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REGENT SUKOHARJO
PROVINCE OF CENTRAL JAVA
SUKOHARJO REGENCY REGULATIONS
NUMBER 96 OF 2020
ABOUT
REGIONAL ACTION PLAN FOR OVERCOMING TUBERCULOSIS
SUKOHARJO DISTRICT YEAR 2020-2024

BY THE GRACE OF GOD ALMIGHTY

REGENT SUKOHARJO,

Considering: a. that tuberculosis is still a public health problem that causes high levels of morbidity, disability and mortality, so efforts to control it are necessary;

b. that Tuberculosis control must be carried out in an integrated, comprehensive and sustainable manner and involve all relevant parties;

c. that based on the provisions of Article 4 paragraph (1) of Minister of Health Regulation Number 67 of 2016 concerning Tuberculosis Control, the Regional Government is responsible for carrying out Tuberculosis prevention which is implemented through public health efforts and individual health efforts;

d. that based on the considerations as intended in letters a, b and c, it is necessary establish a Regent's Regulation concerning the Sukoharjo Regency Tuberculosis Control Regional Action Plan for 2020-2024;

Bearing in mind: 1. Law Number 13 of 1950 concerning the Establishment of Regency Areas within the Province of Central Java; 2. Law Number 36 of 2009 concerning Health (State Gazette

of the Republic of Indonesia of 2009 Number 144, Supplement to State Gazette of the Republic of Indonesia Number 5063) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette

Republic of Indonesia Number 6573);

3. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to State Gazette of the Republic of Indonesia Number 5587) as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette Republic of Indonesia 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
4. Minister of Health Regulation Number 13 of 2013 concerning Integrated Management Guidelines for Controlling Drug-Resistant Tuberculosis (State Gazette of the Republic of Indonesia of 2017 Number 285);
5. Regulation of the Minister of Health Number 82 of 2014 concerning Management of Infectious Diseases (State Gazette of the Republic of Indonesia of 2014 Number 1755);
6. Minister of Health Regulation Number 67 of 2016 concerning Tuberculosis Management (State Gazette of the Republic of Indonesia of 2017 Number 122);
7. Central Java Province Regional Regulation Number 11 of 2013 concerning Disease Prevention and Management in Central Java Province (Central Java Province Regional Gazette of 2013 Number 11, Supplement to Central Java Province Regional Gazette Number 57);
8. Regulation of the Governor of Central Java Number 36 of 2014 concerning Guidelines for Implementing Regional Regulation Number 11 of 2013 concerning Prevention and Management of Disease in Central Java Province (Regional News of Central Java Province 2014 Number 36);
9. Sukoharjo Regency Regional Regulation Number 10 of 2016 concerning the Sukoharjo Regency Regional Medium Term Development Plan for 2016-2021 (2016 Sukoharjo Regency Regional Gazette Number 10, Supplement to Sukoharjo Regency Regional Gazette Number 2);

DECIDE:

To stipulate: REGENT'S REGULATION CONCERNING THE REGIONAL ACTION PLAN FOR OVERCOMING TUBERCULOSIS FOR SUKOHARJO DISTRICT YEAR 2020-2024.

PIG

GENERAL REQUIREMENTS

article 1

In this Regent's Regulation what is meant by:

1. The region is Sukoharjo Regency.
2. Regional Government is the Regent as the organizing element of Regional Government which leads the implementation of government affairs which are the authority of the autonomous region.
3. The Regent is the Regent of Sukoharjo.
4. Health Service is the Sukoharjo District Health Service.
5. The One Stop Investment and Integrated Services Service, hereinafter referred to as the PM and PTSP Service, is the One Stop Investment and Integrated Services Service of Sukoharjo Regency.
6. Tuberculosis, hereinafter abbreviated as TB, is an infectious disease caused by *Mycobacterium tuberculosis* which can attack the lungs and other organs.
7. TB control is all health efforts that prioritize promotive and preventive aspects, without ignoring curative and rehabilitative aspects aimed at protecting public health, reducing morbidity, disability or death, stopping transmission, preventing drug resistance and reducing the negative impacts caused by TB .
8. Regional Action Plan for Tuberculosis Control, hereinafter abbreviated as RAD TBC, is a Regional action program in the form of concrete and measurable steps that have been agreed upon by stakeholders in TB Control with reference to national policies.
9. Health Service Facilities are tools and/or places used to provide health service efforts, whether promotive, preventive, curative or rehabilitative, carried out by the Government, regional government and/or the community.

Section 2

Regional TBC RAD 2020-2024 aims to:

- a. accelerate the achievement of TB elimination goals; And
- b. as a form of commitment by the Regional Government in

TB control.

Article 3

The purpose of the 2020-2024 Regional TB RAD is to provide references and guidelines for Regional Governments and other related parties to increase their commitment and leadership in efforts to control TB in the Region.

CHAPTER II

STRATEGIC ISSUES

Article 4

Strategic Issues in TB Control in the District Sukoharjo 2020-2024 include:

- a. TB case detection is still low;
- b. optimal prevention and treatment of TB has not been implemented;
- c. There are still many TB patients whose HIV status is unknown – his;
- d. the success of TB treatment is still low;
- e. there has not been much research and/or research regarding TB;
And
- f. the results of the laboratory's external quality monitoring are not yet available
Good.

CHAPTER III

INDICATORS AND TARGETS

Article 5

- (1) TB Control Indicators consist of:
 - a. impact indicators; And
 - b. main indicators.
- (2) Impact indicators as intended in paragraph (1) letter a represents:
 - a. indicators that describe the overall impact or benefits of TB control activities; And
 - b. one of the indicators that can assess the success of the TB control program.
- (3) The indicators as intended in paragraph (2) will be measured and analyzed at the central level periodically, including:
 - a. TB incidence rate; And
 - b. TB mortality rate.
- (4) Main Indicators as intended in article 5 (1) letter b. As follows :

- a. coverage of TB discovery and treatment;
- b. number of TB cases discovered and treated;
- c. TB treatment success rate;
- d. coverage of Drug Resistant TB treatment;
- e. percentage of Drug-Resistant TB patients starting treatment;

- f. success rate for drug resistant TB treatment;
- g. scope of finding TB cases in children;
- h. TB patients who know their *Human status Immunodeficiency Virus* (HIV);
- i. percentage of people living with HIV/AIDS (PLWHA) who know their TB status;
- j. scope of provision of TB Prevention Therapy in household contacts.

CHAPTER IV

STRATEGIES, PROGRAMS AND ACTIVITIES

Article 6

RAD TBC Sukoharjo Regency 2020-2024 is described in strategies, programs and activities as stated in the Appendix which is an inseparable part of this Regent's Regulation.

CHAPTER V

PARTICIPATION

Article 7

- (1) Communities, Community Organizations, Regional Apparatus, Vertical Agencies and/or legal entities, Government, Provincial Regional Governments, State-Owned Enterprises, Regional-Owned Enterprises may participate in the implementation of programs and activities as intended in Article 6.

- (2) Participation as intended in paragraph (1) is possible form
 - a. ensure that the Tuberculosis Program is included in the indicators of the Regional Medium Term Development Plan and for the Tuberculosis Control Strategy;
 - b. implement the policy provisions and TB control program strategies that have been issued by the Ministry;
 - c. guarantee the implementation of TB control;
 - d. provide necessary health supplies and

- diagnostic support materials;
- e. provide funding requirements for the operation of the Tuberculosis Control program;
- f. carry out cross-program and cross-sector coordination as well as partnership networks for TB control activities with related institutions at the district level;
- g. provide funding needs for activities to increase human resources for TB control in the region; And
- h. providing materials for TBC promotion.

CHAPTER VI

FINANCING

Article 8

- (1) Funding for the implementation of RAD TBC Sukoharjo Regency for 2020-2024 comes from the Regional Revenue and Expenditure Budget.
- (2) Apart from being sourced from the Revenue Budget and Regional expenditure as referred to in paragraph (1), funds the implementation of RAD TBC Sukoharjo Regency 2020-2024 can be sourced from:
 - a. State budget;
 - b. Provincial Regional Revenue and Expenditure Budget; and/or
 - c. other legitimate and non-binding sources in accordance with statutory provisions.

CHAPTER VII

MONITORING AND EVALUATION

Article 9

- (1) In order to assess the achievement of impact indicator targets and main indicator targets for the implementation of RAD TBC, monitoring, evaluation and reporting activities are carried out at least once a year.
- (2) Evaluation monitoring and reporting as intended in paragraph (1) is carried out by the team monitoring, evaluation and reporting consisting of elements from regional apparatus, health professional organizations, community organizations, community organizations and other members as needed.
- (3) The health service as intended in paragraph (2) form a team determined by the Regent's Decree.
- (4) Monitoring and evaluation team as intended

in paragraph (2) report the results of activities carried out at least 1 (one) time a year to the Regent.

CHAPTER VIII

OTHER PROVISIONS

Article 10

- (1) Any research and/or research that requires data within the scope of the Regional Government in the context of TB control can be carried out with the approval of the Head of the PM and PTSP Service.
- (2) Excluded from the provisions as intended in paragraph (1) in the case of research and/or research carried out by foreign citizens and/or foreign legal entities.
- (3) The results of research and/or research as intended in paragraph (1) must be submitted to the Health Service.

CHAPTER IX

CLOSING

Article 11

This Regent's Regulation comes into force on the date of promulgation.

So that everyone knows, this invitation is ordered with the regulations for its placement in the Regional Gazette of Sukoharjo Regency.

Set in Sukoharjo
on December 30, 2020
REGENT SUKOHARJO,

signed

WARDOYO WIJAYA

Promulgated in Sukoharjo
on December 30, 2020
Plh. REGIONAL SECRETARY
SUKOHARJO DISTRICT
ECONOMIC ASSISTANT
AND DEVELOPMENT,

signed

WIDODO

The copy corresponds to the original
Plt. HEAD OF LEGAL SECTION
HEAD OF LEGAL AID SUBPART,

RETNO WIDIYANTI B, SH
Level I Stylist
NIP. 19790801 200501 2 010

REGIONAL NEWS SUKOHARJO DISTRICT
YEAR 2020 NUMBER 96

ATTACHMENT
SUKOHARJO REGENCY REGULATIONS
NUMBER 96 OF 2020
ABOUT
REGIONAL ACTION PLAN
TUBERCULOSIS MANAGEMENT
YEAR 2020 - 2024

**REGIONAL ACTION PLAN FOR OVERCOMING TUBERCULOSIS
SUKOHARJO DISTRICT YEAR 2020-2024**

**PIG
INTRODUCTION**

A. BACKGROUND

Tuberculosis (TB) is still a public health problem that is a global challenge. According to WHO, Indonesia is the second country with the burden of TB highest in the world (estimated incidence of 312 cases per 100,000 population), and with high missing TB cases (33%)¹.

In 2019, the number of TB cases discovered in Sukoharjo Regency only 25.9% (512/1,980), still far below the specified target (90%), and only found 27.7% (494/1,782) of the estimated new TB cases in 2019 in Sukoharjo Regency, even though the treatment success rate reached 99.7%, exceeding the achievement national (90%).

Missing TB cases will become a source of infection for surroundings, and is at risk of becoming drug-resistant TB (TB-RO) if the treatment is not standard, which will compound the challenges TB control, especially in Sukoharjo Regency, which has arrived. Currently, 58 cases of TB-RO have been discovered, with a tendency to increase from year to year.

Losses due to TB are very large, not only aspects health alone, but also has an impact on social and social aspects economy, both for patients, families and society. TB becomes

¹ WHO, Global TB Report, 2020

threat to the realization of development goals in improving overall welfare of the people.

The magnitude and extent of the TB problem requires everyone parties, government and private, across sectors across programs and community, to be able to commit and collaborate in efforts TB prevention, and needs to be stated in regulations binding legislation.

The Indonesian Ministry of Health has prepared an Action Plan National TB Control 2016-2019, which is then necessary followed and elaborated into a Regional Mitigation Action Plan TB for all Provinces and Districts and Cities in Indonesia, including Sukoharjo Regency.

Regional Action Plan for TB Control in the Regency Sukoharjo in 2020-2024, it is hoped that this will become a regulation Regent, to ensure commitment, leadership and better coordination-collaboration among interested parties, support the achievement of Indonesia's TB elimination target by 2035 and Indonesia will be free from TB by 2050.

B. MEANING, OBJECTIVES AND FUNCTIONS OF PREPARING THE ACTION PLAN TBC CONTROL REGION SUKOHARJO DISTRICT YEAR 2020-2024

1. MEANING

District TB Control Regional Action Plan Sukoharjo in 2020-2024, and henceforth referred to as RAD-TBC Sukoharjo Regency 2020-2024, is a policy document an area that contains concrete and measurable steps, which has been agreed upon by stakeholders in the Regency Sukoharjo, as a form of the Regent's commitment, supports the achievement of TB elimination, especially in Sukoharjo Regency.

2. PURPOSE

RAD-TBC Sukoharjo Regency 2020-2024 aims to:

- a. Provide references and guidelines for Regional Government Sukoharjo Regency and other related parties, to increase commitment and leadership in efforts TB control.

- b. Provide a reference for formulating related policies and regulations
TB control efforts in Sukoharjo Regency
- c. Provide a reference for planning, budgeting,
coordination of implementation as well as monitoring and evaluation of efforts
TB control in Sukoharjo Regency
- d. To ensure that relevant parties gain access
to participate and contribute to efforts to control TB in Sukoharjo Regency.

3. FUNCTION

RAD-TBC Sukoharjo Regency 2020-2024 functions as:

- a. Guidelines for PD related to efforts towards eliminating TB
in 2035, especially in Sukoharjo Regency.
- b. Guidelines for bridging coordination and integration of programs
public service program related to efforts towards eliminating TB by 2035, in
Sukoharjo Regency.
- c. Guidelines for synergizing various countermeasures
TBC between PD and other related parties, in the Regency
Sukoharjo.
- d. Documents for the public and interested parties
to monitor the implementation of the TB control program in
Sukoharjo Regency.

The Regional Government of Sukoharjo Regency will next
integrating RAD-TBC Sukoharjo Regency 2020-2024 into
RPJMD, Strategic Plan and related PD Work Plan.

C. LEGAL AND POLICY BASIS FOR PREPARING THE ACTION PLAN SUKOHARJO DISTRICT TB CONTROL REGION 2020- 2024

1. Legal Foundation

Legal basis for preparing RAD-TBC Sukoharjo Regency
2020-2024 are as follows:

- a. Law Number 4 of 1984 concerning Disease Outbreaks
Infectious
- b. Law Number 36 of 2009 concerning Health
- c. Law Number 6 of 2014 concerning Villages

- d. Law Number 23 of 2014 concerning Government Area
- e. Republic of Indonesia Government Regulation Number 2 of 2018 concerning Standards Minimum Service
- f. RI Presidential Regulation Number 2 of 2015 concerning RPJMN Health
- g. Republic of Indonesia Minister of Health Regulation Number 4 of 2019 concerning Minimum Service Standards for the Health Sector
- h. Republic of Indonesia Minister of Health Regulation Number 67 of 2016 concerning TB control
- i. Sukoharjo Regency Regional Regulation Number 10 of 2016 About RPJMD
- j. Sukoharjo Regent Regulation Number 40 of 2017 concerning Sukoharjo Regency Regional Apparatus Strategic Plan 2016-2021 as amended by Regulation Regent of Sukoharjo Number 30 of 2019 concerning Changes Based on Sukoharjo Regent Regulation Number 40 of 2017 concerning Sukoharjo Regency Regional Apparatus Strategic Plan 2016-2021

2. Policy

Policy direction in RAD-TBC Sukoharjo Regency 2020-2024 is prepared based on the synergy and comprehensiveness of the interested parties, including efforts: promotional, preventive, curative to rehabilitative, both from the health aspect, social aspects and economic aspects.

Policy direction for district TB control efforts Sukoharjo needs to be formulated in order to obtain strategies and Sukoharjo Regency's focused TB control program and program performance indicators can be determined.

Along with the National Strategy and Mitigation *Milestones* TBC Indonesia, direction of district TB control policy Sukoharjo moves from curative and rehabilitative services, towards focus more on health promotion and disease prevention, as well issues of accessibility and quality of TB services.

D. PROCESS FOR PREPARING A REGIONAL CONTROL ACTION PLAN

TBC SUKOHARJO DISTRICT 2020-2021

RAD-TBC Sukoharjo Regency 2020-2024 was prepared through a process involving government, private sector, cross-sector, cross programs, partners and the community as well as interested parties in efforts to control TB in Sukoharjo Regency.

The main activities of the preparation process are presented in the table below:

Table-1

Sukoharjo Regency RAD-TBC Preparation Process 2020-2024	
Date	Activity
05 December 2016	Preparation
November 20, 2017	Conduct situation analysis
09 August 2018	Formulate strategic issues
10 September 2019	Formulate strategies, activities and outcomes
02 December 2019	Formulate indicators and targets
09 December 2019	Formulate financing
December 26, 2019	Determination
22 September 2020	Integration in planning and budgeting Regional and PD

SITUATION ANALYSIS AND PROGRAM GAPS

A. GENERAL SITUATION OF THE REGION

1. Geography and Demography

Sukoharjo Regency which is also known as Sukoharjo Makmur, was legally and formally established on July 15 1946. In its development then this momentum designated as the Anniversary of Sukoharjo Regency.

Sukoharjo Regency is the second smallest district in Central Java Province after Kudus Regency. Consists of 12 sub-districts, 150 villages, and 17 sub-districts. Level achieved by the District Sukoharjo is a city that is still classified as between classifications small towns and big cities. In fact, it's not a small town anymore, but also not yet a big city. Sukoharjo Regency is located on astronomical lines:

- | | |
|------------------|-------------------|
| a. East End: | 110° 57' 33.70" E |
| b. West End: | 110° 42' 06.79" E |
| c. North End: | 7° 32' 17.00" S |
| d. Southern End: | 7° 49' 32.00" S |



Figure 1. Map of Sukoharjo Regency

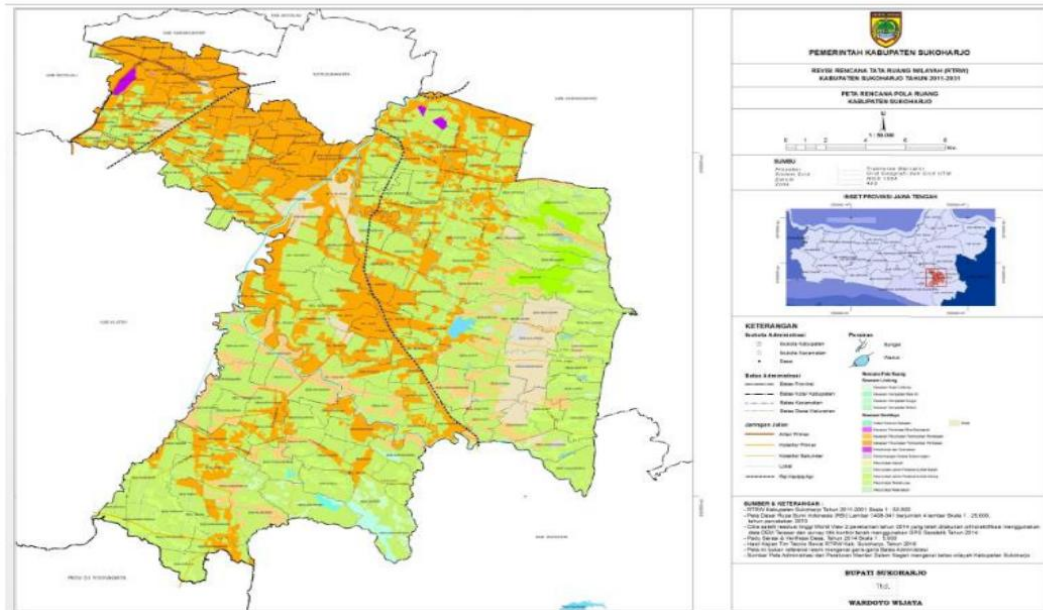


Figure 2. District Administration Map. Sukoharjo

The area of Sukoharjo Regency is 46,666 Ha or around 1.5% Area of Central Java Province. The largest area is Polokarto District has an area of 6,218 Ha (13.32%) and the smallest area is Kartasura District, which covers an area of 1,923 Ha (4.12%). Sukoharjo Regency is an area that has high altitude between 90-125 meters above sea level, with sub-districts The highest is Polokarto sub-district with a height of 125 m and The lowest sub-district is Grogol with a height of 93 m above sea level. According to the function of the area, it consists of: protected forest area of 297 Ha, river border area amounting to 1,173 Ha, reservoir area of 5 Ha, spring area of 7 Ha, food crop area of 26,864 Ha, area wetland agriculture amounting to 23,502, plantation area amounting to 708 Ha, livestock area of 138 Ha, and area for settlements amounted to 17,102. (Sukoharjo in Figures 2019)

Based on relief, Sukoharjo Regency can be grouped into two groups, namely flat areas covering sub-districts Kartasura, Baki, Gatak, Grogol, Sukoharjo, and Mojolaban, meanwhile Sloping areas include Polokarto, Bendosari, Nguter, Bulu and Weru subdistricts. Administrative boundaries of Sukoharjo Regency are as follows :

- a. North : Surakarta City and Karanganyar Regency
- b. East: Karanganyar Regency

c. South: DIY Province and Wonogiri Regency

d. West Side : Boyolali Regency and Klaten Regency

Administratively, Sukoharjo Regency is divided into 12 sub-districts spread over 150 villages and 17 sub-districts, 2,026

Dukuh, 1,438 RW and 4,428 RT. with the capital located at

Sukoharjo District, which is 12 km from Surakarta City.

2. Governance

Sukoharjo Regency has a strategic position, namely located at the intersection of Semarang, Yogyakarta, Solo and is included in the strategic area of SUBOSUKA WONOSRATEN

(Surakarta, Boyolali, Sukoharjo, Karanganyar, Wonogiri, Sragen and

Klaten) which can support development development,

especially potential fields in Sukoharjo Regency. As for

The division of administrative areas of Sukoharjo Regency is as follows

The area can be seen in the table below:

Table. 2 Data on sub-districts, sub-districts or villages, hamlets, community groups, neighborhood groups in the district. Sukoharjo 2018

No.	Subdistrict	Wide Region (Ha)	Village	Kelurahan	Qty Etc + Ex	So un	RT RW	
1	Weru	4,198	13	-	13	48	398	137
2	Hair	4,386	12	-	12	43	245	102
3	Tawang Sari 3,998		12	-	12	38	320	115
4	Sukoharjo 4,458		-	14	14	0	467	145
5	Talking	5,488	16	-	16	55	352	121
6	Bendosari	5,299	13	1	14	47	324	110
7	Polokarto	6,218	17	-	17	55	378	124
8	Mojolaban 3,554		15	-	15	52	539	160
9	Grogol	3,000	14	-	14	35	673	146
10	Trays	2,197	14	-	14	35	365	110
11	Scratchy	1,947	14	-	14	32	262 92	
12	Karasura	1,923	10	2	12	29	444	116
Amount		46,666 150 17			167 469 4	767 1,478		

Source: Sukoharjo in 2019 Figures

3. Population

Population development in Sukoharjo Regency can be seen from the number, development and distribution of the population, as well as population density.

Table. 3 District Population Projection Data. Sukoharjo 2016-2020

YEAR	POPULATION PROJECTION DATA		
	MALE	FEMALE	L+P
2016	431,686	439,711	871,397
2017	435,183	443,191	878,374
2018	438,527	446,678	885,205
2019	441,782	450,130	891,912
2020	444,903	453,473	898,376

Source: Sukoharjo in 2019 Figures and Projections

Population of Districts/Cities of Central Java Province 2010-2020

The population of Sukoharjo Regency from year to year seems to keep increasing. District population density Sukoharjo in 2016 amounted to 1,868 people/km², in 2017 increased to 1883 people/km² and in 2018 experienced increased again to 1897 people/km². (Sukoharjo Dalam 2019 Figures).

Table. 4 Number of Population by Gender District.

Sukoharjo 2018

NO	SUBDISTRICT	TOTAL POPULATION		
		Male	Female	Amount
1	Weru	24,294	25,217	49,511
2	Hair	14,179	13,454	27,633
3	Tawang Sari	23,986	24,978	48,964
4	Sukoharjo	44,713	46,307	91,020
5	Talking	20,752	21,139	41,891
6	Bendosari	25,817	25,550	51,367
7	Polokarto	37,493	38,050	75,543
8	Mojolaban	47,885	48,383	96,268
9	Grogol	69,421	70,629	140,050
10	Tray	41,296	42,048	83,344
11	Naughty	24,264	24,775	49,039
12	Kartasura	64,427	66,148	130,575
AMOUNT		438,527	446,678	885,205

Source: Sukoharjo in 2019 Figures

4. State of Education

Table. 5 Number of Population According to Education Level
District. Sukoharjo 2018

SUBDISTRICT	NOT YET THE END	THE END	Middle School	Middle School	School D.1	D.2	D.4/S.1	S.2	S.3		
WERU	629	1,521	1,041	1,070	29		61	175	7	0	
WRONG	533	1,310	1,022	1,108	37	67		125	2	0	
GROGOL	642	1,025	945	1,709	31	239		520	20	2	
SUKOHARJO	1,093	2,267	1,558	1,433	27	83		203	11	0	
NGUTER	369	1,274		605		487	4	11	44	0	0
TRAY	766	1,612	1,195	1,300	23		88	161	7	0	
KARTASURA 507		591		681		1,366	25	117	212	22	1
POLOKARTO 502		1,007	908			740	13	78	130	5	0
HAIR	410	936		380		422	7	26	41	0	0
TAWANGSARI 681		2,118	1,107	1,021	35		44	109	5	0	
MOJOLABAN 411		833		703		878	10	71	112	3	0
BENDOSARI 870		1,318	1,210	2,227	81	341		1,034	115	2	
Total	7,413	15,812	11,355	13,761	322	1,226	2,866	197	5		

Source: Sukoharjo in 2019 Figures

Education level can be related to ability

absorb and receive health information and abilities

in participating in health development. People who have higher education generally have broader knowledge and insight, so more

easy to absorb and accept information, and can take part

Active in overcoming health problems for himself and his family.

B. TB SITUATION TBC (Global Problem, Indonesia, Central Java, Sukoharjo)

1. TB Situation in the World

Tuberculosis (TB) is still one of the public health problems in the world even though efforts to control TB have been implemented in many countries since

1995. World Health Organization or The World Health Organization

(WHO) in 2019 reported that Indonesia was in third place

with the highest cases of tuberculosis (TB) in the world. Temporary position

first and second currently are India and China. latest report

from the World Health Organization (WHO) indicates that access to TB services

remains a challenge, and even a global target for

prevention and treatment will likely be missed without further action and investment support. In the 2020 Global TB Report, it was stated that around 1.4 million people died from TB-related diseases in 2019. And of the estimated 10 million people who estimated to be affected by TB, there are around 3 million people who are undiagnosed, or not officially reported into the national reporting system. This condition is further complicated by drug-resistant TB patients, where approximately 465,000 people were newly diagnosed with Drug-Resistant TB in 2019 and less than 40% were able to access treatment.

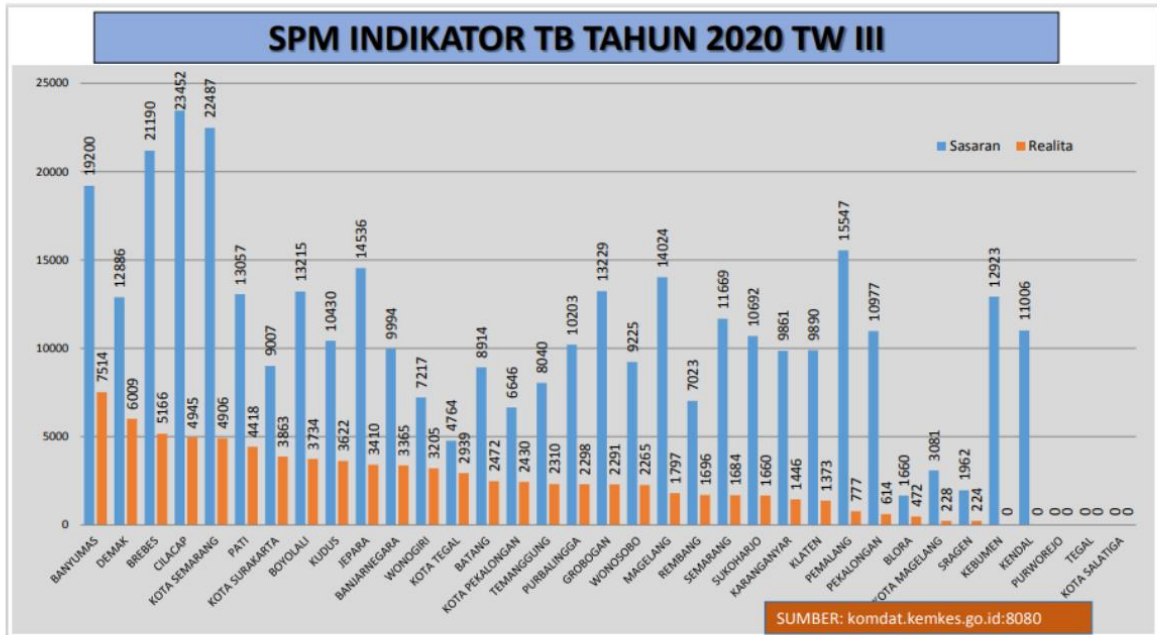
2. TB situation in Indonesia

If you look at WHO data for 2019, the number The estimated TB cases in Indonesia are 845,000 people. This amount an increase from the previous 843,000 people. This puts Indonesia is one of the countries contributing 60% of the total global TB cases.

Minister of Health (Menkes) Terawan Agus Putranto, said that with the 3rd ranking, Indonesia needs to work hard to reduce cases and even end TB. The government's target for eliminating TB by 2030, and moving towards a TB-free Indonesia by 2050 must be accelerated. The method includes optimizing all resources which exists.

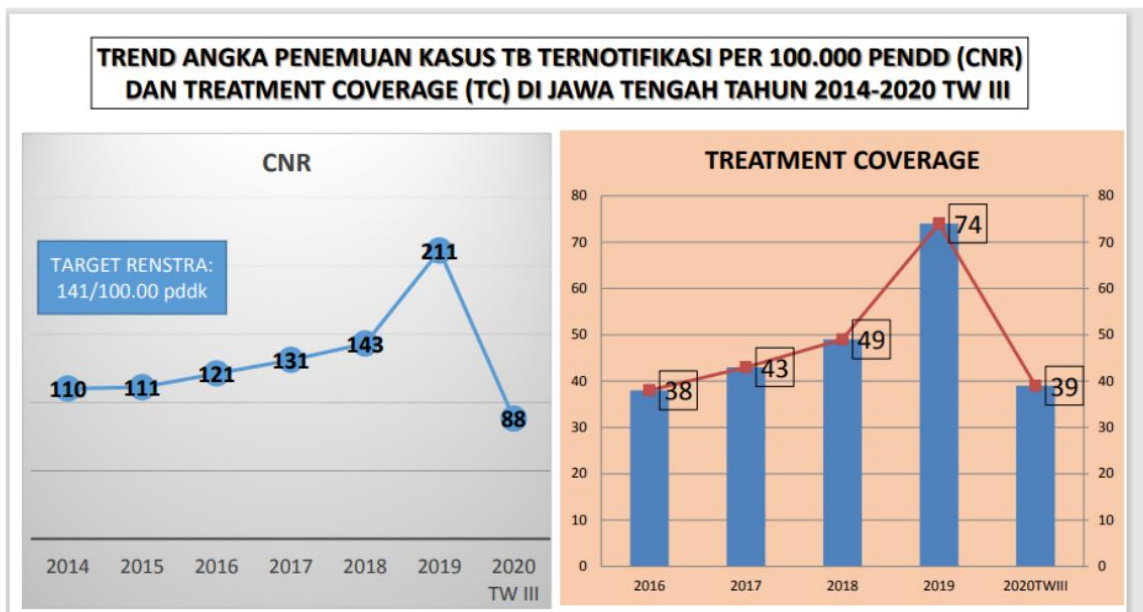
The Minister of Health explained that the challenges faced by Indonesia are: there are still many cases that are not found. From people's estimates 845,000 suffer from TB, only 68% were found and treated in 2018. Although this has increased from 53% in 2017, The number of cases found is still relatively low. Those who don't found and treated until cured has a high potential for infection to other people. This is what causes TB cases in Indonesia to continue high, in addition to other causal factors such as environment, culture, and others.

3. TB situation in Central Java Province



Graph 1. SPM TBC Indicator for 2020 QW III in Central Java

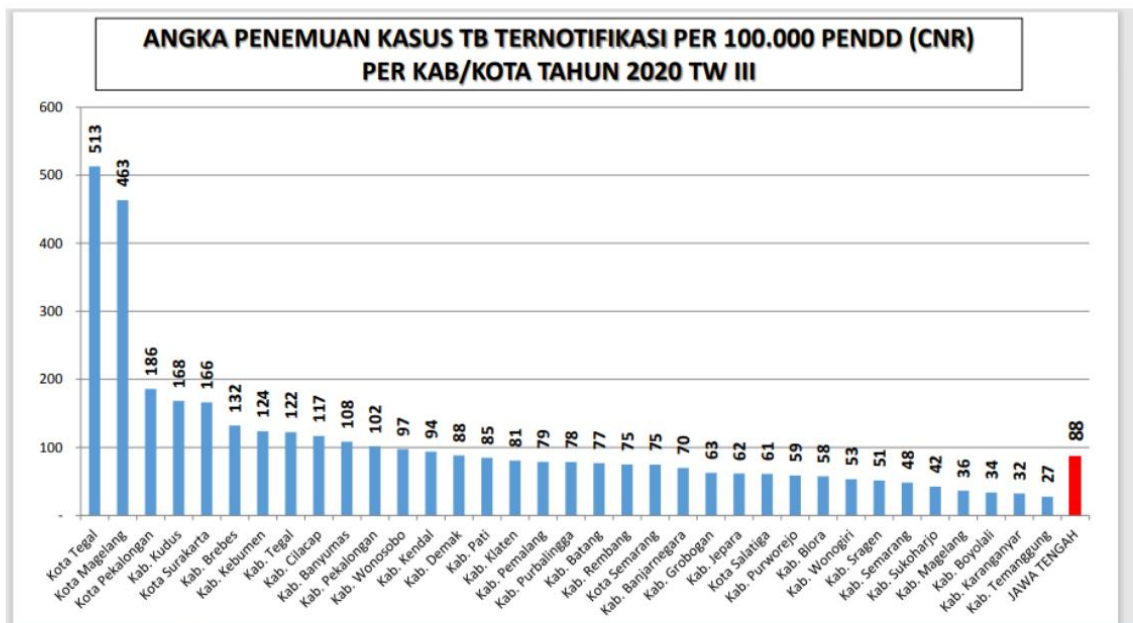
As explained from graph 1, the District Minimum Service Standard target. Sukoharjo is 10,692, while the achievement is only around 1,660, that is This means that only 15% of the 2020 SPM achievement has reached this quarter III compared with the targets set by the national level.



Graph 2. Trend Case Notification Rate (CNR) and Treatment Coverage (TC) in Central Java 2014-2020 QW III

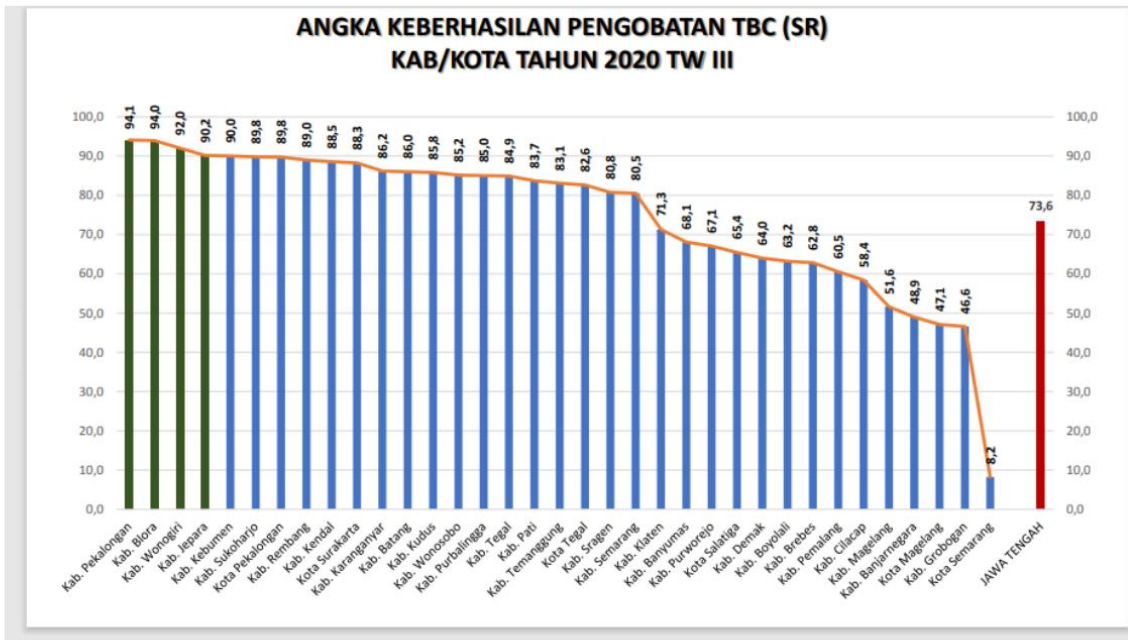
Graph 2 explains that, the discovery of Notified TB Cases per 100,000 Population or what is usually called Case Notification Rate (CNR) in Kab. Sukoharjo from 2014-2019 has experienced quite a good increase but in 2020 up to

In the third quarter, discoveries decreased, this was due to the year still ongoing and several other factors. Meanwhile, *Treatment Coverage (TC)* or the discovery of treated TB cases from 2014-2020 experienced a significant increase in 2019, but in 2020 it will experience a decline again due to several factors, one of which is the occurrence pandemic.



Graph 3. Notified TB Case Discovery Rate Per 100,000 Population (CNR) Per District/City 2020 QW III.

From graph 3 regarding the discovery of notified cases, Kab. Sukoharjo is number 5 from the bottom, which means achievement Case detection for 2020 is still very far from that targeted by the center.



Graph 4. District/City TB Treatment Success Rates (SR).
2020 Q3 III

Graph 4 explains that the treatment success rate in Kab. Sukoharjo for 2019 cases has reached 89.9%, which means it is close to the target set by

nationally at 90%, this figure could still increase up to with the completion of 2020.

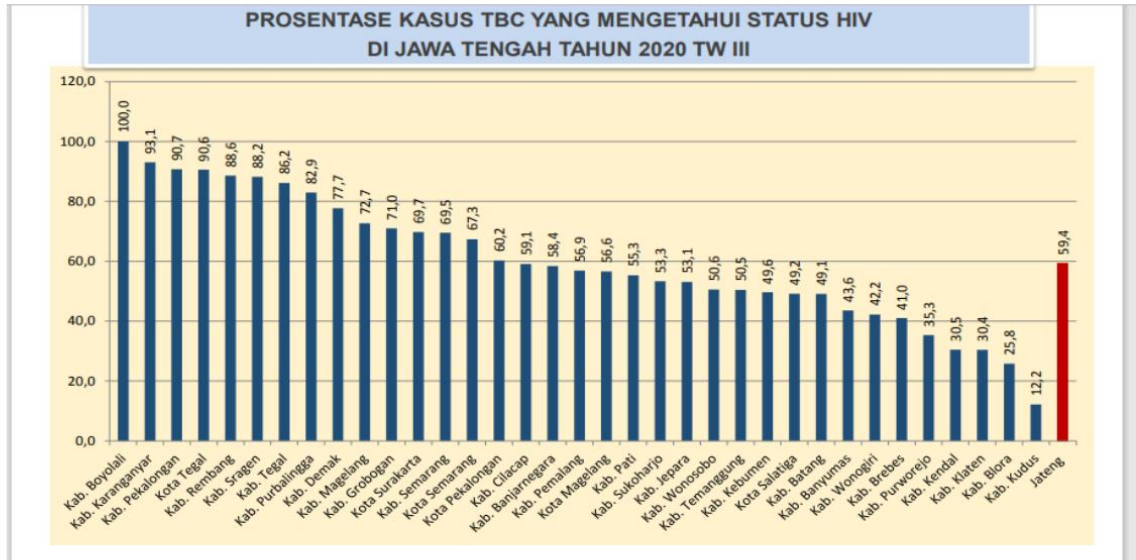
Tahun	Diobati	Sembuh	Lengkap	Default	Gagal	Meninggal	Pindah	Lain-lain	Dalam Pengobatan
2011	39	28	0	4	0	7	0	0	0
2012	49	32	0	3	0	14	0	0	0
2013	105	60	1	18	0	26	0	0	0
2014	141	86	0	19	0	36	0	0	0
2015	161	83	2	35	2	38	0	1	0
2016	153	103	0	18	3	29	0	0	0
2017	343	161	4	54	13	78	0	1	32
2018	540	269	23	112	24	94	3	1	13
2019	703	135	29	120	36	133	2	3	245
2020TWIII	420	1	0	30	0	67	9	0	322

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Graph 5. Results of TB RO Treatment Prov. Central Java 2011-
2020 Q3 III

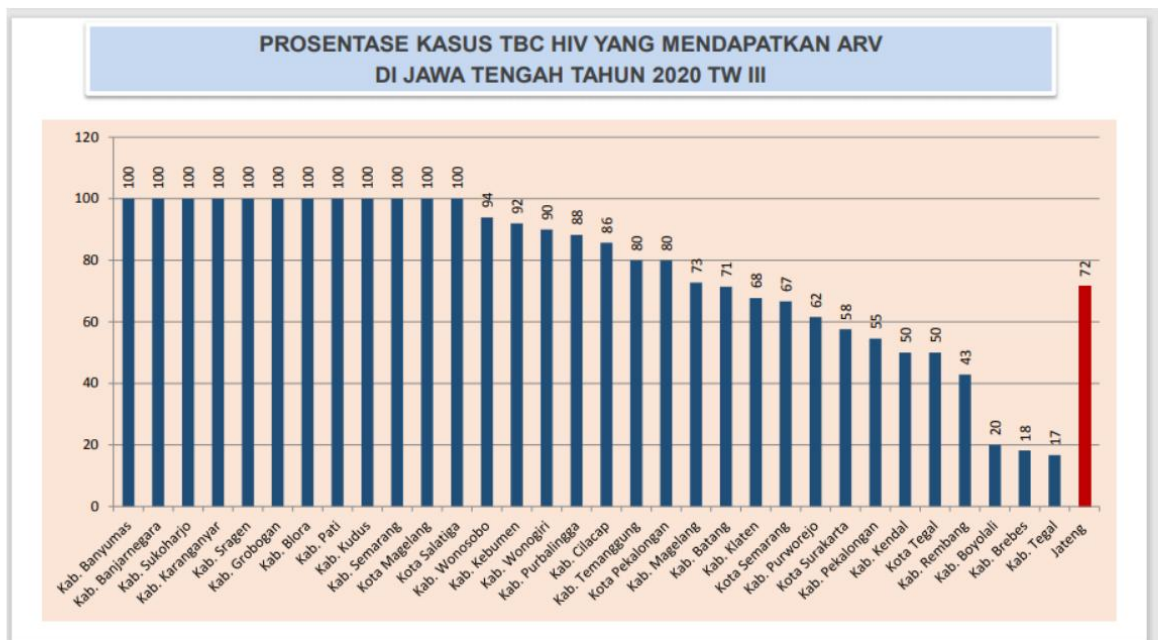
Results of RO TB Treatment in Central Java Province in 2018 2011-2020 Q3 III still found patients who failed, defaulted, and

die. In 2019 the results of treatment were declared cured still very small, expected for patients who are still in treatment can complete the treatment until stated healed.



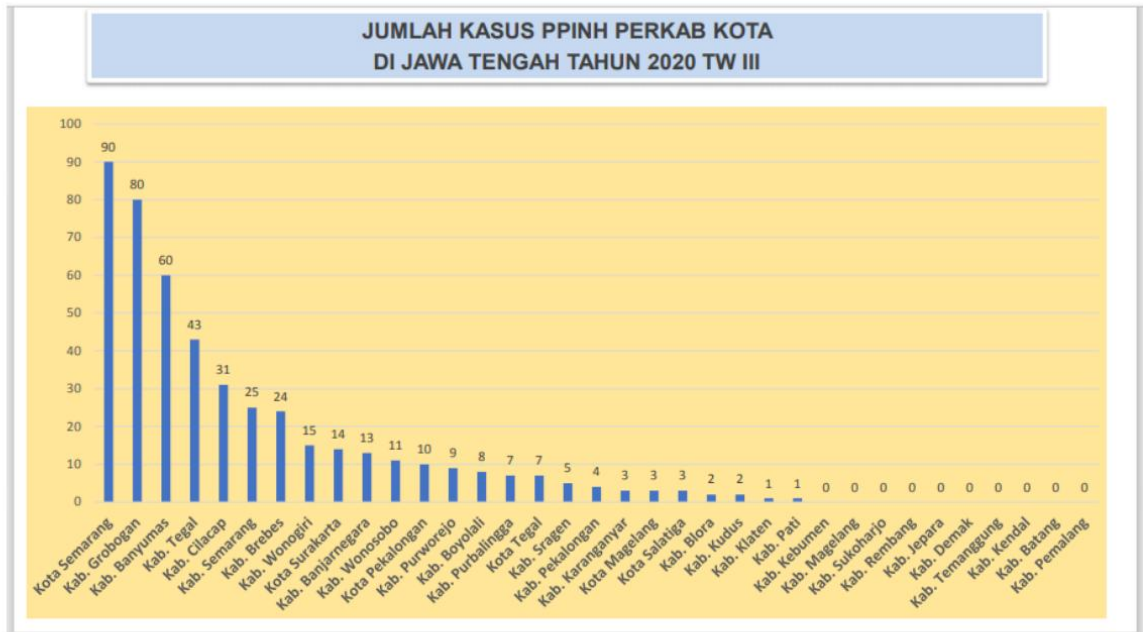
Graph 6. Percentage of TB Cases Who Know Their HIV Status Central Java 2020 Q3 III

Graph 6 shows that the percentage of TB patients who find out his HIV status in Kab. Sukoharjo is still low, namely only 53.3%, which means it is still far below the national target of 70%.



Graph 7. Percentage of HIV TB Cases Receiving ARVs in Central Java 2020 Q3 III

If you look at graph 7, the percentage of HIV TB cases getting ARVs in Central JAVA in 2020 Q3 III is 100% which means that all HIV TB patients have received ARV therapy.



Graph 8. Number of PPINH Cases per District/City in Central Java
2020 Q3 III

Graph 8 explains that during 2020 up to third quarter in Kab. Sukoharjo no children have received yet PPINH as a preventative medicine if there are family members who contracted TB. This also happens because there are still health facilities that have not been provided report it through the SITB system.

The action plan for controlling Tuberculosis (TB) in Central Java has been outlined in Central Java Governor Regulation Number 93 2018 concerning the 2018 TB Control Regional Action Plan - 2023, because TB is a health problem that causes high morbidity and mortality rates. So, there is a need to create synergy in concrete activities and actions from all parties.

Governor Ganjar Pranowo said that to control TB in this province, all parties must take gaspol. Because TB treatment must be serious and structured. According to him, the government is together

The United States has collaborated in efforts to control TB.

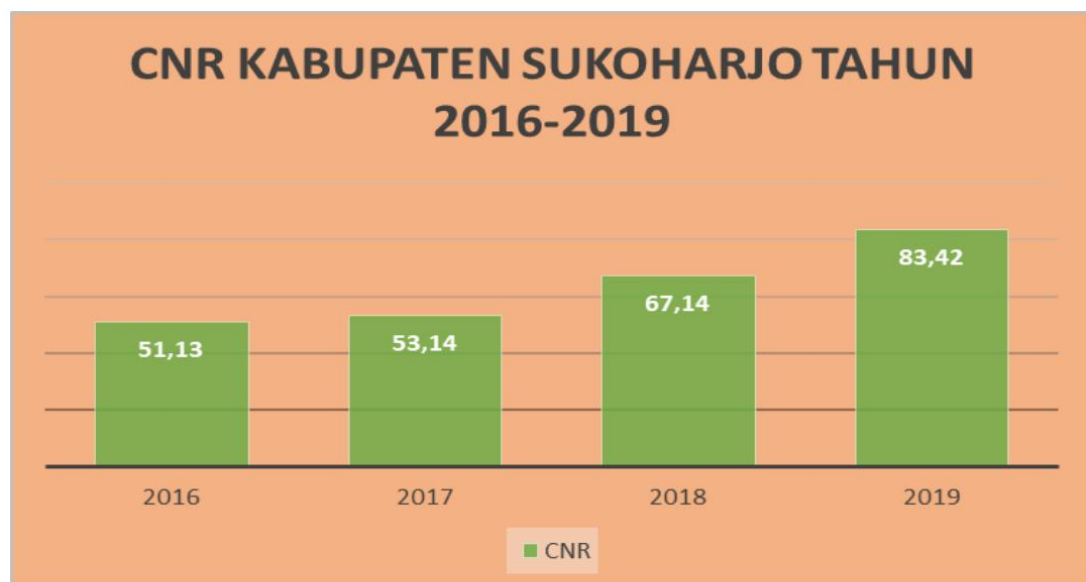
Ganjar explained that he had met the American Ambassador United for Indonesia, Joseph Donovan discussed the matter

TB control. Because, TB is still a serious threat to

global health. "This is a world problem, not just Indonesia, then
 If we don't gaspol, everyone doesn't gang up, this is dangerous. So,
 Clean living behavior has begun to be maintained, and if any TB sufferer is found,
 it is immediately reported. There is BPJS, there are health services
 all of which can provide it. We need that information. We
 We are very serious about that, so we are doing this combating TB effectively
 together and we are supported by the international community on this matter," said Ganjar,
 Monday (1/4). TB DAY, 2019 Central Java Governor Regulation Number 93
 2020.

4. TB situation in Sukoharjo Regency.

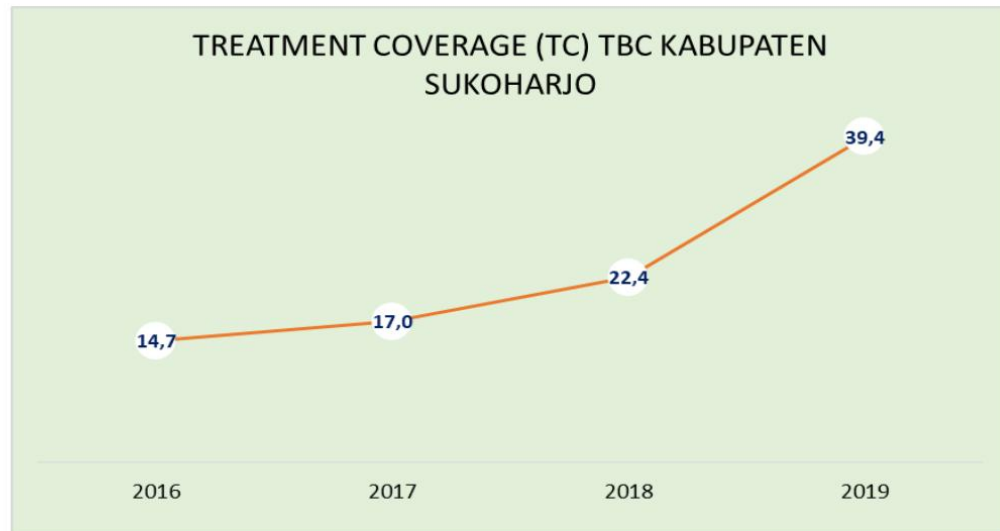
a. Case Notification Rate (CNR) Sukoharjo Regency



Graph 9. CNR Kab. Sukoharjo 2016-2019

Case Notification Rate (CNR) is a number that shows the number of new patients discovered and recorded is between 100,000 residents in a particular area. *Success Rate* is a number TB patients who complete their treatment. *Cure rate* or The cure rate is defined as the number that shows the percentage of new BTA positive pulmonary TB patients who are recovered after completion of the treatment period, among new TB patients BTA positive lungs were recorded. The graph above shows Sukoharjo Regency's targets for TB control. Cases Notification Rate (CNR) in 2016 was 27.41; Success Rate 90.83%; and Cure rate 78.7%.

b. *Treatment Coverage (TC) for TB in Sukoharjo Regency*



Graph 10 . *Treatment Coverage (TC) for TB in Sukoharjo Regency*

Treatment Coverage (TC) for TB is all TB cases are found and treated. From 2016-2019, District TC Sukoharjo is far below the target set by National. In 2019, Sukoharjo Regency only received 39.4% of the 90% target set by National.

c. *Data on Drug Sensitive TB Cases in Sukoharjo Regency*



Graph 11. Sukoharjo Regency TB Cases 2016-2019

The image above shows that there is a large difference between the estimated estimates of new TB cases and existing TB cases discovered by Sukoharjo Regency. In 2016, for example, of the estimated 2,885 new cases, the number of cases discovered is 455 cases. All cases discovered subsequently

given treatment. Estimates of TB incidence are obtained from Republic of Indonesia Ministry of Health National Prevalence Survey Indonesia. Meanwhile, the total cases detected with TB were obtained from the SITT TBC 07 report for 2016-2018. All cases are found and recorded as being treated DOTS standard.

d. Data on Drug-Resistant TB Cases in Sukoharjo Regency

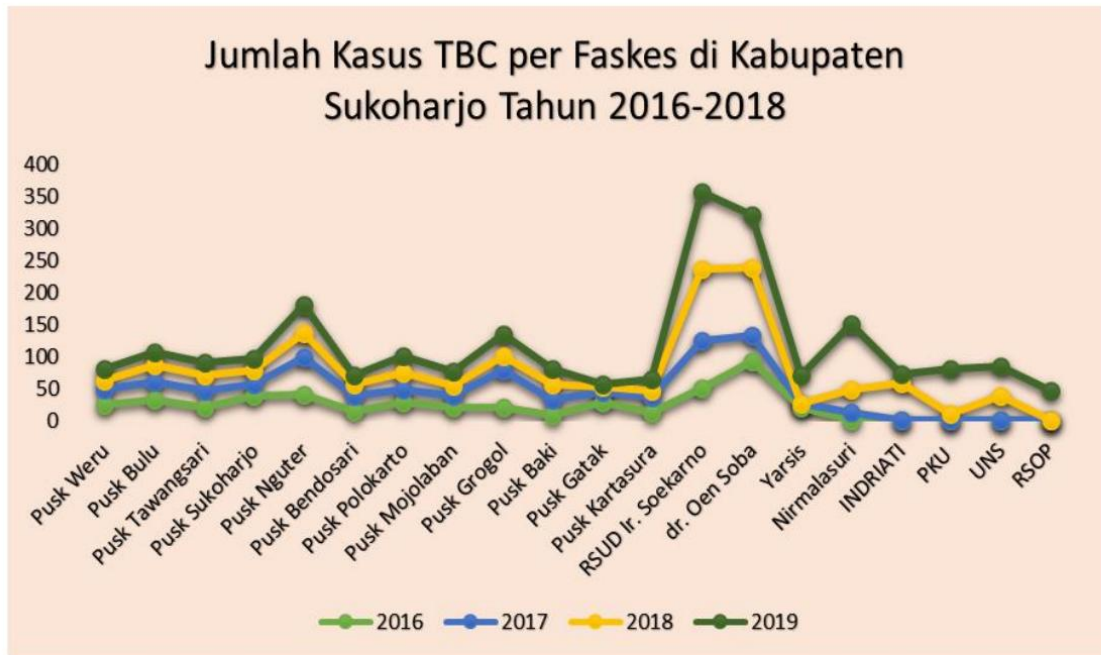


Graph 12. Cases of Drug-Resistant TB in Sukoharjo Regency

Figure 12 shows the difference between case estimates TBC RO and also cases of TBC RO found. 2016 case TB RO was estimated to be 3 cases and 2 cases were found, only a difference of 1. In 2017 there was a TB RO case The estimated number is 6 cases, while that found to exceed the target of 7 cases. 2018 is even more so many, namely it is estimated that there are 16 cases, but which Only 11 cases were found. In 2019 there was an increase The target was 32 cases, but only one could be found 9 cases only. Estimated number of drug-resistant TB cases confirmed in 2016 obtained from the scope of the discovery drug-resistant TB cases multiplied by estimated RO TB cases. For estimates of drug-resistant TB cases in 2016 and 2018 as well from WHO research where 2.8% of new cases and 16% of cases

re-treatment is drug-resistant TB. However, for years 2019 there is a different calculation.

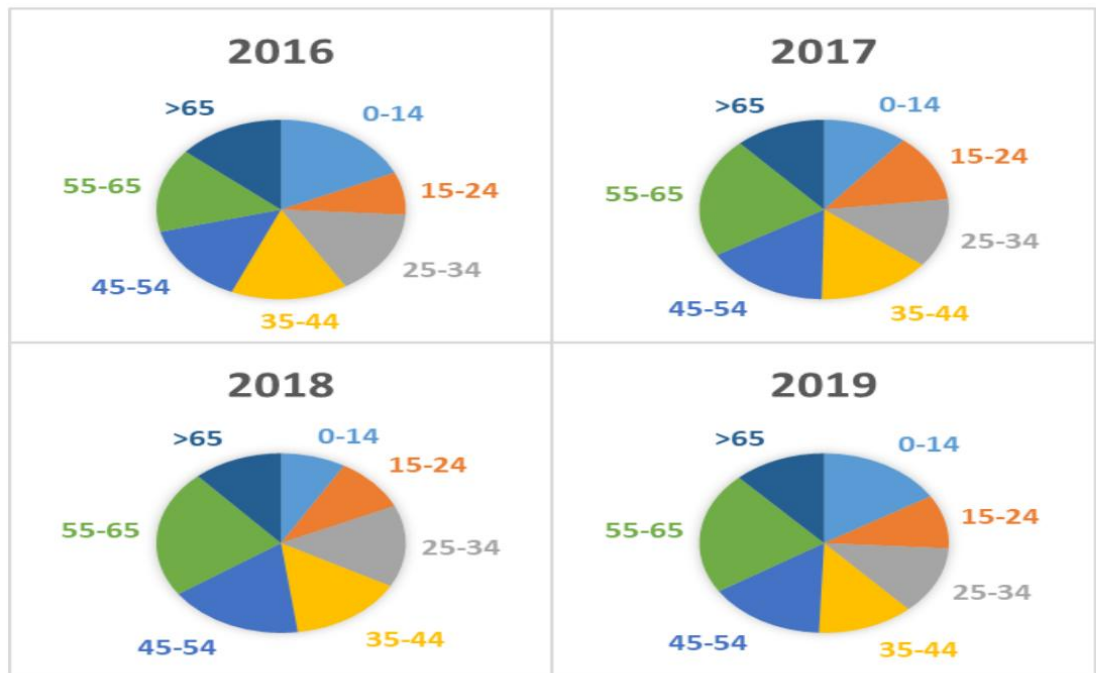
e. Number of TB Cases per Health Facility in Sukoharjo Regency



Graph 13. Number of TB Cases per Health Facility in the District Sukoharjo 2016-2019

Figure 13 shows the number of TB cases in hospitals more than the findings at the community health center, p This is because more people are visiting at home Sick. If you look at the graph above, every year RSUD Ir. Soekarno found the most TB cases.

f. TB Cases Based on Age



Graph 14. Age Groups of TB Sufferers in Sukoharjo Regency 2016-2019

Graph 14 shows the average age of TB sufferers the most in Sukoharjo Regency from 2016-2019, namely in age group 55-65 years with an average of 118 cases. Meanwhile, the average age of TB sufferers was the lowest in the group aged 15-24 years, namely 56 cases.

g. Case Fatality Rate (CFR) of TB in Sukoharjo Regency



Graph 15. Case Fatality Rate (CFR) of TB in Sukoharjo Regency 2016-2019 Quarter III

TB is a disease that requires effective treatment within a certain period. If treatment is unsuccessful, it can result in death due to TB. The image above depicts the TB Case Fatality Rate (CFR) in the Regency

Sukoharjo. CFR shows the percentage of TB deaths from the total number of TB cases in a certain time period. Based on picture above, in 2016 the CFR for TB was 3.1% or 14 deaths from all TB cases, while in 2017 CFR TB was 3.4% or 16 deaths from all cases, in 2018 The CFR of TB is 2.2% or 13 deaths of all TB cases, Meanwhile, in 2019 until the third quarter, the number of cases Deaths have reached 5.2% or 26 cases death.

5. Socioeconomic Impact on TB Patients and Families

Increase in HDI and increase access, quality and quantity from public health insurance, especially related to prevention, So the control and recovery of pulmonary TB sufferers will have an impact on the ratio of the working population. Amount a population that is productive and able to work at the appropriate level Productivity requires holistic and integrative health support. The realization of health in the welfare of society will making the people of Sukoharjo Regency into human beings has competitiveness in terms of qualified resources that go towards the existence of boards and the stability of life. When a person suffering from drug-resistant TB must receive regular treatment 2 year or 24 months then the burden that must be borne is:

- a. Drug costs
- b. Transport costs to and from Referral Hospital
- c. Private meal costs
- d. Family living expenses
- e. Other family expenses (school, electricity, telephone, water, etc.)
- f. Unexpected costs (Testing family for possible infection

tuberculosis)

Then the daily costs can be calculated the responsibility of the City Government, not just the responsibility of Health Department only. The numbers are not small and will continue

increases when efforts to control TB do not occur community commitment and needs as well as shared concerns begin from government, society and stakeholders. Looking at the magnitude of the assumed figures above, it is very likely that the Sukoharjo Regency APBD will not be able to fulfill it so it needs to be thought through together in the preparation of this TBC RAD, the parties involved and involved for the sake of the success of RAN TBC.

From the table above it can be illustrated that the costs of medicines and Support, in this case, transport to and from medical hospitals and accompanying costs, is very large, even though it is supported by the government. Costs for medicine, companions and transport for sufferers TBC RO per person is assumed to be IDR. 350,000,- for one time outpatient treatment, while the outpatient treatment that must be undertaken is more or less for 2 years. The large costs must be borne by the government amounting to IDR 350,000,- x 1 person x 150 days = IDR 52,500,000,-, while other personal costs such as living costs, school costs, other costs must be spent but are not borne by the government still has to be considered.

Another calculation of the economic impact is related to the loss potential income can be assumed by calculating as follows, in 1 productive month 1 TB RO patient is of productive age with a monthly UMR income of IDR 1,700,000,- then it can be calculated what is the potential loss of income if you have to do it Mandatory routine treatment for 2 years or 24 months. Got the numbers assumed income of IDR 40,800,000,- which is lost due to the impact of TB RO treatment, while other living costs such as expenses school fees, food costs, electricity costs, water costs and other personal costs should be able to be covered with UMR income being a burden debt and not covered or served by the sufferer. This is what should be a matter of concern and consideration for government policy Sukoharjo Regency in holistic, integrative treatment of TB and sustainable, starting from the patient's costs to the costs sufferer's family. Losses from the economic impact for TB sufferers will be even greater when we calculate the income figures is subject to tax, which of course has a *multiplayer effect* for decrease in income in regional budgets and revenues Sukoharjo Regency.

6. TB Control in Regional Development Policy

Regency Regional Medium Term Development Plan Sukoharjo (RPJMD) 2016 - 2021 has the Vision "CONTINUE BUILDING A MORE PROSPEROUS, ADVANCED, AND SUKOHARJO Dignified, SUPPORTED BY PROFESSIONAL GOVERNMENT".

The meaning of this vision is that Sukoharjo Regency synergizes all potential and resources to achieve goals development, to improve the welfare of society, improve the quality of public services, especially in the field of education and Health, an increasingly empowered people's economy. Increasingly decreasing population and poor families, and decreasing the number of unemployed, as well as realizing the Sukoharjo community who cares about others.

This vision is realized with 5 development missions in the Regency Sukoharjo.

If we compare the RPJMD of Sukoharjo Regency and the Strategic Plan of the Sukoharjo District Health Service is visible conformity between Goals and Targets and Vision and Policy Direction The mission of the Elected Regent and Deputy Regent is related to basic services namely health, especially in prevention and control tuberculosis is:

Strengthening Clean, Effective, Democratic Governance
And Transparent:

The relationship between TB prevention and control programs with The Sukoharjo Regency Government's commitment to realizing effective government is:

- a. Prioritize program priorities. Problems that have high urgency, broad impact, and things that have been determined as SPM (Minimum Service Standards) will be a priority program. In accordance with Government Regulation No. 2 of 2018, P2TBC includes SPM which of course must be a priority regional development. Determination of RPJMD and OPD Strategic Plan. Disease prevention and control is included
- b. Increasing cross-sectoral collaboration and establishing partnerships with institutions outside government
Utilize contemporary technology that supports success program. In efforts to prevent and control TB

Web-based reporting records are implemented, namely SITBC, confirming the diagnosis with TCM (Rapid Molecular Test) Increase compliance with regulations. In the District Government's efforts to prevent and control TB Sukoharjo makes optimal efforts to comply with legal regulations that binds him.

c. Improving the Quality of Human and Community Life:

The Sukoharjo Regency Government is committed improving public services and realizing services quality and affordable health, realizing that Strong Human Resources (HR) are the main capital in regional development. Improving the quality of human resources does not apart from the development of the education and health sectors. The condition of the community will be healthy, educated and skilled regional assets in realizing the vision of improving quality human life and society. In an effort to improve public knowledge about health, Government Sukoharjo Regency is also very active in providing education in institutions and residential environments.

d. Strengthening Economic Independence by Mobilizing Sectors

Regional Featured:

Public health conditions and individual health conditions closely related to productivity. With its realization A healthy society means productivity will increase and have a positive impact on economic independence. In no way Public health also directly influences the system investment.

e. Improving the Quality of Religious and Community Life:

The Sukoharjo Regency Government always fosters values religious life. A person who firmly holds orders His religion really understands the pleasures of health. Every religion ordering his people to live in an orderly manner, no doing things in vain, always paying attention to cleanliness and health due to poor individual conditions Healthy or unhealthy greatly influences implementation worship.

The Sukoharjo Regency Government is always committed maintain the culture of mutual cooperation that exists in society. The presence of health cadres evenly distributed throughout the district is the spearhead of health development public. The volunteerism of health cadres is proof community independence.

f. Creating conditions for a safe, peaceful and dynamic society

The Sukoharjo Regency Government is committed to creating a safe and peaceful society. One of them is that being safe from danger or the risk of disease transmission is one of the goals of the development of Sukoharjo Regency.

Table 6. Mission, Goals and Performance Indicators in the Health Sector of Sukoharjo Regency from 2016 to 2021

Destination No	Indicator	Target	Achievement Indicators	Target							End			
				Targets 2015	2016	2017	2018	2019	2020	2021		RPJMD		
2nd Mission Improve the quality of life and society.														
	Increase quality Life Humans and Public	Index Development Man	Made it happen service health Which quality And affordable	Number Age Hope Life	77.46	77.5	77.52	77.54	77.56	77.58	77.60	77.60		
				Number Death Mother	159.05	140	130	120	110	102	102	102		
				Number Death Baby	9.94	9.8	9.6		9.4	9.2	9.2	9.2	9.2	
				Number Death Toddler	11.92	11.5	11		10.5	10		9.92	9.92	9.92

Data source for 2016-2021 RPJMD

Table 6 explains that the health sector is a priority in the Sukoharjo Regency RPJMD for 2016 – 2021, henceforth TB disease has become a priority in the health sector that must be achieved by the Sukoharjo district government depicted in the table as follows:

Table 7. General Policies and Programs in the Health Sector for 2016 -2021

Policy No	Program	Indicator	Satuan	Condition	Target							End
					2016	2017	2018	2019	2020	2021	RPJMD	
Mission Program Improving the quality of life and society.												
	Increased coverage of infectious disease management	Success Rate Program for Prevention & Treatment of Pulmonary Tuberculosis an Infectious Disease	%	>85%	>85%	>85%	>85%	>85%	>85%	>85%	>85%	
		Proportion of TB cases successfully treated DOTS program (success rate)	%	85	85	85	85	85	85	85	85	85
		Inspection coverage Suspected TB in Community Health Center & Hospital	person	402	450	500	550	600	650	700	700	
		New patient discovery BTA positive TB	person	31	33	36	39	42	45	48	48	
		New patient discovery BTA positive TB	person	31	33	36	39	42	45	48	48	

Source: 2016-2021 RPJMD data

Likewise with TB, but regarding the handling of TB, development in the health sector has prioritized the district Sukoharjo, the table above explains that regarding goals and objectives as well as benchmarks for performance achievement, so it is necessary to add targets as well as indicators to be measured as well as the target size set, in other words the target is results that will be achieved in real terms by Sukoharjo Regency.

Table 8. Goals, Indicators and Medium Term Development Targets for Sukoharjo Regency

Objective	Indicator	Condition beginning 2015	Condition end 2021
2nd Mission Improve the quality of life and society.			
Increase quality public service	Index Development Man	74.53	77.50

Data source for 2016-2021 RPJMD

Table 8 does not yet explain the targets as benchmarks performance achievements, so targets and indicators need to be added that will be measured and the target size set, in other words Targets are the results that will be achieved in real terms by the District Sukoharjo.

Table 9. Relationship between Vision, Mission, Goals and Targets, Target Indicators in Achieving Medium Term Development for Sukoharjo Regency

Objective	Target	Indicator Target	Condition beginning 2015	Condition end 2021
2nd Mission Improve the quality of life and society.				
Improving the quality of Human Life and Public	Made it happen Education For all	Literacy Rate Letter	99.00	99.50
		Old average figure School	8.50	9.00
		Breakup Number Middle school	0.37	0
	The realization of quality health services and affordable	Age Number Life expectancy	77.46	77.6
		2. Maternal Mortality Rate	156.05	140
		3. Infant Mortality Rate	9.94	9.2
		Under-five Mortality Rate	11.92	9.92

Source: 2016-2021 RPJMD data

Table 10. Mission Goals and Targets, Objectives and Indicators in Achieving Medium Term Development for Sukoharjo Regency

Objectives	Target	Strategy	Policy direction
2nd Mission Improve the quality of life and society.			
Increase quality public service	The realization of education For all	Enhancement quality and accessibility Which character	Optimize capabilities internal government educational services Early Childhood Education Program Education programs Basic 9 years
	Made it happen service health Which quality And affordable	Enhancement amount facilities and type of service health	Increase health quality public Program development of a healthy environment The decline sufferers sufferers tuberculosis and dengue fever Prevention And countermeasures infectious diseases Adjust to REVISION OF RPJMD

Source: 2016-2021 RPJMD data

The Sukoharjo Regency RPJMD for 2016 -2021 prioritizes strategy for the health sector in general with *targets* "The realization of quality and affordable health services" is appropriate minimum service standards.

The strategy is a qualitative summary of the programs programs to realize the Vision and Mission are directed towards implementation 2016-2021.

Issuance of Government Regulation No. 2 of 2018 concerning Standards Minimum Services (SPM) and Minister of Health Regulation No. 43 of the Year 2018 About SPM in the Health Sector encourages city districts to

make optimal efforts towards the Tuberculosis program.

Pulmonary TB control is not only the responsibility of the Sukoharjo District Health Service but is the shared responsibility of the entire Sukoharjo District community.

All good potential

from elements of government, institutions, community organizations, organizations professions, the business world, observer and caring groups and individuals

It is hoped that we can synergistically participate and contribute

prevention and control of Tuberculosis. Government Commitment

Sukoharjo Regency related to efforts to prevent and control Tuberculosis refers to the National Strategy which includes 6 main activities, namely:

- a. Strengthening TB Program Leadership in Districts/Cities
- b. Increasing Access to Quality TBC Services with "TOSS-TBC"
- c. Risk Factor Control
- d. Increasing TB Partnerships through the Gerdunas Expert Committee Forum
TB
- e. Increasing Community Independence in Controlling TB
- f. Strengthening Program Management through Strengthening the Health System

The six strategies above have been implemented by the Regency Sukoharjo but it has not been well organized and coordinated so it is necessary to immediately prepare an action plan and issue regulations that can be implemented become a strong basis for prevention and control efforts

Tuberculosis. Strengthening Leadership in P2TBC is illustrated in

issuance of regulations, roles of parties and budgeting of activities. For

There are no regulations directly related to P2TBC yet, but for the sector

RPJMD and Strategic Plan have been published for overall health

Health. The role of the parties in prevention and

Tuberculosis control is depicted in the following chart:

Table 11. Role of parties in preventing and controlling TB

No	Agency/Institution/ element	Role
1	Bappelbangda	<p>Identify parties who have the potential to play an active role in P2TBC activities</p> <p>Facilitate the preparation of RAD Tuberculosis</p> <p>Coordinate the budget allocation to the relevant OPD proportionally for P2TBC at the time</p> <p>preparation of Restaurants and activities musrenbang</p> <p>Monitoring program performance achievements in related OPDs, especially indicators related to P2TBC</p> <p>Facilitate regular cross-sectoral meetings to evaluate program performance and achievement of related indicators</p> <p>P2TBC and report the results to the regent and governor</p>
2	Service Empowerment Villagers	<p>Make efforts to empower the community and potential groups so that they can participate optimally in P2TBC</p> <p>Encourage village governments to pay attention to proportional and sustainable village budget allocations, especially for P2TBC</p>
3	public health Office	<p>Carrying out IEC (Communication Information and Education) to the target so that there is an increase in knowledge and practice of PHBS which leads to P2TBC</p> <p>Increasing the competency of health workers in health facilities so they are able to carry out services related to P2TBC</p> <p>Striving for partnerships with parties who can support P2TBC</p> <p>Integrate matters related to P2TBC services into health facility licensing requirements</p> <p>Encourage all network health facilities and health professional organizations to actively participate in P2TBC both promotive, preventive, curative and rehabilitative</p> <p>Encourage health workers and health facilities to utilize contemporary technology that can provide convenience and effectiveness in program management</p> <p>Facilitate the availability of logistics in the form of</p>

No	Agency/Institution/ element	Role
		<p>health supplies, especially at UPTD related health centers and UPTD Labkesda P2TBC Services</p> <p>Collecting program data and processing data to prepare program performance evaluation materials in cross-sectoral forums</p> <p>Strengthening district health systems and information systems in the TB program</p> <p>Strengthening the community in efforts to provide quality healing and avoid resistant TB</p>
4	Housing Department And Region Settlement	Providing understanding to managers of public buildings and public facilities about the importance of design that can prevent the transmission of Tuberculosis and other infectious diseases
5	Employment Department General	Integrate requirements for healthy public buildings and public facilities in licensing requirements
6	Environmental Service Life	Striving to create a healthy residential environment
7	education authorities and Culture	<p>Facilitate or carry out education through educational or religious channels so that targets understand about P2TBC</p> <p>Integrating health knowledge in the educational curriculum</p> <p>Ensure that schools, dormitories, Islamic boarding schools and boarding schools within their responsibility are free from the risk of Tuberculosis transmission.</p> <p>by creating healthy schools</p> <p>Facilitate TB screening process (Contact Investigation) at the PAUD, SD, SMP & SMA coordinating with Bakorwil</p> <p>Increasing the role of UKS in preventing TB transmission</p> <p>Providing outreach about prevention TB</p>
8	Ministry Regency Religion Sukoharjo	<p>Facilitate or carry out education through educational or religious channels so that targets understand about P2TBC</p> <p>Integrating health knowledge in the educational curriculum</p> <p>Ensure that schools, dormitories, Islamic boarding schools and boarding schools are in place</p>

No	Agency/Institution/ element	Role
		<p>within their responsibilities, they are free from the risk of contracting TB</p> <p>Facilitate TB screening process (Contact Investigation) at the PAUD, SD, <small>middle school, high school</small></p> <p>Increase the role of UKS in prevention of TB transmission</p> <p>Providing outreach about prevention TB</p>
9	Service Industry and Labor	<p>Ensure that work environments, trade environments in the form of traditional markets, modern markets, exhibition buildings, etc. are designed and managed so as to prevent the transmission of tuberculosis</p> <p>Provide leave rights to employees who are undergoing tuberculosis treatment according to the instructions of the medical team</p> <p>Facilitate and/or disseminate information about P2TBC to employees and management</p> <p>Eliminating the stigma regarding TB patients</p> <p>Granting permission for contact investigations in TB cases in the work environment</p>
10	Communications Department and Information	Facilitate publication in web form
11	social services	Facilitate families of underprivileged patients
12	Law part	Facilitate the publication of legal products related to P2TBC
13	Regional Secretary's Welfare Section Sukoharjo	<p>Facilitate hearings and reporting with the Regent, Regional Secretary and Assistant Regent regarding P2TBC</p> <p>Facilitate district level social activities related to the implementation of P2TBC</p>
14	Parts Protocol and Communications Chairman of the Regional Secretariat Sukoharjo	Facilitate publications in the form of billboards, <i>running text</i> etc. related to activities P2TBC
15	PKK Mobilization Teams Integrate	<p>health activities, especially P2TBC in work programs</p> <p>Encourage other parties to play an active role in P2TBC</p> <p>Mobilizing the community through the PKK</p>

No	Agency/Institution/ element	Role
		to carry out TB control
16 SSRs	TB-Care Aisyiyah Sukoharjo	Help increase the case discovery rate (CDR) and patient recovery rate (success rate) in government and non-government health service units with community managers (cadres) Increasing community participation through the formation of a TB care community
17	College	Carrying out research/research related to TB Implementation of community service related to TB Integration and collaboration of TB control programs in students' practical activities (PBL/ PKL/ Internship). Synergize academic activities (discussions, dissemination, seminars/other academic platforms), with prevention programs TB

7. Regional Revenue and Expenditure Budget

a. Total Regional Revenue Budget of Sukoharjo Regency

Total Regional Revenue Budget of Sukoharjo Regency in 2018 it reached IDR 2,286,074,316,000- (Sukoharjo Regency, 2018). The total regional revenue budget for 2019 reached IDR 2,451,965,533,000.-(after changes) and in 2020 it is IDR 2,392,529,962,000.- These funds consist of original income regions, balancing funds and other regional revenues

legitimate.

b. Health Service Budget

In total, the health budget comes from APBD II allocated to the Sukoharjo District Health Service tends to increase, in 2018 the amount was IDR. 198,557,129,000.- and increased in 2019 to IDR 221,827,067,000. but in the following year 2020 experienced decreased to IDR 165,637,443,000 due to The Covid 19 pandemic has resulted in the allocation of funds to each OPD being refocused for handling the pandemic. From

The amount of funds is used to allocate employee spending and goods spending and services, and capital expenditure.

Table 12. APBD II DinKes District Budget. Sukoharjo 2018-2020

TYPE	2018	2019	2020
Shopping employee	84,851,023,000	84,122,623,000	87,999,439,000
Shopping goods and service	89,576,601,000	114,770,668,000	70,040,984,000
Shopping capital	23,332,826,000	21,521,367,000	6,035,124,000
TOTAL	198,557,129,000	221,827,067,000	165,637,443,000

Source: Sukoharjo District Health Service

c. P2 Field Budget

APBD II funds allocated to Sector P2 tend to be experienced a decrease in number, in 2018 it was allocated amount of Rp. 1,634,435,000 while in the following year experienced a decrease in the amount, namely in 2019 amounting to Rp. 1,171,920,000 for the following year experienced a decrease due to refocusing on dealing with Covid 19 thus getting an allocation of IDR 729,095,000.

Table 13. APBD II Budget for P2P District Health Office. Sukoharjo 2018-2020

Sexy	2018	2019	2020
Sexy Surveillance and Immunization	414,345,000	315,880,000	203,930,000
Prevention and Control Section Infectious diseases	620,000,000	556,040,000	397,980,000
Prevention and Control Section Disease No Infectious And Mental Health	600,000,000	300,000,000	127,185,000
TOTAL	1,634,435,000	1,171,920,000	729,095,000

Source: Sukoharjo District Health Service 2020

d. P2PM Section TBC Activity Budget

The budget allocated for TB management sourced from APBD II Sukoharjo Regency and from the Province the number has decreased, in 2018 from APBD II amounting to Rp. 87,418,000 then in 2019 experienced the total decrease reached IDR 32,555,000 and in Year 2020 there was a slight increase, after experiencing Refocusing for handling Covid 19 to IDR 40,845,000.

Table 14. DinKes District TB Activity Budget. Sukoharjo 2018-2020

Type Budget	2018	2019	2020
APBD II	87,418,000	26,550,000	34,365,000
Provincial APBD		3,600,000	6,480,000
Etc (BOK Assignment)		2,400,000	Purchase TCM cartridges 971,905,250
Total	87,418,000	32,555,000	1,012,750,250

Source: District Health Service. Sukoharjo 2020

CHAPTER III

STRATEGIC ISSUES**A. Interests**

Strategic issues are current problems or challenges

This is currently being faced by Sukoharjo Regency in terms of TB control. This problem has a big impact and will become more widespread if it is not resolved immediately, then

Therefore, this strategic issue is made a priority in preparing plans actions and programs and activities that are implemented with hope

This problem can be resolved immediately and completely comprehensive.

B. Strategic Issues for Controlling TB District. Sukoharjo

Results of analysis and identification in controlling TB in Sukoharjo Regency found several strategic issues that must be addressed prioritize namely:

1. TB case detection is still low

Discovery of TB cases, both drug-sensitive TB and TB Drug resistance in Sukoharjo Regency is still low, not yet reached targets determined by the government. Low discovery TB cases result in TB transmission becoming more widespread and will have an impact on the social and economic sectors of society. With the existence of the RAD for TB Control in Sukoharjo Regency It is hoped that case detection will increase due to cross-sectoral involvement and all levels of society carrying out TB control.

2. Implementation of TB Preventive Treatment (PP-INH) is still ongoing Low

TB Preventive Treatment (PP-INH) should be given to risk groups such as healthy children in contact with patients TB and PLWHA who are exposed or not exposed to TB, however in Sukoharjo Regency has not yet implemented this effectively advised. It is hoped that after this the provision of PP-INH will be good for children and PLWHA can be carried out by all health facilities and right on target.

3. Not all health facilities are DOTS standard

For the treatment of TB suspects and treatment of TB patients according to the standards, all health facilities should have implement DOTS standard services. This service will Minimize cases of patients not completing treatment, so that the cure rate will increase and it is hoped that there will be no relapses or drug-resistant patients.

4. There are still some TB sufferers who do not know their status HIV

In accordance with government regulations that all TB patients are obliged to know their HIV status, so health facilities Those who treat TB patients must carry out checks regarding the patient's HIV status so that treatment of TB-HIV patients can be carried out immediately to reduce the spread of transmission HIV in society.

5. Lack of cross-sectoral collaboration (public private mix) in TB control

Inter-sectoral coordination regarding TB prevention resulting in the treatment of TB in Sukoharjo Regency being less than optimal. It is hoped that after this the Health Service will work together sectors and the general public play an active role and can coordinate with one goal to implement TB control in Sukoharjo Regency.

6. There are no regulations regarding TB at the district level

Special regulations related to TB control include: Regent Regulations or Sukoharjo Regency Regional Regulations currently not yet created. Regional Action Plan for Mitigation It is hoped that TBC can be made into a Regent's Regulation so that each Each PD and other institutions have work references and budgets clearly in the control of TB.

7. There is still limited funding for TB from regional sources

So far, funding for TBC activities and programs in Sukoharjo Regency is still assisted by *Global Fund* donors , however This assistance is not always provided to Indonesia. So, every region including Sukoharjo Regency needs it prepare yourself to tackle TB by increase the budget for TB which comes from the Sukoharjo Regency APBD.

8. The success of treatment for drug-resistant tuberculosis is still low

Discovery of TB RO cases in Sukoharjo Regency from 2010 a number of 58 cases with average success treatment is 60.4%. With the existence of a Regent's Regulation It is expected that supervision and monitoring activities will be carried out on patients TBC RO can be improved so that the success rate of TBC RO treatment reaches the set target.

CHAPTER IV

PERFORMANCE INDICATORS AND TARGETS**A. INDICATORS**

To simplify data analysis, indicators are needed as a tool to measure program performance and progress (*marker of progress*), and to assess the progress or success of the TB control program

Several indicators are used, namely: impact indicators, and indicators main.

1. Impact Indicators

It is an indicator that describes the whole the impact or benefits of TB control activities as well is one indicator that can assess success TB control program, and these indicators will be measured and analyzed at the central level periodically, including:

a. TB incidence per 100,000 population

Incidence is the number of new and relapsed TB cases appears over a certain period of time. This figure describes the number of TB cases in the population, not only TB cases who come to health services and reported to the program. This figure is usually obtained through *cohort* or modeling *research* conducted annually by WHO.

b. Death rate due to TB per 100,000 population

TB mortality is the number of deaths caused by TB in HIV negative people according to the revision the latest from ICD-10 (*international classification of diseases*). This figure is different from the data reported in the final results of treatment in the TBC.08 report. In the TBC.08 report, TB cases that die can be due to any cause occurs during TB treatment while TB mortality is the number of deaths due to TB that occurred in population.

Of all the *MDG's* indicators for TB in Indonesia, this is currently new the target of reducing the incidence rate has been achieved, for this it is necessary larger and more integrated efforts so that Indonesia can achieve *SDG's* targets in 2030.

2. Main Indicators

The main indicators are a reference in assessing the achievement of TB control, where this reference is in accordance with the Strategy National TB Control 2020-2024 at the central level, as follows :

a. Coverage of discovery and treatment of tuberculosis

According to the WHO report in 2009, CDR is the proportion of the number of TB cases found by the number incidence of TB cases in that year. Meanwhile coverage on this indicator design so that cases were found to be given treatment according to standards DOTS.

b. Number of tuberculosis cases discovered and treated

Is the number of new and relapsed TB cases found per 100,000 residents, who were given treatment according to DOTS standards.

c. Tuberculosis treatment success rate

This indicator shows the number of patients who has been given treatment according to DOTS standards and is successful completing or completing the treatment given within a certain period of time as recommended by the doctor.

d. Coverage of drug-resistant tuberculosis treatment

This is the number of drug-resistant cases found and recorded in an area. Based on the WHO report, it is estimated that 2.8% of positive BTA cases will become TB RO, and 16% of Retreatment TB cases will become TB RO. Coverage of bacteriologically confirmed TB RO diagnosis only 38% or around 9,180 TB RO cases were confirmed

bacteriologists among 24,000 estimated incident cases of TB RO in Indonesia. (National Strategy for TB Control, 2020)

e. Percentage of drug-resistant tuberculosis patients initiated treatment

Is the percentage of drug-resistant TB patients who start treatment according to standards. Among RO TB cases that were confirmed bacteriologically only around 49% or 4,464 TB RO patients who started treatment. (Stranas TB Prevention, 2020)

f. Success rate of treatment of drug-resistant tuberculosis

Successful treatment in resistant tuberculosis patients medicine is that RO TB patients are declared cured by a doctor after carrying out treatment according to TB RO treatment standards. Treatment success rate in RO TB patients in 2014 were 51%, along with the increasing trend in finding RO TB cases means the trend in numbers treatment success of TB RO patients decreased (74% in 2011 to 49% in 2018). (WHO, 2019)

g. Coverage of finding cases of tuberculosis in children

The total number of pediatric TB cases found in between the estimated number of pediatric TB cases in a country region in a certain period.

h. Tuberculosis patients know their HIV status

In accordance with the National Action Plan for TB-HIV Collaboration 2015-2019, TB patients are targeted for know HIV status, this indicator is used to determine the percentage of TB patients who already know their HIV status compared with TB patients who did not know his HIV status.

i. Percentage of PLWHA who know their tuberculosis status

Increases protection on contacts, people with HIV/AIDS (PLWHA) and other high risk groups from death from tuberculosis. TPT coverage targets for PLWHA is expected to increase from 19% in 2019 to 55% by 2024.

j. Coverage of Tuberculosis Preventive Therapy (TPT)

on household contacts

Providing TPT to all household contacts with bacteriologically confirmed TB patients and PLWHA. TPT is a life-saving intervention for vulnerable humans, realizing requests that require, providing a new, shorter and more effective regimen that is integrated with a TB case finding strategy that is more intensive.

B. PERFORMANCE TARGET

The target of the national TB control program is the elimination of TB in 2035 and Indonesia will be free of TB in 2050.

1. Target Impact Indicators

Table 14. Target Indicators for the Impact of TB Control 2018 - 2024

Source: National Strategy for Controlling Tuberculosis in Indonesia 2020-2024

Indicator	Baseline Targets					
	2018	2020	2021	2022	2023	2024
Incidence tuberculosis per 100,000 inhabitants	319	272	252	231	211	190
Death rate due to tuberculosis per 100,000 resident	35	33	32	31	29	27

2. Main Indicator Targets

Table 15. Main Indicator Targets for TB Control in 2020–2024

Indicator	Baseline	Target						
	2018	2020	2021	2022	2023	2024		
1. Scope of discovery and treatment of tuberculosis 2.	31.9%	80%	85%	90%	90%	90%		
Number of tuberculosis cases discovered and treated	604	1,980	1,980	2,087	2,085	2,082		
3. Tuberculosis treatment success rate 4. Coverage of drug-resistant tuberculosis treatment	99.7%	90%	90%	90%	90%	90%		
	34.2%	42%	60%	70%	75%	80%		
5. Percentage of drug-resistant tuberculosis patients starting treatment	85%	70%	86%	93%	94%	95%		
6. Success rate of treatment of drug-resistant tuberculosis	72.7%	75%	80%	80%	80%	80%		
7. Coverage of finding cases of tuberculosis in children	22.5%	80%	85%	90%	90%	90%		
8. The patient tuberculosis knows his HIV status	60.8%	60%	65%	70%	75%	80%		
9. Percentage of PLWHA who know their tuberculosis status	82%	100%	100%	100%	100%	100%		
10. Coverage of Providing Tuberculosis Prevention Therapy (TPT) to household contacts	NA	11%	29%	48%	58%	68%		

Source: National Strategy for Controlling Tuberculosis in Indonesia 2020-2024

STRATEGY, ACTIVITIES AND OUTCOMES

A. STRATEGY

This chapter will discuss strategies, activities and outcomes or results in implementing the Regional Mitigation Action Plan TB Sukoharjo Regency.

To answer various existing challenges, and achieve stages and targets within 5 years, 6 (six) strategies have been determined main thing that is in accordance with the National Strategy for Controlling TB in Indonesia 2020-2024. These strategies are as follows:

1. Strengthening the commitment and leadership of the central government, provinces, and districts/cities to support acceleration TB elimination by 2030.
2. Increased access to quality and supportive TB services patient.
3. Optimization of promotion and prevention efforts, giving TB prevention treatment and infection control.
4. Utilization of research results and screening, diagnosis and technology TB management.
5. Increased participation of communities, partners and other multi-sectors in TB elimination.
6. Strengthening program management through system strengthening health.

B. PROGRAM OF ACTIVITIES and OUTCOMES

1. Strengthening the commitment and leadership of the central, provincial, and districts/cities to support the acceleration of TB elimination 2030
 - a. Objective

Improving the leadership of District Regional Government Sukoharjo, so that ownership and political commitment are formed concern for the continuity of TB control in Sukoharjo Regency, in the form of regulations and improvements sustainable regional budget allocation
 - b. Activity Program

- 1) Issuance of regional regulations/regent regulations regarding TB control
- 2) Issuance of regulations regarding economic support for patients TB
- 3) Regulations on employment protection for employees who is sick with TB

c. Outer

- 1) There are regional regulations related to TB control (Regent regulations or regional regulations)
- 2) There are regulations regarding economic support for TB patients
- 3) There are regulations regarding employment protection for employees who are sick with TB.

2. Increase access to quality and patient-oriented TB services

a. Objective

To find TB sufferers as early as possible, increase patient compliance in treatment until recovery, provides easy access to TB services and improving quality health services.

b. Activity Program

- 1) All health facilities that treat TB patients are required to do so implement DOTS standards in their health facilities
- 2) Strengthening the system for recording and reporting TB cases routine and continuous
- 3) Technical guidance, supervision and monitoring and evaluation implementation of the DOTS strategy in health facilities
- 4) Involvement of community organizations and patient organizations as Medication Companion (PMO), accompanies TB patients to provide psychosocial support, makes home visits to TB patients to prevent transmission, and tracking of patients lost to follow-up
- 5) Technical guidance, supervision and evaluation monitoring for continuity of treatment for all TB cases

c. Outer

- 1) All health facilities that treat TB patients are appropriate with DOTS standards
- 2) A system for routinely recording and reporting TB cases sustainable
- 3) Technical guidance, supervision and evaluation monitoring on the implementation of the DOTS strategy at health facilities is carried out routinely and well coordinated
- 4) Has involved community organizations and patient organizations as a Medication Companion (PMO), accompanying patients TBC to provide psychosocial support, carry out home visits to TB patients and administering antibiotics to children as a way to prevent transmission, and tracking of patients lost to follow-up has increased both in quantity and quality
- 5) Technical guidance, supervision and evaluation monitoring during Patients undergo treatment regularly and well coordinated

3. Optimizing promotion and prevention efforts, providing treatment TB prevention and infection control

a. Objective

Controlling TB risk factors is aimed at reducing transmission of TB and the incidence of TB disease by making efforts prevention of TB transmission in the community and in facilities Sukoharjo Regency health services.

b. Activity Program

- 1) Providing TB preventive treatment (PP-INH)
- 2) TB outreach to all community groups
- 3) Formation and training of cadres to implement case finding
- 4) Active case finding by contact investigation
- 5) TB screening in school children and certain communities
- 6) Giving BCG immunization to babies to reduce the risk incidence of severe TB in children
- 7) Ensure the implementation of PPI-TBC in health facilities

c. Outer

- 1) Application of PP-INH to healthy children with TB and all PLWHA patients
- 2) TB outreach to the community is carried out regularly and comprehensive with cross-sectoral assistance
- 3) Formation of cadres who have been trained to carry it out finding cases and serving as PMO
- 4) Carrying out active case discovery with investigations contact with TB patients
- 5) TB screening is carried out on groups of school children and particular community
- 6) Carrying out BCG immunization for babies reduces the risk of severe TB in children
- 7) Increasing awareness, willingness and ability of the community and health facilities for clean and healthy living behavior

4. Utilization of research results and screening, diagnosis and technology

TB management

a. Objective

Increasing partnerships through communication forums with parties another to discuss TB control activities. Partnership good efforts from various parties in the fight against TB
It is hoped that it will increase public awareness of the dangers of TB and the importance of prevention through a healthy lifestyle.

b. Activity program

- 1) Establishment of a TB PPM team at district level
- 2) Establishment of a routine and periodic TB coordination forum

c. Outer

- 1) Formation of a TB PPM team at district level to increasing cross-sector and cross-government partnerships program
- 2) The formation of a TB coordination forum and the involvement of members policy makers and stakeholders for routine TB control

5. Increased participation of communities, partners and other multi-sectors in TB elimination

a. Objective

It is hoped that the people of Sukoharjo Regency can participate actively in terms of prevention, control and treatment of TB patients. So that the community is able to increase its independence in controlling TB effectively comprehensive.

b. Activity Program

- 1) Increasing public knowledge about TB
- 2) TB education and development of Communication-Information-Education (KIE)
- 3) Training of TB cadres to carry out close contact tracing patients and collecting sputum suspected of TB
- 4) Monitoring and evaluating TB control activities in public

c. Outer

- 1) Community involvement in every response activity TB
- 2) Implementation of TB education and development of Communication-Information-Education (KIE)
- 3) Training of TB cadres to carry out close contact tracing patient and sputum collection suspected of TB is carried out routinely
- 4) Monitoring and evaluating TB control activities in community is carried out regularly

6. Strengthening program management through strengthening the health system

a. Objective

Strengthen TBC program management for program planning that have been prepared can run well and achieve the targets has been prepared

b. Activity Program

- 1) Increasing the capacity of human resources for TB health through monitoring and supervision of HR performance of the TBC program
- 2) Management of TBC logistics
- 3) TB surveillance
- 4) Maintenance of TBC facilities and infrastructure is carried out
- 5) Developing TB services for TB patients

c. Outer

- 1) There are sufficient human resources for TB health have appropriate competence and capacity
- 2) TBC logistics are available, the type, quantity and specifications are appropriate service needs
- 3) Accurate TB data and information is available on time
- 4) TBC infrastructure is maintained and utilized as it should be
- 5) There is development of better TB services

CHAPTER VI

BUDGET AND FINANCING

Planned programs and activities require a budget sufficient so that it can be implemented according to targets. Budget and financing This is prepared by policy makers involved in TB control activities in accordance with their respective main tasks and functions. The budget and financing in this chapter are drafted

jointly by each policy stakeholder, including PD, NGOs, and other non-profit institutions in Sukoharjo Regency. Program and budget arranged and then proportioned based on the national strategy TB control for the 2020-2024 activity plan.

Budget activities are divided into 6 strategies, next by The Sukoharjo Regency Government, either through the RAD Team, Pokja, or other teams formed, divides the budget for each strategy according to the work program groups proposed by each agency. Table 15 below shows the budget summary financing for TB control in Sukoharjo Regency in 2020-2024 for all policy stakeholders. Budget and financing for the first strategy for 5 years, namely IDR 625,251,855, second strategy amounting to IDR 5,144,309,888, third strategy amounting to IDR 21,454,843,896, the fourth strategy is IDR 1,967,797,920, the fifth strategy is IDR 9,803,053,893, and the sixth strategy is IDR 34,688,224,413. With This is the total budget for the Regional Action Plan for TB control in Sukoharjo Regency it is IDR 38,995,257,451.

Table 15. Summary of Budget and Financing for TB Control in Sukoharjo Regency 2020-2024

No	STRATEGY	Year (Rp.)					Total (Rp.)
		2020	2021	2022	2023	2024	
1	Strengthening TB Program Leadership in Districts/Cities	124,050,000	70,895,000	77,984,500	85,782,950	266,539,405	625,251,855
2	Increasing Access to Quality "TOSS-TB" Services	842,625,000	926,887,500	1,019,576,250	1,121,533,875	1,233,687,263	5,144,309,888
3	Risk Factor Control	3,589,891,863	3,739,919,549	4,343,769,154	4,525,302,654	5,255,960,676	21,454,843,896
4	Increasing Partnerships through the TB Coordination Forum	338,250,000	351,120,000	386,232,000	424,855,200	467,340,720	1,967,797,920
5	Increasing Community Independence in TB Management	1,605,175,000	1,768,992,500	1,942,261,750	2,136,487,925	2,350,136,718	9,803,053,893
6	Strengthening Program Management through Strengthening the Health System	5,677,830,000	6,250,893,000	6,875,982,300	7,563,580,530	8,319,938,583	34,688,224,413
	Total per Year (IDR)	12,177,821,863	13,108,707,549	14,645,805,954	15,857,543,134	17,893,603,364	38,995,257,451

Source: Sukoharjo Regency TB Control Regional Action Plan Team, 2020

CHAPTER VII
EXECUTOR

The implementation of RAD for Regional TB Control cannot be separated from pre-existing legal basis. Apart from that, as implementer, The various existing policy stakeholders are also an important element to be mapped in various strategies to encourage active roles and collaboration between PD and other institutions in the region as implementers of activities.

A. REGULATIONS

Below are the regulations relating to the need for a Plan Regional Actions to Control TB:

- a. Law Number 23 of 2014 concerning Government Area;
- b. Regulation of the Minister of Health of the Republic of Indonesia Number 67 of the Year 2016 concerning Tuberculosis Management;
- c. Regulation of the Minister of Health of the Republic of Indonesia Number 4 of the Year 2019 concerning Minimum Service Standards for the Health Sector
- d. Minister of Health Regulation no. 565/MENKES/PER/III/2011 regarding the National Strategy for Tuberculosis Control.

B. PARTIES INVOLVED

To support the success of the RAD for TB Control in the Regions in 2020-2024, there needs to be involvement and support from various sectors. Each party involved takes a role according to their duties and functions in each institution so that the response program TBC can run smoothly and as intended. In RAD for TB control in this area has two categories of parties-parties involved, namely the main party and supporting parties.

The main party is an institution/institution that has a direct interest in the program. The main party functions as the main determinant in the decision-making process.

Supporting parties are institutions/institutions that do not have it direct interest in the program but have *concerns* and suitability of duties and functions in this case. Supporters can have an influence on the sustainability of the program and provide input for decision making.

Programs and activities at the Regional TB Control RAD

prepared based on six national strategies for controlling TB.

The following are the main parties and supporting parties for each strategy, as listed in Appendix 2.

Strategy 1. Strengthening the commitment and leadership of the central government, provinces, and districts/cities to support accelerated elimination TB 2030.

Main party : Local government

Supporting parties : Regional People's Representative Council;
Regional Secretariat Legal Section; Part
Regional Secretariat's Welfare; Bappelbangda
Area; Regional Social Service; Service
Regional Labor; Companies in the Region.

Strategy 2. Increase access to quality and supportive TB services patient.

Main party : Regional Health Service

Supporting party : Government Area; Organization
society and Swadya Institutions
Societies like SSR TBC-Care
Aisyiyah; All Health Facilities in the Region.

Strategy 3. Optimizing promotional and prevention efforts, giving TB prevention treatment and infection control.

Main party : Local government; public health Office
Area

Supporting parties : Community Empowerment Service and
Regional Village; Regional Secretariat's Welfare Section;
Government Subdistrict local;
Non-Governmental Organizations and
Community organizations related to TB in
Region, Regional Social Service; Commission
Regional AIDS Management, Department
Regional Education and Culture;
Regional Manpower Department; Institution
Education and Higher Education in

Area; Companies in
Region, all health facilities in
Area.

Strategy 4. Utilization of research results and screening technology, diagnosis,
and management of TB.

Main party : Regional Government, Health Service
Area

Supporting parties : Regional People's Representative Council;
Regional Bappelbangda; Welfare Section
Regional Secretariat; Government institutions and
related universities; All health facilities
in the area; Related professional organizations in
Area; Non-governmental organization
and community organizations; TP PKK
Area

Strategy 5. Increasing community, partner and multi-sector participation
others in TB elimination.

Main party : Regional Health Service; Public health center;
TB-related NGOs;

Supporting parties : District Government; social services
Area; Community Empowerment Service
Village; Protocol and Communications Section
Leader Regional Secretariat Area; Service
Regional Communication and Information; Figure
community, religious leaders and cadres;
NGO/community organization.

Strategy 6. Strengthening program management through system strengthening
health.

Main party : Local government; public health Office
Area

Supporting party : Regional Bappelbangda; All health facilities in
Area.

CHAPTER VIII
MONITORING AND EVALUATION

Monitoring/ *monitoring* and evaluation of TB control programs is one of the important management functions to assess program success. Monitoring of TB control programs is carried out periodically and continuously throughout the program, both from *the input, process and output aspects*. The purpose of monitoring is monitor the process of implementing activities regularly, detect problems in the implementation of activities, and take immediate action to prevent and overcome the impacts arising from current problems implementation (Ministry of Health, 2011).

Evaluation of TB control programs is carried out at intervals which takes longer than monitoring, namely after the program is completed held. Evaluation aims to assess the extent of activities have achieved the targets set before the activity ongoing, both in terms of relevance, efficiency, effectiveness and impact and program sustainability (Ministry of Health of the Republic of Indonesia, 2011). Implementation monitoring and evaluation is the responsibility of all levels program implementers starting from Health Facilities, Provincial Government, Regency/City Government to Central Government. Monitoring and Evaluation needs to involve stakeholders involved in the program, so that it does not only involve TB program managers.

Types of data for monitoring and evaluating TB programs can be: quantitative and qualitative data. Data sources that can be used including from routine surveillance (including MDR-TB) in the program TB control, findings from various studies by research groups operational and other research groups including NGOs, and evaluation ones conducted by international organizations and other external evaluations that are specific to TB control program components, as well as compare the findings with established TB indicators by Sukoharjo Regency.

In carrying out monitoring and evaluation activities, it is necessary the principles of public accountability and transparency are applied so that results findings can be known openly. Dissemination can be done to: policy makers, program managers and the public through

various medians of information. The results of monitoring and evaluation are very good important for planning the next program so that it can be carried out efforts to improve the TB control program.

Monitoring and evaluation (Monev) of the Regional Action Plan program TB control in Sukoharjo Regency is carried out by the Team Monitoring and Evaluation established by the Regent and determined by Regent's Decree. Monitoring and evaluation of the TBC RAD program is carried out once a year at the end of the year. Apart from activities Monitoring and evaluation, there is a need for internal guidance and supervision implementation of the TB program. In accordance with Minister of Health Regulation no. 67 of 2016 regarding TB Control, for program guidance and supervision TBC must be implemented by the Minister, governor and regent/mayor accordingly with their respective duties, functions and authorities through supervision, monitoring and evaluation activities (Ministry of Health of the Republic of Indonesia, 2016). The report from the Monev Team is then submitted to the Regent of Sukoharjo Regency, taking into account the indicators below:

Things that need to be considered when monitoring and evaluation is:

A. TB Recording and Reporting

A good and correct TB recording and reporting system is very important to obtain valid information so that it can be processed, analyzed and presented as a basis for monitoring and evaluation for improvement program. The recording and reporting system that is already running in Sukoharjo Regency is using an Information System Integrated Tuberculosis (SITT).

B. TB program indicators

As a basis for knowing the success of a program, it is necessary the existence of indicators as a means of measuring performance. Several indicators are used to assess the progress and success of the TB program, namely impact indicators, main indicators and operational indicators.

1. Impact Indicators

Is an indicator that describes the overall impact or benefits of TB control activities. Indicators of the impact of TB on Sukoharjo Regency is:

a TB Incidence Rate

b TB Mortality Rate

2. Main Indicators

It is an indicator used to assess achievement national strategy for controlling TB at the district/city level, Provincial and Central. The following are the main indicators in Sukoharjo Regency:

- a. Coverage of discovery and treatment of tuberculosis
- b. Number of tuberculosis cases discovered and treated
- c. Tuberculosis treatment success rate
- d. Coverage of drug-resistant tuberculosis treatment
- e. Percentage of drug-resistant tuberculosis patients initiated treatment
- f. Success rate of treatment of drug-resistant tuberculosis
- g. Coverage of finding cases of tuberculosis in children
- h. Tuberculosis patients know their HIV status
- i. Percentage of PLWHA who know their tuberculosis status
- j. Coverage of Tuberculosis Preventive Therapy (TPT) in NA's household contact

CHAPTER IX
CLOSING

It is hoped that this TBC RAD document can be used as a reference until 2024 so that mitigation activities can be carried out good TB in the Region while realizing TB Elimination and also a TB Free Indonesia 2050. Regional TBC RAD 2020-2024 can be used by stakeholders involved in the TB program to improve ability to analyze situation developments, program planning TB control activities in the Region. By seeing TB problems involving various sectors, then in planning and implementation of RAD TBC, serious coordination and integration and synergy between activities in each PD must be takes priority. Partnership between government and community and engagement The private sector is one of the key factors in the success of TB control in the region. This action plan is a document important and as a reference in policy making by stakeholders policies and serve as guidelines for every planning and implementation comprehensive and complete TB control activities for all regional layers of society.

Set in Sukoharjo
on

REGENT SUKOHARJO,

WARDOYO WIJAYA