



Partnering with The Vaccine Fund

June 2003

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund

by the Government of

**COUNTRY: INDONESIA**

Date of submission: 30 September 2003

Reporting period: January-December 2002 (*Information provided in this Report MUST refer to the previous calendar year*)

*( Tick only one ) :*

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

***\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).  
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The first instalment of the ISS funds amounting \$1,567,500 has been received by the treasurer of the Director General CDC & EH on August 2003 (year 0)

As a follow up, during the Heb birth dose annual review meeting early September 2003, all the 30 provinces has been requested to submit a proposal to improve routine immunization by the end of October 2003. Assistance from the central level will be provided for each province to develop the proposal.

A proposed strategy for the management of the ISS fund has been discussed with the ICC (note of the record attached). A detailed plan will be developed with the ICC, as a guide for the facilitators in assisting each province in developing its proposal.

First annual report (inception report) for ISS will be submitted in year 1 (year 2004)

#### 1.1.2 Use of Immunization Services Support

→ In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year \_none\_\_\_\_\_

Remaining funds (carry over) from the previous year \_n.a\_\_\_\_\_

**Table 1 : Use of funds during reported calendar year 20\_ \_**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year:</b>					

*\*If no information is available because of block grants, please indicate under 'other'.*

*Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.*

*Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

Not applicable

**1.1.3 Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*

*If yes, please attach the plan.*

YES

NO

→ *If yes, please attach the plan and report on the degree of its implementation.*

DQA will be conducted in 2005.

→ *Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.*

*Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

Not available

**1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support**

**1.2.1 Receipt of new and under-used vaccines during the previous calendar year**

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

Indonesia received from GAVI VF:

- on 22 July 2002, US\$ 2,510,500 for the purchase of 3,100,000 hep B Vaccine in uniject, and 34,000 safety boxes ( 1.25 L)
- on June 2003 US\$ 3,436,778 for the purchase of 4,247,100 hep B vaccine in uniject and 42,470 safety boxes ( 1.25L)

Problems:

- Indonesian fiscal year = calendar year
- The NVS fund is used to support the provision of the first dose of Hep B vaccine in uniject, given as a birth dose. The government supplied the requirements of the second and third dose of hep B vaccine in uniject. As with the first disbursements of the NVS fund, the second disbursement was also late for six months. Solution tried was borrowing the hep B vaccine allocated for the second and third dose, to be replaced after the disbursement. Internal audits do not allow this practice to be repeated in the future.

## 1.2.2 Major activities

→ Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Activities that have been conducted:

- a. Develop training Modules for The Introduction of the Hb-vaccine at birth and Safety Injection: completion : May 2002
- b. Conduct Cascade Training during July 2002 – May 2003 (delayed, due to late disbursement of the Injection safety training fund):
  - at Central level for provincial CDC managers, MCH managers and EPI managers (30 provinces)
  - at each of the 30 Provinces for District EPI managers and MCH managers( 365 districts)
  - At each of the 365 districts for: Head of Health Centre, EPI supervisor and MCH supervisor, hospital staffs
  - At each Health Centre : all paramedics and village midwives
- c. Conduct coordinating meeting with relevant stakeholders: MCH division, Hospitals, Professionals.
- d. Conduct supervisions, monitoring
- e. Conduct annual review meeting, 9 – 12 September 2003

Activities planned to be conducted:

- a. Conduct advocacy meeting with related sectors : Local Government, Local Parliament, Family Planning,
- b. Develop integrated service package with MCH ..... hep B birth dose to be given as part of
  - maternal service delivery package or
  - neonatal first-visit package

Problem :

The target coverage of hepatitis B birth dose for the year 2003 could not be achieved partly because of the delay of the implementation of the cascade training.

## 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Indonesia received the fund amounting USD 100,000 on 22 July 2002.

In line with the objective of the use of VF financial support of US \$100,000, several activities (introduction of new vaccine integrated with injection safety) have been implemented:

- Revise EPI guidelines to incorporate HB uniject at birth and injection safety
- Develop training module
- Conduct series of meetings among Central Staff to develop strategies to introduce Hep B at birth and injection safety
- Socialize the new strategy among provincial EPI and MCH managers and professionals
- Conduct a National review meeting, to evaluate the program, on September 2003.

Note : Around 20 % of the funds has been spent. The rest of the fund will be used for advocacy, supervision and program review during 2003 – 2005.

### 1.3 Injection Safety

#### 1.3.1 **Receipt of injection safety support**

*Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

AD syringes amounting 5,793,400 (0.05 ml), 28,560,000 (0.5ml), 1,366,400 (5 ml) and 472,625 pieces of safety boxes have been received during April – July 2003 in 3 shipments. It took 2-4 months to get the 35 containers released from the port. A result of the active negotiation with the relevant authority, GAVI is now listed among other UN agencies exempted for tax.

Distribution of the syringes to provinces is still in the process, and is expected to start early October 2003

The injection safety training support amounting USD 1,105,000 was received on 30 December 2002.

Activities funded by that fund are :

1. Develop Training Modules for the injection safety introduction of new vaccine
2. Conduct cascade training for injection safety integrated with the introduction of new vaccine at:
  - a. 30 Provinces, 365 Districts, more than 7000 Health Centres.
  - b. A total of more than 80,500 personnel were trained.
  - c. About 20% of the training conducted at provinces level were assisted by the central staffs
3. Supervision.

### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
		Goods are still in the ware house, distribution planned to be started early October 2003		

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

n.a
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## 2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability  
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.  
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.

Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

n.a

### 3. Request for new and under-used vaccines for year 2004 ( indicate forthcoming year )

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

#### 3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births			4,532,159	4,526,793	4,520,289	4,519,552	4,475,205	4,462,833
Infants' deaths			176,754	162,965	153,693	144,626	138,731	133,855
Surviving infants			4,413,457	4,416,380	4,424,922	4,427,830	4,436,175	4,397,184
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form			3,296,853	3,456,400	3,628,274	3,803,841	3,992,795	4,146,484
<b>NEW VACCINES</b>								
Infants vaccinated with _Hep B birth dose_ * < 7 days			540,575	2,182,055	2,691,397	3,245,198	3,615,032	4,069,030
< 2 months			2,398,022	1,454,703	1,153,456	811,300	401,670	0
Wastage rate of ** ..... ( new vaccine)			.0052	.05	.05	.05	.05	.05
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT			3,828,401	4,006,267	4,191,428	4,390,546	4,554,839	4,758,912
Infants vaccinated with BCG			3,654,895	3,651,895	3,820,678	4,002,183	4,151,944	4,337,966
Infants vaccinated with Measles			3,093,834	3,243,556	3,404,847	3,569,602	3,746,920	3,891,145

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

*Denominators used for year 2004 follows ISS application 2003*

*Reported coverage of hep B birth dose (<7 days of age) year 2002 (before training completed) was 11.5% (contribution from pilot provinces, 35 districts out of total 365 districts )*

*Training for the introduction of HB at birth was completed in May 2003.*

*Reported coverage of hep B at birth for the first semester of 2003 (received from 131 districts out of 365 districts) was:*

*Hep B1 < 7 days 13.1%*

*Hep B1 < 2 month 32.8 %*

*It is expected that by the end of 2003, the coverage of Hep B 1 would reach around 85% with a proportion of :*

*60% for Hep B < 7 days*

*40% for Hep B < 2 months*

*As planned in the Proposal, we expect 5 % annual increase, and increasing proportion of Hep B <7 days :*

*70% in 2004*

*80% in 2005*

*90% in 2006*

**3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ..... (indicate forthcoming year)**

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

*n.a*

*Note: Bio Farma is the vaccine supplier*

**Table 3: Estimated number of doses of Hep B birth dose vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

		Formula	For year 2004
<b>A</b>	<b>Number of children to receive new vaccine</b> d. < 7 days e. > 7 days - <2 months		2,691,397 1,153,456
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	100%
<b>C</b>	<b>Number of doses per child</b>		1 (one)
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	3,844,853
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.05
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	4,037,096
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	0
<b>H</b>	<b>Anticipated vaccines in stock at start of year 2004</b>		200,000
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	3,837,096
<b>J</b>	<b>Number of doses per vial</b>		1
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	0
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$I/10 \times 1.11$	425,920

### Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] \* 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

**Table 3 : Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

\*Please report the same figure as in table 1.

### 3.3 Confirmed/revised request for injection safety support for the year 2004 (*indicate forthcoming year*)

**Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG**

		Formula	For year 2004	For year2005
A	Target of children for BCG vaccination	#	4,520,389	4,519,552
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	4,520,389	4,519,552
D	AD syringes (+10% wastage)	C x 1.11	5,017,632	5,016,703
E	AD syringes buffer stock <sup>1</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	5,017,632	5,016,703
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor <sup>4</sup>	20/3.5	5.7	5.7
I	Number of reconstitution <sup>2</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	1,774,533	1,774,207
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	75,393	75,379

**Table 4.2: Estimated supplies for safety of vaccination for the next two years with DPT**

		Formula	For year 2004	For year2005
A	Target of children for DPT vaccination <sup>3</sup>	#	4,424,922	4,427,830
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DPT doses	A x B	13,274,766	13,283,490
D	AD syringes (+10% wastage)	C x 1.11	14,734,990	14,744,674

<sup>1</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>2</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<sup>3</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<b>E</b>	<b>AD syringes buffer stock</b> <sup>4</sup>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	14,734,990	14,744,674
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	10/6	1.7	1.7
<b>I</b>	<b>Number of reconstitution</b> <sup>5</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	49,117	49,149

**Table 4.3: Estimated supplies for safety of vaccination for the next two years with Measles**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year2005</b>
<b>A</b>	<b>Target of children for Measles vaccination</b>	#	4,424,922	4,427,830
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of Measles doses</b>	$A \times B$	4,424,922	4,427,830
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	4,911,663	4,914,891
<b>E</b>	<b>AD syringes buffer stock</b> <sup>6</sup>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	4,911,663	4,914,891
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	10/3.5	2.9	2.9
<b>I</b>	<b>Number of reconstitution</b> <sup>7</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	1,411,550	1,412,478
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	70,188	70,234

<sup>4</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>5</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

<sup>6</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>7</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 4.4: Estimated supplies for safety of vaccination for the next two years with TT**

		Formula	For year 2004	For year2005
<b>A</b>	<b>Target of children for TT vaccination (for TT : target of pregnant women)<sup>8</sup></b>	#	3,977,942	3,977,206
<b>B</b>	<b>Number of doses per woman)</b>	#	2	2
<b>C</b>	<b>Number of TT doses</b>	A x B	7,955,884	7,954,412
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	8,831,031	8,829,397
<b>E</b>	<b>AD syringes buffer stock<sup>9</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	8,831,031	8,829,397
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor<sup>4</sup></b>	10/6	1.7	1.7
<b>I</b>	<b>Number of reconstitution<sup>10</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	98,024	98,006

**Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	5,017,632	5,016,703	
	for other vaccines	28,477,685	28,488,963	
Total of reconstitution syringes		3,186,085	3,186,684	
Total of safety boxes		315,425	307,069	

→ *If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

*Adjusting with the new census data, which has already been used in the ISS proposal submitted in may 2003*

<sup>8</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>9</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>10</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

Indicators	Targets	Achievements	Constraints	Updated targets

**5. Checklist**

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	yes	30 September 2003
Reporting Period (consistent with previous calendar year)	Yes	Jan – Dec 2002 and Jan – June 2003
Table 1 filled-in	No	
DQA reported on	No	Due year 2005
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	Due November 2004
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	Changes of target
Revised request for injection safety completed (where applicable)	Yes	Changes of target
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

## 6. Comments

ICC comments:

Improvement of Recording and reporting system should not wait for DQA

## 7. Signatures

For the Government of ...Indonesia.....

Signature: .....

Title: Minister of Health.....

Date: .....

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~