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**CHALLENGE TB**



## **Challenge TB - Indonesia**

**Year 2**

# **Quarterly Monitoring Report January-March 2016**

**Submission date: April 29, 2016**

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### *Cover photo:*

A group of boys showing their excitement when they pose in Challenge TB's photo booth during World TB Day Commemoration event held by Ministry of Health in a sub-urban area in Marunda, North Jakarta.

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### **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	ATS, FHI360, IRD, WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

### Most significant achievements: (Max 5 achievements)

1. Launch of the Family Movement towards Indonesia Free of TB. For World TB Day, CTB, USAID and the NTP jointly developed a video campaign, involving the US Ambassador, the NTP and a famous local rock band, SLANK<sup>1</sup>, to raise public awareness on TB. The video campaign premiere on March 24<sup>th</sup> in conjunction with US Embassy's youth event "Let's TOSS to End TB" took place in @america corner under the United States Embassy Jakarta in Pacific Place, Jakarta. In this event, the Embassy of the United States announced their support to the TOSS TB (*Temukan Obati Sampai Sembuh*, Find Treat and Cure TB) campaign. The participants of the event were high school and university students as many as 150 persons. In addition to the SLANK performance, there was also a panel discussion and Q&A on TB, presented by Sub Directorate TB of MoH, Head of Koja Sub District Public Health Center (Puskesmas), and an ex MDR-TB patient. From this campaign, Challenge TB got about 2,000 engagements through the CTB Facebook page and 14,000 engagements during World TB Day on March 24<sup>th</sup>. And with CTB technical assistance during a Blogger Session on March 22<sup>nd</sup> held by the NTP, #TOSSTB became one of trending topics of the day. Secondly, on April 2<sup>nd</sup> in the Marunda slum area, CTB opened a photo and education booth during the launching of TOSS TB with the "Gerakan Keluarga menuju Indonesia Bebas TB" (*Family Movement towards Indonesia free of TB*) campaign by the Minister of Health, which also was attended by the Governor of Jakarta. After the event, the video campaign is now being used by the Jakarta Provincial Office of Health to promote TB awareness on their electronic banner in public places around Jakarta.
2. Second phase of revision of TB recording and reporting forms in accordance with the latest WHO definitions. CTB supported the adaptation of the electronic R&R system (SITT), bringing the SITT in line with WHO revised definitions, based on the revised paper forms (also supported by CTB, finalized and distributed end 2015) The adaptation of the SITT is expected to be completed by the end of April 2016.
3. CTB provided support to integrate Genexpert machine and eTB Manager using Gx Alert. The connection has been tested using dummy data. Variables which already connected are name of patients, ID number of patients, ID number of specimens, and results of Genexpert test. However, the simulation results showed potential error of the connection. It is recommended to use barcode to minimize the error.
4. Despite the absence of introduction letters for district work (see below) CTB continued with ongoing program support that was not dependent on the introduction letter like the development of a zero-draft for the national lab plan, development of a screening model using Chest X-ray in prison (submitted to NTP for approval), and an SOP for implementation of certification of general practitioners. All intended works have been completed and will be adjusted accordingly to the new revised NSP.
5. District assessment preparations were done, including finalization of assessment tools which consists of questionnaire for all related parties i.e. local government and local health offices, public health centers, laboratories, and public-private mix (CSOs, professional organizations, prisons, health insurance) including its guideline, and district advocacy package to inform CTB works and expected support from local governments towards the program. A small meeting of assessment teams in their use also has been conducted on mid of January and participated by representative of selected CTB areas (North Sumatra and Central Java) based on their experience on similar assessment in the past. The, background and preliminary data collection/ compilation conducted by CTB provincial staff, using the intended questionnaire and guideline..

<sup>1</sup> SLANK is an Indonesian rock band with huge fans across the country, and mostly teenagers-to-adult and some of them are coming from slum and middle-low income families.

6. On February 17<sup>th</sup> an SMT meeting was held with full partner participation. The NTP manager's vision on NTP decentralization to the districts was discussed and the CTB approach was brought in line with the NTP approach. The NTP manager proposed that the CTB District Planning effort would serve as an example or early implementing sites for the country. He emphasized the need of full NTP involvement and capacity building for this approach at national and provincial level, to ensure expansion based on government resources would be possible. As the follow up of the agreement, CTB will conduct a District Planning starting on April 2016 employing this approach..
7. CTB supported the revision of the NSP indicators to be responsive to the district approach. Serial meetings have been conducted hosted by NTP with the participation of CTB to formulate the new approach towards TB elimination in the country. It is expected that the new revised NSP will be finalized by NTP on May 2016. Next, CTB will use this as the basis of the implementation of District Planning as agreed with MoH.

### **Technical/administrative challenges and actions to overcome them:**

#### Technical

Introduction of Bedaquiline has been slow. Reasons are the tight inclusion criteria applied, the slow overall diagnosis of MDR TB due to Xpert problems over the first months and the reliance on a very slow method of second line DST testing (phenotypic). Also the occurrence of a SAE may have played a role. The SAE is being investigated for causality.

#### Administrative/ managerial

This quarter we were not able to catch up with delays in program implementation from Q1 and we could not proceed with the Q2 district planning activities. However, our frequent visits to NTP and the Ministry of Health resulted in introduction letters for 2 districts, sent to us during the first week of April. We hope the remaining 8 letters of introduction will follow soon as a result of our Q2 meetings with MoH.

We were challenged to filling some crucial management positions in the program Q2: a permanent Country Representative was recruited over the period December – February and she started at the beginning of April; The Director Operations was replaced by an interim Director of Operations. During the period January till March, the Indonesia Director of Technical Services had limited availability for medical reasons, but has almost fully recovered now.

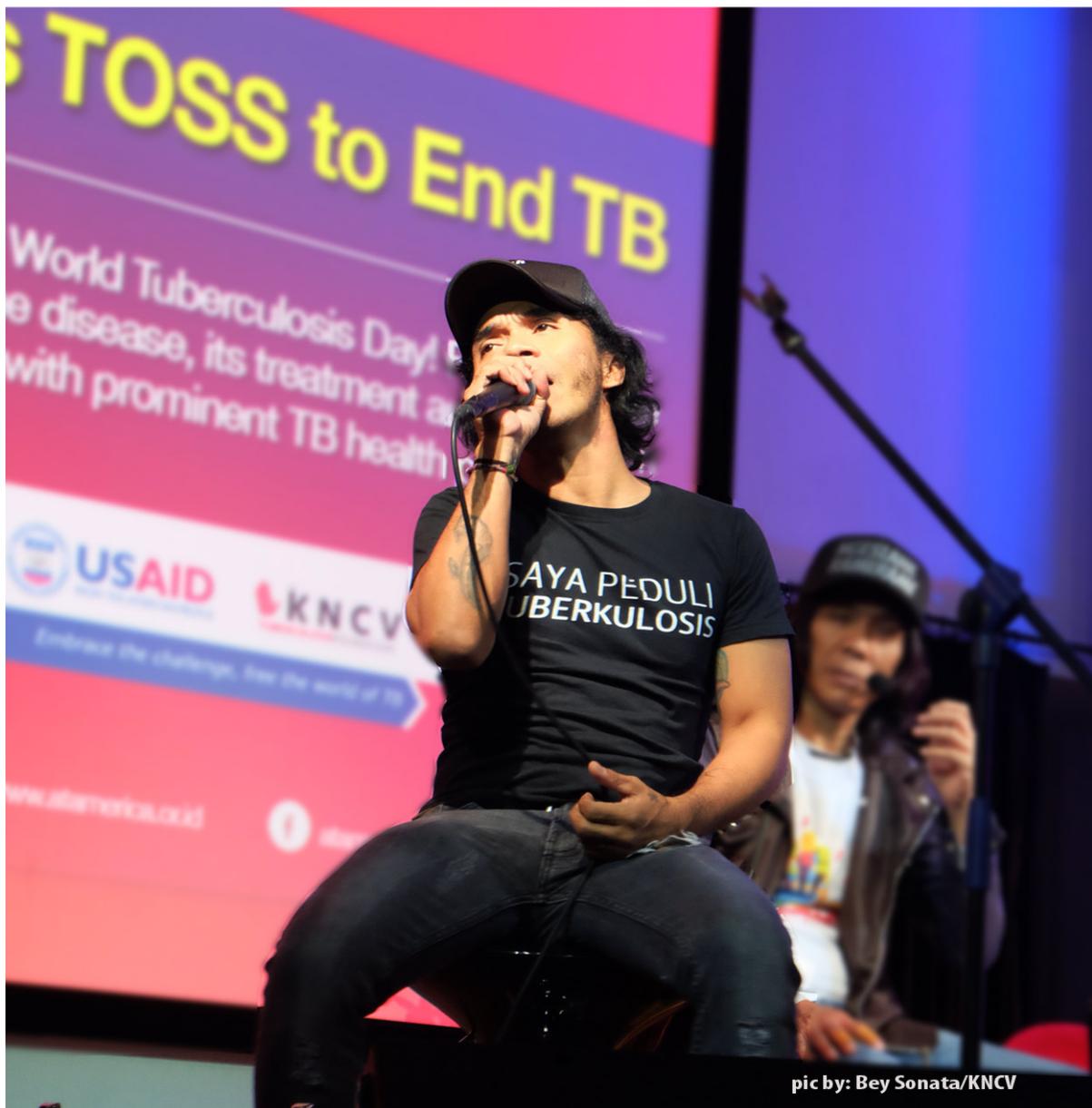
The former Director, the National TB Manager and the two National TB Coordinators have taken up new responsibilities and after some induction we expect the new director and his staff to accelerate the Challenge TB approach and ensure that USAID program is well in line with the National TB Programming.

KNCV was registered as an International NGO at the ministry of Foreign affairs based on a MoU between KNCV and the Ministry of Health. As a consequence of changes in laws and regulations in 2015, this MoU could not be renewed. The old MoU is still to be replaced by individual arrangements between the line ministries and donors. The Ministry of Foreign Affairs informed KNCV through letter no. 2/984/TI/11/2015/51 that KNCV was becoming an INGO implementing agency under the donor's implementing agreement with GoI - in KNCV's case USAID and the GF Principle Recipient -. This means that all formalities such as Expat work permits, tax exemption requests, etc. will be managed through USAID and the NTP respectively.

The State Secretariat is an entity outside of the MoH and responsible for recommendation letters to the Ministries of Finance and Immigration. They need the individual arrangement, mentioned above, before they can send those letter. After this is cleared, those ministries will provide KNCV with VAT exemption, work permits and visas etc. We will visit the state secretariat soon and ask them to explain the exact procedures to follow and obtain the required recommendation letters.

"It's a noble thing for me and Slank to be involved in TB video campaign, because TB is still a risk in Indonesia. We hope with this video campaign, the public will know more about TB prevention and treatment "

-Kaka, Lead Vocal Slank-



pic by: Bey Sonata/KNCV

**Summary milestone data as of March 2016**

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <b>met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>partially met</b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b>not met</b> by Q2 (cumulative for Oct 15 - Mar 16)	
	#	%	#	%	#	%
N						
31	7	23%	9	29%	15	48%

## 2. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
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 2015-Mar 2016		
Finalize lab action plan (including Xpert& culture/DST roll out) with support from SR	2.1.1		- Lab strategic plan finalized and approved			CTB provided TA in developing National Laboratory Action Plan 2015-2019. The document has been finalized.	<b>Partially met</b>	A zero-draft of Lab plan was developed. But with the current revision of the NSP and acceleration of Xpert roll out, additional work is needed.
			-SRL report with recommendations submitted			In this period, CTB supported NTP on strengthening TB Lab network, QA and finalization of the outstanding National Laboratory Action Plan through provision of TA from SRL (Richard Lumb). Report including recommendations from SRL has been submitted on February 9th 2016.	<b>Met</b>	
Support 3 NRLs (BBLK Surabaya, Micro UI, and BLK Bandung) to strengthen Lab Network (C/DST, Provincial and intermediate reference labs (PRLs and IRLs)) in CTB areas, expand scope of IRLs for intensified case finding (ICF) (including Xpert), expansion of culture labs, and introduction of	2.1.2		-PRL for West Java identified and trained			There were 3 labs appointed as candidates for PRL of West Java. They were: LB BP4 (Balai Pengobatan Penyakit Paru-Paru) in Cirebon City, Labkesda (District Health Laboratory) of Bandung City, and BKKM Laboratory of West Java. CTB	<b>Partially met</b>	Selection could not be finalized as the director of the selected lab changed positions. We will reassess after the new position is filled in the selected lab. This is expected soon.

LED						facilitated the selection process, and the result showed Lab BP4 in Cirebon City was eligible and ready to become PRL of West Java.		
			- Number of additional TB culture labs needed identified (number tbd after district assessments)			Several culture labs have been identified to be candidates of TB culture lab. They were: Pasar Rebo Hospital (Jakarta), Gunawan Hospital Bogor (West Java), BBKPM Surakarta (Central Java), BLK Medan (North Sumatera).	<b>Met</b>	Assessment to these labs was conducted as part of regular lab supervision from NRLs. Data will be used for district assessment.
Expand sample transportation system for TB & HIV services (based on JSI model)	2.1.3		specimen transfer workflow developed			CTB provided TA in the development of Specimen TB transportation guideline. Supervision visits to West Java and South Sulawesi have been conducted to review the pilot implementation of the TB specimen transport system as an initiation of the guideline development workshop. This guideline has been drafted through a workshop conducted in March 2016 involving NTP, NRLs, and CTB. This workshop was funded by USAID-DELIVER.	<b>Partially met</b>	It is expected that the draft of the TB specimen transport guideline will be finalized early in Q3.

						The workshop resulted in a draft, which will be finalized by a small team formed by NTP.		
Engage private laboratories in TB Lab network to participate in EQA and to ensure standardized quality of TB diagnostic services	2.1.4		-Number of non-program/private labs identified (tbd after district assessment )				<b>Not met</b>	Mapping of private labs will be conducted in 2 initial districts (Medan City and Tulungagung) in Q3.

## Photos Collage of CTB's booth activities during World TB Day Commemoration in Marunda, Cilincing



**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 2015-March 2016		
Screening of risk groups (HIV, DM, children, TB contacts, HCWs, etc.) => include screening for DR-TB. (e.g. FAST as first entry screening)	3.1.2	Protocol of OR in selected CTB areas finalized and approved	- screening facilities and commodities for ICF OR ensured			Protocol of OR in selected CTB areas have not been finalized.	Not met	With current revision of the National Strategic Plan, there is a possibility of shifting priorities of OR topics and/or the goals.
			- TB screening model using X-ray in prisons documented for policy direction			<p>TB screening model (algorithm, forms, mechanism of monitoring) already developed and documented involving the Directorate General of Correction Ministry of Law and Human Rights (MoLHR) &amp; Ministry of Health.</p> <p>It was planned to conduct a capacity building activity for the prisons staff and inmates volunteers at the pilot sites in April 2016.</p> <p>Sites to pilot the model were already proposed, they are Lubuk Pakam Prison in North Sumatera and Cibinong prison in</p>	Partially met	Currently, we are waiting for MoH approval for "kick off" in those 2 sites.

						West Java.		
CSOs support ICF	3.1.3		CSO engagement strategy (ENGAGE TB) finalized, including addressing confidentiality issues			The document of CSO engagement strategy (ENGAGE TB) has not yet been finalized.	Partially met	<p>The document of CSO Engagement strategy has been drafted. Due to the NTP decision to revise the National Strategic Plan (NSP), hence, it has been decided that the CSO Engagement strategy will be included into the revised NSP.</p> <p>In this quarter, CTB supported NTP to translate the strategy into the National Action Plan for CSO Engagement (<i>Rencana Aksi Nasional Pelibatan Organisasi Masyarakat Sipil</i>).</p> <p>Next, the National Action Plan will be adjusted accordingly.</p>
Adapt TB CARE 1 CI tool and develop SOPs & models/establish best practice for contact investigation	3.1.5		- Guideline for CI-IPT for children finalized			Guideline for CI-IPT for children was finalized in October 2015. A workshop to introduce the algorithm for Children CI-IPT was held with participation from representatives of the Provincial Health Office and pediatrician society from 6 provinces (including 4 CTB provinces) under GF funding.	Met	

			- SOP for CI developed			SOP for CI has not developed yet.	Not met	SOP for CI will be developed in the sub-districts level during APA2 after work plan at provincial/district level were finalized.
Review PMDT based on GLC recommendations and enhanced cohort review findings => package development (must address HR, patient support, referral & monitoring)	3.2.1		road map for responsive PMDT approach in CTB districts established				Not met	The road map for responsive PMDT approach will be conducted adjusting to the implementation of District Planning. It will use a district-based approach.
Ensure patient supervision / management according to national guidelines	3.2.2		candidates for sub referral identified in 3 districts			CTB provided TA to set up PMDT sub referral in Bandung City, North Jakarta, Cirebon City, Madiun City, and Tulungagung. Some of them have started their services (RS Iskak Tulungagung, RS Sudono Madiun, and BBKPM Bandung) and 2 sites have not yet started their services. RS Cirebon has not trained yet for eTB manager and RS Soelianti Saroso Jakarta has been selected and trained but not yet started the service due to administrative issues.  Besides, there is one hospital (RSUD Lubuk	Met	

						Pakam in Deli Serdang, N. Sumatra) that has been identified as the candidate and is still in the process of assessment as a sub referral hospital.		
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First Photo:

Peter Oomen, KNCV Interim Operational Director was explaining to Nila Moeloek, Indonesian Health Minister, Challenge TB's pen, which also provide basic knowledge about the concept of TOSS TB (Find, Treat and Cure TB)

Second Photo:

Group picture of KNCV's Staff in front of CTB's booth with Nila Moeloek, Indonesian Health Minister and Basuki Tjahaja Purnama (Ahok), DKI Jakarta Governor



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 2015 -March 2016		
Develop regulatory framework for SPM implementation at district level (ensure that TB control program has adequate portion in local governments' planning and budgeting through advocacy to local government using 5 planning development principles), based on PNPk & national guideline revision	7.2.1		- Revised PNPk finalized and published			As the follow up of the two small-group meetings on December 21 <sup>st</sup> and 28 <sup>th</sup> , after being reviewed by Indonesian Medical Doctor Association (IDI), the revision of National Guideline on Health Services (PNPK) is now on the process of Ministerial Decree.	Partially met	
		district assessments completed	- Agreements between CTB and district governments			The agreement letter (MoU) between CTB and district governments will be obtained during District Planning on Q3.	Not met	After being delayed for months, CTB will conduct the Districts Planning (previously Districts Assessment) in Q3 2016. The endorsement letter has been signed by the Directorate General of Disease Control and Prevention MOH which allow CTB to proceed with the Districts Planning.
Develop SOP for Accreditation/Certification (linkage with PNPk) and reinforce TB component of hospital accreditation guidance (develop guidance	7.2.2		TB guidance handbook for PHC accreditation disseminated to surveyors in 5 CTB			The guidance has been finalized and submitted to the Accreditation Sub Directorate of MoH.	Partially met	The dissemination of intended guideline will be conducted in Q3.

handbook for surveyor)			provinces					
Establish comprehensive PPM strategy including monitoring & supervision mechanism through Public-Private Interface Platform (PPIP) - (PPM team, Puskesmas Network, CSO, PDPI, LKB, etc.) and regulatory framework	7.2.4		- PPM strategy for CTB areas finalized  - PPIP established				Not met	PPM strategy will be revised during district assessments as part of the planning process. In parallel, CTB will hold PPM workshop focusing on private providers' engagement in Indonesia in Q3.
Promote & facilitate TB certification of GPs leading to branding, certification & JKN reimbursement	7.2.6		- roadmap developed			GPs certification implementation guideline has been officially issued by the Indonesian Medical Association (IDI) and CTB also has facilitated DHO Tulungagung, E. Java in developing n SOP in the district level through a 3-day workshop involving IDI, BPJS (Social Security Agency), and DHO.  Prior to certification process, it is recommended to strengthen PPM team and prepare external network between PHCs, private labs, and private pharmacies.  The first batch GPs	Partially met	The roadmap is not yet developed.

				<p>certification process will be started on April-September 2016 in Tulungagung East Java.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  <p>PETUNJUK PELAKSANAAN PROGRAM SERTIFIKASI DAN PENGHARGAAN/ REWARD TB BAGI DOKTER PRAKTEK MANDIRI</p> <p>PENGURUS BESAR IKATAN DOKTER INDONESIA JAKARTA 2014</p> </div>		
		- initial batch of GPs selected		<p>Currently, Board members of IDI (Indonesian Medical Doctor Association) have provided TB certification to 36 GPs in several areas: Cimahi (W. Java) 7 GPs, Mataram (W. Nusa Tenggara) 6 GPs, Padang (W. Sumatra) 2 GPs, Kota Malang (E. Java) 11 GPs, Medan (N. Sumatra) 10 GPs.</p> <p>While for Distance Learning, out of 97 GPs participated,</p>	Met	

						there were 52 GPs who passed the exams and are now in the process of certification.		
Mainstreaming of patient centered approach in services (patient perspective, psychosocial support (PSS), etc.)	7.2.7		PCA tools implemented at selected facilities				Not met	PCA tools will be implemented by CSOs, which will be mapped as part of District Assessment/Planning.
CSO capacity building for engagement in the TB control program	7.2.8		mentor for patient group identified and contracted				Not met	Mentor-mentee program for patient groups was postponed until CSOs mapping is done.  Mentor-mentee would be appointed from potential CSOs which are identified through CSOs mapping.

"If you get infected with TB,  
you must take TB medicine regularly.  
If not, TB bacteria will become resistant,  
and it will make the treatment  
longer up to 2 years"

-Cicilia Gita Parwati-  
Technical Officer KNCV



pic by: Bey Sonata/KNCV

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 not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop Health Information System plan - data solution design (including systems & needs assessment & response, Mandatory Notification) - establish IT/Data Management steering committee	10.1.1	IT/Data management steering committee	Master plan TB information system finalized and agreed by NTP				<b>Not met</b>	Both IT/Data management steering committee and master plan TB information system are pending due to change of management of NTP. Once new management of NTP is agreed, the master plan TB information system will be processed.
Support the development of the mandatory notification system (including SOP development)	10.1.2		Policy and data flow mechanism for MN finalized and agreed by NTP.			CTB supported NTP for developing user friendly RR software. It was developed to help GPs and private clinics who have not implemented DOTS strategy to record and report their TB cases easily. GPs and private clinics often have limited human resources. This software is expected to overcome the barrier of RR due to complexity and time consuming RR process in regular platform. Its simplicity and user friendliness is expected to increase the reporting	<b>Partially met</b>	There will be a circular letter from Directorate General P2PL (Disease Control and Environmental Health) MoH on data flow mechanism as the follow up of the Ministerial Decree.

						<p>compliance of GPs and private clinics, which will lead to case notification increase.</p> <p>To date, variables which are proposed for RR have been approved by NTP.</p> <p>There were two Ministerial Decrees related to surveillance and communicable diseases, which stated the mandatory notification of TB.</p>		
Facilitate/ support well-functioning quality data system/ DQA in CTB areas, while maintaining the current systems until the new comprehensive system is fully operational and transitioned	10.1.4		SITT and eTB Manager are in line with WHO definitions.			<p>CTB provided TA to adjust paper based forms for TB cases recording and reporting to be in line with WHO definitions. The updated forms have been officially distributed to Provincial Health Offices. However, electronic based forms in SITT were still under revision process since January 2016. It is expected to be completed in the middle of April 2016.</p> <p>For eTB Manager, function to record pharmacovigilance of new drugs (Bedaquiline, Clofazimine and Linezolid) were added</p>	<b>Met</b>	

						in line with WHO definitions. However, it still needs minor correction for the pharmaco-vigilance reporting module.		
			GxAlert integrated in eTB Manager			CTB provided support to integrate Genexpert machine and eTB Manager using Gx Alert. The connection has been tested using dummy data. Variables which already connected are name of patients, ID number of patients, ID number of specimens, and results of Genexpert test. However, the simulation results showed potential error of the connection. It is recommended to use barcode to minimize the error.  It is planned to reprogram APA2 budget to provide the barcodes.	<b>Met</b>	
Ensure that costing is included in all CTB (piloted) intervention packages – link to local university	10.1.5		costing strategy and plan developed			Postpone to APA3	Not met	Due to delay district assessment, together with HQ we decided to postpone this activity
Monitoring and Evaluation	10.1.6		quarterly review meetings held				Not met	The M&E activity is highly related to the District Planning, there for the intervention to the districts level is being postponed to

								the District Planning.
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### 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

The Global Fund's New Funding Method (NFM) was officially launched and started to be implemented in this quarter. All required documents have been signed. Starting January 2016, there were intensive meetings by CCM (Country Coordinating Mechanism) and TWG (Technical Working Group) on synchronizing the PRs' workplan of TB and HIV program, particularly in Technical Assistance work, supplies and logistics, and joint advocacy strategy. KNCV contributed to the process by facilitated TWG meeting of joint advocacy strategy discussion at KNCV office on 10 March 2016.

On 14 January 2016, there was a change in NTP leaderships. Dr. Asik Surya MPPM is now the head of TB Control Sub-directorate MOH, succeeded Dr. Christina Widaningrum M.Kes. Two Heads of Section were also replaced with new persons coming from outside the NTP team. The title and functions of sections in TB Control Sub-directorate were also changed, following Presidential Regulation No.35/2015 on Ministry of Health's structure reorganization. New officers on board need program update and thus slow the speed of implementation. Moreover, the new NTP leadership requested the revision of the NTP National Strategy 2015-2019. Therefore some planned GF Technical Assistance item should be adjusted accordingly.

Indonesia has the second largest Global Fund TB allocation in Asia at USD 122 mio over 2014-2017. The current rate of disbursement is 30%.

Delays occurred in the NTP contracting the Cepheid service provider for maintenance and calibration, resulting in many dysfunctional machines. As a result by the end of March less than 400 MDR-TB patients were enrolled nationwide in 40 MDR-TB treatment (referral) centers, with the target for 2016 being approximately 4,000. This low spending rate and low MDR-TB enrolment, in combination with the low TB detection rate of Indonesia are a great concern. Over the past quarter, with GF funding, KNCV contributed to acceleration of GF implementation by providing TA to hospital renovation design for TB IC and selection of the contractor for the renovation work and preparation of the April StopTB Partnership/GF mission.

In terms of TA work implemented by KNCV, the MoU amendment of No-Cost Extension (NCE) offered by NTP were signed and the budget was accepted. The NCE will end on 30 June 2016. There are some TA omitted by NTP due to time consideration and strategy changes.

PR-TB 'Aisyiyah also amended the MoU with KNCV to accommodate ongoing TA work up to June 2016. The amendment was officially signed and TAs are ongoing. There were significant changes in 'Aisyiyah's management personnel. Mrs. Noor Rochmah Pratiknya - as the Authorized Signature of PR-TB 'Aisyiyah was succeeded by Dr. Atikah M. Zaki, MARS. The Program Manager was also changed. These changes, did affect the flow of TA implementation.

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

CTB assisted PR-TB (MOH and 'Aisiyah) with the implementation of the GF-TA Plan. CTB assisted the PR-TB to translate the TA Plan into specific TOR, consultant selection, supervision of TA work and provide technical support to hired consultants in implementing the TA. In this period, CTB supported GF-TA works by negotiation of NCE budget, contract extension for consultants, and review consultant's report and deliverables. .

#### 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Engaging Private Practitioners in the TB Program
<b>Sub-objective of story:</b>	7. Political commitment and leadership
<b>Intervention area of story:</b>	7.2. In-country political commitment strengthened
<b>Brief description of story idea:</b>	CTB tries to implement several approaches to support NTP on engaging private providers, esp. GPs to actively participate on the TB program. Some of the approaches are through PPM implementation, GPs certification program (OJT, Distance Learning), and simplification of the recording and reporting mechanism (using m-tech). It is expected that by the end of Year 2 we will be able to count the yield of the approaches, esp. the contribution of GPs on TB notification.
<b>Status update:</b>	CTB supported the NTP in the process of PPM and Distance Learning implementation and monitoring. For the PPM, the support from CTB was on the development of PPM implementation guideline and its strategy, which is now being reviewed by NTP. Aside from that, the PPM teams were established in all CTB intensified areas. While for the Distance Learning monitoring, from the 1 <sup>st</sup> batch of DL conducted by NTP, 52 out of 97 participated GPs passed the exams and are now in the process of certification.

Although the weather was very hot , Ati, a mother with baby carrier waited patiently in line for her picture to be taken at CTB's booth. Sidelines of queuing I talked with her for a while " Mam, have you done follow-up tests for tuberculosis?," I asked. "We have already been tested and we are all healthy," she said smiling . "Is there anyone at home coughing a lot?," I asked. "There is engkong (old man), but I think because he is old," said a lady next to her. "But we told him to come here anyway," added Ati.

story by Trishanty Rondonuwu



pic by: Teuku Nasrullah/KNCV

## 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 RR-TB or MDR-TB cases detected (3.1.4)	Number of RR-TB or MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	300	255	Data were taken from eTB Manager as per 13 April 2016. Enrolment is under 70%. Challenge TB will work with the NTP to analyse and urgently redress this situation. With 12 new treatment sites opened in the country, enrolment rates should significantly increase within the next quarter, including treatment of the "backlog" patients.
Total 2012	514	432	
Total 2013	937	818	
Total 2014	1,663	1,303	
Total 2015	2,167	1,576	
Jan-Mar 2016	590	396	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)**

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	N/A	Indonesia introduced Bedaquiline as a new drug for pre-/XDR-TB patients. It has been used since 2015.
Total 2015	16	N/A	
Jan-Mar 2016	5	N/A	This enrolment rate is very low, in April 2016 the NTP, with participation of the implementing sites, WHO and KNCV consultants discussed measures to increase enrolment (and prevent expiration of the Bedaquiline)
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.3 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) (3.1.1)**

		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( <i>List each CTB area below - i.e. Province name</i> )						*Data completion as of date is around 18%.
	Medan City	1,068	16			1,084	
	Deli Serdang	775	0			775	
	North Jakarta	530	0			530	

	East Jakarta	1,837	1,116			2,953	
	Bandung City	1,908	306			2,214	
	Bogor	2,687	391			3,078	
	Semarang City	738	77			815	
	Surakarta City	451	62			513	
	Tulungagung	179	0			179	
	Jember	774	0			774	
	TB cases (all forms) notified for all CTB areas	10,947	1,968			12,915	
	All TB cases (all forms) notified nationwide (denominator)	70,443	15,872			86,315	
	% of national cases notified in CTB geographic areas	16%	12%			15%	
<b>Intervention (setting/population/approach)</b>							
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	Medan City, Deli Serdang, Bogor, Bandung City, North Jakarta, East Jakarta, Semarang City, Surakarta City, Jember, Tulungagung			Medan City, Deli Serdang, Bogor, Bandung City, North Jakarta, East Jakarta, Semarang City, Surakarta City, Jember, Tulungagung	*Data completion as of date is around 18%.
	TB cases (all forms) notified from this intervention	5,184	739			5,923	
	All TB cases notified in this CTB area (denominator)	10,947	1,968			12,915	
	% of cases notified from this intervention	47%	15%			46%	
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	Medan City, Deli Serdang, Bogor, Bandung City, North Jakarta, East Jakarta, Semarang City, Surakarta City, Jember, Tulungagung			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	1,455	241			1,696	
	All TB cases notified in this CTB area (denominator)	10,947	1,968			12,915	

	% of cases notified from this intervention	13%	12%			13%	
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## 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	Q4					
1	KNCV	Kathy Fiekert					Support finalization of APA2 Work Plan and provide interim technical support to cover Jan Voskens	Complete	9 Jan - 5 Mar 2016	57 days	
2	SA Pathology	Richard Lumb & Petra de Haas					Provide TA on strengthening of the TB Lab network, QA and implementation of CTB activities with detail purpose: 1. Introduce Petra de Haas as CTB Senior Technical Lab consultants to the NTP and lab team 2. Support the finalization of the outstanding National Laboratory Action Plan and the CTB specific lab plan	Complete	Richard Lumb: 24-29 Jan 2016 Petra de Haas: 20-29 Jan 2016	Richard Lumb: 6 days  Petra de Haas: 10 days	
3	KNCV	Agnes Gebhard & Michael Kimerling					1. To introduce Agnes Gebhard as the new CD to the new NTP leadership, KNCV team and partners and facilitate the hand-over process and priority setting 2. To prepare the participatory district planning process, incl. review of the preparations and materials developed to	Complete	14 - 23 Feb 2016	10 days	

						the participatory district planning process and packages 3. Follow up on previous PMDT mission and main findings 4. Discuss further partner roles and engagement strategies				
4	KNCV	Ieva Leimane				1. Assist CTB Indonesia in updating its staffing structure and HR plans based on a thorough HR needs and competencies assessments-current and required under new structure (inc task analysis) 2. Develop district specific TB (HR)D plns based on thorough HR needs and competencies assessments - current and required for intensified activities (inc task analysis) in the 10 CTB priority districts in collaboration with the NTP&MoH-BPPSDM	Complete	22-26 February 2016	5 days	
5	KNCV	Mar Koetse				Regular annual internal financial audit	Complete	14-25 March 2016	12 days	
Total number of visits conducted (cumulative for fiscal year)							7 (Total visit conducted from Jan-Mar 2016)			
Total number of visits planned in approved work plan							36			
Percent of planned international consultant visits conducted							?19%			

## 7. Quarterly Indicator Reporting

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)	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% (12,408/42,515) • Non NTP Private: 18% (7,689/42,515)	
	1. Non NTP- Public 2. Non NTP- Private		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 (Jan-Mar 2016)* • Non NTP Public 28% (560/1,968) • Non NTP Private 9% (179/1,968)	Data completion to date is around 18%.
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	

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	National	annually	0= Operational plan not available (2015)	2= Operational plan available and follows standard technical and management principles	2015 0= Operational plan not available	Final draft of National Laboratory Action Plan 2015-2019 has been developed. However, NTP has decided to revise National strategic plan and the lab action

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
implement interventions.				of a quality work plan required for implementing the necessary interventions to build and strengthen the existing TB laboratory network		plan will be revised accordingly.
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%	86% (157/182) (2015)	Data was taken from latest EQA of each district in 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%	2015 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% (0/3) (2015)	ToT for LQMS and international guideline adoption to local content was planned to be conducted in Q4.
2.2.7. Number of GLI-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)	Drafting of Accreditation tool for TB Microscopy Laboratory Network based on GLI 11 Standards is in progress.
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	CTB Geografic Areas (2014) 8%	15%	Oct-Dec 2015 CTB (10 districts): 3% (173/5,513)	Data for Jan-Mar 2016 is not yet available.

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"> <li>• TB-DM: NA</li> <li>• TB-HIV: NA</li> <li>• TB Children 12% (5,257/42,515) (2015) 13% (1,455/10,947) (Oct-Dec 2016) 12% (241/1,968) (Jan-Mar 2016)*</li> <li>• CI: NA</li> <li>• TemPO: NA</li> </ul>	*. Data not yet completed. Available only from 6 districts (Medan, E. Jakarta, Bandung City, Bogor, Surakarta, Semarang City).
3.1.4. Number of MDR-TB cases detected	CTB Geographical Areas 5 provinces	quarterly	1,299 ( 2014)	NA	1,463 (2015) 358 (Oct-Dec 2015) 415 (Jan-Mar 2016)	
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%	79% (29,798/37,943) (2014, 9 districts, exclude N. Jakarta)	
3.2.4. Number of MDR-TB cases initiating second-line treatment	CTB Geographical Areas ( 5 provinces)	quarterly	<ul style="list-style-type: none"> <li>• National (2014) = 1,284</li> <li>CTB 5 provinces (2014) = 974</li> </ul>	100% of MDR-TB detected	266 (Oct-Dec 2015) 322 (Jan-Mar 2016)*	*Data was taken from TB 07 eTB Manager as per 26 April 2016
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB Geographical Areas (5 provinces)	annually	<ul style="list-style-type: none"> <li>• National (2012) = 55% 9236/432</li> <li>CTB ( 2012) = 56% ( 217/389)</li> </ul>	65%	51% (357/702) (2013, 5 provinces)	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy	CTB Geographical Areas (Intensified	annually	184/311 (59%) (2013)	100%	20% (118/592) (2015, 8 districts)	Data inputted in SITT not completed yet.

<b>Sub-objective: 3. Patient-centered care and treatment</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
during TB treatment	Districts)					
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB Geographical Areas (Intensified Districts)	annually	1,218/ 21,550 (6%) (2013)	25%	13% (5,450/40,998)(2015,10 districts)	

<b>Sub-objective: 5. Infection control</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
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

<b>Sub-objective: 6. Management of latent TB infection</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
6.1.7. #/% eligible PLHIV with LTBI started on preventive treatment	CTB Geographical Areas (Intensified Districts)	annually	163 /299 (55%)	75%	N/A	Data not yet available.
6.1.11. Number of children under the age of 5 years who initiate IPT	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	N/A	NTP has sent INH for this activity to provincial health offices in the beginning of this year, however the drugs have not yet received by facilities.  Forms to record IPT for children under the age of 5 years have been distributed to provincial level. The training as the follow up of the previously sent forms conducted on April 2016.

<b>Sub-objective: 7. Political commitment and leadership</b>						
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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
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	N/A	
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	(Jan-Jun 2015) Aisiyiyah: A1 MoH: B1	

<b>Sub-objective: 9. Drug and commodity management systems</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
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 Level) 2. SLD (District Level)	quarterly	SLD : 0 (2014) FLD : 2 districts: 1. Jember (TB drug for children) 2. North Jakarta (2nd Category)	Not applicable to set target	Oct-Dec 2015: 1.FLD (District Level) Cat 1: 0 Cat 2: 0 Children: 0 2. SLD (District Level)= 2 cities (Semarang city: capreomycin, Surakarta City: capreo mycin, Kanamysin)  Jan-Mar 2016: 1.FLD* (District Level) Cat 1: 0 Cat 2: 0 Children: 0 2. SLD (District Level)= 0	*Data available only in 2 districts (Surakarta and Semarang City).

<b>Sub-objective: 10. Quality data, surveillance and M&amp;E</b>						
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
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	N/A	
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	N/A	
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	N/A	

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
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	N/A	

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
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	276 (M:89; F:187)(Jan-Mar 2016)	
11.1.5. % of USAID TB funding directed to local partners	CTB Geographical Areas (Intensified Districts)	annually	0	Not applicable to set target	N/A	