

# Training Report



## Virtual Training of TB Survivor Organization For Acceleration Response To Drugs Resistant In Indonesia

May 18<sup>th</sup> to June 4<sup>th</sup> 2020

Submitted by: POP TB Indonesia



World Health  
Organization



**Partners:**



## Executive Summary

This report describes the Virtual Training of POP TB Survivor Organization For Acceleration Response To Drugs Resistant In Indonesia which held on three batch. First batch held on 20<sup>th</sup> to 22<sup>th</sup> May, 2020; second batch held on 27<sup>th</sup> to 29<sup>th</sup> May, 2020; and third batch was held on 2 to 4 June, 2020 through virtual using zoom application. Before participant was split in to three batch, on the first and second day, all participant was attending opening ceremonial and TB literacy session on May 18<sup>th</sup> and 19<sup>th</sup> May, 2020.

There are sixty (60) participants from existing 16 (sixteen) TB survivor organizations from 12 province was participate on the virtual training, comprises: 1) PETA (Jakarta); 2) SEMAR (Central Java); 3) STORI (Riau Island); 4) BEKANTAN TB (South Kalimantan); 5) KAREBA BAJI (South Sulawesi); 6) TERJANG (West Java); 7) PESAT (North Sumatera); 8) PETIR (East Java); 9) BERAKSI (East Nusa Tenggara); 10) Cendrawasih TB Papua (Papua); 11) DAENG TB (South Sulawesi); 12) REKAT (East Java); 13) SEKAWANS (East Java); 14) PANTER (East Java); 15) PUSAKO (West Sumatera); 16) GAMELAN TB (Bali).

During the 5-day training, participant have received lesson on TB literacy, counseling skill, community-based monitoring and feedback system and also advocacy. As additional knowledge participants also received lesson related to rGLC role and function, The Global Fund Mechanism as well as community role on the Global Fund Mechanism.

To identify how well participant can receive sessions, we provide evaluation and feedback from participants through google form that participants should fill every day after the lesson done. You can see the result on the attachment below. And by the end of the training, we also provide feedback from participants related to implementation of the whole training have been done.

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## Acknowledgement

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## Abbreviations

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<b>ADRs</b>	Adverse Drug Reactions
<b>BEKANTAN TB</b>	TB Survivor Organization from South Kalimantan
<b>BERAKSI</b>	TB Survivor Organization from East Nusa Tenggara
<b>CBMF</b>	Community-Based Monitoring and Feedback
<b>CCM</b>	Country Coordinating Mechanism
<b>Covid-19</b>	Corona Virus Disease 2019
<b>CSO</b>	Civil Society Organization
<b>CSS</b>	Community System strengthening
<b>CTB</b>	Challenge TB
<b>CTP</b>	TB Survivor Organization from Papua
<b>DAENG TB</b>	TB Survivor Organization from South Sulawesi
<b>DOTS</b>	Direct Observe Treatment Service
<b>DR-TB</b>	Drugs Resistant Tuberculosis
<b>DSA</b>	Drugs side effect
<b>FGD</b>	Focus Groups Discussion
<b>GF</b>	The Global Fund
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAC</b>	Indonesia AIDS Coalition
<b>IU</b>	Implementing Units
<b>JEMM TB</b>	the Joint External Monitoring Mission on TB
<b>KAREBA BAJI</b>	TB Survivor Organization from South Sulawesi
<b>LKNU</b>	Lembaga Kesehatan Nahdlatul Ulama (Nahdlatul Ulama Health Institution)
<b>MOH</b>	Ministry Of Health
<b>NTP</b>	National TB Program
<b>PANTER</b>	TB Survivor Organization from East Java
<b>PE</b>	Peer Educators
<b>PETA</b>	TB Survivor Organization from DKI Jakarta
<b>PESAT</b>	TB Survivor Organization from South Sumatera
<b>PLHIV</b>	People Living with HIV
<b>POP TB</b>	Perhimpunan Organisasi Pasien TB – The Association of TB Patient Organization
<b>PR</b>	Principle Recipient
<b>PS</b>	Patient Supporter
<b>PUSAKO</b>	TB Survivor Organization from West Sumatera
<b>Q&amp;A</b>	Question and Answer
<b>REKAT</b>	TB Survivor Organization from East Java
<b>rGLC</b>	Regional Green Light Committee
<b>SAT</b>	Self Adherence Treatment
<b>SEARO</b>	South East Regional Office

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<b>SEKAWANS</b>	TB Survivor Organization from East Java
<b>SEMAR</b>	TB Survivor Organization from Central Java
<b>SR</b>	Sub- Recipient
<b>SSR</b>	Sub-sub Recipient
<b>STORI</b>	TB Survivor Organization from Riau Island
<b>TB</b>	Tuberculosis
<b>TB MDR</b>	Tuberculosis Multi Drugs Resistant
<b>TERJANG</b>	TB Survivor Organization from West Java
<b>TWG</b>	Technical Working Group
<b>USAID</b>	United State Agency for International Development
<b>WHO</b>	Worl Health Organization
<b>YKI</b>	Yayasan KNCV Indonesia

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# 1. Training Report

## 1.1. Background

Indonesia remains one of the five highest tuberculosis burden countries globally and is estimated to be responsible for 15 percent of the global tuberculosis missing cases. Only 360,000 cases are notified out of the estimated 1,000,000 incident cases and about 70% of the missing cases (around 650,000 TB cases) are assumed to be in contact at some point with the country's active private health care sector. Similarly, only 2,738 TB MDR cases are notified out of the estimated 32,000 (8%).

In last five years, the peer support group in Indonesia grew up with supports from many stakeholders. In 2015, several TB patient/survivor organizations from various provinces unite to establish the Association of Tuberculosis Patients' Organization (POP TB) supported by the ChallengeTB (CTB) project funded by USAID Indonesia.

In 2017 The KNCV Indonesia Foundation (YKI) also support and assisted POP TB Indonesia to establish MDR-TB patient/survivor organization in 6 provinces. During 2017 not only establish 6 TB patient organization, POP TB also conduct several activity to increase TB patient organization skill and knowledge such as peer educator training, conduct advocacy activity through multi stakeholder forum that involve existing stakeholder including private sector to support TB patient organization.

Currently POP TB is a sub-sub-recipient under Nahdlatul Ulama Health Institution (LKNU) and the Ministry of Health for manage Case Manager programs, conducting Focus Discussion Group (FGD) among DR-TB patients, manage Patients Supporter and shelter program as well. Aisyiyah facilitated the latest POP TB meeting for its members across Indonesia and advocating for economic empowerment for TB patients. In the global, POP TB involved in the Joint External Monitoring Mission on TB (JEMM TB) in 2017. The member of POP TB being involved as member of Technical Working Group (TWG) facilitated by the Country Coordinating Mechanism (CCM) in Indonesia and one of POP TB member play the important role in the SEARO Green light committee (rGLC SEARO).

Thus far, POP TB also manage a small grant from Indonesia AIDS Coalition (IAC), an HIV CSO focusing in advocacy and organizational capacity building and SR under MoH for Community System strengthening (CSS) component. The grant are given to strengthen POP TB secretariat until December 2020.

As an organizational mandate, POP TB Indonesia quite successful to bring TB patient/survivor organization become an important component in strategic and policy development at National level. Although TB patient/survivor organization have a particular role a specially in maintaining treatment adherence for DR-TB patients.

Nonetheless, the capacity building of a POP TB member faced many challenges with the lack of funding support to increase organizational capacity. So, many TB survivor organizations still weak/lack in the capacity of organizations such as program development and strategy, advocacy. Even their involvement in the Global Fund proposal writing became less meaningful, because almost all patient organizations have not better understanding of the GF proposal writing mechanism as well as how they can take the role to be the recipients of the GF grant funding either as SR, SSR or IU.

So that their involvement in strategic meetings seemed like less meaningful just because many of them were not have courage to speak out that had an impact on strategic issues that they should be able to convey at strategic meetings became less meaningful even though they have been involved quite a lot in strategic meetings, both at regional level and at the national level.

Through the opportunity support funding from rGLC, it is hoped to be one of the opportunities for POP TB to provide knowledge and skills to TB survivor organization to improve their knowledge, understanding and skills. So that in the future they can be more developed.

For internal POP TB itself, this support fund is expected to be the next step for resource mobilization to increase POP TB as well as TB Survivor organization under POP TB. A specially for DR-TB response and establishment TB survivor organization in high burden region that not yet can be touch by POP TB.

In this case to implement organizational mandate, rGLC fund support becomes very important for the development of the patient's organizational capacity in accelerating response to DR-TB in Indonesia. This Training will use existing WHO modules with adjustments on Covid-19 conditions/situation.

#### 1.1.1. Training

This training supported by World Health Organization (WHO) SEARO through Regional Green Light Committee (rGLC) SEARO.

#### 1.1.2. Participants

The participant of this training is 60 participants of 16 TB Survivor Organization representatives from 12 provinces (see annexes for the detail).

### 1.1.3. Facilitators

No	Name	Institutions
1	dr. Esty Febriani	Nahdlatul Ulama Health Institution (LKNU)
2	Thea Tanra Hutanamon	Stop TB Partnership Indonesia
3	Dangan Prasetya	NTP, MoH
5	Elina Dian Karmila	Nahdlatul Ulama Health Institution (LKNU)
6	Budi Hermawan	POP TB Indonesia
7	Yulinda Santosa	POP TB Indonesia
8	Ani Hernasari	REKAT, East Java
9	Wahyu Hidayat	PANTER, East Java
10	Uly Ulwiyah	PETA, DKI Jakarta
11	Listiani Ketaren	PESAT, South Sumatera
12	Harry Rizkianto	TERJANG, West Java
13	Dewi Wulan	TERJANG, West Java
14	Helmi	BEKANTAN, South Kalimantan

### 1.1.4. Resource Persons

No	Name	Institutions
1	dr. Imran Pambudi, MPH	NTP, MoH
2	dr. Vineet Bhatia	WHO SEARO
3	dr. Mikayla	WHO Indonesia
5	dr. Endang Lukitosari	NTP, MoH
6	Nurjanah Sulaiman, SKM	NTP, MoH
7	dr. Carmelia Basri	Stop TB Partnership Indonesia
8	dr. Erlina Burhan	Covid-19 National Task Force
9	Paran Sarimita	rGLC SEARO

## 1.2. Objectives

The objectives of the training were as follow:

- To introduce role and function of rGLC
- To introduce role, function and benefit of Global Fund mechanism for TB Survivor organization
- To provide mentoring and technical support for TB survivor organization to enhance their knowledge and skill on latest development on TB treatment regimen; access issues, gaps and challenges
- To empower TB survivor to be the agent of change and assist national TB control program in providing support to DR-TB patients and advocacy
- To invite peer supporter and TB survivor to discuss regional, national, global, and country-level related issues that are relevant to enable community-led TB response

## 1.3. Outputs

1. Increased knowledge and understanding of TB survivor organization on the role and function of rGLC and Global Fund Mechanism
2. Increased knowledge and skill of TB survivor organization in TB knowledge, barefoot counseling, advocacy, community feedback and facilitation will be updated.
3. The capacity of TB survivor organization are improved in relation of TB disease and Covid-19.

## 1.4. Training Methodology

- Since covid-19 condition, the training will be held through virtual training by using **zoom application**
- The process will lead by POP TB through online/virtual presentation and discussion.
- The training will be divided into 3 batch that involve around 60 participant in total. Each batch will conducted 5 days training involving 20 participant.

## 1.5. Training Pathway

This training is the first time training for patient organization conducted virtually using zoom application. It is not possible there will be advance training specifically on advocacy, counseling and community-based monitoring and feedback mechanism issues. Participants of this training offered support and technical assistant by POP TB secretariat team for providing advocacy plan, implementing community-based monitoring and



feedback as well as apply on counseling related skill.

## 2. Process

### 2.1. Day 1

#### 2.1.1. Opening Session

First day session is about opening notes by NTP, WHO SEARO, and POP TB Indonesia followed with knowledge sharing session from rGLC representative, CCM Indonesia

#### **Opening Speech from NTP**

First day was started by welcome speech and opening session from National TB Program (NTP) representative dr. Imran Pambudi, MPH as Chief of Sub-Directorate of NTP. In his welcome speech Pak Imran conveyed that Covid-19 pandemic has affected health program including TB services which reduce TB case finding rates by 18% in the first quarter of 2020 compare with 2019. He also mention that government has made protocol for TB treatment during pandemic, such as interval extending for taking drugs with specific strategy for patient monitoring. However, NTP guarantee that TB services should be run with new protocol during pandemic. Related to Covid-19 pandemic, Pak Imran also said that this momentum should be use for optimize TB service.

NTP also need to make adjustment related TB treatment method by changing Direct Observe Treatment (DOTS) into Self Adherence Treatment (SAT), meaning that patients can consciously adhere to the treatment being undertaken.

At the end of his speech, Pak Imran expecting that TB survivor organization and patient supporter can actively assist and monitor patients who undertaken treatment especially during pandemic. Even more the most challenging for patients undertaken treatment is drugs side effect, and there is no one can provide better counseling unless Tb survivor/patient supporter. He also expecting that TB survivor organization and patient supporter can be a good liaison between patients and health provider. Besides helping in new TB case finding, Tb survivor also can provide TB program development during “a new normal” condition, so that TB program can be better and provide better benefit for TB patients.

### **Welcome Speech from WHO SEARO**

After opening session by dr. Imran from NTP, the session continued by presentation from dr. Vineet Bhatia as WHO SEARO representatives. dr. Vineet presenting about TB/DR-TB burden – Role of Communities and support groups. On his presentation he mentioned about the high of TB burden in Southeast Asia, it is about 44 percent TB burden and almost half of TB burden in the global, especially Indonesia is one of the six countries with the highest TB burden in Southeast Asia. New notification and relapse is higher every year, although there has been a decrease in deaths caused by TB among people living with HIV (PLHIV). Related to DR-TB case finding, dr. Vineet said that there is still much effort to be done, even though TB cases are getting better. Dr. Vineet also mentioned that patients should be the first thing in TB services as well as he expected participants attending this training will provide assistants for TB patients to fulfill patients' needs. Dr. Vineet also explained that the role of TB survivor/communities has a major role in providing support for the successful TB program. Moreover, in COVID-19 pandemic situation, many TB health providers closed or moved to other providers including private health providers that affected providing TB related information and education as well as motivation to TB patients.

On the last of his presentation, dr. Vineet expects that during the COVID-19 pandemic situation TB survivors/communities can: **1) provide assistant to health services related to identify symptoms in patients around them and coordinate to bridging patients with health providers; 2) provide assistants in raising awareness related to infection control that patients can do at home while they accessing TB treatment/medication; 3) provide assistant to prevent stigma and discrimination especially when patients hesitate to check if there are COVID-19 symptoms; 4) provide adherence support system when patients starting on medication/treatment; 5) Continue support and ensure patients do not drop out of medication; 6) Contact investigation and treatment for prevention (if applicable); 7) provide assistant in identify patients/people who need support due to job losses, not having sufficient food supplies, and how to link them with existing social assistance schemes.**

### **Welcome Speech from POP TB Indonesia**

Pak Budi Hermawan as Chairman of POP TB expressed gratitude to WHO SEARO, NTP, Facilitators and Co-facilitator and also to participants of the training. He also explained about the role of community organization in providing assistant and support National TB Program to eliminate TB.

### 2.1.2. Knowledge Sharing session

#### **Sharing session rGLC**

Presented by Ms. Paran Sarimita as rGLC SEARO representatives. She explain about what is rGLC?, role and function of rGLC, rGLC members, and also community role in rGLC. Her presentation follows by discussion among participants related to rGLC programs and rGLC function related TB programs.

#### **Sharing session Country Coordinating Mechanism (CCM) Indonesia**

This session presentated by dr. Samhari Baswedan, MPA as Executive Secretary of CCM Indonesia. On his session, Pak Samhari explain about The Global Fund Mechanism comprises: 1) what is The Global Fund; 2) How The Global Fund grant distributed; 3) national coordination mechanism. He also explain about CCM Indonesia and other related issues such as CCM function, CCM members, Component and working procedures of CCM as well as CCM activities. His presentation end by discussion (Q&A) with participants. Issues come out during the discussion as follows:

1. How communities can take part or involve in the GF mechanism,
2. Role of technical working group,
3. Term and condition for CSO to become PR/SR/SSR, how GF support survivor/community organization to become SR/SSR?
4. Budget absorption
5. How GF funding can increase capacity of TB survivor and support for establishment of new survivor organization,
6. What do we do if there is organization as PR/SR not involve Tb survivor on their program?
7. Coordination meeting conducted by SR in certain area only involve CSO/community who relate to their project.

#### **Sharing session The Role of community in the Global Fund Grant.**

This session presented by dr. Carmelia Basri from Stop TB Partnership Indonesia (STPI). On her session Ibu Mel share about how communities can take part on the Global Fund grant, and communities also can conduct monitoring system on GF grant run by PR/SR/SSR. In her session Ibu Mel encourage communities to be increase their skill and knowledge so

they can take a lead on TB program in their area as well as contribute much more in the TB program in Indonesia. She also mentioned about function of CCM member community representative that should be opportunity for communities to provide input and recommendation for GF proposal. Her session also end by discussion with participants.

## 2.2. Day 2

Day two training started with previous session, led by Yulinda from POP TB secretariat, participant invited to share what lesson they have got on the previous day.

### Sharing session on TB related Covid-19

This session presented by dr. Erlina Burhan, M.Sc from Persahabatan hospital and as National Covid-19 Task Force.

Some learning delivered by dr. Erlina Burhan comprises:

1. Linkages between TB and the Covid-19. She mentioned that linkages shown at the symptom.
2. Challenges on TB and Covid-19. She was highlight that TB and Covid-19 show similar symptom and both attack peoples lung and similar transmission, TB does not experience a decrease in the sense of smell, TB has no time limit,
3. Prevention should be carried out by TB patients during the pandemic including:  
By health care provider: physical distancing, dividing red zone and green zone, covid-19 tracing also use for TB patient tracing, divert TB patient hospitalization to another hospital.  
By communitess/survivor: mapping, involved in mapping together with health workers, bridging between patients with TB-Covid hotline service (call center), Contacting TB patients and assisting in Covid-19 tracing for TB case finding.

### Discussion (Q&A) with participants

Questions came out during discussion with participant including:

- Vulnerability of TB survivors to Covid-19, Covid-19 mutation in Indonesia (covid symptoms through digestion and not coughing)
- Reason the priority of handling Covid-19 is different from managing TB. Covid-19 treatment is greater than TB

- TB patient infected Covid-19 cases
- Cure rates of TB patient infected by Covid-19
- The truth of issues that covid-19 can heal itself
- cloth masks can prevent transmission of TB?
- The correct way to check covid-19
- Percentage of pregnant women can infected by Covid-19
- Interval for monitoring TB patients during pandemic
- Effectivity of Gen-Xpert machine for Covid-19 diagnose

### 2.2.1. Module 1: TB/DR-TB Treatment Literacy

This module covers the basics of TB and DR-TB including prevention, stigma, TB infection control and community level prevention methodologies. The module will bring the community representatives up to speed on treatment regimens and prevention methodologies and enable them to ascertain the appropriateness of treatment from the service provider on behalf of persons affected by TB.

#### 2.2.1.1. Basic TB

The session presented by dr. Endang Lukitosari from NTP. Highlighted lesson mentioned by dr. Endang including:

1. Basic TB,
2. Pulmonary TB symptoms,
3. TB in Children,
4. TB diagnose,
5. Pulmonary TB diagnose,
6. TB treatment
7. Drugs side effect
8. Management of Drugs side effect
9. Supporter and the duty of patients supporter
10. The danger of not completing treatment

#### **Discussion (Q&A) with participants**

- Treatment for Laten TB
- Regiment changing
- Drugs for extra-pulmonary TB

#### 2.2.1.2. DR-TB

This session presented by Ibu Nurjanah Sulaiman, SKM (Ibu Inong) from NTP. Highlighted message mentioned by Ibu Inong including:

1. Types of Laboratory Examinations for Diagnosis and Monitoring of Treatment in the TB Program.
2. Health provider facilities – TB laboratory
3. Development of TB Diagnostic Test
4. Comparison of Types of TB Tests
5. Flow of TB and Drug-Resistant TB diagnosis in Indonesia
6. Number and volume of sputum for DR-TB Diagnosis
7. DR-TB criteria
8. Flow of DR-TB treatment
9. DR-TB short-term treatment
10. DR-TB medication principles
11. Diagnose for short-term medication
12. Indication of individual combinations
13. Treatment duration of individual combinations
14. How to administer new drugs
15. Treatment evaluation
16. Drugs side effect monitoring
17. Management for Irregular Treatment Patients
18. DR-TB management networking
19. Medically referral from DR-TB satellite health provider to referral hospital

#### **Discussion (Q&A) with participants**

- Virtual assistance

#### 2.2.1.3. TB Infection - Preventive and Control

This session delivered by dr. Ella Mikyal Faralina from WHO Indonesia. Highlighted message mentioned by Mbak Ella including:

1. TB transmission
2. The condition of pulmonary TB which can increase the risk of transmission.
3. Peoples who are at risk transmitted by TB

4. Factors affecting TB transmission
5. TB preventive and control building blocks
6. TB and Covid-19 double burden
7. Differences and Similarities in TB and Covid-19
8. What must be done to protect TB workers, including the community, from Covid-19 transmission?
9. Covid-19 standard precautionary elements
10. TB prevention therapy
11. Purpose of preventive therapy

### **Discussion (Q&A) with participants**

- TB and Covid-19 related stigma
- Transmission of TB Laten

## **2.3. Day 3**

### **2.3.1. Module 3: Barefoot Counseling**

This module covers basic theories, skills to create counselling relationships, behavioural activation and motivational techniques. It will equip the trainee to counsel persons affected by TB, support them for overcoming adverse drug reactions (ADRs) and TB drug-induced episodes and refer them for proper care before the episodes become serious.

Learning objectives of these sessions participants are expected: 1) to be able to do peer counselling; 2) can understand the importance of peer counseling; 3) can do counseling according to the checklist; 4) able to demonstrate or implement strategies for active listening and explain the importance of active listening in a counseling; 5) participants can do the basic skills of supportive counseling skills.

This module consist of subjects as follows:

1. Counseling for DR-TB
2. Counseling information for DR-TB – Checklist
3. Active listening and attending skills
4. Supportive counseling

The session began with brainstorming with participants about the challenges of “**Pathway**

**To Cure**". Lead by Facilitator, participants invited to discuss following area:

- Developing symptoms
- Seeking Care
- Getting a diagnosis
- Starting treatment
- Completing treatment and getting cured
- Getting back on track (rehabilitation)

Following are findings that came out during discussion

*Table 1 Challenges on pathway to cure*

Areas	Challenges and finding	
	Community Level	Health System Level
<b>Developing symptoms</b>	<ul style="list-style-type: none"> <li>• Don't know the TB symptoms</li> <li>• Consider as a common cough</li> <li>• Fear of checking</li> <li>• Fear of expensive costs</li> <li>• Believe the disease is not severe</li> <li>• Doesn't believe of TB</li> <li>• Shy to check</li> <li>• Lack of symptoms information</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of health care for screening and socialization of TB symptoms</li> <li>- Check TB must wait for cough more than 2 weeks</li> </ul>
<b>Seeking care</b>	<ul style="list-style-type: none"> <li>• TB treatment information unclear (where, costs)</li> <li>• There is no accompanying while check</li> <li>• There is no information provider/informant</li> <li>• Far from health facilities</li> <li>• Fear of expensive cost and doesn't have national insurance</li> <li>• Fear of getting stigma</li> <li>• Access to health services is difficult</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>- Don't know how to check TB into health facilities</li> <li>- There is no information that TB treatment is free</li> <li>- Didn't know there was a TB program in the community</li> <li>- Lack information that TB can be treated at Puskesmas</li> <li>- Paid test (sputum/thorax)</li> <li>- Different service systems (some pay, some free)</li> <li>- The long TB test flow and process</li> <li>- Incomplete information provided</li> </ul>



<b>Getting a diagnosis</b>	<ul style="list-style-type: none"> <li>• Fear of starting treatment (time, cost, stigma due to TB)</li> <li>• Fear of transmitting</li> <li>• Do not want to be followed up</li> <li>• Shocked and hesitant with results</li> <li>• Think for a long time to decide to start treatment</li> <li>• Fear of the duration of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Incomplete information provided</li> <li>• No logistics available</li> <li>• Long process to get the result</li> <li>• Changing diagnosis</li> <li>• Health worker do not want to take risks, if the family does not approve - can not force patients</li> </ul>
<b>Starting treatment</b>	<ul style="list-style-type: none"> <li>• Distance to Health Facilities, transportation costs, and should be back and forth</li> <li>• Herbal medication</li> <li>• Stigma from neighbors</li> <li>• Not sure can be cured with a long time of treatment</li> <li>• Heavy side effect</li> <li>• Not supported by family</li> <li>• Not sure with hospital medication</li> <li>• refuse treatment because of the elderly</li> <li>• Do not have money to the hospital</li> <li>• Wait for a long treatment (from health facilities)</li> <li>• Stalling treatment for fear</li> <li>• Lots of drugs, horrifying</li> </ul>	<ul style="list-style-type: none"> <li>• The diagnosis is complicated</li> <li>• Incomplete information provided</li> <li>• Health worker do not want to listen, tend to be dominant</li> <li>• Medicine stock out</li> <li>• Complicated administration at hospital</li> </ul>
<b>Completing treatment and getting cured</b>	<ul style="list-style-type: none"> <li>• Heavy drugs side effect</li> <li>• Having a high fever after injection</li> <li>• Distance to Health Facilities, transportation costs, and should be back and forth</li> <li>• Despair because of long treatment</li> <li>• Ostracized</li> <li>• Feeling better</li> <li>• Unable to work, thinking not to continue treatment</li> <li>• Lazy to health service</li> <li>• Afraid to see a doctor because you will be given additional medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Complicated diagnose</li> <li>• Unclear information from health worker</li> <li>• Unfriendly health worker</li> <li>• Health worker lack response</li> <li>• Drug delay</li> <li>• Expire drugs</li> </ul>

<b>Getting back on track</b>	<ul style="list-style-type: none"> <li>• Fear of recurrence</li> <li>• refuse control because it's cured</li> <li>• Fear of being a patient supporter/assistant (fear of being infected again)</li> <li>• Do not have communication and counseling skills to assist patient</li> <li>• Unable to work due to shortsightedness and hearing loss</li> <li>• Stigma from environment</li> <li>• Need for post-cure counseling/support from other survivor</li> </ul>	<ul style="list-style-type: none"> <li>- There is still blood cough but negative results</li> <li>- Complicated referral system</li> <li>- There is no “cure certificate”</li> </ul>
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By thinking and analyzing the challenges in the health system as also in the community setting, it is possible to think about the experience in a comprehensive way that reflects the whole experience of TB and the need to be supported by both the health system and the community.

#### 2.3.1.1. Counseling for DR-TB

After presenting lesson related to what is counseling, purpose of counseling, and things need to consider in counseling, facilitator invites participants to discussion about issues related to drugs side effect and follows with presenting about counseling/communication, purpose of counseling, and things need to be concern in counseling.

Session continued with group discussion to discuss about counseling experiences by participants. After group discuss topics using *whatsapp* application, each groups presenting discussion result, that consist positive reinforcement and collaboration.

#### 2.3.1.2. Counseling Information for DR-TB Patients – Checklist

Session presented facilitator, started with counselor checklist (pre diagnose, post diagnose), adherence monitoring, support needed by patients. Session presented with participative with participants.

This session ended by role play on how counseling to adherence monitoring. Two participant invited to play the role as patient and patient supporter/assistant. After role

play participants invited to give comments and inputs. Lesson ended with discussion on “pathway to cure” and summary by facilitator.

#### 2.3.1.3. Active Listening and attending skills

This lesson started with role play on how active listening skills. Two participants voluntary invited to do this role play. After role play facilitator invite participant to give comments and inputs. This session consist topics such as focus attention with the clients, do and don't on listening and understanding skills. All lesson conducted interactively involving participants and ended with summary by facilitator.

#### 2.3.1.4. Supportive Counseling

Facilitator starting the session with lesson on function of peer support, carried out interactively with participants. Participants invited to describe what is function of peer support and follows by role play on how carrying out counseling to patients by implementing presented knowledge and skills previously.

Role play carried out with three scenario prepared by facilitator. After role play participants invited to give comments, inputs and statements. Then ended with summary by facilitator.

### 2.4. Day 4

#### 2.4.1. Module 5: Community-Based Monitoring and Feedback System

This module includes sessions on community engagement in employing community feedback systems, examples of various models of community feedback and monitoring employed in global contexts and contextualizing appropriate models to develop community-centred action plans. It will enable community representatives to identify issues that need to be prioritized, highlight blockages in access and service availability and set up an appropriate feedback mechanism.

Learning objectives of this module are: 1) participants can explains the need for a community feedback system for people affected by TB; 2) participants can illustrates priority issues that can be overcome through community involvement; 3) participants can describe the available TB service systems and identify barriers; 4) participants will be able to understand the different models of Community Feedback and Monitoring that have

been used.

This module consist of subjects as follows:

1. Why community feedback?
2. Mapping existing systems
3. Global examples of community feedback systems
4. Getting to where we want to be

This session started with review session previous day session, led by Rachmat from POP T secretariat as a host, participant invited to share what lesson they have got on the previous day.

#### 2.4.1.1. Why Community Feedback?

This session presented by Budi Hermawan as facilitator. Starting the session the facilitator invites participants to remember and discuss the results of the discussion about the “pathway to cure” and invite participants to participate add challenges/barriers that were not yet included in the previous discussion.

Facilitator continued session with explanation about what is community feedback and reasons that community-based feedback needed communities which is for empowering TB patients of their right, demanding accountability, support priority-based planning as well as encourage easily practice.

Facilitator also explain about patients right and obligations through role play and invite one participant to read one scenario, and other participants were invited to guess who the role was played. Session follow with explanation related to “Patients Charter” that consist of patients right and obligation as on table belows.

**Table 2 TB Patients Charters**

No	Rights	Obligations
1	Right to service	Obligation to share information
2	Right to dignity	Obligation to comply with treatment
3	Right to information	Obligation to prevent transmission
4	Right to choice	Obligation to participate in public health
5	Right to confidentiality	Obligation to solidarity
6	Right to justice	Obligation to comply with provisions
7	Right to orgnize	
8	Right to security	

After an explanation of the patient's charter of rights and obligations, the session continued with group discussion to discuss examples and experiences of participants regarding patient rights and obligations. Participants are divided into five groups discussion to discuss five topics related to rights to services, Obligation to prevent transmission, rights to information, and rights to justice.

At the end of the session, summary delivered by facilitator that feedback from the community needs to be done so that TB patients obtain their rights in accordance with the “TB Patients Charter” as well as TB patients are also obliged to fulfill their obligations in accordance with the TB Patients Charter.

#### 2.4.1.2. Mapping Existing Systems

Presented by Helmi as facilitator in this session. Session started with groups discussion on challenge the obstacle. Participants invited to discuss support needed by patients if: a) service is available and easily accessible; b) service is available and not easily accessible; and c) service is needed but not easily accessible. After done, each group presenting discussing result and inviting participant to give comments, input and questions. Summary of session delivered by facilitator at the end of the session.

#### 2.4.1.3. Community-Based Feedback

This session delivered by Harry as facilitator. Session started by inviting participant to participate in discussion and sharing on what participants initiative when patients facing problem/obstacles and followed with understanding of community feedback.

After discussion, session continued with discussion on platform of community-based feedback and monitoring mechanism from health system and communities and also followed with sharing experiences face by participants on existing feedback mechanism.

Session ended with question and answer related to who is feedback mechanism provider, examples of platform of existing feedback mechanism provided by government and communities.

#### 2.4.1.4. Action Plans Session

This session lead by dr. Esty from LKNU. Bu Esty starting lesson with review all lesson related to community-based monitoring and feedback system presented previously. She reaffirmed the materials already given by other facilitators and also invite participants to discuss again about what the real participants understand about community-based monitoring and feedback system.

She mentioned that community-based monitoring and feedback is closely related to how it is aware and empowering the community to be able to monitor the services provided by the service provider, through available channels as well as how empowered communities create their own monitoring system if the system is unavailable to provide feedback for better service.

Bu Esty also invite participants to discuss and thinking about what is suitable platform/channels for monitoring and feedback systems related issue such as: a) there is no charge for the RS; b) despair with prolonged treatment; c) severe side effects; d) counseling needs; As well as e) issues related to if patients has cured but still getting stigma.

At the end of her session, Bu Esty deliver summary of the community-based monitoring and feedback system module comprises:

- Patients facing obstacles in accessing health care
- There are still patient rights that difficult to access
- Patient complaints are not well documented and there is no clear feedback mechanism to Health services and other stakeholders
- No real time data
- Not yet systematics
- Unprovided electronic datas
- The needs of feedback, especially those from the community

## 2.5. Day 5

### 2.5.1. Module 5: Advocacy

The module includes an overview of the legislative and governmental processes, working in partnerships, working with decision -makers and communication for advocacy, including use of social media. This module will equip community representatives to advocate with local TB service providers, area legislators and stakeholders to raise issues to a higher level

and ensure the rights of people affected by TB.

By the end of this session, participants will be able to define advocacy and start the planning process for advocacy in their respective contexts. This sessions divided into several parts comprise: 1) defining advocacy; 2) whom to advocate to?; 3) how to advocate including home work for advocacy plan development.

The training was opened with a previous day review of CBMF. The Host invites participants to discuss about issues that have been addressed including asking if there are issues that are less understandable.

#### 2.5.1.1. Defining Advocacy

This session was presented by Ani as facilitator by presenting that the advocacy module is the estuary of all modules that have been given in the previous day by the facilitator with the expectation that participants can advocate in their areas.

The session begins with brainstorming on what is advocacy, how to advocate and who should be advocated. The facilitator divides the participants into three groups to discuss three issues about issues, how to advocate and who to advocate. Each group assisted by another facilitator to gather ideas that appear in each group's discussions as seen on the table below.

*Table 3 Discussion result on defining advocacy*

Issues	How	Who
<ul style="list-style-type: none"><li>• Meningkatkan kesembuhan pasien TBC</li><li>• Pemberian nutrisi bagi pasien</li><li>• Pembayaran enabler/ transportasi pasien yang terlambat</li></ul>	<ul style="list-style-type: none"><li>• Mengumpulkan data orang terduga TB dari faskes</li><li>• Menyusun proposal untuk diberikan ke perusahaan</li><li>• Mengumpulkan data pasien yang telat menerima enabler</li></ul>	<ul style="list-style-type: none"><li>• Kepala puskesmas</li><li>• Dinas kesehatan</li><li>• Perusahaan</li><li>• Dinas kesehatan</li><li>• Dinas kesehatan provinsi (program TB)</li></ul>

The Facilitator continues the session by explaining what advocacy is, the types of advocacy and who should be influenced in advocacy. Through brainstorming and associated with previous group results, participants were invited to give the ideas and advocacy experience that the participants had done.

At the end of session facilitator redefines the definition of advocacy, the types of advocacy, how to advocate and who should be advocated by linkage advocacy experiences/conducted by participants.

#### 2.5.1.2. Whom To Advocate

This session was presented by Pak Wahyu as a facilitator who begins by linkages stories of failures advocacy experienced by the participants and the failure to choose a priority issue for advocacy.

Pak Wahyu also explained that choosing the right target will determine the success of advocacy, so the target should be chosen according to the emerging issue arises. Some of the targets that can be advocated include: person in charge of the program, local and national governments, legislative, bilateral and multilateral institutions.

He then continues his session with brainstorming with participants and group discussions about who is actually a advocacy target? And who should be advocated? is at the level where our advocacy targets, how the decision making process and who people have influence, as well as how important the target is to be advocated. Then in turn, each group presented their discussion results followed by questions and answers from participants and other facilitators.

At the end of the facilitator session reaffirmed the targets to be advocated, what their role was, including choosing a priority issue for advocacy to succeed.

#### 2.5.1.3. Advocacy Plan

Yulinda as facilitator initiated this session by representing “pathway to cure” that has been discussed by the participants in the previous sessions. Then the facilitator divides participants into 3 groups to discuss the three biggest challenges experienced by the patient in accessing health care.

The pathway to cure is attributed to the ongoing advocacy session. Some advocacy issues related to the pathway to cure are the gathering of evidence and understanding of laws



and policies. The session was then continued with friendly and discriminatory news examples related to TB cases.

The session was later followed by Thea as the closing facilitator of the advocacy session with brainstorming on advocacy tools such as press releases and continued by making advocacy plans. Facilitator invites participants to be involved in the discussion of advocacy plans that have been conducted by participants.

Ending the advocacy session, the facilitator provides homework about advocacy plans to be done by the participants after the training is completed. After the homework is done by the participants, the facilitator asks the participants to send to POP TB to be included in the advocacy plan and the future POP TB program.

## 2.6. Closing

The closing session begins with brainstorming with attendees on how the training benefits the participants and how participants will apply the learning outcomes gained to the day-to-day work. Participants argue that the materials provided are very beneficial to support their work.

Lastly, host, co-host, facilitator thanks to the participants who have been active and participated during the training.

## 3. Training Limitation and challenges

The challenges faced during the implementation of virtual training is, the internet condition is unstable especially in eastern Indonesia, that affected many participants disconnected and in and out during training.

Group discussion session is not maximal because it can not use discussion tools according to the module, so that group discussion sessions are modified so that all the subject matter can be delivered properly and participants can understand what the facilitator presented.

## 4. Observation and Feedback

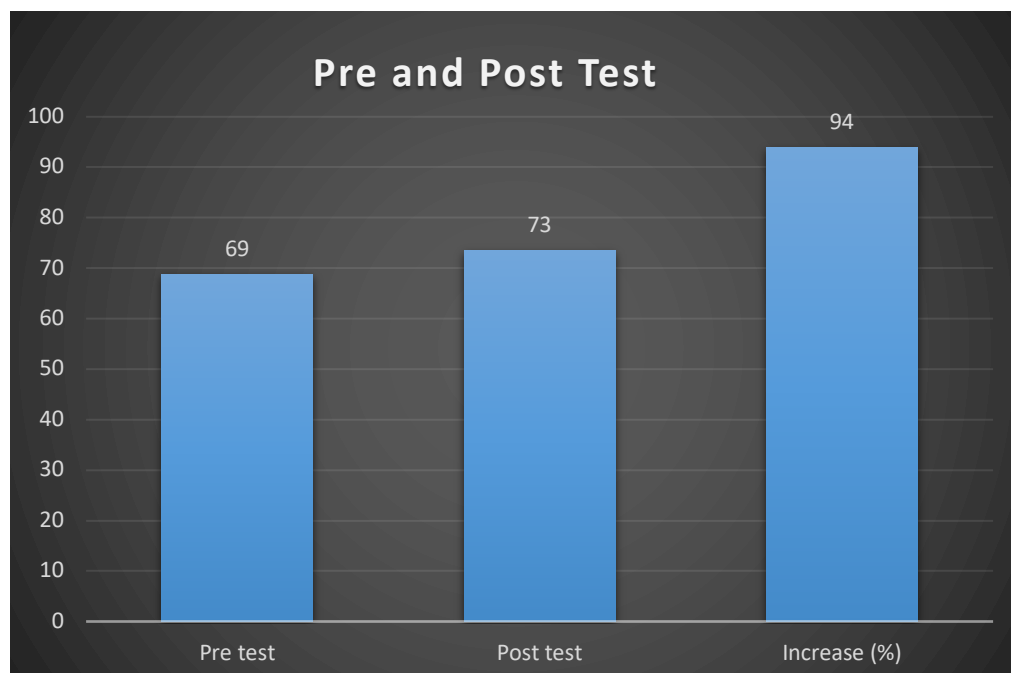
### 4.1. Knowledge and Skills

By the end of the training, the participants made progress towards applying some skills in their organization, comprises:

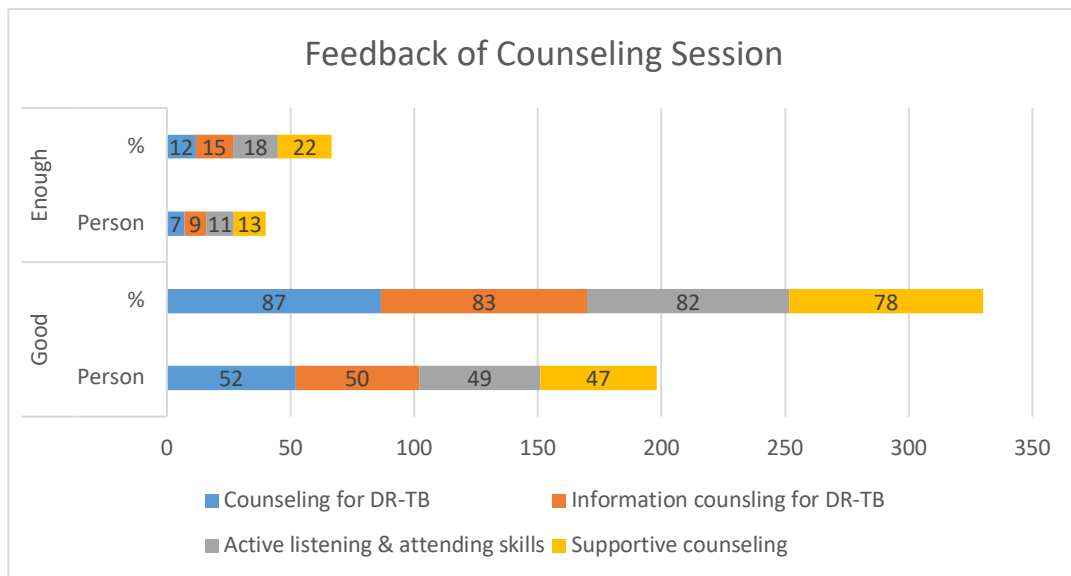
1. Participant increase they knowledge and skills on Counseling
2. Participant increase they knowledge and skills on Community-Based Monitoring and Feedback System
3. Participant increase they knowledge and skills on Advocacy

### 4.2. Feedbacks

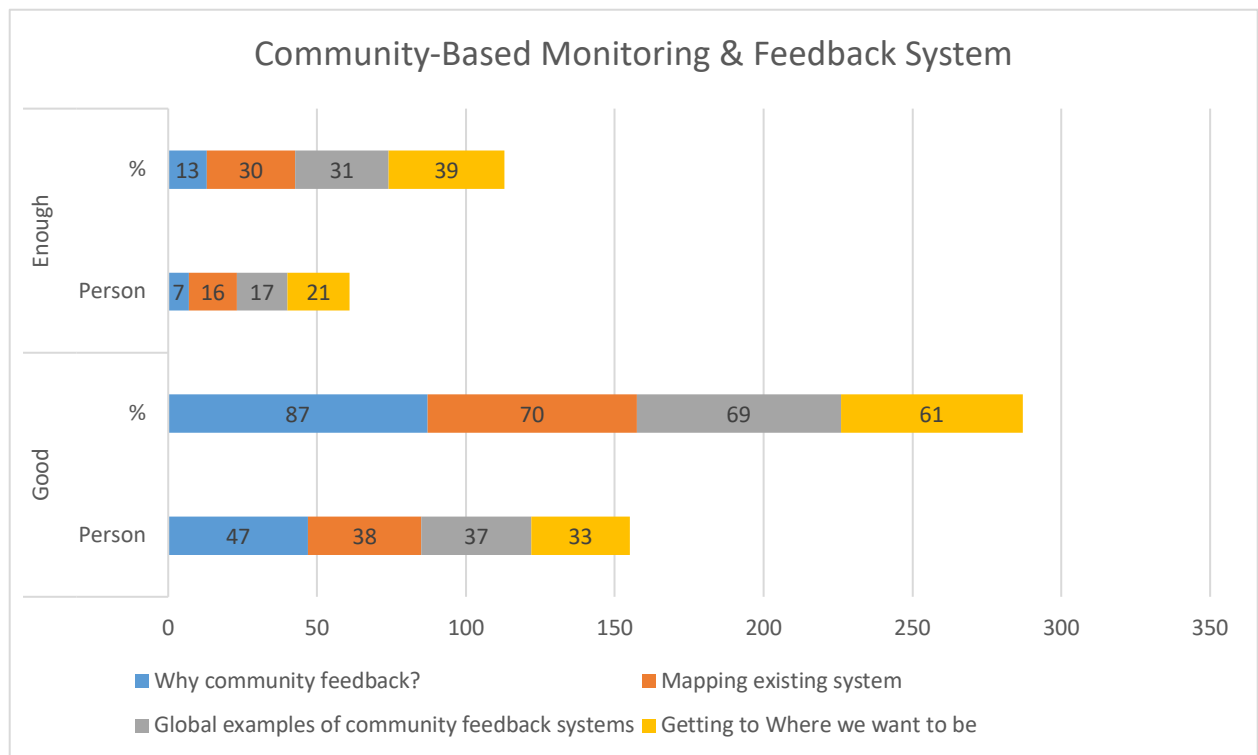
*Figure 1: Evaluation on Pre and Post Test*



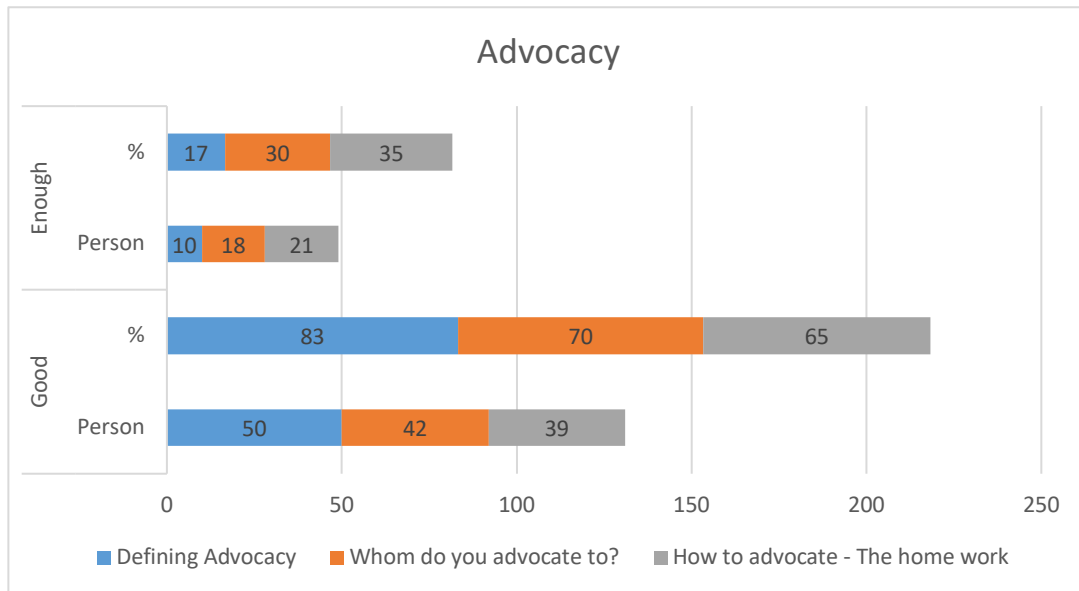
**Figure 2: Rating Scale Content Distribution on Counseling Session**



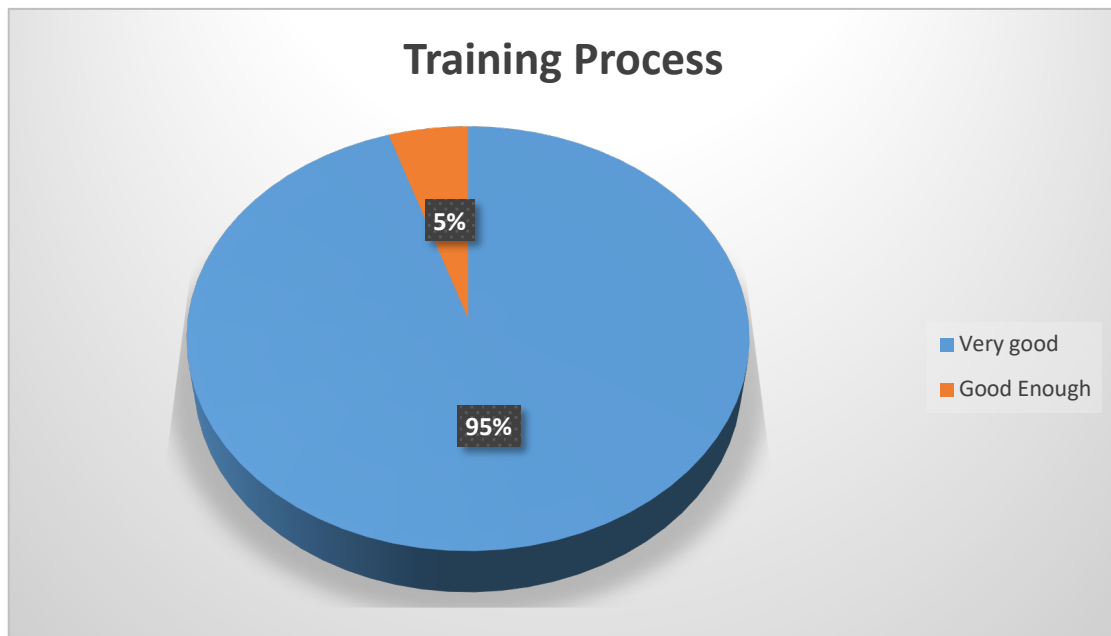
**Figure 3: Rating Scale Content Distribution on CBMF System**



**Figure 4: Rating Scale Content Distribution on Advocacy**

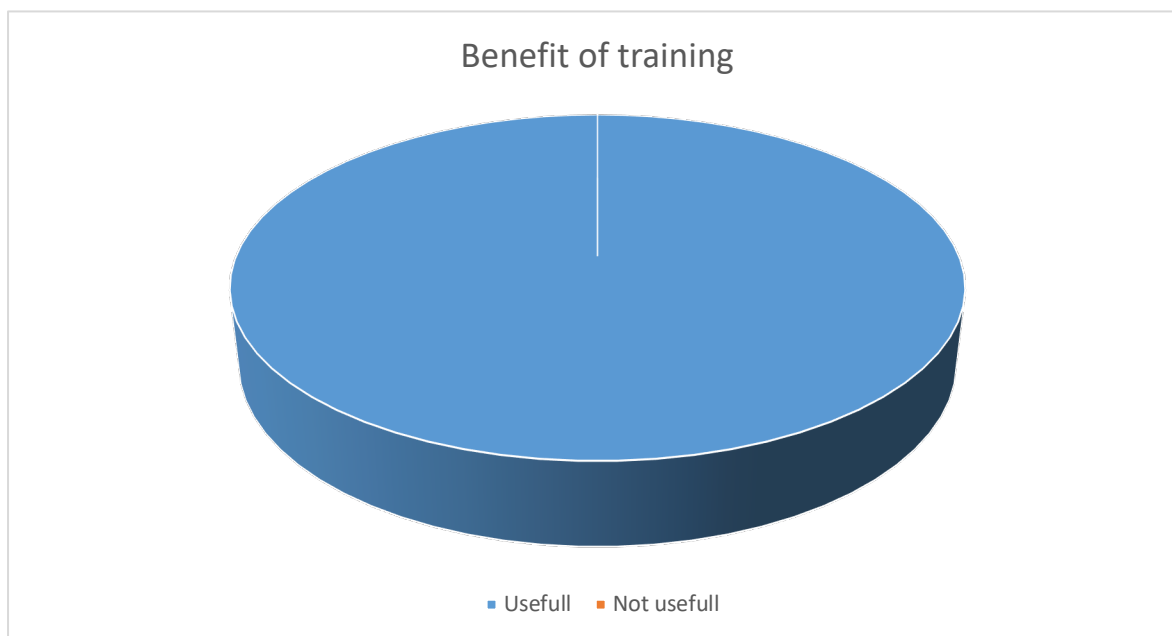


**Figure 5: Rating Scale on virtual training implementation**

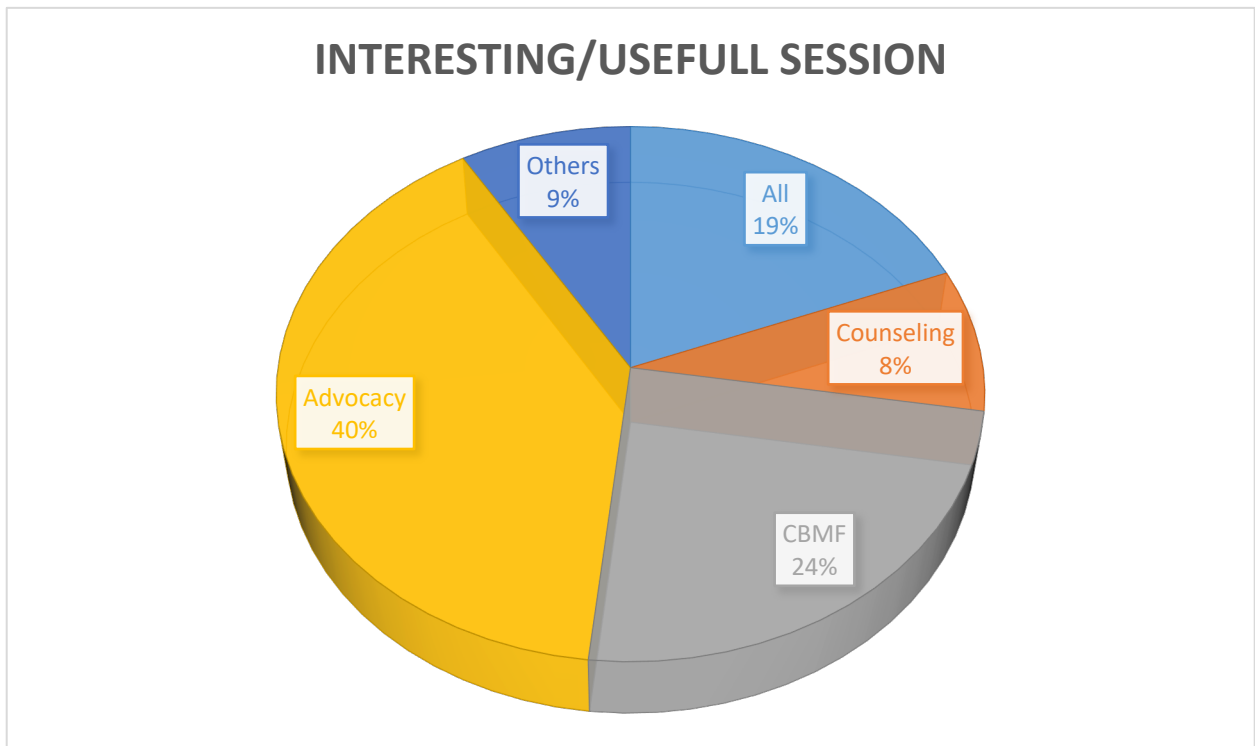


We can see on the chart above, that participants satisfaction with the virtual training process. Only 5% of the participant said that the training is good enough.

***Figure 6: Rating Scale The benefit of training***



**Figure 7: Rating Scale Usefulness of training material**



We can see on the chart above, advocacy session is become the most interesting/usefull for participants. Its mean that participant never have the session before, and they feel that advocacy session is very usefull for them to support they advocacy works.

**Figure 8: Rating Scale Related Facilitators and Resource Persons**



Overall, participant was very satisfaction with the quality of the training. Its seen that participant feels that the training very useful to support they organization works and role.

## 5. Recommendation

It is clear that for participant session on Advocacy, counsling and CBMF system are the new lesson, and It is important that organization staffs should increase they skill related those issues.

Other recommendation that be made are, as follows:

1. Need to conducted specifically on advocacy skills training
2. Need to conducted specifically on Counseling skills training
3. Need to conducted specifically on CBMF System training
4. Wrokshop on advocacy plan development

## Annexes

### Annex 1: Participants

No	Name	Organizantitions	No	Name	Organizantitions
1	Herlina	BEKANTAN	31	Reni Widya	PANTER
2	Lulu Atul Jannah		32	Saiful Rizal	
3	Mustika Hayati		33	Teguh Purwono	
4	Dewinta		34	Nazar Fanani	PETIR
5	Amry Azhari	DAENG TB	35	Endah Juariah	TERJANG
6	Maria		36	Kurniawan	
7	Putriani		37	Nurida Ruhama	
8	Sukma		38	Puri Purwanti	
9	Ngatiyah	PETA	39	Rosdia Widiasih Perd	PESAT
10	Noviardi (Opie)		40	Tamia	
11	Edi Junaidi		41	Amanta Sembiring	
12	Syarif Hidayat		42	Anasthasya Debora S	
13	Teti Haryati		43	Risan Nasution	
14	Tata Ardhita	STORI	44	Syaiful Basri Nst	PUSAKO
15	Zumri		45	Tini Silalahi	
16	Ali Akwam Hidayat	SEMAR	46	Rezil Novaldican	
17	Nurtaufik		47	Sopiyan Toni	REKAT
18	Diki Kurniawan L		48	Andry Nurhady	
19	Eny Suryaningsih		49	Firman Adryansyah	
20	Siti Lestari		50	Moch. Soleh	
21	M. Muhlis	BERAKSI	51	Purwa Komaeny	
22	Dominikus Taopan		52	Ryan Eko Cahyono	
23	Golbertus Yohanes		53	Umdatul Umma	

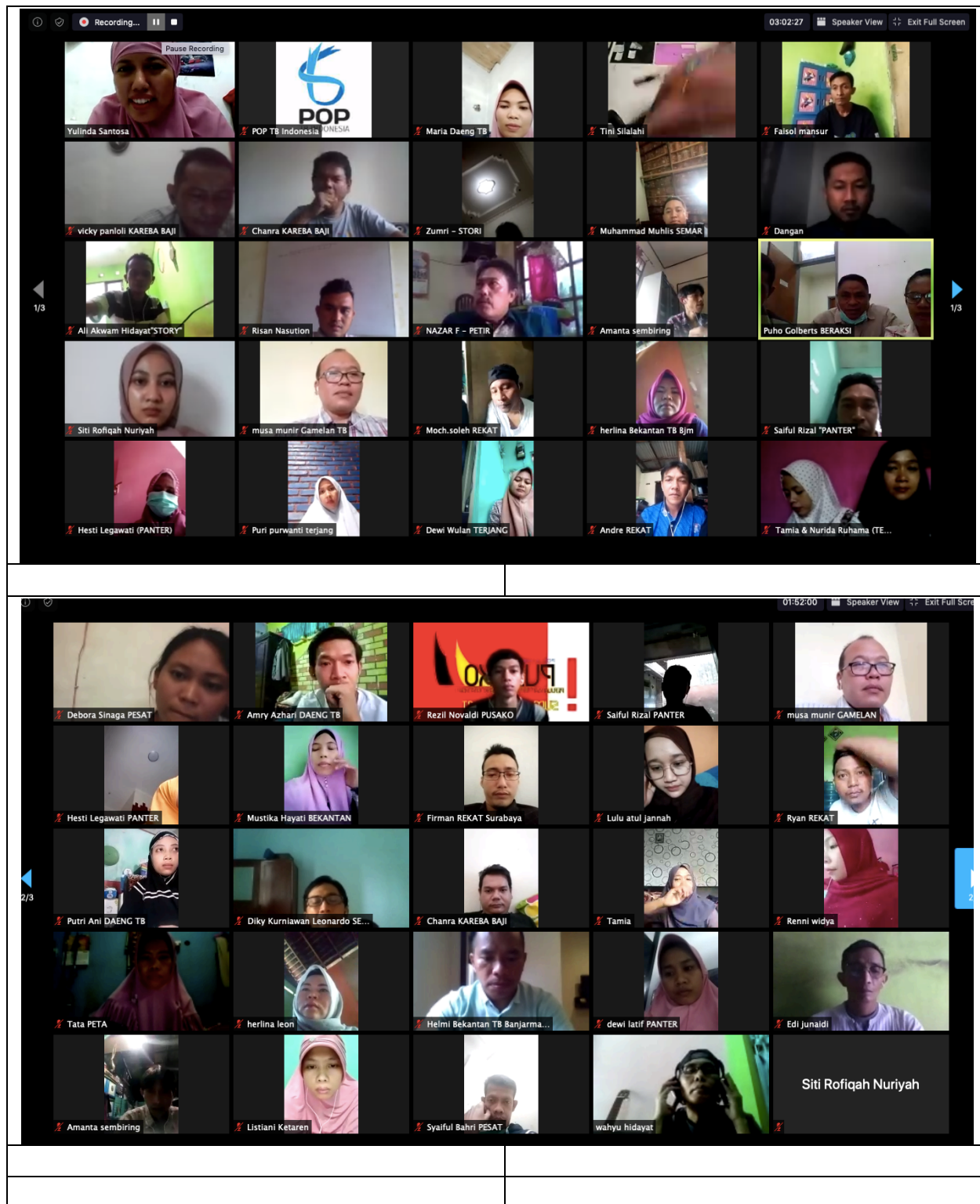


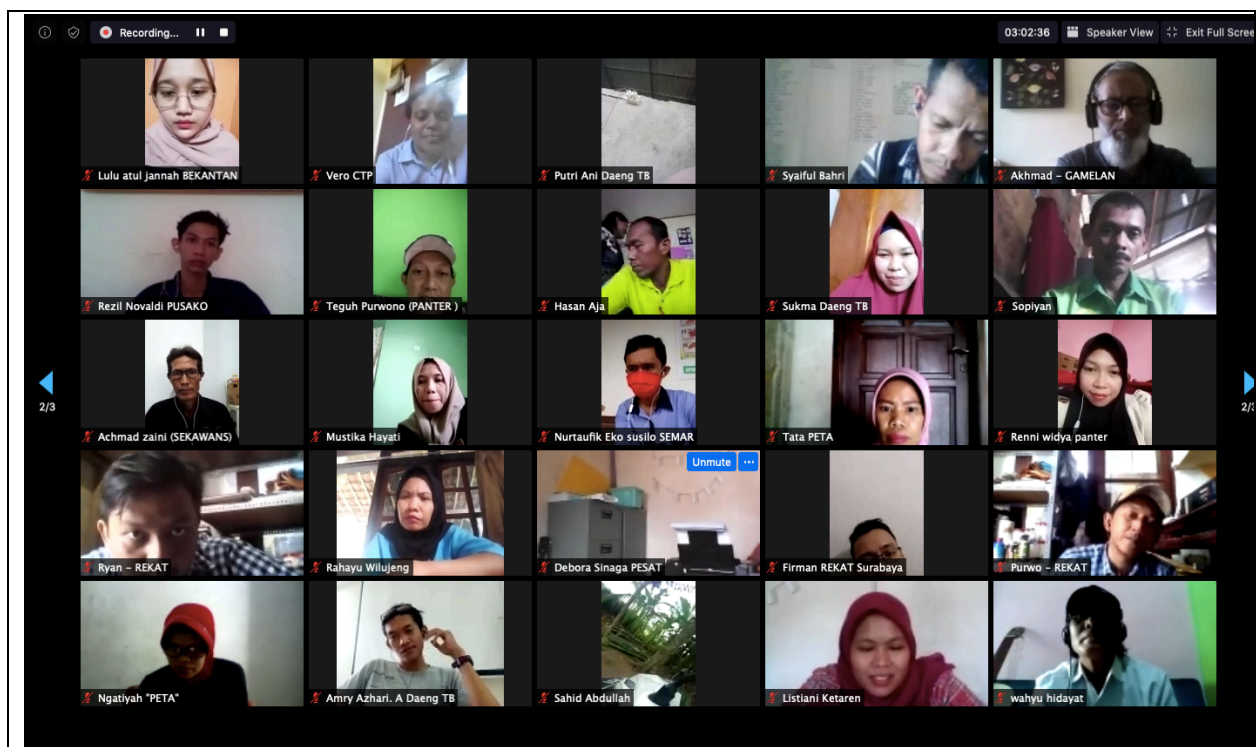
24	Maria Bonaventura		54	Achmad Zaini	SEKAWAN
25	Feronika	CTP	55	Faisol Mansur	
26	Ahmad Mushtaqin	GAMELAN TB	56	Rahayu Wilujeng	
27	Musa Munir		57	Sahid Abdullah	
28	Dewi Latifaturohmah	PANTER	58	Yulia Vivi Kusuma W	KAREBA BAJI
29	Hesti Legawati		59	Chanra Must	
30	Indra Nuraini		60	Vicky Panloli	

## Annex 2: Pathway to cure template


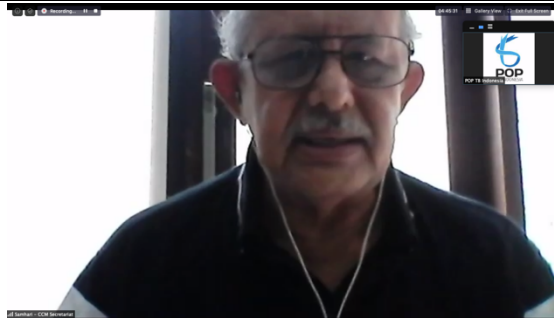

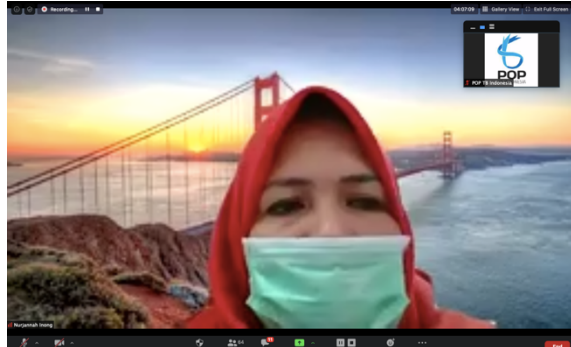


### Annex 3: Virtual Training Photos and documentation







	<p>Opening session by dr. Imran Pambudi from National TB Program – Ministry of Health.</p>
<p>dr. Samhari Baswedan – CCM Secretariat, presenting his session on The Global Fund Mechanism</p>	
	<p>dr. Carmelia Basri – STPI, presenting her session on community role on the Global Fund</p>
<p>Ibu Nurjanah Sulaiman (Inong), from National TB Program – Ministry of Health, presenting TB Literacy</p>	



dr. Erlina Burhan, Covid-19 National Task Force, presenting her session on TB related Covid-19

Mbak Ella from WHO Indonesia, during her session on TB Prevention

