



TB CARE I

TB CARE I - Indonesia

Year 4

Quarterly Report

October – December 2013

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Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS	7
2.1 Universal Access	7
2.2 Laboratories	15
2.3 Infection Control	20
2.4 PMDT	21
2.5 TB/HIV	26
2.6 HSS	31
2.7 M&E, OR and Surveillance	33
3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4 41	
4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY	42
5. TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	43
FINANCIAL OVERVIEW	45

1. Quarterly Overview

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

Most significant achievements:

1. Universal Access

The Clinical Practice Guideline for TB Care (PNPK) has been printed and drafts are being circulated. These guidelines are providing the legal umbrella for ISTC (International Standards of Tuberculosis Care) which is essential to ensure standardization for quality TB care of private providers and hospitals. Next step is to translate these into hospital specific Clinical Practice Guidelines and Clinical Pathways for management of TB in hospitals. This translation has been done in collaboration with the national TB referral hospital (Persahabatan Hospital) and the draft will be piloted in the hospital to serve as generic blueprint for other hospitals. Roll out of the guidelines is part of technical assistance for Hospital DOTS Linkage (HDL) during APA4.

Best practices and lessons learnt on engagement of private pulmonologists in DKI Jakarta, Banten and West Java have been collected. These lessons learnt will contribute to finalization of best practices document for pulmonologist involvement. It includes linking the data and management information system to SITT (TB Information System) to enable online upload of data from private practices and hospitals.

To ensure service quality of private providers the Indonesian Medical Association with assistance from TB CARE I has drafted guidelines for implementation of the private provider certification system. This certification guideline is also based on the Clinical Practice Guideline for TB Care (PNPK).

In 26 out of 35 districts, PPM (Public Private Mix) Team has been established and functioning. These PPM Teams have developed their annual work plan and been working to implement it under the coordination of their respective District Health Office and with the support of TB CARE I Technical Officers. However only 14 of the existing PPM Teams have officially been recognised by local governments. The effort to obtain the letter of recognition (SK/Surat Keputusan) is still ongoing.

2. Laboratories

This quarter preparations for installment of 24 additional Xpert machines (procured through Global Fund) were successfully completed: TB CARE I supported training for 6 new PMDT (Programmatic Management of Drug Resistant Tuberculosis) referral hospitals (December 2013) and one machine was installed in Arifin Achmad Hospital in Riau bringing the total of operational machines to 18 /41. Five more Xpert machines will be installed in January 2014 and another 18 machines will be installed following establishment of the new PMDT sites. In this quarter 1831 cartridges were used for screening presumptive MDR-TB and TB in PLHIV (People Living with HIV). This resulted in 1016 MTB-positive cases being diagnosed (699 rif-sensitive, 317 rif-resistant).

BBLK Surabaya has succeeded to prepare their first DST EQA panel test, one of the main functions of a National TB Reference Lab for C/DST (Culture and Drug Sensitivity Test) to assure quality of C/DST in other reference labs. The panel test was sent to BBLK Jakarta in October 2013.

Another highlight for this quarter is BLK Jayapura being officially certified for 1st line DST. This brings the total number of certified C/DST in Indonesia from 6 to 7.

TB CARE I continued to prioritize laboratory safety as part of the USAID-BD MoU by conducting training on Biosafety Working Practices for Culture/DST for 3 laboratories (NHCR Makassar , University of Hassanudin and Wahidin Hospital).

Designs for renovation for 4 Referral Laboratories (Microbiology UI, Sanglah Hospital, BLK Bandung, BLK Samarinda) including specifications and budgets were finalized and presented to NTP for tendering.

3. TB IC

TB CARE I produced renovation designs for 8 new PMDT sites ensuring adequate Environmental Infection Control. These sites are Undata Hospital (Central Sulawesi), Haluasy Hospital (Maluku Islands), Arifin Achmad Hospital (Riau), Abdul Muluk Hospital (Lampung), Depati Hamzah Hospital (Bangka Belitung Island), Embung Fatimah Hospital (Riau Islands), Bukit Tinggi Hospital (West Sumatra) and Dok 2 (Papua). These designs have been submitted to NTP for tender process.

4. PMDT

TB CARE I successfully assisted PMDT expansion from 10 to 13 sites. The 3 new sites are outside TB CARE I supported areas and now fully operational. The number of PMDT satellites increased by 38 (from 375 to 413). During the quarter, all sites succeeded in screening 1241 presumptive MDR-TB cases, of which 272 were found positive and 239 were put on treatment.

To address the increasing patient default rate TB CARE I has prepared a proposal for DR TB Cohort Review to be piloted at Persahabatan Hospital in February. The proposal includes a format for the cohort review process, adapted cohort tools for Indonesia, evaluation of available data bases to assess what information is available for the cohort review, and a country -specific SOP for pilot review.

Another product during quarter 1 is a concept paper for MDR-TB Peer Educator Support. This document outlines objectives, strategies and steps to be taken to improve psychosocial support for MDR TB patients. It will be used in efforts to align CSO's under CEPAT and GF Phase 2 aiming to expand patient networks through these CBO organizations.

5. TB HIV

From pilot to policy and scale up: The successful IPT (INH Preventive Therapy) piloted in 4 hospitals resulted in inclusion of IPT in the national policy. The National TB-HIV Forum now supports IPT scale up in 8 provinces (North Sumatera, DKI Jakarta, West Java, Central Java, East Java, South Sulawesi, Papua & Bali) with TB CARE I's technical assistance.

TB CARE I technically supported the launch of the Strategic Use of ART (SUFA) at national and district level. TB CARE I staff facilitated workshops in Medan city, West Jakarta city, Malang city, Surabaya city, Jayapura district and Sorong district.

6. HSS

The current TB national strategy plan 2010-2014, bridging the period of 2014-2016, was updated, and is now in process of finalization. This updated plan maintains objectives and seven strategies of the original version of 2010-2014 but in line with the Post 15 Strategy, puts more emphasize on stronger policy regulation, broader and more rapid DOTS, TB-HIV and MDR TB services expansion, and wider civil society engagement.

TB CARE I completed the operation research on the role of National Health insurance in financing TB services, the Cost of Scaling Up TB Services in Indonesia, the Economic Burden of Tuberculosis in Indonesia, and the study on impact of TB on patients household expenditures.

The results of these studies are being disseminated to high level officers in all provinces and used for development of the Update TB national strategic plan 2010-2016. These studies will also be used to develop effective advocacy messages to influence national and local government to provide sufficient funding.

There were 12 studies from TB CARE I Indonesia presented at the 44th Union Conference in Paris October 2013. One study on empowerment of inmates for active case finding in the prisons was shared as an oral presentation. Other studies highlighted the economic burden of TB, cost of scaling up the TB control program, policy options and levers for financing TB services, PMDT program review, improving PMDT ownership at subnational level to support rapid expansion, MDR-TB management in prisons, implementation of e-TB manager, and quality of care through patients' perspective.

7. M&E, Surveillance and OR

2 New PMDT sites (Riau and Bangka Belitung) are now capable to manage logistics of second line drug including utilization of e-TB manager with facilitation from TB CARE I. e-TB manager brings significant improvements to Second Line Drug (SLD) logistics and enables monthly review and forecasting.

TB CARE I assisted NTP in roll out of SITT phase 2, through on the job training and piloting at health facility level and training of 66 districts in 7 provinces (Central Sulawesi, South Sulawesi, West Papua, Central Java, DKI, Riau Island, West Java). NTP will officially start the implementation of SITT phase 2 in January 2014.

TB CARE I continued its technical assistance for monitoring of NTPS implementation, conduct field supervision to DKI Jakarta, West Java and West Kalimantan. TAs was also provided for data cleaning and data analysis of preliminary results (data from 67 clusters have been analysed). Preliminary results ("halfway") of the NPS suggest that:

- Smear-positive TB prevalence levels are higher than previously estimates (best estimate prevalence SS+ 319 / 100.000).
- Rural prevalence levels are higher than urban: limited access to health services?
- 15% of symptomatic smear-positive prevalent cases are accessing health services and currently on treatment
- Gaps between prevalence and notifications are greater in men and the oldest age group
- Around one third of detected TB cases do not have any symptoms

TB CARE I assisted NTP in preparation of the audit from the OIG (Office of Inspector General of GFATM). The audit team focused on assessing "quality of services" as a measure for "value for money". Measurement of service quality and quality improvement are increasingly important. Following the OIG recommendation to improve supervision TB CARE assisted in inclusion of RSQA (Rapid Service Quality Assessment) elements into the NTP supervision checklist.

8. Drug and Logistic Management

TB CARE I assisted NTP to develop, revise and finalize the policy and SOP on logistics. The revised policy and standard operating procedure (SOP) on TB Drug logistic system have been implemented during this quarter. Most significant change in the policy is that logistic teams at provincial level will have a major role in monitoring and maintaining TB drug availability at provincial and hospital level. It will reduce burden at central level during the rapid expansion of PMDT. There is no stock-out reported for second line TB Drug at all levels (at hospitals and central) during this quarter.

9. Others

During this quarter, 8 new TB CARE I technical staffs were recruited for PPM, PMDT, and ACSM. These positions are important to expand TB CARE I work plan implementation in provinces.

Three directors from KNCV/TB CARE I Head Quarters: Kitty van Weezenbeek (Executive Director), Frank Cobelens (Research Director), Maarten van Cleeff (TB CARE I Project Director) visited the project to get acquainted with the entire TB CARE project, its scope, its partners and staffs, and to follow up implementation of the TB CARE I Indonesia Project focusing on technical and managerial aspects and operation of the partnership.

Technical and administrative challenges:

Main challenges during this quarter were:

- Toward the end of fiscal year of the government, all government partners were in rush to implement activities to absorb their government's budget. As a result some activities of APA 4 had to be postponed to the second quarter.
- The target of TB-HIV in Global Fund is not well socialized at district level, and this has impact on the implementation. During Strategic Use of ART (SUFA) workshops these target have been emphasized.
- Due to the fact that the person in charge of the Center of Health Financing and Protection at the MOH has recently left, we have had difficulties in collecting data and in communicating with the Center. Additionally, we have had challenges in communicating with the NTP due to the workload of Head of the PMU for GF. Unfortunately, the person who is now in charge at the Center of the Health Financing

and Protection is not well informed in regards to the data and what is needed for the District Health Accounts (DHA).

- Limitations in human resources at health facilities delayed the timeliness of reporting in SITT. Most of these staffs have low computer skills. This created high demands of assistance for the implementation of SITT phase 2 to the central level. Unfortunately resources in NTP and TB CARE I to assist these provinces, districts, and health facilities are also limited .
- Implementation of SITT phase 1 affected submission of drug stock reports (TB13) from districts (submission rate fell from 78% in 2012 to 59% in 2013 (only up to Q3). This was caused by transition from manual to web-based reporting system. It was found that not all of district pharmacists were adequately prepared. Problems of internet infrastructure in some provinces was also a contributing factor. These lessons learnt will be taken into account during further implementation of SITT phase II. The team has also worked to improve the logistics feature in SITT Phase II.
- Unfilled vacancy positions for PMDT Technical Officers in 3 provinces (West Sumatera, DKI Jakarta and Papua) for the first two months of APA4 delayed expansion of PMDT in these provinces, since on-site training and technical support for PMDT was unavailable during this quarter.
- For APA4 TB CARE I has embarked on a bottom up planning process, therefore during the kick-off of the APA4, intensive efforts needed to be made by RO to further guide the planning and budgeting of work plans, both by staffs in central and provincial level. While routine activities could continue, implementation of several new activities was delayed.

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	366	
1.2.2	TB cases diagnosed by private providers (Note: Mission indicator)	3819 from recruited pulmonologists (2012)	6000 in 10 TB CARE I provinces	Will be reported in QR2	Following NTP reporting period
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 new Childhood TB Road Map has been introduced, NTP agreed to develop country level road map/action plan
1.2.6	Number of TB cases (all forms) diagnosed in children 0-14	27368	36,498 (10% of estimated 364,985 registered TB cases in 2014)	Will be reported in QR2	Following NTP reporting period
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

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.

					TB screening for new 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	5,482 screened 574 sputum exam 94 treated	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2
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%	23/27 (79%)	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2
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 %	Will be reported next quarter	There are 3 TB patients released, but report is not yet received. The information came from 15 out of 35 prisons submitting their report on time.
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	706/718 (98%)	90%	568/568 (100%)	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2

	reporting period.				
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%	84/91 (92%)	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2
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%	49/71 (69%)	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2
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%	23/26 (88%)	Only 15 out of 35 prisons submitted their report on time. The data of the remaining prisons will be reported in QR2
1.2.19	<i>Provinces implementing childhood TB approach</i> Description: Number of provinces implementing childhood TB approach	6 provinces in TB CARE I areas	10 provinces in TB CARE I areas	6 provinces in TB CARE I areas	North Sumatra, Central Java, West Java, DIY, DKI, East Jakarta
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	6,900 (2009) from 5 TB CARE I provinces only	13,600	Will be reported in QR2	Following NTP reporting period
1.2.21	<i>Number of TB cases (all forms) notified by government hospitals in TB CARE I areas</i> Description: Number of TB cases (all forms) notified by government hospitals in TB CARE I areas	25,645 (2009) from 5 TB CARE I supported provinces only	34,500	Will be reported in QR2	Following NTP reporting period

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%)	250/1379 (18%)	303/1379 (22%)	In APA4, we focus in improving the quality of hospital DOTS implementation, particularly for hospitals with moderate to good quality.
1.2.23	<i>Percentage of districts implementing PPM in TB CARE I area</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)	26/226 (12%)	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status²
				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.	- 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' Costs. Next step will be meeting with NTP for disseminating the results and developing guideline for wider use of PCA tools.	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 by TB CARE I	<ul style="list-style-type: none"> The PPM Operational Guideline has been developed and disseminated to all TB CARE I provincial PPM Technical Officers. This new document is the primary reference for PPM implementation in 35 districts targeted by TB CARE I provinces. However, it remains open for inputs for improvement. In 26 out of 35 districts, PPM Team has been established and functioning. These PPM Teams have developed their annual 	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.)

			<p>work plan and been working to implement it under the coordination of their respective District Health Office and with the support of TB CARE I Technical Officers. However only 14 of the existing PPM Team have received SK (Official Letters of Delegation) from their respective authorized local government. The effort to obtain SK is still ongoing.</p> <ul style="list-style-type: none"> • In Q2, with technical assistance from TB CARE I, more PPM Teams will be established in 14 Districts in North Sumatera, West Sumatera, DKI Jakarta, West Sumatera, Central Java, DIY, East Java South Sulawesi and Papua/West Papua. Initiation meetings have been conducted with respective District Health Offices and other local stakeholders in order to gain support and commitment. TB CARE I aims to have established PPM Teams in 35 selected Districts by the end of Q2 and support their engagement in public-private partnership and linkage until the end of APA 4. 			
1.2.2	KNCV	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)	<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 form of Clinical Practice Guidelines (PPK) and Clinical Pathway that have become crucial requirements for hospital accreditation. During Q1, piloting was conducted in DKI Jakarta. Together with District Health Office, our Technical Officers have identified and selected 160 hospitals across 35 Districts in 10 provinces to receive technical support to develop/update/revise PPK and CP. At the outset of Q2, TB CARE I plans to conduct a workshop in DKI Jakarta involving representatives from 15 hospitals to disseminate PNPK and engage the hospitals to develop their own SOP. The 	Oct 13	Sep 14	Ongoing

			<p>process and output of such workshop will be reviewed and documented to become the lesson-learnt for other provinces that are going to conduct such workshop in the near future.</p> <ul style="list-style-type: none"> • 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 the health centers' internal DOTS linkage. Total number of technical assistance (both for PPM and HDL) during Q1 is 159. The institutions receiving technical assistance from TB CARE I during Q1 are 98 hospitals, 7 specialized chest clinic (BKPM), 4 prisons, 2 workplaces, and 4 private practitioners spreading across 61 Districts (Kabupaten/Kota) in 10 provinces. 			
1.2.3	KNCV	TB CARE I PPM, PMDT, TB HIV, and Laboratory technical coordination, monitoring and evaluation at provincial level	<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 administration and finance, and agree on an improved system of data collection and reporting from provinces to central office. 	Oct 13	Sep 14	Ongoing
1.2.4	KNCV, WHO	Development of protocol for systematic screening and intensified case finding in high risk groups	<ul style="list-style-type: none"> • First draft of systematic screening among TB contact manual in Bahasa has been developed. TA was also provided on development/ review of concept and algorithm for intensified case finding in high risk groups such as children, prisoners, 	Oct 13	Sep 14	Ongoing

			PLHIV, and diabetic patients.			
1.2.5	FHI360, KNCV	Technical Assistance to scale up TB in prisons to 10 additional TB CARE I supported prisons/DCs	Intensive coordination between TB CARE I (KNCV and FHI), Subdit TB and AIDS/MoH, Ditjenpas (Directorate General for Correctional Services) and Provincial Health Offices was conducted this first quarter in order to prepare and plan the implementation of activities in 10 additional supported prisons/DCs. The first advocacy meeting for TB-HIV collaboration in prisons will be in West Sumatera on 7-8 January 2014, followed by DIY on 6-7 February 2014 and South Sulawesi on 13-14 February 2014. Assessment to prisons to become PMDT satellites will also be done at the same time.	Oct 13	Sep 14	Ongoing
1.2.6	FHI360	Technical Assistance to maintain quality DOTS to 25 prisons/DCs	<ul style="list-style-type: none"> • TA given to 5 MoLHR Provincial Offices for coordination of APA 4 activities planned on advocacy and supervision of TB in prisons. TA also given to 9 prisons and 3 DCs in these 5 provinces to support the implementation of TB-HIV collaborative activities. • TB CARE I also supported TB-HIV Support Group Discussion for Inmates in 4 prisons. Total 140 inmates (all males) participated in the discussion. • TB CARE I also gave some technical assistance and operational support to mobile chest X-ray activities in West Java & DKI Jakarta provinces for inmates (funded by GF in West Java & PAC in DKI Jakarta). Total of 677 inmates; were examined by this mobile chest X-ray program. The activity was follow up program support after inmates annual mass screening activities. Results will be released in the next quarter. 	Oct 13	Sep 14	Ongoing

			 <p><i>Photo: The X-ray activity was published in the official website of provincial law and human rights office</i></p>  <p><i>Photo: The mobile X-ray in West Java</i></p>			
1.2.7	WHO, KNCV	Assistance for Policy development of Mandatory TB Notification and implementation of National Pediatric TB Guidelines	<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 supports from TB CARE I partner. The result of the review will be a basis for policy development. TB CARE I will continue facilitating the policy development and awaiting the result from consultant work The updated National Pediatric TB guidelines is ready for printing and disseminated. 	Oct 13	Sep 14	Ongoing
1.2.8	ATS, KNCV	Expand engagement of private practitioners based on adjusted PDPI model by including lessons learned.	Project expansion will be funded by GF for operational expenses and by TB CARE I for technical assistance and evaluation. PDPI budget proposal has been approved by	Oct 13	Sep 14	Postponed

			GF, and PDPI as SR is now completing administrative requirement. Local PDPI branches in each targeted province have been informed and are preparing to hire staffs as soon as funding is available. TB CARE I will provide training for local staffs once they are hired, expectedly in Q2 of APA4.			
1.2.9	ATS, KNCV	Document best practices and lessons learned on engagement of pulmonologists in private hospitals	Throughout APA3, during M&E meetings we have compiled input and documented lessons learned from all participants and stakeholders. The document will be updated and revised throughout APA4.	Oct 13	Sep 14	Ongoing
1.2.10	ATS, KNCV	Establish national provider certification system for TB	Indonesian Medical Association has completed the guideline for implementing the preliminary phase of the certification system. Plan for this phase is expected to be finalized in Q2 of APA4.	Oct 13	Sep 14	Ongoing

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	Smear microscopy: 44% C/DST: 100%	65%	Data not yet available	Data will be available at end of APA-4
2.1.3	Laboratories demonstrating acceptable EQA performance	Smear microscopy: 38% C/DST: 100%	75%	Data not yet available	Data will be available at end of APA-4

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	n/a	First visit will be in Q2	
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: 18 C/DST: 7 Hain: 2	1 out of 24 GeneXpert machines was installed in this quarter (another 5 machines will be in Q2 2014)	
2.3.2	Rapid tests conducted (Note: Mission indicator)	3678 successful tests	12000 (in TB CARE I areas)	1709 successful tests	For Q1 only	
2.3.3	Patients diagnosed with GeneXpert	Rif-sensitive 1398/3678 (38%) Rif-resistant 743/3678 (20%)	1600	Rif-sensitive 699/1709 (41%) Rif-resistant 317/1709 (18%)	All Xpert tests were conducted for presumptive MDR-TB cases.	
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	Supported an evaluation meeting for 21 provinces to review smear microscopy network, EQA activities and results. This activity resulted in recommendation document for the improvement of TB microscopy labs. Next step is to intensify supervision to ensure recommendations are implemented and to develop roadmap to improve structure, and function of network, especially emphasis on EQA activities.	Oct 13	Sep 14	Ongoing

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.)

			 <p>Photo: National Guidelines for EQA Microscopy</p>			
2.1.2	KNCV	Strengthening referral system for specimens/isolates to higher level laboratories	Video on TB specimen packaging and delivery has been produced and disseminated to all PMDT sites during GeneXpert workshop on 12 Dec 2013 and PMDT meeting on 17-18 Dec 2013. The video will be widely distributed to all relevant parties such as Provincial Health Office, Provincial Health Laboratories, District Health Office, District Health laboratory, Hospitals, partners and etc.	Oct 13	Sep 14	Ongoing
2.1.3	KNCV	Support maintenance, repairing and recertification of BSC's and BSL 2+ laboratories	Tender for maintenance, repairing, recalibration of BSCs is in progress and will be executed in Q2.	Oct 13	Sep 14	Ongoing
2.1.4	KNCV	Improve Biosafety practices for culture/DST Lab technicians	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. The second batch will be conducted in Q2 at Rotinsulu hospital.	Oct 13	Sep 14	Ongoing
2.1.5	FHI360	Technical Assistance to strengthen TB/HIV laboratory activities in the prisons	This activities will be conducted next quarter in 10 new supported prisons/DCs after advocacy visit and workshop done.	Oct 13	Sep 14	Pending
2.2.1	KNCV, JATA, WHO	TA (local) to strengthen sputum microscopy, culture/DST services	- TA for LQAS workshop in Gorontalo and North Maluku. Total participants attending the workshop was 58 trainees	Oct 13	Sep 14	Ongoing

			<p>(M=33 F=25) These provinces will start LQAS implementation in January 2014.</p> <ul style="list-style-type: none"> - TA to evaluate the laboratory aspect of NTPS at BBLK Surabaya has been provided by WHO consultant in December. The main problems faced by BLK Surabaya are a high contamination rate and back log in lab data entry. - TA also included supervision to review microscopic networking and EQA in Riau Islands resulting in recommendation to improve coordination between Provincial Health Office, District health office, Reference lab, and PHC/hospitals and also included assessment to Biofarma Lab in Bandung to review C/DST resulting in recommendation to stop conducting culture/DST until safety standard is met (in accordance with the national guideline) 			
2.2.2	KNCV	International TA by Richard Lumb/Lisa Shepherd from Supranational Reference Lab, IMVS/SA Pathology, Adelaide	<ul style="list-style-type: none"> - One additional lab certified for 1st line DST. BLK Jayapura was certified in December 2014. This added up the number of labs certified for first line DST to 7. While those certified for 2nd line DST remains 5 labs. - National TB lab strategic plan 2014-2018 was drafted during Richard Lumb's visit in October 2013. Representatives from NTP, BPPM, 3 NRLs, JSI and TBCARE I participated in the strategic planning activity. 	Oct 13	Sep 14	Ongoing
2.2.3	KNCV	Capacity building for BBLK Surabaya staff to conduct laboratory assessment, supervision including EQA panel testing for referral laboratories performing DST	This activity will be done during Richard Lumb visit 3-26 February 2014	Oct 13	Sep 14	Postponed
2.2.4	KNCV	Provide TA and EQA panel test for DST	TB CARE I provided technical assistance to BBLK Surabaya as National TB Reference Lab for culture/DST to prepare DST EQA panel test for BBLK Jakarta. This panel has been sent to BBLK Jakarta on 24 October 2013. Next steps: BBLK Jakarta to perform	Oct 13	Sep 14	Ongoing

			DST on the EQA panel test strains and report the result to BBLK Surabaya and Supranational Reference Lab.			
2.2.5	KNCV/GF	TA to support renovation and accelerated capacity building of new TB C/DST laboratories	<ul style="list-style-type: none"> - TB CARE I submitted TB lab design to MoH and Global Fund in October and November 2013 for following labs: <ol style="list-style-type: none"> 1) Microbiology UI Jakarta 2) Sanglah hospital, Bali 3) BLK Bandung 4) BLK Samarinda Tender by MoH for renovation work is in progress - TB lab renovation at BBLK Surabaya is well advanced and will be finished early January 2014. Handover will be done on 10 February 2013. The next step is preparing TB Lab design for M. Jamil Hospital, Padang. 	Oct 13	Sep 14	Ongoing
2.2.6	JATA	Technical assistance to conduct quality assurance on ZN reagents	Preparation for training on quality assurance on ZN reagent. One training on quality assurance on ZN reagents for 10 TB CARE provinces will be conducted in Q2.	Oct 13	Sep 14	Postponed
2.3.1	KNCV	Updating GeneXpert algorithm to include pediatric TB	This activity will be done in Q2 during Sanne van Kampen's visit on 17 Feb - 7 March 2014.	Oct 13	Sep 14	Postponed
2.3.2	KNCV	GeneXpert recalibration, maintenance and other operational cost for 17 machines	<ul style="list-style-type: none"> - During Q1, GeneXpert calibration was done at Soetomo and Moewardi Hospital for 8 modules. One module from Moewardi Hospital failed to be calibrated. This resulted in all Xpert machines in 5 initial sites calibrated. - Module replacement was successfully done for 2 modules in Microbiology UI and Moewardi Hospital. 	Oct 13	Sep 14	Ongoing
2.3.3	KNCV	International TA by Sanne van Kampen for implementation and evaluation of GeneXpert	The first visit by Sanne van Kampen in APA-4 will be conducted on 17 Feb – 7 March 2014	Oct 13	Sep 14	Postponed
2.3.4	KNCV	Local TA for roll out of GeneXpert	<ul style="list-style-type: none"> - GeneXpert site assessment visit to support implementation of 24 GeneXpert machine procured under GF were done to Arifin Achmad and Achmad Mochtar Hospital. This 	Oct 13	Sep 14	Ongoing

			<p>resulted in agreement of Xpert placement and commitment to ensure smooth GeneXpert implementation.</p> <ul style="list-style-type: none"> - One new Xpert is now ready to operate after on-site training, and installation in Arifin Achmad Hospital. 			
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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	0		Adaptation of FAST strategy expected to be finalized in Q2
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) among HCWs is available as part of the national R&R system		(Not measured/No investment)	Yes In 10 PMDT sites in 10 provinces	Not yet available		Template SOP still under development, piloting is expected to be started in Q2.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	KNCV, FHI 360 and WHO	Technical assistance for quality TB-IC implementation in new PMDT sites, prisons and TB HIV sites.	During the finalization process of the guidelines, several implementation activities were conducted: - Technical assistance for quality TB-IC at 7 new PMDT sites (Bukittinggi, Batam, Pekanbaru, Bandarlampung, Tanjung pinang, Palu and Jayapura) was provided for development of plan and renovation.	Oct 13	Sep 14	Ongoing	

			<ul style="list-style-type: none"> - One navy hospital (dr. Ramelan hospital) in East Java province has conducted assessment for TB IC implementation. - In the meanwhile, 20 TB-HIV clinic and prisons/DCs were chosen for FAST strategy implementation. Socialization for FAST strategy will be given during TB-HIV TA to these sites next quarter. 			
3.2.2	KNCV,	Incorporate FAST strategy into national guidance for TB IC	The effort to adapt and adopt FAST Strategy into the national guideline will involve Perdalin, BUK and NTP at central level. This will be initiated in Q2. Later the introduction of FAST Strategy into all PMDT hospitals within TB CARE I provinces and its incorporation into the hospitals' SOP will be conducted upon the revision of the guideline. This is scheduled for Q3.	Oct 13	Mar 14	Postponed
3.2.3	KNCV	Technical assistance for development of structural design standards for TB facilities.	Activities will start in Q2	Oct 13	Mar 14	Postponed
3.3.1	KNCV	Developing policy and SOP for screening of Health Workers including piloting in 10 large facilities.	Activities will start in Q2	Jan 14	Jun 14	Postponed

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)	Based on MDR report below: 818 (M: 455, F: 363)	1615 Female: 737 Male: 878	Total: 272 Female: 108 Male: 164	No improvement in case finding in Q1, the average of diagnosed cases from previous 3 quarters is 258. The numbers of suspects at supported provinces need to be increase with suspect network strengthening activity, including

					contribution from PPM.
C8	Number of MDR cases put on treatment (Note: Mission indicator)	Based on MDR report below: 432 (M: 238, F: 194)	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: 239 Female: 92 Male: 147 Per province result: N. Sumatera: 27 W. Sumatera: 2 DKI: 60 W. Java: 35 C. Java: 35 E. Java: 46 DIY: 4 S. Sulawesi: 30 Papua: 0 W. Papua: 0	1. Provinces with excellent quarterly performance (Exceeding the target): DKI and S. Sulawesi 2. Provinces with good performance (75-100%): N. Sumatera 3. Provinces with medium performance (50-75%): E. Java, C. Java and DIY 4. Provinces with poor performance (0-50%): W. Java, W. Sumatera, Papua and W. Papua
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)	0.4%(5/1241)	# suspects Q1: 1241 # confirmed Q1: 272 # enrolled Q1: 239 # MDR TB suspects died before treatment: 5
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	49% (126/255)	85% (372/438) (2012)	48% (208/432)	20% (87/432) of treated MDR TB cases still on treatment but not examined for culture at month 6, 17% (74/432) defaulted before month 6 and 9% (40/432) died before month 6. Still culture positive at month 6 is 5% (23/432)
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture (Note: Mission indicator)	72% (111/140)	75% (190/255) (2011)	58.5% (149/255)	Almost double increase on loss of follow up cases, 25% (63/255) compared

					with previous cohort. Fail: 1.5% (4/255) Died: 15% (39/255)	
4.1.4	A functioning National PMDT coordinating body	2	2	2	National PMDT WG	
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	Activity to assist Province to develop PMDT long term plan will be started in Q2	
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	24	Cumulative by end of Q1: 31 PMDT treatment centers and 4 sub treatment centers were assessed	13 treatment centers and 3 sub treatment centers on operational status.	
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	24	Cumulative by end of Q1: 29 PMDT treatment centers and 4 sub treatment centers were trained	13 treatment centers and 3 sub treatment centers on operational status.	
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. Source: e-TB manager	12/511 (2%)	20%	Q1 Oct-Dec 2013: 38% (59/155) # GeneXpert confirmed: 246 # confirmed put on treatment: 155 # put on treatment < 7 days: 59 # put on treatment between 7-14 days: 46	The percentage increased, showing improvement of treatment capacity in sites with GeneXpert machines	
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.	TA to improve quality of PMDT services and develop PMDT long term plan has been provided in East Java, including its dissemination to 38 districts. Technical support also provided to NTP on development of PMDT referral SOPs to enhance case findings and treatment at provincial and district level.	Oct 13	June 14	Ongoing

4.1.2	WHO, KNCV	Technical assistance for establishment of new PMDT sites	Will be provided in Q2	Oct 13	Dec 13	Postponed
4.1.3	WHO, KNCV	Technical assistance for - establishment of PMDT Center of Excellence - support on capacity building for PMDT at central, provincial, district and facilities level	<ul style="list-style-type: none"> - In line with PMDT capacity building, revision of PMDT training modules was conducted with TB CARE I technical assistance. The modules were updated with current policy and approach of NTP. The modules have been used for National PMDT ToT. - TB CARE I facilitated 3 batches of National PMDT ToT (2nd week of November-1st week of December), 20 Provincial training teams with 3-4 participants from each province have been trained and are ready to serve as local facilitator. - TB CARE I PMDT Technical Officers have supported the preparation of health centers (mostly Puskesmas) to become PMDT satellites. 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. During Q1, 54 on-site trainings have been conducted in 42 Districts reaching around 100 male and 250 female health centers' staff. Total number of patients receiving decentralized treatment from PMDT satellites in Q1 is 68 men and 43 women. And total cumulative number of patients who received decentralized care are 100 men and 67 women. Out of those cumulative numbers, 96 male patients and 54 female patients are still on treatment. <p>The main challenge in Q1 was the vacant positions of PMDT Technical Officers in 3 provinces (West Sumatera, DKI Jakarta and Papua) for the first two months of APA4. Consequently, on-site training and technical support for supervision and monitoring of PMDT sites were unavailable for two months in those three provinces.</p>	Jan 14	Sep 14	Ongoing

4.1.4	WHO, KNCV	Technical assistance to Civil Society Organizations involved in PMDT (SSF Phase 2)	<ul style="list-style-type: none"> - TB CARE I has developed concept paper for peer educator as part of psychosocial support for MDR TB patient. 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 TA plan to support Aisyiah activity under SSF phase 2. Further TA is requested by Aisyiah for finalization of their workplan. 	Oct 13	Sep 14	Ongoing
4.1.5	KNCV, WHO	Capacity building for newly recruited Provincial PMDT coordinators	The activity will be postponed to Q2-Q3 due to late recruitment of Provincial PMDT Coordinators in GF. TB CARE I roles include training facilitation, sharing lessons learned and post training mentoring.	Oct 13	Sep 14	Postponed
4.1.6	KNCV, FHI360	Strengthen MDR-TB case finding by establishing and improving referral systems between PMDT centers and all health facilities / prisons	Until the end of December 2013, Pengayoman Hospital (PMDT prison's hospital satellite) already treated 12 MDR TB patients. Prisons/DCs were encouraged to screen DR-TB suspects.	Oct 13	Sep 14	Ongoing
4.1.7	FHI360	Reduce initial and treatment default of MDR TB patients through improved MDR-TB counseling -	Will be started next quarter to provide TA and support MoH to revised MDR TB Counseling modules for health facilities	Jan 14	Sep 14	Pending
4.1.8	KNCV	Technical support to strengthen PMDT supervision and monitoring system at district and provincial level	Together with TB Clinical Experts of PMDT sites and Wasor TB (TB Program Staff at District and Provincial Level), TB CARE I PMDT TO have provided technical assistance to PMDT satellites and referral and sub-referral hospitals in order to improve their services to all patients. Total number of technical assistance visit during Q1 is 30 in 3 provinces (Central Java, West Java and East Java).	Oct 13	Sep 14	Ongoing
4.1.9	KNCV, ATS,	Establishment of quarterly clinical -, and cohort review at treatment , sub-treatment centers at provincial level	TB CARE I and core members of RS Persahabatan PMDT Team completed intensive preparation prior to piloting the cohort review process in February: developed draft proposal for DR TB Cohort Review for NTP, planned format of cohort process based on DR TB structure of care in Indonesia, adapted cohort	Oct 13	Sep 14	Ongoing

			tools for Indonesia plan, evaluated current data base to assess what information is available for the cohort review, and drafted Indonesia-specific SOP for pilot review.			
4.1.10	KNCV	Treatment support for MDR TB patient	Total number of patients (since 2012) who remain receiving treatment support from TB CARE I are 58 across 4 provinces (East Java, North Sumatera, South Sulawesi and DKI Jakarta).	Oct 13	Sep 14	Ongoing
4.1.11	The Union	Clinical Management training for PMDT: 2 batches	Activity will be conducted in Q2	July 14	Aug 14	Pending
4.1.12	KNCV	Development national guideline for improved psycho-social support to MDR TB patients	Peer educator training module was drafted in collaboration with NTP and BPSDM. This training module will be finalized and 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.	<ul style="list-style-type: none"> In December 2013, TB CARE I facilitated peer educators training in West Java which was funded through GF. Total number of former TB patients who have been trained to become peer educators are 43. Based on requests from District Health Office, TB CARE I Social Workers have been assisting to trace patients defaulted from MDR-TB therapy. 	Feb 2014	Sept 2014	Ongoing

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	NA	IPT implementation is scheduled to start in the next quarter
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	0 (SOP for TB-HIV linkages available at 5 sites, improvement needed to fulfil the indicator definition)	6	4	

	(sputum test or GeneXpert test), and 80% are put on TB treatment during the reporting period.					
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings (Note: Mission indicator)		7104/7668 (93%)	85%	819/819 (100%)	The report from 3 districts, the rest will be reported in QR2
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%	854/25,187 (3%)	From 55 districts/city of SUFA, the data are incomplete, the rest will be reported in QR2
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	37	Same as above
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART) Note: Mission Indicator		410/856 (48%)	50%	29/220 (13%)	Same as above
5.3.2	HIV-positive TB patients started or continued on CPT (Note: Mission indicator)		720/856 (84%)	85%	58/220 (26%)	Same as above
5.3.3	<i>HIV patients with active TB who receive TB treatment</i> Numerator: Number of all HIV patients diagnosed with TB who started TB treatment Denominator: all HIV patients diagnosed with TB, registered over the same given time period		NA (2010) Target 2013: 90%	90%	100/106 (94%)	Same as above
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	66	Same as above
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	In order to achieve the expected deliverables, several technical assistance activities were conducted: <ul style="list-style-type: none"> Finalization of IPT guidelines Support IPT expansion by dissemination 	Oct 13	Sep 14	Ongoing

			<p>of the new IPT guidelines to 37 participants from 8 provinces</p> <ul style="list-style-type: none">• Facilitation to Joint NTP/NAP Training for TB HIV Reporting and Recording where 24 TB and HIV officers from 12 provinces participated.• Technical assistance to 2 provinces during TB-HIV TWG meetings, SUFA workshop in national level, and 6 districts in TB CARE I areas.  <p><i>Photo: SUFA workshop in North Sumatra</i></p> <ul style="list-style-type: none">• Clinical mentoring (on the job training) also given to 5 District Health Offices to improved TB-HIV collaboration and to the sites in those districts to improve coordination and collaboration between the TB unit and HIV unit.			
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			 <p><i>Photo: Discussion on developing referral system of TB-HIV among Puskesmas and ART hospital in Madiun</i></p>			
5.1.2	FHI 360, KNCV	Support scaling up of quality implementation of IPT	<p>Several efforts were made to support quality IPT implementation:</p> <ul style="list-style-type: none"> - TB CARE I provided TA to MoH on advocacy and dissemination of IPT in National TB-HIV Forum and Expert Panel, and inserted in national policy of TB-HIV activities. There were 48 participants, where each province delegated 4 selected hospitals, 1 provincial HIV manager and 1 provincial TB manager. - Support to PHOs to assess ART hospitals in 8 provinces, of which 7 are in TBCARE area (North Sumatra, DKI, West Java, Central Java, East Java, South Sulawesi, Papua) and provided TA to MoH in IPT national workshop already held in Jakarta. Next step will be to provide technical support at district level and sites 	Oct 13	Sep 14	Ongoing

			 <p style="text-align: center;"><i>Photo: IPT Workshop in DKI Jakarta</i></p>			
5.2.1	FHI 360, KNCV	Technical assistance to improve the use of GeneXpert for diagnosis of TB in PLHIV	Provided TA in finalization draft of SOP linkage between PMDT and HIV in Jayapura hospital and Karyadi hospital.	Oct 13	Sep 14	Ongoing
5.3.1	FHI 360	Technical assistance to strengthen internal linkages between PMDT and HIV units in PMDT hospitals.	In this quarter TA to develop SOPs for PMDT and HIV referral system was started in Karyadi hospital.	Oct 13	Sep 14	Ongoing
5.3.2	FHI360	Support to Baladewa Clinic in Jakarta	<p>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 – Dec 2013, a cumulative 17 TB-MDR Suspect, 8 confirmed TB MDR, and 8 enrolled treatment</p> <p>Until now persons with presumptive TB among PLHIV were referred to Persahabatan hospital for Xpert examination.</p>	Oct 13	Sep14	Ongoing

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	51 Female 39 Male 12	TA1: Female:0 Male:0 TA2: Female:17 Male:1 TA3: Female:0 Male:0 TA4 Female:0 Male:0 TA5: Female:0 Male:0 TA6: Female:0 Male:0 TA7: Female:22 Male:11 TA8: Female:0 Male:0
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	TB CARE I hired team from UGM to assist NTP in developing the updated TB national strategy plan 2010-2016. The draft plan has been developed and in process of finalization. This updated NSP will keep the seven formulated strategies of the original version of 2010-2014 but will put more emphasize on stronger policy regulation, broader and more rapid DOTS, TB-HIV and MDR TB services expansion, and wider civil society engagement.	Oct 13	Jun 14	Ongoing
6.1.2	WHO	Technical assistance to Stop TB Partnership Forum Indonesia	WHO team actively support Stop TB partnership Forum Indonesia in activity planning and strategy development, including preparation for regional partnerships workshop which will conducted in March 2014.	Oct 13	Sep 14	Ongoing
6.1.3	FHI360, KNCV	Supporting World TB Day 2014	Will be conducted in the next quarter.	Jan 14	Mar 14	Pending
6.1.4	MSH	Development of policy options to involve insurance in financing of TB control services	We completed and submitted the operations report on TB under insurance and held discussions with national social insurance task team members and WHO.	Oct 13	Sep 14	Ongoing
6.1.5	MSH	Cost-effectiveness and value for money analysis for investments in TB	Not yet started.	Oct 13	Sep 14	Postponed
6.1.6	MSH	Capacity building in budgeting using costing tools for long-term provincial action planning	We received approval for the costing reports. We received feedback on the economic burden tool and report and will submit to the NTP for final approval shortly. Posters on costing and economic burden were presented in Paris. Costing tools were presented to GFATM. Next step will be to clean the tools so UGM can translate and prepare the training materials.	Jan 14	Mar 14	Ongoing
6.1.7	MSH	Support for implementation of Long-term exit strategy plan	Poster on TB policy levels was presented in Paris. Financial sustainability discussions were held with GFATM in Geneva. Work commenced on the long-term TB financing roadmap.	Oct 13	Sep 14	Ongoing

6.2.1	KNCV	External TA for HRD plan implementation	Not yet started	Oct 13	Sep 14	Postponed
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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 %	10 out of 11 sites (91%)	
7.1.3	<i>Districts using SITT for quarterly reporting 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	Case register: 88% (440/499) Logistics: 61% (304/499)	Case registers: 85% (192/226) Logistics: 60% (135/226)	Case registers: 66% (149/226) Logistics: 52% (117/226)	On average, 204 out of 227 (90 %) districts in TBCARE area using SITT during Jan – Sep 2013.
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)	Not yet available	
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	10/10 (100%)	Target 2014 : 3 out of 10 prov (30%)	Not yet available	

	disseminated to reporting districts Denominator: Total number of province in TB CARE areas						
7.3.1	OR studies completed (Note: Mission indicator)		4	10	5	OR Batch 7-8 and OR Bali completed. OR Batch 9 and OR Study Impact are still ongoing	
7.3.2	OR study results disseminated		4	10	5	OR Batch 7-8 and OR Bali results disseminated. Dissemination for OR Batch 9 and OR Study Impact are still ongoing	
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	<ul style="list-style-type: none"> No activities during this quarter but NTP has initiated academic write up as the background to further develop MoH regulation on mandatory 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. During the quarter, TB CARE I facilitated 2 provincial MIFA (management information for action) trainings to build capacity of TB officers) on data analysis and utilization to improve NTP surveillance system. 		Oct 13	Sep 14	Ongoing
7.1.2	FHI 360, WHO, KNCV	Technical assistance for SITT phase 2 implementation at national and provincial level including other new information system and technology to be adopted by NTP	In the pilot SITT 2 area (Bogor District), TA was provided to NTP during supervision and mentoring of 2 health centers and 1 prison that implement SITT phase 2.		Oct 13	Sep 14	Ongoing

			 <p><i>Photo: Mentoring Cibinong Health Center for SITT phase 2 piloting</i></p> <p>TB CARE I facilitated the SITT phase 2 training to health facilities in 9 provinces (DKI, West Java, Central Java, Riau, South Sumatera, Riau Islands, Central Sulawesi, South Sulawesi, West Papua). NTP plans to deploy the revised SITT phase 2 to users in January 2014 to replace SITT phase 1.</p>  <p><i>Photo: SITT phase 2 training in West Papua</i></p>			
7.1.3	WHO, KNCV	Technical assistance to NTP for DR-TB surveillance	<p>TA was provided by local WHO consultant to analyze the data from 2012 DR TB sentinel survey and developing preliminary results from first sentinel survey (4 provinces).NTP decide to go to routine DR TB surveillance after 2015. TB CARE partners have been requested to support NTP to develop master</p>	Oct 13	Sep 14	Ongoing

			plan towards national wide DR TB surveillance.			
7.1.4	WHO	Technical assistance for National TB Prevalence Survey	WHO staff with dr. Ikushi Onozaki (funded by GF for this visit) provided technical assistance to evaluate the NTPS implementatation, including to conduct field supervision to DKI Jakarta, West Java and West Kalimantan. TA mainly evaluated the field implementation, data collection, laboratory procedures, case management, and case definition. This resulted in recommendations to clarify case definition and case management mechanism and improve chest x-ray data management, pre-survey visit improvement and laboratory supervision mechanism/SOPs. TAs also provided by WHO staff to assist dr Sismanidis (also funded by GF) on data cleaning and data analysis for preliminary results, where data from 67 clusters have been analysed. Regular support for daily data management also continued.	Oct 13	Sep 14	Ongoing
7.1.5	FHI 360	Ensure the data quality of TB/HIV at national, provincial, and district level, including prisons	TA to 6 districts (14 participants) in West Papua province during TB/HIV evaluation and conducted TB/HIV data validation for quarter 3. Finding: challenge in TB/HIV data sharing between HIV and TB programs	Jan 14	Jul 14	Ongoing
7.1.6	KNCV, WHO, MSH	Support implementation and maintenance of e-TB manager at all PMDT sites	TB CARE I supported the implementation and maintenance of e-TB manager in all PMDT sites through: <ul style="list-style-type: none"> • On the job training new PMDT site (Riau Hospital) • e-TB Manager supervision tool development in collaboration with NTP and partners • Facilitate eTB manager training: West Sumatera • Workshop on e-TBM to validate PMDT data and to train 17 staff (5 male and 12 female). Through the training, Papua has started entering suspect data to e-TB Manager 	Oct 13	Sep 14	Ongoing

			<ul style="list-style-type: none"> Assistance to NTP surveillance team to monitor and supervise the implementation of eTB, including development of new functionality within the system to provide strategic information. Hiring local IT programmer in NTP to support the day-to-day implementation and maintenance <p>Regularly, feedbacks from e-TB manager data analysis are being shared to NTP and TB CARE partners. System's implementation follows PMDT implementation; currently 12 PMDT referral and 3 subreferral sites are encoding data into e-TB manager.</p>			
7.2.1	KNCV	Developing standard operating procedures for data quality improvement and utilizations	TOR and development in progress	Oct 13	Dec 13	Postponed
7.2.2	KNCV	Capacity building in M&E for all TB CARE I M&E and Technical staff	In end of October 2013, we conducted meeting with PHO and GF - province in all TB CARE I provinces supported area. The purpose of the meeting was to agree the targets, indicators and deliverables in each province, and to finalize and synchronize provincial APA4 plan with activities funded by local government and GF.	Apr 14	Jun 14	Ongoing
7.3.1	KNCV	Technical Assistance to develop call for OR proposals system and document all OR supported under TB CARE I	<ul style="list-style-type: none"> All the OR Batch 7-8 (ACSM, TB HIV, TB MDR & TB Childhood) and OR for Private Providers involvement in Bali have finished. 2nd Monitoring supervision visit TORG Batch 9 to 4 Provinces already conducted. The main activities conducted consist of: <ol style="list-style-type: none"> 1.Observation of intervention (training) in the intervention area 2.Review of all data collection tools 3.Preparation of data collection for both sub-districts 4.Preparation of data entry tools 5.Provision of recommendations 6.Agreement on time lines Mission from Consultant Operational Research (Edine W) to assist NTP on: 	Oct 13	Dec 13	Ongoing

			<ul style="list-style-type: none"> • Prepare & organize workshop presenting results of project assessing the costs faced by (MDR) TB patients during diagnosis and treatment, and aiming to deliver an action plan to relieve this financial burden • Together with the Indonesian facilitators: monitor data collection by OR team in West Kalimantan and assist 1 team that participated in the 7th -8th operational research training in preparing a scientific publication of their result (the MDR TB group). • Assist investigators in preparing a scientific publication of the studies evaluating the GenoType® MTBDRplus and the GenoType® MTBDRsl test for rapid detection of MDR-TB 			
7.3.2		Support participation of NTP in international conferences	<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>  <p><i>Photo: Oral presentation of TB in correctional setting during the 44th Union Conference in Paris</i></p>			Completed

6. Drugs 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	<p><i>Districts reporting complete and timely FLD stock on a quarterly basis</i></p> <p>Numerator: Number of districts nationwide reporting FLD stock using TB13 to its respective province on a quarterly basis</p> <p>Denominator: Number of districts in country</p>		66% (327/492)	80%	<p>Number of District submitted report 289 from 492 districts (59 %). This is data based on Quarter 3 year 2013.</p>		<p>Decreasing district who report TB 13, due to implementation of SITT Phase I that need internet connection and not all pharmacy are trained. This situation we estimated will still continue until maturity of implementation of SITT phase II end of year 2014.</p>
8.1.4	<p><i>PMDT sites reporting complete and timely SLD stock on a quarterly basis</i></p> <p>Numerator: Number of PMDT sites reporting SLD stock using TB13b in quarterly basis to province</p> <p>Denominator: Number of existing PMDT sites in TB CARE I areas</p>		9/10 (90%)	100%	90% (9/10)		
8.1.5	<i>Drugs stock-outs (counts for each drug)</i>		0 (2010)	0 for all drugs	0		
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	Improving logistics management information system	Improving logistic information system is conducted with two approaches. First is assisting NTP on develop, revise and finalize the policy and SOP on logistics. Second is assisting NTP on providing better software on recording and reporting system through SITT phase II and e-TB Manager. On SITT	Oct 13	Sep 14	Ongoing	

			<p>assistance is given in developing reporting system on logistic (Data input, Process and Report of stock). On e-TB manager assistance is given to fix the bugs report and developing new function with MSH local IT collaboration.</p> <p>Implementation of SITT appears to have disrupted DMIS for FLD but information is not yet complete. Situation will be reviewed again in Jan 2014. e-TB manager is bringing significant improvements on SLD logistics and enabling monthly review and forecasting.</p>			
8.1.2	KNCV, WHO, MSH	Logistic Capacity-building	There is a major need for skills strengthening and appropriate training has been recommended. Forecasting/quantification skills are already strengthened.	Jan 14	Jun 14	Ongoing
8.1.3	KNCV, MSH.	Improve practices for SLD Logistic Management at all PMDT sites	Recommendations for changing buffer stock holdings have been made. Briefing notes on temperature storage and expiry dates are being made.	Oct 13	Sep 14	Pending
8.1.4	KNCV, MSH	Including PSM for TB in Cross-cutting Supply Chain Forum and incorporate in Long Term National Drug Management Strategic Plan	TB CARE I staff has started being involved on a cross cutting supply chain forum with all stakeholders. National meeting forum held by BINFAR has been conducted at Batam island 27-30 Nov and attended by all 33 MSH: Inputs have been provided to development of draft national supply chain strategy for BINFAR. Draft National Supply Chain strategy has been reviewed and will be 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. Provincial pharmacist, WHO, CHAI and JSI.	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 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

TB CARE has successfully assisted PR MoH in Grant negotiations and helped addressing Special Terms & Conditions and Conditions Precedent. In November the SSF Phase 2 Grants were signed between GF Secretariat and both PRs. Budgets for phase 2 is 56,3 Million US\$ (PR MoH) and 10,4 Million (PR Aisyiyah). Phase 2 starts on January 1st 2014. Rating of the Grant Performance was maintained at B2. The SSF Grant was considered to make adequate progress with programmatic performance rating of B1. However due to the extent and seriousness of financial performance (new and unsolved previous issues) the rating was downgraded to B2.

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

TB CARE I stepped up its support to PR-MOH to meet the targets outlined in the GF performance framework (in all technical-, and geographic areas supported by TB CARE I) and its assistance to solve bottlenecks in program management and improve the low rating of PR-MoH:

- TB CARE I assisted PR MoH in addressing managerial risks (financial management, PSM and condition precedents) by developing a scope of work for strengthening financial management of PR MoH and contracting a team of financial experts (Mazars). This team started its technical support activities to NTP in the second half of December 2013.
- TB CARE I partners started technical assistance to PR Aisyiyah at national level for implementation of the SSF Phase 2 work plan, in line with the adjusted approaches for enhancing community system strengthening (see log frame "changes to increase program effectiveness").
- In October an audit team from the Office of Inspector General (OIG) Global Fund conducted an audit of the NTP. This audit evaluated existence and adequacy of systems/mechanisms in Indonesia for quality assessment and quality improvement of TB Control. TB CARE I assisted in preparation of the OIG visit, including completion of required documents and drafting a plan for quality improvement based on the RSQA and OSDV Tools used in earlier assessments. Most elements of the RSQA have now been included in the supervision checklist.
- Majority of activities in the APA4 work plan are in support of approaches and strategic directions outlined in the SSF Phase 2 log frame, aiming to support NTP in meeting its targets.

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:
Total 2010	215 (M: 128 F: 87)	140 (M: 85 F: 55)	Note: <ul style="list-style-type: none"> • Country data • MDR TB cases diagnosed and treated including TB RR (GenXpert and C/DST)
Total 2011	466 (M: 262 F: 204)	255 (M: 135 F: 120)	
Total 2012	818 (M: 455 F: 363)	432 (M: 238 F: 194)	
Jan-Mar 2013	278 (M:160 F: 118)	191 (M: 102 F: 89)	
Apr-Jun 2013	293 (M: 179 F: 114)	245 (M: 140 F: 105)	
Jul-Sep 2013	204 (M: 125 F: 79)	127 (M: 77 F: 50)	
Oct-Dec 2013	278 (M: 169 F: 109)	241 (M: 148 F: 93)	
Total 2013	1,053 (M:633 F: 420)	804 (M: 467 F: 337)	

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 and 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 & Q3	Postponed		
2	ATS	1.2.9; 1.2.10; 4.1.9	Phil Hopewell and 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	Q1; Q2 and Q3	Postponed		
3	ATS	4.1.9	TBD	TA to adapt existing cohort analysis forms and SOPs for Indonesian context and translate	Q1	Postponed		
4	JATA	2.1.1	Dr. Kosuke Okada	To support the review of smear microscopy network and EQA activities	Q1 & Q3	Postponed		TA in Q1 is cancelled. TA in Q3 will be conducted as planned
5	JATA	2.2.1	Dr. Akihiro Ohkado	Technical assistance to strengthen sputum microscopy, culture/DST services	Q2 & Q4	Ongoing	Q1: 6 – 12 Oct 2013	
6	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		
7	KNCV	2.2.2	Richard Lumb & Lisa Shepherd	Supervision and technical assistance from SNRL for NRL, C/DST labs, etc.	Q2, Q3 and Q4	Pending		
8	KNCV	2.3.3	Sanne van Kampen	Technical assistance for GeneXpert implementation	Q2, Q3 and Q4	Pending		
9	KNCV	6.2.1	Karin Bergstrom	Technical assistance for HRD implementation	Q2	Pending		

10	KNCV	7.3.1	Edine Tiemersma	To provide capacity building on data analysis of Operation Research and monitoring & evaluation visits to OR sites	Q2	Ongoing	Q1: 9-23 Nov 2013	
11	KNCV	S&O	Rene L'Herminez + KNCV Director	General managerial backstopping	Q2	Ongoing	Q1: 9 – 14 dec 2013	(Kitty van Weezenbeek, Frank Cobelens, Maarten van Cleeff)
12	KNCV	S&O	Fenneke Pak	Project management support and general support to office	Q3	Pending		
13	KNCV	S&O	Mar Koetse and Inge Sasburg	Financial support and internal audit	Q4	Ongoing	Q1: 11 – 13 Dec 2013 (Inge Sasburg)	
14	KNCV	S&O	TBD	Financial Management Consultant for GF-NTP	Q1; Q2; Q3 and Q4	Ongoing		Mazar Consulting Firm
15	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; and Technical assistance for the implementation of Exit Strategy Plan	Q1; Q2; Q3 and Q4	Ongoing	10-23 Nov 2013	
16	MSH	7.1.6; 8.1.1	Luiz Reciolino	Technical assistance for e-TB Manager implementation and improving logistic management information system	Q1 and Q3	Ongoing	1-4 Oct 2013	
17	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; Q2 and Q3	Ongoing	Q1: 10 – 20 Dec 2013	
18	The Union	4.1.11	Jose A. Caminero and another facilitator (TBD)	Clinical Management Training for PMDT (2 batches)	Q2 and Q4	Pending		
19	WHO	7.1.4	Babis and Ikushi Onozaki	Technical assistance for TB NPS	Q2	Pending		
Total number of visits conducted (cumulative for fiscal year)						0 completed (6 are ongoing)		
Total number of visits planned in workplan						19		
Percent of planned international consultant visits conducted						0%		