

# Indonesia Work Plan

**FY 2025**

**Program Year 7**

**October 2024–September 2025**



This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDS | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

## ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program provides critical support to governments to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Indonesia, Act | East Program activities are implemented by RTI International and R4D.

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## ACRONYMS LIST

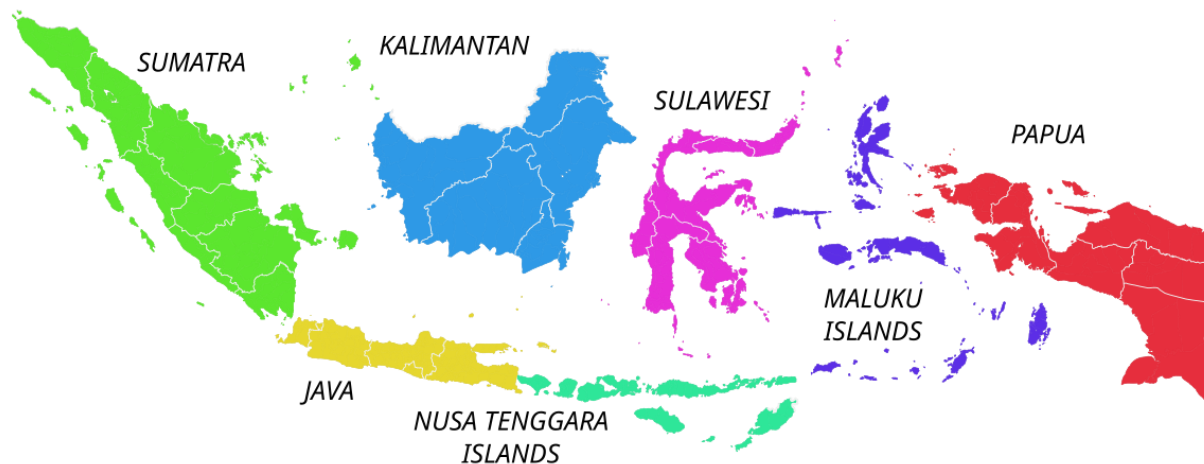
Act   East	Act to End Neglected Tropical Diseases   East
BIS	Brugia Impact Survey
COVID-19	Coronavirus Disease 2019
DHO	District Health Office
DSA	Disease-Specific Assessment
EDC	Electronic Data Collection
EMS	Epidemiological Monitoring Survey
FTS	Filariasis Test Strip
FY	Fiscal Year
GOI	Government of Indonesia
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole
IIS	IDA Impact Survey
LF	Lymphatic Filariasis
M&E	Monitoring and evaluation
MDA	Mass Drug Administration
mf	Microfilaria
MMDP	Management of Morbidity and Disability Prevention
MOH	Ministry of Health
NTD	Neglected Tropical Disease
NWT	NTD Work Team
PHC	Primary Health Care
PHO	Provincial Health Office
Q	Quarter
QFAT	Q Filariasis Antigen Test
R4D	Results for Development
RCCE	Risk Communications and Community Engagement
SCH	Schistosomiasis
SCT	Supervisor's Coverage Tool
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TOT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization

## NARRATIVE

### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Indonesia is the fourth most populous country in the world, with over 271 million people across 17,000 islands, comprising 38 provinces and 514 districts. The Ministry of Health (MOH) leads health programming at the national level, supported by provincial health offices (PHOs), district health offices (DHOs), and community health centers. The 38 provinces are grouped into seven geographical units or regions (see Figure 1) for statistical and national planning purposes. Regions are sometimes referenced in structural titles but do not have any administrative function.

**Figure 1. Geographic regions of Indonesia**



At the national level, the MOH determines policies and procedures for NTD programming, supervises provincial- and district-level staff, and procures drugs and operational supplies for mass drug administration (MDA) and disease specific assessments (DSAs). The MOH oversees PHOs that are responsible for supervision and monitoring and evaluation (M&E), and each province has a budget to fund these activities. DHOs are required to allocate operational budgets for lymphatic filariasis (LF) MDA, including training, drug distribution, and monitoring, and to take direct responsibility for program implementation. Each health center, the lowest level unit of the health system, is responsible for organizing neglected tropical disease (NTD) activities in its catchment area, in coordination with the village governments, and has its own operations budget. In addition, each village has a development budget funded by the national government that can also be accessed to support MDA social mobilization and/or implementation.

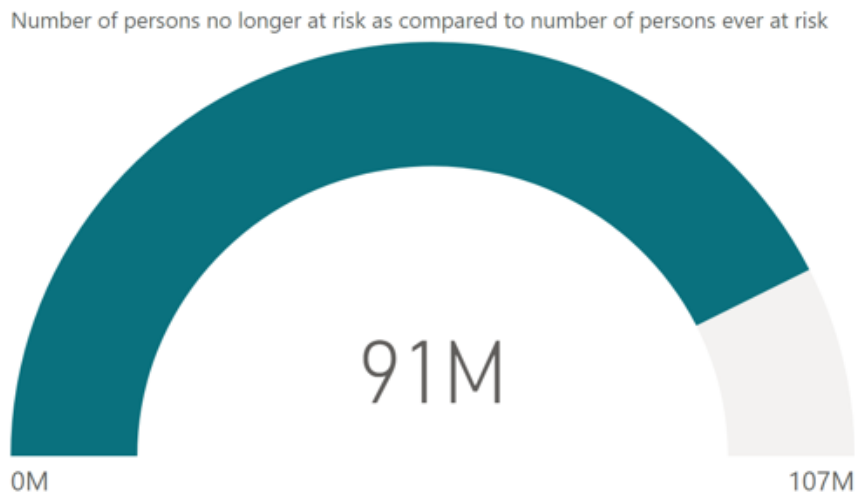
Indonesia is endemic for eight NTDs: arboviral infection (dengue), LF, leprosy, rabies, scabies, schistosomiasis (SCH), soil-transmitted helminths (STH), and, yaws. The *Tim Kerja NTD*, translated as NTD Work Team (NWT), is the lead unit within the MOH Directorate for Communicable Disease Prevention and Control that supports programs for LF, STH, SCH, yaws, and leprosy. A National Task Force oversees NTD policy, plans, and activities. The National Task Force meets at least once a year to review LF program progress but can also meet on an ad hoc basis to discuss specific issues and provide the NWT with technical recommendations.

## 2. PLANNED ACTIVITIES: LF

### Program Context

The GOI endorses the goal to eliminate LF as a public health problem. Current Act | East projections indicate that elimination validation could be achieved by 2034. Of the country's 514 districts, 236 are endemic for LF caused by *Wuchereria bancrofti*, *Brugia malayi*, and/or *Brugia timori*, in all 38 provinces. Forty districts have passed transmission assessment survey (TAS) 3, 9 are waiting for pre-TAS, 32 are waiting for TAS1, 62 are waiting for TAS2, 70 are waiting for TAS3, and 23 are scheduled to implement MDA by the end of calendar year 2024. Indonesia's progress toward LF elimination is visualized in figure 2, below.

**Figure 2. Progress toward LF elimination, Indonesia**



### Proposed FY25 Activities

**National LF M&E Meeting for Laboratories.** Act | East will support the NWT to organize a 2-day coordination meeting in Jakarta for representatives from the NWT, Public Health Laboratory Consortium convener (i.e., MOH's Directorate of Public Health Governance), B/BLKMs, selected provincial, and/or district officers. New local laboratory partners will be invited from Tier 2 (district-funded) labs. While previous annual M&E meetings focused on survey planning, in FY25 the meetings will have a new focus on (1) strategic planning, (2) emerging surveillance needs, including piloting post-validation surveillance, and (3) addressing the survey backlog.

**National Workshop on Surveillance Guidance.** Act | East will assist the NWT to organize a 3-day workshop to translate and revise the official Indonesian policy documents, protocols, and standard operating procedures of the national LF program to reflect changes in WHO's updated M&E guidance, expected to be released in 2024.

**National LF Elimination Seminars for Provincial and District Health Officers.** Act | East will support two seminars (one in the eastern part of the country and another in the western part of the country) to re-orient participants to MDA and survey needs and timelines, MMDP expectations related to the dossier, recording and reporting requirements across prevention activities and chronic case management, roles and responsibilities, budgeting responsibilities, and supportive supervision action planning. PHOs and DHOs will participate in a pre-work webinar series facilitated by the NWT and Act | East to review the

core requirements of the LF program including MDA and DSA, MMDP expectations related to dossier, recording and reporting requirements, and morbidity management.

**District-Level Program Review and MDA Planning Meetings** Act | East plans to support up to six district-level program review and MDA planning meetings in Papua and one in Aceh Jaya to follow up on recommendations that will be formulated based on the qualitative assessment of its DSA failure (see *Qualitative assessment to DSA failure in Aceh Jaya*).

These meetings are structured to expose and discuss bottlenecks in MDA planning and implementation, and some will include sessions on budgeting and planning. All meetings will include a participatory data review. Budgeting and planning sessions will orient DHOs and HC staff to additional sources of development funding that can be used for LF MDA, help navigate the process of accessing that funding based on experiences of other development partners and help DHOs effectively match plans to improve MDA with budget gaps to ensure MDA adaptations can be appropriately funded.

**Qualitative assessment to DSA failure in Aceh Jaya.** Act | East will support the MOH and Aceh Jaya DHO to add a qualitative component to a DSA failure investigation. A qualitative assessment will dive into the root causes of repeated DSA failures in this district and will feed into the development of an MDA strengthening plan. A resulting report will outline next steps for improved coverage and note where any sub-populations or specific locations require special attention. Act | East will host a meeting to disseminate results to district and provincial officials and support the district to put the MDA strengthening plan into motion ahead of the 2025 MDA.

**Technical Assistance in the Papua Region.** Act | East and the MOH will continue to explore solutions for known bottlenecks impeding progress in the Papua region. The team will continue to maximize existing travel for other activities to support community engagement with the LF program. Additionally, Act | East staff will visit four Papua sites to capitalize on opportunities that present themselves throughout the year, such as events for Independence Day, elections, or events hosted by other USAID projects or partners working in Papua. The main objective will be to identify new opportunities to integrate social mobilization, coordination, and integrated planning for LF MDA at the district and subdistrict levels, with special attention for villages where the national LF program has had limited reach.

**Annual Work Planning for Act | East Team** Act | East will hold a 2-day offsite FY26 work planning meeting for program staff.

**World NTD Day Celebration** In 2025, the GOI's World NTD Day event will likely focus more on progress toward yaws eradication, although it will still celebrate accomplishments for other NTDs. Act | East will support the NWT to design a compelling photo essay and social media engagement for any national events to commemorate World NTD Day. Social media support may include designing a third installment of the comic strip series featuring characters Fil and Sista, producing and printing promotional materials, and launching the MDA video series (see *MDA Training Video Series*). In addition, Act | East will collaborate with the RCCE working group to host a free-of-charge series of online discussions on notable initiatives or collaborations by province, district, *Puskesmas*, and civil society for any topic on the LF elimination pillar.

**FY25 Activity: MDA Training Video Series.** In FY24, Act | East and the NWT began developing a video tutorial series on implementing high-quality LF MDA based on the MOH technical guidance document. The videos provide a more detailed "how to" for MDA, going step by step to address access challenges for district trainings in remaining endemic areas, many of which are in the Papua region. The main audience for the video series is health staff in primary health centers that will be engaged in MDA in the coming years. In FY25, Act | East and the NWT will finalize and share this video series with DHOs and *Puskesmas*.



**LF Diagnostic Tools Training.** Act | East will support University of Indonesia teaching staff and the NWT to train staff from provincial health services and laboratories in areas that are scheduled to implement the Brugia Impact Survey (BIS) and IDA Impact Survey (IIS), in the laboratory procedures required for these methodologies. The 4-day training will be held at the University of Indonesia in Jakarta where qualified laboratory technicians and LF experts are available. Practical applications and considerable practice in each of the various laboratory tests will be emphasized, including night blood collection and mf slide preparation, staining, and reading. Participants will have opportunities to practice using the filariasis test strips (FTS) or Q Filariasis Antigen Test (QFAT), when available. The final day of training will focus specifically on cross checking positive and negative samples.

**LF Survey Supervisor Training for B/BLKM Act | East** will adapt its survey supervisors training for FY25 in response to potential changes in survey management responsibility, with a 3-day training in Jakarta for approximately 30 participants. Participants will receive mentoring by Act | East and will eventually become directly responsible for organizing and supervising individual LF surveys in their respective areas.

**LF Survey Methodology Training for PHOs and DHOs.** Act | East will train program staff from the provinces and districts who are planning LF surveys on all relevant adjustments in survey protocols resulting from the new WHO TAS guidance, e.g., eligibility, sampling, preparation, testing methodology, and interpreting results. The 3-day training will target PHOs and DHOs from districts planning TAS1, BIS1, or IIS1, or districts with new DHO or PHO staff. Act | East will include a session that emphasizes the pre-survey engagement and coordination that PHOs and DHOs should conduct with villages to better organize each survey night and address participation issues that arise when households are not adequately prepared ahead of time. Act | East, WHO, and the Task Force for Global Health's NTD Support Center have developed BIS-specific modules that will be included in the training.

**Community Engagement Training (Training of Trainers [TOT] and Cascade Training)** In FY25, together with the Risk Communication and Community Engagement (RCCE) working group, Act | East will develop and facilitate a cascade TOT on community engagement for 20 participants from eastern Indonesia and 20 participants from western Indonesia. The 40 participants will comprise the initial two batches of facilitators and communication trainers. Cascade trainings will follow these two TOTs, with 3 trainings of 20 participants each, including health workers, DHO and Puskesmas staff, and key community leaders.

The trainings will utilize low cognition exercises with basic tools that are readily available in communities to ensure uptake, based on approaches proven to be successful with other public health interventions, such as immunization, COVID-19 vaccination, and digital literacy to mitigate infodemics across the archipelago/nation in the predominantly verbal Indonesian culture.

**Qualitative Participatory Engagement with District NTD Programs in the Papua Region.** Act | East will work with a local team experienced with implementing participatory qualitative methods to better understand challenges in the Papua region and come up with locally appropriate solutions. An example of this type of work is PhotoVoice, which uses photography as a tool to gather and distill community perceptions. Act | East, in coordination with a to-be-selected local organization, will train community members and health workers from two sites in qualitative participatory methods, and participants will help gather better first-hand perspectives of the way communities experience LF MDA to inform district-level program managers.

**LF Surveys.** In FY25, Act | East will support BIS surveys in four evaluation units (EUs), one EMS, one pre-TAS, and one IIS (see Table 3). If Brugia Rapid Plus diagnostics tests are approved by WHO and available, the GOI will revert to the TAS methodology rather than the BIS for surveys in districts not implementing IDA MDA.

**Table 1. Act | East-supported surveys planned in FY25**

Survey type	Surveys (EUs) planned for Act   East support in FY25	Location: District (province)
EMS	1	Sarmi (Papua)
Pre-TAS	1	Mamberamo Tengah (Papua)
TAS1 or BIS	4	Timor Tengah Selatan (Nusa Tenggara Timur) Manggarai (Nusa Tenggara Timur) Sikka (Nusa Tenggara Timur) Manggarai Timur (Nusa Tenggara Timur)
IIS	1	Biak Numfor (Papua)
<b>Total</b>	<b>7</b>	

TAS in *Wuchereria bancrofti*-endemic areas that did not introduce IDA will be school-based, using antigen testing with FTS or QFAT procured by the MOH. Testing teams will sample grades 1 and 2 students according to WHO’s guidelines, using a cluster methodology. The survey administrators will use Global Positioning System data provided by the Ministry of Education, Culture, Research, and Technology to plan itineraries and validate locations for all selected schools. In all *Brugia*-endemic and mixed areas, the BIS protocol will be used, consisting of sampling night blood among randomly selected adults 18 years or older, using a cluster methodology. Blood samples will be collected and processed for mf laboratory analysis. Each TAS and BIS will be implemented by a team consisting of staff from the PHO, DHO, local health center, and *cadres* (village health volunteers) based on the sample size of each cluster. A national-level supervisor from the NWT or B/BLKM, with assistance from Act | East, will provide oversight to ensure compliance with WHO’s methodology. If any survey results or outcomes are above the accepted threshold, Act | East will assist the NWT to investigate the causes and encourage districts to make adaptations to the upcoming MDA.

Electronic data collection (EDC) will be piloted in one EMS and one BIS. Data will continue to be collected on paper for all survey sites, consolidated and validated each evening by the supervisors, and compiled into a spreadsheet at the end of the survey for official reporting to the MOH and Act | East.

**Supervisor’s Coverage Tool (SCT)** Act | East will support implementation of the SCT in three districts that have a history of low MDA epidemiological coverage ( $\leq 65\%$ ) and a history of failing pre-TAS. Act | East will work closely with the DHO to pilot SCT use, analyze the data with the NWT, and support districts to implement a mop-up MDA, as required, as a proof of concept to improve coverage. SCT will be proposed only in districts that can commit to funding health staff, drugs, and logistics for mop-up campaigns required based on the SCT results

**MMDP Technical Support** Act | East will support a short-term consultant in FY25 to accelerate the adaptation of WHO’s MMDP Technical Guide and aide memoir into the National MMDP Technical Guide (*Petunjuk Teknis*) and work with the NWT to lead an MMDP situation analysis to help the NWT better understand the current scope of primary and secondary services provided within the health system, where gaps exist, where improvements can be made, and next steps to ensure that a strong system of

support for those managing LF-related morbidity is in place as the GOI continues to progress toward LF elimination. With finalized guidelines and a clear sense of gaps and opportunities Act | East will weave MMDP discussions as inclusion performance indicators of the PHC system into other FY25 activities and government interactions. Finalized guidelines may also support adding LF-related modules and job aides to the health worker and health volunteer continuing education platform ([Plataran Sehat](#) [Healthy Courtyard]).

**Quarterly Data Synchronization Meeting with the MOH and WHO (IR2 Data Security).** Each quarter, Act | East will meet with the MOH in person to ensure national data is regularly updated and to discuss opportunities to use the MOH's data in the upcoming quarter. This technical assistance may include preparations for high-level MOH meetings, strategic planning needs, global expert panel meetings, or scientific conferences. The meetings will also serve to ensure systematic data alignment between the MOH, WHO, and Act | East to guarantee that NTDs partners have the same information.