

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Indonesia			
2. Grant number: 0814-IDN-10a-Y			
3. Date of Decision Letter: 31 March 2015			
4. Date of the Partnership Framework Agreement: 30 December 2014			
5. Programme Title: Health Systems Strengthening (HSS)			
6. HSS terms:			
<p>The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Indonesia, as specified in:</p> <ul style="list-style-type: none"> • The relevant Gavi HSS guidelines – please contact Andrew Thomson, Senior Country Manager at athomson@gavi.org for the guidelines. • The relevant Gavi HSS application form - please contact Andrew Thomson at athomson@gavi.org for the form. • Indonesia's approved grant proposal and any responses to the HSS IRC's request for clarifications. 			
7. Programme Duration¹: 2008 to 2014			
8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):			
	2008-2013	2014	Total ²
Programme Budget (US\$)	15,407,000	9,420,500	24,827,500
9. Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):			
<p>The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12:</p>			
	2008-2013	2014	Total³
Programme Year			
Annual Amount (\$US)	15,407,000	9,420,500	24,827,500
10. Financial Clarifications: The Country shall provide the following clarifications to Gavi⁴:			
<p>If the bank account information most recently provided to Gavi has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact gavihss@gavi.org for the form.</p>			

¹ This is the entire duration of the programme.

² This is the total amount endorsed by Gavi for the entire duration of the programme..

³ This is the amount approved by Gavi.

⁴ Failure to provide the financial clarifications requested may result in Gavi withholding further disbursements

11. Documents to be delivered for future HSS cash disbursements:

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs) or equivalent. The APRs, or equivalent, shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal. The APRs, or equivalent, should also include a financial report on the use of Gavi support for HSS (which could include a joint pooled funding arrangement report, if appropriate).	15 May 2015
Interim unaudited financial reports. Unless stated otherwise in the existing Aide Memoire between Gavi and the Country, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each 6-month reporting period (15 February for the period covering 1 July – 31 December and 15 August for the period covering 1 January – 30 June). Failure to submit timely reports may affect future funding.	15 February and 15 August

12. Other conditions: The following terms and conditions shall apply to HSS support.

Cash disbursed under HSS support may not be used to meet Gavi's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme, this must be highlighted and justified in the APR, or equivalent, and will be subject to Gavi approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process in both its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of Gavi support stated in this letter will be subject to performance monitoring.

Signed by,

On behalf of Gavi



Hind Khatib-Othman
Managing Director, Country Programmes
Date: 31 March 2015

Type of report: Annual Progress Report (CSO type B and HSS)

Country: Indonesia

Reporting period: 2012

Date reviewed: October 2013

This review addresses only the HSS and CSO Type B windows

Table 1 Cash Support

Cash support	Approval Period
HSS	2008 -2014 (Originally approved 2008-2010)
CSO Type B	2008-2011

1. Health Systems Strengthening (HSS)

Total GAVI HSS grant to Indonesia is \$24,8 millions. The implementation has been slow since 2008 because of cash transfers until 2011 when the grant was reprogrammed. Overall funding approved and disbursed to the country is \$11,6 millions.

The 2012 Annual Progress Report was re-submitted in August 2013.

Following the low rate of utilisation of the HSS funds and change in policy, GAVI requested reprogramming of the HSS funds with objectives showing direct and strong links to immunisation activities. The HSS reprogramming for Indonesia was approved in 2012. The reprogramming focus on enhancing vaccination coverage level and strengthen these linkages between the activities implemented by CSOs in the Type B grant and the HSS grant.

There are three objectives which are aimed at (1) acceleration of improved DPT 3 immunisation coverage with specific focus on areas with low coverage; (2) capacity development to improve data collection and (3) improving competency of immunisation staff by strengthening implementation of MCH-Immunisation materials for midwifery institutions. The geographical areas chosen had DPT_HepB coverage of <80% and a drop-out rate of >10%.

New re-programmed activities are being implemented and some have been completed such as coordinating meeting at various levels, national media workshop, training and

implementation of DSQ and district level comprehensive training on immunisation and MCH in various regions. Despite showing a number of activities (from the original proposal) as being completed, Indonesia reports some un-achieved targets (table 9.3). This is because some of the targets were calculated on the basis of both CSO-Type B and HSS combined activities towards achieving targets as well as delays in implementation.

Although the country links immunisation and MCH activities, **there are no outcomes indicators for MHC which would have been highly relevant for the country and for GAVI in terms of demonstrating value for money.**

Request for Year 2014

Country requests \$9,420,500 for 2014 in this APR.

The country has provided (additionally to the APR) a table of activities for the years of 2013 and 2014, with corresponding planned expenditures. In addition, the table of activities included in the APR2012 provides detailed information on year 2013 activities and budget. However the lack of information on year 2014 alone means that it is difficult to reconcile on-going activities and new planned ones.

Nevertheless, the management support costs seem high and this is a concern, this was commented as in the audit external audit report too. They amount to 20% of the overall \$9,420,500 much higher than the 13% that was approved in the original 2008 HSS proposal.

2. CSO Type B:

Implementation status and outcomes of CSOs' activities were provided in the 2012 APR.

According to Table 10.2.4 in the 2012 APR, the country spent US\$ 1.387.334 on CSO type B support in 2012 and a balance carried forward to the next year was US\$1.303.290 from Table 10.2.5, which highlights the progress of CSOs project implementation, lists activities by CSOs and current status along with targets. A large majority of activities seem to have been completed with the exception of the end line survey and the KAP survey. Hence how the left over funds will be used it is not clear.

The country stressed that CSO type B support helped the MoH and CSOs to strengthen their collaboration in areas of MCH and immunization and support of all allied CSOs. Collaboration in terms of exchange of data between MoH and CSOs is also highlighted as positive.

3. Summary of the Review:

Indonesia HSS program has been delayed for many years since 2008 and it has just stated to catch up according to the progress reported in the 2012 APR. The APR2012 provides clear planned expenditures for 2013 and a simplified list of activities for 2013-2014. However the two documents are difficult to reconcile as the activities are somewhat differently labelled and in some cases the 2013-2014 is actually lower in value than the 2013 year alone.

4. IRC Review Recommendations

- HSS

Approve the request for the next tranche of the HSS grant, provided clarifications are met

5. Clarification Required with Approved Funding

Short-term clarifications

- (a) Programmatic clarifications (specify for each or indicate if not applicable, N/A)
- a. HSS
 - The country is requested to provide the details of planned activities for both 2013 and 2014, and provide details by objective and activities, along with the corresponding budget for each year separately.
 - b. CSO type B
 - Clarify how the remaining funds will be utilised
 - Country to clarify the discrepancy of \$ 10,586 between 2011 financial statements closing balance (IDR 563,506,327; approx. \$ 51,274) and 2012 financial statements opening balance (IDR 364,250,032; approx. \$ 40,688).