

## Community Systems Strengthening for People-Centered DR-TB Care in Indonesia Project TB Alliance and Stop TB Partnership Indonesia October 2022 – March 2023

### Overview of the project

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| Grantee                                     | : Stop TB Partnership Indonesia  |
| Project Name                                | : Community Systems Strengthening for<br>People-Centered DR TB Care in Indonesia |
| Country                                     | : Indonesia  |
| Project area/location / implementation site | : National   |

Goal: Improve DR-TB treatment literacy among patient advocates and survivors to empower them in their advocacy efforts to enable people-centered TB care and treatment.

### Objectives:

- Objective 1: Engagement of National TB Program, prominent TB advocate and activists, and local TB experts in developing and implementing training materials and training programs with the objective of informing the community about DR-TB using community-friendly tools.
- Objective 2: Develop and translate training materials for DR-TB case managers, patient supporters, and members of Indonesia TB Patient Association network including:
  - What is TB and DR-TB disease
  - The magnitude of DS-TB and DR-TB situation in Indonesia
  - Diagnosis of TB and DR-TB
  - Treatments and updates for DR-TB including WHO recommendations.
  - Patient monitoring for treatment response and drug safety
  - Community-led advocacy for TB
- Objective 3: Organize five webinars for up to 500 participants to improve their knowledge and understanding on DR-TB care.
  - Create event e-poster to distribute to participants email and social media and ensure robust and targeted participation.

- Send e-certificate to all participants who completed 5 training sessions via email.
- Provide activity report following completion of the set of training.
- Objective 4: Facilitate community engagement dialogue with NTP and relevant policy makers and local medical professional organizations for advocating for access to effective and quality DR-TB treatment.

#### Key stakeholders engaged in the grant:

National TB Program representatives, USAID Mission, People Affected by TB, Journalists, Ministry of Health, World Health Organization, KOPI TB, PR TB Consortium Penabulu STPI, POP TB Indonesia, TB Survivor Organizations, Patient Supporters, Case Managers.

#### Brief description on the project activities and expected results:

There have been significant advances in diagnosis and therapy, and increasing treatment success rates for DR-TB, yet it is estimated that only one in three cases of DR-TB are reported and treated (WHO, 2022). For example, the utilization of molecular diagnostic testing systems is the backbone of the DR-TB response in Indonesia, contributing to a tenfold increase in notifications from 1,812 reported cases in 2014 to 11,496 in 2019 (TB DIAH, 2022). Nonetheless, during the first year of the pandemic, notifications of DR-TB dropped dramatically to 7,912 cases and only 66% of those were enrolled in treatment. (WHO, 2021; DIAH TB Dashboard, 2022).

Yayasan Kemitraan Strategis Tuberkulosis Indonesia or Stop TB Partnership Indonesia (STPI) is a non-profit organization that supports TB elimination in Indonesia through strong partnerships between the government, private sector and the community. Together with Penabulu Foundation, STPI is the main grantee of the community TB program from the Global Fund to Fight Against HIV/AIDS, Tuberculosis, and Malaria (GF-ATM) for 2021-2023. Both organizations agreed to establish a special management unit for the Principal Recipient (PR) of the Penabulu STPI Community Consortium (PB-STPI) in collaboration with its Sub and Sub-sub recipients as well as DR-TB case managers and DR-TB patient supporters in 190 districts in 30 provinces.

Recognizing the WHO recommendation for the use of six-month short regimens, STPI intends to increase the literacy of community stakeholders in DR-TB programs to support their work and advocacy to ensure that patients can access new DR-TB regimens. Therefore, this project, with the support of LIFT-TB, focuses on building the capacity of DR-TB case

managers and patient advocates through a series of virtual trainings and facilitating the engagement of civil society and relevant community and medical professional organizations to ensure access to quality DR-TB care.

### Summary of Project

The project of Community Systems Strengthening for People-Centered DR TB Care in Indonesia has succeeded in involving more than 520 people, consisting of patient supporters (cadres, patient supporters, and case managers, 190 SSR/IU (CSO under PR consortium Penabulu Community-STPI) and 22 TB survivor organizations in Indonesia. The workshop has increased the capacity of participants regarding the latest diagnosis and DR TB treatment, including information about BPaL/ BPaLM regimen, even though there are several challenges causing the outcome of the activity to be imperfect. On the other hand, there is also a high demand from the community to get updated information regarding BPaL/ BP aLM treatment. As a follow-up to the workshop, the community succeeded in establishing communication with health workers and patients in their respective work areas, regarding short-term diagnosis and treatment, especially BPaL/BPaLM. In addition, dialogue was also held with national stakeholders through dialogue forums regarding the implementation of BPAL in the national TB control program in Indonesia. STPI together with STOP TB Global also held a meeting with the minister of health and the P2P director of the Ministry of Health on March 27, 2023. This meeting succeeded in eliciting a commitment from the minister of health to accelerate the implementation of BPaL in Indonesia. To accelerate the implementation of BPaL it is necessary to carry out strong coordination and joint strategy formulation by organizations receiving grants, to develop national guidelines for the implementation of BPAL in the TB RO control program in Indonesia, as well as the process of procuring drugs and other supporting logistics.

### Details of Project Activities, Process, Results, Challenges, and Solutions

1. Workshop with NTP, WHO Indonesia, and PR Penabulu-STPI Community Consortium (Virtual)

Budget Code: TBL 01

21 November 2022

The Kickoff workshop was conducted online on November 21, 2022. This activity was attended by 12 people from the institution: STPI, National TB Program, POP TB Indonesia,

and PR GF Consortium Penabulu-STPI. The activity was filled with a presentation related to the LIFT TB project which included activity plans including a patient-centered DR-TB care and treatment workshop for community facilitators and TB survivor organizations by STPI, followed by a question-and-answer discussion with stakeholders as well as agreement on the time, methods, materials and resource persons for workshop activities.

The workshop aimed to focus on raising awareness among caregivers of patients with DR-TB about treatment options for DR-TB, as well as advocating to local and national decision makers.

### 1.1. Activity Outcomes

Kick-off meeting participants received information related to the Community Systems Strengthening for People-Centered DR-TB Care in Indonesia Project and agreed to support the implementation of this program. Participants also agreed on the time, method, materials and resource persons for the workshop activities, the points of agreement are as follows:

- The activity will be carried out on line with methods of presentation and O&A.
- The target participants are TB supporter and survivor communities from all over Indonesia with a total of 500 people participating.
- Agreed implementation schedule: series of 3 webinar sessions:
  - First webinar will be held on December 19, 2022
  - Second webinar on January 5, 2023
  - Third webinar will be determined in January 2023.
- Topics presented by the resource persons.
  - TB and DR-TB will be delivered by the Coordinator of the TB Working Team of the Ministry of Health of the Republic of Indonesia.
  - The situation of TB and DR-TB in Indonesia will be presented by the DR-TB PIC of the TB Working Team.
  - Diagnosis of TB and DR-TB in Indonesia will be presented by DR. dr. Erlina Burhan Sp.P(K) as Principal Coordinator of Operational Research BPAL Indonesia,
  - Motivational interviewing techniques will be presented by Erman Varella from STPI

- DR-TB treatment and the latest updates recommended by WHO, with BPaL treatment guidelines will be delivered by WHO Indonesia (Yoana Anandita, or Wawan).
- Monitoring patients for treatment response and drug safety will be presented by Dr. Pompini - Chair of DR TB Clinical experts at Sulianti Saroso Hospital Jakarta
- Community-based advocacy for TB will be delivered by POP TB Indonesia (Ani, or Budi Hermawan)

## 1.2. Action Plans

The follow-up plan that was agreed upon in the final session of the meeting is as follows:

- STPI will translate the documents on BPaL materials from the Philippines on the website (LIFT TB webpage) into Bahasa Indonesia.
- STPI distributes the translated materials (in Bahasa Indonesia) to the resource persons for review.
- The resource persons reviewed the translated materials in Bahasa Indonesia and created new presentation materials, adding and adjusting existing information after being adapted to the Indonesian situation.
- STPI receives presentation materials from every resource person.
- STPI translated the improved materials from Bahasa Indonesia to English (157 slides) for reporting to the TB Alliance.
- STPI received revision feedback from the TB Alliance for adjustments and reorganizations.

## 1.3. Outcome of Meeting

- All presentations on the agreed topics were developed and translated to Bahasa. These presentations were then used during the webinar

More information can be accessed through the following links:

- The activity minutes document can be accessed [here](#).
- Materials translated into Indonesian can be accessed [here](#).
- Materials translated into English can be accessed [here](#).

## 1.4. Challenges and Solutions

Translation: There were several "new" medical terms (e.g., aDSM, regimen, AESI) that had few references to their Indonesian equivalents, which hampered the translation process

from English to Bahasa Indonesia. However, expert review (resource persons) has addressed this issue, by replacing less-fitting words from the translation with terms that are more widely accepted in the professional-academic environment in Indonesia.

## 2. Training Implementation (virtual)

BudgetCode:TBL03

18 January 2023

This training was conducted as an online workshop titled "*Lokakarya perawatan dan pengobatan TBC RO yang berpusat pada pasien bagi pendamping komunitas dan organisasi penyintas TB*" on 18 January 2023, started from 08.00 WIB until 16.00 WIB. The event was attended by a total of 520 participants of which 491 participants consisting of case managers, patient supporters from 30 SRs (sub-recipient at provincial level) and 190 SSR/IUs (sub-sub-recipient/implementing unit at district level) as well as 22 patient organizations across Indonesia. The activity began with the completion of a pre-test by the participants. This pre-test aims to determine the participants' initial knowledge of material topics to be presented, followed by remarks from the Chairperson of the STPI Foundation. After that, the presentation of material by seven speakers from 09:00 to 14:45 WIB (with three breaks). The organizers also held a quiz with prizes on several occasions during the break. Before the workshop was closed, participants were invited to fill out a post-test. The workshop ended at 15:00 WIB.

Topics presented:

- TB Situation in Indonesia (Introduction to DR-TB, case trends, treatment outcomes, 1/ELTFU)- dr. Tiffany Tiara Pakasi, MA-TB Working Group Lead Indonesia MoH
- Updates on the Situation of DR-TB Supports by Community - Barry Aditya - Program Manager - PR GF Consortium Penabulu-STPI
- Updates on DR-TB Diagnosis and DR-TB Treatment Regimens available in Indonesia (patient safety) - Dr Retno Kusumadewi MPH, (WHO Indonesia)
- Updates on Clinical Trial and BPaL Regimen Treatment Operational Research in Indonesia - Dr. dr. Erlina Burhan SpP-(K) - Ketua KOPI TB- Clinical Investigator for Research Operational BPaL Indonesia)
- The Roles of Community in supporting DR-TB treatment (old and new regimens) - Rahmad - Case Manager of Terus Berjuang Foundation
- Direction and Development of DR-TB Treatment in Indonesia - dr Meilina - PIC TBC RO Tim Kerja TBC Kementerian Kesehatan RI

- Advocacy for TB by Communities- Wahyu Hidayat - POP TB Indonesia

## 2.1. Activity Outcomes

As part of the workshop evaluation, STPI conducted a pre and post-test to see the increase in knowledge of the participants. A total of 330 participants took the pre-test and only 274 participants took the post-test. The total number of participants who took the pre and post-test was 183 participants. Some of the barriers to participants taking the evaluation were due to the weak ability of participants to use a mobile phone to access link for pre and posttest (link to google form distributed during the workshop). There were 10 questions in the evaluation, with a scale of 0-100 (weighted 10 for each question).

Table I: Workshop participants' pre and post-test results

| Item      | Lowest score | Highest score | Mean  |
|-----------|--------------|---------------|-------|
| Pre-test  | 0            | 90            | 45,89 |
| Post-test | 10           | 90            | 50    |

Based on the pre and post-test results, the percentage increase in the average score is 10%. The lowest pre-test score was 10 and the highest pre-test score was 90, while the lowest post-test score was 10, the highest post-test score was 90, the average value of all participants who took the pre-test was 45.89, and the average value of all participants who took the pre-test and post-test was 50, the increase in the average pre-test post-test results of all participants who took the pre-test and post-test was 11 %. The participants who experienced the highest increase were 1 participant with an increase in pre and post-test scores 40. The lowest of increasing in pre- and post-tests was probably caused by a change in method from one topic per a one day, to a combination of 5 topics in a one day, which made it difficult for participants to focus for a long time in front of their devices, on the other hand they have the other daily life activities.

Some key findings from the presentations and discussions during the workshop:

- Currently, DR-TB treatment initiation services are available in 187 hospitals spread across 152 regencies/cities in Indonesia. The community encourages the expansion of Drug Resistant TB health care facilities to at least one in each regency/city throughout Indonesia.
- The development of DR-TB treatment considers resistance patterns and treatment regimens used. In almost every province in Indonesia, RR TB dominates DR-TB

cases, followed by MDR, Pre-XDR and XDR. Management of DR-TB is carried out with a patient-centered approach.

- BPaL and BPaLM; the latest DR-TB regimen is planned to become a national program in January 2024. The Ministry of Health will begin preparing drug logistics, policies and guidelines that support the use of BPaL and BPaLM in Indonesia.

## 2.2. Action Plans

Some of the actions from the patient-centered DR-TB care and treatment workshop for community advocates and TB survivor organizations agreed by all participants are as follows:

- The implementation of BPaL is currently only being conducted in the framework of Operational Research (OR) in 6 selected hospitals (currently there are 9 additional satellite health facilities) with a target of 100 patients (pre-XDR TB patients).
- The implementation of BPaL in the national program will be implemented starting from January 2024.
- Participants will use the knowledge gained in the workshop to implement in mentoring DR-TB patients.
- Workshop presentations can be accessed via this following link: [https://drive.google.com/drive/folders/13VqeHmN6QUZbgoi65xLyG2nay8bihoD6?usp=share\\_link](https://drive.google.com/drive/folders/13VqeHmN6QUZbgoi65xLyG2nay8bihoD6?usp=share_link)
- Workshop recorded streaming can be accessed via this following link: <https://www.youtube.com/watch?v=KCwZDOKf75c>
- Participant certificates can be accessed via <http://bit.ly/SertifikatLokakaryaTBRO>

## 2.3. Challenges and Solutions

- According to the initial plan, the workshop will be conducted separately in 5 topics in 5 days but considering the situation and the busy schedule of the PR GF Consortium.
- Penabulu STPI, all 5 topics were conducted in a one-day workshop for up to 500 participants. This causes burnout of participants, because there is a lot of exposure and tends to be in one way, causing low pre- and post-test scores. Based on in-depth interviews after the workshop, participants said that it was difficult to understand a lot of topics in one day of the workshop. (Workshop evaluation can be seen in section 4.1)



- The activity was carried out online with a large number of participants and limited time, so the discussion process did not run optimally, only a small number of participants could ask questions and interact directly with the facilitator. STPI encouraged participants to ask questions through the chat column and the resource person provided answers to these questions directly during the workshop.
- Learning methods (exposure with power point) that are not suitable for participants and limited time (around 45 minutes for each topic), cause a lot of important information is not conveyed due to limited time and the facilitator does not emphasize important messages as take-home messages.
- There are some medical terms whose Indonesian equivalents are less precise. (for example: aDSM (active Drug Susceptibility Management) becomes MESO aktif (Manajemen Efek Samping Obat aktif).

As a next step, STPI proposes to develop training curricula of BPAL for the community and conduct training of trainers for 30 DR TB case managers in the Global Fund project provinces. Further training for all community DR TB Managers will be funded through the Global Fund Project implementation in 2024 - 2026. This curricula development will have a focus on the adoption of BPAL/M regimen in DR TB treatment for communities.

### 3. Dialogue on DR - TB Care (Hybrid)

Budget Code: TBL 04

28 Februari 2023

A multi-stakeholder dialogue to strengthen the role of civil society organizations and communities in the treatment care of people with DR-TB was conducted in hybrid on 28 February 2023 at the Royal Kuningan Hotel, South Jakarta. The aim of the activity is to analyze the point of views of stakeholders on strengthening the role of CSOs and the community in implementing quality and patient-centered DR TB treatment according to WHO recommendations. This activity is supported by co-financing from APCASO project (The CRG strategic initiative project) because it has the same goal of strengthening the community's role in TB control.

This activity was attended by 33 participants consisting of TB survivors (one of them was treated with BPAL), PR GF Consortium Penabulu-STPI, POP TB Indonesia, local TB survivor organizations (PETA, Rekat Peduli Indonesia, Kareba Baji Makassar, PESAT North Sumatera,

Terjang West Java, Semar Central Java, Panter Malang, Bekantan South Kalimantan), USAID, WHO, NTP, PPTI, KOPI TB, Media, JETSET, TWG TB and Inisiatif Lampung Sehat.

The activity was started with testimonies from survivors of DR-TB who were treated with BPaL regimen, and followed by a presentation from:

- Best practices and community challenges in the treatment care of DR-TB patients" (Barry Adhitya - Program Manager, PR GF Consortium Penabulu STPI)
- Opportunities for Improved Collaboration between Health Workers and Communities for Quality DR-TB Patient Care" (Dr. dr. Erlina Burhan - Pulmonary Specialist & Chairperson of KOPI TB)

The speakers' presentation then received a response from:

- dr. Tiffany Tiara Pakasi, MA; TB Working Group Lead
- Budi Hermawan; POP TB Indonesia
- dr. M. Bey Sonata; TB Lead USAID Indonesia
- Prof. Adang Bachtiar; TWG TB

After the break, a hybrid discussion was conducted, participants were divided into two groups, group 1 (offline) and group 2 (online) facilitated by STPI. The facilitator explored the information and opinions of participants in each group by asking five main questions consisting of:

- How is the involvement of Civil Society Organizations and Communities in the preparation of National Guidelines and Capacity Building that has been taking place in Indonesia?
- Explain the role of CSOs and Communities in DR-TB Case Finding and Treatment?
- What is the role of the Community in Active Management of Side Effects of Medicines (MESO) for DR-TB Patients?
- How has the collection, development, and processing of data and evidence for decision making been carried out by CSOs or patient organizations in Indonesia?
- What is the role of CSOs and communities in the selection, roll-out, and monitoring of the implementation of TB diagnostic tools, treatments, and vaccines?

Each initiating question above was then followed up by the moderator with several other questions to broaden the information of the participants. At the end of the discussion, the moderator presented the conclusions of the discussion in general.

### 3.1. Activity Outcomes

From the dialog process conducted, there are several findings or conclusions.

- Aryudith is one of 6 DR-TB patients cured with BPaL treatment guidelines as of February 2023 in Indonesia. The patient experienced only mild side effects and continues to work and has the support of his patient supporters and family.
- In Indonesia, there are guidelines for communities to play a role and contribute to the treatment and care process of DR-TB. WHO recommends CRG aspects in the process.
- The community plays a role in active Drug Susceptibility Management (aDSM) by monitoring drug side effects and adverse events (AEs) during treatment. However, its
- capacity is still limited, on the other hand, WHO/Health Ministry guidelines are very clinical.
- There are regulations regarding the use the government budget through social contracting Mechanism (Dana Swakelola type III) to fund the the community to provide to provide psychosocial and economic support for patients. However, The CSOs or TB patients organization have no capacity to access the government funds, due the criteria do not fix with the CSOs/Patients organization capacity. To obtain this funding, the communities need a financial audit by certified accounting firm for last three years, and has adequate the financial and program management, as well as technical aspect of the TB program,. The STPI propose the international partner and other donors to conduct the technical assistance and training for CSOs and Patients organization on financial and program management as well as access for local CSOs/Patients organization to get the financial audit to solve this challenges.
- Community assistance in supporting DR-TB care is essential. DR-TB patients trust survivors more.

The results of the focus group discussions from the DR-TB care dialog activities were analyzed qualitatively using thematic content analysis method. The results of the analysis can be viewed at the end of point 3.2.

### 3.2. Action Plans

#### Recommendations:

- Case managers and patient supporters should receive regular and ongoing training on diagnostic and treatment updates (BPaL/BPaLM), to ensure equitable capacity and optimize provide information related BPaL/BPaLM to patients and families

- Through individual or group meetings to improve literacy on DR-TB, especially on the latest updates on treatment guidelines and hoped the NTP or other partner could fund the capacity building.
- Strengthening the role of patient advocates for contact investigation needs to be strengthened with capacity building and regular mentoring for optimal implementation. There is a need to strengthen the legality of interventions carried out by PS when conducting contact investigations. Focus group discussions to analyze the causes of loss to-follow-up should be conducted to find the most effective solution. Approaching patients with DR-TB should be done early to overcome human resource limitations.
- Case manager and patients supporter not confident to provide the information about drug side effect because they did not get training/workshop or get information about how to manage the side effect or how to provide first aid to patients with drug side effect before, mostly case manager and patients supporter inform the patient about his/her experienced when they treated as DR TB patient
- The CSOs and Patients organization have experienced on conduct the activities at grass root (TB case finding by community, psycho social support, economic support, effective counseling and etc) . However, they have limited capacity to collect the data, analyze and develop strong evidence to propose the effective and efficient intervention to government. MoH or other partner need to allocate resources for capacity building for Community on data processing (collecting and analyzing) into knowledge products needs to be strengthened through training or technical assistance for CSOs/Patients organization.
- During program implementation, community involvement needs to focus on advocacy and driving change to ensure supply chain management, especially issues of drug availability and access to diagnosis.

The results of the DR-TB Care Multisector Dialogue analysis were then presented by the Stop TB Partnership Indonesia board in a joint meeting of Stop TB Partnership Global (Lucica Ditiu) with the Minister of Health of the Republic of Indonesia at the Indonesian Ministry of Health office on March 27, 2023. At the meeting, the Minister of Health instructed to accelerate the use of BPaL in the DR-TB treatment program in Indonesia. The minister plans to get information and monitor the BPaL roll-out.

The results of the analysis were also disseminated to stakeholders in TB control in Indonesia in the STPI RO TB Study and Research Results Talk Show on April 11, 2023.

- Analysis document on DR-TB Multi-stakeholders dialogue can be accessed via this following link:

<https://docs.google.com/document/d/1ZCbSW6CMx7qyHU5r2G5tG47I4yXQYLrBe68h9s552pc/edit?usp=sharing>.

- Pictures of the audience meeting with the Indonesian Minister of Health can be accessed via this following link:

[https://drive.google.com/drive/folders/1CfCSw9dUfSfkM5g46lw3uYj\\_3N2NT7wn?usp=share\\_link](https://drive.google.com/drive/folders/1CfCSw9dUfSfkM5g46lw3uYj_3N2NT7wn?usp=share_link).

### 3.3. Challenges and Solutions

The challenge in carrying out the dialogue is finding TB survivors with BPaL treatment regimen who are willing to share his/her experiences. However, STPI coordinated with the health care worker in Persahabatan Hospital as the site of BPaL operational research and PETA as TB survivor organizations, finally found Aryudith was willing to share his experience.

## 4. Project Evaluation and Reporting

Budget Code: TBL 05

13 - 17 March 2023

After carrying out training and dialogue for DR TB care, STPI conducted a post-training evaluation of participants who had attended the training and dialogue. The aim of activity is to determine the extent of utilization of knowledge after the training by TB survivor organizations and communities. The participants were selected using stratified random sampling method, 2 participant selected as represented the patients supporter and case manager/or coordinator CSO/patients organization from the West Indonesia, Central Indonesia dan East Indonesia) The selected participants are 2 participants from Pesat (Nort Sumatera-West Indonesia), 1 of participant from Peta, 1 participant from Rekat Peduli Indonesia (Central Indonesia) and 2 participant from the Kareba Baji TB survivor organization. This activity was conducted online from March 13-15, 2023.

Before starting, the facilitator explained the purpose of the in-depth interview. Then the facilitator explored the information needed from the interviewees by asking questions related to the impact and implementation of the workshop on improving the literacy of DR-TB patient advocates that the interviewees had attended. Furthermore, the data

collected from the in-depth interviews were analyzed using the semi-coding thematic content analysis method.

#### 4.1. Activity Outcomes

The results of the evaluation and reporting activities are as follows:

- Documented information from participants related to the benefits of workshop activities and multi stakeholder dialogue on DR-TB of the LIFT TB program, including participants' perceptions regarding the usefulness of the materials presented and the impact of the learning carried out on their role in providing support to the patients.
- The result of Qualitative analysis of LIFT TB project implementation.
  - Workshops are very useful for the community, patient supporter, and case manager. The material presented in the workshop increased knowledge about BPaL regimens considering that these regimens are regimens new in the DR TB treatment in Indonesia.
  - All the materials (7 topics) that were presented were useful, but the most useful was related to BPaL Operational research delivered by doctor Erlina Burhan. This presentation showed that BPaL regimen is of a shorter duration and has minimal side effects, highlighting the importance of switching to the new regimen.
  - The participants using the knowledge what they get from the training (one of the topic is about BPaL ) as a topic discussion among patients in Focus group discussions which are held once every three months with facilitated by patients organization in DR TB Hospital, funded by global fund grant-PR GF Community Penabulu-STPI. The other thing, the participant also informed that they had been share the update information about shorter regimen, include BPaL in individual education conducted by TB survivor organizations and CSOs during home visit and hospital/puskesmas visit.
  - Advocacy has been carried out to members of the organization TB survivors, hospitals, and health services by the community after attending the workshop. However, advocacy has not been carried out for hospitals that have not implemented guidelines of BPaL in the DR TB Program. The challenge for this advocacy is the knowledge and capacity of health workers is still limited. The capacity building is still needed to generate the

commitment of Health Care workers outside the BPaL operational research implementation. The training materials will adopt content from the BPaL OR training materials utilized in Indonesia.

- Community and patient supporter health workers hope that BPaL regimen can be immediately implemented in all health services especially for newly confirmed and DR TB patients who are lost to follow up.

#### 4.2. Action Plans

Participants committed to sharing the information gained during the workshop on patient centered DR-TB care and treatment with community advocates and TB survivor organizations, especially information on Bpal short-term treatment in DR-TB patient mentoring activities, as well as to engage in dialogue with stakeholders.

- Qualitative analysis documents can be accessed via this following link:  
[https://drive.google.com/file/d/1GCJAELN\\_dxZyfnPfJbq-Gk9Kgn-6yK7G/view?usp=share\\_link](https://drive.google.com/file/d/1GCJAELN_dxZyfnPfJbq-Gk9Kgn-6yK7G/view?usp=share_link).
- In-depth interview notes can be accessed via this following link:  
[https://drive.google.com/file/d/1YDopgtEIKQ84cIOFSVF2Ihx4SiultpS/view?usp=share\\_link](https://drive.google.com/file/d/1YDopgtEIKQ84cIOFSVF2Ihx4SiultpS/view?usp=share_link).

#### 4.3. Challenges and Solutions

Some of the challenges during the in-depth interviews with the resource persons were as follows:

- The in-depth interviews were conducted online, so they were highly dependent on network stability. Some of the interviewees' answers could not be captured due to the unstable internet network.
- The interviewees did not really remember the materials provided during the workshop, so the facilitator reminded them of the materials presented during the workshop.

#### Closing Remarks

The Community Systems Strengthening for People-Centered DR-TB Care Project was running from October 2022 to March 2023. The capacity building about the new DR-TB drug regimen (BPaL) has succeeded in building a new hope for TB affected communities,

TB survivors, and also civil society organizations who work with tuberculosis program for better quality of DR-TB service, promising treatment in shorter duration (only 6 months), less serious side effects, and more patient-centered. Communities conducted a dialog with multi-stakeholder parties, including patients, health workers, CSOs and MoH regarding the use of BPaL on TB program in Indonesia. The Minister of Health Mr. Budi Gunadi Sadikin has clearly ordered to accelerate BPaL Implementation for DR-TB Treatment in Indonesia. Related on his order, the NTP supported by CSOs, international partners, and other stakeholders need to follow up the development of technical guidelines, procurement, and other related affairs necessary for the BPaL implementation, so that the community's expectation of quality short-term treatment provision can be realized in all DR-TB services in Indonesia. To facilitate community oversight of BPaL roll out, STPI proposes to conduct bi-monthly dialogues between communities, private sectors and the government.

Currently, knowledge on BPaL is limited both for health workers and communities outside of the BPaL OR districts. Therefore, to accelerate the roll out of BPaL regimen for DR TB patients, STPI would like to continue in improving the knowledge of our health human resources. First, we see the need for a curriculum specifically on BPaL/M regimen to train DR TB community case managers and, subsequently, patient supporters in all the districts supported by the Global Fund in 2024-2026. Second, we also propose training for health workers outside the BPaL OR districts to ensure they have subsequent knowledge in providing shorter treatments.

### Activities Documentation

#### 1. Training Implementation (virtual)

| Description |  |
|-------------|--|
|-------------|--|



TB work team leader, dr. Tiffany Tiara Pakasi, MA presenting about Indonesia's TB situation (Introduction to TB RO, case trends, treatment outcomes, I/ELTFU)

**Strategi Nasional Penanggulangan TBC (2020-2024)**  
STRATEGI 5: PENINGKATAN PERAN BERTUKA KOMUNITAS, MITRA, DAN MULTISEKTOR LAINNYA DALAM ELIMINASI TBC

| Indikator   | Baseline 2018 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---------------|------|------|------|------|------|
| 5.1. Jumlah provinsi yang melibatkan organisasi profesi di wilayah setempat           | 22            | 30   | 34   | 34   | 34   | 34   |
| 5.2. Jumlah provinsi yang memiliki jejaring mantan pasien tuberkulosis/peer support   | 12            | 15   | 18   | 22   | 28   | 34   |
| 5.3. Jumlah kabupaten/kota yang memiliki kemitraan dengan LSM/CSO peduli tuberkulosis | 235           | 300  | 350  | 400  | 460  | 514  |
| 5.4. Persentase kontribusi rujukan komunitas pada penemuan pasien tuberkulosis        | 12%           | 20%  | 24%  | 29%  | 34%  | 38%  |

Barry Aditya, (TB PR Program Manager of PR TB Community Consortium, Penabulu-STPI) delivered a presentation on how the community supports people with TB.

**Catatan Implementasi Pendampingan oleh Komunitas**

1. Peran utama komunitas → mendukung layanan kesehatan dan pemerintah dalam meningkatkan keberhasilan pengobatan TBC RO
2. Pemberian enabler oleh komunitas yang dimulai pada tahun 2022 dapat berperan selaras dengan pendampingan dan intervensi lainnya dari komunitas, sehingga dukungan psikososial-ekonomi dapat berdampak lebih optimal

Photo of workshop participants



2. Dialogue on DR - TB Care (Hybrid)

| Description   |   |
|---|---|
| <p>Aryudit, one of TB RO survivor shared his experience on how to undergo TB treatment with a combination of BPaL</p>   |  <p>A photograph of a man, Aryudit, wearing a light-colored shirt and a face mask, speaking into a microphone at a podium. Behind him is a large banner with the text: 'DIALOGO MULTISTAKEHOLDER UNTUK Penguatan PERAN OMS DAN KOMUNITAS DALAM PERAWATAN PENGOBATAN PASIEN TBC-RO SELASA, 28 FEBRUARI 2023'. To his left, a projector screen displays a presentation slide with the LIFTB logo and some text.</p>   |
| <p>Dr. dr. Erlina Burhan, MSc, Sp.P(K), one of the resource persons for the activity, presented opportunities for increasing the collaboration of health workers and community for the quality care of TB RO patients</p> |  <p>A photograph of a woman, Dr. dr. Erlina Burhan, wearing a patterned hijab and a dark patterned dress, speaking into a microphone at a podium. Behind her is the same large banner as in the previous image. To her left, a projector screen displays a presentation slide with the text: 'Peluang Peningkatan Kolaborasi Tenaga Kesehatan dan Komunitas untuk Perawatan Pengobatan Pasien TBC-RO yang Berkualitas'. The slide also features an image of hands holding a globe.</p> |