Supplementary File 1. Interview/FGD Guideline

Interview/FGD Guideline: Implementing the Collaborative Framework for TB-DM in Central Java, Indonesia: Barries and Challenges from TB-DM Patient's Perspective

Participant:

1. The representative of TB-DM patients
2. The representative of DM-TB patients
3. Facilitator/Moderator: 1 person
4. Minutes: 1 person
5. The main researcher as an observer of the discussion

OPENING/ INITIAL INFORMATION

1. Thank you for the presence and active participation of the participants.
2. Introduction of the team involved in the FGD (moderator, note taker, observer)
3. The moderator conveys the information that:
   a. This FGD was conducted as a stage in research on efforts to strengthen the integration/collaboration of TB-DM services. The research team consisted of several people with medical and public health backgrounds.
   b. The discussions were not held to get an agreement, nor about the assessment of right and wrong, but to get as many treasures of opinions and information as possible. Therefore, participants are expected to be able to freely express their different opinions and experiences. Participants who take part in the FGD are guaranteed the confidentiality of their identities.
   c. In this FGD, a narration will be presented which will be read/shown in several parts to become a trigger for discussion.
4. The moderator reads the general rules:
   a. The moderator is in charge of leading the discussion and directing the flow of discussion so that it focuses on the main problem, takes place in an orderly manner, and is comfortable for all parties.

b. All participants are expected to be active and respond to questions and statements by moderators and other participants.
c. All participants are expected to maintain order in the discussion.
d. Participants can express their opinions after raising their hands and or being invited by the moderator and not interrupting other participants.
e. Before speaking, participants mention the name and origin of the institution to make recording easier.
f. During the discussion, communication tools are expected to be in silent mode.

5. Introduction to participants

DISCUSSION

Trigger 1

The narration was read about the burden of TB-DM in the world and in Indonesia.

Indonesia is now experiencing a double burden disease condition, where there is an increase in the burden of non-communicable diseases but also still has a burden of infectious diseases. One example of a situation that is currently of concern is the comorbidity of TB and DM or the occurrence of both TB and DM in a patient. This condition can continue to increase along with the increasing number of people with DM worldwide.

Question 1: What do you know about TB-DM Comorbid Conditions?

Purpose: to explore the knowledge and awareness of TB and DM patients

Sub-questions:

1. What are the risk factors for DM and TB? Are the two related?
2. Based on your experience, what are the differences in the severity, difficulty and needs of TB-DM patients compared to ordinary TB or DM patients?
3. How chronologically you are known to suffer from TB-DM?
4. How did you feel after knowing that you had TB-DM?

Question 2: How is the implementation of TB and DM services in your current health care services/health facility? (screening, diagnosis, management, referral) Objective: explore existing practices that are currently running

Sub-questions:

1. What is your experience in receiving TB-DM treatment at a health facility?
2. How is the flow of services that you live at the Public Health Centre/Primary Health Centre/*Puskesmas*, Secondary Level of Integrated Health Care Provider/*Balkesmas* and or at the hospital? (positive and negative experiences)
3. How did you feel while receiving treatment for TB-DM?
4. Who helps or supports you in going through the entire process of screening and treatment for TB-DM? What is the role of these parties/organisations in helping you?
5. How is TB-DM screening in your current health facility/health care services? How is bi-directional screening implemented? method, frequency, scheduled or sporadic, is there a reminder system, etc.
6. Do you know any policies related to TB-DM service collaboration (guidelines/guidelines, SOPs, etc. related to screening, management, referrals, etc.)?
7. Do you know how TB-DM comorbid management in your current health facility/health care services?
8. Do you know any role between departments/professions in serving TB-DM patients at your current health facility/health care services?
    a. Is there a case manager and what is his or her role?
    b. How is the coordination with the hospital/*puskesmas*/*balkesmas* in managing TB-DM patients?

Trigger 2

Information is presented regarding the existence of CF TB-DM (WHO, 2011) and policies/guidelines that apply in Indonesia and the results of evidence mapping and systematic reviews that have been carried out (slide powerpoint).

Question 3: What obstacles/barrier/challenges have been or may be faced in TB-DM management?

Probing on resources: treatment, cost, screening

Sub-questions:

1. Are there any obstacles experienced in the treatment of TB-DM? What do you and the HCW do when you encounter these obstacles? Probing on therapy received, education/consultation/counseling obtained, examination obtained, and so on.
2. In terms of financing TB-DM treatment, are there any obstacles?
3. How much have you spent on TB-DM treatment so far? (direct and indirect costs)
4. What are your expectations in receiving TB-DM treatment services that have not been fulfilled so far?
5. What are the things that make TB-DM Service Collaboration possible in Semarang City/District of Jepara/District of Klaten/District of Pati? (Strength, opportunity)
6. Do you know how programme financing, Global Fund, and BPJS affect integrated TB-DM services?
7. Do you know any solution to solve the problem of implementing TB-DM collaboration with the existing potential (strengths and weaknesses)?

CLOSING

Thank-you note.

At this point, kindly share your questions if you have any.

Thank you all for your active participation in today's discussion. Your inputs will be considered for developing an integrated programme for TB and DM co-management.

THE END