MINISTRY OF HEALTH
REPUBLIC OF INDONESIA
DIRECTORATE GENERAL OF DISEASE CONTROL AND ENVIRONMENTAL HEALTH

Jl. Percetakan Negara No 29 Jakarta Pusat 10560
PO Box 223, Telp. (021) 4209930, Fax : (021) 4207807

19 August 2010

Number : PR.02.03/D/II.3/1036/2010
Encl : Revised APR 2009

Julian Lob-Levyt
Executive Officer
Global Alliance for Vaccine and Immunization
c/o UNICEF Building Palais de Nation
CH -1211 Geneva 10, Switzerland.

Subject : Revised APR 2009 from Indonesia

Dear Dr . Lob - Levyt,

Thank you very much for your letter number *GAVI/10/191/rt/rk/sc* dated 19 July 2010 regarding Indonesia's 2008 & 2009 Annual Progress Reports to the GAVI Alliance. In response to your comments, following we would like to mention that we have reviewed the APR and agree with your comments on APR 2009. Accordingly we have revised the documents taking consideration of your comments and recommendations.

As required, we submitted here the additional information regarding the insufficient of information, inconsistent of financial statement and the activities report for first half of the year 2010 of HSS component. We put the additional information in each activities in Table 12 and at the Financial Statement. We will be happy to provide any further documents or information you may require in support of the APR.

Thank you once again for your continued support.

Best regards,

Sincerely yours,

Prof.Dr. Tjandra Yoga Aditama
Director General

CC :

1. WHO Representative to Indonesia
2. UNICEF Representative to Indonesia
3. DG of DC and EH, MoH, Indonesia
4. DG of CH, MoH,Indonesia

Secretariate of Directorate General DC & EH Telp. 4209930
Direktorat of Direct Transmitted Disease Control Telp. 4240538
Directorate of Vector Borne Control Telp. 4247573

Directorate of Immunization and Quarantine Telp. 4240611
Directorate of Non Communicable Disease Control Telp. 420094
Directorate of Environmental Health Telp. 424577

Revised Progress Report 2009

Submitted by

The Government of

Republic of Indonesia

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 19 August 2010

Deadline for submission: 20 August 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year*

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*] Indonesia

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authorities.

Minister of Health (or delegated authority):
Dr. Andi Muhadir, MPH
Title: Director of Immunization and Quarantine

Signature: .....

Date: August 19th , 2010

Minister of Finance (or delegated authority):
DR. Maurin Sitorus
Title: Director of Funds,

Signature: .....

Date: August 19th , 2010

This report has been compiled by:

Full name : Dr. Theresia Sandra D. Ratih, MHA Position : Head of Sub Direct. Immunization Telephone : 62-21-429024 E-mail : t.sandra.d.ratih@gmail.com	Full name : Dr. Wistianto Wisnu, MPH Position : Secretary of the DG of CH Telephone : 62-21-5221226 E-mail : sesditjenbinakesmas@yahoo.com
Full name : Dr. Lily S. Sulistyowati, MM Position : Chief of Health Promotion Centre Telephone : 62-21-5221224 E-mail : promkes@depkes.go.id	

HSCC Signatures Page

If the country is reporting on HSS, CSO support

This report on the GAVI Alliance HSS Support has been completed by:

Name: Dr. Wistianto Wisnu, MPH

Post : Secretary of the DG of CH

Organisation:. Ministry of Health (MOH)

Date: August 19th , 2010

Signature:

.....

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: dr. Ratna Rosita, MPHM

Post : Chairman of HSCC

Organisation:. Ministry of Health (MOH)

Date: August 19th , 2010

Signature:

.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), dr. Ratna Rosita, MPHM..... *[insert name]* endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organisation	Signature	Date
Jan Andrianto H.	TP.PKK Pusat	[signature]	18/08/10
Azizah Aziz	Konsorsium	[signature]	18/08/10
Mulyono Adi	Kuwarsa	[signature]	18/08/10
Tuminah Wiratnoko.	IBI	[signature]	18/08 10.
L.M. Margaretha.	Perdhaki	[signature]	18/08-10
Nani Yulianti	Perdhaki	[signature]	18/8 10
Andre Abdurrahiem P.	Konsorsium	[signature]	18/08 10
Imam Subekti.	Dit. Kem - PKPP...	[signature]	18/8
Evendy Sialam	Dit. PH/Bijan	[signature]	18/8.
Fatni Sulani	Dit Bina Kes Anak	[signature]	18/8.
Lily S.	Promkes	[signature]	18/8.
Bayu Teja M	Renren	[signature]	18/8.
Bambang Wispryo	Plan US	[signature]	18/8

6 Annual Progress Report 2009

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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Annual Progress Report 2009: Table of Contents

This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

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APR Section	Table N°	Where-about	Title
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5.8	Table 15	APR form	Indicators listed in original application approved
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7.	Table 21	APR form	Checklist of a completed APR form

List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
	Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)	3.5
	New cMYP for the years	3.6
	Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years..... (if not included among the above listed minutes)	3.6
	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report	5.1.8
	Latest Health Sector Review Report	5.1.8
	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
	CSO mapping report	6.1.1
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	External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

1. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[1] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

[1] All available at http://www.gavialliance.org/performance/evaluation/index.php

1.1 *Information relating to this report*

1.1.1 Government fiscal year (cycle) runs from January 2009 to December 2009.
1.1.2 Duration of current National Health Plan is from January 2010 to December 2014.
1.1.3 Duration of the current immunisation cMYP is from February 2007 to January 2011
1.1.4 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
The Secretary of Directorate General of Public Health	DG of Public Health	Program Manager of GAVI HSS	……
Head of Bureau of Planning and Budgeting	Secretariate General of Ministry of **Health**	Coordinator of Technical Team **of GAVI Phase II**	Suseno2002@gmail.com
Focal point for any accounting of financial management clarifications:			
Finance Officer	DG of Public Hea\lth	Endorsement of Financial Report	wiwiek- puji@yahoo.co.id
Other partners and contacts who took part in putting this report together:			
Director of Immunization and Quarantine	DG of DC & EH	Authorized Project Manager **of GAVI Phase II**	a.muhadir@yahoo.com
Head of Bureau of Planning and Budgeting	Secretariate General of Ministry of **Health**	Coordinator of Technical Team **of GAVI Phase II**	Suseno2002@gmail.com
ead of GAVI Indonesia Secretariate	Directorate of Immunization and Quarantine	Administrative Manager **of GAVI Phase II**	Sayuti_amatkayat@yahoo.com
Liaison Officer of GAVI HSS 2009	Secretariate Directorate General of Public Health Ministry of **Health**	Administrative Manager of GAVI HSS	wwijono@yahoo.com

1.1.5 Please describe briefly the main sources of information used in this HSS report and how Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.]*

Sources of Information, important issues

No.	Source of Information	Important Issues	Remark
1	2	3	4
	DG of Disease Control & Environmental Health	Project Implementing Manual Phase II	
	Directorate General of Public Health	Technical Guidance of GAVI HSS	
	Directorate of Immunization and Quarantine	Coverage of DPT 3 Immunization	Accuracy and validity could be questionable due to incompleteness and timely delayed, Since the decentralization policy, district level could not report to the central level
		Coverage of District with DPT 3 > 80 %	Accuracy and validity could be questionable due to incompleteness and timely delayed, After the decentralization policy, the reports to the central level was not compulsory
	Directorate of Maternal Health	Activity reports	Reviewed activity reports by Director of Maternal Health
	Directorate of Child Health	Activity reports	Reviewed activity reports by Director of Child Health
	Directorate of Community Health	Activity reports	Reviewed activity reports by Director of community Health
	Secretariat Directorate of Public Health	consolidated reports (both technical and financial reports)	Reviewed technical and financial reports from Technical Units (Directorate of Maternal Health, Directorate of Child Health, Directorate of Community health)
	Center of Data and Surveillance	Secondary data : Number of Health Center, No of Midwife, No of Village, No of Cadre, No of Religious leader/Community Leaders	Accuracy and validity could be questionable due to incompleteness and timely delayed, Since the decentralization policy, district level could not report to the central level
	Provincial Health Office, District Health Office	Number of Health Center, No of Midwife, No of Village, No of Cadre, No of Religious leader/Community Leaders K1	Accuracy and validity could be questionable due to incompleteness and timely delayed, Since the decentralization policy, district level could not report to the central level

1.1.6 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

There was not much problem during preparation of this report. The difficulties that are worth sharing with GAVI HSS to improve future reporting are the coverage of data, validity/correctness, timely report have become the biggest challenges in putting together the report. Also decentralization dramatically changed the mobility & capacity of health personnel. The used of information technology for data processing & analyses of various existing data (PHC Report and Recording System/ SP2TP, National Socio Economic Survey (Susenas) 2004, Primary Health Care Research (Riskesdas) has become another challenge.

MOH will take necessary major to improve project staff skill to have a good English (writing, reading and speaking), skill in using Information & Technology that enable them to do the project task appropriately.

We recommend that HSS report could be integrated to the existing reporting & monitoring system in the National system, such as Monitoring Form from National Planning and Development Board reporting & monitoring system, Government Regulation No. 39/2006, President Instruction No. 1/2010 and No. 3/2010.

1.1.7 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?
In 2009 there were two meetings, there were on15 May and 14 September 2009. Attached the minutes of meeting of HSCC (HSS-01 and HSS-02).

1.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)		7.961.000	16.866.397	0					
Revised annual budgets (if revised by previous Annual Progress Reviews)	-	-	-						
Total funds received from GAVI during the calendar year		7.691.000	270.000	0					
Total expenditure during the calendar year		0	397.852	0					
Balance carried forward to next calendar year		7.691.000	7.563.148	7.563.148					
Amount of funding requested for future calendar year(s)					16.866.397				

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

There was little delay of disbursement of first installment, but eventually it didn't have any programmatic implications. The first installment was disbursed and received on 6 October 2008 and the balance unpaid on first installment received on 27 March 2009.

Table 12: HSS activities in the 2009 reporting year

1.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Major Activities	**Planned Activity for 2009**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: Community mobilized to support MCH		
Activity 1.1:	Assessment and mapping of existing situation relating to community activities in the selected provinces	Disbursement rate : 0% Formal structured assessment is planned to be implemented in September 2010. Activities remain the same as approved plan. In order to initiate the planned activities, some preliminary analysis has been carried out using available secondary data; such as total number of health centre, sub-health centre, village integrated service post, total number of health personnel, total number of cadres, attended delivery rate per district
Activity 1.2:	Selection of cadres (CHWs) within their own communities and village level training of cadres using existing training materials	Disbursement rate: 0% Activities remain the same as approved plan. Based on preliminary assessment using secondary data, there will be 31.780 village cadres trained in 2010
Activity 1.3:	Development, procurement and distribution of IEC materials and equipment including Buku KIA (MCH handbook)	Disbursement rate: 2% Activities remain the same as approved plan Activities implemented limited to the serial meetings in preparing the MCH's handbook development for Eastern Provinces, procurement process, Immunization campaign. Those mentioned activities will be continued through 2010 and 2011.
Activity 1.4:	Sensitization of community and religious leaders to MCH issues including immunization, and the role of cadres	Disbursement rate: 0% Activities remain the same as approved plan The planned activity will be implemented in 2010
Activity 1.5:	Provision of small grants for the operational costs of community level collective action	Disbursement rate: 0% Activities remain the same as approved plan The planned activity will be implemented in 2011 (Second installment) .

Objective 2: Management capacity of MCH personnel improved		
Activity 2.1:	Needs assessment by MoH/ PHO/ DHO staff of MCH management issues at district and puskesmas levels	Disbursement rate: 4% Activities remain the same as approved plan The activities have been started at central level with preparatory meetings and preliminary data collection to identify target groups, number of targets, and issues identification for management training.
Activity 2.2	Advocacy by MoH/POH staff to district administration and political leaders for adequate budgetary support of MCH activities	Disbursement rate: 0% Activities remain the same as approved plan
Activity 2.3	Development and distribution of management guidelines, tools (such as supervision)	Disbursement rate: 0% Activities remain the same as approved plan
Activity 2,4	Plan, design and conduct training of district Training Teams who will perform the team training at puskesmas level	Disbursement rate: 11% Activities remain the same as approved plan Activities at central level have been started with training for provincial levels. Following are the activities accomplished during the reporting period: - Reviewed of health centre management guidelines - Reviewed of training modules and curriculum of health center management - TOT of health center management (20 trainers from the provincial level have been trained out of 4 provinces) - TOT of IMCI (30 facilitators at the provincial level have been trained - TOT of Maternal and Perinatal Audit (AMP) : (27 facilitators from the provincial level have been trained) - Orientation of Birth Preparedness and Complication Readiness (50 facilitators at the provincial level have trained, 2 person from CSO/PKK, Midwife organization from each province
Activity 2,5	Puskesmas team training in micro planning, supervision, M&E, surveillance and managing community development	Disbursement rate: 0% Activities remain the same as approved plan There was no disbursement, some preparatory activities, like review of training modules have been done in activity 2.4. The training activities will be conducted in 2010.
Activity 2,6	Provision of operational cost to support implementation of improved management in the topics of the team training	The activities have not been executed (second installment) Activities remain the same as approved plan
Objective 3: Partnership formed with non-government agencies		
Activity 3.1:	Identification of partners, development of action plans, formulation of MOUs	Disbursement rate: 17,18% Activities remain the same as approved plan

		The activities have started with partners identification, included profesional organization (Indonesian Pediatrician Assosiation, Indonesian Midwife Accosiation, Indonesian Obstretrict and Gynecology Assosiation, Indonesian Medical Assosiation), community organization (Women Organization of Family Welfare, Indonesian Scout Movement, Faith Baised Organizatione, Private Sector Health Care Delivery Facilities). Planning and advocacy events organized on CSO's partnership issues.
Activity 3,2	Strengthening coordination, implementation of MOU, including regular consultations and joint monitoring and evaluation	Disbursement rate: 0% Activities remain the same as approved plan
Activity 3,3	Engaging private sector partners in MCH service delivery, including orientation to government policies on MCH, and sensitization of TBAs and private midwives	Disbursement rate: 0% Activities remain the same as approved plan
Objective 4: Operational research on critical barriers performed		
Activity 4,1	Pilot project on contracting health service provision for an under-served locality in Papua	Disbursement rate: 0% Activities remain the same as approved plan Preliminary discussion on preparation of contracting health service provision for an under-served locality in Papua with related technical units and universities has been conducted.
Activity 4,2	Operational research on incentives for cadres and salaried staff of puskesmas	Disbursement rate: 0% Activities remain the same as approved plan Preliminary discussion on preparation of Operational research on incentives for cadres and salaried staff of puskesmas with related technical units and universities has been conducted.
Support costs		
	Management costs	Disbursement rate: 50% Activities remain the same as approved plan The management cost covered : - Central (HSS, CSO, ISS) and provincial levels management team responsible for coordination, financial and activity monitoring, report collection and compilation; - Socialization to provinces and districts - Convening technical (HSS, HSCC) meetings - Administration - Office supplies and computer consumables

	M&E support costs	Disbursement rate: 0% Activities remain the same as approved plan There was no disbursement, some of activities has been conducted : - Preparation of guidance and tools of M&E. - Regular meetings
	Technical support	Disbursement rate: 0% Activities remain the same as approved plan Preliminary discussion of TA for the preparation of contracting health service provision for an under-served locality in Papua with related technical units and universities has been conducted and the operational research on incentives for cadres and salaried staff of puskesmas

5.4 Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year :

Following activities undertaken to support effective management of GAVI HSS funds in 2009:

- Recruitment staff (central and provincial level): Liasion Officer of HSS, planning, administrative ad financial staff
- Development of technical guidance for GAVI HSS
- Review detail budget of HSS at the central level
- Detail budget planning for each province, each district for GAVI HSS at province and districts level.
- Socialization of GAVI HSS and guidance to central, provincial and districts level.
- Procurement of esential logistics for secretariat GAVI
- Coordination Meetings

In coming year :

- Approval detail budget at provincial and district levels
- Coordination Meetings at central, provincial level.
- Conducting HSCC Meetings and technical meetings
- Strengthening HSCC and technical coordination team's supporting roles in M & E.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

Inputs that were required for supporting M&E activities in the reporting year as follow:

- The existing national M & E structures and resources.
- Project Implementation Manual of GAVI Phase II.
- Technical guidance of GAVI HSS. The DG of Community Health No: HK.03.05/B.I.5/723/2010.

- The guidance of M&E (format of MCH activities and fund, monthly reports, quarterly reports for villages, health centers, districts health office, provincial health office and central level)
- Existing data and information: monthly, quarterly, annually report of GAVI HSS.
- Minutes meeting of HSCC meetings and minutes meeting of monthly coordinating meetings.
- Incooperation of HSS indicators, within the national M& E system.

Support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments :

- strengthening the capacity of manpower, recording and reporting system
- supervision by central to 5 provinces and districts, supervision by provincial to districts,
- Monthly and quarterly meeting of M&E report.
- Regular Monthly Technical coordination meeting of the implementation of GAVI HSS.
- Regular HSCC coordination meeting.

Reporting, Monitoring & Evaluation System :

- Workshop on evaluation of indicator of performance, outputs and outcomes
- Develop management indicator : Input, Process, Output and Outcome Indicators
- Define Program Indicators for MCH, Child Heat and Community Health
- Tool & Instrument Development
- Recording and reporting:Data and information of performance activities and budget disbursement report (monthly, quarterly and annually) should be recorded and reported accuracy, completely, accountable, timely from village to health centre, districts, province and central level.
- Mechanism : Routine, Spot Check, Survey, Midterm review of progress of the implementation of GAVI HSS.
- Assesment of sustainability of local government support

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasis the use of partners as well as sustainable options for use of national institutes:

TA to support programmatic implementation :

1.TA to support programmatic implementation : University contracted to provide technical assistance to identify parties, design contract, and monitor performance of pilot contracting of NGO provided in Papua.
2. University contracted to manage pilot of incentives for cadres and salaried staff. The proposed institution is the Indonesia University, Gajah Mada University, Education and Training Centre, the other related sectors.
3. TA for assessment and mapping of existing situation relating to community activities
4. TA for Audit Maternal Perinatal

TA to support M& E :

1. TA to develop strategic planning, final report
2. TA to link input, activities, output, outcomes and impact indicators

TA may be requested from UN Agencies like UNICEF, WHO

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2009

Major Activities	Planned Activity for 2009	Original budget for 2009 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Expenditure budget up to December 2009	Revised budget for 2009 (proposed)	Explanation of differences in activities and budgets from originally approve application or previously approved adjustments
		$ USD	$ USD	$ USD	
Objective1	**Community mobilized to support MCH**	3.665.257	24.204	3.665.257	
Activity1.1	Assessment and mapping of existing situation relating to community activities in the selected provinces	1.036.475	0	1.036.475	
Activity1.2.	Selection of cadres (CHWs) within their own communities and village level training of cadres using existing training materials	1.014.945	0	1.014.945	
Activity 1.3.	Development, procurement and distribution of IEC materials and equipment including Buku KIA (MCH handbook)	1.253.836	24.204	1.253.836	
Activity 1.4.	Sensitization of community and religious leaders to MCH issues including immunization, and the role of cadres	360.000	0	360.000	
Activity 1.5.	Provision of small grants for the operational costs of community level collective action	0	0	0	
Objective 2	**Management capacity of MCH personnel improved**	*2.626.169*	97.174	*2.626.169*	
Activity 2.1	Needs assessment by MoH/PHO/DHO staff of MCH management issues at district and puskesmas levels	554.727	21.182	554.727	
Activity 2.2	Advocacy by MoH/PHO staff to district administration and political leaders for adequate budgetary support of MCH activities	205.459	0	205.459	
Activity 2.3	Development and distribution of management guidelines, tools (such as supervision	21.858	0	21.858	
Activity 2.4	Plan, design and conduct training of district Training Teams who will perform the team training at puskesmas level	707.721	75.992	707.721	
Activity 2.5	Puskesmas team training in micro planning, supervision, M&E, surveillance and managing community development	1.136.404	0	1.136.404	
Activity 2.6	Provision of operational cost to support implementation of improved management in the topics of the team training	0	0	0	
Objective 3	**Partnership formed with non-government agencies**	584.180	33.910	584.180	

Activity 3.1	Identification of partners, development of action plans, formulation of MOUs	197.333	33.910	197.333	
Activity 3.2	Strengthening coordination, implementation of MOU, including regular consultations and joint monitoring and evaluation	279.366	0	279.366	
Activity 3.3	Engaging private sector partners in MCH service delivery, including orientation to government policies on MCH, and sensitization of TBAs and private midwives	107.481	0	107.481	
Objective 4	**Operational research on critical barriers performed**	85.246	0	85.246	
Activity 4.1	Pilot project on contracting health service provision for an under-served locality in Papua	42.623	0	42.623	
Activity 4.2	Operational research on incentives for cadres and salaried staff of puskesmas (Health Center)	42.623	0	42.623	
Total Activity		6.960.852	155.288	6.960.852	
SUPPORT ACTIVITIES		1.000.000	0	1.000.000	
Management		480.874	242.564	480.874	
M&E		476.410	0	476.410	
Technical		43.716	0	43.716	
Total		**7.960.852**	**397.852**	**7.960.852**	**Total funds might be not same with the Financial Statement due to the differences of the rates of Dollar in the first receiving (2008) and second receiving (2009).**

Table 14. Planned HSS Activities for next year (ie. 2010 FY) ***This information will help GAVI's financial planning commitments***

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	Explanation of differences in activities and budgets from originally approve application or previously approved adjustments
		$ USD	**$ USD**	
Objective1	**Community mobilized to support MCH**	**3.641.052**	**3.641.052**	
Activity1.1	Assessment and mapping of existing situation relating to community activities in the selected provinces	1.036.475	1.036.475	

Activity1.2.	Selection of cadres (CHWs) within their own communities and village level training of cadres using existing training materials	1.014.945	1.014.945	
Activity 1.3.	Development, procurement and distribution of IEC materials and equipment including Buku KIA (MCH handbook)	1.229.632	1.229.632	
Activity 1.4.	Sensitization of community and religious leaders to MCH issues including immunization, and the role of cadres	360.000	360.000	
Activity 1.5.	Provision of small grants for the operational costs of community level collective action	0	0	
Objective 2	**Management capacity of MCH personnel improved**	**2.528.995**	**2.528.995**	
Activity 2.1	Needs assessment by MoH/PHO/DHO staff of MCH management issues at district and puskesmas levels	533.545	533.545	
Activity 2.2	Advocacy by MoH/PHO staff to district administration and political leaders for adequate budgetary support of MCH activities	205.459	205.459	
Activity 2.3	Development and distribution of management guidelines, tools (such as supervision	21.858	21.858	
Activity 2.4	Plan, design and conduct training of district Training Teams who will perform the team training at puskesmas level	631.729	631.729	
Activity 2.5	Puskesmas team training in micro planning, supervision, M&E, surveillance and managing community development	1.136.404	1.136.404	
Activity 2.6	Provision of operational cost to support implementation of improved management in the topics of the team training	0	0	
Objective 3	**Partnership formed with non-government agencies**	**550.270**	**550.270**	
Activity 3.1	Identification of partners, development of action plans, formulation of MOUs	163.423	163.423	
Activity 3.2	Strengthening coordination, implementation of MOU, including regular consultations and joint monitoring and evaluation	279.366	279.366	
Activity 3.3	Engaging private sector partners in MCH service delivery, including orientation to government policies on MCH, and sensitization of	107.481	107.481	

	TBAs and private midwives			
Objective 4	**Operational research on critical barriers performed**	85.246	85.246	
Activity 4.1	Pilot project on contracting health service provision for an under-served locality in Papua	42.623	42.623	
Activity 4.2	Operational research on incentives for cadres and salaried staff of puskesmas (Health Centre)	42.623	42.623	
Total Activity		**6.805.563**	**6.805.563**	
SUPPORT ACTIVITIES		**758.436**	**758.436**	
Management		238.310	238.310	
M&E		476.410	476.410	
Technical		43.716	43.716	
Total		**7.562.999**	**7.562.999**	

Table 14A. Planned HSS Activities for next year (ie. 2011 FY) ***This information will help GAVI's financial planning commitments***

Major Activities	Planned Activity for 2011	Original budget for 2011 (second installment) (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approve application or previously approved adjustments
		$ USD	$ USD	
Objective1	Community mobilized to support MCH	6.206.832	6.206.832	
Activity1.1	Assessment and mapping of existing situation relating to community activities in the selected provinces	0	0	
Activity1.2.	Selection of cadres (CHWs) within their own communities and village level training of cadres using existing training materials	906.356	906.356	
Activity 1.3.	Development, procurement and distribution of IEC materials and equipment including Buku KIA (MCH handbook)	2.546.164	2.546.164	
Activity 1.4.	Sensitization of community and religious leaders to MCH issues including immunization, and the role of cadres	371.585	371.585	
Activity 1.5.	Provision of small grants for the operational costs of community level collective action	*2.382.728*	*2.382.728*	
Objective 2	Management capacity of MCH personnel improved	7.172.732	7.172.732	
Activity 2.1	Needs assessment by MoH/PHO/DHO staff of MCH management issues at district and puskesmas levels	0	0	
Activity 2.2	Advocacy by MoH/PHO staff to district administration and political leaders for adequate budgetary support of MCH activities	*205.459*	*205.459*	
Activity 2.3	Development and distribution of management guidelines, tools (such as supervision	664.617	664.617	
Activity 2.4	Plan, design and conduct training of district Training Teams who will perform the team training at puskesmas level	1.415.443	1.415.443	
Activity 2.5	Puskesmas team training in micro planning, supervision, M&E, surveillance and managing community	*2.134.557*	*2.134.557*	

	development			
Activity 2.6	Provision of operational cost to support implementation of improved management in the topics of the team training	*2.752.656*	*2.752.656*	
Objective 3	Partnership formed with non-government agencies	1.681.891	1.681.891	
Activity 3.1	Identification of partners, development of action plans, formulation of MOUs	0	0	
Activity 3.2	Strengthening coordination, implementation of MOU, including regular consultations and joint monitoring and evaluation	732.104	732.104	
Activity 3.3	Engaging private sector partners in MCH service delivery, including orientation to government policies on MCH, and sensitization of TBAs and private midwives	949.787	949.787	
Objective 4	Operational research on critical barriers performed	1.103.825	1.103.825	
Activity 4.1	Pilot project on contracting health service provision for an under-served locality in Papua	*327.869*	*327.869*	
Activity 4.2	Operational research on incentives for cadres and salaried staff of puskesmas (Health Centre)	*775.956*	*775.956*	
Total Activity		16.165.280	16.165.280	
SUPPORT ACTIVITIES		701.117	701.117	
Management		357.948	357.948	
M&E		261.202	261.202	
Technical Assistant		81.967	81.967	
Total		**16.866.397**	**16.866.397**	

5.5 Programme implementation for 2009 reporting year

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an **executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to key facts, what these mean and, if necessary, what can be done to improve future performance of HSS funds**.*

Executive Summary
Health System Strengthening as an effort to increase immunization coverage

Performance

The overall performance of the HSS project in term of financial disbursement is still unsatisfactory. The realization of the project has reached 5 % of budget. Although, the HSS project has faced delayed during its first period of project implementation. The key performance indicators have been developed for each programs and activities. The project plan of action for implementation at provinces and districts parallel been prepared. Due to some delay, the project activities have only executed at the central level. A lot of activities have been conducted at central level and outputs have been achieved.

Under HSS component, some of the activities undertaken at central level which includes :

- Training of trainers for Program Birth Preparedness and Prevention of Complication (P4K) and PHC centre management for master trainers from all five provinces
- MCH handbook, IEC booklets and other materials were finalized and printed.
- Advocacy and socialization of GAVI HSS concept and planned activities were undertaken for officials from Provincial Health Offices and District Health Offices, relevant CSOs and professional associations.

Problems

- Due to bureaucratic delays and delay in developing of Project Implementation Manual and other relevant documents, actual implementation of project activity at central level started in may 2009. That caused delay in socialization of the project to all level project implementation units.
- As government regulations that all the funds shall be place in bank account approved by Ministry of Finance, therefore difficulties encountered in channeling funds from central to districts up to villages level, on the other hand the implementation of the project activity more on district up to village level.

Issues linked to the use of funds

Due to late implementation of the project, the disbursement of funds could not be done as planned for undertaking province and district level activities. Following are few specific issues,

- Allocation of management cost needed revision and adjustment in the light of project extension and need to be reflected in revised project implementation manual.
- The responsible MoH staffs' capacity needed evaluation and necessary support be provided to improve project fund disbursement and performance
- Coordination within the project implementation units, secretariat at central and provinces as well as districts need to be strengthened
- The capacity of relevant MoH staffs at central level need to be improved that enable them to support and supervise at provinces and districts.
- Coordination meeting for project implementing partners need to be conducted regularly.

To improve future performance of HSS:

- Emphasis would be given for better coordination among the implementing units along with strengthening internal capacity. This is particularly important to involve other relevant sectors like Ministry of Finance.
- Central level need to be more intends in giving technical assistance to provinces and districts to accelerate the activity implementation
- Socializations of the guidelines, implementation manual, modules to provincial and district level
- Health Sector Coordination Committee meetings to be held regularly with effective follow-up mechanism.
- A monitoring mechanism for regular monitoring of implementation status and fund disbursement status will be in place.

- To accommodate the implementation delay related issues, some adjustments would be required both in PoA and budget allocation keeping the overall objectives and activities in line with approved project proposal.

5.5.2 Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Yes, CSOs were involved particularly in the development of IEC and training materials, piloting of materials and participating during TOT (Training of Trainer) for provincial and district level officials. In addition, some of them e.g. Indonesia Midwife Association, IDAI (Indonesian Pediatrician Association), Women Organization of Family Welfare (PKK) were involved in training for MCH personal.

5.6 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below. NO

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

1. Types of accounts: the government accounts at the DG of DC&EH (Bank Mandiri Account No. 123.0004135051)
2. Financial management carried out by government officials who made commitment (financial officer) and assistant treasurer.
3. Financial management arrangements follow the guidelines of financial grants No.HK.02.01/DI.4/1325/2009 dated November 13, 2009. Funds managed directly by DG of DC&EH, and not included in State budget (off budget). Funding request procedures are as follows :
   a. Financial officer make a recapitulation of the needs of each implementation unit for the duration of one month or depend on the need in each work unit, subsequently submitted to the Program Manager (PM). Then proceed to the Authorized Manager Project (AMP) to get approval.
   b. Request will be reviewed and verified by the GAVI Indonesia Secretariat . Any request for funds, must be attach a statement/integrity pacts, and TOR of each activity
   c. Payment will be made by government bank giro account except for relatively small amount can be taken directly. After using the funds, performed verification of receipts of expenditures will be done by treasurer expenditure.
   d. Monthly financial report were prepared and submitted to the PM
4. There was no sub national activities in placed during 2009.
5. HSCC role is to review the financial statement and providing input for improvement.
6. The HSS fund was not yet entered in state budget, but it was registered with the Ministry of Finance and all expenditures were made as per Government of Indonesia regulations.

5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(HSS-10).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached ***(HSS – Table 16 a)***.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Objective 1: Coomunity mobilized to support MCH						
1. Percentage of community health worker (cadres) in target sub-district trained in community mobilization	Number of community health worker in target sub-district trained in community mobilization	Total number of community health worker in the target district	Health centre/district health office reports	*Not known, will be established in initial assessment 2008*	District Health Office	80%
2. Percentage of villages which received operational received operational cost support	Number of villages which received operational received operational cost support	Total number of community health worker in the target district	Health centre/district health office reports	*Not applicable*	District Health Office	100%
Objective 2: Management capacity of MCH personnel Improved						
3. Percentage of the target sub-districts with staff trained in management.	Number of the targeted sub-districts with staff trained in management	Total number of the targeted sub-districts	Provincial Health Office compilation of DHO reports	*Not known, will be established in initial assessment 2008*	Provincial Health Office	100%
4.Percentage of the target sub-districts regularly following good management practices after training	Number of sub-districts institutionalizing practices after training	Total number of the targeted sub-districts for management training	Provincial Health Office compilation of DHO reports	*Not applicable*	Provincial Health Office	Not applicable

Objective 3: Partnership formedwith non-government agencies.						
5. Percentage of the target districts having joint regular meeting with CSOs	Number of the target districts having joint regular meeting with CSOs	Number of the target districts in the target provinces	Provincial Health Office reports	*Not applicable*	Provincial Health Office	Not applicable

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**
There was no changes with the definition of the indicators

Provide justification for any changes in **the denominator:**
There was no changes with the denominator

Provide justification for any changes in **data source:**
There was no changes with the data source

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
Objective 1: Community mobilized to support MCH			%	
a. Percentage of community health worker (cadres) in target sub-district trained in community mobilization	0	0	0	The activity has not been accomplished, it will be carried out in 2010 Reviewed and analysis of available data on community cadres, midwives, health centers, community leaders as per village, sub districts and districts has been completed during the reporting period (5% of activities)
b. Percentage of villages which received operational received operational cost support	0	0	0	• Hand Book of MCH has been finalized and printed, but the money disbursement delayed due to administrative procedures • Booklets, leaflets and posters on family and community level Planning with pregnancy related complications: finalized and printed The activities completed 80% of total
Objective 2: Management capacity of MCH personnel Improved				
b. Percentage of the target sub-districts with staff trained in management.	0	0	0	Advocacy and training of trainers for 5 provinces providers had been implemented completed 100 %
c. Percentage of the target sub-districts regularly following good management practices after training	0	0	0	Development and distribution of management guidelines, tools had been done at national level and had been distributed to 5 provinces.

Objective 3: Partnership formedwith non-government agencies. 5. Percentage of the target districts having joint regular meeting with CSOs	0	0	0	Activities at Central level have been done, but sub national activities will be implemented after the completion of, and will be done in 2010 (30% of total activities

*) The activities setting could not be achieved in 2009 because the activites just began in the cetral level
Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

All the indicators set to the District, Health Centre and Village level but all the activities just began in the central level

Tabel 16a. Report on HSS activities up to first half 2010

Note on Table ..... below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Major Activities	**Planned Activity for 2009**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: Community mobilized to support MCH		
Activity 1.1:	Assessment and mapping of existing situation relating to community activities in the selected provinces	Disbursement rate :0% Activities remain the same as approved plan Formal assessment through engagement of academic Institutions (TOR to be developed, appropriate institution/s to be identified, and assessment to be conducted)

Activity 1.2:	Selection of cadres (CHWs) within their own communities and village level training of cadres using existing training materials	Disbursement rate : 0% Activities remain the same as approved plan Preparing TOR, decision of No. of cadre would be trained, MCH hand book distribution
Activity 1.3:	Development, procurement and distribution of IEC materials and equipment including Buku KIA (MCH handbook)	Disbursement rate : 59% Activities remain the same as approved plan MCH Hand Book Booklets, leaflets and posters on family and community level Planning with pregnancy related complications have been proceed on 2009, the finalized and printed on 2010. *The activities have been done consist of:* • *Distributed 1.490.423 MCH handbooks for targeted pregnant and infant, 6.065 IMCI packages, 6.569 IMCI recording form for 6.959 infant and under five, cohort register and 6.959 Vitamin K1 guideline for 1.108 Community Health Centre to 39 districts in 5 Provincial Health Offices* • *Immunization and MCH campaign through four national televisions, 1 national radio and 10 local radios in 5 provinces.*
Activity 1.4:	Sensitization of community and religious leaders to MCH issues including immunization, and the	Disbursement rate : 0% Activities remain the same as approved plan

	role of cadres	
Activity 1.5:	Provision of small grants for the operational costs of community level collective action	Disbursement rate : 0% The planned activity will be implemented in 2011 (Second installment)
Objective 2: Management capacity of MCH personnel improved		
Activity 2.1:	Needs assessment by MoH/ PHO/ DHO staff of MCH management issues at district and puskesmas levels	Disbursement rate : 4% Activities remain the same as approved plan The activities has been conducted : • *District team training of integrated management of childhood illness including young infant to avoid missed opportunity immunization at birth have not been conduct. The training would be trained the nurse/midwife in community health centre to increasing the capacity of child health services including immunization counseling of benefits, schedule and classified the illness to avoid missed opportunity of immunization reject caused by afraid of illness.*
Activity 2,2	Advocacy by MoH/POH staff to district administration and political leaders for adequate budgetary support of MCH activities	Disbursement rate : 0% Activities remain the same as approved plan
Activity 2,3	Development and distribution of management guidelines, tools (such as supervision)	Disbursement rate : 71 % Activities remain the same as approved plan The activities has been conducted, such as : - Reviewed training modules and curriculum of alert village - Reviewed Local Monitoring System of MCH services guidelines

Activity 2,4	Plan, design and conduct training of district Training Teams who will perform the team training at puskesmas level	Disbursement rate : 14% Activities remain the same as approved plan The activities have been accomplished : • the orientation of Birth Preparedness and Complication Readiness danger sign, TBA midwife partnership, MCH handbook, Vit K1 injection, cohort implementation, local area monitoring (PWS) for MCH program in districts/ municipalities, maternal perinatal in province. • Preparedness of facilitator AMP of province level (15 facilitators) . • The training of province facilitators of integrated management of childhood illness including young infant to avoid missed opportunity immunization at birth (16 facilitators out of 3 provinces). Those facilitators will be assign to assist the training of child health providers. • TOT management for health center (78 facilitator out of 2 provinces).
Activity 2,5	Puskesmas team training in micro planning, supervision, M&E, surveillance and managing community development	Disbursement rate : 4% Activities remain the same as approved plan TOT management for health center (78 facilitators out of 2 provinces).
Activity 2,6	Provision of operational cost to support implementation of improved management in the topics of the team training	Disbursement rate : 0% The activities have not been executed and there are no differences with the original proposal. (second installment)

Objective 3: Partnership formed with non-government agencies		
Activity 3.1:	Identification of partners, development of action plans, formulation of MOUs	Disbursement rate : 17,18% Activities remain the same as approved plan The activities have started with partners identification, included profesional organization (Indonesian Pediatrician Assosiation, Indonesian Midwife Accosiation, Indonesian Obstretrict and Gynecology Assosiation, Indonesian Medical Assosiation), community organization (Women Organization of Family Welfare, Indonesian Scout Movement, Faith Baised Organizatione, Private Sector Health Care Delivery Facilities).
Activity 3,2	Strengthening coordination, implementation of MOU, including regular consultations and joint monitoring and evaluation	Disbursement rate : 0% Activities remain the same as approved plan Some activities perform in the year 2009 such as sosialization and advocation of community based infant health program for professional organization of Indonesian Pediatrician Assosiation, Midwife organization, OBGYN. Total participants (central and provinces) were 45. Strengthening Coordination will be continuing in the year 2010 to formulate further public private partnership.

Activity 3,3	Engaging private sector partners in MCH service delivery, including orientation to government policies on MCH, and sensitization of TBAs and private midwives	Disbursement rate : 0% Activities remain the same as approved plan
Objective 4: Operational research on critical barriers performed		
Activity 4,1	Pilot project on contracting health service provision for an under-served locality in Papua	Disbursement rate : 0% Activities remain the same as approved plan Development of TOR, preliminary discussion with related technical units and experts have been took place.
Activity 4,2	Operational research on incentives for cadres and salaried staff of puskesmas	Disbursement rate : 0% Activities remain the same as approved plan No further changes from the original proposal, the TOR development has been started and discussed with related technical unit.
Support costs		
	Management costs	Disbursement rate : 79% **There some changes and adjustment of the management cost due to the extension of project time.**

		Management structure has been reviewed and reorganized to make it more appropriate (less staff, more focused TOR of management team). The management costs covered central management team responsible for coordination, financial and activity monitoring, report collection and compilation up to December 2010 and provincial levels up to September 2010
	M&E support costs	M&E Activites has been done such as preparing the guidance of M&E (format of MCH activities and fund, monthly reports, quarterly report for villages, health centers, districh health office, provincial health office and central level) Due to extension of the project, management cost is insufficient therefore some amounts of M& E cost will be used for the technical (HSS and HSCC) meetings The percentage of disbursement : 3% of planned budget
	Technical support	Disbursement rate : 0% Activities remain the same as approved plan Preliminary discussion of TA for the preparation of contracting health service provision for an under-served locality in Papua with related technical units and universities has been conducted and the operational research on incentives for cadres and salaried staff of puskesmas

5.9 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
ADB (DHS II)	1.650.000	2009-2010	Percentage of villages which received operational cost support (in South Sulawesi Province)

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	V	-	V	V
2	Signature of Minister of Finance (or delegated authority) of APR	V	-	V	V
3	Signatures of members of ICC/HSCC in APR Form	V	-	V	V
4	Provision of Minutes of ICC/HSCC meeting endorsing the APR	V	-	V	V
5	Provision of complete excel sheet for each vaccine request		-		
6	Provision of Financial Statements of GAVI support in cash	V	-	V	V
7	Consistency in targets for each vaccine (tables and excel)		-		
8	Justification for new targets if different from previous approval (section 1.1)		-		
9	Correct co-financing level per dose of vaccine		-		
10	Report on the targets achieved (tables 15,16, 20)			V	V
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as of 1 January 2010 in Annex 1		-		
13	Consistency between targets, coverage data and survey data	V	-		
14	Latest external audit reports (Fiscal year 2009)	V		V	V
15	Provide information on procedure for management of cash	V		V	V
16	Health Sector Review Report			V	
17	Provision of new banking details	V	-	V	V
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		-		
19	Attach the CSO Mapping report (Type A)				V

8. Comments

Comments from ICC/HSCC Chairs:

Please provide any comments that you may wish to bring to the attention of the monitoring of the IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes which should be included in the attachments.

~ End ~

- **BANKING DETAIL**

DEPARTEMEN KESEHATAN REPUBLIK INDONESIA
DIREKTORAT JENDERAL
PENGENDALIAN PENYAKIT DAN PENYEHATAN LINGKUNGAN
(DITJEN PP & PL)

INDONESIA SEHAT 2010

Jl. Percetakan Negara No. 29
Kotak Pos 223 Jakarta 10560

Telp. (021) 4247608
Fax. (021) 4207807

Nomor : KU.04.01.5. 52 . 2010 Jakarta, 5 Februari 2010
Lampiran : 1 berkas
Perihal : Perubahan pemegang rekening

Yth.
PT. Bank Mandiri, Tbk
Kantor Kas Jakarta
Jl. Percetakan Negara 29,
Jakarta

Sehubungan dengan Surat Keputusan Menteri Kesehatan Republik Indonesia Nomor : HK.03.01/D/I.3/61/2010 tanggal 1 Februari 2010 perihal Penetapan Pejabat Pengelola Hibah Luar Negeri Non DIPA Satuan Kerja Direktorat Surveilans Epidemiologi, Imunisasi dan Kesehatan Matra Direktorat Jenderal PP-PL Tahun 2009, maka dilakukan perubahan penandatanganan rekening nomor 123-0004135051 a/n Bendaharawan BLN Ditjen PP & PL (GAVI) PPM & PL sbb :

Semula :
1. Marjunet,SKM,M.Kes – Pejabat Pengeluaran
2. Dolly Rochyati,SE – Bendahara

Menjadi :
1. dr. Regina Tiolina Sidjabat – Pejabat Pengeluaran
2. Dolly Rochyati,SE – Bendahara

Dengan adanya perubahan tersebut diatas, maka semua surat dan hubungan perbankan menjadi tanggungjawab pemegang rekening baru.
Kami juga menyatakan bahwa nama yang tertulis pada Surat Keputusan tersebut dengan nama di atas adalah sama.
Demikian kami sampaikan dan atas kerjasama Saudara diucapkan terimakasih.

Direktur Imunisasi & Karantina

Dr. H. Andi Muhadir, MPH
NIP. 19550425.198203.1.005

Tembusan Yth.:
1. Direktur Jenderal PP-PL sebagai laporan
2. Kepala Bagian Keuangan

Sekretariat Direktorat Jenderal Telp. 4209930
Direktorat Pengendalian Penyakit Menular Langsung (Dit P2ML) Telp. 4240538
Direktorat Pengendalian Penyakit Bersumber Binatang (Dit P2B2) Telp. 4247573
Direktorat Survailans Epidemiologi, Imunisasi dan Kesehatan Matra (Dit. Sepim dan Kesma) Telp. 4240611
Direktorat Pengendalian Penyakit Tidak Menular (Dit P2TM) Telp. 42 30944
Direktorat Penyehatan Lingkungan (Dit. PL) Telp. 42 15778

- **AUDIT REPORT**

BADAN PENGAWASAN KEUANGAN DAN PEMBANGUNAN
DEPUTI PENGAWASAN INSTANSI PEMERINTAH BIDANG POLSOSKAM
DIREKTORAT PENGAWASAN LEMBAGA PEMERINTAH
BIDANG KESEJAHTERAAN RAKYAT
Jl. Pramuka No. 33 Lt. V Jakarta 13120 Tlp. 021 – 85910336 - Fax. 85905504

Nomor : LAP- 065/D203/1/2010 10 Mei 2010
Lampiran : -
Hal : Laporan Auditor Independen Audit *Statement of Income and Expenditure* bantuan *Global Alliance for Vaccine and Immunization (GAVI)* Tahun 2009.

1. LAPORAN AUDITOR INDEPENDEN

Yth. Direktur Jenderal Pengendalian Penyakit
dan Penyehatan Lingkungan (P2PL) Kementerian Kesehatan RI
di
Jakarta

Kami telah mengaudit *Statement of Income and Expenditure* bantuan *Global Alliance for Vaccine and Immunization* (GAVI) *for Immunisation Service Support (ISS), Health Systems Strengthening (HSS) and Civil Society Organisation (CSO) Type A and B* untuk tahun yang berakhir pada tanggal 31 Desember 2009. *Statement of Income and Expenditure* adalah tanggung jawab manajemen. Tanggung jawab kami terletak pada pernyataan pendapat atas *Statement of Income and Expenditure* berdasarkan audit kami.

Kami melaksanakan audit berdasarkan standar auditing yang ditetapkan Ikatan Akuntan Indonesia. Standar tersebut mengharuskan kami merencanakan dan melaksanakan audit agar memperoleh keyakinan memadai bahwa *Statement of Income and Expenditure* bebas dari salah saji material. Suatu audit meliputi pemeriksaan, atas dasar pengujian, bukti-bukti yang mendukung jumlah-jumlah dan pengungkapan dalam *Statement of Income and Expenditure* . Audit juga meliputi penilaian atas prinsip akuntansi yang digunakan dan estimasi signifikan yang dibuat oleh manajemen, serta penilaian terhadap penyajian *Statement of Income and Expenditure* secara keseluruhan. Kami yakin bahwa audit kami memberikan dasar memadai untuk menyatakan pendapat.

Kami tidak dapat melakukan penelusuran atas saldo awal dana ISS per tanggal 1 Januari 2008 ke tahun pertama penerimaannya pada Tahun 2003, dikarenakan lemahnya pengendalian intern dalam pengelolaan dokumen pendukung tersebut.

Menurut pendapat kami, kecuali untuk dampak yang ditimbulkan dari saldo awal seperti yang kami uraikan di atas, *Statement of Income and Expenditure tahun 2009* yang kami sebut di atas termasuk pengungkapannya telah menyajikan secara **wajar**, dalam semua hal yang material, posisi *Statement of Income and Expenditure* per 31 Desember 2009 sesuai dengan prinsip akuntansi yang berlaku umum di Indonesia.

Direktur,

Nuredy

Register Negara No. D-1394

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

Statement of income & expenditure

Summary of Income and Expenditure - GAVI HSS						
				Local Currency (Rp)	Value in USD [1]	
Balance brought forward form 2008				73.064.452.500	6,443,192.73	
Summary of Income received during 2009						
	Income received from GAVI			3.061.743.300	270,000.00	
	Income from interest			-	-	
	Other Income (fees)			-	-	
Total Income				3.061.743.300	270,000.00	
Total expenditure during 2009				3.779.596.899	333,303.96	
Balance as at 31 December 2009 (balance camed forward to 2010)				**72.346.598.901**	**6,379,888.77**	

Detailed analysis of expenditure by economic classification - GAVI HSS						
	Budget in Rp	**Budget in USD**	**Actual in Rp**	**Actual in USD**	**Variance in Rp**	**Variance in USD**
OBJECTIVE 1: COMMUNITY MOBILIZED TO SUPPORT MCH						
ACTITIVI 1.1 : Assesment and Mapping of existing situation relating to community activities in the selected provinces						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	13,282,170,200	1,171,288.90	-	-	13.282.170.200	1,171,288.90
TOTAL FOR ACTIVITY 1.1.	**13.282.170.200**	**1,171,288.90**	**-**	**-**	**13.282.170.200**	**1,171,288.90**
ACTITIVI 1.2 : Selection of kaders (CHWs) within their own communities and village level training of kaders using existing training materials						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	1.435.000.000	126,545.55	114,547,500	10,101.38	1.320.452.500	116,444.18
TOTAL FOR ACTIVITY 1.2.	**1.435.000.000**	**126,545.55**	**114.547.500**	**10,101.38**	**1.320.452.500**	**116,444.18**
ACTITIVI 1.3 : Development, Procurement and Distribution of IEC Materials and Equipment Including BUKU KIA (MCH handbook)						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	1.667.805.000	147,075.47	316.619.700	27,921.13	1.351.185.300	119,154.35
TOTAL FOR ACTIVITY 1.3.	**1.667.805.000**	**147,075.47**	**316.619.700**	**27,921.13**	**1.351.185.300**	**119,154.35**
TOTAL FOR OBJECTIVE 1.	**16.384.975.200**	**1,444,909.93**	**431.167.200**	**38,022.50**	**15.953.808.000**	**1,406,887.43**

OBJECTIVE 2: MANAGEMENT CAPACITY OF MCH PERSONNEL IMPROVED						
ACTITIVI 2.1 : Needs Assesment by MoH/PHO/DHO staff of MCH Management issues at district and puskesmas level						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	752.735.000	66,379.98	322.147.000	28,408.55	430.588.000	37,971.43
TOTAL FOR ACTIVITY 2.1.	**752.735.000**	**66,379.98**	**322.147.000**	**28,408.55**	**430.588.000**	**37,971.43**
ACTITIVI 2.2 : Advocacy by MoH/PHO staff to district administration and political leaders for adequate budgetary support of MCH activities						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	1.000.000.000	88,185.05	-	-	1.000.000.000	88,185.05
TOTAL FOR ACTIVITY 2.2.	**1.000.000.000**	**88,185.05**	**-**	**-**	**1.000.000.000**	**88,185.05**
ACTITIVI 2.3 : Development and distribution of management guidelines tools (such as supervision...)						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	104.250.000	9,193.29	98.312.000	8,669.65	5.938.000	523.64
TOTAL FOR ACTIVITY 2.3.	**104.250.000**	**9,193.29**	**98.312.000**	**8,669.65**	**5.938.000**	**523.64**
ACTITIVI 2.4 : Plan, Design and conduct training of District Training Teams who will perform the team training at puskesmas level						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	1.095.396.500	96,597.60	623.610.550	54,993.13	471.785.950	41,604.47
TOTAL FOR ACTIVITY 2.4.	**1.095.396.500**	**96,597.60**	**623.610.550**	**54,993.13**	**471.785.950**	**41,604.47**
ACTITIVI 2.5 : Puskesmas Team Training teams who will perform the team training at puskesmas level						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	102.750.000	9,061.01	-	-	102.750.000	9,061.01
TOTAL FOR ACTIVITY 2.5.	**102.750.000**	**9,061.01**	**-**	**-**	**102.750.000**	**9,061.01**
TOTAL FOR OBJECTIVE 2.	**3.055.131.500**	**269,416.94**	**1.044.069.550**	**92,071.33**	**2.011.061.950**	**177,345.61**

OBJECTIVE 3: PARTNERSHIPS FORMED WITH NON-GOVERMENT AGENCIES						
ACTITIVI 3.1 : Identification of Patners, development of action plans, formulation of MOUs						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	889.675.000	78,456.04	-	-	889.675.000	78,456.04
TOTAL FOR ACTIVITY 3.1.	**889.675.000**	**78,456.04**	**-**	**-**	**889.675.000**	**78,456.04**
TOTAL FOR OBJECTIVE 3.	**889.675.000**	**78,456.04**	**-**	**-**	**889.675.000**	**78,456.04**

OBJECTIVE 4 : OPERATIONAL RESEARCH ON CRITICAL BARRIES PERFORMED						
ACTITIVI 4.1 : Pilot project on contracting health service provision for an under-served locality in Papua						
ACTITIVI 4.2 : Operational research on incentives for kaders and salaried staff of puskesmas						
Salary Expenditure						
Wages & Salary	-	-	-	-	-	-
Per-diem Payments	-	-	-	-	-	-
Non - Salary Expenditure						
Training	-	-	-	-	-	-
TOTAL FOR ACTIVITY 4.1 and 4.2	-	-	-	-	-	-
TOTAL FOR OBJECTIVE 4.	-	-	-	-	-	-
TOTAL ACTIVITY COSTS	**20.329.781.700**	**1,792,782.91**	**1,475,236,750**	**130,093.83**	**18,854,544,950**	**1,662,689.08**

MANAGEMENT COST							
1	Secretariat and Budget Management	4.287.780.000	378,118.11	989.945.000	87,298.35	3.297.835.000	290,819.76
2	Bidding Of Data Processing Equipment	478.000.000	42,152.46	135.750.000	11,971.12	342.250.000	30,181.33
3	Administration	1.015.155.000	89,521.50	60.981.399	5,377.65	954.173.601	84,143.85
4	Formulating HSS Plan of Action At Center Level	118.500.000	10,449.93	115.925.450	10,222.89	2.574.550	227.04
5	Formulating Of Integrated Plan of Action in 3 Implementing Unit	162.000.000	14,285.98	-	-	162.000.000	14,285.98
6	Formulating Of Technical Guidance Of GAVI HSS	175.750.000	15,498.52	112.595.100	9,929.21	63.154.900	5,569.32
7	Socialtitation Of GAVI Phase II (ISS, HSS, CSO)	398.587.500	35,149.46	381.525.500	33,644.85	17.062.000	1,504.61
8	Formulating HSS Plan of Action At Provinces Level	-	-	-	-	-	-
	a. Regional I (BANTEN & JAWA BARAT)	151.537.500	13,363.34	130.821.150	11,536.47	20.716.350	1,826.87
	b. Regional II (Papua, Papua Barat dan Sulawesi Selatan)	306.475.000	27,026.51	263.585.850	23,244.33	42.889.150	3,782.18
9	Facilitating Of Inter Program Sector	48.000.000	4,232.88	16.787.500	1,480.41	31.212.500	2,752.48
10	Coordination Meeting For Provinces and District/Cities	233.250.000	20,569.16		-	233.250.000	20, 569.16
11	Facilitating Of Provinces	303.511.500	26,765.18	96.443.200	8,504.85	207.068.300	18,260.33
12	Coordination Meeting For HSS At Centre Level	115.500.000	10,185.37	-	-	115.500.000	10,185.37
13	Coordination Meeting For HSCC	174.750.000	15,410.34	-	-	174.750.000	15,410.34
TOTAL MANAGEMENT COSTS		7,968,796,500	702,728.75	2.304.360.149	203,210.13	5.664.436.351	499,518.63
TOTAL COSTS		28,298,578,200	2,495,511.66	3.779.596.899	333,303.96	24.518.981.301	2,162,207.70

1 An average rate of Rp11,339.79 = USD 1 applied (same as exchange rate when we received the last HSS instalment at March 2009).

Secretary of Directorate General of DC & EH
Ministry of Health,

dr. Guntur Budi Wanarto, M.S.

Director of Immunization and Quarantine
Authorized Project Manager,

dr. Andi Muhadir, MPH

Functionary Maker Commitment
Directorate General of DC & EH,

dr. Regina T. Sidjabat, M.Epid

Head of Financial Bureau
Ministry of Health,

Suhardjono, SE, MM

EXPLANATION ON INCONSISTENCY (For Number 4.1, 4.2,4.3)

1. Fund received by the GAVI Treasurer is in Rupiah.

2. Exchange rate applied at accountant treatment is exchange rate at the last acceptance of fund in related year.

3. Balance per 31 December 2008 according to receipts and expenditures was US$.7,691,000.00 or equal to Rp.73.064.452.000,00, while the starting balance in 2009 was US$.6,443,292.73. The difference of US$.1,247,807.27 is due to:

   a. The fund was received on 6 October 2008 amounting US$.7,691,000 or equal to Rp.73.064.452.500,00 with the exchange rate of USD.1 = Rp.9.499,99 and after that date there was no acceptance or expenditure up to 31 December 2008, so that by 31 December 2008 the balance was US$.7,691,000. On 27 March 2008 a fund was received amounting US$.270,000.00 or equal to Rp.3.061.743,00 with the exchange rate of USD.1 = Rp.11.339,79. So the balance per 31 December 2008 amounting Rp.73.064.452.000,00 if calculated using 2009 exchange rate, which is Rp.11.339,79, the starting balance in 2009 was (Rp.73.064.452.000,00 : Rp.11.339,79 x US$.1.00) = US$.6,443,192.73.

   b. So the difference was due to the difference in exchange rate in 2008 and 2009.

4. Ending balance in 2009 according to Receipts and Expenditures was US$.7,563,148.00 while according to APR was US$.6,379,888.77. The difference of US$.1,183,259.23 was because the fund per 31 December 2009 amounting Rp.72.346.598.901,00 if calculated using exchange rate of USD.1 = Rp.11.339,79 is equal to (Rp.72.346.598.901,00 : Rp11.339,79 x USD.1.00) = US$.6,379,888.77

5. And so was with expenditures which according to Receipts and expenditures was US$.397,852.00, while the expenditures were done in Rupiah amounting Rp.3,779,596,899,00 where if calculated using the exchange rate of USD.1 = Rp.11.339,79 the expenditure in 2009 was (Rp.3,779,596,899,00 : Rp.11.339,79 x USD.1) = US$.333,303.77.

Reconciliation of both type of reporting is below:

	IDR	APR		FS		Differences
		Exchange Rate	USD	Exchange Rate	USD	(USD)
Beginning Balance	73,064,452,500.00	9,500.00	7,691,000.00	11,340.00	6,443,192.73	1,247,807.27
Received	3,061,743,300.00	11,340.00	270,000.00	11,340.00	270,000.00	-
Expenditure	3,779,596,899.00	9,500.00	397,852.00	11,340.00	333,303.96	64,548.04
Ending Balance	72,346,598,901.00		7,563,148.00	11,340.00	6,379,888.77	1,183,259.23

LIST OF ATTACHMENT-HSCC

Attachment HSCC-01: Notes For Records Health Sector Coordination Committee (HSCC) – GAVI Meeting, August 18th 2010

Attachment HSCC-01

NOTES FOR RECORDS
HEALTH SECTOR COORDINATION COMMITTEE (HSCC) – GAVI MEETING
18 AUGUST 2010

1. Meeting was conducted on 18 August 2010 at room no. 306, Ministry of Health, HR.Rasuna Said, Jakarta., chaired by dr Ratna Rosita, MPHM, Secretary of Ministry of Health, as the Chief of the HSCC.

2. The meeting was opened at 09.00 am by dr Ratna. She expressed that
   - GAVI support should be managed carefully, transparence and accountable. The report should be valid ;
   - The implementation should be accelerate
   - The Revised APR should be discussed during the meeting, improve and finalized at the proper time. The time is very limited.

3. Meeting continued by presentations and discussions, as follows:

a. GAVI Overall : presented by Dr. Andi Muhadir, MPH, the director of Imunization and Quarantine as the Authorized Project Manager of GAVI Support.

Discussion :

Comment from Ibu Secretary General :
- Management of GAVI support should be improved. Each component should be fully committed
- Program should be included in the existing system. After GAVI support is finish, the activities should be continued and covered by national or local budget

b. HSS Component *:* presented by dr. Fatmi Sulami, Director of MCH on behalf of the HSS Program Manager, presented the HSS activities.

Discussion :

1) Comment from Ibu Secretary General :
   - To accelerate the implementation, each component should routinely conduct coordination meeting to solve the problems
   - To implement the program in Papua and Papua Barat should be extra effort , since the 2 provinces have many limitation on manpower

2) Ministry of Finance :

   - Ministry of Finance wonder that the activities will be completed up to December 2010, since the time is very limited
   - Who will cover the budget for activities which has not yet completed after the closing date of GAVI Support?

3) Mr Imam Soebekti from BAPPENAS :

- The draft of Revised APR should be corrected, some figures still not consistence
- Each coloum from the APR format should be filled properly
- There should be a clear correlation between the HSS activities and immunization
- The "Secretariat" should more active to coordinate the related units

4) Mr Nuredy, Director, BPKP (Government Auditor):

- He surprised that the meeting was attended very completed by HSCC members.
- BPKP will support to prepare the APR 2010 together with the GAVI "Secretariat" and the Finance personnel
- BPKP had prepared the explanation regarding the consistency of Financial Statement (attached in the Financial Statement).

c. CSO Component : presented by dr. Lily , Director of Health Promotion. She presented the activities of Health Promotion including two CSOs (PKK and Pramuka).

Discission :

1) Secretary General :
- 2 CSOs which will replace the PATH and IMC should learn to the experiences from PKK and Scout Movement.
- Monitoring and evaluation should be improved and accelerate using email

d. ISS Component : presented by dr. Sandra Therese Diah Ratih, MHA,, EPI Manager, presented the activities and result of the Immunization program.

Discussion :

1) Secretary General :
- The coverage of immunization should be presented by year in order to know the trend of coverage
- The quality such as cold chain should also be monitored in order to know the correlation coverage with the EPI diseases.
- Health promotion should be more effective using the local language.

4. Discussion was continued :

a. Mr. Soehardjono, Director of Finance, MOH :
- The fund channeling to province should follows the Government Regulation
- The activities should consider the availability of manpower and time
- GAVI should have a separate account number.
- Why GAVI hired the independent auditor, while we have Government Auditor ?

b. Some comments :

1) Dr. Sandra :
According to ISS experiences, the remaining fund could be used to cover the remaining activities , while the closing date is over

2) Dr Andi Muhadir :
   - We hired independent auditor before BPKP (Government Auditor) audited GAVI Support
   - GAVI has an account which has been approved by Ministry of Finance and at province level, they used also approved account.

5 . CONCLUSION :

In the closing remark , Secretary General as the Chief of HSCC concluded :

a. The Revised APR 2009 could be endorsed and submit to GAVI before 20 August 2010. Corrections should be finished at least on 19 August.
b. The activities using fund from GAVI support should be accelerated and should be managed properly, accountable and transparent.
c. The management of GAVI Support should be improved. Coordination among components and “Secretariat” should more effective.

And she closed the meeting by saying thank you to all participants attending the meeting.
The meeting was closed at 13.00 PM

Jakarta, 18 August 2010
“ Secretariat” for GAVI Support.