GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Indonesia

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR 2014 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

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 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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. Untung Suseno, M.Kes.	**Name**	Ayu Sukorini
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
Prima Yosephine	Chief of Immunization Sub-directorate	+628128096106	primayosephine@yahoo.com
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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

Indonesia is not reporting on fund utilisation in 2014 for Immunisation Services (ISS), Injection Safety (INS), nor New and Under-Used Vaccines (NVS) supports

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , 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
dr. Untung Suseno, M.Kes.	MoH		
dr. H.M Subuh	MoH		
Zandy Rassyad	MoF		
Ahmad Royani	MoF		
De Vinod Bura	WHO		
Asmaniar	WHO		

Robin Nandy	UNICEF		
Wiendra W	MoH		
Andi Saguni	MoH (Planning & Budget Bureau)		
Nona Ambarani	MoH (Inspectorate)		
Rika	MoH (Multilateral Cooperation)		

HSCC may wish to send informal comments to: apr@gavi.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)

Indonesia is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on Indonesia's activities between January – December 2014 and specifies the requests for the period of January – December 2016

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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	0	4,809,304	0	0	0	5,204,207	0	5,259,372		5,313,543
Total infants' deaths	0	144,279	0	0	0	102,523	0	99,928		97,238
Total surviving infants	0	4,665,025	0	0	0	5,101,684	0	5,159,444		5,216,305
Total pregnant women	0	5,290,235	0	0	0	5,724,628	0	5,785,309		5,844,898
Number of infants vaccinated (to be vaccinated) with BCG	0	4,493,674	0	0	0	4,943,997	0	4,996,403		5,047,865
BCG coverage*[1]*	0 %	93 %	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	0	4,427,092	0	0	0	4,846,600	0	4,901,471		4,955,489
OPV3 coverage*[2]*	0 %	95 %	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	0	4,543,869	0	0	0	4,999,650	0	5,056,255		5,111,978
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	0	4,411,692	0	0	0	4,846,600	0	4,901,471		4,955,489
DTP3 coverage*[2]*	0 %	95 %	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	30	0	30		30
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.43	1.00	1.43	1.00	1.43
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	4,411,692	0	0	0	4,846,600	0	4,901,471		4,955,489
Measles coverage*[2]*	0 %	95 %	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %
Pregnant women vaccinated with TT+	0	5,025,723	0	0	0	5,438,396	0	5,496,043		5,552,653
TT+ coverage*[7]*	0 %	95 %	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0		0
Vit A supplement to infants after 6 months	0	17,333,229	0	0	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	3 %	0 %	0 %	0 %	3 %	0 %	3 %	0 %	3 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014.** The numbers for 2015 - 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 2014, used denominator that issued by the Secretary General of Ministry of Health while in cMYP 2014 denominator used based on data from statistic Biro. We used the same denominator for JRF 2014.

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

  Number of surviving infants as denominator based on the same source (Secretary General of Ministry of Health)

- 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.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  There are no changes for pentavalent vaccine

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

  Open vial policy has been applied at health facilities for all antigens but not applied for outreach services

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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? **yes, available**

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

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

There were no discrepancies in vaccinating boys and girls, all children got the same opportunity to be vaccinated.For reporting and recording system, we already have an update on RR form and Local Area Monitoring (LAM) tool which is divided by gender and implemented in 2014.

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

5.2.4. 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 in immunization program implementation in Indonesia

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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$ = 12183	Enter the rate only; Please do not enter local currency name

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2014**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**-**	**-**	**-**
Traditional Vaccines*	24,723,358	24,723,358	0	0	0	0	0	0
New and underused Vaccines**	23,660,582	13,163,117	10,497,465	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	8,153,831	6,816,112	1,337,719	0	0	0	0	0
Cold Chain equipment	1,909,943	1,909,943	0	0	0	0	0	0
Personnel	23,758,770	23,540,000	218,770	0	0	0	0	0
Other routine recurrent costs	46,164	46,164	0	0	0	0	0	0
Other Capital Costs	72,498,635	69,974,503	2,225,509	281,000	17,623	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
-		0	0	0	0	0	0	0
Total Expenditures for Immunisation	154,751,283							
Total Government Health		140,173,197	14,279,463	281,000	17,623	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **0**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 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 5.3 Overall Expenditures and Financing for Immunisation

ICC replaced with HSCC since 2011.

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 (religious organization – moslem, catholic, hindu)
PKK

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

According to the comprehensive Multi Year Plan (cMYP)2015-2019, our main objectives and priority actions are :

2015

1. To achieve 91% completely basic immunization
2. To maintain MNTE in three regionals
3. 100% number of provinces meeting certification level surveillance standards
4. At least 5 number of sentinel sites fully implementing surveillance for CRS
5. 80% of districts with timely & complete reporting (including zero reporting) of NT
6. Sustain polio free status

2016

1. By 2016, establish a national policy on vaccination across the life-course : Develop a national policy for immunization across the life-course and priorities vaccines for inclusion

1. To achieve 91,5% completely basic immunization
2. All Provinces have conducted Measles and Polio campaign with coverage > 95%
3. Achieve MNTE in the remaining region in 2016
4. 2016: Immunization data collection tools and methods standardized across all household surveys
5. Introduction one dose of IPV
6. Switching tOPV to bOPV (all provinces)

Priority actions as attached in annex 12

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
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, GAVI
IPV		

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)

All EPI staff at provinces, districts and health center had been trained. But we still found the lack of knowledge about injection safety in some area due to high turn-over of health workers.
Therefore, GoI conducted monitoring through supportive supervision activities to ensure that the safe injection practice was well implemented. We also collaborated with *Badan PPSDM* (Health Human Resources Development Agency, MoH) to include lecture in curriculum of health education institutions regarding immunization including implementation of injection safety policy.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste management is already available . This policy was included in the new guideline, the Health Minister's Decree 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 2014

Indonesia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Indonesia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Indonesia is not applicable for 2014

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

Indonesia is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2015

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stockouts at any level in 2014?**

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 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, 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 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)		
Remaining funds (carry over) from 2013 (B)		
Total funds available in 2014 (C=A+B)		
Total Expenditures in 2014 (D)		
Balance carried over to 2015 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 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 2015 onwards

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

*__Note:__ co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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 2014

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 2015

Renewal of multi-year vaccines support for Indonesia is not available in 2015

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 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

Error: Subreport could not be shown.

7.11. Calculation of requirements

8. 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 2014**. All countries are expected to report on:

   a. Progress achieved in 2014

   b. HSS implementation during January – April 2015 (interim reporting)

   c. Plans for 2016

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

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

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 2014

   b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.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 8.1.3.a and 8.1.3.b.

8.1.2. 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 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	16866397			7697691		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			16866397			
Total funds received from GAVI during the calendar year (*A*)	270000			3723000	3723000	
Remaining funds (carry over) from previous year (*B*)	6443193	6379889	2650174	1380130	2657314	3960220
Total Funds available during the calendar year (*C=A+B*)	6713193	6379889	2650174	5103130	6380314	3960220
Total expenditure during the calendar year (*D*)	333304	3729715	1537530	2445816	2374288	2143928
Balance carried forward to next calendar year (*E=C-D*)	6379889	2650174	1112644	2657314	4039129	1871448
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

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the				

calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	9420500	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	191261400					
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			191261400			
Total funds received from GAVI during the calendar year (*A*)	3061743			34035666	45357309	
Remaining funds (carry over) from previous year (*B*)	73064452	72346598	30052415	12617149	24293163	48247359
Total Funds available during the calendar year (*C=A+B*)	76126195	72346598	30052415	46652815	69650474	48247359
Total expenditure during the calendar year (*D*)	3779596	42294183	17435265	22359650	21705744	26119479
Balance carried forward to next calendar year (*E=C-D*)	72346598	30052415	12167149	24293163	48247359	22799846
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

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	114763872	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	11339.79	11339.79	11339.79	9142	9142	12183
Closing on 31 December	11339.79	11339.79	11339.79	9142	9142	12183

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

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)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**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*			
Mid term review meeting on Immunization and NMCH Coverage at district low coverage area, and to identify villages with low coverage area using LAM	meeting with immunization program managers on evaluation of immunization coverage and identification of problems in areas that have low immunization coverage	100	EPI - MoH
Conducted DOFU and sweeping in the identified 60 districts in the 18 provinces with low coverage	Conduct DOFU and sweeping immunization in the low coverage area based on immunization coverage data 2013	85	PHO, EPI - MoH
Reach un-immunize children whose live at the hard to reach area using SOS strategy (200 village at 100 PHC)	Conduct immunization activities in the hard to reach area at least 3 – 4 times visit	60	PHO - MoH
Supervision and technical assistance for the low coverage and hard to reach province/district	Supervision and technical assistance for 24 provinces low coverage and hard to reach province/district	22	EPI - MoH
Cold Chain Improvement	1. Training of cold chain management for immunization program officer at province, distric and port health office 2. Procurement of cold chain	30	EPI - MoH
Promotion on Immunization using IEC Material to mothers and caregivers of unimmunized and uncomplete immunized children province	1. Preparation of guidelines for implementation of Neonatal Care, Infants, Toddlers and Immunization and Optimization of Integrated Facilities, Infrastructure, Equipment and Power in order to improve coverage 2. Disseminate the final draft guidelines for implementation of Neonatal Care, Infants, Toddlers and Immunization and Optimization of Integrated Facilities, Infrastructure, Equipment and Power in order to improve coverage 3. Facilitate the district / city in Neonatal Care Implementation, Infants, Toddlers and Immunization and Optimization of Integrated Facilities, Infrastructure, Equipment and Power in order to improve coverage	21	MoH (Directorate of Child Health)

	4. Evaluation 5. Guidelines for Improved Integration Implementation Services Neonatal Infant, Toddler and Immunization by PHC through the optimization of facilities, infrastructure, tools and health personnel		
Using FlipChard Health Children's Series for Cadre adaptation for Papua & West Papua	1. Preparation of draft adaptation Papua module and flipchart training midwives and nurses in Papua and West Papua for Management component of MCH 2. Discussion of the draft Papua adaptation modules and components Flipchat to MCH and immunization in Jayapura 3. Preparation of master flipchart for training and procurement support for trial 4. adaptation test of modules, posters and flipcharts training in Papua and West Papua for MCH 5. finalization meeting of training modules, flip charts and posters etc at central level		
Using Jingles to increase awareness on Immunization and MCH	1. Discussion Meeting Material 2. Finalization Meeting Center 3. Preparation of Master Jingle 4. Jingle test 5. Screening jingle in the District	79	PHO, MoH (Directorate of Surveilance and Immunization)
Improving cadre involvement in community mobilization for immunization & MCH services	1. Infant immunization program in implementing child health programs in health centers with low immunization coverage 2. Procurement of Capital Class Package Toddlers 3. Evaluation meeting orientation infant immunization programs in implementing child health programs in health centers with low immunization coverage	54	PHO, MoH (Directorate of Surveilance and Immunization)
Partnership with TBA and private midwives to increase immunization coverage	1. Meeting the media preparation MCH maternal and child health services to the community in partne Midwives and dukun 2. IEC media maternal and child health services to the community in partnership midwives and dukun 3. Workshop on women's health and immunization 4. Supervisi and assistance	90	PHO, MoH (Health Promotion)
Objective 2 Capacity Development on ensuring data collection and reporting			
Strengthening of Reporting and Recording by integrated Individual registration System (Implementation of web-based RR)	1. Coordination meeting preparation of integrated information systems in order to collect baseline data of condition information system health centers in the district / city 2. Field Assessment Visit 3. Integration of system	11	MoH (Secretariat General of Nutrition and MCH, Data and Information)

	applications into the SIKDA Generic in health centers 4. Coordination Meeting in the context of cross-program integration system Immunization and MCH		
Refreshing training and implementation of DQS at all districts	Conduct training and implementation of DQS in 7 provinces and 62 districts co financing with government budget	70	PHO, EPI - MoH
Objective 3 Improve immunization staff competency through strengthening implementation of MCH-Immunization material for midwife institution			
Collaboration with health education institution (School of Medicine, School of Public Health, School of Midwifery & School of Nursing) to increase immunization & MCH services coverage	1. Workshop for synchronize based on review as program needed 2. Develop draft of teaching material of MCH and Immunization 3. Editing and finalization modul	47	MoH (Human Resource Development Bureau)
3.2. Material of curriculum for Midwifery Teaching Program	1. Development of curriculum and training module phase I (TOT to increasing ability of teacher for immunization and MCH material 2. Finalization of the curriculum and training modules (TOT increase ability of lecturer and Clinical Instructure (CI) in immunization and MCH materials 3. Workshop on the preparation of the training (TOT immunization and MCH for educators) 4. Implementation Training (TOT upgrading lecturers and CI in the material Immunization and MCH) 5. Preparation of guidelines for the implementation of teaching materials immunization and MCH in obstetrics Institutions (Implementation of teaching materials immunization and MCH) 6. Preparation of mentoring implementation of teaching materials immunization and MCH 7. Mentoring implementation of teaching materials	74	MoH (Human Resource Development Bureau)
5.3. Asssesment and developing Training Modul for health education institutions on "Strengthening of the Implementation of Immunization and MCH Material"	1. Development and placement test implementation 2. Data processing as result placement test 3. Diseminnation resul of placement test 4. Report Management	0	
Support Cost			

Support Cost	Management costs M & E	45	DHO, PHO, MOH (Secretariat General of Nutrition and MCH)

8.2.1 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 th	
Mid term review meeting on Immunization and NMCH C	Mid Term Review meeting conducted in Surabaya – East Java on September 2014. Participant were regional immunization program supervisor (wasor) from 5 provinces and 60 districts / cities. In this meeting all supervisor presented their activities that have been carried out and sharing experiences "best practices", challenges and follow up actions. Base on this they made plan of activity for 2015. Until 2014, Indonesia has 277 immunization supervisor (wasor) at selected distirict/city level.
Conducted DOFU and sweeping in the identified 56 d	The coordination meeting held on December 5 to 8 February 2014 Bekasi, West Java. The participants were supervisors came from 94 district in 25 provinces. Based on the results of the meeting, GAVI funds allocated for DOFU activity at 7646 villages in 60 districts in 18 provinces. DOFU activity consist of : socialization meeting, target data collection, implenentation, monitoring and evaluation. Indonesia achieved 130.102 (86%) of 151.217 babies get complete Immunization through this activity. Limitation : - Target not include children 1-3 years - There are under estimate target for sweeping and DOFU - Some of DOFU activity not not well recorded and reported.
Reach un-immunize children whose live at the hard	SOS conducted at 283 villages, 166 health centers in 35 districts in 11 provinces Phase of Implementation as follows : 1. advocacy and coordination meeting with community leader ,religious leader and related sector/programs. 2. SOS implementation integrated with Immunization and MCH activities. 3. Monitoring and evaluation In 2014, there are 5.591 of 6.377 (87,6%) babies get complete immunization who live in hard to reach areas. Constraints Papua province didn't conduct SOS due to limited human resources. lack of coordination with related program to address high cost issue in hard to reach area Planning not optimal to conduct SOS Lack of knowledge about benefit of immunization
Supervision and technical assistance for the low c	Supervision and Assistance activities Immunization Program includes the following activities: 1. Supervision and Assistance selected District / City in order to achieve Immunization target and improve data management in 24 provinces 2. Assistance of Immunization program at hard area and Outreach service (SOS activity in West Papua and Nias – North Sumatera province 3. Assistance of immunization implementation activities in low performance area (West Kalimantan and West Sumatera)
Promotion on Immunization using IEC Materia	Stage of activities: 1. Testing of Draft Implementation Guidelines Neonatal Care, Baby, Toddler, and Immunization Integrated Optimization Through Facilities, Infrastructure, Equipment and health workers in order to Improve Coverage. 2. Review and Compilation Standard Guidelines, Preparation Guidelines. 3. Discussion of Trial and Completion of Draft Guidelines

	Advanced stages of activities: 1. Finalization of the draft Implementation Guidelines 2. Procurement package health center facilitation readiness as follows : a) sheet behind the implementation of health care b) facilitation readiness DVD of health center c) Guidelines for cadre training curriculum series of child health d) Guidelines for child health cadres series that will be distributed at health centers (including @ 10 Posyandu) priority of districts / cities in 9 provinces priority
Using Flipchart Health Children's Series fo	These activities include: Preparation of draft adaptation Papua module and flipchart training midwives and nurses in Papua and West Papua for component management of MCH and immunization Discussion of Draft Module and Flipchart for Papua Adaptation to Component Management MCH and Immunization in Jayapura involving professional organizations (IBI, PPNI and IDI), health polytechnic in Papua and West Papua Provincial Health Office in Jayapura. Flipchart and Modules test. The activity is implemented in two districts District. Manokwari (West Papua Province) and Kab. Jayapura (Papua Province). This activity begins with implementing TOT for the District team then followed up with the facilitation of the implementation at the level of community health center (6 Health Center) to flipchart and see how far these modules can be used. Methods of increasing the ability of health workers to use the flipchart to be one effective strategy. Finalize Flip Chart and Adaptation Module Socialization Flipchart Papua Adaptation to Component Management of MCH and Immunization. Socialization is done to all linked program and sector. As a follow-up of these activities: 1. Printing and Distribution Flipchart and Modules for the wider region 2. Orientation Flipchart and Modules in other District / City Expected Provincial Health Office of Papua and West Papua Flipchart conducting orientation and modules to Doctors, Midwives and Nurses in the district / city in addition to Manokwari and Jayapura.
Using Jingle to increase awareness on immun	These activities as follows : 1. Preparation Jingle Neonatal Health and Immunization. This activity involves Health Promotion Center, Immunization Sub Directorate, Directorate. Of Child Health, Indonesian Midwives Organization, Religious Leader (PERDHAKI, PP Aisyiah) Public Health Service West Java, Banten and Kab.Karawang Health Office, District. Bogor. Kab. Tangerang. In this preparation also involves a jingle composer. 2. Piloted with FGD method for Maternity / Toddlers who have children, cadree and Community Leaders at 3 districts in 3 provinces. There are. Lahat District (South Sumatra), Bandung (West Java) and Gowa (South Sulawesi). From the test results obtained in the trial that the community still listen to the radio, although the intensity and time varying. The dominance of radio listening time is in the morning between the hours of 6 to 10 am and in the afternoon around 15:00 - jam18.00. 3. Finalize Jingle of Neonatal Health and Immunization. 4. Preparation of 50 pieces master jingle. 5. Broadcasting Jingle. Broadcast Plan 1 Jingle version of Newborn Care, IMD-exclusive breastfeeding and immunization that lasted 60 seconds (1 minute) in 1 RRI regional, regional private radio 5 in 38 districts (11 Province), namely: South Sumatra, South Sumatra, Lampung , West Java, Banten, Central Java, East Java, East Nusa Tenggara, South Sulawesi, Papua, West Papua. Follow-up of this activity are: Socialization jingle in various activities related to the Neonatal Health and Immunization as in health centers, integrated health

	and cadre meetings. Will be added to the MCH's website After passing through two rounds of the auction no bids, broadcasting funds will be transferred to the activities and procurement
Improving cadres involvement in community m	This orientation activities aimed at the person in charge of child health programs, nutrition, health care as well as doctors, nurses, midwives and immunization and health centers - health centers with low coverage in 20 districts / cities level Implementation of the Orientation Program on Immunization at the health center with low immunization coverage To support the orientation and follow-up activities, the Project GAVI hold and distribute guidelines: •SDIDTK 700 books •700 health mother's book in the province of 5 provinces and 20 districts: Action Plan this activity: 1. Orientation infant immunization programs in implementing child health programs in health centers and cadres with low immunization coverage at 9 provincial priorities with participants of priority health centers. 2. Perform Post-Orientation Evaluation infant immunization programs in implementing child health programs in health centers with low immunization coverage
Partnership with TBA and private midwifes t	These activities include: 1. Preparation Meeting to develop of IEC material for village midwives and "dukun" partnership. This activity involved : related Programs / Sector such as Indonesian Midwives Organization, selected health centers, Immunization program, midwifery and nursing program, heath promotion, Public of Communication Center, Human Health Resources agency, Advertising Agency / Production House. Final results of the activities is a movie script. 2. Procurement for Media IEC Maternal Health Care and Immunizations 3. Workshop on Improvement of Maternal Health and Immunization Service. The workshop aims to socialized and promote MCH and immunization programs to the community in order to improve the coverage of MCH and Immunization This workshop involves 162 people consisting of the Central Cross-Sector (Indonesian Midwives Organization, Paediatrician organization, Medical Doctor Organization, Consorsium (religious leader, Lactation Center, Representative GAVI HSS, GAVI CSO, AIPMNH etc.), linked program (MCH and Immunization program manager in 12 provinces and 72 districts / cities as GAVI HSS target
Cold Chain Improvement	The training aims to improve the capacity of immunization officer in the management of cold chain related maintenance and repair of cold chain, knowledge vaccine storage and distribution process. The training was attended by cold chain staff from 33 provinces in 30 districts / city selected Need cold chain mapping for planning purpose. Cooling unit will be procured in 2015
Objective 2 Capacity Development on ensuring data	
Refreshing training and implementation of DQS at a	In year of 2014, indicator target is training and DQS implementation are 190 districts / city. Training and Implementation DQS was conducted at 7 provinces in 62 districts / city (funded by GAVI) and 104 district (funded by GoI). By the end of 2014, we have conducted training and DQS implementation in 166 districts / district (87%). DQS conducted in province of North Sumatra, North Sulawesi, South Kalimantan, Lampung, Bengkulu, Jambi and Central Java. Remaining 24 district targeted will be conducted in 2015

	Constraints quality of recording and reporting system for implementation of immunization service are still low due to incorrect data input, so that the information for implementation of immunization activities become inaccurate especially at village-level to health centers level and health centers level to district level.
Strengthening of Reporting and Recording by i	These activities in order to update the data coverage of immunization programs integrated with MCH. The activities carried out in 2014 include: 1. Coordination Meeting Individual related data and MCH Integrated Nutrition Program and Immunization. Coordination Meeting was conducted Result: individual tools integrated data MCH programs 2. Program Review SP2TP MCH and Application Integration in health center 3. Cross-Program Coordination in order Integration System 4. Determination data of pregnant women, babies, toddlers by provincial and district / city 5. Standardization of data MCH in the data dictionary (HDD) 6. SIKDA Generic Application Integration, 7. Application Integration “Kartini” 8. Integration of Individual Immunization Reporting 9. Preparation Manual Format Recording and Reporting Data Individualized MCH and Immunization Related to the integration of electronic systems are still awaiting the results of the manual format, but now there are a couple of Electronic Information System at health center level are not integrated, thus adding to the burden of the health center. Therefore, need integration of electronic recording and reporting system that involves all the main unit
Objetive 3: Improve immunization staff competency	
Colaboration with health education institution (Sc	Collaboration with health education institution expected graduate midwife have better knowledge about immunization program From these results, is necessary to strengthen the capacity of health education institutions in order to reduce disparities in the form of intervention in the field of education, training and managerial. Efforts are being made to improve through training Training of trainers (TOT) on immunization and MCH on related subjects lecturers and clinical instructor (CI) to optimize the implementation of teaching materials immunization and MCH to students at 51 health education institutions to match the expected competencies In 2014 the Human Health Resources agency conducted TOT for Clinical Instructure and Lecturer in Materials Immunization and MCH for 5 class level (generation). TOT is intended for faculty and Clinical Instructor courses focused on MCH and Immunization. The trainees were 30 people for each class level from Diploma from health education institutions in 12 provinces. The total number of participants: 120 people the material as follows : - Managerial: from planning, implementation, monitoring and evaluation of interventions to improve the competence of midwives through reinforcement learning materials immunization and MCH in midwifery education curriculum.
Material of curriculum for Midwififery Teaching P	1. Provision of study materials for midwifery education curriculum implemented by strengthening midwifery education teaching materials with the following description: These activities as follows Preparation of teaching materials implemented in 3 phases, as follows : Phase I: Preparation of systematic teaching materials, the development of substance

	Phase II: Substance depth of the material and III: Finalization of the material, 2. Sounding Draft was held on June 4 to 6, 2014. The participants as follows representative from Indonesia Midwives Organization, Directorate of General of MCH and immunization sub directorate, Human Health Resource Agency. 3. Editing and finalize modul of MCH and Immunization program conducted in 10 – 12 July 2014. 4. Provision of legal aspect for this implementation
Assesment and developing Training Modul for health	These activities will be implemented in 2015 In order to strengthen the capacity of health education institutions, has been done in the field of managerial intervention with the following stages: Assistance Implementation Subjects Immunization and MCH in Diploma's Midwifery Curriculum: a. Preparation of Guidelines for Implementation of Instructional Materials Immunization and MCH in health education institutions b. Preparation Assistance Implementation of teaching materials and MCH Implementation c. Assistance Instructional Materials d. Monitoring and Evaluation e. Preparation of about placement tests f. Implementation of the placement test g. Placement test result data processing h. Dissemination of Results of Implementation Preparation of Reports For 2014, Preparation Guidelines for Implementation of Immunization and MCH Textbook first stage was held on September 18 to 20 of 2014 as advanced materials development activities immunization and MCH that has taken place in March - July 2014. Guidelines for the implementation of this textbook is intended to facilitate faculty in the use of textbooks immunization and MCH in the learning process at health education institutions. For some activities as planned as mention above, such as Textbook Immunization Assistance Implementation and Monitoring and Evaluation MCH. These activities will be implemented in 2015
Immunization Program Management Training for 305 h	In order to improve immunization coverage through the immunization services in hospitals both public and private, in 2014 has been implemented management training immunization in three (3) provinces of North Sumatra, Central Java and East Java. Provincial for immunization management training activities taking into the large number of targets in the province Target hospitals in this training is the Government General Hospital, private hospital, military hospital in 3 provinces. To improve immunization coverage and recording and reporting system through the immunization status. the training and monitoring evaluation has been implemented in 239 hospital of 305 hospital as target, as follows: No. Province Number of Hospital 1 North Sumatera 57 2` Central Java 86 3 East Java 96 Total 239

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

There are 66 hospital have not been implemented due to time constrains and will be conducted in 2015

8.2.3 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?

GAVI grant has not utilised to provinde national health human resources incentives

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
Numbers of low immunization coverage districts/cities that achieve coverage of DPT – HB3 ≥ 80%	18	Immunization coverage reports	103	88	n.a	n.a	n.a	58	366	Base on administrative data from province we achieved coverage of DPT-HB3 ≥ 80% in 2014 is 366 district/city	
Percentage of districts/cities that conducted the DQS	16	N/A	250	190	n.a	n.a	n.a	58	166	Report form EPI	There are 166 District/cities conducted DQS (87%). Remaining 24 District/cities will be conduct the DQS in early year 2015 We canceled 60 districts/city to conduct DQS and we change the indicator with RR implementation
Percentage of midwife institutions are using teaching modules immunization	N/A	N/A	51	51	n.a	n.a	n.a	n.a	n.a		Not yet implement. module already developed in 2014

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

After Reprogramming approved by GAVI, major accomplishments as per three objectives to support the overall goal for maternal, infant and child health improvement. The reprogramming aimed to accelerate the achievement of DPT3/ DPT-HB-Hib3 immunization coverage with 3 objectives are below:

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

2. Capacity Development on ensuringdata collection and a reporting

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

In 2014, the country has been implemented some reprogramming activity. and will be finished all plan in the Q1 year 2015

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

1.1 Through Midterm review meeting on Immunization and NMCH Coverage - identify district low coverage and identify villages with low coverage area usingLAM results existing problems in order to support theplanning area in 2015

1.2 Drop Out Follow up Immunizationconducted in the 60 districts in the 18 provinces

18 provinces and 60districts / cities implemented in the form of socialization and Dofu / SweepingImmunization implementation with targeted data collection and implementation ofDOFU immunization in 7616 villages, monitoring and evaluation and preparationof reporting Dofu / Sweeping immunization

This activities is One of strategies to reduce this drop out rate was to performDOFU in areas with low immunization coverage, targeting 0-11 month old babiesand 12-36 month old babies in 60 districts/cities of 18 provinces who have notreceived complete basic immunization.

In 2014, we have achieved 130.102 babies (86%) get complete immunization (target 151.217babies) through DOFU activity in 7.646 village

1.2. The SOS strategy, the expected access to basic healthservices for children and mothers can be improved through an integratedimmunization and MCH with a minimum frequency of visit 3-4 times a year. In2014, SOS immunization activities conducted in 11 Province 33 District / City,166 health centers and 283 villages. Through SOS startegy, 5.591 of babies achieved get complete immunization (target6,377 babies)

1.3. Improving competence and skills of healthworkers in the management of neonatal and immunization. Papua and West Papua have special conditionsarea, so it requires a special approach with a more simple way to improve theskills of health workers, especially midwives and nurses

1.4. Increasing demand immunization through IEC, communicationstrategy, using jingle MCH and Immunization and implementation at health center

1.5. District level training of cadres on basic immunization andmaternal and child health practices CadresTraining

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

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

Theobjective of activity is standard modul curriculum as guideline implement fortraining cadres to increase knowledge of cadres when implementation ofactivities.

Thecurriculum used by District Health Office or Health Center to Training ofCadres. These curriculums contain role of cadres, tehniques communication andmotivation cadres

Increasingcapacity immunization officer in sub national level in order handling coldchain and maintain quality of vaccine

Objective 2 Capacity Development on ensuring data collectionand reporting

2.1 Creatingan integrated MCH and Immunization recording and reporting system. Thesimplified variables have been the result of format review by considering dataavailablility on the field, level of data priority for program stakeholders atcentral level, and minimizing duplication of data recording and reporting.

Analyzingthe result of the tests of integrated MCH and Immunization data recording andreporting 1. system at HCs, in order to evaluate HC'scapability to carry out such system. From this analysis, it was discovered thatthe integrated and simplified formats need to be more simplified andadjusted for what program stakeholders at HC, district, provincial, andcentral level need most

2.2 Refreshingtraining and implementation of DQS at the full of the 7 provinces and 62districts to get validate data immunization coverage from center until village

- Training and Data Quality Self Assessment or DQSimplemention was conducted in 7 districts/cities, and 62 districts/cities.Method used with field practice and assisting from central

Objective 3 Improve immunization staff competency throughstrengthening implementation of MCH-Immunization material for midwifeinstitution (healtheducation institutions

1.1 Management trainingfor immunization program for 239 hospitals in 3 Provinces including post training monitoring and evaluation

Trainingon immunization management at hospital. Targeting government hospitals, privatehospitals, military/police hospitals inthose three provinces. Strengthening data collection related immunizationcoverage data through hospital.

Review& revise the immunization and MCH component in the midwife academiccurriculum & introduce in the 51 health education institution in 5 Provinces

To Develop the Curriculum of MCH and Immunizationfor health education Institution in order to increasing immunizationcoverage, developed material teaching of Immunization and MCH for and developedthe guideline of teaching material of MCH and Immunization for Lecturer and ClinicalInstructure in health education Institution

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

The following problems were encountered duringproject implementation in 2014 :

PROGRAMMATIC PROBLEMS:

Activities HSS reprogramming involving interprogram in MoH and provinces/ districts which HSS activities implementation,needed coordination for conducting all activities proposed.

- Immunization coverage is discrepancies within province and district its coused pocket area andrisk for VPD outbreak,
- Indonesia has some hard toreach areas and will be covered through SOS activity integratedwith other related program
- Drop out of immunization due to low of awareness about benefit of immunization,
- limitation of staff at national andprovincial level (number and capability)to conduct intensive monitoring, technical assistance and follow up action,base on results of coverage survey at 31 districts in 10 provinces so we needadditional monitor to fill the gap
- Base on inventory cold chain counducted in2014 found functional status of coldchain equipment, all levels thera are 871 (18%) notworking, 612 (12%) working but need attention and 3.483 (70%) functional.
- Limited alocated operational budget for immunization program at local government in someareas
- discrepancies within administrative data and coverage survey
- lack of knowledge at health workers aboutimmunization program and turn over immunization staff

Alternative Solution :

1. Annual coordination meeting with related an sector
2. Conducted DOFU and sweeping at 31 districts in 10provinces with low coverage/large number un-immunized children based onbaseline profile (after coverage survey)
3. Reachun-immunize children whose live at the hard to reach area using SOS strategy
4. Communicationforum (communication support group friends from immunization) and developdemand generation base on research, partnershipwith Local Government, NGO and other
5. Recruitmentmonitors (temporary contract) to conduct intensive monitoring, technicalassistance and follow up action base on results of coverage survey at 31districts in 10 provinces.

6. ColdChain Improvement (EVM assement, inventory cold chain andprocurement)

7. Increasingcountry ownership for immunization financing (human resources, operationalbudget)

8. Planto evaluate individual web based on immunization in 6 provinces and update withintegrated data based on the result of evaluation by independent that focus activity at 31 district in10 selected provinces, Integrate with MCH program and it will be linked with centraldata in MOH, improve RR at village levelbased on result of evaluation

9. Fasilitation to Increase Immunization Coverage andImmunization Service collaborate with Health EducationInstitution

MANAGERIAL PROBLEMS:

1. Delayed financial reporting due to late fundproposing in the State Budget (DIPA) which was done at the end of the year,causing Grant Endorsement reporting (SPHL) to the State Treasury Office wasonly done also at the end of the year.

2. The realized financial statements fromprovinces were delayed, as all project activity realizations must be reportedto central level as Unit in Charge, even through these activities were done in the provinces.

3. Delay of tranches budgetfrom GAVI influence implementation activities that already planned.

4. Not secure plan ofactivity that approved its coused influence plan activites and co finance atlocal level

Alternative Solution:

1. Createa complete one year period plan of activities, including their budgeting for thatparticular period, which will be proposed in the State Budget (DIPA).

2. Conducted meetings between different programs (cross programs) withinthe Ministry of Health, by inviting competent official from the Ministry ofFinance as speaker, in order to minimize reporting obligation fromprovincial/district levels to central level

3. Formingtreasurer of GAVI fund in province level to coordinate financial reporting atdistrict level

Expected funding for activities planned of year 2015delivered by end fiscal of year 2014.

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

1. Central level :

- 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 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

- Immunization and MCH monitors/assists the process of fund accountability at the province and selected districts

- At least 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 SPHL
- A team whose members are assigned by Director General of CDC Decree (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 is done 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

8.4.4. 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.

a. Monthlyreport

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

b. Quarterlyreport

Through the Ministry of Health's Bureau of Planning andBudgeting, the Quarterly Report that includes budget absorption and projectimplementation progress was reported to the Ministry of Finance's DirectorateGeneral of Debt Management as well as to National Development and PlanningBoard (BAPPENAS).This Quarterly Report format was provided by Ministry ofFinance's Directorate General of Debt Management, and was submitted atthe same time with otherloan and grant projects.

c. Annual Report

Theproject's financial absorption and its implementations were reported to theMinistry of Finance's Directorate General of Debt Management as well as toNational Development and Planning Board (BAPPENAS), through the Ministry ofHealth's Bureau of Planning and Budgeting. This report, together with otherreports from different projects that were funded by State Budget, were bindedon the echelon one's annual report of the Ministry of Health's various programsand sectors, such as Nutrition and MCH programs, Human Resource DevelopmentDepartment, and Directorate General of Disease Control and Environmental Healthwhere GAVI HSS project takes part in. This report was also made byProvincial/district/city level's Health Office.

TheMinistry of Health also set up loan and grant monitoring team, who is nowchaired by the Secretary General and has members from main units of theministry. This team's main task is to monitor all activities that

are funded byloans and grants, as well as to coordinate them to run in line with theNational Medium Term Development Plans and the Ministry of Health's strategicplans.

1. Central Level:

- Bureau of Planning and Budgeting, MOH monitorsthe implementation of GAVI HSS

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

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

- Technical Team ofGAVI routinely monitors the implementation ofGAVI HSS

- Integrated National Monitoring and Evaluation System: GAVIHSS activities are reported together with the monitoring implementation ofState Budget – funded activities

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

Financial Monitoring:
GAVI HSS implementation units at central and provincial level(provincial/district/city health office) submita monthly report to the secretariat of GAVI HSS, whowill then recapitulates this report to and submit it to the programmanager. This report goes to the State Treasury Office of Ministry of Financeevery quarterly period for Direct Grant Approval Letter.

8.4.5. 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.

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

- Disseminating Immunization and MCH information

- strengthening system through community empowerment especially cadres in Posyandu

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. AISYIAH and Fatayat NU, a wives organization where during their monthly Islamic oration they invite a speaker from the DHO to speak about MCH and 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

8.4.6. 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.

Civil Society Organisation(CSO) coordinated by Center of Health Promotion, MoH . There are consist of

1.IBI (MidwifeOrganization)

Type of activities: GAVI HSS fund support to conduct somesocialization of MCH and Immunization meetings to members of IBI, particularlysocialization of new program, such as Jampersal (Health guaranty for deliveryin health facilities)

2. PKK (FamilyWelfare Educational Class)

Type of activities: GAVI HSS support for socialization ofMCH and immunization program to the members of PKK then the membersparticipated in some activities of cadres training on MCH and immunizationservices including MCH handbook.

3. Communityfigure/religious leader

Type of activities : GAVI HSS fundsupport for training of religious/community leaders in BPCP & using ofMCH handbook, then they implement in their religious/community activities

8.4.7. 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 theimplementing units at the Directorate General of Nutrition, Maternal and ChildHealth and the related units. The next step is to conduct meeting with theProvincial Health Office and District Health Office to allocate the funds byusing standard cost from the Ministry of Finance as well as local standardcost. Baselines used as reference are: evidence based related overage immunizationcoverage 2013; number of Health Center staff to be trained, etc. by usingsecondary data from DHO and also specific problem area in order immunizationprogram such as black campaign immunization (halal and haram issues), limitedlocal budget for immunization program

1. Mechanismof channeling of GAVIHSS funds into the country:

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

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

3. Channelingmechanism of GAVI HSS funds from central level to provincial and districtlevel:

The funds are transferred to district level. Prior to thetransferring, 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 itsapproval:

The implementing units at central level andprovincial/district level uses the GAVI HSS funds to conduct activities thatare 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 usedon 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. Prorgam Manager will then passthe report for getting legalization (SPHL) at the Special TreasuryOffice-Jakarta VI with attached documents i.e. the recapitulation of theexpenditure and the bank statement.

Auditing Procedures:

The auditing procedures refer to the Government of Indonesiaregulation on audit mechanism. An external audit is conducted by TheGovernment's Internal Auditor Office (Badan Pengawasan Keuangan danPembangunan/BPKP).

Revision of Detailed Plan Budget:

In case of revision, the DHO proposes to the PHO, whowill then propose it to the Program Manager of HSS. The Program Manager agree and sign revision of detail planbadget.

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

Constraints :

- Long Bureaucracy (fund planning, fund disbursement, budgetclaiming, accountability of budget use and its approval) - Fund chanelling

- Mechanism differences (and accountability) of budget use atcentral and provincial/district level.

Action taken/Suggestion :

- Planning & monitoring meeting at various levels to solveproblems

Change to management processes in the coming year

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

- GAVI HSS isan integration of activities from various programs (MCH, immunizationand Health Promotion program), therefore it has been decided that the technicalcoordinator of GAVI HSS is the Bureau of Planning and Budgeting

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned 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)	**2015 actual expenditure** (as at April 2015)	**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 : Increase Integrated Planning to increase immunization and MCH coverage in low coverage areas	582270	411738		use balance budget 2014	
	1.2 : Increasing Public Awareness	232727	225859		use balance budget 2014	
	1.3 : Cold Chain Improvement	243912			use balance budget 2014	
	Proposed plan of Activity 2015 from amount $9,4					
	1.1. End of HSS grant Evaluation	100000				
	1.2. Conducted DOFU and sweeping at 31 districts in 10	1209000				

	provinces with low coverage/large number un-immunized children based on baseline profile (after coverage survey)					
	1.3. Reach un-immunize children whose live at the hard to reach area using SOS strategy	885000				
	1.4. Recruitment 15 monitors (temporary contract) to conduct intensive monitoring, technical assistance and follow up action base on results of coverage survey at 31 districts in 10 provinces.	350000				
	1.5.Cold Chain Improvement	3153354				
	1.6. Implement media communication research the campaign messaging around immunization	120000				
	1.7. Communication forum (communication support group friends from immunization) and develop demand generation base on research	644000				
	1.8. Improving community & religius leader as local champions in immunization by CSO within 10 provinces	65000				
	1.9. Developing strategy to incerease routine immunization covarage (included private health provider) in urban and slum areas within 10 provinces	64126				
Objective 2: Capacity Development on ensuring data collection and reporting						

	2.1 : Refreshing training and implementation of DQS at all districts in 7 provinces and 62 Districts	36868	33171		use balance budget 2014	
	2.2 : Strengthening of Reporting and Recording by integrated Individual registration System (Implementation of web-based RR)	146345	63940		use balance budget 2014	
	Proposed plan of Activity 2015 from amount $9,4					
	2.1. Independent Evaluation of existing web based RR including integrated health center information system	150500				
	2.2. Develop & implementation integrated web based RR (including IT Infrastructure and capacity Strengthening)	809075				
	2.3. Baseline coverage survey at 31 district in 10 provinces	500000				
	2.4. 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 : Collaboration with education institution (School of Medicine, School of Public Health, School of Midwifery and School of Nursing) to increase immunization	149380	30571		use balance budget 2014	

	and MCH services coverage					
	3.2 : Material of curriculum for Midwifery Teaching Program	19396			use balance budget 2014	
	3.3 : Asssesment and developing Training Modul for Midwive Institution on “Strengthening of the Implementation of Immunization and MCH Material"	53963			use balance budget 2014	
	3.4. District level comprehensive training of the health center staff immunization and MCH program management	47076	15999		use balance budget 2014	
	Proposed plan of Activity 2015 from amount $9,4					
	3.1. Fasilitation to Increase Immunization Coverage and Immunization Service colaboration with Education Institution	491805				
	3.2. Independent evaluation pre service training	25000				
Support Cost						
	Support Cost	212205	51570		use balance budget 2014	
	Proposed plan of Activity 2015 from amount $9,4					
	Project Support Cost (8%)	753640				
		11144642	832848			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities	**Planned Activity for**	**Original budget for 2016** (as approved in the HSS proposal	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if

(insert as many rows as necessary)	2016	or as adjusted during past annual progress reviews)			relevant)
Evaluation HSS	Evaluation HSS	40000000			
		40000000			

8.7. 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@gavi.org

8.8. 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 8.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Unicef	162906	2014	Training Cold Chain Inventory and Data Collection
WHO	17479	2014	Desk Review of Measles Elimination and Rubella Control

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Regulary report immunization and MCH from province and districts Joint Reporting Form (JRF)	We conducted survey and monitoring and evaluation by Data Quality Self Assesment (DQS)	There are diffirent data and information from regulary report immunization with result of Basic Health Research (Riskesdas) and JRF Needed a system that is integrated from the health centers level until central that immunization and MCH data reported is accurate, up to date and timely.

8.9.2. 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.

1. Limited to write in APR form due to shortly character
2. Especially for NVS report (annex 7) no showup in the portal APR GAVI as according in template Ms. Word version

suddenly server down while we input data at APR portal(its experience at last year ago)

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?3

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

9.1. 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 2014

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

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

Indonesia is not reporting on GAVI TYPE B CSO support for 2014

10. 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

HSCC Chair suggest that web based RR should be cover all provinces and EPI could be introduce other new vaccine based on diseases burden in Indonesia.
Unicef: Result of Data Quality Self-assessment in 2014 need to be consider and should be following with appropriate actions

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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						
Wedges & 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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						
Wedges & 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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						
Wedges & 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Government Signatures Page for all GAVI Support 2015.pdf **File desc:** **Date/time :** 15/05/2015 01:19:34 **Size:** 578 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Government Signatures Page for all GAVI Support 2015.pdf **File desc:** **Date/time :** 15/05/2015 01:19:58 **Size:** 578 KB
3	Signatures of members of ICC	2.2	✓	HSCC Signature 13Mei2015.pdf **File desc:** **Date/time :** 15/05/2015 07:59:15 **Size:** 680 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✗	No file loaded
5	Signatures of members of HSCC	2.3	✓	HSCC Signature 13Mei2015.pdf **File desc:** **Date/time :** 15/05/2015 07:55:11 **Size:** 680 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Minutes of Meeting HSCC May 13 2015.pdf **File desc:** **Date/time :** 15/05/2015 07:53:31 **Size:** 38 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	FINANCIAL STATEMENT ISS 2014.xls **File desc:** **Date/time :** 15/05/2015 02:46:08 **Size:** 39 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded

9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✗	FINANCIAL STATEMENT NVS_VIG GAVI 2014 audited.pdf **File desc:** **Date/time :** 15/05/2015 02:31:32 **Size:** 15 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✗	No file loaded
12	Latest EVSM/VMA/EVM report	7.5	✗	EVM2_report-Indonesia-2012 v4.pdf **File desc:** **Date/time :** 15/05/2015 08:09:30 **Size:** 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✗	Implementation Indonesia EVM IP Progress Summary Final20315-1.pdf **File desc:** **Date/time :** 15/05/2015 08:18:31 **Size:** 707 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✗	Status of EVM-imp-plan-Indonesia 2011_As of May 2014.xls **File desc:** **Date/time :** 15/05/2015 01:24:28 **Size:** 191 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP 2015 - 2019.doc **File desc:** **Date/time :** 15/05/2015 08:05:27 **Size:** 4 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP_V3.1_Indonesia_May_2014 Financing tool.xls **File desc:** **Date/time :** 15/05/2015 08:03:28 **Size:** 6 MB
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 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	GAVI HSS Finansial Statement 2014.pdf **File desc:** **Date/time :** 15/05/2015 02:43:45 **Size:** 35 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	FS HSS 30 April 2015.pdf **File desc:** **Date/time :** 15/05/2015 02:44:23 **Size:** 20 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Scan Laporan Auditor Independen.pdf **File desc:** **Date/time :** 15/05/2015 03:11:34 **Size:** 1 MB
22	HSS Health Sector review report	8.9.3	✓	Minutes of Meeting HSCC May 13 2015.doc **File desc:** **Date/time :** 15/05/2015 02:52:20 **Size:** 75 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	No file loaded
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Bank Statement January - December 2014 (edit) GAVI.pdf **File desc:** **Date/time :** 15/05/2015 07:44:15 **Size:** 5 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded

28	Justification for changes in target population	5.1	✕	No file loaded
	Other		✕	25 districts profile (SOS).xls **File desc:** **Date/time :** 15/05/2015 08:19:49 **Size:** 27 KB
				31 districts profile.xls **File desc:** **Date/time :** 15/05/2015 08:20:04 **Size:** 212 KB
				Annex 7 New and Under New Vaccine.doc **File desc:** **Date/time :** 15/05/2015 03:48:56 **Size:** 164 KB
				IPV estimate.pdf **File desc:** **Date/time :** 15/05/2015 03:50:57 **Size:** 31 KB
				Lesson Learned GAVI-CSO 2009-2014 revisi _Final.pdf **File desc:** **Date/time :** 15/05/2015 12:25:00 **Size:** 11 MB
				List of Health Education Institutions (GAVI).pdf **File desc:** **Date/time :** 15/05/2015 07:57:37 **Size:** 57 KB
				Minutes of Meeting_ HSCC GAVI 2 Oktober 2014-EN.doc **File desc:** **Date/time :** 15/05/2015 01:25:24 **Size:** 40 KB
				Minutes of Meeting of HSCC GAVI (May 8, 2014).doc **File desc:** **Date/time :** 15/05/2015 01:26:06 **Size:** 65 KB

				NOTULEN HSCC, 30 Jan 2014.doc **File desc:** **Date/time :** 15/05/2015 01:27:03 **Size:** 46 KB
				Plan of Activity of HSS Reprogramming 2015 - 2016.pdf **File desc:** **Date/time :** 15/05/2015 03:00:48 **Size:** 28 KB
				Propose of New Indicator of HSS Reprogramming.pdf **File desc:** **Date/time :** 15/05/2015 03:01:02 **Size:** 34 KB