Lessons learned:

Indonesia
1. What were the main lessons you learn from the field visit?

a. Well preparation, excellence organizing, good teamwork especially with the local team, and the people in cluster sample very enthusiasm.

  • Day 0: preparation for the census (clarify listing the of households, mapping operation, and discuss the block boundary)

  • Day 1: census-day (one person numbering and sticking the household base on the list of household, if the person found the household not on the list the additional household will be add up, the other team members follow by updating and identifying the eligible respondent in each household, and giving the invitation letter to come to the survey site.
• Day 2: Screening and taking sputum at the survey site (they are starting by filling the ID-number, name, sex, in the questionnaire then asking signing inform concern after explain the survey, interviewing the symptoms and x-ray screening for identifying the tb suspect, and take the sputum)

• In Goup A: 13 persons out of 284 are tb suspect and all of them screening by x-ray

• In Group B: 29 persons out of 230 are tb suspect and most of them screen by x-ray
2. What components of the Cambodian survey operation can be directly applied in your own survey?

• Mostly the survey operation will be adapted in Indonesia
  – Census operation (D1),
  – Screening operation (D2-..)
3. What component of the Cambodian survey operation will need to be adapted in your country and what adaptation will you make?

Preparation:

• Firstly, in preparation we will use 2010 Population Census result of list of household and household member and cluster mapping

• Secondly, local government (statistical staff) will do pre-survey for updating the list of household and mapping.
• We will involving more local people such as village staffs and volunteers
• Sending sputum from cluster site will use all possible transportation mode (aeroplane, delivery agent, charter car, etc)