



# Indonesia Work Plan

**FY 2019**

**Project Year 8**

**October 2018–August 2019**



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## ENVISION PROJECT OVERVIEW

The United States Agency for International Development (USAID) ENVISION project (2011–2019) is designed to support the vision of the World Health Organization (WHO) and its member states by targeting the control and elimination of seven neglected tropical diseases (NTDs), including, lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), trachoma, and three soil-transmitted helminths (STH; roundworm, whipworm, and hookworm). ENVISION’s goal is to strengthen NTD programming at the global and country levels and support ministries of health to achieve their NTD control and elimination goals.

At the global level, ENVISION—in close coordination and collaboration with WHO, USAID, and other stakeholders—contributes to several technical areas in support of global NTD control and elimination goals, including the following:

- Technical assistance
- Monitoring and evaluation (M&E)
- Global policy leadership
- Grants and financial management
- Capacity strengthening at global and country levels
- Dissemination

At the country level, ENVISION provides support to national NTD programs in 19 countries in Africa, Asia, and Latin America by providing strategic technical, operational, and financial assistance for a comprehensive package of NTD interventions, including the following:

- NTD program capacity strengthening
- Strategic planning
- Advocacy for building a sustainable national NTD program
- Social mobilization to enable NTD program activities
- Mapping
- Drug and commodity supply management
- Supervision
- M&E

In Indonesia, ENVISION project activities are implemented by RTI.

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## ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
BBTCL	National Environmental Health Laboratory, Ministry of Health ( <i>Balai Besar Teknik Kesehatan Lingkungan</i> )
BR	Brugia Rapid
CDC	U.S. Centers for Disease Control and Prevention
DAG	Data for Action Guide
DEC	Diethylcarbamazine Citrate
DEKON	Special GOI funding to support national programs at the lower levels ( <i>dekonsentrasi</i> )
DHO	District Health Office
DOLF	Death to Onchocerciasis and Lymphatic Filariasis project
DOT	Directly Observed Treatment
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
EU	Evaluation Unit
FTS	Filariasis Test Strips
FY	Fiscal Year
GOI	Government of Indonesia
GSK	GlaxoSmithKline
HC	Health Center
HQ	Headquarters
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole
IEC	Information, Education, and Communication
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
Mf	Microfilaremia
MOH	Ministry of Health
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
NTF	National Task Force
PHO	Provincial Health Office
SAC	School-Age Children
SAE	Serious Adverse Event
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
Subdit	Subdirectorate for Control of Lymphatic Filariasis, Soil-Transmitted Helminths, and Schistosomiasis, Ministry of Health
TA	Technical Assistance
TAS	Transmission Assessment Survey
USAID	U.S. Agency for International Development
WHO	World Health Organization

## COUNTRY OVERVIEW

### 1. General Country Background

#### a) Administrative Structure

Indonesia is the fourth largest country in the world, with a population of over 262 million people spread throughout 13,000 islands. Following years of restructuring, Indonesia is currently divided into 34 provinces and 514 districts. Administrative and health structures related to the management of the national neglected tropical disease (NTD) program are summarized in Table 1 below.

**Table 1. Administrative and health structures in Indonesia**

Level	Bahasa Indonesia term	Head official	Related health structure
National	<i>Negara</i>	<i>Presiden</i>	Ministry of Health, Subdirectorate for Control of Lymphatic Filariasis, Soil-Transmitted Helminths, and Schistosomiasis (Subdit)
Provincial	<i>Provinsi</i>	<i>Gubernur</i>	Provincial Health Office
District	<i>Kabupaten</i> –rural <i>Kota</i> –urban	<i>Bupati</i> <i>Walikota</i>	District Health Office
Subdistrict	<i>Kecamatan</i>	<i>Camat</i>	Health center ( <i>puskesmas</i> )
Village	<i>Desa</i> –rural <i>Kelurahan</i> –urban	<i>Kepala Desa</i> <i>Lurah</i>	Health post ( <i>posyandu</i> )
Hamlet	<i>Rukun Warga</i>	--	

^ In Papua and Papua Barat, this level is called a *distrik*.

The Subdit, a unit within the Directorate General of Disease Control and Environmental Health of the Ministry of Health (MOH), is the lead for lymphatic filariasis (LF), soil-transmitted helminths (STH), and schistosomiasis (SCH) activities. A National Task Force (NTF) exists to oversee NTD policy, plans, and activities. It consists of MOH staff, ex-MOH staff, and academics, with multilateral agency representatives from the World Health Organization (WHO) and United Nations Children’s Fund invited as observers. The NTF meets at least once a year to discuss specific issues and provide technical recommendations for improving the LF, STH, and SCH programs.

At the national level, the Subdit is responsible for determining policies and procedures for program implementation, supervising and mentoring lower-level staff, monitoring and evaluation (M&E), and the procurement of drugs and operational supplies, such as rapid diagnostic tests. The provincial level is responsible for supervision and M&E, and each province has a small budget to fund these activities. District governments are required to provide operational budgets for LF and STH mass drug administration (MDA), including training, drug distribution, and monitoring, and are directly responsible for program implementation in their respective areas. Each community health center (HC) is responsible for organizing activities in its catchment area in coordination with the village government and, following recent official clarification by the MOH, has its own operations budget that may be used to support NTD activities. In addition, each village has a small development budget provided by the national government, which can also be used to support the promotion of the MDA. Beginning in 2015, the MOH

has been able to provide limited funding for LF/STH MDA through a special mechanism from the central level that is called *dekonsentrasi* (DEKON), which can be used to augment local budgets as needed. These funds are provided to provincial health offices (PHOs) and have been used to support the supervision of MDA activities by provincial staff, advocacy and review meetings at the district level, and MDA implementation. The use of these funds is based on gaps in local budgets and local priorities. These DEKON funds will be available to support the 2018 LF/STH MDA at a similar level to previous years. Beginning in 2018, the National Environmental Health Laboratory (*Balai Besar Teknik Kesehatan Lingkungan* [BBTKL]) network within the MOH is responsible for the funding and implementation of all surveillance activities related to LF, in collaboration with the Subdit and the respective provincial and district health services.

#### b) Other NTD Partners

Indonesia has two primary partner organizations providing funding support for NTD work: the US Agency for International Development (USAID) and WHO (Table 2). WHO has provided limited support for LF transmission assessment surveys (TASs), strategic meetings, pilot web-based reporting system development, supervision, and SCH elimination. Since the beginning of the LF/STH MDA program, the MOH has accepted donations of albendazole (ALB) from GlaxoSmithKline (GSK) through WHO, and beginning in 2016, has also accepted donations of diethylcarbamazine citrate (DEC) tablets from Eisai Company, Ltd., of Japan through WHO as well. The MOH continues to utilize the WHO drug donation program to offset gaps in its own ability to procure sufficient ALB and DEC from local manufacturers through the government procurement system. The MOH will also continue to procure the required diagnostic tests, *Brugia* Rapid (BR) tests and filariasis test strips (FTS), for 2019 with government funds. For STH-only MDA, the MOH procures its own ALB from GSK for distribution in those areas implementing STH-only MDA. This year, WHO will also provide a technical consultant for the NTD program at the national level, a technical consultant for SCH at the provincial level in Central Sulawesi, as well as a full-time data manager for the NTD program in Jakarta who will be responsible for managing all LF/STH/SCH program data, including the integrated NTD database.

Additionally, the Bill and Melinda Gates Foundation, through Washington University's Death to Onchocerciasis and Lymphatic Filariasis Project (DOLF) in collaboration with the University of Indonesia, has funded operational research on the utility and safety of ivermectin, DEC, and ALB (IDA) therapy.

The Government of Indonesia (GOI) is largely self-reliant in implementing its NTD activities. The majority of LF/STH MDA, 115 districts (88%) out of the 131 districts requiring MDA in 2018, is funded fully by the relevant district government; and beginning in 2018 all surveillance activities including pre-TAS and TAS will also be funded fully by the MOH. The majority of required drugs are also procured locally by the MOH, as well as all required diagnostics. STH control activities are fully funded by the MOH, with only very limited technical assistance from WHO. Likewise, SCH elimination activities are funded fully by the MOH, with only limited support from WHO including donated drugs, lab training, and a technical consultant.

**Table 2. Non-ENVISION NTD partners working in Indonesia, donor support, and summarized activities**

<b>Partner</b>	<b>Location (Regions/States)</b>	<b>Activities</b>	<b>In FY18, was USAID providing direct financial support to this partner through ENVISION?</b>	<b>List other donors supporting these partners/activities</b>
MOH	Central, province, and district	LF/STH MDA support in 131 districts in 2018 including advocacy, M&E, and limited capacity building activities. Drug procurement of ALB and DEC, as well as FTS and BR tests	Yes	WHO
WHO	Jakarta with field visits to implementing provinces/districts	Provides technical and limited financial support for strategic planning, M&E, and donation/importation of ALB (2016, 2017, and 2018), DEC (2016, 2017, and 2018), and FTS/BR tests for special activities (2017 and 2018)	No	GSK and Eisai
		Provides financial and technical support for SCH elimination activities in two endemic districts	No	MOH
		Technical assistance and full-time data manager for national NTD management information system	No	MOH

## 2. National NTD Program Overview

### a) Lymphatic Filariasis (combined with STH if appropriate)

The Government of Indonesia endorses elimination of LF as a public health problem. Current projections indicate that the national program will be able to stop MDA in all districts after the October 2022 LF/STH MDA. Current national strategies follow the latest WHO guidance for LF (primarily that outlined in the 2011 TAS manual) and are consistent with the major recommendations from international experts provided during WHO regional NTD expert meetings over the last three years.

Of the 514 districts in Indonesia, approximately 236 are endemic for LF caused by *Wuchereria bancrofti*, *Brugia malayi*, and/or *Brugia timori*. Mapping of the entire country using blood collected at night to analyze the prevalence of microfilaremia (Mf) was completed in 2016. The Indonesian NTD Program achieved 100% geographic coverage during the 2017 LF/STH MDA. A total of 43.4 million people live in 131 districts requiring LF MDA in October 2018; 12.4 million live in 34 districts pending pre-TAS/TAS results, and 46.4 million people live in 71 districts currently in post-MDA surveillance.<sup>1</sup> In fiscal year 2018 (FY18), 50 districts have planned to implement a total of 54 TASs. Thirty-four districts will implement 34 TAS1 surveys; 12 districts will implement a total of 14 TAS2 surveys; and 4 districts will implement a total of 6 TAS3 surveys.

In addition, 14,932 chronic cases have been reported by district.

Past ENVISION support was instrumental in assisting the MOH to complete LF mapping for the country. ENVISION has also provided assistance and capacity building for (1) MDA implementation at the national, district, and village levels in 59 districts; (2) pre-TAS and TAS implementation; (3) coverage surveys, data quality assessments (DQAs), and an integrated NTD database at the national level; and (4) overall LF/STH policy and strategies at the national, provincial, and district levels. For the October 2018 LF/STH MDA, ENVISION will continue its support in 16 districts.

### b) Schistosomiasis

Indonesia's goal is to eliminate SCH, caused by *Schistosoma japonicum*, as a public health problem by 2025, following an enhanced strategic plan formalized in 2018, with WHO assistance. The strategy includes surveys and treatment of humans, vectors (snails), and animal reservoirs (rats, cattle, and dogs). SCH is endemic in 28 villages within Poso and Sigi districts in Central Sulawesi province, with an at-risk population of 28,451 people. Control activities originally ended in 2005; however, in 2010, Kato-Katz surveys showed a resurgence of transmission with an average prevalence of infection of 3.81% (range: 0–12.33) at 21 sites in the two districts. These areas have restricted access to potable water and sanitation, and few families have latrines. Although targeted MDA took place from 2010 to 2014, surveys in 2014 showed an increase in the average prevalence from 0.80% to 1.61% in Sigi and from 0.64% to 0.82% in Poso, with selective treatment (test-and-treat positives and family members) provided to at-risk communities. Prior to the launching of the new strategy, current prevalence was collected showing rates between 0% and 2.15% in 2017. The new strategy calls for two more rounds of MDA covering the entire endemic population as well as specific interventions for the vector and associated animal reservoirs. The MOH provides the funding for the distribution and WHO provides praziquantel through international drug donation program.

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<sup>1</sup> As October 2017 MDA is reported in FY17 workbooks, the districts requiring MDA data matches with the FY17 SAR1 workbook, while the pending and post-MDA surveillance data come from FY18 work planning workbook.

ENVISION has not supported SCH activities in the past.

c) Soil-transmitted Helminths

The MOH's goal is MDA coverage of at least 75% of preschool children and school-age children (SAC) in all endemic districts by 2020. A special Presidential Initiative to Alleviate Stunting was begun in 2018 in 100 districts, with the goal of full national coverage by 2020. This initiative is an integrated program including deworming, vitamin A distribution, and nutrition education targeting all children aged 12 and under. Deworming will be organized through the *posyandu* system as well as in grade schools, with implementation once a year in those districts that also implement LF MDA, and twice a year in all others.

In the last 15 years, 172 districts in Indonesia have been surveyed to assess STH prevalence using Kato-Katz, and over 40,000 individuals (mostly children) have been sampled. The results show that STH infection is widespread in the country, with an average prevalence of 28.12% (range: 0%–85%). In 2018, 20.2 million preschool children (1–4 years) and 40.6 million SAC (5–12 years) need at least one round of MDA per year. In 2017, only 69% (353) of districts implemented STH MDA; of those, 43% (152) implemented in coordination with LF MDA and the remainder (231) as an integrated distribution with vitamin A and/or the school health program.

In the past, ENVISION provided technical assistance (TA) and a small amount of funding for advocacy and information, education, and communication (IEC) to kick-start STH-only MDA. Currently, all STH-only activities are self-funded by the government.

### 3. Snapshot of NTD Status in Indonesia

**Table 3. Snapshot of the expected status of the NTD program in Indonesia as of Sept. 30, 2018**

		Columns C+D+E=B for each disease*			Columns F+G+H=C for each disease*				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F*		G*	H	I*
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/18		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18	No. of districts requiring DSA as of 09/30/18
					USAID-funded	Others			
Lymphatic filariasis	514	236	278	0	16	115	0	105 <sup>^</sup>	Pre-TAS: 14 TAS1: 21 TAS2: 10 TAS3: 4
Schistosomiasis		2	512	0	0	2	0	0	0
Soil-transmitted helminths		514	0	0	16	337**	161	0	0

<sup>^</sup> Column H includes 94 districts that have passed TAS1 as of July 2018. It also includes 11 districts that will implement TAS1 or reTAS1 between July and September 2018 and are assumed to pass.

\*Columns F and G include districts implementing LF/STH MDA in October 2018. Column I includes DSA needs for October 2018–September 2019.

\*\*This number includes districts that had combined LF/STH MDA as well as STH only MDA supported by GOI. Data from districts conducting STH-only MDA were obtained directly from the GOI and have not been reported in the FY18 workbooks.

## PLANNED ACTIVITIES

### 1. NTD Program Capacity Strengthening

#### a) Strategic Capacity Strengthening Approach

##### *Capacity goals*

The Subdit's goal is to have in place before the end of the ENVISION project in 2019 a fully functioning national NTD program, including the following:

- The large majority of activities—if not all—funded from national and district budgets
- Implementation of quality MDA following established best practices, including participatory cadre training, sweeping as necessary, enforced directly observed treatment (DOT), targeted social mobilization, effective local supervision, and a responsive SAE management system at all levels
- Timely procurement and efficient management of drugs and other program supplies, such as rapid diagnostic tests
- Effective collaboration with the BBTKL network on the organization of all pre-TAS and TAS together with the relevant provinces and districts
- An up-to-date, responsive, and efficient data management system that provides accurate evidence for all reporting.

#### b) Capacity Strengthening Objectives and Interventions

##### **Objective 1: Strengthen Program Capacity to Implement Quality MDA in All Districts**

Special efforts will continue to assist the Subdit to consolidate the lessons learned and best practices from the “ENVISION experience” and expand their use into non-ENVISION districts.

Intervention 1: Improving MDA Management in ENVISION-supported Districts. ENVISION will continue to collaborate with the Subdit to improve the quality of MDA management in the 16 ENVISION-supported districts in October 2018, with an emphasis on increased frequency and quality of supervision by the Subdit, partner NGOs, and DHOs during MDA implementation. Visits to low-performing HCs will be prioritized, and special activities identified to address the specific issues in each of these districts.

Intervention 2: Improving MDA in non-ENVISION-supported Districts. In FY18, the updated cadre training presentation and Cadre Handbook were presented and then electronically shared during the national LF program review meetings with all districts planning MDA. In FY19, to reinforce the availability of these materials in non-ENVISION districts, they will again be shared electronically with all districts planning LF/STH MDA. Furthermore, ENVISION has provided additional copies of the Cadre Handbook, which were printed and disseminated to non-ENVISION districts through the Subdit in late FY18 in preparation for the 2018 LF/STH MDA. During preparations for the October 2019 MDA, ENVISION will provide support to the Subdit to improve the quality of MDA management in selected low-performing, non-ENVISION districts/provinces by focusing on strengthening DHO strategic planning to ensure that all necessary components of the MDA will be well planned and funded.

## **Objective 2: Strengthen Interdepartmental Collaboration to Institutionalize M&E Capacity**

ENVISION will continue to support the Subdit in strengthening official working relationships with the BBTKL network within the MOH to implement the various disease-specific assessments (DSAs) required to document elimination and track the control of the NTDs endemic in the country.

Intervention 1: Interdepartmental Collaboration. ENVISION will work with the Subdit to organize a national coordination meeting with the BBTKL network.

## **Objective 3: Strengthen Data Management and Use**

Intervention 1: Subdistrict Data Analysis. Building on the success of past support, ENVISION will work with all MOH levels to analyze multi-year data at subdistrict and district levels, and thereby identify areas with low coverage that require improved planning, training, and supervision. As in the past, using an approach adapted from the ENVISION Data for Action Guide (DAG), ENVISION will assist the Subdit to analyze, present, and discuss past performance data, with an emphasis on HC-level MDA coverage data, during each of the strategic planning meetings in priority provinces planned for FY19. The project will assist each of the endemic districts involved to use this evidence as the basis for planning of their next round of MDA. ENVISION will also support the implementation of data consolidation meetings in 14 selected districts following the implementation of the 2018 LF/STH MDA to review, consolidate, and analyze the coverage results together with the relevant DHO and HCs in each district.

### **c) Monitoring and Evaluating Proposed Capacity Strengthening Interventions**

Both routine informal meetings and regularly scheduled review meetings with the Subdit will be used to track progress made toward achieving the desired capacity strengthening outcomes using the following indicators to measure success.

## **Objective 1: Strengthen Program Capacity to Implement Quality MDA in All Districts**

### **Indicators:**

- Percentage of districts with epidemiological coverage above recommended levels;
- Number of joint supervision visits made by ENVISION and Subdit/BBTKL staff and issues addressed;
- National Mid-term Development Plan and the annual National NTD Program Work Plan available; and
- Number and quality of provincial/district planning/coordination meetings held in both ENVISION and non-ENVISION areas.

## **Objective 2: Strengthen Interdepartmental Collaboration to Institutionalize M&E Capacity**

### **Indicators:**

- All partners fully fluent in the guidelines and protocols for pre-TAS and TAS, including a clear division of work involving the Subdit and the BBTKLs, to be measured through post-tests, supervision checklists, and monitoring visits during implementation;
- Ability to use diagnostic tools, measured using TAS training and in TAS supervisory checklists;
- Number of TASs co-supervised by ENVISION and TAS supervisors; and
- Number of TASs implemented according to WHO guidance.

### Objective 3: Strengthen Data Management and Use

#### Indicators:

- Use of integrated database: all historical data are complete and used to prepare WHO reporting forms and coverage reports and to inform annual planning;
- DQA and coverage survey results from previous years: survey reports available, recommendations and related activities included in annual work plans, and outcomes of implementing recommendations tracked; and
- Number of districts implementing enhanced strategies for improving coverage.

**Table 4. Project assistance for capacity strengthening**

Project assistance area	Capacity strengthening interventions/activities	How these activities will help to correct the needs identified in the situation above
<b>a. Strategic planning</b>	<ul style="list-style-type: none"> <li>• PHO/DHO LF/STH MDA planning/coordination meetings</li> </ul>	These activities will help share the ENVISION experience with non-ENVISION districts.
<b>d. Social mobilization</b>	<ul style="list-style-type: none"> <li>• Ensuring the use of best practices in districts by providing the LF MDA Cadre Handbook to priority non-ENVISION districts (funded in FY18 to support October 2018 MDA)</li> </ul>	This activity will help share the ENVISION experience with non-ENVISION districts.
<b>e. Training (please see the Training section for specific training activities)</b>		
<b>k. M&amp;E (please see the M&amp;E section for specific M&amp;E capacity strengthening activities)</b>		

## 2. Project Assistance

### a) Strategic Planning

**Program Review and Planning Meetings to Enhance Preparations for the October 2019 LF/STH MDA in Selected Areas:** ENVISION will assist the Subdit to organize program review and planning meetings in each of six provinces including three previously supported by ENVISION (Aceh [12 districts], Sumatra Barat [9 districts] and Sumatra Utara [9 districts]) and three provinces not supported by ENVISION (Papua [18 districts], Papua Barat [11 districts], and Nusa Tenggara Timur [14 districts]). Each two-day meeting, facilitated by the Subdit with assistance from ENVISION, will include five participants from the relevant PHO and two staff from each of the DHOs from endemic districts in the province. Special efforts will be made to include other ministries, such as education and religious affairs, in these meetings to encourage more active support and involvement in MDA. During these meetings, the comprehensive analysis of all available data will be discussed (adapting the ENVISION Data for Action Guide approach), possible reasons for low performance will be determined, available funding sources will be identified, and appropriate strategies to respond to the local situation in each area will be developed. These strategies may include activating the local network of religious leaders, more effectively utilizing local media, developing more compelling IEC materials using the local language, providing additional training for cadres, training additional cadres, increasing the involvement of local village heads and village midwives, and/or implementing more active supervision at all levels. Once participants arrive at a consensus on recommended strategies, the DHO will complete detailed planning based on all available funding from various sources at the district, HC, and village levels, and request special assistance from the Subdit to fill any gaps. The Subdit will also use these opportunities to discuss morbidity management as well as post-MDA surveillance to better prepare these provinces for these critical components of elimination.

### b) NTD Secretariat

The NTD Secretariat at the Subdit will be self-reliant in funding all its requirements for office supplies and operational costs this year.

### c) Building Advocacy for a Sustainable National NTD Program

No activities in this section are included in the FY19 ENVISION work plan.

### d) Mapping

All LF mapping and remapping for Indonesia has been completed by the Subdit, with considerable support from ENVISION prior to the end of 2016. No additional mapping is required this year.

### e) MDA Coverage

Planned FY19 MDA Activities

**Table 5. USAID-supported districts and estimated target populations for MDA in FY19**

NTD	Age groups targeted	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated in FY19	Total # of eligible people to be targeted in FY19
Lymphatic filariasis	Entire population between 2 and 70 years	1	Community MDA	0*	0*
Soil-transmitted helminths	Entire population between 2 and 70 years	1	Community MDA	0*	0*

\*The FY18 LF/STH MDA targets 5,453,573 people in 16 districts.

**Support for MDA in October 2018:** ENVISION will provide technical assistance and fill in funding gaps for comprehensive LF/STH MDA implementation in 16 districts. These 16 districts are mainly on the island of Sumatra but include one district in Kalimantan that previously failed a pre-TAS. Major activities include coordination meetings at the district and HC levels, M&E training, cadre training, community registration, social mobilization, MDA implementation, sweeping, and reporting and recording. Supervision will be provided by the DHO to all low-performing HCs and a sample of other HCs in their area based on the standard ENVISION supervision checklists, particularly for key activities such as cadre training and the actual MDA implementation. Furthermore, additional support was provided to all 16 districts to enable them to respond to their local issues in creative, innovative ways and achieve significant improvements in the coverage and quality of their MDA.

f) Social Mobilization to Enable NTD Program Activities

No activities in this section are included in the FY19 ENVISION work plan.

g) Training

In FY19, ENVISION will support the two M&E trainings specified in Table 6, which are further detailed in the M&E section below.

**Table 6. Training targets\***

Training groups	Training topics	Number to be trained			Number of training days	Location of training(s)	Name other funding partner
		New	Refresher	Total trainees			
PHO and DHO Staff	<ul style="list-style-type: none"> <li>TAS design, preparation, and implementation</li> </ul>	30	0	30	5	Jakarta	None
DHO Lab Technicians	<ul style="list-style-type: none"> <li>Microscopy</li> </ul>	20	0	20	3	Jakarta	None

\* see M&E section below for details

h) Drug and Commodity Supply Management and Procurement

No activities in this section are included in the FY19 ENVISION work plan.

i) Supervision for MDA

**Supervisory Visits by PHO and DHO Staff for 2018 LF/STH MDA Support Activities:** To provide supervision assistance, PHO and DHO staff will supervise the actual MDA and sweeping activities in all of the 16 ENVISION-supported districts during the 2018 LF/STH MDA in October and November 2018.

**Supervisory Visits by RTI ENVISION:** RTI ENVISION will provide an additional level of supervision covering many areas that need special attention and routine supervision of all ENVISION-sponsored activities as part of our best practices to ensure proper program management at all levels. These visits will be conducted in collaboration with the appropriate staff from the DHO, PHO, and/or MOH. All RTI ENVISION staff use standardized supervision checklists to collate information and include these in their trip reports.

j) M&E

**Ongoing M&E TA:** The ENVISION Indonesia Senior M&E Specialist and M&E Officers will continue to work together with Subdit and BBTKL staff to support all M&E activities in the ENVISION work plan and assist with all related reporting.

**Integrated NTD Database:** For the past several years, ENVISION has supported the rollout of the integrated NTD database, including training Subdit staff and hiring consultants to enter historical LF data. The Subdit continues to enter data into the database and has used the database on occasion to

generate WHO forms, such as the Joint Reporting Form. During FY19, the ENVISION M&E Specialist and M&E Assistant will continue to be available to work closely with the M&E Focal Person at the Subdit to sustain the database, as well as collaborate with the new WHO-sponsored data manager.

**LF Transmission Assessment Surveys:** In FY19, ENVISION will support the implementation of a total of five TASs, two of which have been carried over from FY18 because implementation was delayed due to the defective *Brugia* Rapid tests. The three other TASs planned for FY19 are in ENVISION-supported districts, which have successfully completed five rounds of MDA and will implement their pre-TAS with ENVISION support in late FY18. These three TASs will only be implemented if the pre-TAS results indicate  $Mf < 1\%$  or antigen  $< 2\%$ . In addition, the TAS1 in Nunukan district which was organized in January 2018 but was not able to be completed first due to extremely bad weather then by delays in obtaining additional test kits, will be completed in October 2019, requiring approximately ten days in the field.

All of these TASs will apply antigen testing with FTS in *W. bancrofti* areas or antibody testing with *Brugia* Rapid tests in *Brugia* spp. areas among first and second graders who are sampled according to WHO guidelines, using a cluster methodology. All rapid diagnostics will be provided by the Subdit. The surveys will pilot the use of electronic data collection where feasible, to enter GPS data of schools and summary forms to a server. This will allow maps to be made showing results by cluster in a geographic fashion.

Each TAS will be implemented by a team consisting of one PHO staff, DHO staff, two HC staff, and two cadres per cluster and a national-level supervisor from the Subdit or BBTKL, with assistance from ENVISION. In each district, four teams will implement TAS simultaneously. The surveys will be performed between October and December 2018. All surveys will utilize the standard TAS preparation and supervisory checklists for each of the various components. In all areas, duplo testing (double testing) of all positive samples will be conducted, and any discordant results will be considered “undetermined” and not included in the survey sample size. The results and next steps will be shared with the districts through a formal letter from the Subdit. If any districts fail either the TAS2 or TAS3, ENVISION will work with the Subdit to submit a request to the WHO Regional Program Review Group for advice on next steps, per the guidance in the 2011 WHO LF TAS manual and the 2016 LF TAS Expert Meeting in Jakarta.

For all ENVISION-supported districts that fail either a pre-TAS or TAS, ENVISION will work with the Subdit, as well as the respective DHO and their HCs prior to the next round of MDA to (1) utilize the TAS checklists and in-depth data review to investigate the failure; (2) where possible, organize focus groups to collect information from cadres and/or community members; (3) enhance their local social mobilization strategy to include more local-specific activities, such as engaging religious leaders or other influential people, providing media in the local language, or increasing the funding for cadres to travel to all low-performing villages; (4) increase the promotion, implementation, and monitoring of DOT; and (5) increase the amount of active supervision of the HC, DHO, and NGO staff in low-performing areas to assist with local problem solving and increase local motivation.

Table 7 lists the DSAs planned for FY19.

**Table 7. Planned DSAs for FY19 by disease**

Disease	No. of endemic districts	No. of districts planned for DSA	No. of EUs planned for DSA (if known)	Type of assessment	Diagnostic method (Indicator: e.g., Mf or FTS)
LF	236	14 (0 with USAID funds)	14 (0 with USAID funds)	Pre-TAS	10 Mf; 4 FTS
LF	236	22 (4 with USAID funds)*	22 (4 with USAID funds)*	TAS1	3 FTS; 16 BR; 3 Mixed*
LF	236	10 (4 with USAID funds)	10 (1 with USAID funds)	TAS2	5 FTS; 5 BR
LF	236	4 (2 with USAID funds)	4 (0 with USAID funds)	TAS3	1 FTS; 3 BR

- These numbers do not include the completion of TAS1 in Nunukan District. Nunukan TAS1 is captured in the FY18 program workbook.

**TAS Training for PHOs and DHOs:** In July 2019, staff from the districts planning TAS1 and TAS2 in 2020 together with their provincial-level counterparts will be trained in TAS implementation, including eligibility, sampling, preparation, testing methodology, and the interpretation of results. To help PHOs and DHOs understand the purpose of the surveys and the process, a five-day training on TAS methodology and how to use the appropriate rapid tests will be conducted based on the WHO TAS training modules, which have been officially adapted for use within the MOH and now include additional practice time in the field as well as a couple of topics that are required to be included in all civil service training activities. Pre- and post-tests will be used to evaluate the participants' changes in knowledge after training, and their abilities to use and read the rapid diagnostic tests will be assessed.

**Microscopic Training:** In January 2019, staff from district health laboratories in LF-endemic districts ready to implement pre-TAS will be trained in the various laboratory procedures required for both LF and STH testing, with a strong emphasis on the various laboratory skills involved. The three-day training will be organized at the University of Indonesia in Jakarta, where highly qualified laboratory technicians and LF experts are available. Practical applications and considerable practice in each of the various laboratory tests involved will be emphasized. Pre- and post-tests will be used to measure changes in both basic knowledge and the practical application of the appropriate lab tests. Twenty participants will be involved to ensure proper oversight and sufficient hands-on practice for each participant.

**National LF M&E Coordination Meeting:** ENVISION will assist the Subdit in organizing a two-day coordination and planning meeting in Jakarta for representatives from the 10 regional BBTKLs to establish clearer guidance on the roles and responsibilities to be shared between these organizations in pre-TAS and TAS implementation, as well as other M&E activities, in support of the national LF program, building on the practical experiences that both organizations have had with implementation in the field this past year. This meeting will focus on the practical issues related to the coordination and implementation of these surveys in 2019, including scheduling and budgeting. Previous experience from implementing the surveys in the field will also be discussed, problems identified, and best practices shared. Forty participants will be involved, with priority given to senior management and staff who have been trained previously as TAS supervisors and participated in supervising TAS in the field.

k) Supervision for M&E and DSAs

No activities in this section are included in the FY19 ENVISION work plan.

l) Dossier Development

**Support for Development of LF Pre-Dossier (mapping):** Although the LF elimination dossier for Indonesia will not be submitted to WHO prior to completion of all TAS surveys in 2026, at the earliest, ENVISION will assist the Subdit to compile all available data concerning mapping while institutional memories are fairly reliable and before the end of ENVISION, which funded the majority of recent mapping activities. Building on the information already collected and entered into the integrated NTD database, ENVISION will work with the Subdit to update the data, identify gaps, uncover missing documentation, and confirm results with the relevant districts. Following the re-districting of several provinces over the past decade, results of prior mapping must be reassigned accordingly and sentinel and spot check sites realigned. In addition, justifications for determining non-endemic districts are often incomplete or missing. This may involve soliciting missing data from retired MOH staff as well as contacting various DHOs to figure out what took place and how best to interpret the results. Once the data have been collected, an international consultant with proven expertise in LF and LF mapping will be recruited to analyze the data and draft the mapping section of the LF elimination dossier in collaboration with the Subdit. The final mapping data will be incorporated into the integrated database at the Subdit, and copies of the mapping section of the pre-dossier as well as the attached mapping data will also be provided to the Subdit, USAID, and WHO Indonesia.

## APPENDIX 1: Work Plan Timeline

FY19 Activities
<b>Project Assistance</b>
Strategic Planning
Program Review and Planning Meetings to Enhance Preparations for the October 2019 LF/STH MDAs in Selected Areas
MDA Coverage
Support for MDA in October 2018
Supervision for MDA
Supervisory Visits by PHO, and DHO Staff for 2018 LF/STH MDA Support Activities
Supervisory Visits by RTI ENVISION for 2018 LF/STH MDA Support Activities
Monitoring and Evaluation
Ongoing M&E TA
Integrated NTD Database
LF TAS
TAS Training for PHOs and DHOs
Microscopic Training
National LF M&E Coordination Meeting
Dossier Development
Support for Development of LF Pre-Dossier (mapping)

## APPENDIX 2. Table of USAID-supported Regions and Districts in FY19

October 2018 LF/STH MDA	TAS
<p><b>Round 7</b>  <u>Aceh</u>            1. Aceh Jaya  <u>Kepulauan. Riau</u>            2. Kota Batam  <u>Kalimantan Barat</u>            3. Melawi</p> <p><b>Round 6</b>  <u>Jambi</u>            4. Tanjung Jabung Timur</p> <p><b>Round 5</b>  <u>Sumatra Utara</u>            5. Serdang Bedagai</p> <p><b>Round 4</b>  <u>Aceh</u>            6. Aceh Barat            7. Aceh Utara            8. Bireuen  <u>Sumatra Selatan</u>            9. Musi Rawas            10. Ogan Komering Ulu            11. Ogan Komering Ulu Timur  <u>Sumatra Utara</u>            12. Batubara</p> <p><b>Round 3</b>  <u>Aceh</u>            13. Aceh Timur            14. Aceh Selatan            15. Nagan Raya  <u>Sumatera Selatan</u>            16. Lahat</p>	<p><b>TAS-1</b>  <u>Nusa Tenggara Timur</u>            1. Ende</p> <p><u>Sulawesi Tenggara</u>            2. Kolaka Timur</p> <p><u>Sulawesi Barat</u>            3. Mamuju Utara</p> <p><u>Kalimantan Timur</u>            4. Mahakam Hulu</p> <p><b>TAS-2</b>  <u>Sumatra Barat</u>            5. Pasaman Barat</p> <p><b>Completion of TAS1</b>            Kalimantan Timur            6. Nunukan</p>