO staff to conduct regular lab supervision, in this quarter BBLK Palembang had supervised by central team (dr Bintari-WHO and Mrs Oster-NIHRD) - During the workshop for data analysis on TB Prevalence Survey (Geneva 24-27 June), Data from Indonesia NTPS and other 4 countries (Zambia, Malawi, Ghana and Sudan) have been analyzed by each country team and International facilitators. Results: analysis for 99 clusters are completed and clean, the prevalence estimate for smear positive TB and bacteriological confirmed TB were obtained. - TAs from local staffs in daily basis, including for regular support for data management and field supervision have been provided by 2 dedicated staffs for NTPS. In Q3 1 field supervision was conducted in Kedung Lumbu, Surakarta (29-31 May) 	Oct 13	Sep 14	Ongoing
7.1.5	FHI 360	Ensure the data quality of TB/HIV at national, provincial, and district level, including	Continued to provide technical assistance to 8 provinces in TB CARE I from provincial health offices down to health facilities to	Jan 14	Jul 14	Ongoing

		prisons Deliverables: valid TB HIV data from district and provincial level in 10 supported provinces, including TB-HIV data from prisons.	ensure the data/reports were submitted. At National level, TB CARE I assisted DG of MoLHR on the workshop of TB reporting from prisons to Provincial Offices of MoLHR.			
7.1.6	KNCV, WHO, MSH	Support implementation and maintenance of e-TB manager at all PMDT sites Deliverables: All PMDT sites provide up to date, valid data and timely reports using the e-TB manager. Link to activity 4.1.9 ensured	TB CARE I support to e-TB manager is ongoing, through facilitation of e-TB manager trainings in new sites.	Oct 13	Sep 14	Ongoing
7.2.1	KNCV	Developing standard operating procedures for data quality improvement and utilizations Deliverables: SOP for data quality improvement and data utilization	- Logical framework was drafted and will be translated to data collection tools. SOP will be developed after data collection tool development and piloting in May-June 2014. - TB CARE conducted preparation meeting at KNCV RO to develop template for data collection of 10 TB CARE provinces in May 2014. This meeting was continued by meeting in June 2014 for data compilation and analysis. Data shows that 42 % DOTS hospitals can contribute 30 % contribution of TB cases. Contribution from hospitals to total case notification is 22 % in 2013.	Oct 13	Dec 13	Postponed
7.2.2	KNCV	Capacity building in M&E for all TB CARE I M&E and Technical staff Deliverables: Number of staffs trained, M&E plan for APA4 developed, GF TA work plans developed	- In end of October 2013, we conducted meeting with PHO and GF - province in all TB CARE I provinces supported area. The purpose was to agree to the targets, indicators and deliverables in each province, and to finalize and synchronize the provincial APA4 plan with activities funded by local government and GF. Data analysis training for technical staff will take place in Q4.	Apr 14	Jun 14	Ongoing

7.3.1	KNCV	<p>Technical Assistance to develop call for OR proposals system and document all OR supported under TB CARE I</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - SOP for call for proposals, priorities topics and selection criteria, - OR batch 9 provincial team capable to conduct OR - Documentation and or Publication of all OR conducted under TB CARE I 	<ul style="list-style-type: none"> - The SOP for Call for Proposals is finalized both in English and Bahasa Indonesia. SOP in Bahasa Indonesia will be printed in September. - Priority topics were selected focusing on MDR-TB (case management models, efforts to improve enrollment, diagnosis examination quality improvement strategies, cost reduction) and TB-HIV (improving HIV finding in pulmonary TB patients, ARV drugs in TB-HIV patients, optimizing recording and reporting of integrated TB and HIV care) and efforts to use Xpert MTB / RIF to improve the accuracy of TB diagnosis in children. - The next step after deciding priority topics is defining the selection criteria. NTP and TORG will select 4 proposed studies to be done in July. These studies will be funded by GF. - OR batch 9 has their data collection completed, data analysis to be done mid July 2014. 	Oct 13	Dec 13	Ongoing
7.3.2		<p>Support participation of NTP in international conferences</p> <p>Deliverables:</p> <p>High quality oral presentation and research delivered by NTP and TB CARE I staff.</p>	<p>TB CARE I Indonesia participated in the Union Conference in Paris through 11 poster and 1 oral presentations. Works from TB financing, PMDT, TB in correctional system, pulmonologist engagement and GeneXpert implementation were presented during the conference. In total, 9 participants were supported to represent TB CARE I Indonesia.</p>			Completed

2.8 Drug Management

Code	Outcome Indicators and Results	Actual Year 3 Result or baseline as indicated	Expected End of Year 4 Result	Result to date	Comments
8.1.1	National forecast for the next calendar year is available	Yes (mid September 2013)	Yes	Yes	
8.1.2	Updated SOPs for selection, quantification, procurement, and management of TB medicines available	Yes	Yes	Yes	
8.1.3	<i>Districts reporting complete and timely FLD stock on a quarterly basis</i> Numerator: Number of districts nationwide reporting FLD stock using TB13 to its respective province on a quarterly basis Denominator: Number of districts in country	66% (327/492)	80%	Number of District submitted report 73 from 536 districts (14 %). This data base on Quarter 1 year 2014.	Report from District was decreased from 76% to 14% due to implementation of SITT phase II. This happened because not all districts and Provinces are familiar with new function of recording system and limited server function in central level.
8.1.4	<i>PMDT sites reporting complete and timely SLD stock on a quarterly basis</i> Numerator: Number of PMDT sites reporting SLD stock using TB13b in quarterly basis to province Denominator: Number of existing PMDT sites in TB CARE I areas	9/10 (90%)	100%	100 % (20/20) has been reported TB 13 on quarterly basis to Province.	
8.1.5	<i>Drugs stock-outs (counts for each drug)</i>	0 (2010)	0 for all drugs	0 for all drugs	First Line TB drug : at the end of March 2014, NTP and Binfar has been procured Cat I 329,920 kits, Cat II 12,660 kits and child 31,120 kits. This drug also has been distributed to all district in period April-June. With this procurement we assume there is no stock out happened in district.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
8.1.1	KNCV, MSH	<p>Improving logistics management information system</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - New functionality on e-TB Manager and SITT for recording and reporting on TB logistics, including GeneXpert cartridges. Integration of TB and national systems. - Comprehensive assessment report on lab supplies system in Indonesia including quality assurance - Approved design system for lab supplies including Xpert (planning, procurement, distribution, Reporting and recording, SOPs etc). 	<p>SITT :</p> <p>Implementation period review showed that data recording from district and province for drug stock is very limited, only 14 % district report the stock. New system for recording and reporting was available in this phase 2 such as : stock availability as per District and Province, absence of district and Province who already reported, Stock out and over stock report,etc. Target 80 % district report still become a challenge due to transition time.</p> <p>e-TB Manager :</p> <p>New function for recording and reporting system cartridge GeneXpert, Lab result recapitulation for GeneXpert and DST is ready to implemented.</p>	Oct 13	Sep 14	Ongoing
8.1.2	KNCV, WHO, MSH	<p>Logistic Capacity-building</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - TB staff at Province, District, Hospitals are skilled to manage TB logistics - Development/adaptation of protocol to guide introduction of new TB drugs in country, adapted for bedaquiline and REMox. This includes development of a piloting model for new TB drugs in Indonesia and revised quantification and distribution program. - Improved skills, knowledge of Logistic 	<p>During Q3, improving skill and knowledge for Pharmacist and TB staff at health unit center ,PMDT Hospitals and Provincial health office will continue to be done as expansion of PMDT site at several provinces in Indonesia. Sulut, Lampung, Maluku and Aceh is provinces that has been trained in this period.</p> <p>NTP and Central Data and information Department conducted training for developing on line learning system, 1-5 April 2014. Result : NTP and KNCV staff has been capable to develop training logistic on line system.</p> <p>Workshop of the National implementation Plan for Bedaquiline in Indonesia was conducted 3-5 June at Parklane hotel</p>	Jan 14	Jun 14	Ongoing

		<p>Team.</p> <ul style="list-style-type: none"> - A set of logistic materials in one package (Logistic Tool kit) in electronic and printed versions. - Improved logistic capacity at National, Province and district levels - Plan of action for drug management and warehouse designed and implemented. 	<p>Jakarta. WHO and KNCV consultant became the facilitator of this workshop. The result of this workshop are: 1. Three site will implemented bedaquine therapy, Soetomo, Persahabatan and Hasan Sadikin Hospitals. 2. Implementation will started in April 2015 after SOP, Guideline and budget approved by Global Fund. 3. Technical working group has been establish. 4. Active pharmacovigilance will be implemented by BPOM and NTP. 5. Improvement eTB manager software for recording and reporting pharmacovigilance.</p>			
8.1.3	KNCV, MSH.	<p>Improve practices for SLD Logistic Management at all PMDT sites</p> <p>Deliverables:</p> <ul style="list-style-type: none"> - Assessment report on best practices for SL Drug management and Plan of Action - PMDT PSM assessment tool. - Good Storage practice established at warehouses in PMDT sites 	<ul style="list-style-type: none"> - On 30 April 2014, NTP, KNCV, BPOM and USP conducted drug sampling for QA analysis at central warehouse. This activity is apart of our plan to make sure the drug is safety for the patients and maintained the quality of drug. Although this quantity of drug is not represented the national figure but we hope this action can be a trigger to conduct sustain drug sample in the future and create a strength collaboration with all partners. The result of drug testing will be available in next quarter. - Short assessment on e-TB Manager software and pharmacovigilance system in Hasan Sadikin, Soetomo, Persahabatan sites has been conducted on 9-13 June 2014 . This assessment was lead by Edine and Job Van Rest as KNCV consultant. Result: Etb manager in general is applicable for recording and reporting bedaquiline pharmacovigilance. Improvement new function on adverse reaction of drug from should be done, strengthening internet connection in soetomo hospital, involvement of BLK Bandung should be increased. Active pharmacovigilance system should be implemented by all parties to make sure the bedaquiline side effect can be detect 	Oct 13	Sep 14	Pending

			as soon as possible as and complied with WHO recommendation.			
8.1.4	KNCV, MSH	<p>Including PSM for TB in Cross-cutting Supply Chain Forum and incorporate in Long Term National Drug Management Strategic Plan</p> <p>Deliverables :</p> <ul style="list-style-type: none"> - TB specific drug management components (QA, procurement & supply, training, materials development and One Gate Policy) included in National Supply Chain System - Regular coordination assured - National Long Term Drug Management strategy including TB supplies. - One documented and agreed district -level best practice model for subsequent roll-out nationally. 	<ul style="list-style-type: none"> - Inputs have been provided to development of draft national supply chain strategy for BINFAR. Draft National Supply Chain strategy and Long Term National Drug Management Plan has been presented to stakeholders at a workshop in early 2014. Process is running behind schedule due to major staff changes within BINFAR but could be expected to be completed by mid-year 2014. - Provide remote support on an as required basis to the in-country TB CARE I team for PSM and supply chain matters (delivered primarily via email and commissioned reports). 	Oct 13	Sep 14	Ongoing

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 10 SSF phase 1 (MOH)	B2	B1		\$ 15,5 m
Round 8 TB (MOH)	B1	B2	\$ 71 m	\$ 43.5 m
Round 8 TB (UI)	A1	A2	\$ 15 m	\$ 12.9 m
Round 2 TB (MOH)	A1	A1	\$ 12.1 m	\$ 12.1 m
Round 7 TB (Aisyiyah)	A1	A1	\$ 15.2 m	\$ 12.9 m
Round 4 TB (MOH)	A2	A2	\$ 41.2 m	\$ 41.2 m
Round 0 TB (MOH)	n/a	n/a	\$ 51.7 m	\$ 62.2 m

* Since January 2010

In-country Global Fund status

During the period July-December 2013 the programmatic achievement of the TB Grant MoH improved its rating from B2 to B1. Main indicators that remain "under-achieved" include: the number of laboratory confirmed MDRTB patients being enrolled on SLD treatment, the number and percentage of TB-HIV patients enrolled on ARV treatment, supervision conducted and districts reporting stock out of FLDs.

GF noted the good efforts of PR-MoH to address previous management findings. Main concerns remain on low absorption and high risk cash management practices. Based on achievement and findings GF has approved funding for this year with an additional amount of USD 15,5 M US\$.

Findings from the latest GF management letter include:

-All Conditions precedent have now been fulfilled and 6 out of 11 special conditions are still in process (MIS, electronic based TB surveillance system, asset verification, counterpart financing for HW performance incentives, alignment of remuneration scheme and delay in renovation of 4 C/DST laboratories. 6 New management actions were noted (related to procurement, payment process, review process for internal control, payroll and clearance processes).

- 16 out of 30 previous findings are still outstanding (on cash management, drug management and potential SLD overstock, procurement, inadequate supporting documents, cash and asset management etc).

CCM Indonesia has decided to proceed with submission of a concept paper for TB-HIV in 2015. TB CARE is now assisting the program to update the current TB-HIV action plan that will be the basis for the NFM concept paper for TB-HIV.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation

TB CARE I continued support to PR-MOH and PR Aisiyah to meet the targets of their GF performance frameworks in all technical-, and geographic areas supported by TB CARE I. It also continued its assistance to solve bottlenecks in financial and program management of PR-MOH in order to improve the low rating (B2). Support included:

- Technical assistance to the TB Technical Working Group and PRs, including assistance for development of the Program Update Report
- Contracting external consultancy (from Mazars) to implement the plan for strengthening financial management. This assistance includes capacity building for financial management, ensuring sufficient staffing and resources, personnel development, strengthening processes and internal controls. The final report has been submitted and will be discussed with PR-MoH.
- During this quarter KNCV in collaboration with partners has finalized and submitted the TA plan, consisting of 20 different TAs that are addressing unmet technical assistance needs of both PRs. At the end of this quarter the TA plan was not yet approved, and KNCV was communicating with LFA on several outstanding questions.
- During this quarter TB CARE joined several discussions with NTP, NAP, KPA, UNAIDS, TB CARE, CSOs, FBOs, MoL&HR, and other partners to draft plans for CN development. Preparations are currently being made regarding epidemiological update of the current Action Plan and targets, TB-HIV programmatic gap analysis, formulation of new activities to fill the gaps and development of TB-HIV action framework.
- Technical assistance to CSO's to facilitate their alignment with the revised SSF Phase 2 approach (strategizing involvement of community- and faith based organizations to be brought in line with and support national program priorities (PMDT and TB-HIV).

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
2010	215 (M: 128 F: 87)	140 (M: 85 F: 55)	Note: - Source: eTB manager - MDR TB cases diagnosed and treated including TB RR (GeneXpert and C/DST)
2011	466 (M: 262 F: 204)	255 (M: 135 F: 120)	
2012	818 (M: 455 F: 363)	432 (M: 238 F: 194)	
2013	1,074 (M: 650 F: 424)	819 (M: 479 F: 340)	
Jan-Mar 2014	313 (M: 194 F: 119)	232 (M: 137 F: 95)	
Apr-Jun 2014	387 (M: 224 F: 163)	317 (M: 191 F: 126)	
Total 2014	418	549	
Total to date	3273 (M: 1913 F: 1360)	2195 (M: 1265 F: 930)	

5. 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	ATS	1.2.8; 4.1.9	Baby Djojonegoro	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q1	Completed	10-22 Feb 2014	
2	ATS	1.2.8; 4.1.9	Lisa Chen	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q1	Completed	17-22 Feb 2014	
3	ATS	1.2.8; 4.1.9	Baby Djojonegoro	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Completed	5-9 May 2014	Elizabeth Fair
4	ATS	1.2.8; 4.1.9	Baby Djojonegoro	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Completed	5-9 May 2014	
5	ATS	1.2.8; 4.1.9	Lisa Chen	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Completed	12-16 May 2014	
6	ATS	1.2.8; 4.1.9	Lisa Chen	Review/update SOP for GF scale up, M&E, data analysis and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Completed	12-16 May 2014	Lisa True
7	ATS	1.2.9; 1.2.10; 4.1.9	Phil Hopewell	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q1	Postponed		
8	ATS	1.2.9; 1.2.10; 4.1.9	Fran Du Melle	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and	Q1	postponed		

				analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate				
9	ATS	1.2.9; 1.2.10; 4.1.9	Phil Hopewell	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q2	Completed	10-22 Feb 2014	
10	ATS	1.2.9; 1.2.10; 4.1.9	Fran Du Melle	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q2	Completed	10-22 Feb 2014	
11	ATS	1.2.9; 1.2.10; 4.1.9	Phil Hopewell	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Postponed		Sept 2014
12	ATS	1.2.9; 1.2.10; 4.1.9	Fran Du Melle	TA development of best practices, M&E and data analysis; TA develop/demonstration of SOPs in DKI Jakarta, M&E, data collection and analysis; and TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q3	Postponed		Sept 2014
13	ATS	4.1.9	TBD	TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q1	Completed	5-9 May 2014	Cecily Miller
14	JATA	2.1.1	Dr. Kosuke Okada	To support the review of smear microscopy network and EQA activities	Q1	Completed	23-28 Mar 2014	
15	JATA	2.1.1	Dr. Kosuke Okada	To support the review of smear microscopy network and EQA activities	Q3	Postponed		July 2014
16	JATA	2.2.1	Dr. Akihiro Ohkado	Technical assistance to strengthen sputum microscopy, culture/DST services	Q2	Completed	Q1: 6 - 12 Oct 2013	

17	JATA	2.2.1	Dr. Akihiro Ohkado	Technical assistance to strengthen sputum microscopy, culture/DST services	Q3	Completed	Q3: 17 – 28 Jun 2014	
18	JATA	2.2.6	Toko Kubota	To support JATA Team in Indonesia in terms of Finance & Administration of the project and phase out.	Q4	Pending		Sept 2014
19	KNCV	2.2.2	Richard Lumb	Supervision and technical assistance from SNRL for NRL, C/DST labs, etc.	Q2	Completed	Q2: 3 – 26 Feb 2014	Richard Lumb
20	KNCV	2.2.2	Richard Lumb	Supervision and technical assistance from SNRL for NRL, C/DST labs, etc.	Q3	Completed	Q3: 2 – 26 Jun 2014	Richard Lumb & Lisa Shephard
21	KNCV	2.2.2	Richard Lumb	Supervision and technical assistance from SNRL for NRL, C/DST labs, etc.	Q4	Pending		Sept 2014
22	KNCV	2.3.3	Sanne van Kampen	Technical assistance for GeneXpert implementation	Q2	Completed	Q2: 1 – 16 Mar 2014	
23	KNCV	2.3.3	Sanne van Kampen	Technical assistance for GeneXpert implementation	Q3	Postponed		
24	KNCV	2.3.3	Sanne van Kampen	Technical assistance for GeneXpert implementation	Q4	Pending		Sept 2014
25	KNCV	6.2.1	Karin Bergstrom	Technical assistance for HRD implementation	Q2	Postponed		Sept 2014
26	KNCV	7.3.1	Edine Tiemersma	To provide capacity building on data analysis of Operation Research and monitoring & evaluation visits to OR sites	Q2	Completed	Q1: 9-23 Nov 2013	
27	KNCV	7.3.1	Edine Tiemersma	To provide capacity building on data analysis of Operation Research and monitoring & evaluation visits to OR sites	Q2	Completed	Q2: 20 – 29 Jan 2014	
28	KNCV	S&O	Rene L'Herminez	General managerial backstopping	Q2	Completed	Q1: 9 – 14 dec 2013	Marteen van Cleef
29	KNCV	S&O	KNCV Director	General managerial backstopping	Q2	Completed	Q1: 9 – 14 dec 2013	Kitty van Weezenbeek (Frank Cobelens also visited)
30	KNCV	S&O	Fenneke Pak	Project management support and general support to office	Q3	Completed	Q3: 12 – 16 May 2014	Katja Brenninkmeijer
31	KNCV	S&O	Mar Koetse	Financial support and internal audit	Q4	Completed	Q1: 11 – 13 Dec 2013	Inge Sasburg
32	KNCV	S&O	Inge Sasburg	Financial support and internal audit	Q4	Pending		Sept 2014
33	MSH	6.1.4; 6.1.5; 6.1.6;	David Collins	TB Financing; Value for Money Analysis; Capacity building in budgeting using costing tools; and Technical assistance	Q1	Completed	Q:1 10-23 Nov 2013	

		6.1.7		for the implementation of Exit Strategy Plan				
34	MSH	6.1.4; 6.1.5; 6.1.6; 6.1.7	David Collins	TB Financing; Value for Money Analysis; Capacity building in budgeting using costing tools; Technical assistance for the implementation of Exit Strategy Plan	Q2	Completed	Q2: 9-28 Feb 2014	
35	MSH	7.1.6; 8.1.1	Luiz Reciolino	Technical assistance for e-TB Manager implementation and improving logistic management information system	Q1	Completed	Q1: 1-4 Oct 2013	
36	MSH	7.1.6; 8.1.1	Luiz Reciolino	Technical assistance for e-TB Manager implementation and improving logistic management information system	Q3	Postponed		
37	MSH	8.1.2; 8.1.3; 8.1.4	Andy Barraclough	Technical assistance for logistic capacity building and improving practices for SLD logistic management at PMDT sites	Q1	Completed	Q1: 10 – 20 Dec 2013	
38	MSH	8.1.2; 8.1.3; 8.1.4	Andy Barraclough	Technical assistance for logistic capacity building and improving practices for SLD logistic management at PMDT sites	Q2	Completed	Q2: 23 Feb-7 Mar 2014	
39	MSH	8.1.2; 8.1.3; 8.1.4	Andy Barraclough	Technical assistance for logistic capacity building and improving practices for SLD logistic management at PMDT sites	Q3	Postponed		
40	The Union	4.1.11	Jose A. Caminero	Clinical Management Training for PMDT (2 batches)	Q2	Completed	Q2: 20-24 Jan 2014	Chen Yuan
41	The Union	4.1.11	Another facilitator (TBD)	Clinical Management Training for PMDT (2 batches)	Q2	Completed	Q2: 20-24 Jan 2014	Sarabjit Chadha
42	The Union	4.1.11	Jose A. Caminero	Clinical Management Training for PMDT (2 batches)	Q4	Pending		Sept 2014
43	The Union	4.1.11	Another facilitator (TBD)	Clinical Management Training for PMDT (2 batches)	Q4	Pending		Sept 2014
44	WHO	7.1.4	Babis	Technical assistance for TB NPS	Q4	Pending		Sept 2014
45	WHO	7.1.4	Ikushi Onozaki	Technical assistance for TB NPS	Q2	Completed	Q2: 16-26 Feb 2014	
46	KNCV	1.1.1	Sara Massaut	To provide TA in developing guidelines for National scale up of PCA based on lesson learned from previous pilot studies	Q3	Completed	Q3: 7- 16 Apr 2014	
Total number of visits conducted (cumulative for fiscal year)						30		
Total number of visits planned in workplan						46		
Percent of planned international consultant visits conducted						65%		