

Country	Programmatic Area	Activity	Partner	Milestones		Expected Outcome	Budget for 2018
				Pre-Joint Appraisal	30-Nov		
Indonesia	Vaccine-Specific Support	UNICEF will providing decentralized technical support for planning, advocacy, communications and political mobilization for MR phase 2 campaign in UNICEF supported provinces. This will include the establishment of local advocacy task teams that include political and religious leaders, professional organizations, CSOs and others; fostering of political commitments; support for disseminating IEC and advocacy materials/tool-kits to relevant stakeholders; media sensitization and intracampaign local media monitoring; support for developing tailored media messages; and adaptive troubleshooting during the campaign based on real-time coverage data assessing coverage gaps.	UNICEF		Adocacy task teams established; MR SIA chronogram implemented and monitored; microplanning exercises completed at all levels that include advocacy and communications related engagement;	Reduced Measles and Rubella incidences and CSR cases.	\$ 270,000
Indonesia	Program Implementation/Coverage & Equity	National Consultants for Indonesia MR campaign, phase II in 2018. WHO TCA has requested a minimum of 40 national consultants to be placed in high risk provinces/districts, but it is uncertain if funding for all 40 consultants will be approved. This proposal is in coordination with the WHO TCA proposal for national consultants. If funded, the national consultants hired with CDC TCA funds will cover the provinces of Aceh and North Sumatra, while WHO TCA funds will cover training costs and national consultants in other priority provinces. We request for up to 15 additional National consultants (or less depending on the approved number of National Consultants requested through WHO/Indonesia TCA) to be hired, trained and deployed for total of 6 months (3 months before the campaign, 2 months during the campaign, and 1 month after campaign) in high risk / high yield areas of Aceh and North Sumatra, to assist with preparation for MR campaign (specifically, microplanning, mapping, identification of high risk areas, coordination between Ministry of Health, Ministry of Education, Ministry of Religious Affairs, local governments and local schools, and to teach and regularly conduct RCA during the campaign and initiate corrective measures. Some of the consultants will be taken from FETP program graduates. Investment = 4 cents per child (target population in these two islands is 11.5 million children's aged 9 months to <15 years).	CDC	initial country visits and trainings completed for National Consultants. Joint trainings will be conducted with all Technical staff who will be deployed in field (WHO, UNICEF, PMI, IFIRC, CDC)	quality microplans at the provincial and district-level completed; rapid convenience assessments in high risk communities completed; high quality reporting for SIA readiness assessment checklist, implementation checklists and rapid convenience assessment results; implementation of targeted mop up effort; phase 2 campaign evaluation complete	Improved quality of MR SIA; 95% coverage in high risk districts of Aceh and North Sumatra;	

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Indonesia	Program Implementation/Coverage & Equity	2 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for measles follow up SIA planned in August and September 2018	CDC		completed readiness assessment from all districts in at least one province and independent monitoring forms/analysis from at least 10 vaccination sites	High quality MR Catch Up SIA completed	\$ 539,042
Indonesia	Data	This proposal is in response to a request for CDC technical assistance by MoH and has the full support of MoH and WHO. As Indonesia embarks on elimination of measles and rubella, control of other VPDs like diphtheria continues to be problematic. Following the planned roll out of MR vaccination campaigns in Indonesia, and continued strengthening of routine MR immunization, a desired follow-up is an improvement to surveillance for measles and rubella using the existing VPD surveillance platform where surveillance officers have responsibility for looking for other VPDs including diphtheria. This could be the catalytic base for responding to a request from the immunization and surveillance sub-directorates in the MoH of Indonesia for support addressing the problem of diphtheria by identifying coverage gaps and informing the response to problem areas. The presence of cases of diphtheria are an indicator of poor routine vaccine coverage and inequitable access to a full course of vaccine. In collaboration with the MOH and Provincial health Depts, CDC will provide assistance to selected provinces to improve VPD surveillance with emphasis on diphtheria through a comprehensive review of data, outbreak investigation capacity, laboratory capacity, immunization coverage, inequity and hesitancy issues, and other appropriate indicators. Specifically, CDC will 1) Identify specific districts with 'red flags' 2) Review district and provincial immunization coverage data 3) Assess inequity and hesitancy factors for immunization (pentavalent, MR) 4) Review VPD (diphtheria, MR) burden of illness 5) Review and strengthen outbreak investigation capacity for VPDs specifically diphtheria, MR 6) Review and strengthen laboratory capacity for diphtheria	CDC	initial country visits, data reviews and trainings completed	final report and presentation and recommendations presented to provincial health office(s) and MoH	Identify root causes of immunization coverage gaps and propose appropriate response.	

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Indonesia	Program Implementation/Coverage & Equity	High quality Technical assistance and support provided to ministry of Health, partners at National and sub national level for strengthening routine Immunization, addressing inequities, reduce drop outs along with preparedness and implementation of MR phase -2 SIA in 28 provinces (approx. 35 million target) plus HPV demo year two, PCV, HPV expansions, and successful roll out of JE SIA followed by introduction in one province.	WHO		RI Coverage data analysed, Mapping done to identify, pockets of low coverage districts. Subnational urban-rural and rich poor disparities are analysed. .National action plan developed, innovative, local practical, strategies identified, for strengthening routine immunization by June 2018	Improved coverage and reduced drop outs	
Indonesia	Data	Strengthened VPD Surveillance in Java province, specifically case based (Fever and rash surveillance) to monitor and evaluate the impact of MR phase -1 Catch up campaign and MR second dose scale up. Activities include orientation of HWs, timely reporting and of suspected fever & rash cases, timely investigation of all suspected outbreaks, collection of samples, and testing in WHO accredited labs. This will be done in close collaboration with private sector doctors (IDAI,IDI) and hospitals to enhance surveillance sensitivity.	WHO		Six provinces and districts of Java supported for activities aimed to strengthen VPD surveillance . All samples tested at proficient laboratory that is WHO accredited and has an established quality assurance programme	discarded non-measles non-rubella cases at the national level (Target: ≥2 cases per 100 000 population per year	
Indonesia	Data	TA and support to review and Strengthen CRS surveillance in Sentinel sites. in major provinces in Indonesia	WHO		13 sentinel sites CRS surveillance is strengthened to monitor, presence or absence of endemic rubella virus transmission in the presence of a well performing surveillance system	monthly reports to monitor new CRS cases to monitor the effectiveness of rubella vaccination programmes, to detect and isolate affected infants rapidly, and to mitigate the consequences of the disease for infants and their families through early provision of appropriate medical care	

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Indonesia	Data	TA and support to Strengthen, train National and Sub national AEFI committees to prepare for MR SIA phase -2. Monitoring of adverse events following immunization (AEFI) is an essential strategy for ensuring the safety of vaccines. and successful implementation of Large scale Campaigns (ph-2 MR SIA)	WHO		Sharing of AEFI cases, reports, practical tips and management experiences from Ph.- 1, Train focal points from 28 Sub-national AEFI committees where MR SIA phase -2 will be implemented in 2018 Update on the standardized methodologies and tools including the investigation of AEFI, how to analyse surveillance data, causality assessment and how to respond to serious AEFI, including communication plus share information on the most recent references in vaccine pharmacovigilance.	Adverse event following immunization (AEFI) is a critical component of immunization program, building its capacity will ensure successful implementation of SIA and RI . The consistently low reporting rate of serious AEFIs will demonstrates the high level of safety of vaccines.	\$ 825,398
Indonesia	Program Implementation/Coverage & Equity	Reaching the unreached children children in Jawa province	WHO			Development of micro-plans to reached previously unreached populations • Development of a systematic program of supportive supervision so that the children and their mothers are being reached with immunization and related MCH services	
Indonesia	Program Implementation/Coverage & Equity	Development of new c MPY for EPI-Surveillance program for 2020-2024 to be in line with RPJM	WHO		New draft c MPY ready for submission , consultations with MOH, Planning and finance ministries	Draft c MYP for 2020-2024 to be in line with new national Health plan, new progamatic targets, goals, including outlines plans for new vaccine introduction	