The Global Fund

Performance Framework

Country	Indonesia
Grant Name	IDN-T-PBSTPI
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Konsorsium Komunitas PENABULU-STPI

Reporting Periods	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	Accelerate the elimination of tuberculosis in Indonesia by 2030
2	End tuberculosis epidemic in Indonesia by 2050

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB I-2 TB incidence rate per 100,000 population	Indonesia	N: 318 D: P:	2018 The numerator is taken from NTP report, based on global TB report 2019. The population number is based on the national statistic bureau projection for 2018			N: 252 D: P: % Due Date: 31-Dec-2022	N: 233 D: P: % Due Date: 31-Dec-2023	N: 211 D: P: % Due Date: 31-Dec-2024
	Comments								
	The target population was based on demographic projection from Badan Pusat Statistic (Statistic Bureau); the program covers 34 province and 514 districts/muicipalities. We estimate the decline of incidence if the conditions evaluated in the TIME modelling are fulfilled (high coverage of rapid molecular diagnostics, implementation of active and intensified case finding, high treatment coverage and success rate). If the strategies stated in NSP are implemented, these are the target set to be achieved Baseline: 845,000 / 265,720,000 2021: 686,066 / 272,248,500 2022: 639,925 / 274,859,100 2023: 585,382 / 277,432,400								
2	TB I-3▢M▢ TB mortality rate per 100,000 population	Indonesia	N: 35 D: P:	2018 The numerator is taken from NTP report, is based on global TB report 2019. The population number based on the national statistic bureau projection for 2018			N: 33 D: P: % Due Date: 31-Dec-2022	N: 32 D: P: % Due Date: 31-Dec-2023	N: 31 D: P: % Due Date: 31-Dec-2024
	Comments								
	The TB mortality is expected to decline with the high TB treatment coverage and TB treatment success rate, including drug resistant TB and TB-HIV Numerator: Number of deaths caused by TB (all forms) in HIV-negative people per year, according to the ICD10 definition x 100,000 Denominator: Number of people in the population Baseline: 93,000 / 265,720,000 2021: 88,350 / 272,248,500 2022: 83,933 / 274,859,100 2023: 79,736 / 277,432,400								
3	TB I-4▢M▢ RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Indonesia	N: 17,035 D: 709,800 P: 2.4%	2018 NTP report 2019, 84% of estimated incident cases are new cases (16% are relapse), 2.4% proportion is taken from GTR 2019			N: 13,831 D: 576,296 P: 2.39998195371823 % Due Date: 31-Dec-2022	N: 12,800 D: 533,337 P: 2.39998350011344 % Due Date: 31-Dec-2023	N: 11,801 D: 491,721 P: 2.39993817632357 % Due Date: 31-Dec-2024
	Comments								
	the prevalence of RR TB and/or MDR TB among new TB patients is expected to decline with early diagnosis of RR TB to all TB patients, increase detection and enrollment to treatment, then decrease the transmission of resistant cases. The effort of infection control will also contribute to the decrease of transmission Numerator: Number of new TB cases with RR-TB and/or MDR-TB Denominator: Total number of new TB cases with DST results/ Xpert result								

	Indicator	Country	Baseline Value	Baseline Year and Source				2022	2023	2024
4	TB/HIV I-1 TB/HIV mortality rate per 100,000 population	Indonesia	N: 1.99 D: P:	2018 The numerator is taken from NTP report, is based on global TB report 2019. The population number based on the national statistic bureau projection for 2018				N: 1.85 D: P: % Due Date: 31-Dec-2022	N: 1.74 D: P: % Due Date: 31-Dec-2023	N: 1.64 D: P: % Due Date: 31-Dec-2024

Comments

The decline of TB/HIV mortality rate is expected due to increased coverage of HIV testing among TB patients, ART for all co-infected patients immediately after HIV positive result is released, and TB preventive treatment for PLHIV Baseline: 5,300 / 265,720,000 2021: 5,035 / 272,248,500 2022: 4,783 / 274,859,100 2023: 4,544 / 277,432,400

Program Objectives, Outcome Indicators and targets

1	Strengthen the management of responsive tuberculosis control in national, provincial, district/municipality, and health care facility level. By 2023 to achieve 90% of TB case notification and 75% of drug resistant TB treatment coverage
2	Increase the quality of TB services which centered in the community needs. To achieve 90% and 80% of treatment success rate of drug sensitive TB and drug resistant TB respectively before 2023
3	Increase access of the community on tuberculosis control and prevention. To cover 80% of under 5 household contacts of bacteriologically confirmed TB patients and 50% of PLHIV under ART with TB preventive treatment before 2023
4	Increase demand and interest of the community on controling and preventing tuberculosis. To cover all TB-HIV co-infected patients with ARV in 2023. To ensure 75% TB patients know their HIV status in 2023, with the support of communities

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB O-5☐M☐ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Indonesia	N: 565,869 D: 845,000 P: 67.0%	2018 NTP Report 2019			N: 726,752 D: 844,000 P: 86.11% Due Date: 31-Dec-2021	N: 768,881 D: 843,000 P: 91.21% Due Date: 31-Dec-2022	N: 768,372 D: 842,000 P: 91.26% Due Date: 31-Dec-2023

Comments

Achievement of this indicator in last two years is 35% in 2016 (GTR 2017) and 53% in 2017 (GTR 2018). The numerator is expected case notification. The denominator is higher than the estimated incidence because we use the very conservative decline of incidence. We may find more cases than the estimated incidence if our case finding effort in the community detect the old cases also.

2	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Indonesia	N: 363,098 D: 429,219 P: 84.6%	2018 NTP Report 2019			N: 617,634 D: 686,259 P: 90.00% Due Date: 31-Dec-2021	N: 654,076 D: 726,752 P: 90.00% Due Date: 31-Dec-2022	N: 691,933 D: 768,881 P: 89.99% Due Date: 31-Dec-2023

Comments

We expect to achieve the 90% treatment success rate throughout the grant implementation years. With better supervision, various methods of staff capacity building, intensive monitoring and evaluation, and scaling up the daily treatment regimen, we will increase the current treatment success rate. Moreover, the TSR 90% is one of the requirement to bend the curve to achieve the targeted incidence decline. The engagement of non NTP health facilities to notify cases and treatment outcome will risk to decline the TSR instead of increase it. We propose a measure through PPM approach to monitor the quality of care and treatment in all providers. Achievement of this indicator in last two years is 85% in 2016 (GTR 2017) and 86% in 2017 (GTR 2018)

3	TB O-6 Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	Indonesia	N: 9,038 D: 24,000 P: 37.7%	2018 NTP Report 2019			N: 17,288 D: 24,695 P: 70.01% Due Date: 31-Dec-2021	N: 18,500 D: 24,666 P: 75.00% Due Date: 31-Dec-2022	N: 19,710 D: 24,637 P: 80.00% Due Date: 31-Dec-2023

Comments

We propose doubling the notification of RR-TB and/or MDR TB cases from the 2018 baseline. The PMDT acceleration plans should be implemented in 2020 and will increase the notification. We propose also high coverage of rapid molecular test to detect early RR-TB, high coverage of culture and DST laboratories and sputum transportation system. These investment will have impact in increasing the notification. Achievement of this indicator in last two years is 2,720/11,000 in 2016 (GTR 2017) and 5,070/12,000 in 2017 (GTR 2018).

#		Country	Baseline	Baseline Year/Source			Target 1	Target 2	Target 3
4	TB O-5☐M☐ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Indonesia	N: 921 D: 1,879 P: 49.0%	2018 NTP Report 2019			N: 3,518 D: 4,690 P: 75.01% Due Date: 31-Dec-2021	N: 8,298 D: 10,372 P: 80.00% Due Date: 31-Dec-2022	N: 11,854 D: 14,817 P: 80.00% Due Date: 31-Dec-2023

Comments

We propose increasing the treatment success rate of RR-TB and/or MDR-TB by introducing all oral regimens, systematic quality assurance system and pharmacovigilance, and remove barriers to access care (enablers, decentralized services), and improve the capacity of health workers in all health facility level to manage MDR TB according to their level of management. Treatment success result is based on cohort that starts treatment 2 years prior. Achievement of this indicator in last two years is 51% in 2016 (GTR 2017) and 47% in 2017 (GTR 2018).

#		Country	Baseline		Required Dissagregation		Target 1	Target 2	Target 3
5	TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services	Indonesia	N: D: P:		Gender		N: D: P: % TBD Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:

Comments

As this is a new activity, no baseline data is available. PR PB-STPI is expected to identify that people diagnosed with TB will report experience of stigma in community settings that inhibited them from seeking and accessing TB services. The target for this indicator will be reported after completion of TB Stigma Assessment in 2021.

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
TB care and prevention															
1		TCP-7c Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	Country: Indonesia; Coverage: Geographic Subnational, 100% of national program target	N: 67,815 D: P:	2019 Program report from current PR (Aisyiyah = 42,368) and SR (LKNU = 25,447)		Yes	Konsorsium Komunitas PENABULU-STPI	Non cumulative	N: 62,666 D: P:	N: 62,666 D: P:	N: 79,982 D: P:	N: 79,982 D: P:	N: 93,741 D: P:	N: 93,741 D: P:

Comments

This indicator intends to measure the number of notified TB cases referred by community cadres in 190 districts. PR PB-STPI used the MoH data from 190 districts to be covered (estimate number of notifid cases (all forms)). In the discussion with MoH, NTP expected that community organizations referred 24% (2021), 29% (2022) and 34% (2023) of TB patients in 190 districts. Based on this request, the PR calculated the target: 2021 = 125,331 out of 522.212 target of notified TB cases in 190 districts 2022 = 159,963 out of 551.595 target of notified TB cases in 190 districts (target increased 21.6% from 2021) 2023 = 187,482 out of 551.417 target of notified TB cases in 190 districts (target increased 17.2% from 2022) The target(s) for 190 districts as outlined above will contribute to the achievement of community referrals in 514 districts (100% national coverage) needed to achieve the national target in case notification each year. This indicator is a shared indicator with PR TB MoH. PR PB-STPI will report the proportion of notified cases identified through contact investigation and from community outreach and education. Based on Aisyiyah's performance, 20% of notified cases were identified through contact investigation & 80% are from community outreach and education. Whereas for LKNU, 40% were from contact investigation and 60% arefrom community outreach and education. This indicator is associated to budget line(s) below: TB Care and Prevention: BL 1, BL 2, BL 4, BL 5, BL 6, BL 37, BL 38, TB/HIV: BL 7, BL 17, BL 18, RSSH: Community System Strengthening: BL8, RSSH: Health Management Information System and M&E: BL 45

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
2		TCP Other-1 Percentage of bacteriologically confirmed TB patients whose household contacts screened for TB (contact investigation)	Country: Indonesia; Coverage: Geographic Subnational, less than 100% national program target	N: 125,836 D: 225,472 P: 55.8%	2019 Program report from current PR (Aisyiyah) and SR (LKNU): Numerator Aisyiyah = 84.195 and LKNU = 41.64 Denominator Aisyiyah = 141.667, LKNU = 83.805		Yes	Konsorsium Komunitas PENABULU-STPI	Non cumulative – other	N: 77,549 D: 140,998 P: 55.0%	N: 84,599 D: 140,998 P: 60.0%	N: 96,805 D: 148,931 P: 65.0%	N: 104,251 D: 148,931 P: 70.0%	N: 111,662 D: 148,883 P: 75.0%	N: 119,106 D: 148,883 P: 80.0%

Comments

This indicator intends to measure the proportion of index cases (bacteriologically confirmed pulmonary TB) who are successfully traced through contact investigation. CSO will support MoH in contact investigation of household contacts of pulmonary tuberculosis patients in 190 districts by following the National Technical Guideline for Contact Investigation. The national target for Contact Investigation are bacteriologically confirmed TB patients (i.e. 54% of all forms, based on Global TB Report 2018). The TB NSP 2020-2024 target are 85% (2021), 90% (2022) and 90% (2023) in p.193. Based on the performance of previous community implementers in 2019, the PR calculated target for contact investigation of index cases is expected to increase 5% each sesmters starting at: S1 2021: 55% & S2 2021: 60% S1 2022: 65% & S2 2022: 70% S1 2023: 75% & S2 2023: 80% Numerator: The number of notified bacteriologically confirmed TB cases whose household contacts are successfully screened for TB by community cadres in 190 districts Denominator: The number of targeted bacteriologically confirmed TB cases notified in 190 districts Performance will be assessed against % achievement of the actual results. Notes: - Data address of index cases received is notified TB cases in the National TB Information System (SITB) - Data of Index cases are patients notified in the last semester or max. 1 preceding year - Based on the contact investigation module, contacts of the index case can be investigated again after 6 months. This indicator is associated to budget line(s) below: TB Care and Prevention: BL 1, BL 2, BL 3, BL 4, BL 5, BL 6, BL 37, BL 38, TB/HIV: BL 7, BL 17, BL 18, RSSH: Community System Strengthening: BL8, RSSH: Health Management Information System and M&E: BL 45

#		Indicator	Coverage	Baseline	Baseline Source			Impact	PR	Cumulation						
3		TCP-5.1 Number of people in contact with TB patients who began preventive therapy	Country: Indonesia; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:					Yes	Konsorsium Komunitas PENABULU-STPI	Non cumulative	N: 6,298 D: P:	N: 6,298 D: P:	N: 13,432 D: P:	N: 13,432 D: P:	N: 20,123 D: P:	N: 20,123 D: P:

Comments

No baseline data are available for this indicator. This indicator intends to measure efforts of community cadres to refer children under 5 years old who are household contacts of TB patients identified through contact investigation & community outreach and education to get TPT. According to the NTP's TPT Target for Total Household Contact, 9% are children under 5 years old. Cadres will visit household of TB patients and screen household members with TB symptoms. Those who have active TB symptoms will be educated to get TB testing whereas household members without TB symptoms will be educated to get LTBI testing and TPT. If the household member is under 5 years old, the child will be referred to health facility to begin TPT. The child will be assessed for TPT before beginning the therapy. Cadres will continue to follow-up whether the <5yo child have begin TPT as the cadre monitor TB patient's treatment. The target is based on the % of TPT coverage for children under 5 years old (i.e. increases 5% each year) as outlined in the Latent TB Guideline published by NTP in October 2020 (Table No.15, p.53) are: 2021: 50% of 25.192 children <5yo targeted to begin TPT in 190 districts 2022: 65% of 41.328 children <5yo targeted to begin TPT in 190 districts 2023: 80% (2023) of 50.307 children <5yo targeted to begin TPT in 190 districts This indicator is associated to budget line(s) below: TB Care and Prevention: BL 1, BL 2, BL 3, BL 4, BL 5, BL 6, BL 37, BL 38, TB/HIV: BL 7, BL 17, BL 18, RSSH: Community System Strengthening: BL8, RSSH: Health Management Information System and M&E: BL 45

MDR-TB

#		Indicator	Coverage	Baseline	Baseline Source			Impact	PR	Cumulation						
4		MDR TB-4 Percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment	Country: Indonesia; Coverage: Geographic Subnational, less than 100% national program target	N: 984 D: 4,512 P: 21.8%	2018 Source: NTP (22 October 2020) Numerator: The total number of DR-TB patients started treatment in Jan-Dec 2018 who are lost-to-follow-up within 6 months of treatment (national) Denumerator: The total number of DR-TB patients started treatment in Jan-Dec 2018 (national)				Yes	Konsorsium Komunitas PENABULU-STPI	Non cumulative	N: D: P:	N: D: P:	N: 235 D: 1,564 P: 15.0%	N: 235 D: 1,564 P: 15.0%	N: 243 D: 2,432 P: 10.0%	N: 243 D: 2,432 P: 10.0%

Comments

This indicator intends to measure the proportion of MDR-TB patients supported by communities who started treatment in the previous year and are lost-to-follow-up within the first six months of treatment in 190 districts. This indicator will be measured only in 2022 and 2023 because the community PR will monitor adherence of TB patients who start treatment since 2021. PR PB-STPI calculated the target based one of the process indicators taget in DR-TB Acceleration Plan 2020 (PPT of the plan, p.36) and aim to reduce the proportion of DR-TB patients LTFU within the first six month gradually as the following: 2022: 15% of treated DR-TB who receive community support and began treatment in 2021 at 190 districts. 2023: 10% of treated DR-TB who receive community support and began treatment in 2022 at 190 districts. Numerator: The number of treated DR-TB patients who receive community support that are lost-to-follow-up in 190 districts. Denumerator: The number of treated DR-TB patients who receive community support in 190 districts. Performance will be assessed against % achievement of the actual results. This indicator is associated to budget line(s) below: MDR TB: BL 11, 12, 13, 14, 15, 39, 40, 70 RHRGRB: BL 16

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jul-2023 31-Dec-2023
Removing human rights and gender related barriers to TB services										
		Provision of legal aid and services to people with TB and TB key populations.	1 paralegals in each 5 districts completed internship and collaboration with pro bono lawyers/human rights organizations	0 = Not started; 1 = Started: 50% of paralegals are placed and have paralegal id card (to National Law Enforcement Agency) in industrial districts with over 45% treatment notification gap based on data published 2022; 2 = Advanced: 50% of verified cases of stigma, discrimination and violence approved in OneImpact dashboard, assisted by 1 paralegal in each 5 districts, are reported to appropriate redress mechanism and/or resolved.; 3 = Completed: 100% of verified cases of stigma/discrimination/ violence approved in OneImpact dashboard, which are assisted by 1 paralegal in each 5 districts, are reported to appropriate redress mechanism and/or resolved. This will be verified with case reports from Paralegal.	Indonesia					X

Intervention	Sub-indicator	Definition	Country					
Provision of legal aid and services to people with TB and TB key populations.	2 TB communities (survivors or cadres) in 20 districts are trained as paralegals (advanced-level)	0 = Not started; 1 = Started: 2 TB community survivors or cadres are trained as advanced-level paralegals in fewer than 10 districts; 2 = Advanced: 2 TB community survivors or cadres are trained as advanced-level paralegals in fewer than 20 districts; 3 = Completed: all districts are trained and advanced-level paralegals are actively involved in the district "CRG response team" to provide assistance to patients reporting stigma, discrimination and violence incidents through OneImpact or offline documentation from communities.	Indonesia				X	
	2 TB communities (survivors or cadres) in 20 districts are trained as paralegals (basic-level)	0 = Not started; 1 = Started: 2 TB community survivors or cadres are trained as basic-level paralegals in fewer than 10 districts; 2 = Advanced: 2 TB community survivors or cadres are trained as basic-level paralegals in fewer than 20 districts; 3 = Completed: all districts are trained and basic-level paralegals are actively involved in the district "CRG response team" to provide assistance to patients reporting stigma, discrimination and violence incidents through OneImpact or offline documentation from communities.	Indonesia			X		
	Establish partnership with human rights organizations (CSO/National Law Enforcement Agency)	0 = Not started; 1 = Started: initial engagement with human rights organizations (CSO/National Law Enforcement Agency); 2 = Advanced: feedback received and MoU drafted; 3 = Complete: thematic SR signed MoU with human rights organizations to collaborate.	Indonesia	X				
	TB/HIV Paralegal Training module development	0 = Not started; 1 = Started: development of paralegal training (basic and advanced) module 50% complete; 2 = Advanced: final draft of paralegal training module ready for pilot; 3 = Completed: paralegal training module finalized and ready to roll out	Indonesia		X			

Comments

The series of legal aid services interventions will involve TB communities who have been sensitized with Human Rights, Legal, and Gender materials & perform over 80% in the post-test. The preference is to train TB affected communities who are highly committed in Legal Advocacy as paralegals. However, if there is no patient/patient organizations in the district, highly dedicated cadres will be invited to join the training. The intervention will be adhere to the Ministry of Law and Human Rights Law No. 1/2018 on Paralegal and Legal Aid Assistance. A paralegal will intern at a Human Rights Organization in 5 selected industrial districts with over 45% treatment coverage gap (according to data published 2022) to have professional experience and Paralegal identity card registered to the National Law Enforcement Agency. There are no reward/incentives for paralegals who reported cases because this profession is voluntary-based from affected communities. Nonetheless, 1 paralegal who are selected to do internships in each 5 districts will receive reimbursement of monthly transportation fees. CRG activities will focus in 20 industrial districts in 7 province in East Java (4), DKI Jakarta (2), Riau Islands (1), North Sumatra (1), Banten (4), West Java (6), Central Java (2) This indicator is linked to activities of these Budget Line(s): 7, 8, 15, 16, 19, 20, 24, 25, 26, 42