Application Form B from the HSCC to GAVI Alliance Secretariat for:

GAVI Alliance CSO Support in 10 Pilot GAVI Eligible Countries

Abbreviations and Acronyms

Please ensure that all abbreviations and acronyms presented in the application and supporting

ABBREVIATION AND ACRONYMS

1. AEFI : Adverse Event Following Immunization
2. CMYP : Comprehensive Multi Years Plan
3. CSO : Civil Society Organization
4. DHO : District Health Office
5. EPI : Expanded Programme of Immunization
6. GOI : Government Of Indonesia
7. HSCC : Health System Coordinating Committee
8. HSS : Health Strengthen System
9. IEC : Information Education and Communication
10. IMC : International Medical Corps
11. Kabupaten/Kab : District
12. Kota : City

Executive Summary

Please provide an executive summary of the proposal. Please include details of any Technical Working Groups that have been created to support the process, review proposals etc.

The Republic of Indonesia is an archipelago country which administratively consists of 33 provinces, 440 district, 5227 subdistricts and 69.868 villages with the total population of 220 million of people. In the previous years, Indonesia was significantly successful in the immunization program as well as other health programs. Unfortunately, following the crisis (in 1997), there was a reduction in the coverage percentage of immunization and other health programs. The coverage of UCI village was only 76.2% (in 2007). Meanwhile, there are 207 districts in 28 out of 33 provinces with DTP-3 coverage less than 80% and measles coverage less than 90%. The encountered problems are not only caused by less adequacy of service capacity, but also by less intensive health promotion and community mobilization. Thus, the GAVI CSO support will be maximally utilized to deal with the problems. Out of 33 provinces in Indonesia, 5 provinces have been selected namely West Java, South Sulawesi, Banten, Papua and Papua Barat. From 5 provinces, 35 districts will be selected based on certain requirements such as high population density, low immunization coverage, high infant mortality rate, local acceleration and local goverment commitment to strengthen the health system.

Upon the completion of CSO selection and application review (Form C), PKK, Pramuka (Scout), PATH and IMC were selected as the recipients. PKK is an organization that can mobilize the health of the family with the networks starting from the central to community level. PKK is usually chaired by the wife of the Local Government Leader. Pramuka (Scout) is an organization that can educate and build the positive values of young people. Pramuka (Scout), there is an internal group called Saka Baka Husada which has the awareness and skills in the area of health. PATH and IMC are the international organizations that have the experiences in working in cooperation with the government and national CSOs, especially in MCH and EPI in addition to their good reputation and track record in Indonesia. In the implementation of this project, PATH and IMC will collaborate with national CSOs. (Midwives Association, Faith Based Organizations)

The objective of CSO support:
At the end of the project, in the targeted districts of 5 selected provinces, the coverage of immunization is expected to increase by 10% through the intensification of health promotion, community mobilization activities and capacity building of the health providers.

Specific:
1. Health cadres in project areas have increased knowledge and skills concerning immunization, child health and health promotion/community mobilization techniques.
2. Scout members in project areas have increased knowledge and skills concerning immunization, child health and health promotion/community mobilization techniques.
3. Health workers in project areas have increased knowledge and capability to provide integrated EPI-MCH services .
4. Morbidity surveillance system in the project areas strengthened.
5. Communities in project areas have increased awareness, demand and access for MCH and EPI services.

Principally, the activities to be conducted are as follows:
- Conduct training and refresher training on integrated MCH, EPI and health promotion/community mobilization;
- Undertake the IEC (Information, Education and Communication) to the target audiences;
- Conduct surveillance strengthening.

Project Management

- In terms of administrative and financial aspect, it will be performed by the GAVI Secretariat. In terms of technical aspect, a Steering Committee under the coordination of Director General of CD and EH and Technical Team under the coordination of Centre for Health Promotion will deal with it. Out of 4 CSO recipients, one CSO will be determined as the Coordinator of Consortium.
- Monitoring at field level will be done on monthly basis by involving DHO, CSO and beneficiaries. At national level, a three-monthly meeting and supervision will also be conducted to see the progress and manage the problems encountered.

Project Budget: 3,9 million US$

Time for Implementation: estimated to take place from September 2008 – October 2009

Section 1: Application Development Process

The aim of this section is to describe the process for developing the application for GAVI Alliance CSO support. Please begin with a description of the Health Sector Coordinating Committee (HSCC) or equivalent, including:

- Name of HSCC (or equivalent)
- Date HSCC has been operational since
- Frequency of meetings
- Overall role and function of the HSCC
- Name of any CSOs represented on the HSCC

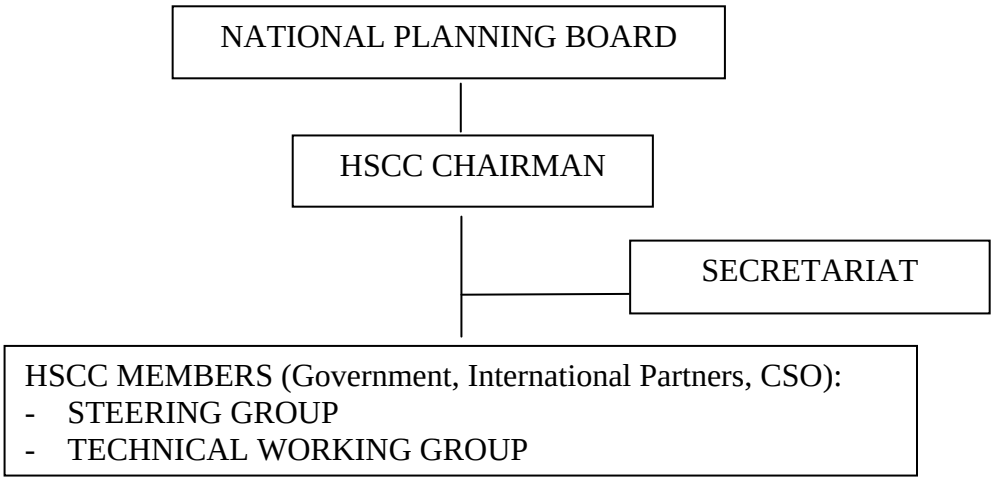
1.1: The HSCC

Name of HSCC (or equivalent):

Health Sector Coordinating Committee (HSCC)

HSCC operational since:
Previous institutions with a similar structure have existed since at least 1999. In its present form, the HSCC has been actively involved with the development of the HSS Application since August 2007

Organisational structure (e.g., sub-committee, stand-alone):



The National Planning Board (Bappenas) is the national apex body within the Government of Indonesia which is responsible for coordinating, guiding and leading all national level planning of all development projects including health. In August 2007 the HSCC was re-established in its present form which parallels the CCM for the Global Fund, with a similar composition and purpose. The HSCC has sanctioned the formation of a technical working group specifically to review applications for CSO support and to make recommendations to the HSCC itself. While the HSCC was revived specifically to meet the conditions of the HSS application, it is envisaged by all parties that it will in future provide a forum for a wide range of consultations between government, international partners and civil society on matters of common concern in the health sector. The membership of the HSCC consists of representatives of the Ministry of Health, Ministry of Finance, Ministry of Home Affairs and National Planning Board, international health partners and CSO representatives. At this point the latter are co-opted representatives of the five different types of CSOs recognized by GAVI, but in future it is anticipated that they will develop their own system of choosing their representation. The chairman of the HSCC is Dr Arum Atmawikarta, Director of Health and Community Nutrition at the National Planning Board. The HSCC is not a stand-alone organization, it is structurally attached within the function of Directorate of Community Health and Nutrition in the National Planning Board

Frequency of meetings:

The HSCC has been meeting approximately once per month. There have been five meetings of the HSCC between 20 October 2007 and 26 February 2008.

Overall role and function:

It was acknowledged above that the HSCC was developed explicitly to provide the necessary endorsements for the HSS and CSO applications, and to date its meetings have been exclusively devoted to that function, but as also noted it has the potential to meet the long-felt need for a forum in which health issues can be discussed between all interested parties. In particular, it is anticipated that the forthcoming government-led, donor supported Health Sector Review will be planned and monitored by the HSCC

Hitherto, the overall role and function of the HSCC has been to act as a coordination forum for multisectoral bodies to play a directing role during the process of proposal development for GAVI under the HSS grant window. More specific roles will include providing guidance and ensuring multisectoral involvement during the process of project preparation and application for grant, ensure due approval from the Government of Indonesia, submission of application, and at later stage will advise during the implementation phase, and supervise periodic monitoring and evaluation of program implementation.

The HSCC may also appoint any technical task committee (Technical Working Group) to perform specific task to complement its roles (as and when required).

Terms of Reference of the HSCC

1. Oversee and review preparation of proposals for support to GAVI secretariat as relevant.
2. Periodically monitor, review progress and advice on the policy and strategies relating to EPI in the country in the light of new findings and changing global and regional priorities.
3. Ensure the GAVI-HSS and GAVI-CSO application is in line with the National Health Sector Plan
4. Advise on capacity building and on the implementation of innovation strategies and approaches to Health System Strengthening.
5. Assist in mobilizing internal and external resources from various sources, including GAVI, and ensure proper use of these resources.
6. Promote and facilitate partnership building, including the involvement of NGOs and the civil society in the GAVI-HSS project activities.
7. Endorse and sign the final version of the GAVI- HSS application, and then submits to the Ministry of Health, National Planning Board, and Ministry of Finance for endorsement.
8. The HSCC may appoint technical sub- committees, so called "Technical Working Group (TWG)" consisting of members from relevant ministries and institutions, for in-depth review, recommendations and reformulation on any matter related to GAVI-CSO application.
9. Endorse and sign the final version of the GAVI- CSO application, and then submits to the Ministry of Health, National Planning Board, and Ministry of Finance (?) for endorsement.
10. Supervising and monitoring the implementation of the GAVI-HSS and GAVI-CSO activities, to ensure future HSS initiatives are integrative and complementary;
11. Oversee and review the preparation of Annual Progress Reports to the GAVI Alliance on the outcomes of HSS and other support.

Next, please describe the process your country followed to develop the application, including details of the Technical Working Group (if such a group has been established / used) covering:

- Who coordinated and provided oversight to the application development process?
- Who led the drafting of the overall application and was any technical assistance provided?
- What was the process for individual CSOs to submit their applications for support?
- What mechanism was adopted for choosing which CSOs to put forward for support?

1.2: Overview of application development process

Who coordinated and provided oversight to the application development process?

The HSCC, and specifically its chairman, Dr Arum Atmawikarta, have provided oversight of the application development process, and the parallel work on the CSO application. Each meeting of the HSCC received a progress report from the Core Team (see below)

Who led the drafting of the application and was any technical assistance provided?

A Core Team was created composed of representatives of the Directorates of EPI, Maternal Health, Child Health, Health Promotion and Human Resources, under the chairmanship of the head of the Planning Bureau, Ministry of Health. Day to day leadership was exercised by the head

of the International Relations section of the Planning Bureau, whose staff performed secretariat functions for the Core Team. Staff of WHO and JICA participated in meetings of the Core Team. This Core Team has led the process from the ontset, and in particular after the withdrawal of the local consultants originally engaged it was this group which developed a new logical framework and the activities and budget derived from it. Advice was received from the World Bank lead on GAVI that there were deficiencies in the original situation analysis and intervention logic, and the Core Team acted on this. Subsequently, World Bank offered the services of an international health economist who assisted with the final drafting. A new local consultant was also engaged, primarily to work on the CSO application.

Give a brief time line of activities, meetings and reviews that led to the proposal submission.

The process began with the core team meeting in order to identify CSO that conduct activities related to health. After the meeting, core team invited approximately identified 40 organizations from the previous meeting to gain information regarding HSS, CMYP and also other health related programs.
On November 20th 2007, those approximately 40 CSO assembled one more time to call for proposal. In the meeting, CSO support program defined in detail, also setting the end of January as the time of the proposal deadline. Information through email also provided regarding the time of proposal deadline. The deadline was extended for the reason that there was only one proposal entry until the end of January.
On February 9th 2008 there was 9 proposal entries. Before the final proposal discussion on February 14th 2008 there were 2 more proposal entries. The review of 11 proposal entries was conducted by TWG and coordinated by Center for Health Promotion. Based on view criteria, such as, adjustable with HSS and CMYP, effectiveness of objectives, impact to solve the barrier, feasibility to implement and budget. Four proposals met the criteria (2 international CSOs and 2 local CSOs). The international CSOs that meet the criteria are those with experiences in the activities, proposed by PATH and IMC. The International CSOs will collaborate with and tranfer of knowledge to national CSOs. Meanwhile, the local selected CSOs are those with networks starting from central to community level (i.e. Pramuka and PKK). Afterward, 4 proposals were incorporated in form B assisted by local technical assistance. The discussion of form B was repeated by TWG accompanied by 4 selected CSOs and finally approved by HSCC.

Who was involved in reviewing the application, and what was the process that was adopted?

The process involved TWG assisted by local consultan through serial meeting. Using some technical and administrative criteria.

Who approved and endorsed the application before submission to the GAVI Secretariat?

After endorsement by the HSCC, the application was approved by the Ministry of Health and the Ministry of Finance before it was submitted to the GAVI Secretariat.

Please then outline the specific roles and responsibilities that key partners played in this process in the table below:

1.3. Specific roles and responsibilities of key partners (HSCC/TWG members and others)

Title / Post	Organisation	HSCC member yes/no	Roles and responsibilities of this partner in the GAVI HSS application development
Director, Community Health & Nutrition	National Planning Board	Yes	Chairman of HSCC; provides leadership and policy direction to the overall HSS/CSO planning process; works with related Ministries to ensure HSS/CSO plan and overall National Health Strategy are supported.
Director, Multilateral Financing	National Planning Board	Yes	Works with related Ministries to ensure health policy elements are in line with macroeconomic plans and National Health Strategy; gives input into financial management of HSS funding.
Head, Bureau of Planning & Budgeting	Ministry of Health	Yes	Vice Chairman of HSCC, provides leadership and health policy direction to the HSS/CSO planning process; builds effective coordination with other units in MoH and international partners.
Director, Surveillance Epidemiology & Immunization	Ministry of Health	Yes	Provides immunization policy direction to the HSS/CSO planning process; works with related units in MoH and other HSCC members to ensure HSS/CSO plan in line with comprehensive Multi Year Plan (cMYP); helps in setting immunization outcome and impact indicators.
Director, Maternal Health	Ministry of Health	Yes	Provides maternal health policy direction to the HSS/CSO planning process; helps to identify supportive activities needs in HSS/CSO plan; helps in setting maternal health outcome and impact indicators.
Director, Child Health	Ministry of Health	Yes	Provides child health policy direction to the HSS/CSO planning process; helps to identify supportive activities needs in HSS/CSO plan; helps in setting child health outcome and impact indicators.
Chief, Center for Health Promotion	Ministry of Health	Yes	Provides leadership and health promotion policy direction to the GAVI-CSO planning process; builds effective coordination with other units in MoH and related CSOs to ensure the CSO proposals are in line with HSS/CSO plan and Health National Strategic Plan.

Chief, Directorate of Loan Management	Ministry of Finance	Yes	Works with other HSCC members and related Ministries to ensure the financing elements of HSS/CSO plan are in line with macroeconomic plans and National Financing Strategy; assists in costing HSS/CSO plan and gives input into financial management of funding including auditing of use of funds.
Director of Socioculture and International Organization of Developing Countries	Ministry of Foreign Affairs	Yes	Works with other HSCC members and related Ministries to ensure health policy elements are in line with foreign affairs policy; give input and relevant information of involved international CSOs/NGOs.
Director, Empowerment of Tradition and Social Culture of Community	Ministry of Home Affairs	Yes	Works with other HSCC members and related Ministries to ensure health policy elements are in line with home affairs policy; gives input and relevant information of involved national CSOs/NGOs
UN agencies Focal Points for HSS (WHO, UNICEF)	United Nation Agencies	Yes	Works with other HSCC members; helps in setting strategic interventions, outcome and impact indicators for HSS/CSO plan.
Multilateral agencies Focal Point for HSS (ADB, EU, WB)	Multilateral Agencies	Yes	Works with other HSCC members and related partners to ensure the HSS/CSO plan is in line with the other existing supported HSS/CSO project in Indonesia; helps in setting strategic interventions, outcome and impact indicators for HSS plan.
Bilateral agencies Focal Point for HSS (JICA, AusAID, USAID)	Bilateral Agencies	Yes	Works with other HSCC members and related partners to ensure the HSS/CSO plan is in line with the other existing supported HSS/CSO project in Indonesia; helps in setting strategic interventions, outcome and impact indicators for HSS plan.
University Representatives	University	Yes	Helps in setting strategic interventions, outcome and impact indicators for HSS/CSO plan; works in Technical Working Group to ensure the CSOs proposals are in line with the HSS plan and cMYP.
CSO/NGO Representatives (PDGI,Muslimat NU, IDAI, IBI, PATH, CARE, PKM, Pramuka, PKK)	Private/Civil Society Organization	Yes	Works with other HSCC members and related partners to ensure the HSS/CSO plan is relevant with the community needs; helps in setting strategic interventions, outcome and impact indicators for HSS/CSO plan.

Section 2: Overview of GAVI Alliance CSO Support

The purpose of this section is to describe the current and the intended future role of CSOs in the delivery or strengthening of health services, in particular immunisation, child health care and health system strengthening.

Please begin by outlining the current role of CSOs in the delivery or strengthening of immunisation, child health care services and the health system. Then please state the overall objectives of this application for GAVI Alliance CSO Support. Please ensure the chosen objectives are SMART (specific, measurable, achievable, realistic and time-bound).

Please then list the CSOs that have been chosen as potential recipients of the GAVI Alliance CSO support. In the table below, please summarise the major activities that will be undertaken by each CSO during the course of the GAVI Alliance CSO support, and the expected outcomes per year.

The Republic of Indonesia is an archipelago country which administratively consists of 33 provinces, 440 district, 5227 sub districts and 69.868 villages with the total population of 220 million of people. Health sector development was previously managed through a centralized system, but since 2001, it was changed into the decentralized system. Autonomy is delegated to the district in order to get the services closer to community which will need more significant contribution of CSOs.

It had been a long time that CSOs were involved in Indonesia's health sector development. Usually, CSO in Indonesia takes side on marginal society, participatory approach, non-bureaucracy, applicable in small-scale experiment, generally utilize local human resources for saving cost and efficiency. Nowadays, CSO takes role in society as family data collection, health promoter, community mobilization and facilitating community based health activities. At district level, CSO provides advocacy, health promotion, training and community mobilization. Certain CSOs also provide health services, training, and community mobilization. Similarly at provincial and district level. The encountered problems to achieve the CMYP target are not only the service capacity but also the lack of intensified health promotion and the weak community mobilization. GAVI CSO support will thus be utilized to deal with the problem through strengthening the involvement of CSOs. The selected project areas cover five provinces (West Java, South Sulawesi, Banten, Papua and Papua Barat) as well as 35 districts located in the five selected provinces, which are selected based on the following requirements: (i) number of population; (ii) low immunization coverage; (iii) high infant mortality rate; and, (iv) local acceleration (v) Commitment of local government The selected CSOs are PKK, Pramuka, PATH and IMC. PKK is an organization aiming to empower the family. Inside the organization, there is a working group that deals with health. Inside Pramuka, there is an internal structure called Saka Bhakti Husada or Pramuka Kesehatan (Health Scout).

These are the list of proposed districts:

	West Java	South Sulawesi	Banten	Papua	Papua Barat
PKK	Kota Bogor Kab Kuningan	Kab.Soppeng Kota Pare-pare	Kota Tangerang Kota Cilegon	Kab Jayapura Kab Kerom	Kota Manokwari Kab Sorong
Pramuka	Kota Depok Kab Majalengka	Kab.Pangkep Kab Maros	Kota Tangerang Kota Cilegon	Kota Jayapura Kab Kerom	Kab Manokwari Kota Sorong
PATH	Kab Ciamis Kab Kuningan Kab Purwakarta Kota Sukabumi Kota Cimahi	Kab.Takalar Kab Sidrap Kab Jeneponto Kab Sinjai Kab Baru			
IMC	Kota Bogor Kab Bekasi	Kab Enrekang Kab Luwu Timur Kota Palopo			

The target is relatively small but the result will be an investment because the targets lie within the mechanism that can facilitate the implementation of activities.

Objectives:

At the end of the project, in the targeted districts of 5 selected provinces, the coverage of immunization is expected to increase by 10% through the intensification of health promotion, community mobilization activities and capacity building of the health providers.

Specific:

1. Health cadres in project areas have increased knowledge and skills concerning immunization, child health and health promotion/community mobilization techniques.
2. Scout members in project areas have increased knowledge and skills concerning immunization, child health and health promotion/community mobilization techniques.
3. Health workers in project areas have increased knowledge and capability to provide integrated EPI-MCH services .
4. Morbidity surveillance system in the project areas strengthened.
5. Communities in project areas have increased awareness, demand and access for MCH and EPI services.

Major activities and outcomes from each CSO over the duration of the GAVI support:

CSO	Major activities	Expected outcomes	
		2008	2009
PKK - training and refresher training of cadres - community outreach	1. Develop manuals (two) for cadres and PKK MT on EPI, MCH	1. Manuals developed and printed	
	2. Orientation for PKK MT on manual at the project trial areas	2. PKK Motivating Team comprehend manual	2. PKK Motivating Team Implement the manual
	3. Retraining for cadres using the manual	3. 6000 cadres trained (10 districts x 5 subdistr.x10villagesx4village health post)	3. All cadres practiced health promotion/ Motivation and case finding
	4. Implementation (promote, motovate and Mobilize mother who has Children)	4. 6000 cadres trained Health promotion/ motivate 180.000 target audiences	4. Increased 10% coverage of Immunization
Pramuka (Scout) - training scout member in scout unit - community out reach	1. Develop module	1. Module and pocket book had been printed	1. Had been used and Distributed
	2. Develop training material and IEC materials	2. Video instruction and IEC materials had been developed	2. Had been used
	3. Training in immunisation and community out reach	3. 8,000 groups at districts joined to the training 200 leaders scout, 400 rover scout trained	3. Practiced to reach minimal 10 families each and active case finding
	4. Implementation	4. 80,000 target audience reached	4. Increased 10% coverage of immunisation
PATH - data collection - integrated training EPI-MCH	1. Data collection (base line and final data collections on EPI and MCH conditions)	- Initial EPI data collection with priorities for training - Initial EPI & MCH benchmarking survey establishing a project baseline and training priorities - Focus groups with health workers incorporated into training to verify initial data collection - Report and data analysis provided to working group to help with program planning and highlight key intervention areas	- Monthly data collection from EPI records culminating in final data for MOH use on immunization improvements in under served areas - Supervisory checklist reports providing data by district on qualitative improvements in health service utilization - final training utilization project survey to measure improvement in health worker capacity
	2. Detailed implementation plan	- completed plan to guide program implementation with project milestones clearly defined	- final project report indicating measurements against project milestones

	3. Training	- Integrated training modules developed fusing PATH and MOH materials on MCH and EPI interventions - Upper-level, mid-level, and peripheral health care workers' training in MCH, EPI, and vaccine logistics training completed in all 10 districts	- Integrated training modules developed for replication to others sites
	4. Supervision	- EPI and MCH supervision visits are jointly conducted, providing ongoing training throughout the project	- Supervision analysis shows a continued improvements in services - MOH continues supervisory visits on a regular basis after project's conclusion
	5. Review meeting	- Province and district health offices participate in meetings to review project for continual ownership	- Province and district health offices participate in meetings to review project for continual ownership
IMC - base line survey - training - community out reach	1. Baseline survey will be done prior to program implementation	- Data on immunization coverage and MCH services available and routinely accessed at the start of the program	
	2. Support to Posyandus (assistance to DHO mobile clinics)	- Monthly Posyandus and DHO mobile clinics supported to enhance community Outreach and the quality of MCH (including immunizations): where cadres do not yet exist, support DHO towards their establishment - When necessary in the case of crisis and as requested by the GOI, immunization and related MCH services provided by IMC and national CSOs	- Services continued to strengthen Posyandu system - When necessary in the case of crisis and as requested by the GOI, immunization and related MCH services provided by IMC and national CSOs.
	3. Training of cadres	- Cadres sufficiently knowledgeable on the importance of immunizations, as well as MCH and able to relay these needs to the community while also referring community for appropriate services	- Cadres conduct morbidity surveillance within the community and report back to the posyandu / puskesmas, thereby supporting the overall district surveillance system as mobile clinics are phrased out
	4. Training of TBAs	- TBAs knowledgeable on the importance of immunizations and MCH	- TBAs support cadres in morbidity surveillance and referrals to health facilities where necessary
	5. Training of Nurses/Midwives (members of Nurses and Midwives Association)	- Nurses and midwives sufficiently knowledgeable on the practice of immunization & maintaining cold chain as as well as equipment. They will also be knowledgeable on MCH, such as antenatal care, postnatal care, IMCI	- Nurses and midwives able to manage day to day operations as required in the private health facility as well as plan for community needs, such as immunization campaigns, community mobilization, and cadre involvement
	6. Dissemination of IEC	- Development and implementation of radio show, community meetings, and road shows	- Continuation of activities, with new activities emerging as developed by health staff and community
	7. On-the-job training and support to health staff in posyandu/puskesmas	- Health staff learn how to perform procedures / algorithms, and strengthen surveillance system while also managing health centers	- Health staff confident in performing procedures / algorithms, maintain surveillance lance system & manage health Centers

	8. End line survey		- Data on immunization coverage and MCH services available and routinely accessed by end of program

Finally, please indicate how you intend to sustain the programme, both technically and financially when GAVI resources terminate (if relevant), stating the source and amount of potential funding.

Risk and sustainability

- The most prominent risk that will be encountered during the project implementation is the time limitation. The schedule of activity must therefore be strictly followed. Besides, various activities should be developed by referring to the existing documents or experiences, such as in the preparation of training modules and promotion media. Cooperation with the related institutions can reduce the time constraint. Despite the recruitment process of contractor that will be simplified and shortened, a qualified contractor should still be obtained.
- Sustainability

  The project is expected to be sustainable because the local CSO that will become the funding support recipient are the structured organizations with working mechanism that has been well managed from national to village level. The people who will conduct the activity are the local communities who have implemented such role. The GAVI CSO support is a strengthened and stimulant effort of their previous lowered activities. For the international CSO, the activities use the local CSO and do the integrated activities together with the health sector. Hence, the efforts made by the project are integrated into an existing system to facilitate the sustainability of activities and funds. The effort to empower and to build self-reliance as well as to link between the provider and community are the strategies to promote the immunization coverage up to 10%.

Section 3: Programme Implementation Plan (one – two pages)

Please prepare and submit an overall Programme Implementation Plan for the entire duration of the CSO support, based on the individual Programme Implementation Plans received in the applications from CSOs. Please decide upon the most appropriate framework for your plan, and ensure that it includes the following:

- Introduction: rationale and summary of expected results, objectives and milestones
- Specific activities for implementing the project and implementation schedule
- Organisation and management of the project
- Overall strategy to achieve results
- Specify how the project will support the cMYP and / or the GAVI HSS proposal
- Specify how this project will be coordinated with others, and the roles of key stakeholders

Introduction:

UCI village as one of health development indicator underwent a reduction since the crisis. Apart from the national rate of UCI village that has not yet achieved the target (i.e. 92% in 2007), there are districts with the achievement less than 50%. This is due to the inconsistent monitoring evaluation system and surveillance in providing reliable information for follow up action, less awareness of community on immunization, and negative publicity about AEFI and vaccine safety which has led vaccine avoidance

among some communities and health worker's reluctance to vaccinate mildly sick children. These situations occur because of the less health promotion and weak community mobilization. This project is expected to support the effort in order to facilitate the improved intensiveness of health promotion and community mobilization that can finally improve the immunization coverage by 10%.

Strategy

CSO support project defines 3 strategies to achieve the result i.e. (i) building the linkage between CSO with HSS and Health Offices at all levels to facilitate a more efficient effort; (ii) strengthening the intensiveness and effectiveness of coordination among CSO with health office/health center and other stakeholders; and, (iii) integrating all the activities into the existing activities of related institutions.

Specific activities for implementing0.o as g9041S80.0001 ens cur beTD(CSO (age by 10.96( )T3MC /P <MCID 3

Specify how the project will support the CMY Pand/or the GAVI-HSS proposal.

The project aims to intensify the health promotion and community mobilization as well as to strengthen the surveillance. Principally, the activities conducted are development/collection of baseline data, training and refresher training the capability of health promotion/community mobilization, facilitating the community mobilization and health promotion, as well as strengthening the surveillance. It is expected that the trainings and facilitation of stimulant funding and IEC facilities can make the cadres and community motivators undertake a more intensive IEC practice. The deep understanding and good motivation of the cadres will result to the increased coverage and the effectiveness of program (usually around 10% of target audiences will adopt the messages). Hence, there will be a reduced number of preventable diseases and improved status of health. The project can also build commitment on health development. The project goal and activity should be in line with and support the strategy, policy and objectives of cMYP and HSS.

Specify how this project will be coordinated with others, and the roles of key stakeholders.

The project implementation is coordinated by Director General of CD & EH, assisted by the Implementing Unit (Steering Committee) consisting of Director of Epidemiology and Immunization, Director of Child Health, Director of Mother's Health, Head of Centre for Health Promotion, and the Technical Team which is responsible for the operational activities. Coordination meeting will be regularly conducted at least every 3 months.

Stakeholders and the roles

Stake Holders	Roles
1. DG of CD-EH, MOH	Policy direction, oversee the implementation
2. Dit. Health Prom, MOH	Coordination Technical advice, supervision, monev
3. Dit. Child Health, MOH	Technical advice, supervision, monev
4. Dit. Maternal Health, MOH	Technical advice, supervision, monev
5. Dit EPIM, MOH	Technical advice, supervision, monev
6. Dit. Budgeting, MOF	Financial advice
7. Prov. Health Office	Coordination, monev, supervision of the
	implementation
8. Districts Health Office	Responsible for the implementation of
	project activities
9. CSO	Implementation

Section 4: Monitoring and Evaluation

The purpose of this section is to present the indicators that will be used to monitor performance during the course of the GAVI Alliance CSO support. The indicators in this application should be based on the indicators given in the CSO applications, which should reflect the indicators used in the cMYP and / or GAVI HSS proposal. Please insert the relevant information in the table below.

Indicators that will be used to monitor performance

Activities	Indicator	Estimate of baseline	Data source	Date of baseline	Target	Date for Target
PKK 1. Develop manuals (two) for cadres and PKK MT on immunisation and health pro-motion/motivation techniques	availability of modules	-	PKK working group for health	-	2 modules	September 2008
2. Orientation for PKK MT Manual, at the areas of project	number and level of knowledge	-	- PKK report - supervision	-	90%	September 2008
3. Training for cadres using the manual	number, knowledge and skill of target	-	- PKK report - supervision	-	90%	September 2008
4. Implementation	-frequency of activities -coverage of immunization	-	- Integrated Health Post - PKK	September 2008	80%	Oktober 2009
Pramuka (Scout) 1. Develop module	availability of modules	-	Scout (Health Division)	September 2008	1 module	September 2008
2. Develop IEC Materials	availability of video instruction and IEC materials (icon, pm, leaflet)	-	Scout (Health Division)	September-Oktober 2008	1 package	September 2008
3. TOT and Training in immunisation and community out reach	number, know-knowledge, and Skill target	-	- Scout - Supervision	Oktober-November 2008	90%	September – Desember 2008

4. Implementation	number of outreach	-	- Scout - Qualitative Survey	January – October 2009	80%	Januari 2009
PATH 1. Basic and final data collection on EPI,MCH condition	availability of data, entry and analysis	-	-Health office -Health worker	-	-	September 2008
2. Integrated training EPI and MCH 3. Supportive Supervision 4. Final data collection	number of target, knowledge and skill	-	-PATH -Health office -Qualitative Study	-	100%	November/ Desember 2008 Desember 2008 – Oktober 2009 September 2009
IMC 1. Training for cadres	Knowledge on EPI and MCH and Skills on community mobilization	-	-IMC -Field supervision	-	90%	September 2008
2. Training for TBA's	Knowledge on EPI and MCH and Skills on community mobilization	-	-IMC	-	90%	September 2008

			-Field supervision			
3. Training for nurses/ midwives	knowledge, skill, and practices on EPI and MCH	-	-IMC data - Primary health centers	-	90%	Oktober 2008
4. Surveillance system strengthening	Surveillance data base Is created and maintained In by health staff in etedcommunities	-	- Primary health centers -district health office	-	90%	Januari - September 2009
5. IEC activities/community mobilization	Number of people reach through community education session	-	- IMC and Primary health centers	-	90%	Januari – September 2009

Finally, please give details of the mechanisms that will be adopted to monitor these indicators, including the role of beneficiaries in the monitoring of the progress of the activities, if appropriate.

Monitoring mechanism
Starting from the program planning, a monitoring manual has been prepared to be used by the district to do the monitoring in the trial subdistricts and villages. Monitoring at subdistrict level will be done on monthly basis and will be participated by the field CSO at district level, DHO and Health Center, as well as the representative of beneficiaries. The monthly monitoring is aimed to monitor the field activities and solve the encountered problems. Monitoring at district level will be done on quarterly basis through the supervision by CSO and DHO to the trial subdistricts and villages. Monitoring at national level will be done by CSO, HSCC/technical team through a regular quarterly meeting and supervision. The project evaluation will be done in October 2009 through a quantitative survey to see the overall outcome. An analysis will also be done not only toward the factors that bring the successful achievements as well as the failures, but also by comparing the successful level of approaches through children and adolescents (scout), cadres (PKK) and government/private providers. An evaluation will be undertaken by the third party.

Section 5: Implementation Arrangements

Please describe in this section how the GAVI Alliance CSO support will be managed. Please provide the following information:

- Name of lead organisation responsible for managing implementation of the programmes
- Name of lead organisation responsible for coordination, monitoring and quality control
- Role of HSCC (or equivalent) in implementation
- Mechanism for coordinating GAVI Alliance CSO support

The unit responsible for managing the program execution will be the Directorate General of CD & EH – MOH, by taking into account the integration with HSS. Meanwhile, the units responsible for the coordination, monitoring and quality control are the Center for Health Promotion – MOH together with the Directorate of Epidemiology and Immunization – MOH. HSCC will, in this case, take the role in overseeing as well as providing support in relation with the project sustainability to the local government. Technical coordination will be performed by the technical team on quarterly basis, and a report is submitted to the Executing Unit during the 6-monthly meeting. The progress report and the encountered problems are followed up by the appropriate stakeholder.

Please then outline the specific roles and responsibilities of key partners in implementation in the table below:

Roles and responsibilities of key partners (HSCC / TWG members and others)

Title / Post	Organisation	HSCC / TWG member?	Roles in the implementation of the application for GAVI Alliance CSO support
DG of CD & EH	MOH	Yes	Policy direction, supervision
Dir. Health Promotion	MOH	Yes	Technical advice, supervision, monev
Dir. Child Health	MOH	Yes	Technical advice, supervision, monev
Dir. Maternal Health	MOH	Yes	Technical advice, supervision, monev
Dir. Budgeting I	MOF	No	Finance advice
Provincial HO	Provincial Government	No	Coordination, supervision, monev of implementation
District HO	District Government	No	Coordination, supervision, monev in the field
CSO	-	No	Implementation

Please also describe the financial management arrangements for the GAVI Alliance CSO support:

- Mechanism for channelling GAVI Alliance CSO funds into the country
- Mechanism (and responsibility) for budget use and approval
- Expected duration of the budget approval and transfer process
- Mechanism for disbursement of GAVI Alliance CSO funds
- Auditing procedures (and details of auditors, if known)
- Justification of management fees (if applicable)

Finally, please describe the arrangements for reporting on the progress in implementing and using GAVI Alliance CSO funds, including the responsible entity for preparing the APR.

In line with the overall fund management of HSS and GAVI Support, the fund submitted by GAVI will be received by Executing Unit (DG of CD & EH) through GAVI account. CSO a long with Executing Unit will produce a contract. Based on this contract the Executing Unit will deliver the fund to CSO periodically. The CSO should recruit a treasurer with CSO account (no personal account). The CSO have the responsibility to manage the fund according to the rules and regulations of Indonesia Government. The preliminary fund is released to cover the first four-month activities. The next installment will be released after three months since the second funding request is received by the Secretariat following the submission of progress report. An audit will be performed by the internal evaluator i.e. the auditors (Inspector) from MOH and MOF and a hired commercial external auditor.

Section 6: Costs and Funding for GAVI Alliance CSO Support (one page)

The aim of this section is to confirm the total amount of GAVI Alliance CSO funds available, and to calculate the costs of all proposed activities per year, and ensure that the costs do not exceed the funds available.

The amount of GAVI Alliance CSO funds available are indicated in Table 2 of Chapter 4 of the GAVI Alliance CSO Guidelines. Please indicate this total at the beginning of this section.

Then, please prepare a budget, based on the costs of all activities (by CSO) for the period of the GAVI Alliance support. Please add or delete rows in the table below to give the right number of activities for each CSO. Please ensure that the total costs of managing the support (from the perspective of the HSCC or TWG as well as the CSOs) is included, as well as the costs of audit.

Please convert all costs from the CSO applications into US$ (at the current exchange rate).

Cost of implementing GAVI Alliance CSO support

Support for activities (for each CSO)	Cost per year in US$			TOTAL COSTS
	2007	2008	2009	
PKK		259,073	620,047	879,120
PRAMUKA (Scout)		65,322	159,879	225,201
PATH		556,000	872,000	1,428,000
IMC		301,730	612,605	914,335
Operational Cost - Management costs - Monitoring and evaluation - External auditor		87,942	365,402	453,344
TOTAL COSTS		**1,270,667**	**2,629,933**	**3,900,000**

Section 7: Endorsement of the Application

"The Health Sector Coordination Committee (HSCC) representing Government and partners commits itself to providing support to the Civil Society Organisations in this application to implement the strategy. The HSCC further certifies that the CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Pebruary, 29th 2009

The HSCC requests that GAVI Alliance funding partners provide financial assistance to support CSOs that can contribute to the implementation of the GAVI HSS proposal and / or the cMYP as outlined in this application.

- **Chair of HSCC (or equivalent):** Name, Post, Organisation, Date, Signature

Name	: DR. Arum Atmawikarta
Post	: Chairman of HSCC
Organization	: BAPPENAS
Date	: March 6th 2008

Signature

Members of the HSCC (or equivalent) endorsed this application at a meeting on March 6th 2008. The signed minutes are attached."

This section should also include the name and contact details of the person for the GAVI Alliance Secretariat to contact in case of any queries. Please provide the following information:

- **Contact person:** Name, Post, Organisation, Tel No., Fax No., Address, Email

Name	: Kodrat Pramudho, SKM, MKes
Post	: Head Division of Partnership and Participation, Center For Health Promotion
Organization	: Ministry of Health
Tel No	: 6221 5221224
Fax No	: 6221 5203873
Email	: kpramudho@yahoo.com

Annex Section 3 : Specific activities for implementing the project and implementation schedule

Activities	SCHEDULE				
		2009			
	2008	Q1	Q2	Q3	Q4
PKK 1. Develop manuals (two) for cadres and PKK MT on immunisation and health pro-motion/motivation techniques	X				
2. Orientation for PKK MT on Manual, at the areas of project	X				
3. Training for cadres using the manual	X				
4. Implementation		X	X	X	X
Pramuka (Scout) 1. Develop module	X				
2. Develop IEC Materials	X				
3. TOT and Training in immunisation and community out reach	X				
4. Implementation		X	X	X	X

PATH 1. Basic and final data collection on EPI,MCH condition	X				
2. Integrated training EPI and MCH	X				
3. Supportive Supervision	X	X	X	X	X
4. Final Data collection					X
IMC 1. Training for cadres	X				
2. Training for TBA's	X				
3. Training for nurses/ midwives	X				
6. Surveillance system Strengthening (on the job training)		X	X	X	X
7. IEC activities/community mobilization		X	X	X	X
Management (executing unit)					
- Constitute team	X				
- Develop project procedures (guidelines)	X				
- MOU with CSO	X				
- Review proposal	X	X	X	X	

- Process of budgeting	X	X	X	X	X
- Monitoring		X		X	
- Supervision		X		X	
- Evaluation					X
- Reporting	X		X		X