GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Indonesia

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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.

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

There is no NVS or INS support this year.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of Indonesia hereby attests 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 this Annual Progress Report (APR).

For the Government of Indonesia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	dr. H. M. Subuh, MPPM	**Name**	Ayu Sukerini
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Theresia Sandra Diah Ratih	Chief of Immunization Sub-directorate	+62811909795	tsandra_dratih@yahoo.co.id
Desak Made Wismarini	Director of Surveillance, Immunization, Quarantine and Matra Health		dm.wismarini688@gmail.com
Kuwat Sri Hundoyo	Secretary of Directorate General of Nutrition and MCH		kuwatsrihudoyo@yahoo.co.id
Lily Setyowaty	Head of Center of Health Promotion		sw_lily@yahoo.com
Isti Ratnaningsih	Head of Finance of Directorate General of Nutrition and MCH		istiratna@yahoo.com
Muhani	Head of Finance of Center of Health Promotion		hani_sis09@yahoo.co.id

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC 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.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Same with HSCC	HSCC		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 8 May 2014 , 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/Organization	Signature	Date
Supriyantoro	Secretary Genderal of MoF		
M.Subuh	Secretary of DG of DC and EH		
Evendy Siahaan	MoF		
Ahmad Royani	Ministry of Foreign Affair		
M. Rizal Tarigan	BPKP (Auditor)		
Hidayati	DG of Farmaceutical and Medical Devises		

Yunita Ari H.	Center of Health Promotion		
Raharni	Finance Buroue		
Tina Anisa	Law Buroue		
Yuyun W	Research Body		
Kenny Peetosutan	Unicef		
Dr. Michael Friedman	WHO		
Marisa Ricardo	Unicef		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Name/Title	Agency/Organization	Signature	Date

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent

committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date
Intan Endang, SKM. MKes	PKK (Women Movement)		
Hj. Rosmani Soedibyo MSc, Phd	CSO -Consorsium		
Tuminah W	Midwife Assosiation		
dr. Yoedyaningsih	Scout Movement		

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Indonesia's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	4,738,692	4,738,692	4,809,304	0	0	0		0		0
Total infants' deaths	142,155	142,155	144,279	0	0	0		0		0
Total surviving infants	4596537	4,596,537	4,665,025	0	0	0		0		0
Total pregnant women	5,212,568	5,212,568	5,290,235	0	0	0		0		0
Number of infants vaccinated (to be vaccinated) with BCG	4,501,757	4,626,155	4,809,304	0	0	0		0		0
BCG coverage	95 %	98 %	100 %	0 %	0 %	0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with OPV3	4,136,883	4,544,018	4,291,823	0	0	0		0		0
OPV3 coverage	90 %	99 %	92 %	0 %	0 %	0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with DTP1	4,366,710	4,642,924	4,665,025	0	0	0		0		0
Number of infants vaccinated (to be vaccinated) with DTP3	4,366,710	4,561,814	4,665,025	0	0	0		0		0
DTP3 coverage	95 %	99 %	100 %	0 %	0 %	0 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	1	1	1	0	0	0		0		0
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.00	1.00	1.00		1.00		1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	4,136,883	4,491,677	4,291,823	0	0	0		0		0
Measles coverage	90 %	98 %	92 %	0 %	0 %	0 %		0 %		0 %
Pregnant women vaccinated with TT+	4,170,054	3,450,720	4,232,188	0	0	0		0		0
TT+ coverage	80 %	66 %	80 %	0 %	0 %	0 %		0 %		0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0		0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	0 %	0 %	0 %	0 %		0 %		0 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  In 2013, we useddenominator issued by the General Secretary of Ministry of Health tomeasure our program achievement including in JRF 2012.Previous years, we used administrative dataissued by district and provincial.

- Justification for any changes in **surviving infants**

  In 2013, we used the number of surviving infants as denominator of antigenswhich are given to children at more than one month of age. Just like the numberof births, we used data of the General Secretary's Decree.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  There are no changes.

- Justification for any changes in **wastage by vaccine**

  Open vial management has been applied at healthfacilities for DPT-HB, TT or Td

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

All of our coverages in 2013 have been increased andreached the targets (coverage of BCG : 97,8%, HB birth dose :86,8%,OPV3 : 99%, DPT-HB1: 96,3%, DPT-HB3: 95,8%and Measles : 97,9%). DPT HB Hib 1 : 5,3% and DPT HB Hib3 : 3,5%. SinceAgustus 2013, DPT HB Hib has been implementation at 4 provinces (Bali, DIYogyakarta, Nusa Tenggara Barat and West Java). <?xml:namespace prefix = "o" />

Drop out (DO) DPT HB1 – DPT HB3 is 2% (still below5%)

In terms of denominator, there was a different with 2011.

in 2013, we use live births number for denominator of HB (< 7 days), BCG andOPV1, while other antigens use surviving infants number as the denominator.

In this year we conducted technical asisstance visits to provincesand some activities such as coordinationmeeting in central level (where interprograms and intersectors were invited) tosynchronize attempts on immunization program implementation, socializationmeetings in provinces (interprograms and intersectors were invited) andadvocacy meetings. Socialization meetings were aimed to identify problems andobstacles in immunization program implementation in some areas and involving interprogram and intersector for focused to achive immunizationtarget.

To increase immunization coverage in low coverage areas, in 2013, wehad conducted DOFU (Drop Out Follow Up) which was implemented in 13 districts (in 2012, 47 districts).

We had also implemented training on immunization program management for 241 hospital officers in 3 provinces (West Java, Banten and South Sulawesi) and comprehensive training on immunization and MCH program management for health center staff in in Riau, Riau Islands,Bengkulu, West Sumatera, All

Kalimantan Provinces.

To overcome black campaign immunization and to get support from community related immunization program we conducted National media workshop which wasattended by 26 journalists including local journalists from Jakarta who have the correct and same understanding aboutimmunization and immediatelyfollow it up with publishing news about immunization in each area,and a commitment that journalists will make writing / news on a regular basis in their respective media, especially in the context of the World Immunization Week. These 5 activities was funded byHSS Reprogramming funds.

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **Not selected**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Demography and Health Survey	2012	73.1	70.9
Basic Health Survey	2010	62.1	61.7

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There were no discrepancies in vaccinating boysand girls, all got the same opportunity to be vaccinated. For reporting andrecording system, we already have a new RR form which is divided by gender andplan to implement this in 2013 (Bali Province andCentral Java Province) and in 2014 (Lampung Province)

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

There were no such barriers related to gender inimmunization program implementation in Indonesia

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

As it was happened in the previous years,in 2012, there were also differences between the administrative coverage andsurvey coverages such as Demography Health Survey 2012 and Basic HealthSurvey 2010.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

in 2012, we conducted DQS in 8 provinces (Aceh,Bengkulu, West Sumatera, East Java, DI. Yogyakarta, Bali, North Sulawesi andGorontalo) and visited 32 health centers and 64 villages Whereas 2013, we had conducted DataQuality Self-assessment (DQS) in 3 provinces (Banten, West Java andSulawesi Selatan) and

10 IRIprovinces had assessed 85 health centers and 22 villages. Whereas,. We use DQS assessment as a tool to identify dataquality in health centers, districts and provinces, and the result will be used for program improvement. We can see the DQS result in 2013 below.

A. Quantity<?xml:namespace prefix = "o" />

1. DataAccuracy

Levels	**BCG**	**DPT/HB3**	**Measles**
Villages to Healthcenters	25.0%	25.0%	17.0%
Health centers toDistricts	50, 0%	50.0%	75.0%
Districts to Provinces	100.0%	100.0%	100.0%

Data accuracy is determined from the lowestlevel. The accuracy from villages to districts for 3 antigens were low (below 20%).Low accuracy of the data was caused by several things including the use of non-standard recordingbooks and also because the health workers were not directly recordimmunized children after immunization session.

2. Overreporting

Levels	**BCG**	**DPT/HB3**	**Measles**
Villages to Healthcenters	33%	42%	67%
Health centers toDistricts			

25%

20%

25%

Districts to Provinces

0%

0%

0%

3. Underreporting

Levels

BCG

DPT/HB3

Measles

Villages to Health centers

42%

25%

17%

Health centers toDistricts

25%

0%

0%

Districts to Provinces

0%

0%

0%

B. Quality

Aspects

Health Center

District

Province

Recording

70.0%

80.0%

85.0%

Reporting

75.0%

80.0%

90.0%

Demography

75.0%

85.0%

85.0 %

Data utilization

65.0%

75.0%

80.0%

Forms and dataavilability

75.0%

90.5%

95.0%

According to the table above, we can see that on average, it was about60% of health centers,districts and provinces had a good data quality. Attemptsto improve data quality in provinces, districts and health centers are stillneeded. Therefore, we are developing web-based immunization reporting andrecording system which give us individual data, not aggregate data and alsomore accessible.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

Attempts to improve administrative data systemwere :
1. We re-developed the Local Area Monitoring software for recording andreporting. In our new software, we divided targets into 2 (live births andsurviving infants) and also separated the data by gender.
2. We introduce web-based immunization RR system to avoid double recording
3. We conduct DQS every year in selected areas to assess data quality
4. We conduct suportive supervision every year in selected areas as one of theway to give "on-the-job-learning" to the province, district andhealth center officers and also cadres about reporting and recording system.
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5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

We have introduced web based immunization RRsystem in 4 provinces (DI. Yogyakarta, West Java, Bali and Central Java) and itwill be expanded to Lampung province in 2014
- We link our web based RR system with the Health Information System developedby Center of Data and Information, MoH which is covering all health centers inIndonesia
- We conduct DQS regularly

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 12.183	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	39,051,515	39,051,515	0	0	0	0	0	0
New and underused Vaccines**	9,697,918	2,266,227	7,431,691	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	5,895,876	5,895,876	0	0	0	0	0	0
Cold Chain equipment	2,954,937	2,954,937	0	0	0	0	0	0
Personnel	50,301	0	0	0	50,301	0	0	0
Other routine recurrent costs	552,672	518,705	0	20,588	13,379	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	200,324	0	200,324	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	58,403,543							
Total Government Health		50,687,260	7,632,015	20,588	63,680	0	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Country expenditure consist only state budget,we could not identified provinces and district budget for immunization.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Within 3 months of the effective date of this Aide Memoire, the Secretariat of Integrated Immunization Program of MoH shall submit to the GAVI Alliance Secretariat a plan, as approved by the HSCC, for improved interaction between the responsible Directorates of the MoH and the Secretariat of Integrated Immunization Program of MoH as well as the HSCC, to liase with, and pursue, actions agreed to by respective officials in the MoH for programme implementation	Yes
The MoH shall bring GAVI funds into the GOI state budget preparation process by completing, during the financial year 2010/11 and in subsequent financial years, the process of registration of GAVI funds with the Directorate General of Debt Management, MoF	Yes
Within 3 months of the effective date of the Aide Memoire and prior to any disbursements being made by GAVI, MoH shall provide written confirmation to the GAVI Alliance Secretariat that it has obtained the approval of the Ministry of Finance, in accordance with GOI regulations which require that funds transferred directly to the MoH, shall be placed in a bank account approved by the MoF	Yes
Further disbursements of GAVI cash grants to provincial and district health offices shall be through the above MoF approved central bank account in the name of MoH and use electronic transfers to banks at provincial and district level	Yes
Within 3 months of the effective date of this Aide Memoire, the Head of the Secretariat of Integrated Immunization Program of MoH and the Budget authorised user shall jointly submit to the GAVI Alliance Secretariat written confirmation that a qualified and experienced accountant to assist for the financial management of all GAVI cash grants to	Yes

Indonesia has been appointed	
In addition, the Secretariat of Integrated Immunization Program of MoH and staff responsible for, or involved in, the financial management of GAVI supported programmes at provincial and district levels shall undergo basic training in financial management, to include budgeting, accounting and book-keeping, internal control and financial reporting	Yes
The Secretariat of Integrated Immunization Program of MoH, by bringing GAVI funds into the GOI state budget preparation process (as per point 1 above) will be subject to all of the internal controls of the prevailing financial rules and regulations	Yes
Within 3 months of the effective date of this Aide Memoire, the Secretariat of Integrated Immunization Program of MoH shall submit to the GAVI Alliance Secretariat a financial management manual which details financial management arrangements for planning, budgeting, accounting, internal control, financial reporting, internal and external audit of MoH and which is in keeping with existing GoI financial rules and regulations, in particular Government Regulation 60/2008 on Government Internal Control System	Yes
Bringing GAVI funds 'on budget' will ensure that they are within the purview and scope of the Inspector General of Internal Audit of the MoH and, where relevant, the BPKP	Yes
Within 3 months of the effective date of this Aide Memoire and prior to further disbursements of cash grants, the Secretariat of Integrated Immunization Program of MoH shall submit to the GAVI Alliance Secretariat a full management response (in English) to the recent audit conducted by BPKP on the financial accounts produced for years 2008 and 2009	Yes
Within 3 months of the effective date of this Aide Memoire and prior to further disbursements of cash grants, the Secretariat of Integrated Immunization Program of MoH shall confirm in writing to the GAVI Alliance Secretariat that the Independent audit of all GAVI supported programmes for the current financial year and any future financial years shall be undertaken by BPKP	Yes
The MoH GAVI Secretariat shall obtain annual independent audit reports, within 6 months of the financial year end, for each CSO that receives cash support and provide copies of these to the GAVI Alliance Secretariat	Yes
Following the signing of this Aide Memoire and the delivery of documents specified in Sections 3,8,10 and 11 of this Aide Memoire, the GAVI Alliance Secretariat may make disbursements of cash grants to the designated bank account	Yes
Further future disbursements will be released based on satisfactory progress against all of the measures described above in addition to the regular obligations associated with completion of the Annual Progress Reports for all GAVI grants	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

The action plan from Aide memoire has been fullyimplemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

ICChas been merged with HSCC since 2011. <?xml:namespace prefix = "o" />

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Scout Movement (Kwarnas)
Indonesian Midwives Association (IBI)
Consorsium

PKK

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

Accordingto the comprehensive Multi Year Plan (cMYP) 2010-2014, our main objectives andpriority actions are :
<!--[if !supportLineBreakNewLine]-->
<!--[endif]--><?xml:namespace prefix = "o" />

<!--[if !supportLists]-->• <!--[endif]-->To achieve 100% UCI coverage in 2014

<!--[if !supportLists]-->o <!--[endif]-->EPI RR web based implementation at 10 provinces inSumatera in 2014

<!--[if !supportLists]-->• <!--[endif]-->To achieve 80% or more Hepatitis B birth dose coverage in 2014

<!--[if !supportLists]-->• <!--[endif]-->To increase second dose measles coverage to 95% or more for school-agechildren

<!--[if !supportLists]-->o <!--[endif]-->Coordination and integration with other sectors/ programs in school-agechildren immunization implementation

<!--[if !supportLists]-->• <!--[endif]-->To achieve the elimination of Maternal and Neonatal Tetanus

<!--[if !supportLists]-->o <!--[endif]-->Strengthening program by integrated activities of EPI and MCH tomaintain the MNTE status

<!--[if !supportLists]-->• <!--[endif]-->To maintain 100% AD syringes usage

<!--[if !supportLists]-->• <!--[endif]-->To develop and implement national policy on waste management.

<!--[if !supportLists]-->o <!--[endif]-->Reaching standard waste disposal management implementation in 100%districts in 2014

According to the draftcomprehensiveMulti Year Plan (cMYP) 2015-2019, ourmain objectives and priority actions are (still procesing) :

<!--[if !supportLists]-->o <!--[endif]-->Sustain poliofree status

<!--[if !supportLists]-->o <!--[endif]-->Achieve MNTE by2015 and sustain MNTE beyond

<!--[if !supportLists]-->o <!--[endif]-->By 2015,introduction IPV in all province, and by 2017 introduce routine rubellavaccination in all provinces and by 2019 conduct pilot introductions andmeasure impact of JE, rotavirus and pneumococcal vaccines.

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Auto Disable Syringe 0.05 ml	GoI
Measles	Auto Disable Syringe 0.5 ml	GoI
TT	Auto Disable Syringe 0.5 ml	GoI
DTP-containing vaccine	Auto Disable Syringe 0.5 ml	GoI
Td	Auto Disable Syringe 0.5 ml	GoI
DT	Auto Disable Syringe 0.5 ml	GoI
HB Birth Dose	Pre-filled Auto Disable Syringe 0.5 ml (sing dose)	GoI

BCG and Measles diluent	Auto Disable Syringe 5 ml	GoI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

We have included injection safety in ournew guideline, the Health Minister's Decree about Immunization ProgramManagement, which is still in process to be approved by the Minister and havealso developed the Standard Operational Procedures of immunization includingsafe injection. Most provinces and districts had trained their staff also.However, the issue of high turn-over of health workers was still exist.
Therefore, GoI conducted monitoring activities to ensure that the safeinjection practice was well implemented.
We also cooperated with Badan PPSDM(Health Human Resources Development Body, MoH) to include immunization lecturein curriculum of health school institutions.
<!--[if !supportLineBreakNewLine]-->
<!--[endif]-->

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste management policy is alreadyavailable, include in our new guideline, the Health Minister's Decree aboutImmunization Program Management has been approve (No. 42 year 2013)
There are several ways in managing infectious sharps waste :
1. Using incinerator
2. Using concrete basin
3. Using needle cutter or needle destroyer (for the syringes only)

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	51,113	579,608,662
Total funds available in 2013 *(C=A+B)*	51,113	579,608,662
Total Expenditures in 2013 *(D)*	44,306	502,419,545
Balance carried over to 2014 *(E=C-D)*	6,807	77,189,117

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

In 2013, we only used the ISS remaining funds carried over from 2012 whichwas $51,113.

According to the Minister of Finance's Decree No. 191/PMK.05/2011 about Grant Management Mechanism, GAVI grant should be approved by Country General Treasurer. Since 2011 ISS fund had been approved with following steps :<?xml:namespace prefix = "o" />

1. Registration of GAVI Grant to General Treasurer, MoF (Done by 2009)
2. Registration Gavi grant's bank account to MoF (Done by 2009)
3. Adjusting Gavi grant budget allocation in DIPA (Daftar Isian Perincian Anggaran=Detail Budgeting List) in Indonesian national health budgeting every year.
4. Reporting Gavi Grant expenditure and financial statement into MoF report system at the end of the year

6.1.2. 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

In 2013, we used the ISS 2012 remaining funds only for central level, we did not distribute the funds to provinces and districts. However, for HSS and VIG budget have been disbursed to the province and district health office. The disbursedment based on planning made by district, province, and central health officer who is responsible for immunization and MCH programme.

Every district and province report the activities and financing to the central level (immunization and MCH).

Every grant has been used by government mandatorily saved in national banks. GAVI grant has been put in the national bank account that called Mandiri Bank.

In 2013, Indonesia received NVS Grant for Introduction Pentavalen Vaccine (DPT-HB-Hib). in this APR we should report the progress of NVS and VIG Grant, however we could not able to use the NVS Portal, there fore we will attach the report in the attachment section.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Activities that have been conducted to strengthen immunization using ISS funds in 2013:

1. Technical assistance visits to 12 provinces and 11 districts, this was aimed to achieve immunization target<?xml:namespace prefix = "o" />
2. Coordination meeting in central level where inter programs and inter sectors were invited, to synchronize attempts on immunization program implementation
3. Printing and distribution of Degree of Ministry of Health regarding Guidance of Immunization Implementation in order there are a new standard for prevention and monitoring of adverse events following immunization (AEFI) and guidance of implementation of new vaccine DPT HB – Hib
4. Developing Monitoring Tools DPT / HB / Hib and Booster dose for children under 3 year introduction.

This tool will consist handling cold chain and vaccine; availability of vaccine and other logistic; procedure of immunization; prevention of adverse events followingimmunization (AEFI); safety injection procedure; waste management; social mobilization target; coverage of Immunization

5. Printing and distribution of IEC Immunization Material
6. Finalisation of Technical Guidance regarding school immunization month (BIAS)

With HSS funding we have opportunity to improve our coverage, especially in the district with large number of Drop Out children, reach every children in the hard to reach area, improving quality data especially to get the real target data and improving capacity of vaccinator trough review in service training curriculum.

We want to propose NVS for Inactivated Polio Vaccine 2015 - 2018.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Indonesia is not applicable for 2013

7. New and Under-used Vaccines Support (NVS)

Indonesia is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2014

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

7.2.3. Adverse Event Following Immunization (AEFI)

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

Does your country conduct special studies around:

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)		
Remaining funds (carry over) from 2012 (B)		
Total funds available in 2013 (C=A+B)		
Total Expenditures in 2013 (D)		
Balance carried over to 2014 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Please describe any problem encountered and solutions in the implementation of the planned activities

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

Please attach:

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

If yes, provide details

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Indonesia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Indonesia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Indonesia is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

In 2013, we are received USD 3,723,000 this grant will be used in 2014. In this APR we will ask for the next trance for the USD 9,420,500

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **9420500** US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	7961000	16866397	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	16866397	0	0
Total funds received from GAVI during the	7691000	270000	0	0	3723000	3756103

calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)	0	6443193	6379889	2650174	1380130	2657314
Total Funds available during the calendar year (*C=A+B*)	7691000	6713193	6379889	2650174	5103130	6380314
Total expenditure during the calendar year (*D*)	0	333304	3729715	1537530	2445816	2374288
Balance carried forward to next calendar year (*E=C-D*)	7691000	6379889	2650174	1112644	2657314	4039129
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	3960220	0	0	0
Total Funds available during the calendar year (*C=A+B*)	3960220	0	0	0
Total expenditure during the calendar year (*D*)	1186494	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	9420500	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	75629420	191261400	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	191261400	0	0
Total funds received from GAVI during the calendar year (*A*)	73064452	3061743	0	0	34035666	45659938
Remaining funds (carry over) from previous year (*B*)	0	73064452	72346598	30052415	12167149	24293165
Total Funds available during the calendar year (*C=A+B*)	73064452	76126195	72346598	30052415	46652815	69650474
Total expenditure during the calendar year (*D*)	0	3779596	42294183	17435265	22359650	21705744
Balance carried forward to next calendar year (*E=C-D*)	73064452	72346598	30052415	12617149	24293163	48247359
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	48247359	0	0	0
Total Funds available during the calendar year (*C=A+B*)	48247359	0	0	0
Total expenditure during the calendar year (*D*)	14455054	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	114769951	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	9499.99	11339.79	11339.79	11339.79	9142	9142
Closing on 31 December	9499.99	11339.79	11339.79	11339.79	9142	12183

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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 HSCC in this process.

After the endorsement of HSCC members at 2011, to improve HSS activities implementation, the funds from the DG of DC and EH (the main bank account of all GAVI grant transferred off) was sent to the Secretariat of DG of Nutrition and MCH bank account at BNI Bank (the government account which was acknowledged by MoF). This mechanism has been stated in the new PIM and legalized by DG of DC and EH as a Project Manager of GAVI Alliance Grants.

The detail budget of activities each year has been put at The State Budget Document since 2010. In 2011, all activities have been put at the Secretariat of DG of Nutrition and MCH's State Budget Document. In 2012, the reprogramming activities budget has been disburse to the Secretariat of DG of Nutrition and MCH, Center of Health Promotion, Sub-Directorate of Immunization as implementing units, then budget statement was also put at their budget statement.

From the implementing units, the budget for the sub-national activities was sent to each provinces and districts government bank account. This account has been acknowledged by MoF. The head of PHO and DHO will submit their integrity pact before disbursement of their fund.

The standard of all cost used the national cost standard from MoF decree which is launched each year, No 84/PMK.02/2011 for 2012 activities, and for 2013 we follow decree of MoF No 37/PMK.02/2012

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1 Area with low immunization coverage through acceleration of immunization coverage in low coverage areas*			
1.1 Develop and distribute IEC material and social mobilize on immunization and maternal and child health with local content for the hard to reach and mountainous area of papua and west papua province	1. Develop and distribute IEC material and social mobilize on immunization and maternal and child health with local content for the hard to reach and mountainous area of Papua and West Papua province. 2. Procurement and distribution of MCH books for Islamic organizations, whose contents are based on the Islamic views/Al Quran	100	MoH (Directorate of Child Health)
1.2 Coordiantion meeting	1. Center level coordination and dissemination Meeting for	100	PHO, MoH (Directorate of Surveilance and Immunization)

with 18 provinces and 58 districts in central level	18 provinces and 58 districts / cities 2. advocacy and coordination across sectors and related programs, implementation and training for officers DOFU immunization in hospital.		
1.3. Drop Out Follow up Immunization conducted in the 58 districts in the 13 provinces	1. Coordination Meeting with intersector and interprogram 2. Collection of data target at each village health center 3. conducted DOFU and Sweeping Immunization 4. Monitoring to health center	100	PHO, MoH (Directorate of Surveilance and Immunization)
1.4 National media workshop to sensitize 44 journalist from the 22 identified provinces (5 HSS Provinces, 10 IRI Provinces and 7 provinces in Sumatera that not include as IRI provinces) ensure public awareness and complient. The workshop to be supported by media campaign in these provinces/districts	- coordination meeting - workshop with journalist	100	PHO, MoH (Directorate of Surveilance and Immunization)
1.5 Immunization Public service announcement	Immunization campaign in aired Public Service Announcements (PSAs) immunization in MNCTV, Trans7 and TVRI and at Soekarno Hatta Airport TV.	100	PHO, MoH (Health Promotion)
1.6 Procurement and Distribution of MCH books for Islamic Organizations, whose contents are based on the Islamic Views/Al Quran	Procurement and Distribution of MCH books for Islamic Organizations at Province Banten	100	PHO, MoH(Directorate of Child Health)
1.7 Printing & Distribution of Buku kader seri kesehatan anak, Buku Saku Pelayanan Kesehatan Neonatal Esensial and caders training modules for the 5 indentified HSS province	Modul Book	100	MoH (Directorate of Child Health)
1.8 Province level comprehensive training for districts and health center staff on Immunization and MCH program management in Riau, Riau Islands, Bengkulu, West Sumatera, All Kalimantan Provinces	Technical orientation to improve immunization coverage through partnerships between midwife and TBA of HCs that are located in the low immunization coverage	100	PHO, MoH (Directorate of Surveilance and Immunization)
1.9. Management training for immunization program for 241 hospitals in 3 HSS Provinces (West Java, Banten and South Sulawesi) including post training monitoring and evaluation	- Immunization Management Training for the Government General Hospital, a private hospital, hospital military / police and BUMN hospital - Post Training Monitoring and evaluation	100	PHO, MoH (Directorate of Surveilance and Immunization)
1.10. District level technical orientation and ensitization of Immunization and MCH by partnering midwives and village TBA in two fo the	Technical orientation to improve immunization coverage through partnerships between midwife and TBA of HCs that are located in the low	100	MoH (Directorate of Maternal Health)

HSS provinces of West Java and South Sulawesi	immunization coverage		
1.11. District level comprehensive training of the health center staff on Immunization and MCH program management in the in 34 of the 4 identified HSS provinces – West Java (13 District), South Sulawesi (18 District), Papua (1 District) and West Papua (2 District)	- Comprehensive management training on immunization and MCH at HCs - TOT of HC management to improve MCH and immunization coverage	100	Health Center, DHO, PHO, MoH (Directorate of Child Health)
1.12. District level training of cadres on basic immunization and maternal and child health practices in the 32 districts of the identified 4 HHS provinces – West Java: 14 district, South Sulawesi 14 District, Papua (2 District) and West Papua (2 District)	- Cadres Training - The development of curriculum for cadres of child health	100	Health Center, DHO, PHO, MoH (Directorate of Child Health)
Objective 2 Capacity Development on ensuring data collection and reporting			
2.1 Strengthening of Reporting and Recording by integrated Individual Registration System (Implementation of Web-based RR) (Data Improvement)	Revise and Standardize tool for Reporting and Recording Individual resistrations (hard and soft) at Health Center Level	100	MoH (Secretariat General of Nutrition and MCH, Data and Information)
2.2. Refreshing training and implementation of DQS at the full of the 3 provinces HSS (West Java, South Sulawesi and Banten) and 34 identified districts under IRI	- training and implementation of the DQS in 58 districts / cities. The methods used are lectures, questions and answers and practice field. - Evaluation continued to implement the DQS in 58 districts / cities with at least 2 samples of health centers for each city/district. This activity compare the data in each level, ranging from village cohort to provincial level.	100	DHO, PHO, MoH (Directorate of Surveilance and Immunization)
Objective 3 Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution			
3.1 Review & revise the immunization and MCH component in the midwife academic curriculum & introduce in the 51 midwife in the 5 identified HSS Provinces	Review Implementation Curriculum of Immunization and MCH on D3 midwifery education	100	MoH (Human Resource Development Bureau)
Support Cost	Management costs & Monitoring and Evaluation	100	DHO, PHO, MOH (Secretariat General of Nutrition and MCH)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Objective 1 Area with low immunization coverage	
1.1 Develop and distribute IEC material and social	Justifications for choosing Papua and West Papua province This is an effort to support creating an effective immunization and child health service programs, by distributing Information, Education, and Communication (IEC) media such as posters and brochures with local contents, in order to accelerate the reduction of IMR. With such media, it is expected that the message could be easily understood by the communities living in the mountainous areas of those two provinces, raising their awareness to detect early alarming signs of newborn babies, which at the end would improve immunization and healthcare coverage. Range of implemented activities includes: - Meeting to develop posters and brochures by the related cross program/cross sector, health offices in Papua and West Papua provinces - Tryouts according to local conditions in Jayawijaya and Jayapura districts. Feedback resulted from those tryouts such as wording style, pictures shown, and symbols about healthcare that are familiar to local communities were analysed. From there, it was concluded that the communities would like to see more pictures. - Final stages were done in Makassar by LP/LS, health offices in South Sulawesi province, Papua province, West Papua province, Jayapura District, and Jayawijaya District. The printed posters and brochures were distributed to the following health offices: - Posters about newborn baby care: 977 posters - Posters about alarming signs of newborn baby: 977 posters - Posters about immunization : 977 posters - Brochures about newborn baby care: 4,948 brochures - Brochures about alarming signs of newborn baby: 4,948 brochures - Brochures about immunization: 4,948 brochures Provincial health offices distributed those posters and brochures to district health offices, to be given to local health centers, cadres, and communities.
1.2 Coordination meeting with 18 provinces and 58	This activity is a part of HSS GAVI socialization reprograms at provincial and district/city level that have implemented Intensified Routine Immunization or IRI. Coordinative and socialization meeting was done on January 21st to 23rd in Bandung, participated by 18 provinces and 58 districts/cities that have implemented IRI, comprising 22 HSS districts/cities and 38 IRI districts/cities. The objective of this meeting was to strengthen and improve routine immunization services to reach 100% UCI target in villages, especially DPT-HB3 coverage, by 2014. The result of this meeting was that the participated districts/cities agreed to implement HSS GAVI reprogramming according to the set target, i.e. cross sector and cross program advocacy and coordination, DOFU implementation, as well as to train immunization personnel at hospitals. The realization of programs were done from January to May 2013 as the continuation of that in 2012.
1.3 Drop Out Follow up Immunization conducted in	The immunization Drop out in Indonesia is quite high. In 2010, Drop Out rate (DPT3-DPT1) was 3.3%. In 2011 : 3.1%, in 2012 : 2.1%, and in 2013 : 2%. One of strategies to reduce this drop out rate was to perform DOFU in areas with low immunization coverage, targeting 0-11 month old babies and 12-36 month old babies in 58 districts/cities of 13 provinces who have not received complete basic immunization. The objective of this activity was to increase DPT-HB3 immunization coverage as well as to prevent outbreak. 47 districts/cities carried out this program in 2012, whereas the rest 11 districts/cities did so in the period of January to May of 2013. From what was done in 2012, the DPT-HB3 coverage reached 100% as to compared to 2010 (94.9%) and 2011 (94.9%). Dofu target in 2013 was 129.603 children and number of children as the result of the implementation Dofu 122.102 children

1.4 National media workshop to sensitize 44 journa	The problem of negative publicity in every adverse event following immunization as well as widespread black campaign about immunization has raised concern over a possible decreased immunization rate. The strategy to overcome this problem is to work together with mass media in order to gain people awareness on the importance of immunization, such as conducting media workshop. This workshop was participated by journalists from 22 provinces outside IRI provinces. The objective of the workshop was to gain media support to increase people knowledge and awareness about immunization and their demand. This workshop was done from April 17th to 19, 2013, participated by 26 journalists including local journalists from Jakarta. The result of this workshop was that the journalists got a correct and similar understanding about immunization, followed up by publication in their own region. There was also commitment from these journalists to write and report news related to World Immunization Week from April 22nd to 27th 2013.
1.5 Immunization Public service announcement	Campaign Immunization in 2013 be aired Immunization Public Service Announcements (PSAs), re- aired in TV Stations (MNCTV , Trans7, TVRI and at Soekarno Hatta Airport TV). Impressions runs from February 26 to March 31, 2013 . Campaign Immunization aims to increase awareness and knowledge of the public, especially pregnant women and mothers about the importance of immunization to infants. It is necessary to promote , support and protect the primary immunization as an intervention improving health and child survival . One is the provision of access to correct information about immunization to infants in a sustainable manner . The campaign is also expected to mobilize all stakeholders to support the implementation of immunization .
1.6 Procurement and distribution of MCH books for	An effort to increase knowledge of cadres, Religious officials, and other Islamic organizations about the importance of immunization and maternal and child health, which need to be harmonized between provincial and district local knowledge. Banten province which is mostly Muslim and requires an understanding of relevant Immunization and Maternal and Child Health in which the material is sourced from the Qur'an as scripture. This activity is carried out in the province of Banten and will be distributed to the districts. This activity begins with the first meetings to make MCH handbook revisions based on Al-Hadist/Al-Quran sources. This handbook has been printed as much as 1.000 books.. The purpose of this activity is also to obtain support from other Islamic organizations in Immunization and Maternal and Child Health services. In a book which will be in print, contains lots of messages of Immunization and MCH programs in Islamic verses which supporting Immunization and MCH. Muslim organizations are expected to disseminate these messages into their groups that refuse immunization and also to other people
1.7 Modul Book	1. Printing publication of cadre's guideline on child health series. Cadres are the closest to the community, so they have big role in campaigning health messages to the whole society. In order to support this role, there is a need of a guideline, including that of child health; so that cadres can give correct information about child health to the community, which at the end, they are motivated to give immunization to their children. These books contain information on neonatal care, infant health, childhood care, management and treatment of asphyxia, infection in babies suffering low weight at birth, type and schedule of immunization, to be distributed and used during cadres training. 6.866 books have been printed and have been distributed to the following provinces : a. West Java: 1.500 books b. Banten: 886 books c. South Sulawesi: 2.480 books d. Papua: 1.000 books e. West Papua: 1.000 books

	2. Printing of Essential Neonatal Health Care Books These books are used by health staff working at primarily healthcare units for neonatal healthcare including Hepatitis B0 and BCG vaccine, as an effort to support an effective implementation of health care programs and accelerate a lowering of IMR rate, thus achieving MDG target and immunization program. The copying of this booklet funded by GAVI HSS budget, and its development funded by the state budget. 6.886 copies were distributed to 5 (five) GAVI provinces - Papua: 1.000 booklets - West Papua: 1.000 booklets - South Sulawesi: 2.500 booklets - Banten: 886 booklets - West Java: 1.500 booklets
1.8 Province level comprehensive training for dist	Training was done in all districts/cities as well as at health centers in Riau province, Kepri province, Bengkulu province, West Sumatera province, South Kalimantan province, Central Kalimantan province, West Kalimantan province, and East Kalimantan province, comprising 103 districts/cities and 1,504 health centers. This training was done in TOT system, targeting executors of immunization, MCH, and health cares at district/city level. Participants from health centers were MCH and immunization program coordinators. This training also included health training center institution, in order to achieve up to standard training class. The objective of this training was to improve health center personel to perform an integrated immunization and MCH management. In 2012, 19 districts/cities and 86 health centers in 2 provinces (Bengkulu and Kepri) have conducted the above training, whereas other provinces (Riau, West Sumatera, and all provinces in Kalimantan island) did so in the period of January to May 2013
1.9 Management training for immunization program	Training on immunization management at hospital was carried out in 3 provinces (Banten, West Java, and South Sulawesi), participated by hospital personel who perform immunization services, and targeting government hospitals, private hospitals, military/police hospitals, and state owned hospitals in those three provinces. In order to increase immunization coverage and better recording/reporting, all babies were inputed, disregarding where they got immunization. In 2012, of total 305 hospitals, 64 have held training, and the rest did so in the period of January to May 2013
1.10 District level technical orientation and sens	1. Technical orientation to improve immunization coverage through partnerships between midwife and TBA of HCs that are located in the low immunization coverage : The midwife and TBA partnership has long been performed, yet in practice, this is still far from the expectation since there is no any concrete form of agreement between them; therefore midwifes and TBAs still perform delivery process separately, making MCH services as well as delivery services are not as expected. The objective of this activity is to evaluate the conducted partnership forms within respective district/city and to assess the effectiveness of the partnership result performed, also to discover the problem and obstacle in the partnership implementation and seek problem/obstacle solving. This activity was conducted in form of meeting in district/city with methods of speech, Q and A session, interactive discussion, and group assignment and simulation suitable with the needs which was facilitated by resource person from district/city Activity outcomes: • It has been formulated several agreements in village level which will be used as referral in motivating the targets to improve the immunization coverage within the respective village • The head of Public Health Center is ready to facilitate the partnership between TBA and village midwife in order to improve the immunization coverage
1.11 District level comprehensive training of the	1. Comprehensive management training on immunization and MCH at HCs : The process of carrying out this training of integrated management

	was conducted in 5 days with the facilitator provided material presentation and simulation with visual aid which the basic material consists of basic policy of public health center and build work group; the essential material consists of integration of MCH program and immunization within Public Health Center management, planning, mini workshop, performance appraisal, and other supporting material consisting RTL (Follow Up Plan) and BLC (Building Learning Commitment). Activity outcomes: • Forming of working group in the public health center. • Planning of annual activity in public health center especially in sector of MCH and immunization • Analysis for every outcome of MCH program and immunization. • Forming of consensus i.e.: socialization on the outcomes of public health center management training to all staff; drafting vision and mission of public health center; data collection upon evaluation of activity outcomes for 1 year; improvement of performance after working group formed; forming working group in order to compose RUK (Activity Proposal Plan) and evaluation; conducting the first monthly mini workshop to compile RUK (Activity Proposal Plan), RPK (Activity Implementation Plan), and POA (Plan of Action) year 2013; improvement of program integration in attempt to improve public health center performance; monthly report received by Health Office at the 5th of next month at the latest; also agreed the color for year 2013 for PWS (Local Area Monitoring) graphic.. Activity follow up: • Socialization upon the result of public health center management training • Forming an integrated management working group • Compiling RUK (Activity Proposal Plan), RPK (Activity Implementation Plan), and POA (Plan of Action) for year 2013 • Implementing the activity of MCH and immunization integrated management • valuation on each program Local Outcomes : • West Java: Have 110 public health centers trained in 11 districts/cities. • South Sulawesi : 59 public health centers trained in 2 districts/cities • Papua : 5 public health centers trained in 1 districts/cities West Papua : 16 public health center trained in 2 district/cities 2. TOT of HC management to improve MCH and immunization coverage : In order to optimally develop health services, public health center is obliged to perform a good management. Public health center management is a series of activity performed systematically to produce public health center outcome by means of effective and efficient. Public health center management consists of (P1) Planning, (P2) Mini Workshop, (P3) Public Health Center Performance Appraisal. The entire activities above were one unit reciprocally related and continuous. As for the objective of this activity is the participants were expected to be able to become the trainer in the Public Health Center Management Training in terms of Improvement of MCH and Immunization Coverage. Activity outcomes: • Participant listed as facilitator of public health center management in respective district/city • Participant socialized the training outcomes to the entire cross-sectoral program within Health Office of respective district/city • Participant followed up the training outcomes by having coordination with related cross-sectoral program by conducting technical guidance of public health center management within Public Health Center • Participant followed up the training outcomes by conducting RTL (Follow Up Plan). Activity follow up:

	District/city implemented the integrated management training of MCH and Immunization in public health center with funding resource both from GAVI HSS and APBD (Local Expense and Income Budget)
1.12 District level training of cadres on basic im	1. Cadres Training : Community participant is very much needed in attempt to improve the immunization and MCH coverage, and in order to motivate the community there should be trained MCH Care Center Cadre. Health cadres in the village/MCH care center are volunteers who can facilitate access for community and health worker to obtain health services. In practice, cadre gives elucidation, also acts as an activator and motivator for childbearing mothers and mothers with babies; therefore it is necessary to equip and to increase the cadre's concept in infant health care. The objective of this activity is to escalate the cadre's capacity concerning baby's health in attempt to improve immunization coverage. Activity outcomes: • Improving cadre's capacity • Cadre can give information concerning child health to the community correctly • Cadre can have early detect on mother and child • Escalating the community empowerment so that the immunization improved • Can detect any malnutrition early. Follow up: All participants of cadre's training to continuously work together in attempt to improve the community empowerment within respective areas, so that they can become the health vanguard and able to bridge existing problems in their areas with health workers Input indicators : • West Java: 2700 trained cadres within 14 district/city • South Sulawesi: 7240 trained cadres within 14 district/city • Papua : .....trained cadres within 2 district/city • West Papua : ..... tranied cadres within 2 district/city 2. The development of curriculum for cadres of child health : Directorate of Childh Health collaboration with the link cross program and PKK have develop of curriculum for cadres of child health with contains improve knowledge and skill of cadres to delivery health massages to community. The curriculum used as tools cadres training. Therefor, the training curriculum standard as guidelines training cadres. The objective of activity is standard module curriculum as guideline implement for training cadres to increase knowledge of cadres when implementation of activities. The curriculum used by District Health Office or Health Center to Training of Cadres. These curriculum contain role of cadres, techniques communication and motivation cadres, infant health, childhood care, management and treatment of asphyxia, infection in babies suffering low weight at birth, type and schedule of immunization, Diarrhea , Pneumonia in Toddlers , Dengue , Malaria , Measles and Immunization for Cadres Range of implemented activities includes meeting with Cross Program Cross Sector : Health Promotion, Immunization Directorate, PKK, District Health Office West Java and Banten. The Result of activity is printing of module curriculum. Carrying out tests at District Sukabumi West Java invite cadres. To finalization of Curriculum, collaboration with Province Health Office, PKK West Java, Banten and District Health Office Bandung, Sukabumi, Serang and Cros Program/Cross Sector. Cadre Training Curriculum Guidelines for Children 's Health Series is equipped with a CD. 1.000 books have been printed and not yet distributed to provinces cause constrains cost distribution
Objective 2 Capacity Development on ensuring data	

2.1 Revise and standardize tool for reporting and	The background of this activity is there is still a difference of MCH and immunization reporting at central level, i.e. the difference of targeted neonatal data within MCH and immunization programs. Moreover, there is still dis-uniformed recording and reporting formats at provincial/district levels which cause data gap between one area and another. The Health Center personel often records a repeated variables and big variety of data which makes it in-consistent to create report. Currently, provincial/district level still manually record and report data, which makes it difficult to access to an updated data. Therefore an integrated and electronic MCH and immunization recording and reporting system is necessary. Based on the above situation, some activities were done in 2013 in order to enhance GAVI – funded community health system, i.e. Objective Reprogramming through "Capacity Strengthening on Recording and Reporting by individual registry system". They are: 1. MCH and Immunization Program Existing Tools Review Program at HC level, in order to study the existing MCH and immunization recording and reporting system by HC personnel. Indicator and targeted data were also reviewed, due to target gap between maternal programs, child programs, and immunization programs. 2. Assessing obstacles in collecting, recording, and reporting of MCH and immunization data, using the existing formats by HC personnel, who often must fill in too varied and repeated formats that are energy and time consuming for village midwives whose main task are to serve people. In fact, not all of those data collected are processed and utilized by Health Centers. 3. Creating an integrated MCH and Immunization recording and reporting system. The simplified variables have been the result of format review by considering data availability on the field, level of data priority for program stakeholders at central level, and minimizing duplication of data recording and reporting. 4. Carrying out tests of the integrated recording and reporting system at 2 Health Centers in West Java province. These tests were done in one period of data reporting. 5. Analyzing the result of the tests of integrated MCH and Immunization data recording and reporting system at HCs, in order to evaluate HC's capability to carry out such system. From this analysis, it was discovered that the integrated and simplified formats need to be more simplified and adjusted for what program stakeholders at HC, district, provincial, and central level need most. Cross programs that are related to MCH and immunization at central level, provincial level (West Java and Banten provinces), and district level (Krawang district), as well as HC level (Teluk Jambe Health Center, Karawang) were involved in the whole activities. The final objective was to obtain solution to the problems in data recording and reporting, in order to improve data quality. The final target of the whole activities is to obtain an integrated and standardized MCH and Immunization data recording and reporting system, which is the legal policy declared by the Ministry of Health in 2013. These sort of activities were not all finished in 2013, to be continued by GAVI – funded donor in 2014.
2.2 Refreshing training and implementation of DQS	Training on Data Quality Self Assessment or DQS was conducted in 58 districts/cities, comprising 24 districts/cities from 3 provinces of HSS and 34 districts/cities of IRI, from January to April 2013. Method used was speech, QnA, and field practice. The evaluation of this training was done in 58 districts/cities by taking samples from 2 health centers from each of those districts/cities. The objective of this training was to compare data at each level, from village cohort up to provincial level. From this DQS evaluation, it was found that data accuracy from village level to health center level was still low, whereas that from health center level to district/city level was far more accurate. When it comes to report quality, only 60% was up to standard.
Objetive 3: Improve immunization staff competency	
3.1 Review & revise the immunization and MCH compo	1. Review Implementation Curriculum of Immunization and MCH on D3 midwifery education : Midwife is one of the basic healthcare providers that is the foothold for an improvement of MCH status. Thus, their skill is very

important, which can only be obtained through a good training competency. A good training method can accommodate the expected skill, therefore, according to Regulation number 12/2012, regarding university, on paragraph 35, states that curriculum is a tool for planning and regulating of objective, content, study materials, as well as way of training to guide any training activities in order to achieve the skill objective.

Curriculum must be periodically reviewed to suit any changes and increases of healthcare needs, science and technology. Up until 2013, the third year midwifery students still used 2002 curriculum, implementing wide variety of quality which resulted un-standardized skill and knowledge between midwife students. Thus, it is necessary to overview the above curriculum in order to better describe any factors that determine competency for all midwife students and midwife academy quality, in order to better serve the community.
Based on such overview, it is expected that a correct intervention will be formed in order to improve midwife skill, especially to deliver MCH services through MCH and Immunization study materials.

"Overview of MCH and Immunization Curriculum Implementation for 3 year Midwifery school" was done in West Java province, Banten province, South Sulawesi province, Papua province, and West Papua province. This overview was assisted by Health Research and Development of the Ministry of Health, by collecting data directly to Midwife Academy, following below steps: Initial consolidation overview, instrument development, instrument tryouts, instrument correction, data collecting training, data collecting at midwifery school in 5 provinces and healthcare facilities, data processing, data analysis dissemination, and reporting.
The results are as follows:
a. Implementation of 3 year midwifery school (study materials, study method, and training tools for MCH and Immunization) vary between midwifery school
b. Midwifery students are highly knowledge, however their MCH and Immunization skills are low. In contrary, midwives who work at healthcare facilities are highly skilled but low in knowledge side.
c. Competency gap between 3 year midwifery students in eastern part of Indonesia (Papua province and East Papua province) and those in western part of Indonesia (Makassar, West Java province, and Banten province)
d. 3 year midwifery students in West Java province, Banten province, and West Sulawesi province have 5,694 times higher knowledge than those from Papua province and West Papua (p value = 0,000, OR = 5,694 [CI 95% = 3,764 – 8,611])
e. 3 year midwifery students from the government owned academy (except those from Papua and West Papua province) have 2,532 times better knowledge than those from private academy (p value = 0,000, OR = 2,532 [CI 95% = 1,526 – 4,202])
f. 3 year midwifery academy in West Java, Banten, and West Sulawesi province have 4,288 times higher to have permanent trainers than those in Papua and West Papua province (p value = 0,000, OR = 4,288 [CI 95% = 2,341 – 7,853])
g. Midwifery academy in West Java, Banten, and West Sulawesi have 4,291 higher to have S2 educated trainers than those in Papua and West Papua (p value = 0,000, OR = 4,291 [CI 95% = 2,315 – 7,954])
h. There is a need for an uniformed reference from central level in order to deliver a uniformed curriculum implementation, resulting in standardized competency output of midwives.

From the above overview, there is a need to improve midwifery academy so that the gap of skill could be narrowed. This can be done by doing interventions of education, training, and managerial as following:
a. Education: intervention on study activity process, through the development of study materials as well as media of study, by doing workshop on up to date information on MCH and Immunization
b. Training: training of trainers (TOT) on MCH and Immunization for related lecturers and clinical instructor (CI), in order to optimize

	study materials to be delivered for students at 51 3 year midwifery academy, of which the objective is to achieve the expected skill c. Managerial: Covering planning, implementing, monitoring and evaluation of any intervention done, in order to improve midwifery student's competency through MCH and Immunization study materials of midwifery curriculum.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

All activities have been implemented in 2013.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

In line to strengthen the policy and guideline for midwifes, the IBI (Midwifes association of Indonesia) were involved and orientated.<?xml:namespace prefix = "o" />

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Objective. 1. Area with low immunization coverage through acceleration of immunization coverage in low coverage areas*											
Percentage of community health workers (cadres) in target sub districts trained in community mobilization	N/A	N/A	80%	9%						DHO	- Total achieved in 2013 is 12.426 cadres (9% from the total target end project). But, Up to 2013, total cadres have been trained : 84.307 The percentage of target achieved was 39,96% - Target was not achieved due to lack of funds for training of cadres.
Percentage of villages which received operational cost support	44.78%	Survey (assessment GAVI-HSS) 2010	100%	-						DHO	Activity Cancel, Activity Support by Government (BOK)
Percentage of the target sub district with staff trained in management	N/A	N/A	100%	59%						DHO	Total achieved in 2013 is 581 HC (59% from the total target end project) Up to 2013, total of HC with staff trained were 992. The

											percentage of target achieved was 68%
Percentage of the sub-districts regulary following good management practices after training	N/A	N/A	80%	67%						DHO	Total achieved in 2013 is 581 HC (67% from the total target end project) Up to 2013 cumulative total of HC following good management after training were 992. The percentage of target achieved was 73%
Percentage of the target districts having joint regular meeting with CSO's	N/A	N/A	80%	9%						DHO	Total achieved in 2013 is 5 District (9% from the total target end project) Up to 2013, total of district having joint regular meeting with CSO were 55 districts. The percentage of target achieved was 68%
Percentage of targeted health center with staff trained for acceleration in low coverage district	N/A	N/A	100%	501						DHO	Total achieved in 2013 in 58 Districts with low coverage is 967 health center conducting DOFU and Sweeping Immunization
Percentage of targeted health center implement activities for acceleration immunization	N/A	N/A	100%	501						DHO	Total achieved in 2013 in 84 districts is 1.418 health center implementation activities for acceleration immnization and conducting training of integration immunization and MCH
Percentage of village health center achieved target of desa (village) UCI	N/A	N/A	100%	425						DHO	Total achieved in 2013 is 8.818 village of 11.345 village in 64 District (77% from 11.345 village)
Objective 2 Capacity Development on ensuring data collection and reporting											
Number of targeted health centers with the staf trained on individual data regristration system	N/A	N/A	100%	1000						DHO	The Activity start from 2013. the activity such as: Review Existing tools, Review Indicators and target data and cross program meeting in MoH

											(Immunization, MCH and center of health Information System). The target not achieved. The Activity Implemented in 2014 because the fund recenly have been received from GAVI in 23 December 2013 According to the original proposal, target end project is 1.000 Health Centers
Number of targeted health center implement the integrated individual data regristration system	N/A	N/A	100%	900						DHO	The Activity start from 2013. the activity such as: Review Existing tools, Review Indicators and target data and cross program meeting in MoH (Immunization, MCH and center of health Information System). The target not achieved. The Activity Implemented in 2014 because the fund recenly have been received from GAVI in 23 December 2013. According to original proposal, target end project is 9000 Health Centers implement the integrated individual data registration system
Objective 3 :Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution											
Strengthening implementation of MCH-Immunization for midwife Education Institution Number of targeted institusion implement guideline of	N/A	N/A	100%	51							The achievement of the indicator at the end for this activity is 51 Midwifery training Institutions. In 2013, the activity is meetings, the preparation

integrated MCH-EPI curriculum											phase, data processing, report preparation. In addition, the activities that have been achieved and implemented is a data collection and data processing and preparation of related reports on assessment data. The implementation activity was in 2014.

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

After Reprogramming approved from GAVI, major accomplishments as per tree objectives to support the overall goal for maternal, infant and child health improvement, are provided below. The reprogramming aimed at acceleration on the achievement of DPT3 immunization coverage with emphasis on; <?xml:namespace prefix = "o" />

Accomplishments from the tree objective are provided below :

1. Area with low immunization coverage through acceleration of immunization coverage in low coverage areas

2. Capacity Development on ensuring data collection and a reporting

3. Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution.

In 2013, the country plan has been implemented all activites to reprogramming activity. The country plan to finish all the first trance funds and the 50% of the second trance fund by December 2013.

Objective 1 Area with low immunization coverage through acceleration of immunization coverage in low coverage areas

<!--[if !supportLists]-->1.1. <!--[endif]-->Develop and distribute IEC material and social mobilize on immunization and maternal and child health with local content for the hard to reach and mountainous area of Papua and west Papua province

Result of activity is the printed posters and brochures were distributed to the following health offices:

<!--[if !supportLists]-->- <!--[endif]-->Posters about newborn baby care: 977 posters

<!--[if !supportLists]-->- <!--[endif]-->Posters about alarming signs of newborn baby:977 posters

<!--[if !supportLists]-->- <!--[endif]-->Posters about immunization : 977 posters

<!--[if !supportLists]-->- <!--[endif]-->Brochures about newborn baby care: 4,948 brochures

<!--[if !supportLists]-->- <!--[endif]-->Brochures about alarming signs of newborn baby:4,948 brochures

<!--[if !supportLists]-->- <!--[endif]-->Brochures about immunization: 4,948 brochures

<!--[if !supportLists]-->1.2. <!--[endif]-->Coordination meeting with 18 provinces and 58 districts in central level

This activity is a part of HSS GAVI socialization reprograms at provincial and district/city level that have implemented Intensified Routine Immunization or IRI, participated by 18 provinces and 58 districts/cities that have implemented IRI, comprising 22 HSS districts/cities and 38 IRI districts/cities. The objective of this

meeting was to strengthen and improve routine immunization services to reach 100% UCI target in villages, especially DPT-HB3 coverage, by 2014

<!--[if !supportLists]-->1.3. <!--[endif]-->Drop Out Follow up Immunization conducted in the 58 districts in the 13 provinces

This activities is One of strategies to reduce this drop out rate was to perform DOFU in areas with low immunization coverage, targeting 0-11 month old babies and 12-36 month old babies in 58 districts/cities of 13 provinces who have not received complete basic immunization.

<!--[if !supportLists]-->1.4. <!--[endif]-->National media workshop to sensitize 44 journalist from the 22 identified provinces (5 HSS Provinces, 10 IRI Provinces and 7 provinces in Sumatera that not include as IRI provinces) ensure public awareness and compliment. The workshop to be supported by media campaign in these provinces/districts

The result of this workshop was that the journalists got a correct and similar understanding about immunization, followed up by publication in their own region

<!--[if !supportLists]-->1.5. <!--[endif]-->Immunization Public service announcement

Campaign Immunization in 2013 be aired Immunization Public Service Announcements (PSAs), re- aired in TV Stations (MNCTV , Trans7, TVRI and at Soekarno Hatta
Airport TV). Impressions runs from February 26 to March 31, 2013

<!--[if !supportLists]-->1.6. <!--[endif]-->Procurement and distribution of MCH books for Islamic organizations, whose contents are based on the Islamic views/Al Quran

This handbook has been printed as much as 1.000 books..The purpose of this activity is also to obtain support from other Islamic organizations in Immunization and Maternal and Child Health services.

<!--[if !supportLists]-->1.7. <!--[endif]-->Modul Book

<!--[if !supportLists]-->- <!--[endif]-->Printing publication of cadre’s guideline on child health series.

6.866 books have been printed and have been distributed to the following provinces :
a. West Java: 1.500 books
b. Banten: 886 books
c. South Sulawesi: 2.480 books
d. Papua: 1.000 books
e. West Papua: 1.000 books

- Printing of Essential Neonatal Health Care Books

The copying of this booklet funded by GAVI HSS budget, and its development funded by the state budget. 6.886 copies were distributed to 5 (five) GAVI provinces

<!--[if !supportLists]-->a. <!--[endif]-->Papua: 1.000 booklets

<!--[if !supportLists]-->b. <!--[endif]-->West Papua: 1.000 booklets

<!--[if !supportLists]-->c. <!--[endif]-->South Sulawesi: 2.500 booklets

<!--[if !supportLists]-->d. <!--[endif]-->Banten: 886 booklets

<!--[if !supportLists]-->e. <!--[endif]-->West Java: 1.500 booklets

<!--[if !supportLists]-->1.8. <!--[endif]-->Province level comprehensive training for districts and health center staff on Immunization and MCH program management in Riau, Riau Islands, Bengkulu, West Sumatera, All Kalimantan Province

The objective of this training was to improve health center personnel to perform an integrated immunization and MCH management. In 2013, 2 provinces (Bengkulu and Kepri) have conducted the above training, whereas other provinces (Riau, West Sumatera, and all provinces in Kalimantan island)

<!--[if !supportLists]-->1.9. <!--[endif]-->Management training for immunization program for 241 hospitals in 3 HSS Provinces(West Java, Banten and South Sulawesi) including post training monitoring and

evaluation

Training on immunization management at hospital. Targeting government hospitals, private hospitals, military/police hospitals, and state owned hospitals in those three provinces.

<!--[if !supportLists]-->1.10. <!--[endif]-->District level technical orientation and sensitization of Immunization and MCH by partnering midwives and village TBA in two for the HSS provinces of West Java and South Sulawesi.

<!--[if !supportLists]-->- <!--[endif]-->Technical orientation to improve immunization coverage through partnerships between midwife and TBA of HCs that are located in the low immunization coverage. It has been formulated several agreements in village level which will be used as referral in motivating the targets to improve the immunization coverage within the respective village .The head of Public Health Center is ready to facilitate the partnership between TBA and village midwife in order to improve the immunization coverage

1.11. District level comprehensive training of the health center staff on Immunization and MCH program management in the in 34 of the 4 identified HSS provinces - West Java (13 District), South Sulawesi (18 District), Papua (1 District) and West Papua (2 District)

- Comprehensive management training on immunization and MCH at HCs

<!--[if !supportLists]--><!--[endif]-->West Java:Have 110 public health centers trained in 11 districts/cities.

<!--[if !supportLists]--><!--[endif]-->South Sulawesi : 59 public health centers trained in 2 districts/cities

<!--[if !supportLists]--><!--[endif]-->Papua : 5 public health centers trained in 1 districts/cities

<!--[if !supportLists]--><!--[endif]-->West Papua : 16 public health center trained in 2 district/cities

- TOT of HC management to improve MCH and immunization coverage

As for the objective of this activity is the participants were expected to be able to become the trainer in the Public Health Center Management Training in terms of Improvement of MCH and Immunization Coverage

<!--[if !supportLists]-->1.12. <!--[endif]-->District level training of cadres on basic immunization and maternal and child health practices in the 32 districts of the identified 4 HHS provinces -West Java: 14 district, South Sulawesi 14 District, Papua (2 District) and West Papua (2 District)

<!--[if !supportLists]-->- <!--[endif]-->CadresTraining

Community participant is very much needed in attempt to improve the immunization and MCH coverage, and in order to motivate the community there should be trained MCH Care Center Cadre.

Health cadres in the village/MCH care center are volunteers who can facilitate access for community and health worker to obtain health services. In practice, cadre gives elucidation, also acts as an activator and motivator for childbearing mothers and mothers with babies; therefore it is necessary to equip and to increase the cadre's concept in infant health care. The objective of this activity is to escalate the cadre's capacity concerning baby's health in attempt to improve immunization coverage.

Activity outcomes:

<!--[if !supportLists]--><!--[endif]--> Improving cadre's capacity

<!--[if !supportLists]--><!--[endif]-->Cadre can give information concerning child health to the community correctly

<!--[if !supportLists]--><!--[endif]-->Cadre can have early detect on mother and child

<!--[if !supportLists]--><!--[endif]-->Escalating the community empowerment so that the immunization improved

<!--[if !supportLists]--><!--[endif]-->Can detect any malnutrition early

Result:

<!--[if !supportLists]--><!--[endif]-->WestJava: 3.165 trained cadres within 14 district/city

<!--[if !supportLists]--><!--[endif]-->SouthSulawesi: 7240 trained cadres within 14district/city

<!--[if !supportLists]-->• <!--[endif]-->Papua : 965 trained cadres within 2 district/city

<!--[if !supportLists]-->• <!--[endif]-->West Papua :965 tranied cadres within 2 district/city

<!--[if !supportLists]->- <!--[endif]-->The development of curriculum for cadres of child health

The objective of activity is standard modul curriculum as guideline implement for training cadres to increase knowledge of cadres when implementation of activities.

The curriculum used by District Health Office or Health Center to Training of Cadres. These curriculums contain role of cadres,tehniques communication and motivation cadres, infant health, childhood care,management and treatment of asphyxia, infection in babies suffering low weight at birth, type and schedule of immunization, Diarrhea , Pneumonia in Toddlers ,Dengue , Malaria , Measles and Immunization for Cadres

Range of implemented activities includes meeting with Cross Program Cross Sector : Health Promotion, Immunization Directorate, PKK, District Health Office West Java and Banten. The Result of activity is printing of modul curriculum. Carrying out tests at District Sukabumi West Java invite cadres. To finalization of Curriculum, collaboration with Province Health Office, PKK West Java, Banten and District Health Office Bandung,Sukabumi, Serang and Cross Program/Cross Sector.

Cadre Training Curriculum Guidelines for Children 's Health Series is equipped with a CD.

Result :

1.000 books have been printed

Objective 2 Capacity Development on ensuring data collection and reporting

2.1 <!--[endif]-->Revise and standardize tool for reporting and recording individual resistrations (hard and soft) at health centre level

In 2013, activity implemented is:

<!--[if !supportLists]-->1. 1. MCH and Immunization Program Existing Tools Review Program at HC level, in order to study the existing MCH and immunization recording and reporting system by HC personnel. Indicator and targeted data were also reviewed, due to target gap between maternal programs, child programs, and immunization programs.

<!--[if !supportLists]-->2. <!--[endif]-->Assesing obstacles incollecting, recording, and reporting of MCH and immunization data, using the existing formats by HC personnel, who often must fill in too varied and repeated formats that are energy and time consuming for village midwives whose main task are to serve people. In fact, not all of those data collected are processed and utilized by Health Centers.

<!--[if !supportLists]-->3. <!--[endif]-->Creating an integrated MCH and Immunization recording and reporting system. The simplified variables have been the result of format review by considering data availablility on the field,level of data priority for program stakeholders at central level, and minimizing duplication of data recording and reporting.

<!--[if !supportLists]-->4. <!--[endif]-->Carrying out tests of the integrated recording and reporting system at 2 Health Centers in West Java province. These tests were done in one period of data reporting.

Analyzing the result of the tests of integrated MCH and Immunization data recording and reporting 1. system at HCs, in order to evaluate HC's capability to carry out such system. From this analysis, it was discovered that the integrated and simplified formats need to be more simplified and adjusted for what program stakeholders at HC, district, provincial, and central level need most

<!--[if !supportLists]-->2.2 <!--[endif]-->Refreshing training and implementation of DQS at the full of the 3 provinces HSS (West Java, South Sulawesi and Banten) and 34 identified districts under IRI

<!--[if !supportLists]->- <!--[endif]-->Training on Data Quality Self Assessment or DQS was conducted in 58 districts/cities, comprising 24 districts/cities from 3 provinces of HSS and 34 districts/cities of IRI, from

January to April 2013. Method used was speech, QnA, and field practice

Objective 3 Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution

3.1 Review & revise the immunization and MCH component in the midwife academic curriculum & introduce in the 51 midwife in the 5 identified HSS Provinces

- Review Implementation Curriculum of Immunization and MCH on D3 midwifery education

The results activity as follows:

<!--[if !supportLists]-->a. <!--[endif]-->Implementation of 3 year midwifery school (study materials,study method, and training tools for MCH and Immunization) vary between midwifery school

<!--[if !supportLists]-->b. <!--[endif]-->Midwfery students are highly knowledged, however ther MCH and Immunization skills are low. In contrary, midwives who work at health care facilities are highly skilled but low in knowledge side.

<!--[if !supportLists]-->c. <!--[endif]-->Competency gap between 3 year mdifery students in eastern part of Indonesia (Papua province and East Papua province) and those in western part of Indonesia (Makassar, West Java province, and Banten province)

<!--[if !supportLists]-->d. <!--[endif]-->3 year midwifery students in West Java province, Banten province, and West Sulawesi province have 5,694 times higher knowledge than those from Papua province and West Papua (p value = 0,000, OR =5,694 [CI 95% = 3,764 – 8,611])

<!--[if !supportLists]-->e. <!--[endif]-->3 year midwifery students from the government owned academy (except those from Papua and West Papua province) have 2,532 times better knowledege than those from private academy (p value = 0,000,OR = 2,532 [CI 95% = 1,526 – 4,202])

<!--[if !supportLists]-->f. <!--[endif]-->3 year midwifery academy in West Java, Banten, and West Sulawesi province have 4,288 times higher to have permanent trainers than those in Papua and West Papua province (p value = 0,000, OR =4,288 [CI 95% = 2,341 – 7,853])

<!--[if !supportLists]-->g. <!--[endif]-->Midwifery academy in West Java, Banten, and West Sulawesi have 4,291 higher to have S2 educated trainers than those in Papua and West Papua (p value = 0,000, OR = 4,291 [CI 95% = 2,315 –7,954])

<!--[if !supportLists]-->h. <!--[endif]-->There is a need for an uniformed reference from central level in order to deliver a uniformed curriculum implementation,resulting in standardized competency output of midwives

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The followingproblems were encountered during project implementation in 2013:<?xml:namespace prefix = "o" />

PROGRAMMATIC PROBLEMS:

<!--[if !supportLists]-->1. <!--[endif]-->Activities HSS reprogramming involving inter program in MoH and provinces/ districts which HSS activities implementation, needed coordination for conducting all activities proposed.

<!--[if !supportLists]-->2. <!--[endif]--> Funding for activities planned of year 2013 delivered by end fiscal of year 2013.

Alternative Solution :

<!--[if !supportLists]-->1. <!--[endif]-->Routine monthly coordinative meetings were done in order to synchronize activities from different units and first year 2014 has been conducted coordination for planning and budgeting meeting. The meeting was attended 25 provinces and 94 districts/cities for

integrated of immunization and MCH implementation in 2014 year to accelerate immunizations target

<!--[if !supportLists]-->2. <!--[endif]-->First year 2014, Formulation of cMYP 2015 – 2019,involving expert team from university, international agency and inter program

<!--[if !supportLists]-->3. <!--[endif]-->First year 2014, Management and coordination related GAVI grant (Fund Channeling) involving Bureau of Planning and Budget, Bureau of Finance, Center of Technical Foreign MoH and Ministry of Finance, international agency - WHO.

<!--[if !supportLists]-->4. <!--[endif]-->All activities planned of year 2013, optimize using remaining fund of year 2012

MANAGERIAL PROBLEMS:

<!--[if !supportLists]-->1. <!--[endif]-->Delayed financial reporting due to late fund proposing in the State Budget (DIPA) which was done at the end of the year, causing Grant Endorsement reporting (SP2HL) to the State Treasury Office VI was only done also at the end of the year.

<!--[if !supportLists]-->2. <!--[endif]-->The realized financial statements from provinces were delayed, as all project activity realizations must be reported to central level as Unit in Charge, even though these activities were done in the provinces.

Alternative Solution:

<!--[if !supportLists]-->1. <!--[endif]-->Create a complete one year period plan of activities, including their budgetings for that particular period, which will be proposed in the State Budget (DIPA).

<!--[if !supportLists]-->2. <!--[endif]-->Hold meetings between different programs (cross programs) within the Ministry of Health, by inviting competent official from the Ministry of Finance as speaker, in order to minimize reporting obligation from provincial/district levels to central level

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

<!--[if !supportLists]-->1. <!--[endif]-->Central level :<?xml:namespace prefix = "o" />

- The monitoring reports are submitted to the Bureau of Planning and Budgeting of Ministry of Health and to the BAPPENAS (National Development and Planning Board) together with the State Budget – funded report of activities. All these reports are submitted to the Jakarta VI State Treasury Office.
- GAVI implementing team works at each implementing unit and secretariat. The monitoring and evaluation (monitoring and evaluation) officers work at Secretariat of Directorate General i.e. Program and Information Division, who is appointed by the Director General Decree, thus avoiding a frequent replacement of staff. The team's works include the following:
- Monitoring and evaluation with external auditor (Badan Pengawasan Keuangan dan Pembangunan/BPKP)
- Integrated monitoring at provincial/district/city level
- DG of Nutrition and MCH monitors/assists the process of fund accountability at the province and selected districts
- At least a monthly meeting between project management and GAVI Program manager
- Quarterly meeting between implementing units and the head of Bureau of Planning and Budgeting
- The Quarterly Report is submitted to the Bureau of Planning and Budgeting of Ministry of Health and to the BAPPENAS (National Development and Planning Board), together with the State Budget – funded report of activities.
- At least twice a year coordinative meeting among related units and provincial/district level
- At least 4 times a year the HSCC (Health Sector Coordinating Committee) conducts regular meeting

2. Provincial level :

- All financial accountability reports are submitted by all project's provincial level treasurer to the central secretariat, who then submit them to the Jakarta VI State Treasury Office as a basis for releasing SP2HL
- A team whose members are assigned by Director General of CDCDecree (to avoid a frequent replacement of staff) is responsible to monitor activities at provincial/district/city level
- Monitoring and evaluation's mechanism at provincial level isdone by creating a monitoring and evaluation team, of which each team is responsible for 4 district/cities
- Monitoring and evaluation covers up to the district/city level
- The province takes part in almost all activities at districts/cities level
- The province consults to the central level
- At least twice a year coordinative meeting at provincial level and district level

3. Districts/Cities level :

- Monitoring and evaluation executive that works at district level is responsible for GAVI HSS activities at district/city level
- Districts/cities Monitoring evaluation team is set up by Decree of Head of Provincial Health Office

District Health Office (monitoring and evaluation team) conducts monitoring and evaluation of HSS activities at the selected Health Centers

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

<!--[if !supportLists]-->A. <!--[endif]-->Monitoring Implementation of Activities:<?xml:namespace prefix = "o" />

1. Monthly report

Budget absorption together with SPBN budget was reported to Budget Absorption and Monitoring Evaluation Team of the Ministry of Health's Bureau of Finance and State Assets

<!--[if !supportLists]-->b. <!--[endif]-->Quarterly report

Through the Ministry of Health's Bureau of Planning and Budgeting, the Quarterly Report that includes budget absorption and project implementation progress was reported to the Ministry of Finance's Directorate General of Debt Management as well as to National Development and Planning Board (BAPPENAS).This Quarterly Report format was provided by Ministry of Finance's Directorate General of Debt Management, and was submitted at the same time with other loan and grant projects.

<!--[if !supportLists]-->a. <!--[endif]-->Annual Report

The project's financial absorption and its implementations were reported to the Ministry of Finance's Directorate General of Debt Management as well as to National Development and Planning Board (BAPPENAS), through the Ministry of Health's Bureau of Planning and Budgeting. This report, together with other reports from different projects that were funded by State Budget, were binded on the echelon one's annual report of the Ministry of Health's various programs and sectors, such as Nutrition and MCH programs, Human Resource Development Department, and Directorate General of Disease Control and Environmental Health where GAVI HSS project takes part in. This report was also made by Provincial/district/city level's Health Office.

The Ministry of Health also set up loan and grant monitoring team, who is now chaired by the Secretary General and has members from main units of the ministry. This team's main task is to monitor all activities that are funded by loans and grants, as well as to coordinate them to run in line with the National Medium

Term Development Plans and the Ministry of Health's strategic plans.

1. Central Level:

- Bureau of Planning and Budgeting, MOH monitors the implementation of GAVI HSS

- Through the Bureau of Planning and Budgeting, the report is submitted to National Planning and Development Board quarterly period, together with other activities funded by the State Budget

- National Planning and Development Board monitors the activities of the GAVI HSS

- Technical Team of GAVI routinely monitors the implementation of GAVI HSS

- Integrated National Monitoring and Evaluation System: GAVI HSS activities are reported together with the monitoring implementation of State Budget – funded activities

2. Provincial / District /City:
Provincial and district/city level integrate themselves on regular monitoring system.

Financial Monitoring:
GAVI HSS implementation units at central and provincial level (provincial/district/city health office) submit a monthly report to the secretariat of GAVI HSS, who will then recapitulates this report to and submit it to the program manager. This report goes to the State Treasury Office of Ministry of Finance every quarterly period for Direct Grant Approval Letter.
<!--[endif]-->

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

1. CSO<?xml:namespace prefix = "o" />

a. PKK (Family Welfare Educational class), an organization of mothers, has activities such as:

- Disseminating MCH information during monthly wives gathering where DHO staff has opportunity to speak about MCH and immunization

- Activating "Dasa Wisma" (a group of 10 to 20 neighborhoods) in South Sulawesi province

b. White Ribbon Alliance, a community organization of persons who concern about maternal health services. This organization spreads around Indonesia, and in Banten Province, it actively involves in socializing MCH booklets to housewives, including information about pregnancy routine checks

c. BPS,a private midwifery practice, is active in reporting MCH service and immunization data to the Health Centers.

2. Religious organizations

a. ALHIDAYAH and MUI are two Islamic organizations that spread across the country and are active in disseminating information about MCH booklets using as well as reproductive health among youth.

b. AISYAH and Fatayat NU, a wives organization where during their monthly Islamic oration they invite a speaker from the DHO to speak about MC Hand immunization issues.

c. PERDAKI, Injili Christian Church, are two organizations in Papua province that take part in socializing the MCH booklets using and informing health and immunization schedules at Posyandu (integrated Health Post) at the end of the church service.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

1.IBI (Midwife Organization) <?xml:namespace prefix = "o" />

Type of activities: GAVI HSS only pay to conduct some socialization of MCH and Immunization meetings to

members of IBI, particularly socialization of new program, such as Jampersal (Health guaranty for delivery in health facilities)

2. PKK (Family Welfare Educational Class)

Type of activities : GAVI HSS pay for socialization of MCH and immunization program to the members of PKK then the members participated in some activities of cadres training on MCH and immunization services including MCH handbook.

3. Community figure/religious leader

Type of activities : GAVI HSS pay for training of religious/communityleaders in BPCP & using of MCH handbook, then they implement in their religious/community activities

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Planning was begun with the coordinative meeting with the implementing units at the Directorate General of Public Health (the present title: Directorate General of Nutrition,Maternal and Child Health) and the related units. The next step is to conduct meeting with the Provincial Health Office and District Health Office to allocate the funds by using standard cost from the Ministry of Finance as well as local standard cost. Baselines used as reference are: number of cadres to be trained;number of Health Center staff to be trained, etc. by using secondary data from DHO.<?xml:namespace prefix = "o" />

<!--[if !supportLists]-->1. <!--[endif]-->Mechanism of channeling of GAVI HSS funds into the country:

GAVI Geneva transfers the money to the executing agency's account number i.e. Directorate General of Communicable Diseases and Environmental Health)

2. Transferring mechanism of GAVI HSS funds is as follows: 1. The Min. of Finance approved the budget of Secretariat Directorate General of Nutrition, Maternal and Child, formally known as State Budget Document. This means that all expenditures used by GAVI project follow the State Financial Mechanism and the State audit, 2.Directorate General of Disease Control and Environmental Health transferred the fund to Secretariat Directorate General of Nutrition and Maternal and Child Health's account number.

3. Channeling mechanism of GAVI HSS funds from central level to provincial and district level:

The funds are transferred to district level. Prior to the transferring, the head of PHO /DHO must sign the letter of integrity pact. Such mechanism was also applied by all implementing units at central level

Mechanism (and responsibility) of budget use and its approval:

The implementing units at central level and provincial/district level uses the GAVI HSS funds to conduct activities that are in line with the action plan/Detailed Plan Budget) approved by DG of CD& EH. The Program manager is responsible to ensure that the budget is used on the right track.

Mechanism of disbursement of the GAVI HSS funds :

First, the implementing units (central level and PHO/DHO) submit monthly Financial Report to the Program Manager. Program Manager will then pass the report for getting legalization (SP3) at the Special Treasury Office-Jakarta VI with attached documents i.e. the recapitulation of the expenditure and the bank statement.

Auditing Procedures:

The auditing procedures refer to the Government of Indonesia regulation on audit mechanism. An internal audit is conducted by the Inspectorate General of Ministry of health, and an external audit is conducted by The Government's Internal Auditor Office (Badan Pengawasan Keuangan dan Pembangunan/BPKP).

Revision of Detailed Plan Budget:

In case of revision, the DHO proposes to the PHO, who will then propose it to the Program Manager of HSS,

The Program Manager agree and sign revision of detail plan budget.

Health for approval.Revision is permitted for an adjustment of unit cost only. While the activities proposed must not change.

Constraints :

- Long Bureaucracy (fund planning, fund disbursement, budget claiming, accountability of budget use and its approval)
- Mechanism differences (and accountability) of budget use at central and provincial/district level.

Action taken/Suggestion :

- New management team, including staff recruitment for new secretariat
- Planning & monitoring meeting at various levels to solve problems

Change to management processes in the coming year

- GAVI fund has been allocated in the state budget. In this way, all expenditure used for GAVI project will apply to State Financial Mechanism and audited by the state.

- GAVI HSS is an integration of activities from various programs (MCH, immunization health promotion program), therefore it has been decided that the technical coordinator of GAVI HSS is the Bureau of Planning and Budgeting

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 1 Area with low immunization coverage through acceleration of immunization coverage in low coverage areas*						
1.1 Increase Integrated Planning to increase immunization and MCH coverage in low coverage areas	1.1.1 Mid term review meeting on Immunization and NMCH Coverage at district low coverage area, and to identify villages with low coverage area using LAM	54693				
	1.1.2 Conducted DOFU and sweeping in the identified 56 districts in the 15 provinces with low coverage	711004	493042			

	1.1.3 Reach un-immunize children whose live at the hard to reach area using SOS strategy (200 village at 100 PHC)	765697	407507			
	1.1.4 Supervision and technical assistance for the low coverage and hard to reach province/district	191424				
1.2 Increasing Public Awareness	1.2.1 Promotion on Immunization using IEC Material to mothers and caregivers of unimmunized and incomplete immunized children	220393				
	1.2.2 Using Flip Chart Health Children's Series for Cadre adaptation for Papua and West Papua	54693	31752			
	1.2.3 Using Jingles to increase awareness on Immunization and MCH	27078	5998			
	1.2.4 Improving cadre involvement in community mobilization for immunization and MCH services	75120				
	1.2.5 Partnership with TBA and private midwives to increase immunization coverage	75077				
1.3 Cold Chain Improvement		346071				
Objective 2 Capacity Development on ensuring data collection and reporting						
	2.1 Refreshing training and implementation of DQS at all districts in 3 provinces (West Java, South Sulawesi and Banten) and 34 identified districts under IRI	109385	68196			
	2.2 Strengthening	269398	4479			

	of Reporting and Recording by integrated Individual registration System (Implementation of web-based RR). Activity as follows: a. Cross Program meeting in MoH(DG of Nutrition and MCH, DG of DC &EH, DG of Health Care anda Center Of Health Information System) b.Socialization, Advocacy of the tools to the local government Strengthening of reporting and recording system with individual computerized data (Immunization and MCH) c.Development of Tools d. Piloting the Tools in selected Provinces and Finalization of Tools e. Printing Guidelines for RR Individual Data f. TOT at The Central Level					
Objective 3 Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution						
	3.1 Collaboration with education institution (School of Medicine, School of Public Health, School of Midwifery and School of Nursing) to increase immunization and MCH services coverage	109385				
	3.2 Material of curriculum for	78888	20392			

	Midwifery Teaching Program					
	3.3 Asssesment and developing Training Modul for Midwive Institution on "Strengthening of the Implementation of Immunization and MCH Material"	75125				
	3.4 District level comprehensive training of the health center staff on Immunization and MCH program management in all districts in Riau, West Sumatera, and All Kalimantan Provinces	161200				
	3.5 Immunization Program Management Training for 305 hospitals in 3 Provinces (West Java, Banten and South Sulawesi) including post-training monitoring and evaluation	114198	82200			
Support Cost	Management Cost & Monitoring and Evaluation	521391	72928			
		3960220	1186494			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Objective 1	Area with low immunization coverage through acceleration of immunization coverage in low coverage areas*				
	1.1. Improve Nurse and Midwife Capacity	48906	1.1. Training midwife coordinator & EPI	focusing in strengthening capacity health center level immunization services	110210

	to strengthening services implementation of Immunization - MCH, Asphyxia, Low Birth Weight Infants in Papua and West Papua		Coordinator in Puskesmas level reaching every village (IPC skill, Village Mapping, Microplanning, Health worker burden, immunization & MCH session, RR, Monitoring & supervision)		
			1.2 Training village midwife on Injection safety, IPC skill, proper data collection & data reporting, mapping & registration missed children, cold chain & vaccine management	focusing in strengthening capacity health center level immunization services	106924
	1.1.1 Mid term review meeting on Immunization and NMCH Coverage at district low coverage area, and to identify villages with low coverage area using LAM	67350	1.1.1 Mid term review meeting on Immunization and NMCH	all GAVI HSS, CSO and ISS activities	134700
			1.1.2. End of HSS grant Evaluation	independent organization	100000
	1.1.2 Conducted DOFU and sweeping in the identified 45 districts in the 12 provinces with low coverage	657500	1.1.3 Conducted DOFU and sweeping in the identified 31 districts with low coverage / large number un-immunized children based on baseline profile	activities of 1.1.2 and 1.13. are combined	1440000
	1.1.3 Conducted sweeping in the identified 58 districts in the 13 provinces with low coverage	921688			
	1.1.4 Reach un-immunize children whose live at the hard to reach area using SOS strategy (200 village at 100 PHC)	852470	1.1.4 Reach un-immunize children whose live at the hard to reach area using SOS strategy (200 village at 100 PHC) at least 3 times visit	as a guidance of immunization implementation which SOS at least 3 - 4 times visit	765196
	1.1.5 Supervision and technical assistance for the low coverage and hard to reach province/district	83100	1.1.5 Supervision and technical assistance for the low coverage / large number un-immunized children based on baseline profile and hard to reach province/district	31 districs in 10 provinces	83100
	1.1.6 Cold Chain Improvement	2283286	1.1.6 Cold Chain & infrastructure Improvement based on 2014 cold chain inventory	for nation wide	2283286
	1.2. Printing & Distribution IEC Materian on Immunization in 103 District/City	116000	1.2.1 Printing & Distribution IEC Material on Immunization for all districs based on all PROMKES materials	31 districs in 10 provinces	116000
			1.2.2 networking with CSO, NGO, Media, Others to increase demand for immunization	31 districs in 10 provinces	100000
	1.3. Refresing Training to Increasing Immunization	50580	1.3. Refresing Training to Increasing Immunization	31 districs in 10 provinces	500000

	Coverage		Coverage		
	1.4. Orientation Immunzation Child Program for Early Childhood Teacher	44614	1.4 orientation for community & religius leader as supporter in immunization	31 districs in 10 provinces	220098
	1.5. Coordination Meeting Exit Stategy for Sustainability Activity to Increase Immunization Coverage at 5 Province (62 District)	235078	1.5 Consultation workshop to develop urban strategy to incerease routine immunization covarage (included private health provider)	31 districs in 10 provinces	64126
Objective 2	Capacity Development on ensuring data collection and reporting				
	2.1.Strengthening of Reporting and Recording by integrated Individual registration System (Implementation of web-based RR) (Data Improvement)	1345882	2.1. Independent Evaluation of existing web based RR		
			2.1.1 Coordination Meeting on preparation of integrated information systems: health center baseline data in the District/City, classification on information system that has been implemented		114914
			2.1.2. Field Assesment in 2 District/City at Java, Sumatera and Sulawesi		20520
			2.1.3. The integration of application systems at Health Center to SIKDA GENERIK31 district in 10 provinces		28729
			2.1.4. Cross-Program Coordination within the framework of the integration of the System		82082
			2.1.5. Standardization of MCH and Immunization Data		49249
			2.1.6. Piloting of integratedhealth center information system		44324
			2.1.7. Assistancy for Recording and Reporting Implementation		57457
			2.1.8. Preparation of Regulation support on the integrated information systems		20520
			2.1.9. Socialization and sensitization of health center integrated information system		114914
			2.1.10. Training/Cascade Training: Center, Province, District/City		287286

			2.1.11.Training Health Center Staff on Integrated information system		492490
			2.1.12. Printing Guidelines for RR Individual Data		32833
	2.2. Refreshing training and implementation of DQS at 250 districts in 21 provinces	685955	2. 2. Refreshing training and implementation of DQS at 250 districts in 21 provinces		560552
	2.3. Strengthening of Reporting and Recording by integrated Individual registration System (Implementation of web-based RR)	636600	2.3. Coordination & Training on data management for Private health provider in selected urban area		100000
Objective 3:	Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution				
	3.1. Fasilitation to Increase Immunization Coverage and MCH Service colaboration with Education Institution (School of Medicine, School of Public Health, School of Midwifery and School of Nursing in South Sumatera, West Java, Jakarta, Banten, East Java, Central Java, South Sulawesi, Papua and West Papua	491805			
Support Cost					
	Management Cost	460000			
	ME & TA	439686			
		9420500			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
HSS AusAID	49415000	2011-2016	Improvement of Health Work force, Health Financing and Health Policy
HSS GFATM Round-10	36142479	2011-2016	Strengthening National Health Information System and Pharmaceutical and Health Product Management

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
MOH, DHO, PHO	The achievement of Indicators: - All implementing units at central level developed tools for monitoring - All responsible person from implementing units trained those at provincial and district level on how to full fill the tools. - Tools were full filed by responsible person for GAVI HSS at district level to be then recapitulated by DHO and validated by PHO - The recapitulation of DHO's report was validated by central level. - DHO and PHO were invited by the central level to verify their reports - Reports from DHO, PHO to central level should be signed by the Head of DHO/PHO Financial Report : - District Health Office sent the Financial Report to PHO. - The recapitulation of the report was sent by PHO to central level (Program Manager of HSS) including its original receipt - Program Manager then sent the report to DG of CD & EH. - The recapitulation of the report was sent by DG of CD & EH to Ministry of Finance (to the Special Treasury Office-Jakarta VI) for requesting the legalization of the expenditure. - Prior to the above step, the secretariat at provincial and central level verified all the original receipts of the budget used and to see if the budget and activities had been used on the right track	- Facility based, Reports from some regions are not timely, - Under reported and/or over reported

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

APR Form is already comprehensive. The difficulty is more on data and information collecting from the regions,considering GAVI HSS area coverage that ranges from village level to provincial level.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?4

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Indonesia **has NOT received GAVI TYPE A CSO support**

Indonesia is not reporting on GAVI TYPE A CSO support for 2013

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support*1*

Please list any abbreviations and acronyms that are used in this report below:

ACE	:	Association of Community Empowerment
CARE	:	Catholic Relief Everywhere
IBI	:	Indonesian Midwives Association
IDAI	:	Indonesian Pediatrician Association
IMC	:	International Medical Corps
Kuis	:	Coalition for Healthy Indonesia
MoH	:	Ministry of Health
PP Aisyiyah	:	Central Board of Aisyiyah
PP MuslimatNU	:	Central Board of Muslimat Nahdlatul Ulama
YKAI	:	Indonesian Child Welfare Foundation
PATH	:	Program for Appropriate Technology in Health
Perdhaki	:	Association of Voluntary Health Services in Indonesia
Pelkesi	:	Association of Christian Health Service in Indonesia
PKBI	:	Indonesian Family Planning Association
TP-PKK	:	Family Welfare Movement
Gerakan Pramuka	:	Indonesian Scout Movement

Note :

For table 10.2.5:Because of some columns cannot be filled in accordance to the real report orcondition, we have attached the file titled " APR CSO 2013 Final" in theattachment section ("other" column) for detail information.

10.2.1. **Programme implementation**

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Progress ofImplementation:

1. Implementing Agency (Center for Health Promotion, MoH) :

1. ConductedCSO Coordination Meeting

The coordination meetingswere aimed to discuss activity preparations and program progress of CSOs.Besides CSOs, the meetings involved key stakeholders in the immunization andMCH programs from MoH. The coordinating meetings were held three times in 2012.

Center for Health Promotion with SKIPI CSO hasconducted regular meetings attended by four GAVI CSO

grant managers and inter-related programs. These meetings were held 2times on 8 April 2013 and 6September 2013.

These meetings presentedprogress report and plan activities in general and 4 GAVI CSOs which currentlywere implementing the program in 2013. There was also discussions about thingsthat need attention and need to be followed. These CSOs regular meetings also as communication forum between the Ministry and the CSOs.

2. Developedand produced GAVI Newsletter

There are 3 edition of GAVI Newsletter havebeen publishedin 2012,which covered activities of all 3 components of GAVI Phase II in Indonesia.

There were three preparation meetings andprocurement of newsletter as a communication media to convey information aboutGAVI activities, called "Info GAVI" seventh, eight and ninth editionduring 2013. The newsletters preparation process involves Directorate ofSIMKARKESMA, GAVI Executive Secretary, SKIPI HSS and 4 CSOs.

3. Evaluation

Center for HealthPromotion with SKIPI GAVI-CSO implement evaluation meeting of Phase II Year I attendedby four central CSOs and inter-related programs, 4 provincial CSOs, 4 district level CSOs, Provincial Health Office and City/District Health Office from intervention area. The event was held on 5-7 February 2013 to monitor and evaluate theactivities of the GAVI CSO Phase II in 2012 also to coordinate and integrate the activities thatwill be implemented in 2013, so that the implementers and inter-relatedprograms support each other in improving immunization coverage and MCH.

These 4 CSOs have undertaken a series ofactivities at the grass root in Phase II in 2012. Each district/city level CSOspresent the results of the implementation activities such as GAVI-CSOConsortium of Jeneponto and Sidrap district, GAVI-CSO IBI of Palopo city andBogor district, GAVI-CSO TP.PKK of Soppeng district. On this occasion,Directorate of Simkarkesma delivered immunization policies and New VaccineSupport (NVS), Center for Health Promotion conveyed progress of GAVI-CSOactivities including achievement of immunization coverage in 30 districts/citiesof CSO intervention area. Almost all districts/ cities of CSO intervention area,have immunization coverage increased from 2009, 2010, 2011 and 2012.

The results of theevaluation meeting were obtaining agreed plans and schedules in 2013 for eachCSO started from the central, provincial and district/city also obtaininginformation about obstacles/barriers and the solutions, such as securityproblems in Papua, village head election in Bekasi. This activity also obtainedinput/lessons learned GAVI-CSO from TP.PKK (Soppeng), Consortium (Jeneponto,Sidrap) and IBI (Palopo City and Bogor District), such as the provision ofsuplementary feeding from GAVI-CSO TP.PKK, bright and cheerful healthy babiescompetition from GAVI-CSO Consortium, advocacy in district and village levels fromGAVI-CSO IBI.

4. ConductedMonitoring and Evaluation (Monev)

The monitoring andevaluation were conducted only in two provinces, West Java and South Sulawesi.The activity was aimed to monitor and evaluate whether CSOs (TP.PKK, IBI andConsortium) in provincial and district level conducted coordination with theHealth Office in provincial and district level. It aims also to identify problems encounteredduring implementation of the program, and provide recommendation.

Monitoring and evaluationin West Java and South Sulawesi revealed no significant problem found and thatall CSOs (TP.PKK, IBI and Consortium) in provincial and district level had goodcoordinationwith the Health Office in provincial and district level. CSOs activities went well according to the work plan.

5. Documentation Lesson Learned

Toillustrate the success ofmodel of development effort to improve the coverage of immunization and MCHfrom each CSO, itisneeded to document lessonslearned GAVI - CSO. Lesson learned documentation can also be used as source ofideas, references in the implementation of partnership activities and increasedparticipation of CSOs with the Ministry of Health in the implementation

ofhealth programs particularly in improving immunization coverage and MCHactivities

6. Evaluation and Exit Strategy

All four CSOs has finished implement a series of activitiesto support increasement of immunization and MCH coverage fundedbyGAVI CSO. Many

successes were achieved, but barriers and obstacles werealso encounteredwithin the implementation of GAVI CSO program. Various attempts that

have beenmade were expectedto be sustainable by using local resources or CSR. Likewise, evaluation and exit strategies of GAVI CSO activities

has been heldto evaluate and plan exit strategy as sustainability efforts of improvementactivitiesfor immunization coverage and MCH post GAVI grant aid.

2. CSO

Here is the elaboration of the progress of the CSOs' activities:

1. TP.PKK (May 2013 –April 2014)
2. GerakanPramuka (February - December 2013)
3. Consortium(June 2013 – April 2014)
4. IBI (March 2013 – April 2014)

1. TP.PKK = Family Welfare Movement (June 2013 – April 2014)

a. Coordination meeting in central level.

The coordination meeting was conducted in central level. The objectiveis to make plan of activities in centrallevel.

b. Coordination meeting in provincial level.

The coordination meeting was conducted in 5 provinces (West Java, Banten,South Sulawesi, Papua and West Papua). The objective is to make activities planin regencies and districts level.

c. Coordination meeting in district level.

The coordination meeting was conducted in 10 regencies (Bogor, Kuningan,Cilegon, Tangerang, Soppeng, Pare-pare, Jayapura dan Keerom). The objective isto make activities plan in districts and village level.

d. Supporting IEC Media for Cadre PKK and Cadre Posyandu.

Reprinting and distribution leaflet and bag as media tool for Cadres PKK and Posyandu to explainimmunization and mother child health benefit and importance to target appropriatetheir age group.

e. Community outreach

Counseling with home visit, group eludication and mass extension by CadresPKK/Cadres Posyandu to educate and empowering community especially target groupof MCH done out Integrated HealthServices Post (POSYANDU) day, supplementary feeding in Posyandu day tostimulate baby mothers reach Posyandu and to get supplementary feeding samplewhich made from local specific foodstuffs not fabric.

f. End line data

End lineof datawas performed On 23 – 25 March 2014 in 10 districts/cities targeted:Bogor, Kuningan, Cilegon, Tangerang, Soppeng, Pare-pare,Jayapura dan Keerom.The primary data were collected withInstruments which is use to asking respondens group namely cadres PKKprovinces, regencies, districts, cadres Posyandu, baby under five yearsmothers, Health centre providers. The objective are to know enhancement datacoverage immunization on 2009 and 2013, to identify process knowledge, attitudes and behavior of cadres and target group MCH, to know outcome of community outreach byGAVI-CSO-PKK (eludication group, home visit, mass extension about immunizationand MCH and suplementary feeding in Posyandu). The results of end line data show that 90 % Cadres PKK/Posyandu has beendone education community to increase immunization and MCH properly guidancebook of cadres. Generally baby mothers knowledge, attitude and practise raiseup. The knowledge of baby mothers 95 % comes from cadres PKK/Posyandu, 82,5 %comes from Health centre providers, 70 % TV, 42,5 % radio and 12,5% comes fromtheir husbands. Only 42,5 % baby mothers to immunize by themselves regarding of theirawarness, 55 % still have to motivation by cadres and 2,5 % will beimmunization after home visit. Thats why baby mothers needs increasing theirbehaviour. Cadres suggestion that they need training and orientation about collectingdata immunization coverage, the methode of educational community, empowermentcommunity. Baby mothers gives also suggest to hope more sosialization ofimmunization and MCH in their villages, how to make babies didnt got feverafter immunization.

The coverage of immunization uplift approximately0,6%-24,6% each districts/cities. This increase not solelyfrom the GAVI contributedintervention only, but also related to outside of the excavated aspects, kindly the role of cross-sector from local government, and other concerned Ministries, therole of other NGOs, capacityor the quality ofhealth personnel, as well as the improvement of socio-economic aspects and theinfluence of local culture.

g. Exit Strategy Meeting

The meeting was held on 10-12 March 2014, the objective are to let provinceand district showing their finally report of activities and achievement datacoverage immunization at the intervention fields. To discuss about plans of exitstrategy national and by level also in TP-PKK then should be apply in anotherdistricts and maintain, strengthening by level for futher. The exit strategyhas been formed related to national strategic GAVI-CSO-PKK and explain withbreakdown activities with strengthening role of cadres each level, empowermentcommunity and advocacy.

h. Monitoring and evaluation

Monitoring and evaluation conducted in 5 provinces and 10 districts(Banten, West Java, South Sulawesi, West Papua). GAVI-CSO-PKK interventions canimprove TP.PKK's roles which are to guidecadres increasing services in Posyandu and to cooperate with health sector andlocal goverment. The cadres were helped by guidance book and leaflet. Monitoring andevaluation using instruments by each level. The method used bysite visits, interviews and observation. Activities done with Foccus group discussion to target group respondens. Monitoring andevaluation showed that all activities of GAVI-CSO-PKK were accomplished.The results of monitoring and evaluation were Cadres PKK/Cadres Posyandu well done as amotivator, educator and reporter data coverage immunization and MCH in theirlevel field work. The target group felt cadres more oversight to them to reachPosyandu to get primary health services. Local goverment gives support and aidto extension the activities similar to intervention programmes immunization andMCH.

i. Reporting

GAVI –CSO PKK were reported 3 times a year appropriate to the contract, toconvey the progress of implementation of activities and as a form of implementation. In addition created the performance report each year which aims todeliver results of the current year. This annual report is as the material tomake the Annual ProgressReport (APR) which is the obligation of the GAVI grantsadministrator to submita report each year to the GAVI Geneva. This report is contains of success achievedappropriate to the proposals submitted, the constraints facedduring the implementation of the program and theexit strategy would executed after the program,and lessons learned (learning) for TP-PKK eachlevel.

2. Gerakan Pramuka = Indonesian Scout Movement (February- December 2013)

a. Coordination meeting in Central level.

The coordination meeting was conducted in National Scout Movement HeadQuorters (Kwartir Nasional). Coordination meeting held to discuss the implementationof the activities will conducted in 2013.

b. Coordination meeting in Provincial level

The coordination meeting was conducted in 5 provinces (West Java, Banten, South Sulawesi, Papua and West Papua). Coordination meetings held dueto the same perception, preparing operational activities scout unit, Couchingand counseling scout unit. The results of this meeting areplan of acivities, schedules and division of tasks

c. Group Operational (Scout Unit)

The activity conducted in west java (Depok &Majalengka). The participants are 40 rovers/senior rovers from eachdistrict. Thistraining aims to provide theknowledge and skills of Rover/Senior Rover in scout unit as a peer group in order tocarryout counseling,motivate,andmobilizesocietyto improve

immunization coverageandhealthof children.

d. Coaching andcounseling the scouts unit

The activity was conducted in 10 districts (Cilegon,Tangerang ,Depok,Majalengka, Maros, Pangkep, Jayapura, Keerom, Manokwari, Sorong). Group results of 400operations scouts unit rover/senior rovers each peer counsel 20 Rover/Senior Roveron the scouts unit so that it will achieve 8000 Rover/Senior Rovers. 8000 Rover/ senior rovers will convey information to each of 10 families with baby thatwill be reached 80,000 families informed about immunization by group counceling and home visit .

e. Monitoring andEvaluation

The activity was conducted in 5 Kwarda (West Java, Banten, South Sulawesi, Papua and West Papua). Monitoring andevaluation using instruments that have been prepared. The method used by sitevisits, interviews and observation. Activities carried out by visiting 2 scoutsunit and some family groups targetd in each kwarcab.

Visits to targetfamilies conducted by the monitoring and evaluation team was accompanied by thevillage chief/headman and community group (RW)/neighborhood group (RT) according to the information of theirbaby's mothers was happy to get information about immunizations fromRover/senior rovers.

Monitoring and evaluation showed that all activities of Scout Movement headQuarter to scouts unit and community were accomplished. 80000 targeted immunizationinformed the family that has beenreached. Rovers/Senior Rovers was be happy to get meritbadge on immunizatition and experience going to community. Pregnant women andmothers with baby were happy getting information from Rovers/Senior Rovers.

f. Financial managementand administration

Financial managementand administration for the secretariat National ScoutMovement Head QuortersGAVI CSO at the central, provincial (5 provincial scoutcouncil)and the district (10 regency scout council)

g. Reporting

National Scout Movement Head Quorters makes activities reportof GAVI CSO Scout Movement 2013

3. Consortium(June 2013 – April 2014)

a. Coordination meeting

Coordination meeting were held in 3 different level (center, provinces anddistricts). The objective was toreport the progress ofCSOs program during the year 2012 and discussactivity preparations and to achieve agreement ofplan of action for 2013. Besides CSOs,the meetings involved stakeholders in the immunization and MCH programs fromMoH.

b. Mid Term Review

Mid Term Reviewwas conducted in Makassar to evaluate the activities of GAVI CSO Consortium2011-2012 and to obtain the commitment on the plan of action and inputs for activites in 2013 so that the GAVI CSOConsortium Provinces and 10 Districts are support each other in implementingthe activities. The Mid Term participants cames from central, 2 provincial and 10districts of CSO Consortium and 10 provincial Health Office, Districts HealthOffice of the intervention areas. Theresults of the meeting are the description of the agreed activities for eachdistricts, its plan of actions and inputfor the implementation.

c. Training

Conducted trainings in 2 provinces (West Java andSouth Sulawesi) in 8 districts as the continuetion of previous years. There are 2 types of trainings totally: Training of Private Sector Staff (PSS) for 732, Training of Village Cadre/training of Motivator (TOM) for 625. Sothat the total target of 1.760 PSS and 1.280TOM were achieved.

d. Management of logistic vaccine.

One of the activitiesof the management logistic vaccine was the training for health workers of vaccine management in health center. The objectives were to trained and sosialized the managementof logistic of vaccine. The participant were 24 personnel from 5 districts inSouth Sulawesi of GAVI CSO Consortium in Makassar.

e. Community empowermentand mobilization

The community empowerment were conducted through group eludication, homevisit by trained cadre/TOM in the village. The target of group eludication werepregnant women and mothers with baby. Groupeludication counselling and home visits were conducted in 8 districts (Takalar, Barru and Sinjai of districts in Sulawesi Selatan, Cimahi,Sukabumi, Ciamis, Purwakarta and Kuningan, districts of West Java). The objectives was to socialize the information and the immunization knowledge and its importanceto the baby and MCH. Group eludication conselling and home visit were conductedby TOM Cadres, one cadres conducted 2 groups of 12 people and each cadrevisited 6 houses. The targets were pregnant womens and mothers with baby. Thecadres reported that most of the visited people were familiar with immuizationand MCH. They were motivated by cadresactions and they promised to regularly go to posyandu. Total houses visited were 4.014, and counselling to 1.338groups (16.056 people).

Another activity of mobilizationwere healthy baby contest in 8 districtsof the 2 provinces (Sulsel : Barru,Takalar and Sinjai, West Java: Ciamis, Sukabumi, Cimahi, Kuningan andPurwakarta). The participants of the contestwere from 30 sub districts in each district. One of the contest requirement isthe immunization status of baby.

Competition of communication and information skills on immunization and MCHfor the trained cadre/TOM in 2 provinces. The participants of the competitionwere from 7 districts (totally 70 participants) in South Sulawesi provincewhile in West Java province, the competition were attended by participant from26 districts totally about 250 participants.

f. Publication

The Consortium published and disseminated its activities through mass media(local newspaper, local TV), namely: Fajar TV,TVRI South Sulawesi.

g. SupportiveSupervision Implementation

Supervision/monev were conducted in 8 Districts: Kuningan, Purwakarta, Sukabumi, Cimahi and Ciamis (West Java Province); and Barru,Takalar, Sinjai in SouthSulawesi Province. Supervision is implemented by field visits, observationand interview using supervition tools. The supervision in those 8 districts revealed that there hadbeen community elucidations in social religious gathering named MajlisTaklim (“Pengajian” and communitygathering/“arisan”). The resultsof supervision also showed that GAVI-CSO programs has build goodrelationship network between GAVI-CSO Consortium and local govermentimmunization and MCH. The cadres proudly participated in the program and having increase knowledge andcommunication skills about immunization and MCH after the training. Thesupervision showed that information about immunization and MCH werecomprehended by audience and it was proved by increasing visiting to health integratedpos (Posyandu) for immunization of babies.

h. Forum of Immunization Cadre

Forum ofImmunization Cadre Meeting was conducted to develop a Forumof Immunization Cadre in 10 districts of 2 provinces. The cadres resulted from GAVI CSO Consortium training should be

empowered in order to continuingthe imunization activities post GAVI CSO programme. The objectves is to empowerthe cadres and to make a commitment,coordination and communication among cadres, the CSO Districts, the provincialHealth Office, as well as the Districts Health Office of the 10 interventionareas.

i. Endline data

Endline data (survey and data collection) was conducted in 10 districts ofintervention areas in 2 provinces using qualitative and quantitative methode.The main objectives were to survey and collect the data of routineimmunization and MCH focussed in 4 districtsnamely Cimahi and Ciamis in West Java province, Jeneponto and Barru in SouthSulawesi province. Theresults showed that there were an improvement of the knowledge in immunizationeither CSO consortium as well as cadres. Base on qualitative survey in 4 districs there werechanges in behavior of mother with baby and significant increase ofimmunization data in those 4 districts as compare to preliminary data routine immunization and MCH service coverage.

4. IBI = IndonesianMidwives Association (March 2013 – April2014)

a. Coordination meeting

Coordination meeting were held in 3 different level (center, provinces anddistricts). The objective is to achieve agreement of plan of action and report the progress of CSOs program.

b. IEC Media

The media are leaflet, booklet, pin, flipchart, standing banner, bag and t-shirt aredistributed to 5 districts and 2 provinces. Media distributing for midwives, cadres/traditionalbirth attendent (dukun), pregnant women, mother with baby and community.

c. VaccineCarier

Procurement of 82 pieces vaccine carrier which aredistributed to the targeted health centers. The purpose of this procurementvaccine carrier tocomplement of Imunization equipment in health centers in order toimprove immunization coverage, maternal and child health services.

d. Radio Spot

In the middle of 2013, GAVI-CSO IBI did immunization campaigns through radio spots broadcast on :

- Government national radio at RRI Pro 2 FM,
- 2 national private radio (Bahana and Women),
- 2 Government province radio (RRI WestJava andSouth Sulawesi),
- 2 private radio provinces (Madama FM,Global FM in South Sulawesi and West Java)
- 5 private radio districts / cities in the target areas, in Bogor and Bekasi district for west Java and Enrekang, Palopo, East Luwu for South Sulawesi (GISS, the Makara, Adira, Elpas and 8EH radio)

The campaigns through radio spots broadcast is aired during 10 July to 1 August 2013. Radio spotis expected to increase the public's understandingand bring the baby to the health care to obtainimmunization and MCHservices.

e. CommunityOutreach: Villagemidwives, who have been trained, conducted group elucidation in IntegratedHealth Post (Posyandu). Cadres/"dukun"conducted group elucidation and homevisits

using IEC media. The target of group elucidation is pregnantwomen dan mothers with baby

f. Monitoring and Evaluation

Monitoring and Evaluation (Monev) was conducted in 5districts and Posyandu. Monev is implemented by field visits, observation andinterview using questionnaires. The monev results are GAVI-CSO programs hasbuild good relationship network betwen IBI and local goverment, cadres/dukunare excited having increase knowledge about immunization and MCH after training.

Monitoring andevaluation showed that all activities of CSO IBI were accomplished. The resultsof monitoring and evaluation also showed thatGAVI-CSO IBI programs. The skill performance of midwives more better in skillto advocation head of sub district(camat) and chief of village (Kepala Desa/Lurah). Cadres/dukun proudly participated in theprogram and having increase knowledge and communication skills aboutimmunization and MCH after the training. The monitoring and evaluation showedthat information about immunization and MCH were comprehended by audience andit was proved by increasing visiting to health integrated pos (Posyandu) forimmunization of babies.

g. End Line Data

End line of data was performed On Monday 1st December2014 in 5 districts /cities targeted: Bogor and Bekasidistrict in West Java; and Palopo, Luwu and EnrekangDistrict in South Sulawesi, which follow by other activities on January and February to analysis thedata according to get the information and description about the knowledges,skills, behavior of community and healthworkers as well as the coverage ofimmunization and MCH programs.

This activity aims to obtain data coverage at the end of the program, The data collected is about immunization and MCH which includes knowledge, attitudes and behavior of the public and officers, as well as the data coverage of immunization and MCH. Processing and data analysis is conductedin early 2014.

The primary data were collected from Focus Group Discussion (FGD) known asqualitative methode, the target are pregnant women and lactacy women, caders,traditional birth attandace (TBA), health workers, key person, midwives andimmunization program officer, MCH Officer and Districs Health PromotionOfficer. The secondary were collected from the documents and records among thepublic health center which consist of the immunization coverage, from villages,districts, and the data of the babies visited to heath integrated post, and midwives birth attandance at borough and districts.

Be quantitave, the impact of interventions by GAVIproject gives the overview the increased of immunization coverage andutilization of health workers at health facility services for maternal and child health.However, this increase not solely from the GAVIcontributed intervention only, but also related to outside of the excavated aspects, kindly the role of cross-sector from local government, and other concerned Ministries, therole of other NGOs, capacityor the quality ofhealth personnel, as well as the improvement of socio-economic aspects and theinfluence of local culture.

Be qualitativeanalysis of the results, we can conclude illustration the level of knowledge,attitudes and behavior from the perspective of Health Providers and the public.Basically knowledge, attitudes and behavior from the perspective of healthprofessionals and the public tend to be adequate. Thereis still a the tendency of society, particularly the toddler's mother who hasnot convinced of the benefits of immunization-related influence of decisionmakers in the family, the husband / father and the understanding of KIPI (Post Immunization Effect) are not yet optimal.

In the aspect of immunizationand MCH services,from the perspective of the community been indicatethe existence of utilization of immunization and MCHservices at healthfacilities bv trained

cadres/TBA (dukun) and also plays an active role in supporting immunization and MCH, throughcoaching, motivating, health education,and moving the targetedto improve theimmunization coverage and delivery childbirth of health workers.

h. National Workshopon Final Program

Having the end of datacollection, the processing andthe analysis carried out, the next national workshop was held with the purpose of sosialization the final result of GAVI-CSO IBI program,the existence of input-MCH, immunization program, the existence of the lesson learned (learning) GAVI -CSO IBI program during 2010-2013 and the sustainability of the plan follow-up of theimmunization program and MCH(Exit Strategy) respectively to each provinceand district/city GAVI - CSO IBI.

The exit strategyCSO IBI are to apply GAVI CSO IBI modelsin another district with CSR funding and local goverment. The formerintervention in 5 districts should be maintain and strengthening by villagemidwives for further.

i. Reporting

GAVI - CSO IBI activities of reportcreated 4 timesa year appropriate to the contract, toconvey the progress of implementation of activities and as a form of implementation.

In addition created the performance report each year which aims todeliver results of the current year. This annual report is as the material tomake the Annual ProgressReport (APR) which is the obligation of the GAVI grantsadministrator to submita report each year to the GAVI Geneva.

In late the GAVI-CSO program offinal report is toillustrate the achievements of GAVI programs - CSO IBI. This report iscontains of success achieved
appropriate to the proposalssubmitted, the constraints faced duringthe implementation of the programand the exit strategywould executed afterthe program,
and lessons learned(learning) for the IBI and the CSO - other partywant to develop a model of the GAVI-CSOIBI.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

Lead Implementing Organization<?xml:namespace prefix = "o" />

The lead in implementing the activities is the Center for Health Promotion within MoH Indonesia. While the GAVI Alliance CSO Support is implemented by Gerakan Pramuka, TP PKK, Consortium and IBI. PP Muslimat NU is the lead of Consortium.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

The GAVI support has enabled MoH and the CSOs involved strengthening their collaboration in immunization and MCH services. MoH is not only channeling financial support, but also technical support for all CSOs involved. Each CSO invited other CSOs and program holders (Directorate of Nutrition, Directorate of MCH, and Sub directorate of Immunization) on each of their coordinating meetings where they can share data and provide inputs. For instance, IBI and Consortium's baseline data were acknowledged by MoH to complement their data for future intervention and programs. While MoH shared their updated data on immunization and MCH service.<?xml:namespace prefix = "o" />

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number and names of CSOs involved, and the initial number and names of CSOs).

The GAVI project has led to the increase of CSO involvement in Immunization and health system

strengthening. In 2012, participants that had been trained by 4 CSOs: Gerakan Pramuka, TP. PKK, IBI and Consortium empowered and mobilized the community in immunization and MCH. For example in IBI: cadres that had been trained reached families in village to give counseling and information about immunization and MCH. And in Consortium, home visit/counseling about immunization and MCH had been done by cadres/motivator in village for pregnant women as well as to household with babies and children.<?xml:namespace prefix = "o" />

GAVI CSOs also involved other CSOs to support their program. For example : IBI involves PPNI/Persatuan Perawat Nasional Indonesia (Association of Indonesian National Nurse) for the implementation programs and Consortium involves PPPKMI/Perkumpulan Pendidik dan Promotor Kesehatan Masyarakat Indonesia (Indonesian Society of Health Promotor and Educator) for baseline data survey, processing, and analysis.

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

There is nofund disbursement for GAVI CSO on 2013

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2013	Outcomes achieved
Gerakan Pramuka (Participatory Orientation; National Operation)	MCCI Project as stated on APR 2010	1. Coordination meeting in Central and provincial level.	1. Plan of Action for Group operational(gudep) in 2 district, Coaching and counseling scouts unit in 10 district, monitoring and evaluation
0	0	2. Group Operasional (gudep) in Majalengka and	2. 80 rover/senior rover trained
0	0	3. Coaching and counseling scout unit in 10 district: Majalengka,Depok,Cilegon,Tangerang, Maros, Pangkep, Jayapura, Keerom,Manokwari and Sorong	3. 8000 rover/senior rovers
0	0	4. Monitoring and Evaluation	4. Monitoring and evaluation report
0	0	5. Reporting	5. Annual Report
0	0	2. Mid Term Review	2. Mid Term Review a. Report on previous activity b. Plan of Action in district level
0	0	3. Training Private Sector Staff (PSS)	3. 1.760 people (PSS) trained and skilled about routine immunization, maternal child health, community empowerment
0	0	4. Training of Motivator (TOM)/Cadre)	4. 1.280 people (TOM/cadres) trained and skilled about routine immunization, maternal child health, community empowerment
0	0	5. Community Outreach:	5. Community Outreach
0	0	a. Group Eludication	a. 1.338 group eludication
0	0	b. Home visite	b. 4.014 cadres home visite

0	0	c. Councelling Contest	c. 3 contest winner from each province in West Java and South Sulawesi
0	0	d. Healthy Baby Contest	d. 3 contest winner from each district in West Java and South Sulawesi
0	0	Mangement of Vaccine Logistic	6. 24 personnels of village clinics trained
0	0	7. Forum Cadres	7. Forum Cadres
0	0	8. Supervision, Monitoring and evaluation in 8 districts (Takalar ,Barru, Sinjai, Ciamis, Kuningan, Cimahi, Sukabumi and Purwakarta).	8. Supervision report
0	0	9. Endline Data	9. Primary and secondary data
0	o	10. Reporting	10. Produced report 2013 and documentation
0	o	2. IEC Media	2. Produced and distributed 5000 leaflet, 500 pin, 500 standing banner, 400 bag and flipchart, 500 T-Shirt
0	o	3. Vaccine carier	3. 82 vaccine carier
0	o	4. Radio Spot	4. Broadcasting by national and private radio at central, province and district
0	0	5. Community Outreach	5. Comunity eludication and home visit by midwives/cadres held without budgeting GAVI
0	0	6. Monitoring and evaluation	6. Monev report and documentation
0	0	7. Endline data	7. Primary and secondary data
0	0	8. National Work Shop	8. Exit strategy and lesson learned document
0	0	9. Reporting	9. Report
0	0	2. Reprinting and distribution IEC Media likes leaflet and bag for Cadre PKK and Cadre Posyandu	2. Produce 70.00 sheets leaflet, 4.000 poster, 1.100 flipchart and 6.200 bags as a media IEC to explain messages of immunization and MCH
0	0	3. Community outreach : a. Counceling individuals, Group eludication by Cadres PKK and Cadres Posyandu	3a. Counceling individuals,eludication by 6.000 cadres could be done with individual, group and massal methodes on out services Posyandu day. One cadres have been reach 1-3 person each intervention.
0	0	b. Supplementary feeding held in Integrated Health Services Post (POSYANDU)	b.To stimulated baby mothers reach Posyandu, took suplementary feeding sample and learning for healthy menu for their babby, kids and family
0	0	4. End line data	4. Overview achievement data coverage and processing change behaviour of target group.
0	0	6. Exit Strategy Meeting	6. Exit strategy document.
0	0	7. Reporting	7. Annual report
Consortium (PP Muslimat NU,	MCCI Project as stated on	1. Coordination Meeting	1. Coordination meeting at

PP Aisiyah, Perdhaki) – Religious Based Organization; Empowerment Orientation; National Operation	APR 2010		central level, Province level, district level
IBI (Professional Organization; Empowerment Orientation; National Operation)	MCCI Project as stated on APR 2010	1. Coordination Meeting at central, province and district	1. Progress activities, input from stakeholder and Plan of Action
o	0	5. Monitoring and Evaluation	5. Oversight each level and evaluation of the activities.
TP PKK (Women Empowerment Orientation; National Operation)	MCCI Project as stated on APR 2010	1. Coordination meeting in central, provinces and districts	1. Plan of Action in central, provinces and districts level

Please list the CSOs that have not yet been funded, but are due to receive support in 2013/2014, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 10.2.1b: Planned activities and expected outcomes for 2013/2014

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2013/2014	Expected outcomes
Every CSO received disbursement on 2012	no	0	0

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunisation**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

CSO was not included in the HSFP.

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

1. Scout Movement

Joedyaningsih

Hp.081287887844 email : kwarnas@centrin.net.id / joedyaningsih_sw@yahoo.co.id

2. TP.PKK

Susi Soebekti

Hp.08131488828 email : secretariat@tp-pkkpusat.org/soesilowatisoebekti@gmail.com

3. Consortium

Khofifah Indarparawansa

Hp. 08111004197 email : khofifah_ip@yahoo.com

4. IBI

Tuminah Wiratnoko

Hp. 0811780031 email : ppibi@cbn.net.id / tuminahwiratnoko@yahoo.com

10.2.4. **Receipt and expenditure of CSO Type B funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2013 year

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	5,621,941	6,280
Remaining funds (carry over) from 2012 *(B)*	1,163,270,814	1,299,423
Total funds available in 2013 *(C=A+B)*	1,168,892,755	1,305,703
Total Expenditures in 2013 *(D)*	738,229,701	824,634
Balance carried over to 2014 *(E=C-D)*	430,663,054	481,069

Is GAVI's CSO Type B support reported on the national health sector budget? **Yes**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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 HSCC in this process.

The type B fund was included in national planning and budgeting. The type B fund was channeled to 4 CSOs (IBI, Consortium, PKK and Gerakan Pramuka) and to secretariat management of GAVI CSO in Center for Health Promotion. Each CSO must submit the financial report every 3 months to Center for Health Promotion MoH through secretariat management of GAVI CSO. The bank which is used by the secretariat management is Bank Negara Indonesia 46 (BNI 46), while other 4 CSOs use different bank (Gerakan Pramuka uses Mandiri Bank, PKK uses BNI 46 Bank, Consortium uses BRI Bank, and IBI uses BNI 46 Bank).<?xml:namespace prefix = "o" />

Detailed expenditure of CSO Type B funds during the 2013 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2013 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? Yes

External audit reports for CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number).

10.2.5. **Monitoring and Evaluation**

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
0	b. 365 midwives and nurses in regency level are tr	IBI Report	31 December 2013	b. 511 midwives and nurses in regency trained.	b) 2011	365	b)2011
0	c. Cadre and accoucheuse training in sub district	IBI Report	31 December 2013	c. 1375 Cadres in sub district level trained. 450	c) 2011- 2013	1825	c)2013
0	0	0	31 December 2013	-Bag and flipchart 400 pcs, Standing Banner 500	2013	100	2013
0	b. Home visit elucidation by cadre	IBI Report	31 December 2013	b. 2500 (2011) 13250 Home visit (2012) 2500 home	2011-2013	18250	2013

10. Endline Data	Availability of data End routine immunization cove	Primary and secondary data	31 December 2013	Accomplished End line of data collection	End line data collection finished in March 2014	100	March 2014
2. Community outreach	2. Community outreach a. Group eludication by cadr	PKK report	0	Well done	2012-2014	100	2014
2. Coordination meeting in Provincial level	Group operational, Coacing and counseling scouts u	Gerakan Pramuka Report	0	5 Provincial	March 2013	100	2013
2. Mid Term Review	Availability of attendants	Consortium report	31 December 2013	Accomplished	2013	1	2013
2.Dissemination of IEC	Development, production and dissemination of IEC m	IBI report	31 December 2013	-Leaflet 5000 pcs, Pin 500 pcs, T-shirt 500 pcs	2013	100	2013
2.GAVI Newsletter	Availability of guidance	Centre for Health Promotion	31 December 2013	Accomplished for 2013	3 edition in 2013	5	June 2014
3. Group Operational (gudep)	Increased knowledge and skills of immunization cov	Gerakan Pramuka Report	0	320 peers rover and senior rover at 8 Districts (2	March 2013	400	March 2013
3. Meeting Review and evaluation	Availability of attendants	Centre for Health Promotion	31 December 2013	Accomplished	2013	1	Feb 2013
3. Monitoring and Evaluation	Monev report	PKK report	0	5 Provinces	May 2012-April 2014	100	2014
3. Training Modules on routine immunization and MC	Establishment of integrated training modules on ro	Consortium report	31 December 2013	Produced and distributed	2013	650	2013
3.Community Outreach	a. Posyandu coaching meeting by midwives and cadre	IBI Report	31 December 2013	a. 50 Community elucidation in Bogor (2011), 580 i	2011-2013	930	2013
4. Coaching and counseling scouts unit	The activity was conducted in 10 districts Group r	Gerakan Pramuka report	0	8000 rover&senior rover at 10 District&80000 famil	April 2013	100	Dec 2013
4. Executive Level Staff Training private sector (	Increased knowledge and skills of Private Officers	Consortium report	31 December 2013	450 trainers (2011) 578 trainers (2012) 732 trai	Sept 2011-December 2013	1760	Oct 2013
4.Endline survey	Data on immunization coverage and MCH services ava	Districts health office report,Qualitative stu	Baseline data survey	Completed	Dec 2013 – Feb 2014	100	2014
4.Monitoring and Evaluation (Monev)	Monev report available	Centre for Health Promotion	31 December 2013	Monev in 5 provinces	2013	5	2014
5. Documentation lesson learned	Availability of documentation of GAVI CSO program	Centre for Health Promotion	31 December 2013	Accomplished	2014	1	June 2014
5.Monitoring and Evaluation	The activity was conducted in 10 districts	Gerakan Pramuka report	0	5 Provincial 10 Districts	September – Desember 2013	100	Dec 2013
5.Supportive Supervision Implementation	Frequency of monthly supervision	Consortium report	31 December 2013	Accomplished for 2013	Dec 2013	100	Dec 2013
6. Evaluation and Exit Strategy	Exit Strategy from 4 CSOs, started from national t	Centre for Health Promotion	31 December 2013	Accomplished	May 2014	1	2014

6.Monitoring Evaluation	4 times a consolidated monitoring the implementati	Consortium report	31 December 2013	Accomplished for 2013	Des 2013	100	Dec 2013
7. Cadre Training Village Level; Training of Moti	Trained 1280 people motivator/cadre about routine	Consortium report	31 December 2013	212 trainers (2011) 814 trainers (2012) 625 trai	2011-2013	100	Nov 2013
8. Community Outreach: a. Socialitation Cont	Availability of attendants	Consortium report	31 December 2013	a) 3 contest winner from each district in West Ja	2013	100	April 2014
9. Mangement of Vaccine Logistic	Availability of attendants	Consortium report	31 December 2013	24 personnels of village clinics trained	2013	25	2013
b. Healthy Baby Contest	Availability of attendants	Consortium report	31 December 2013	b) 3 contest winner from each province in West Jav	2013	100	April 2014
c. Group Eludication	Availability of attendants	Consortium report	31 December 2013	c) 1.338 completed in South Sulawesi	2013	100	April 2014
Centre health promotion : 1. Coordinating meeting	Availability of attendants	Centre for Health Promotion	31 December 2013	Accomplished for 2013	3 times in 2013	6	Dec 2013
Consortium : 1.Working Group Meeting	Coordination Meeting of the Working Group Phase II	Consortium report	31 December 2013	Accomplished	2013	2	Oct 2013
d. Home visite	Availability of attendants	Consortium report	31 December 2013	) 4.014 cadres home visite completed in South S	2013	100	April 2014
Indonesian Midwives Association (IBI):1.Training	a. ToT for midwives and nurses from provincial and	IBI Report	31 December 2013	a. 18 trainers from central and provincial level,	a) 2011	18	a) 2011
Indonesian Scout Movement (Gerakan Pramuka)1. Coor	Group operational, Coaching and counseling scouts	Gerakan Pramuka Report	0	Gerakan Pramuka	March 2013	100	2013
PKK 1. Developing 2 manuals on immunization progr	Manual production and reprinting	PKK report	0	210 orientation book, 1500 guidence role book, 400	2012-2013	100	2014

Planned activities :

Please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

A. Monitoring Mechanism: <?xml:namespace prefix = "o" />

Each CSO conducts self monitoring of the activities and results through the indicators and mechanisms stated on the implementation manual, while CSO liaison officer within the Implementing Agency monitors the activities and results based on the reports submitted by CSO at the end of each financial term as well as supervisory activities and regular meetings thus develops monthly and quarterly reports.

HSCC/Secretariat/Technical Team monitor the activities and results of CSOs in the project area through quarterly reports, supervision, team meetings and national meeting (evaluation and exit strategy of project). Feedback will be delivered directly after the data was analyzed.

The main activities which will be monitored are:

- □□□ Training (capacity building) activities
- □□□ Health education (community outreach) activities
- □□□ Impact of the project activities

At the end the project, overall evaluation will be conducted which include input, process, output and outcome aspect.

B. Evaluation and exit Strategy

On april 2014, GAVI CSO activities ended.Evaluation meeting and exit strategy of GAVI CSO program was held to evaluateand prepare exit strategy for sustainability of effort in developingimmunization and MCH coverage post GAVI grand aid. Result from this activity isavailability of exit strategy document of effort in developing immunization andMCH coverage from 4 CSOs namely TP.PKK, Scout Movement, Consortium and IBI, aswell as MOH. This exit strategy which has prepared as effort in developingimmunization and MCH coverage with model development held by each CSO could beable to sustain to improve MCH in Indonesia.

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring 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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signatures of HSCC MoH and MoF.pdf **File desc:** **Date/time :** 14/05/2014 10:07:33 **Size:** 599 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures of HSCC MoH and MoF.pdf **File desc:** **Date/time :** 14/05/2014 10:08:57 **Size:** 599 KB
3	Signatures of members of ICC	2.2	✓	Signature HSCC.pdf **File desc:** **Date/time :** 15/05/2014 01:34:17 **Size:** 595 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minutes of Meeting of HSCC GAVI (May 8, 2014).doc **File desc:** **Date/time :** 14/05/2014 10:10:56 **Size:** 60 KB
5	Signatures of members of HSCC	2.3	✓	HSCC Signature participant (May 8,2014).pdf **File desc:** HSCC Signature **Date/time :** 14/05/2014 10:56:55 **Size:** 2 MB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Minutes of Meeting of HSCC GAVI (May 8, 2014).doc **File desc:** **Date/time :** 14/05/2014 11:00:59 **Size:** 60 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	FS GAVI ISS.pdf **File desc:** **Date/time :** 14/05/2014 11:02:17 **Size:** 870 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Result of External Audit by BPKP.pdf **File desc:** **Date/time :** 14/05/2014 02:15:04 **Size:** 1 MB

9	Post Introduction Evaluation Report	7.2.2	✗	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✗	FS GAVI VIG & NVS.pdf **File desc:** **Date/time :** 14/05/2014 11:14:51 **Size:** 1 MB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✗	result of audit including NVS.pdf **File desc:** **Date/time :** 15/05/2014 10:50:42 **Size:** 18 MB
12	Latest EVSM/VMA/EVM report	7.5	✗	EVM2_report-Indonesia-2012 v4.doc **File desc:** **Date/time :** 15/05/2014 04:01:21 **Size:** 5 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✗	No file loaded
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✗	No file loaded
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS Financial Statement 2013.PDF **File desc:** **Date/time :** 14/05/2014 10:42:27 **Size:** 6 MB

20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	File0053.PDF **File desc:** **Date/time :** 14/05/2014 01:57:54 **Size:** 3 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Result of External Audit by BPKP.pdf **File desc:** **Date/time :** 14/05/2014 02:16:21 **Size:** 1 MB
22	HSS Health Sector review report	9.9.3	✓	Minutes of Meeting of HSCC GAVI (May 8, 2014).doc **File desc:** **Date/time :** 14/05/2014 01:34:22 **Size:** 60 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✓	Mapping CSO's.doc **File desc:** **Date/time :** 14/05/2014 07:55:27 **Size:** 61 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✓	Financial Statement GAVI CSO 2013.doc **File desc:** **Date/time :** 14/05/2014 07:58:01 **Size:** 2 MB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✓	Result of External Audit by BPKP.pdf **File desc:** **Date/time :** 14/05/2014 02:17:41 **Size:** 1 MB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	bank statement.pdf **File desc:** **Date/time :** 15/05/2014 03:56:57 **Size:** 1 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded

	Other		✕	APR - NVS 2013.doc **File desc:** **Date/time :** 15/05/2014 03:40:45 **Size:** 150 KB
				APR CSO 2013 FINAL.doc **File desc:** **Date/time :** 15/05/2014 12:54:43 **Size:** 495 KB
				Financial Statement GAVI CSO April 2014.doc **File desc:** **Date/time :** 14/05/2014 09:14:11 **Size:** 2 MB
				Minutes Meeting of HSCC (April 18, 2013).pdf **File desc:** **Date/time :** 15/05/2014 10:15:46 **Size:** 79 KB
				Minutes of Meeting HSCC ,29 Oct 2013(Eng).pdf **File desc:** **Date/time :** 15/05/2014 10:18:13 **Size:** 191 KB
				Minutes of Meeting HSCC 30 Juli 2013.pdf **File desc:** **Date/time :** 15/05/2014 10:20:48 **Size:** 227 KB
				Minutes of Meeting HSCC May 14 , 2013.doc **File desc:** **Date/time :** 15/05/2014 10:25:01 **Size:** 55 KB
				Result of external audit (english).doc **File desc:** **Date/time :** 15/05/2014 11:01:07 **Size:** 30 KB
				Signature CSO report editors.doc **File desc:** **Date/time :** 14/05/2014 09:19:44 **Size:** 544 KB