



Challenge TB - Indonesia Year 2

Quarterly Monitoring Report October-December 2015

Submission date: January 30th , 2016

Table of Contents

1. QUARTERLY OVERVIEW	4
2. YEAR 2 ACTIVITY PROGRESS	7
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2	47
4. SUCCESS STORIES - PLANNING AND DEVELOPMENT	48
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	49
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	52
7. QUARTERLY INDICATOR REPORTING	55

Cover photo:

A patient consulted about drug side effects on his vision during an MDR-TB treatment monitoring visit with his doctor. The photo was taken in Dr. Moewardi Hospital, Surakarta, Central Java. (Credit: Ania Maharani)

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Indonesia
Lead Partner	KNCV
Other partners	FHI 360, WHO, IRD
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements: *(Max 5 achievements)*

1. In the period of November to December 2015, the NTP installed 21 new GeneXpert machines in 17 provinces. CTB provided TA on site selection for GeneXpert placement, and supported the NTP in the installation and configuration of GeneXpert machines at 4 health facilities in CTB areas. The total number of GeneXpert machines in country is now 62, which are distributed in 33 out of 34 provinces. The GeneXpert roll-out is expected to enhance TB case notification as well as access to early testing for TB drug resistance. With the roll-out of the GeneXpert, the NTP is gradually shifting its use from solely for testing of presumptive DR-TB patients and for TB testing in PLHIV, to utilizing it for diagnosis TB in detention center inmates, as well as 10% of new TB cases (as per NSP target - starting from Health services with GeneXpert machines available), BTA negative with clinically diagnosed TB, TB-DM (piloting), TB in children (piloting), and extra-pulmonary TB specimens (piloting).
2. A National TB patients' groups network (for DR-TB patients), named *Perhimpunan Organisasi Pasien TB Resistan Obat* (POP TBRO) Indonesia, was established in this quarter with CTB facilitation through a workshop on 'the role of TB patients' groups on TB control in Indonesia'. This workshop was held October 5th - 10th, 2015 in Surabaya. It was attended by 7 patients' groups, from 6 provinces, the NTP, and local CSOs. Budi Hermawan from PETA (patient group in DKI province) was selected as a leader. The new POP TBRO team will be in charge to develop the charter, organization rules, announcing and advertising the existence of the newly established network, and create a media communications strategy. The purpose of the patients' groups is to function as **educators** (to share information regarding transmission prevention and TB treatment), **motivators** (to support patients in enrolling on treatment and staying the course), **facilitators** (bridging between patients and health care providers), and **investigators** (assisting in case finding)
3. The TB accreditation guideline for Public Health Centers (Puskesmas) was finalized and submitted to Bina Upaya Kesehatan Dasar (Basic Medical Service Unit) of the Ministry of Health and the Accreditation Commission for First Level Health Facilities (FKTP) to be introduced as national guideline. This guideline is intended to provide Puskesmas accreditation assessors with a tool and benchmarks to measure TB service performance in health facilities. Furthermore, Puskesmas can use this guideline to prepare themselves to meet accreditation standards for TB services. Currently, the guideline was field tested by the commission during the FKTP accreditation surveyor training.
4. Referral linkages between ART hospitals and the Xpert/MTB Rif facility in North Sumatera province were established in this quarter. The referral linkage utilizes both a sputum sample transportation system and patient referral system. All PLHIV with presumptive TB will have access to this diagnostic test through either system.

Technical/administrative challenges and actions to overcome them:

This quarter has seen significant delays in program implementation, as KNCV has not been able to obtain the letters of introduction required from the Ministry of Health to undertake the District Assessments, which were planned to be undertaken in this period. This is a result of changes within the Government of Indonesia registration requirements for donors and INGOs, which has led to confusion amongst the different ministries and department around what documents are required. Challenge TB

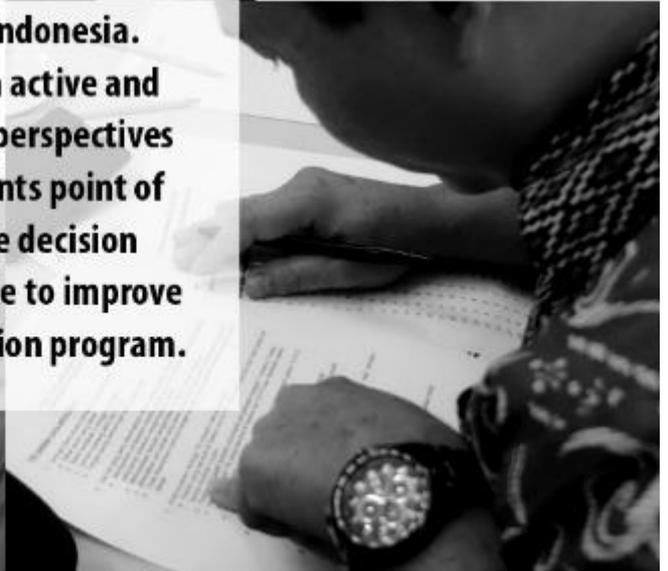
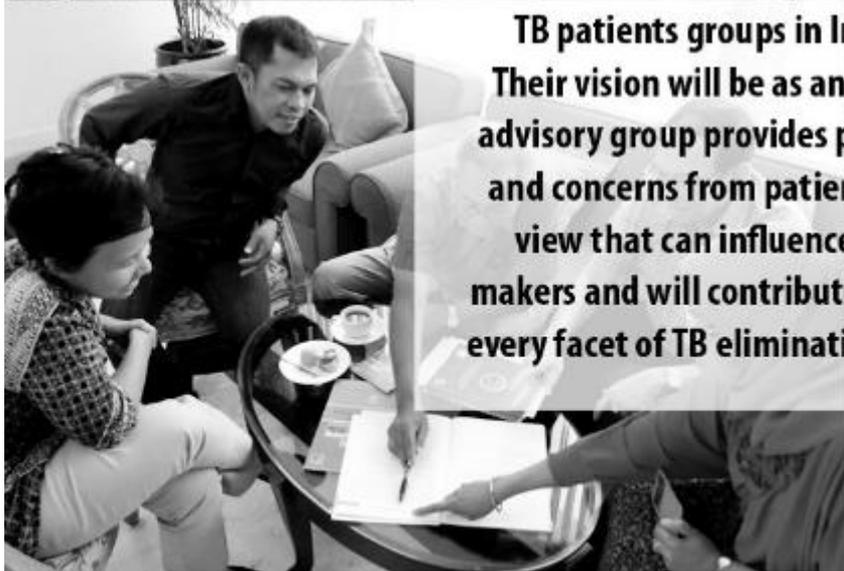
falls under USAID's Assistance Agreement with the Ministry of Finance, which was signed at the end of 2014; however, the Notification of Award and Challenge TB Project Overview, required by the Ministry of Health and other ministries, was submitted by USAID to them on December 18th, 2015. In addition, a draft Challenge TB Scope of Work was discussed between USAID and the National TB Program at the end of November 2015. This Scope of work needs to be signed between USAID and NTP to ensure that everybody is on the same page and mutually agrees on the terms of the project. The National TB Manager agreed in the meeting to discuss with the Director and provide feedback but up until the follow up meeting with USAID on January 11th, 2016, this still had not happened. We have since been informed that the Director (with effect from January 7th, 2016), the National TB Manager and the two National TB Coordinators (with effect from January 14th, 2016) have been replaced. This is likely to lead to further delays in program implementation.

CTB continued already approved activities and ongoing program support with NTP consent. However, even though some activities had to be rescheduled, with close coordination with PHO and DHO, most activities were implemented successfully as planned. The remaining time was used to finalize the APA2 work plan, district assessment preparations (including finalisation of assessment tools and training of assessment teams in their use), background and preliminary data collection/ compilation (which did not require official introductions and letters).

Lokakarya Pendidik Sebaya Nasional
Bandung, 14-18 September 2015



The foundation of national DR TB patients groups networking named perhimpunan Organisasi Pasien TB Resistan Obat (POP TBRO) is committed to represent all TB patients groups in Indonesia. Their vision will be as an active and advisory group provides perspectives and concerns from patients point of view that can influence decision makers and will contribute to improve every facet of TB elimination program.



2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Develop mandatory notification road map and draft the detail and content of mandatory notification.	1.1.1	Final draft mandatory notification developed.				CTB provided technical support to the development of TB mandatory notification. The updated regulation includes a new article on TB surveillance, which clearly states that TB is a notifiable disease and has to be declared by health providers as such. The final draft of regulation is available, however the official signed document is pending since other components of the ministerial decree were not finalized yet.	Met	
Provide TA for revision of national guidelines and policies, and ensure their integration into quality assurance & accreditation systems	1.1.2	TB Accreditation Guideline finalized;				The final draft of the TB accreditation guideline for Public Health Center (Puskesmas) was submitted to <i>Bina Upaya Kesehatan Dasar</i> (Basic Medical Service Unit) of Ministry of Health and Accreditation Commission for Primary Health Care (FKTP) to be a national guideline. This guideline was field tested by the commission during the FKTP accreditation surveyor training	Met	

		Final draft of PNPk developed				<ul style="list-style-type: none"> - CTB facilitated and supported a workshop for the revision of National Guideline for Medical Practices Standard (PNPK) TB held December 11th-12th, 2015 in Jakarta. It was attended by representatives from IMA, PDPI, and the NTP. - Two small-group meetings to revise the PNPk were conducted with CTB facilitation on December 21st and 28th in Jakarta. The final draft was submitted to IMA and will be followed up to the Law and Organization Bureau in Ministry of Health for law endorsement. The revised PNPk will be conveyed to the Hospital Accreditation Commission and Public Health Center Accreditation Commission for accreditation reference. 	Met	
		Model/ design of GPs certification available				<ul style="list-style-type: none"> - CTB provided TA to Implementation Evaluation workshop of GPs Certification Program in West-Java, September 30th – October 2nd, 2015 in Bandung. IMA-West-Java presented progress of GP certification program (1-day GPs symposium in 4 districts, OJT to GPs who participated, and provision of supervision to selected GPs). Results: 6 GPs were qualified and 	Met	

						recommended for TB certification from IMA; Recommendations: simplify the reporting format for GPs, IMA to facilitate & train data collector for GPs, improve GP-support from DHO and IMA, simplify the process of TB certification, establish GP coordination agreement with PHC, and GP reporting to be verified by PHC.		
						- TB Distance Learning for General Practitioners (GPs) was conducted in November and December 2015, participated by 97 GPs from 5 CTB provinces. As the result 52 out of 97 participants have passed the distance learning course. 45 GPs did not pass due to incomplete sessions and assignments - not technical incompetence. In APA 2, CTB will provide TA to those GPs who are located in CTB districts to ensure they will be certified for TB service provision.		
		PDPI model best practices and recommend-action available;				PDPI workshop was held – best practices were documented and recommendations for further action are available (see ATS report)	Met	

		Technical Assistance for TB program implementation provided in CTB provinces				<ul style="list-style-type: none"> - Clinical Practical Guidelines- Clinical Pathway (PPK-CP) workshop in Jakarta, participated by 8 hospitals from 2 districts CTB, professional organizations, PHO, DHO and NTP. Result: documentation of <i>PPK-CP</i> for TB service which will be implemented in those 8 hospitals. 	Met	
						<ul style="list-style-type: none"> - Technical Assistance to Hospitals has been delivered as listed below: <u>West Java:</u> <ul style="list-style-type: none"> - OJT for TB staff on HDL implementation in 2 hospitals (M:8, F:36) in Bandung City and Bogor - Assessment on TB comprehensive implementation in RSUD Cibinong. The overall result was good, only Infection Control part should be improved. - TA on HDL implementation in 3 Hospitals (RS Borromeus, Sentra Medika, Rotinsulu) to improve the internal and external linkage of TB DOTS 		

						<p><u>Central Java</u></p> <p>- TA on PPM implementation in 14 health facilities (10 Hospitals, 3 PHCs, 1 Lung Clinic). Results: staff RSUD Semarang gathered comprehensive information on TB IC, DOTS implementation in FKTP and FKTRL was monitored.</p>		
						Besides TA activities above, CTB also collected data as part of the upcoming District Assessments from health facilities (potential partners for CTB intervention), and DHOs.		
Provide TA to revise National Health Insurance (<i>Jaminan Kesehatan Nasional/ JKN</i>) technical guideline and develop implementation road map.	1.1.3	M&E tools developed; lessons learnt documented & technical guideline implemented in CTB districts.				<p>The monitoring and evaluation (M&E) tool of TB Services on National Health Insurance was developed by the Center for Health Insurance Management and Costing Policy, Gadjah Mada University (KPKMAK-UGM) and was launched in a workshop on November 5th – 6th, 2015. CTB provided technical assistance in the workshop. This evaluation tool considers the supply side (health facility), demand side (patient), management (quality, efficiency, distribution equity and resource), quality, and cost control.</p> <p>CTB facilitated several workshops related to the National Health Insurance technical guideline</p>	Met	

					<p>implementation in 3 districts, Jember (November 19th, 2015). Tulung Agung (December 20th - 21st, 2015) and DKI Jakarta (November 16th, 2015), participated by DHO, PHO, NHI Providers, Hospitals and Public Health Centers. The workshop aimed to integrate TB services into the NHI scheme at health facilities.</p> <p>In Jember and Tulung Agung, an agreement was established between the DHO and:</p> <ul style="list-style-type: none"> - GPs or Clinics with the First Level Health Facilities (<i>Fasilitas Kesehatan Tingkat Pertama/FKTP</i>) in their region, and - Referral Facilities (Hospitals), related to TB implementation (Recording-reporting, access to diagnostic services, referral mechanism for TB-HIV, and patient tracking). 		
Revise PPM operational guideline	1.1.4	PPM Operational Guideline revision has been finalized and disseminated in CTB districts			Milestone was met in previous quarter (APA1 Q3)	Met	

Scale up of peer education in CTB areas, especially at district level.	1.2.1	50 peer educators trained in 2 provinces				CTB facilitated Peer Educator (PE) Training for provincial facilitators on September 14 th - 18 th , 2015 in Bandung. It was attended by 32 (M:10, F:22) participants from 6 provinces. This activity was followed with PE Training in DKI and East Java provinces. Training in DKI was conducted on November 19 th - 20 th , 2015 with 15 prospective PEs (M:10, F:5). And training in East Java province was conducted on November 12 th - 15 th , 2015 in Jember with 20 PEs (M:10, F:10).	Met	
		Psycho social support provided through Peer Educator activities in CTB areas.				CTB facilitated patient group activities in providing DR-TB patients psycho social support through home and hospital visit activities. <ul style="list-style-type: none"> - Jakarta: 60 hospital visits to motivate DR TB patients (between 102 - 111 patients got this support per month) - West Java: 13 patients on treatment got psycho-social support (e.g. counselling, home visits, etc.) - Central Java, 178 home visits for 81 patients, assisted by 15 Peer Educators. (note: the number of patients has been reduced from 81 to 59 (6 patients were cured, 10 died, and 6 were lost to follow up*)) - East Java: 6 hospital visits and 	Met	*The patients lost to follow up despite of home visit provision discontinued their treatment because of side effects

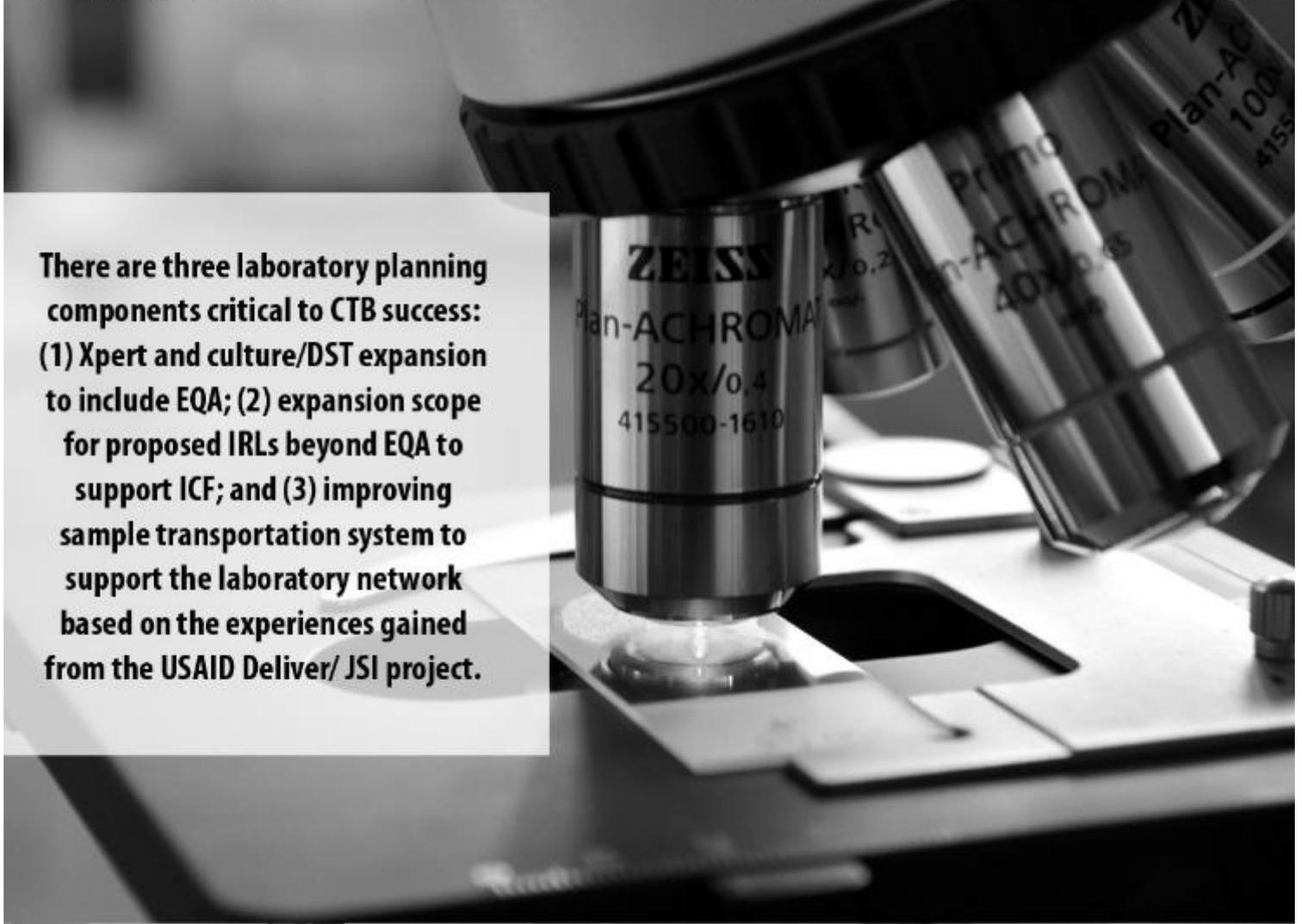
						3 home visits. CTB also facilitated monthly meetings of each patient group, to refresh PE capacity, share information and update the results of activity.		
Provide TA to support initiation of a national patient group network	1.2.2	Patient group network established				CTB facilitated a workshop on the role of TB patients' groups on TB control in Indonesia. This workshop was held on October 5 th - 10 th , 2015 in Surabaya. It aimed to enhance networking between patients' groups in Indonesia. It was attended by 7 patients' groups, PETA from Jakarta, Arek Nekat (REKAT) from Surabaya, Pantang Menyerah (PANTER) from Malang, Semangat Membara (SEMAR) from Central Java, Terus Berjuang (Terjang) from Bandung, Kami Relu Berjuang Bagi Jiwa (Kareba Baji) from Makassar, and Pejuang Sehat Bermafaat (Pejabat) from Medan. At that occasion, the former team for National TB patients' groups networking named <i>Perhimpunan Organisasi Pasien TB Resistan Obat (POP TBRO)</i> Indonesia was selected with Budi Hermawan from PETA (patient group in DKI province) as a leader. This team will be in charge of developing organization rules, announcing their existence, and creating a	Met	

						media communication.		
Provide TA to conduct mapping of existing/potential CSOs involved in TB control programs.	1.2.3	CSOs (existing and potential) to engage in TB Program identified & a draft model of CSO mapping developed				Initial information was gathered, where possible and freely available	Not met	This activity has been carried forward to APA2 Q2 (during District Assessments activity)
Capacity building for CSOs on advocacy including development of advocacy strategy and tools.	1.2.4	Patient organization in 3 provinces are able to develop proposals, work plans, budgets, and reports (financial and activity)				One patient group, SEMAR in Central Java, was able to develop the work plan, budget and activity report. Thus 4 of 7 patient groups, SEMAR in Central Java, Kareba Baji in South Sulawesi, PETA in Jakarta and PANTER in East Java, are now able to develop work plans, budgets, and reports.	Met	
Provide TA to assess existing IEC (Information, Education and Communication) tools and provide recommendations for improvement.	1.2.5	Module of CSO Training related ICF, CI, patient support and tracking are available.					Not met	This activity has been carried forward to APA2 Q2 as part of and integrated into the ICF and CI approach – all implementation was however delayed by the APA2 approval process and CTB agreement issues with the NTP/ MoH
Provide TA to assist piloting of adapted PCA	1.4.1	Draft on guidance for expansion available.				The Operational and Technical Guideline for Patient Centered	Not met	Draft on guidance for

<p>tools and to develop guidance on expansion and implementation for CSOs and patient groups.</p>					<p>Approach was finalized after pilot testing in 3 provinces (DKI Jakarta, West Sumatera, and East Java) between April to September 2015. Draft Guidance for expansion (pertaining to implementation stages) and SOP for PCA (describing the "how to" use PCA instruments) are part of the Guideline.</p>		<p>expansion will be developed in APA2 Q2 after the SOP PCA is implemented.</p>
---	--	--	--	--	---	--	---



There are three laboratory planning components critical to CTB success: (1) Xpert and culture/DST expansion to include EQA; (2) expansion scope for proposed IRLs beyond EQA to support ICF; and (3) improving sample transportation system to support the laboratory network based on the experiences gained from the USAID Deliver/ JSI project.



Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reasons for not meeting milestone, actions to address challenges, etc</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Finalization of national plan for laboratory network development for 2015-2019	2.1.1	National plan for laboratory network development for 2015-2019 printed and distributed.				Current status of completion: Preamble, Mission and vision statement, SWOT analysis, framework analysis, defined priority strategies, Indicators and targets	Not met	The changes required to the NLAP draft were more significant than anticipated (at the end of October the team received substantial input and requests for revision from USAID, BPPM, NTP and partners which needed to be incorporated to fulfil donor and MoH requirements) and BPPM writing support was significantly less than expected. The final draft of National Action Plan of TB Lab is expected to be finalized in January 2016. As the BPPM wa

								dissolved, the NLAP will have to be annexed to the NTP NSP for now.
Provide TA to NTP and BPPM for strengthening of TB laboratory network.	2.1.2	Supervision at 3 provinces						Not met Supervision at 3 provinces was not conducted yet, due to conflicting NTP commitments, BPPM dissolution and time constraints with work plan APA2 development and District Assessment preparation.
Map out current IRLs (Intermediate Reference Labs) and network, estimated IRLs required and determine gap at CTB areas.	2.2.1	Assessment intermediate lab in 5 provinces.				CTB provided technical assistance on TB Intermediate Reference Lab (IRL) Technician Training in NRL Microscopy, Bandung. Training was conducted by NTP on November 17th, 2015. The training aimed to enhance capability of IRL technician on evaluating performance of TB Lab services so that they are able to play their role as cross checker and supervisor to TB Lab services. Participants of this training were 12 TB Lab technicians (M:1, F:11) from 8 provinces (South Sulawesi, Central Java, East Java, West Java, DKI, West Kalimantan, South Sumatera, West Sumatera)	Partially met	Assessment of potential IRLs was not conducted yet, due to administrative issues with letter provision (see section on registration & agreements) and data limitation (EQA was not regularly conducted)
						IRL Training is part of follow up the		

						IRL assesment activity. In previous quarter, CTB has supported IRL assesment in West Sumatera and South Sulawesi.																		
Provide TA to develop guideline and SOP for LED microscopy including EQA, use and maintenance.	2.2.2	Guideline and SOP for LED microscopy including EQA, use and maintenance developed				Result of three months piloting of LED FM was available. Guideline and SOP was available in the form of pocket book and poster. SOP for EQA were also available. All three labs involved in the trial have enrolled 3 cycles EQA test and all passed the panel test. Result: <table border="1"> <thead> <tr> <th>Lab's name</th> <th>1st cycle</th> <th>2nd cycle</th> <th>3rd cycle</th> </tr> </thead> <tbody> <tr> <td>RS Hasan Sadikin</td> <td>7 minor error</td> <td>Major error: 3 Minor error: 9</td> <td>No error</td> </tr> <tr> <td>BLK Bandung</td> <td>No error</td> <td>No error</td> <td>2 minor error</td> </tr> <tr> <td>RS Rotinsulu</td> <td>No error</td> <td>No error</td> <td>3 minor error</td> </tr> </tbody> </table> Note: 25 slides/ cycle	Lab's name	1st cycle	2nd cycle	3rd cycle	RS Hasan Sadikin	7 minor error	Major error: 3 Minor error: 9	No error	BLK Bandung	No error	No error	2 minor error	RS Rotinsulu	No error	No error	3 minor error	Met	
Lab's name	1st cycle	2nd cycle	3rd cycle																					
RS Hasan Sadikin	7 minor error	Major error: 3 Minor error: 9	No error																					
BLK Bandung	No error	No error	2 minor error																					
RS Rotinsulu	No error	No error	3 minor error																					
Procure LED microscope and preparation of LED pilot project	2.2.3					Milestone was met in 1 st quarter of APA1	Met																	
Support EQA panel test for Microscopy	2.2.4	2nd cycle of panel tests sent to 18 microscopy labs.				Milestone was met in 2 nd quarter of APA1	Met																	
Support e-TB12 piloting at CTB areas	2.2.5	Recommendation for implementation is available.				Recommendations for implementation are available,	Met	However, to date TB-12 has not been used for EQA reporting.																

								CTB provided TA to NRL microscopy to complete the correction for the algorithm of eTB 12. However, revision for the tools has not been executed as the person in-charge for eTB 12 resigned from the NTP and has not yet been replaced.
Provide International TA support by SRL to continue to build capacity and leadership of the NRLs.	2.3.1					CTB facilitated international TA from Supranational TB Reference Laboratory, Adelaide, South Australia, Richard Lumb on September 14 th – October 7 th , 2015. For key findings and recommendations see mission report.	Met	
Provide TA to NRL culture/DST (BBLK Surabaya) to play their roles effectively.	2.3.2	Finding and corrective action in 3 labs provided.				Supervision to 6 culture labs (Pasar Rebo hospital, BLK Papua, BKPM Maluku, BLK Central Java, Sanglah Hospital, Gunawan Lung Hospital) was conducted. For findings & results see separate mission report	Met	
Provide support to BBLK Surabaya to provide EQA panel test for DST Labs.	2.3.3					Milestone was met in APA1 Q3	Met	
Provide TA for five TB DST lab renovations in conjunction with NRLs to increase capacity for	2.3.4					Milestone was met in APA1 Q3	Met	

culture.								
LQMS training for 3 NRLs and reference labs.	2.3.5	24 lab staff from 8 labs trained and have capability to implement the LQMS						Not met This training was not conducted yet. It was planned to be held in September 2015 with external TA trainer. Bidding process for the trainer was completed by KNCV HQ. However, due to limited time for administration process and registration delays (see above), it was decided to postpone the training to May 2016.
Finalization of National Xpert guideline	2.4.1	National Xpert guideline printed and distributed				CTB has facilitated printing for National Xpert guidelines. Some of them were distributed through a workshop on GeneXpert and the remainder will be distributed through supervision activity on GeneXpert sites by NTP.		Met
Provide international TA by Xpert consultant	2.4.2							Not met International TA by Xpert consultant has not been

								provided yet. N still focused on GeneXpert installation activities. Initial visit of consultant expected in January 2016
Provide TA to NRL Molecular (Microbiology UI) to conduct their roles effectively.	2.4.3					<p>- In the period of November to December 2015, NTP installed 21 new GeneXpert machines. CTB supported the NTP on GeneXpert installation and configuration at 4 health facilities listed below:</p> <ol style="list-style-type: none"> 1. Kardinah Hospital in Tegal, Central Java, on November 17th – 23rd, 2015 2. Iskak Hospital in Tulungagung district, East Java, on November 17th - 20th, 2015 3. Lung Hospital in West Sumatera (BP-4 Lubuk Alung), November 24th - 27th, 2015 4. Rantau Prapat Hospital, North Sumatera, December 1st - 4th, 2015 	Met	

						- CTB also trained 11 TB lab technicians (Kardinah Hospital (F:1), Iskak Hospital (M:2, F:2), BP-4 Lubuk Alung (M:1, F:3), Rantau Prapat Hospital (F:2)) on how to examine sputum samples using GeneXpert machine. The installation was conducted by NTP, Medquest, and CTB. Result of testing process showed that the technicians were able to operate the machine correctly.		
Provide TA for joint supervision to poorly performing GeneXpert sites.	2.4.4	Finding and recommendation for improvement provided to 5 labs					Not met	NTP considered assessment to GeneXpert placement sites as priority, so supervision activities were deferred for the assessments. Supervision to poorly performing GeneXpert sites will be conducted on Feb-March 2016.
TA to support piloting of specimen transport system.	2.6.1	Recommendation for improvement on piloting provided				CTB provided TA to support piloting of the specimen transport system. Transportation of specimen for TB Lab examination with GeneXpert, culture and DST by referral laboratories in 9 provinces and transportation network development in 9 piloting sites will be evaluated on Jan-March 2016. The preparation meeting for the evaluation was conducted on	Met	

						December 14 th - 15 th , 2015..		
Define local model based on USAID Deliver/JSI piloting activity at CTB area and provide support for implementation.	2.6.2	Model of specimen transport documented & expanded to other districts.				<p>Planning for expansion of specimen transportation network in each province was discussed at the preparation meeting for specimen transport evaluation (refer to 2.6.1). It was planned to develop new Pick up Points in districts, courier procurement and communication system between health facilities and TB referral laboratories.</p> <p>Supervision and evaluation of expansion planning to provinces will be scheduled on:</p> <ul style="list-style-type: none"> - DKI Jakarta: week 1 of January 2016, - West Java: week 3 of January 2016, - East Java: week 4 of January 2016, - Bali: week 3 of January 2016, - South Sulawesi, Bali, Maluku, Central Java: February 	Partially met	Model of specimen transport in CTE area will be developed based on their specific geographic area with reference from JSI project
Provide support for biosafety training	2.7.1	10 lab staff from 10 labs (1 person per lab) are trained and have adequate knowledge and skill to implement the SWP.				CTB has facilitated Safe Working Practice Training in Surabaya City on Sept 28 th -Oct 2 nd , 2015. Participants of this training were 11 Labs from 9 provinces (South East Sulawesi, Central Java, North Sulawesi, Aceh, Jambi, Central Kalimantan, East Java, DIY, DKI) and NTP.	Met	
Provide support for BSC certification and maintenance.	2.7.2	Failed BSCs are calibrated/repared				All BSCs are calibrated	Met	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide TA to NTP to develop a national policy and guideline on TB ICF approaches for various levels of service, and develop a roadmap for ICF implementation.	3.1.1	Algorithm and piloting plan for additional risk group finalized.				Milestone was met in previous quarter.	Met	
Provide TA to ensure bi-directional screening for TB among PLHIV and HIV testing for TB patients.	3.1.2	SOP Developed in 4 CTB Districts				- Implementation Guideline of TB-HIV Collaboration Program, which includes clear policy for bi-directional testing and screening has been finalized. The new policy document was disseminated during National Joint TB-HIV NFM workshops, participated by TB and HIV staffs from 141 districts. Bi-directional testing and screening are top indicators for TB-HIV collaboration at SR/ SSR/ IU of GF grant.	Partially met	SOP for bidirectional screening is available in CTB districts. However, the implementation still need to be strengthened.

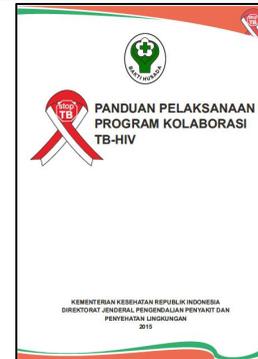


Figure 1.
*Implementation
Guideline of TB-HIV
Collaboration Program
(NTP. MoH)*

- CTB provided technical assistance on TB-HIV M&E meetings for Papua province (7 districts).
- CTB provided technical assistance to North Sumatera PHO related to mechanism of utilization of Xpert/MTB Rif for diagnosing TB among PLHIV in coordination meeting. As the result, it was agreed that all PLHIV with presumptive TB should have access to Xpert/MTB Rif facility at Adam Malik hospital. They will receive both samples from patients themselves and sputum samples. If direct from patient, the patient should access through *Posyansus* (HIV clinic). If sputum sample, this should

						be sent through the MDR-TB clinic.		
Provide TA to MoLHR, provincial offices of MoLHR, prisons, detention centers and parole offices regarding ICF strategy.	3.1.3	The TB guideline for prison revised.				<p>- The newly revised TB guidelines for TB in Prison was finalized, which include TB ICF approaches for the prison system. CTB will support the printing process and distribution in CTB areas.</p>  <p><i>Figure 2. TB in Prison Guideline, 2015's revision (MoH& MoHLR)</i></p> <p>- Related to exit strategy for TB in Prison; the 29 prisons/ detention centers, which were previously supported by TBCAREI will be covered under The Global Fund NFM (100% for TB program) since they are not in CTB areas. 19 prisons/ detention centers of those prisons will also receive funding for the HIV program.</p> <p>- In Bogor, West Java, CTB facilitated a workshop on external linkage of CST (Care</p>	Met	

						Support and Treatment) Hospital with PMDT Sub-referral RSPG Cisarua. In this workshop participants were agreed on: <ul style="list-style-type: none"> • HIV- CSO involvement (<i>PEKA</i> and <i>Kampung Belajar</i>) to peer TB and HIV patients • Xpert network and access. • MDR TB confirmed should be treated in RSPG Cisarua 		
Expand the universal DR TB testing among new pulmonary TB cases at 4 PMDT sites in CTB provinces.	3.1.4	DR testing among new pulmonary TB cases implemented in 4 PMDT sites.				<ul style="list-style-type: none"> - NTP planned to test 100% retreatment cases and a minimum 75% of new pulmonary TB cases for DR-TB in 4 PMDT sites - KNCV PMDT expert, Agnes Gebhard, visited Indonesia on Oct 19th – 23rd, 2015 to analyze current situation and provide recommendations for PMDT implementation in CTB selected areas. Sites visited were: RSUD Dr. Soetomo Surabaya, Puskesmas Jember Kidul, RSP Jember, and RS Persahabatan Jakarta. The recommendations from the visit were: to improve the findings of LTFU patients by implement the individualize social support, to decentralize treatment provision to reduce the distance problem between the patients and health 	Met	

						facilities, to improve patient counselling, to simplify the PMDT guidelines, carefully plan exit strategy from GF funding, and establish monthly money meeting.		
Provide TA to PHO/DHO in CTB provinces to ensure all nine DR-TB presumptive criteria tested for DR-TB (emphasize to test all re-treatment cases before starting treatment)	3.1.5	SOP/local policy established in 3 CTB provinces				Currently only 2 CTB provinces (South Sulawesi & East Java) have published an official letter to DHO that all nine DR-TB presumptive criteria should be tested for DR-TB.	Partially met	
Provide TA and support to PHO to develop/finalize /implement provincial PMDT action plans, including action plan at district level, supervision, cohort review, etc.	3.2.1	PMDT plan finalized/ revised in 2 CTB provinces;				<p>- CTB facilitated PMDT plan discussions in Jakarta, participated by PHO, NTP, DHO, and 10 Hospitals (as candidate sub-referral). The results were: challenge on PMDT expansion was identified with alternative solution, 7 candidate hospitals for PMDT Sub Rujukan in 2016, and 5 hospitals in 2017 were selected.</p> <p>CTB participated in PMDT Money meeting held in Jakarta, from December 14th – 18th, 2015. Some highlight information during the workshop were:</p> <ul style="list-style-type: none"> • Total of GeneXpert examination in Indonesia within January- November from 42 sites were: 14,606 	Met	

						<ul style="list-style-type: none"> • Related to ICF approach, GeneXpert will be used for MDR-TB presumptive, inmates, PLHIV, 10% new TB cases (starting from Health services with Xpert test machine available), BTA negative with clinical diagnosed condition, TB-DM (piloting), TB Children (piloting), and Extra-pulmonary TB (piloting). 		
		<ul style="list-style-type: none"> - EPT Training conducted - PMDT Communication Training Conducted 				<ul style="list-style-type: none"> - CTB conducted a 3-day workshop for 16 (M:8, F:8) MDR-TB peer educators on Motiv8 in Jember, East Java. - CTB conducted a 1-day workshop for 8 (M:5, F:3) MDR-TB peer educators to be Expert Patient Trainers (EPTs) for PMDT Communication Training and a 1-day PMDT Communication Training for 23 (M:6, F: 17) health care workers in Surabaya, East Java. 	Met	

						 <p>Figure 3. Roleplay from 2 participants in the workshop of MDR TB peer educators on Motiv8 (Merry Samsuri/FHI360)</p> <p>- Evaluation tools for Motive8 were already drafted during TA visit of Matt Avery (FHI360) to Indonesia. The utilization of these tools is still under discussion with NTP.</p>		
		Draft implement-action plan for community care for DR-TB developed					Not met	To be addressed during district assessments and planning
		Recommendation and follow up action documented as a result from enhanced cohort review that support by national				CTB provided TA on the development of Enhanced Cohort Review (ECR) Roadmap conducted on October 26 th – 30 th , 2015 in Jakarta which was attended by the representative of NTP, PHO	Met	

		team in 2 PMDT sites;				from 4 provinces (DKI Jakarta, W. Java, E. Java, and C. Java), representative from hospitals, and CTB. The goal of the meeting was to plan the integration of the ECR onto the PMDT as part of its monitoring and evaluation mechanism. Also, to develop the roadmap for transition of supervision and implementation responsibility from CTB to NTP. CTB facilitated the PMDT cohort review meeting held in Persahabatan Hospital Jakarta, from November 16 th - 18 th , 2015. This cohort review activity aims to review the services quality, supervise the TB-DR patients' treatment during 6 months, 12 months and treatment completion, and to follow up on problems identified. There were a number of recommendations from the review, i.e. the need to follow up on the previous findings, and involvement of stakeholders (rep. of laboratories, patients group, etc.), and regular meetings.		
Provide technical assistance to NTP, NAP, MoLHR, PHO, DHO, health facilities and prisons for TB-HIV implementation.	3.2.2	Provincial TB-HIV Joint Planning, clinical mentoring conducted in 9 CTB provinces				- CTB supported the NTP and National AIDS Program (NAP) on comprehensive clinical mentoring & program monitoring to 4 health facilities in South Sulawesi province	Met	

					<p>(Makassar City & Gowa District) and 7 health facilities in West Papua (Sorong City, Sorong District, Manokwari District).</p> <ul style="list-style-type: none"> - CTB supported the NTP and NAP for 3 batches of 3-day workshops on the New Funding Mechanism (NFM) for TB-HIV 2016-2017 dissemination, including facilitation of a 1-day workshop on TB-HIV collaboration for 141 districts (including 10 of CTB intensified districts) from 34 provinces. More than 800 participants from Provincial Health Offices, District Health Offices, Provincial AIDS Commissions and District AIDS Commissions attended these workshops. - CTB facilitated a meeting with MoH & MoLHR to discuss about the new intensified case finding method for the prison system. It was agreed that in 2016, several prisons/DCs will implement this new strategy for TB ICF (all inmates with any cough will be sent for Xpert/MTB Rif examination). 	
--	--	--	--	--	---	--

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Developing contact investigation guidelines and tools and road map with focus on contacts of DR-TB patients, children under 5, and PLHIV.	4.1.1	Early version of childhood TB CI in Puskesmas developed.				<ul style="list-style-type: none"> - The national guidelines and protocol for Contact Investigation and IPT have been finalized in October 2015 in collaboration between NTP, Pediatric Association, Reproductive Health Maternal Neonatal & Child Health Program and Childhood TB Working Group. - The NTP has launched the new form for TB recording & reporting during NFM meeting in November 2015, in which one of the form is about Children Contact Investigation (TB form no.15). This form contains the information that should be explored during CI activity. 	Met	
Engaging CSOs at national level and plan for capacity building on CI guidelines and tools.	4.1.2	Tools and material for CI activities developed.					Not met	Awaiting APA2 approval & district assessments. This activity will be carried forward to APA2 Q2-3

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide support to implementation of TemPO and scaling up implementation in HCF (including all PMDT sites) and other settings in CTB areas.	5.1.1	TemPO pilot project evaluated and lesson learnt documented				TemPO implementation in Panti Rapih Hospital has been evaluated in March 2015 (reported in previous quarterly report).	Met	TemPO will be integrated into the comprehensive district and facility approach, based on DA and facility assessment findings
Provide TA to implement HCW screening at PMDT referral sites, including drafting of model/system for inclusion into the national surveillance system.	5.2.1	HCW Screening implemented in provinces and model for inclusion in national surveillance system developed.					Not met	Health Care Workers in PMDT sites were identified as one of the risk groups for TB infection transmission. .. As part of the ICF approach, HCW's screening activity will be implemented in APA2 Q2-4.

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide TA for developing necessary SOPs, integrating them into ICF protocols and providing them to the relevant service providers.	6.1.1	SOP on IPT for children under 5 developed				Technical Guideline for Contact Investigation and IPT for children was finalized. They explain the principle, flow of contact investigation, and preventive therapy for children. The guideline is addressed to health facilities and TB program officers. The guideline will be a national reference for contact investigation policy, and IPT implementation in Indonesia	Partially met	The SOP development is delayed until APA2 approval
Scale up of IPT implementation in ART hospitals in CTB areas.	6.1.2	Activity merged in 3.1.2				During the first IPT pilot, 4 hospitals (RSCM, RS Persahabatan, RS Hasan Sadikin, RS Marzuki Mahdi) enrolled 209 PLHIV on IPT, 167 (80%) PLHIV completed IPT. This Quarter, NTP and NAP conducted 36 months follow up of these patients. The results showed that only 2 PLHIV acquired TB during this period. Unfortunately, only 3 out	Met	

						of 4 hospitals attended this meeting, and only 1 hospital provided data. As a next step, the MoH team will verify results during technical assistance visits to each hospital in 2016.		
--	--	--	--	--	--	--	--	--

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assessing and reviewing the existing models and tools for advocacy for revision and adaptation into local context.	7.2.1	Draft models and tools for advocacy available.				Some tools were developed/ adapted from TB CARE 1 as part of the district assessments' preparation.	Partially met	Intervention was delayed by the delayed start or CTB implementation & district assessments – shifted to APA2 Q2-3
To promote Indonesia TB program internationally and to learn from other country experience.	7.2.2	Report on activity and recommendations available				Participation in UNION conference meeting – reports are available	Met	

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide TA for development of NSP & CN, implementation of GF work plans and GF funded TA plan, including	8.2.1	Report on activity and recommendations available				CTB assisted the GF PRs to complete all required documents for Grant Agreement	Partially met	The Framework Agreement required for Grant Confirmation document for Government institution PRs

reprogramming GF work plan.						<p>process on time. The GF Country team accepted all required documents and compiled them for GAC II at the end of November 2015. The GF Board approved the grant and final documents January 5th, 2016.</p> <p>The last stage to finalizing the Grant Confirmation agreements for signature by the PRs is ongoing, completed for PR NGOs but still on progress for PRs MoH and National AIDS Commission.</p>		<p>were not finalized yet. Once the grant confirmation agreements are completely signed by both parties, the Global Fund Country Team will process the first annual funding decision and disbursement, based on the approved grant budget, and take into consideration any conditions or management actions included in the grant agreement.</p>
-----------------------------	--	--	--	--	--	--	--	--

Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reas for not meeting milestone, actions to address challenges, etc</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Provide TA to finalize revision of logistics materials (guidelines, related training modules)	9.1.1	2 new PMDT sites trained and implemented logistic				CTB has provided resource persons for eTB manager training for BBKPM Bandung on November 24 th - 25 th ,	Met	

& handbooks), including TA for implementation.		management and e-TB Manager.				2015; Kardinah Hospital; Rantau Parapat Hospital; . There were 14 participants of this training (M:13, F:1) consisting of nurses, general practitioners, pharmacist, and Lab technicians. This training was funded by GF.		
Provide TA to support logistics management to the NTP.	9.1.2	Logistic report available per quarter				CTB has supported NTP on providing quarterly logistic report analysis for Second Line Drugs. Quarterly logistic report analysis for First Line Drugs and Cartridge has not been provided yet due to limited data, time, and human resources.	Met	
Provide TA to assist the NTP to develop a national roadmap for adoption and roll-out of daily dose TB treatment.	9.1.3	Draft policy on daily dose treatment available.				The first experts' discussion of daily dose TB treatment have been initiated in September 2015, culminated with expert clinician consensus demanding availability of daily dose TB treatment, in line with the newly revised PNPk 2 nd edition. The proposal to request daily dose TB drugs through GF NFM funding was approved initially for 5,000 TB-HIV patients, which will be procured from GDF. One of NFM grant condition precedent is registration of daily dose drugs for TB	Met	

						treatment before end of December 2016.		
Provide TA for: Finalization and implementation tools for Pharmacovigilance for BDQ, including support training on PV.	9.2.1	PV data in 3 piloted sites regularly inputted in e-TB Manager.				<ul style="list-style-type: none"> - A total of 13 patients were enrolled for Bedaquiline containing drug regimen out of 38 DR-TB patients eligible for treatment at 3 pilot hospitals. The speed for patient enrollment is very slow due to high patient refusal and number of patients from outside pilot areas. Patients with a history of failed previous DR-TB treatment need more intensive counseling before enrollment. - An expert review meeting and supervision visit were conducted on Nov 1st - 11th, 2015. CTB also visited 3 pilot sites of the BDQ implementation project and 1 site of comparator cohort. 1 comparator site conducted a 1-day training to improve the PV officer's concept on Cohort Event Monitoring. Recommendations for the findings were given to the technical working group on BDQ implementation, in collaboration with NTP, clinical expert teams and 	Met	

						partners (GFATM); NTP; For the national PV center (BPOM); and the participating pilot sites.		
--	--	--	--	--	--	---	--	--

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for no meeting milestone, action to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provide TA to evaluate SITT implementation, including adjustment with WHO revised definition and reporting framework for TB.	10.1.1	Revision of definition and reporting framework for TB to be included in SITT, Pilot sites training & implementation on logistic SITT, ETM improvement on logistic and monthly Lab report.				<ul style="list-style-type: none"> - TA was provided to NTP surveillance to evaluate the implementation of SITT. The new indicators and definition for the new RR framework were introduced in the revised National TB Guidelines and the National ME plan 2015-2019. The list of issues to be revised on SITT in line with WHO new reporting framework is available. - To improve data quality in CTB project internal Indicator Reference Sheet (IRS) and SOP on RR were developed as guideline for internal CTB-Indonesia ME team related to CTB indicators. 	Met	
Provide TA on preliminary process of developing user-friendly technology (mobile technology), including identification of dataset and	10.1.2	Preliminary document of m-tech design (dataset identification and mechanism)				Meetings and discussions with NTP for m-tech design was conducted, but preliminary document of m-tech design (dataset identification and	Partially met	The NTP wants to maintain full patient based cohort reporting by all providers while private sector service providers request a "slimmed down" version of reporting requirements.

mechanisms.						mechanism) is not yet available. The NTP has not yet decided on the CTB proposed approach. NTP expected cohort approach while CTB proposes simplified TB reporting for private providers.		The discussion and negotiations will continue in APA2 Q2.
Provide TA and supervision for recording and reporting system of TB (paper and e based), at provincial and district level.	10.1.3	TA conducted in 10 CTB provinces				<ul style="list-style-type: none"> - The revision of NTP paper based recording and reporting system inline with new WHO reporting frameworks was completed in October 2015 and already disseminated by NTP to provinces and districts for local printing. - CTB assisted the NTP on SITT implementation training, participated by 26 participants from provincial and district TB staffs at South Sulawesi Provinces (November 20th - 22nd) - ETM Manager Training was conducted in November, participated by 12 (M:1 F:14) staffs of Lung Clinic (BPKPM) Bandung. The BPKPM Bandung is the third PMDT site established 	Met	

						in West Java Province. - Data collecting for TB program situational analysis in 10 CTB districts has been conducted, and is now in process of data analysis. The collected information will be used as baseline and reference to develop APA2 work plan in province and district level.		
Develop the data utilization guideline (how to utilize TB data for strategic information).	10.1.4	TB data utilization guideline finalized					Not met	This activity has been cancelled due to time constraints with other prioritization on surveillance program activities related to data quality improvement.
Provide TA to inventory study and drug resistance survey preparation.	10.2.1	TOR and draft plan of action on inventory study and drug resistance survey (DRS) available.				Protocols for both inventory study and National drugs resistance survey were finalized. The revised budget for both surveys have received official approval from GF Country Team as one package under NFM budget line.	Met	
Provide TA to NTP and NAP to develop protocol of TB-HIV surveillance.	10.2.2	Protocol on TB HIV surveillance available					Not met	TB-HIV surveillance protocol is not yet developed due to re-scheduling of this activity by MoH. The MoH team currently focuses on the

								NFM grant agreement and dissemination to provinces/districts. It was agreed that after NFM TB HIV signing the team will start discussing the TB-H surveillance protocol.
--	--	--	--	--	--	--	--	--

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
IND-T-MOH	B1	B1	\$100.1 m.	\$72.1 m	
IND-T-AISYIYA	A1	A1	\$9.6 m.	\$5.4 m	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Currently the Global Fund is launching the New Funding Model (NFM) which is expected to commence January 2016. However, the framework agreement has not been signed yet. CTB assisted the GF PRs to complete all required documents for Grant Agreement process on time. The GF Country team accepted all required documents and compiled them for GAC II at the end of November 2015. The GF Board approved the grant and final documents January 5th, 2016. The last stage to finalizing the Grant Confirmation agreements for signature by the PRs is ongoing, completed for PR NGOs but still on progress for PRs MoH and National AIDS Commission.

In terms of TA work implemented by KNCV, the NTP offered a no-cost extension up to June 2016. KNCV responded by signing the MoU amendment document with budget revision. We are now waiting for budget revision to be approved by the NTP. PR-TB 'Aisyiyah' also amended the MoU with KNCV to accommodate ongoing TA work up to June 2016.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB assisted PR-TB (MOH and 'Aisyiyah') with implementation of GF-TA Plan. CTB also assisted the PR-TB to translate the TA Plan into specific TORs, consultant candidates' selection, supervision of TA work and provide technical support to selected consultants in implementing the TA. By December 2015, one TA from MoH was completed, 2 TAs are in final stage. From the total 18 TAs planned by MOH, 7 TAs were omitted based on discussion with NTP on June 2015 for reprogramming of funds. So far, 75.8% of total TA plan budget has been committed.

From five 'Aisyiyah's TAs, one is waiting for final review and the rest are still ongoing. So far, 75.6% of total TA plan budget has been committed.

4. Success Stories – Planning and Development

Planned success story title:	Engaging private practitioners in the TB program
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	CTB has several approaches to support NTP related to improve private providers' engagement, specifically general practitioners. The approaches were through PPM implementation, GPs certification program (OJT, distance learning) and then simplifying the recording and reporting (using m-tech). It is expected that at the end of year 2, the yield of those approaches, specifically contribution GPs on TB notification, will be counted.
Status update:	Currently CTB has supported the NTP for PPM, Distance Learning (DL), and GPs certification model. For distance learning, NTP has asked CTB to follow up and monitor the GPs who passed the 1 st batch of DL. PPM was rolled out since TB CARE I, but most of the GPs contribution in terms of TB case finding/notification was not apparent, since their data have been included/ merged into PHC (public health centre) RR (no separate reporting means that contribution attribution is not possible from the system). Therefore, CTB will ensure the contribution is in future recorded separately and can be counted (in CTB intensified districts).

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	215	140	Source: eTB Manager
Total 2011	466	255	
Total 2012	818	432	
Total 2013	1,074	819	
Total 2014	1,759	1,291	
Jan-Mar 2015	397	382	
Apr-Jun 2015	497	399	
Jul-Sep 2015	497	388	
Oct-Dec 2015	388	386	
Total 2015	1,857	1,555	

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area – 10 Districts/City						* = Status data completeness **= still on progress of data collection.
	1. Medan City	919 (*60%)					
	2. Deli Serdang	192 (*30%)					
	3. North Jakarta	171 (*24%)					
	4. East Jakarta	1692					
	5. Bandung City	1,478 (*80%)					
	6. Bogor	1,528 (*80%)					
	7. Semarang City	173 (*26%)					
	8. Surakarta City	154 (*41%)					
	9. Tulung Agung	196 (*90%)					
	10. Jember	796					
	TB cases (all forms) notified for all CTB areas		7,299				
All TB cases (all forms) notified nationwide (denominator)		41,736 **					
% of national cases notified in CTB geographic areas		17%					
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	Medan City, Deli Serdang, Bogor, Bandung City, North Jakarta, East Jakarta, Semarang City, Surakarta City, Jember, Tulungagung					
	TB cases (all forms) notified from this intervention	1,054					
	All TB cases notified in this CTB area	7,299					
	% of cases notified from this intervention	14%					

Children (0-14)	CTB geographic focus for this intervention	Medan City, Deli Serdang, Bogor, Bandung City, North Jakarta, East Jakarta, Semarang City, Surakarta City, Jember, Tulungagung				
	TB cases (all forms) notified from this intervention		772			
	All TB cases notified in this CTB area (denominator)		7,299			
	% of cases notified from this intervention		11%			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	IRD	Ali Habib					Continue mission on GxAlert and ETB Manager system	Complete	4-14 Oct 2015	11 days	
2	KNCV	Agnes Gebhard					CTB aims for a systematic rethink of the PMDT program, including governance, with greater emphasis on a decentralized approach to patient diagnosis and care matched to strengthened laboratory (IRL) and community components (CSO engagement for support and monitoring). This mission was focusing on: 1. Reviewing the current state of the PMDT program 2. Providing recommendations to NTP and CTB	Complete	17-25 Oct 2015	9 days	
3	ATS	Lisa Chen & Phil Hopewell					To convene a stakeholders meeting to plan incorporation of enhanced cohort review in the PMDT scale up	Complete	25-31 Oct 2015	7 days	

4	ATS	Fran Du Melle & Baby Djojonegoro					TA for monitoring and evaluation of PDPI public-private mix project (engaging private pulmonologists in TB Control activities)	Complete	26-30 Oct 2015	5 days	
5	KNCV	Edine Tiemersma					To monitor the success and challenges of the early implementation of Bedaquiline in Indonesia, to follow up on district assessments	Complete	2-13 Nov 2015	12 days	
6	IRD	Ali Habib					Provide TA to NTP and continue determining the feasibility of merging the SITT and eTB Manager systems where now would take further step such as provide a single point of entry for other applications (The patient case notification system for the private sector being planned as part of CTB). A Health information systems plan for TB in the country would include this merging and lay down a way forward for development efforts in future	Complete	15-20 Nov 2015	6 days	
7	KNCV	Ieva Leimane					Assist CTB Indonesia in updating its staffing structure and HR plans based on a thorough HR	Complete	8-18 Dec 2015	11 days	

							needs and competencies assessments – current and required under new structure (including task analysis) in support of the new CTB strategy & objectives				
								Choose an item.			
Total number of visits conducted (cumulative for fiscal year)								9 (cumulative from Oct 2015 - Sept 2016: 9)			
Total number of visits planned in approved work plan								42 October 2015 – September 2016			
Percent of planned international consultant visits conducted								22%			

7. Quarterly Indicator Reporting¹

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	CTB Geographical Areas (Intensified Districts) 1. Non NTP- Public 2. Non NTP- Private	quarterly	National Baseline 1. Non NTP- Public = 57,586/322,806 (18%) (2014) 2. Non NTP-Private= 28,186/322,806 (9%) (2014)	10 CTB District 1. Non NTP- Public = 28% 2. Non NTP-Private= 19%	10 CTB districts (2015)* • Non NTP Public: 29% (11,039/37,571) • Non NTP Private: 17% (6,556/37,581)	<i>Note: estimated data completeness Oct-Dec 2015 is 50% in CTB areas</i>
			10 CTB District: 1. Non NTP- Public = 10,553/40,577 (26%) (2014) 2. Non NTP-Private= 7,136/40,577 (18%) (2014)		10 CTB districts (Oct-Dec 2015)* • Non NTP Public 24% (1,345/5,494) • Non NTP Private 15% (823/5,494)	
1.1.4. # of providers (stratified by private, public, military, prison, etc.) certified to provide TB services	CTB Geographical Areas (Intensified Districts) Stratified by: NTP providers (PHC and Lung Clinics) , Public and Private Hospitals and Prison	annually	10 CTB District = 678; i.e : - NTP providers (PHC & Lung Clinics) = 520 - Public Hospitals = 48 - Private Hospital= 89 - Prison = 21	685	Data for CTB districts still same as the baseline: 10 CTB District = 678; i.e.: - NTP providers (PHC & Lung Clinics)= 520 - Public Hospitals = 48 - Private Hospital= 89 - Prison = 21	

¹ NTP data collection on performance indicators (SITT data) for 2015 and respective 2014 & 2013 cohorts (Treatment outcome data for DS-TB & DR-TB) is not complete yet. CTB was just approached by the NTP with a request for assistance to rectify this.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National	annually	0= Operational plan not available	2= Operational plan available and follows standard technical and management principles of a quality work plan required for implementing the necessary interventions to build and strengthen the existing TB laboratory network	0	Due to changes in the BPPM & NTP this activity was postponed until January 2016
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	CTB Geographical Areas (Intensified Districts)	annually	121/162 (75%) (2014)* * Only 5 districts provide the data.	100%	74% (96/129) (2015)	Data only available in 6 districts, Bandung city, Bogor, East Jakarta, North Jakarta, Jember, Surakarta City. No district conducted EQA in period Oct-Dec 2015, data was taken from latest EQA was conducted, in each districts in the year 2015.
2.2.4. #/% of laboratories showing adequate performance in external quality assurance for DST	CTB Geographical Areas	annually	National: 8/11 (73%) CTB Geographical Areas: 5/7 (72%)	CTB geographical areas:100%	National: 13/13 (100%) CTB Geographical Areas: 8/8 (100%)	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National	annually	0/3 (0%) (2014)	1/3 (30%)	0/3 (0%) (2015)	Framework and training for LQMS has been prepared in APA1, and training will commence in APA2. First priority is for NRLs which will be involved in training PRLs. LQMS intervention was postponed by NTP until May 2016

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.2.7. Number of GII-approved TB microscopy network standards met	National	annually	4 standards met (No: 2, 3, 6, 11)	11 standards met	4 standards met (No: 2, 3, 6, 11)	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	CTB Geographical Areas (Intensified Districts)	quarterly	2,586/19,582 (13%) (2014)	15%	Oct-Dec 2015 CTB (10 districts) : 18% (644/3,590)	Data collection of October - December not complete yet. GeneXpert roll out was slower than anticipated and broken modules were not repaired by service provider, so Dx capacity was greatly reduced.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	CTB Geographical Areas (Intensified Districts) By Case Finding Approach 1. TB-DM 2. TB-HIV 3. TB Children 4. CI 5. TemPO	quarterly	1. TB-DM= Not Available 2. TB-HIV= Not Available 3. TB Children= Not Available 4. CI = Not Available 5. TemPO= Not Available	TBD	<ul style="list-style-type: none"> • TB-DM: NA • TB-HIV: NA • TB Children 12% (4,458/37,571) (2015) 12% (668/ 5,494) (Oct-Dec 2015) • CI: NA • TemPO: NA 	<p>* Data collection of October - December not complete yet.</p> <p>TB –DM and CI : mechanism of RR is not existed yet. NTP just launched new form of TB (in NFM meeting) which contained with TB-DM RR in October 2015 that planned to be started in January 2016. In CTB area, the RR will be in line with ICF approach.</p> <p>TB-HIV: data completeness issue, most of health facilities not input in SITT. CTB will address this challenge in CTB area. Data Oct-December 2015: data PLHIV registered in TB RR: 69 (10 district CTB).</p>

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.4. Number of MDR-TB cases detected	CTB Geographical Areas 5 provinces	quarterly	1,299 (2014)	NA	1,390 (2015)	
					324 (Oct-Dec 2015)	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	CTB Geographical Areas (Intensified Districts)	annually	33,048/ 39,571 (84%) (2013)	90%	59%* (23,998/40, 818) (2014, 10 districts)	* Data collection of October - December not complete yet. Not all facilities and districts had completed their report submission and entry into SITT at the time of this report. (not all facilities are able to use the electronic reporting system yet and data from the private sector reporters is still being collated. An update will be provided when available
3.2.4. Number of MDR-TB cases initiating second-line treatment	CTB Geographical Areas (5 provinces)	quarterly	<ul style="list-style-type: none"> National (2014) = 1,284 CTB 5 provinces (2014) = 974 	100% of MDR-TB detected	1,113 (2015)	
					266 (Oct-Dec 2015)	
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB Geographical Areas (5 provinces)	annually	<ul style="list-style-type: none"> National (2012) = 55% 9236/432 CTB (2012) = 56% (217/389) 	65%	49% (291/600) (2013, 5 provinces)*	* Cohort data MDR TB who get the treatment in 2013. – Data collection of October - December not complete yet.
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB Geographical Areas (Intensified Districts)	annually	184/311 (59%) (2013)	100%	26% (176/667) * (2015, 10 districts)	* Data inputted to SITT not completed yet.
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in	CTB Geographical Areas	annually	1,218/ 21,550 (6%) (2013)	25%	14% (5,437/39,376)* (2015, 10 districts)	* Data inputted to SITT not completed yet.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
the TB register	(Intensified Districts)					

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	NA	This data is not available in Indonesia due to confidentiality regulations

Sub-objective:	6. Management of latent TB infection																													
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments																								
6.1.7. #/% eligible PLHIV with LTBI started on preventive treatment	CTB Geographical Areas (Intensified Districts)	annually	163 /299 (55%)	75%	66% (169/254) (2015, data from 5 out of 9 Hospitals in 5 districts CTB)	IPT data (January-Dec 2015) <table border="1"> <thead> <tr> <th>Hospital-District-Province</th> <th># PLHIV Screened for TB</th> <th># PLHIV Eligible for IPT</th> <th># PLHIV enrolled for IPT</th> </tr> </thead> <tbody> <tr> <td>RS Bhayangkara – Medan – North Sumatera</td> <td>80</td> <td>25</td> <td>25</td> </tr> <tr> <td>RS Haji Medan – Medan – North Sumatera</td> <td>50</td> <td>25</td> <td>25</td> </tr> <tr> <td>RS Pringadi – Medan – North Sumatera</td> <td>101</td> <td>27</td> <td>27</td> </tr> <tr> <td>RS Adam Malik – Medan – North Sumatera</td> <td>338</td> <td>89</td> <td>89</td> </tr> <tr> <td>RS Hasan Sadikin – Kota Bandung – West Java</td> <td>Unavailable</td> <td>Unavailable</td> <td>150</td> </tr> </tbody> </table>	Hospital-District-Province	# PLHIV Screened for TB	# PLHIV Eligible for IPT	# PLHIV enrolled for IPT	RS Bhayangkara – Medan – North Sumatera	80	25	25	RS Haji Medan – Medan – North Sumatera	50	25	25	RS Pringadi – Medan – North Sumatera	101	27	27	RS Adam Malik – Medan – North Sumatera	338	89	89	RS Hasan Sadikin – Kota Bandung – West Java	Unavailable	Unavailable	150
Hospital-District-Province	# PLHIV Screened for TB	# PLHIV Eligible for IPT	# PLHIV enrolled for IPT																											
RS Bhayangkara – Medan – North Sumatera	80	25	25																											
RS Haji Medan – Medan – North Sumatera	50	25	25																											
RS Pringadi – Medan – North Sumatera	101	27	27																											
RS Adam Malik – Medan – North Sumatera	338	89	89																											
RS Hasan Sadikin – Kota Bandung – West Java	Unavailable	Unavailable	150																											

Sub-objective:		6. Management of latent TB infection												
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments								
						<table border="1"> <tr> <td>RSUD Kota Bandung – Kota Bandung – West Java</td> <td>Unavailable</td> <td>Unavailable</td> <td>13</td> </tr> <tr> <td>RS Moewardi – Surakarta – Central Java</td> <td>Unavailable</td> <td>88</td> <td>3</td> </tr> </table> <p>Data unavailable in 2 Hospitals in Jakarta Province Data RS Hasan Sadikin and RSUD Kota Bandung were not included in “result to date” since the denominator was not available</p>	RSUD Kota Bandung – Kota Bandung – West Java	Unavailable	Unavailable	13	RS Moewardi – Surakarta – Central Java	Unavailable	88	3
RSUD Kota Bandung – Kota Bandung – West Java	Unavailable	Unavailable	13											
RS Moewardi – Surakarta – Central Java	Unavailable	88	3											
6.1.11. Number of children under the age of 5 years who initiate IPT	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	NA	The RR mechanism not in place yet. Most of data only available in facility based. CTB will address this issue in next quarter.								

Sub-objective:		7. Political commitment and leadership				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.1. % of NTP budget financed by domestic resources	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	NA	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB Geographical Areas (Intensified Districts)	annually	Not Available	Not applicable to set target	NA	

Sub-objective:		8. Comprehensive partnerships and informed community involvement				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National	annually	1= National Stop TB Partnership established, and has adequate organizational structure; and a secretariat is in place that plays a facilitating role, and signed a common partnering agreement with all partners; but does not have detailed charter/plan, and does not meet regularly/ produce deliverables;	Not applicable to set target	1= National Stop TB Partnership established, and has adequate organizational structure; and a secretariat is in place that plays a facilitating role, and signed a common partnering agreement with all partners; but does not have detailed charter/plan, and does not meet regularly/ produce deliverables;	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	CTB Geographical Areas (Intensified Districts)	annually	Not Available	Not applicable to set target	Not Available	
8.2.1. Global Fund grant rating	National	annually	(Juli- December 2014) Aisiyiya : A1 MoH : B1	Not applicable to set target	Aisiyiya : A1 MoH : B1	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	CTB Geographical Areas (Intensified Districts) 1. FLD (District)	quarterly	SLD : 0 (2014) FLD : 2 districts: 1. Jember (TB drug for children) 2. North Jakarta (2nd Category)	Not applicable to set target	October- December 2015: 1.FLD* (District Level) Cat 1: 0 Cat 2: 1 (Deli Serdang) Children: 1 (Deli Serdang)	* FLD data was only available from 6 districts (Medan City, Deli Serdang, Bandung city, Bogor, East Jakarta, Jember)

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
	Level) 2. SLD (District Level)				2. SLD (District Level)= 0	

Sub-objective: 10. Quality data, surveillance and M&E						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	National	annually	3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB	3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB	3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National	annually	No	Not applicable to set target	No	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB Geographical Areas (Intensified Districts)	annually	0	Not applicable to set target	0	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	CTB Geographical Areas (Intensified Districts)	annually	NA	No	NA	

Sub-objective:	11. Human resource development																				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments															
11.1.3. # of healthcare workers trained, by gender and technical area	CTB Geographical Areas (Intensified Districts)	Quarterly and annually	CTB activities will be decided after HRD assessment	Not applicable to set target	360 (M: 168, F:192) (Q1, APA 1) Per Technical Area: <table border="1"> <thead> <tr> <th>Technical Area</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>SO1. Enabling Environment</td> <td>20</td> <td>38</td> </tr> <tr> <td>SO2. Comprehensive, High Quality Diagnostic</td> <td>7</td> <td>28</td> </tr> <tr> <td>SO3. Patient -Centered Care and Treatment</td> <td>24</td> <td>53</td> </tr> <tr> <td>SO.10. Quality Data, Surveillance and ME</td> <td>117</td> <td>73</td> </tr> </tbody> </table>	Technical Area	Male	Female	SO1. Enabling Environment	20	38	SO2. Comprehensive, High Quality Diagnostic	7	28	SO3. Patient -Centered Care and Treatment	24	53	SO.10. Quality Data, Surveillance and ME	117	73	
Technical Area	Male	Female																			
SO1. Enabling Environment	20	38																			
SO2. Comprehensive, High Quality Diagnostic	7	28																			
SO3. Patient -Centered Care and Treatment	24	53																			
SO.10. Quality Data, Surveillance and ME	117	73																			
11.1.5. % of USAID TB funding directed to local partners	CTB Geographical Areas (Intensified Districts)	annually	0	Not applicable to set target	0																

