

Current TB Grants from USAID's Child Survival Health Grants Program

Title of Project:

MITRA – Membangun Integrasi Program Tuberkulosis di Banten, Republik Indonesia
Partners for Tuberculosis Control in Banten Province, Indonesia

Prime Implementing Agency: CARE

Project start date: October 1, 2005

Project end date: September 30, 2009

Project description:

CARE International Indonesia (CII) began implementation of the MITRA project in October 2005. The project's goal is to decrease morbidity and mortality caused by tuberculosis in four districts in Banten Province. This goal will be achieved through activities to meet the three project's strategic objectives which are to (1) create sustainable community-based TB control structures thereby increasing community participation in the National TB Program; (2) strengthen the delivery capacity of the district and provincial TB programs and increase coordination at all levels in order to improve program quality; and (3) increase private practitioners' participation in the TB program. MITRA focuses on four of six districts of Banten province, covering a total population of 6,188,365 and account for about 68.6% of the current TB cases (all types) in the entire province. The Case Detection Rate (CDR) for the project area was 62.8% (2005 - baseline).

Successes:

- Total number of TB suspects who sought diagnosis and/or treatment from *Puskesmas* (primary health facilities) as of September 2008 has reached 69,290 in the project area.
- 36 *Paguyuban* or TB/TB Support Groups are established and active in conducting TB Outreach within Project sites and working with MOH, HW.
- Total of 245 Community Based Treatment Observer Supervisors trained. They help in linking the patient and his family to the understaffed MOH and being the first point of referral of key TB patients issues like adherence and referral for sputum testing. They help in supporting the treatment observers thus take off load from the HW in the HF bringing standard of care close to the doorstep of the patient. Under a specific strategy for poor performing areas (identified by higher drop out rates amongst others) 97 CBTO supervisors have been trained on Counseling and Supportive Supervision skills
- Total of 1,591 Community Health Workers/Volunteers (CHWs/*Kaders*) have been oriented on TB DOTS and disseminating information skills to conduct outreach among communities and act as CBTOs for the TB patients in within their respective areas
- Total of 84 Religious leaders have been trained on TB DOTS Information dissemination and Outreach within all project sites
- Total of 354 outreach and information dissemination have been conducted in *Posyandus* (Village Nutrition Post), Place of Worships and other community gathering events with total of 3,854 people participated within outreach and information dissemination events
- Total of 565 Health Facilities staff have been oriented on TB DOTS program to enhanced high quality expansion within health facilities services area
- Total of 13 Private Clinic/Health Providers have been collaborate and coordinate with Municipal/District Health Offices for implement TB DOTS/ISTC in their places
- Total of 11 Industrial Clinics have been collaborate and coordinate with Municipal/District Health Offices for implement TB DOTS/ISTC Programs in their places

Constraints:

- In Indonesia the National Governments program to devolve power to provinces and district is still not clear, making some decisions and responsibilities difficult to gauge as a result there is lack of coordination mechanism between District/Municipal Health Offices

and Provincial Health Offices to implement TB Control Programs in their areas.

- Other funding sources for TB Control Programs in Indonesia (Global Fund for Aids, Malaria, and TB – GFATM) that comes into Ministry of Health directly has put major barriers for the project. The MoH at Provincial Level strictly does not want the project to do overlapping activities that already supported by the funding sources. On the other hand the GF have been frozen. As of now the lack of adequate skills of MoH staff at sub-district level is a challenge.
- Inadequate drugs and laboratory supplies (reagents and sputum pots) in the Municipal/District Level through Provincial Health Office system mechanism resulted from slow progress/coordination of Provincial Health Office with the supervised Municipal/District Health Office and also with the NTP at national level. This could be lead on decreasing of CDR and TSR in nearly future.

Lessons Learned about community-based TB, reaching marginalized people, involving civil society:

- Community-based TB is one of the major contributors for the successful TB Program in an area.
- Role of volunteers (community health workers (CHWs), religious leaders, members of *Paguyuban* TB/TB Support Groups, village leaders, informal community members, etc) in reducing stigma and for referring suspects is a new paradigm about TB disease among communities.
- Institutional capacity building for the established CSO (*Paguyuban* TB/TB Support Groups) are essentials to assure that they are being recognize by the community, could maintain their own operational supports (fund raising, networking) and also could play big roles over the TB control programs within their respective areas such as advocacy, communication and social mobilization among community – health facilities – other private sectors to enhance high quality DOTS expansion.
- Indonesia NTP has followed the route of a family member being the Treatment Observer (In Indonesia they are called as Community Based Treatment Observers). To maintain quality, link with the HF and for reliable reporting the project has introduced a new approach for community-based T B control program that is CBTO Supervisors. Their main roles are supporting the CBTOs in providing treatment supports, including training for new CBTO, counseling, suspect referral, contact and defaulter tracing, outreach and stigma reduction. This new layer above CBTOs developed with purpose of CBTOs sustainability in the areas as CBTOs from family members difficult to be sustainable in the future, and the CBTO Supervisors will be more sustainable and effective approach of treatment supporters within communities.

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TB Outreach at Cipondoh Village, Kota Tangerang

TB Outreach at Place of Worships

Training of Paguyuban TB/TB Support Groups in Pagedangan Puskesmas, Kabupaten Tangerang



Home Visit to the TB Patient by the CBTO Supervisors



Facilitation and Outreach skills for CBTO Supervisors
Training at Jatiuwung Puskesmas, Kabupaten Tangerang