GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

May 2005

Progress Report (Draft)

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

by the Government of

COUNTRY: INDONESIA

Date of submission: 15 May 2005
Reporting period: January-December 2004 *(Information provided in this Report MUST refer to the pre* Vious calendar year)

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	p
Third annual progress report	v
Fourth annual progress report	ρ
Fifth annual progress report	ρ

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

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 USD 1,657,500 has been implemented by the EPI in Provinces, Districts and Health Centers all over Indonesia, for the period January – December 2004 (year 1). The second tranche amounting USD 1,657,500 was received on the 3rd of March 2004 and has been distributed to Provinces based on their proposal.

Strategies and activities which had been approved by the ICC members in September 2003. The plan of actions developed by each provinces based on their specific problems and A National plan of action develop by EPI Central level. Some strategies and activities were :

1. Re-empower or revitalize the existing procedures and system that once had been proven to be effective to improve coverage, such as Local Area Monitoring in each Health Center followed by mapping for Districts and Provinces, sweeping and backlog fighting, strengthen the supervision and training.
2. Explore specific strategies or activities, based on local specific problem(s), such as reach the hard rock area/remote area, public-private mix
3. ollow the principles of autonomy and decentralization

Budget is managed , similar with year 2004, according to the existing rules and regulations applicable to both central state budget (APBN) and foreign loan. A Financial Guideline was developed as a guide for the province and district in managing the ISS fund. Quarterly Financial Report should be submitted by Province.
Two review meetings for ISS were conducted . First meeting was "mid term review" conducted on 26 – 28 October 2004 and second meeting was "end year meeting" conducted on 21 –23 March 2005. Problems raised during the midterm review were :

- low accuracy of data (completeness, timeliness, no demography data, no crass notification)
- low quality of the middle managers including the implementation of supportive supervision
- lack of advocacy and socialization
- low of local revenue/economic constrain
- lack of strategies for reaching the unreach (hard rock area, urban-slum area, sociological constrain area)

Follow up action were taken to solve the problems. But during second meeting some problems still there .

During the second review meeting proposals for 2005 ISS were developed. The strategies and activities are based on the criteria at each districts. Budget allocation based on the volume of activities for each province .

By December 2004, total ISS fund used for activities a Central was USD 3.227.891,22 *and for province was1.375.316,27 .The remaining fund amounting USD....will be added with 2005 allocation. Detailed , please see 1.1.2 below.*

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Service Support*** *contribution.*

Funds received during 2004 _USD 1,657,500 (received in 2003, used in 2004)

Remaining funds (carry over) from the previous year _n.a_____

Table 1 : Use of funds during reported calendar year 2004

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	2.124.000,00	2.124.000,00			
Injection supplies	856.252,52	856.252,52			
Personnel	0	0			
Transportation	0	0			
Maintenance and overheads	0	0			
Training	236.496,77	22.130,00	209.337,40	5.029,37	
IEC / social mobilization	75.572,00	33.790,00	0	41.782,00	
Outreach	433.794,60			433.794,60	
Supervision	180.391,60	16.122,00	61.213,90	103.055,70	
Monitoring and evaluation	156.303,00	10.928,00	46.333,00	99.042,00	
Epidemiological surveillance	0	0	0	0	
Vehicles	34.665,00	20.564,00	14.101,00	0	
Cold chain equipment, computer	59.664,00	24.559,00	35.105,00	0	

Other : technical assistance, auditor public, secretariate GAVI, meeting	446.100,00	119.575,70	136.499,50	190.024,80	
Total:	4.603.239,49	3.227.891,22	502.587,80	872.728,47	
Remaining funds for next year:	110.028,00	110.028,00			

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.

Problems identified in relation with the goals stated in the multi-year plan:
Goal I Meet UCI target in 90% villages : problem high turn over rate of government staffs at local level, lack of training during the past 10 years -> need training & supervision
Major activities related to ISS funds explained below.
Goal II Meet Global and regional commitment : Polio eradication, Measles reduction and Maternal and Neonatal Tetanus Elimination -> Problem : lack of funding for School-based measles catch up campaign and MNTE -> need fund raising for external support and advocacy for local government funding
-> Not related to GAVI
Goal III Institutionalize safe injection, reduce vaccine wastage and perinatal HB transmission -> problem: poor coordination among 1 providers in the field -> need support from Professional organization and NGOs
Major activities -> see page 7 and page 13

Major 2004 activities identified to strengthen routine immunization (Goal I) as discussed with the ICC (see Annex 2, note for the record 26 September 2003 – annual report 2003) were:

Central level : Develop training materials.....*done in collaboration with WHO and UNICEF*
Develop supervisory checklist .....*done in collaboration with WHO and UNICEF*
Facilitate mid level management training .....*not yet done*
Monitoring and evaluation.....*through supervision and review meeting*

Province Level: situation analysis.....*done*

	midlevel management training	*not yet done*
	supervision	*done*
District level	Situation analysis	*LAM at HC and mapping at districts*
	training on LAM	*done for HC*
	Supervision	*done*
	data validation	*?*
Health Center	LAM	*done*
	Microplanning	*done*
	sweeping based on LAM	*done*

Activities identified for 2005:

Central level :	Training for the Supervisor
	Conduct supportive Supervision
	Advocation and socialization of FSP
	Update of MYP and FSP
	Develop the guidelines and module of EVSM training
	Revise the Module of Safety Injection Training
	Monitoring and evaluation
Province Level:	Situation analysis (Mapping of UCI, AEFI, Outbreaks)
	Conduct the supportive-supervision
	Conduct the EVSM training
	Data validation/DQS
	Monitoring and Evaluation
District level	Situation analysis (*mapping)*
	Training of Safety Injection and Cold Chain for HC Staffs
	Conduct supportive-supervision
	Data Validation/DQS
	Coverage improvement in certain area

Health Center LAM
Microplanning.....*done*
Sweeping/coverage improvement in certain area based on LAM

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 [v]

If yes, please attach the plan and report on the degree of its implementation (attachment).

DQs Workshop had been conducted in North Sulawesi on 4 – 14 October 2004. The agenda was training, developing the questioner and conducted assessment in the training area. The workshop attended by EPI Managers from North Sulawesi, Central Sulawesi, South Sulawesi, South East Sulawesi, Gorontalo, West Java, Central Java, District Epi Staffs from those provinces : 12 , EPI Staffs at Central Level and 1 staff from NHRC, total 23 participants. Resource persons were : Dr. Craig Burgess (WHO-SEARO), Dr. Diana Chang Blanc (PATH-Bangkok), Dr. Piyanit Thamaphornpilas (WHO-SEARO, recruited from EPI Thailand) and Dr. Bardan Jung Rana (WH)-EPI Indonesia). Results and recommendation are attached.

Follow up taken after the workshop :

1. Socialization during the ISS meeting : done
2. To replicate the workshop for another provinces and districts: not yet done
3. Study for improvement of reporting recording system based on DQS : on going, funded by WHO
4. Conduct DQS at all provinces and districts as a routine activities. Part of the instruments will be adopted in the supervision check list : not yet done

Please attach the minutes of the ICC meeting where the plan of action for the DQA 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).

Problem :

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:

Budget needed for the introduction of Hep B birth dose vaccine in 2002 was taken from the Injection Safety Training fund (due to the late disbursement of the VF financial support from the GAVI secretariat) to:

- Revise EPI guidelines to incorporate HB unject 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 (integrated with Injection Safety training)
- Socialize the new strategy among provincial EPI and MCH managers and professionals at central level

In 2003, the Vaccine Fund financial support of USD 100,000 was used to:

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.

The second instalment for training on INS of USD 1,175,000 has been received on the 3rd of March 2004. Plan of action has been prepared and the implementation will be conducted during June-December 2005 after revised the training modules.

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
Safe injection practices: The no. of AD syringes + the no. of UniJects issued for use by the district to health facilities / the total number of injections given for immunization in the same period.	≥ 1	-	HCs and Districts not yet reported the figures	The no. of UniJects issued for use by the district to health facilities / the total number of Hep B injections given for immunization in the same period
Safe disposal management: N A	N A	Review will be made on suitable models tested in province of Yogyakarta		

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

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan. **ADA PEROBAHAN FORM**
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.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

Table3 : update of Immunization achievements and annual targets

Number of	Baseline and targets							
	2004	2005	2006	2007	2008	2009	2010	2011
DENOMINATORS								
Births		4,532,159	4,723,611	4,656,870	4,716,055	4,669,780	4,656,870	4,643,996
Infants' deaths		176,754	162,965	133,885	144,626	138,731	133,885	129,208
Surviving infants		4,355,405	4,560,646	4,522,985	4,571,429	4,531,049	4,522,985	4,514,788
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	4,717,633	3,296,853	4,288,611	4,424,,027	4,385,931	4,389,593	4,424,027	4,411,796
NEW VACCINES								
Infants vaccinated with _Hep B birth dose___ * < 7 days Total HB 1		540,575 2,398,022	1,481,050 4,642,702	3,537,696 4,577,105	3,066,003 4,635,275	3,301,850 4,589,793	3,537,696 4,577,105	3,773,543 4,564,451
Wastage rate of ** ..... *(new vaccine)*		.0052	.02	.05	.05	.05	.05	.05
INJECTION SAFETY	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Pregnant women vaccinated with TT		3,828,401	4,226,798	4,306,556	4,409,511	4,520,347	4,610,302	4,699,724
Infants vaccinated with BCG		3,654,895	4,616,946	4,610,414	4,609,560	4,564,331	4,551,712	4,539,129
Infants vaccinated with Measles		3,093,834	4,270,398	4,292,405	4,338,770	4,342,895	4,377,458	4,411,796

* 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.

There is marked differences between data on births between 2002 and 2003. Data used in 2002 were based on population estimate derived from the National Bureau of Statistics. Data used for this report (and also the 2003 JRF) is based on data reported from the 30 provinces, which is higher than the population estimate provided by the National Bureau of Statistics. Assessment on the recording and reporting system is still on going in collaboration with the National Institute for Health Research and Development (NIHRD). The NIHRD will facilitate further discussion on the denominators with the National Bureau of Statistics and several Provincial Bureau of Statistics.

The reported coverage of 2003 is used as the baseline data.
Two years target and coverage were

	2003		2004	
	Target	Coverage	Target	Coverage
Total Hep B1	4,270,398	4,642,707 (98,3%)	4,717,633	4,646,260 (98,5 %)
Hb-1 < 7 days	4,270,398	1,481,050 (31,4%)	4,717,633	1,889,906(40,1%)

Based on the above coverage, assuming that the planned strategy implemented in 2005 would be effective, the updated target of HB-1 under 7 days for following years will be :

65% in 2005 }
70% in 2006 } with 99% coverage for total HB 1
75% in 2007 }

The GAVI Financial Task Force has been visiting Indonesia 2 times,
First visit in early March 2004, was to assist the country in developing the Proposal (see Annex 3 Note for the Record of ICC Meeting 1 April 2004).
The FSP proposal has been submitted to GAVI secretariat in on the 17th of April 2004.
Developing of the FSP had been conducted during April 2004 - February 2005. Sample area were West Sumatera and East Java. For each province 3 districts were selected which has high, moderate and low fiscal capacity (based on the Ministry of Finance criteria). In each district, 2 Puskesmas were selected which has high and low performance (coverage and surveillance). ... Surveyors recruited and trained during conducted the piloting in the pilot area (District Pandeglang-Banten). During data collections surveyor were assisted by staffs from provinces, districts and Puskesmas. The initials instruments from the software was revised based on the local condition during piloting. During data entry and analyzing, we found that the software need ajustment

The final FSP document was submitted to GAVI Secretariat on 31 March 2005 after endorsement of the ICC members during the ICC meeting on 29 March 2005. It was late. Because of the improvement of the soft ware and because of tsunami. The former date for submission was 30 of November 2004. The note for the records of ICC meeting is attached.
To follow up the developing of FSP, in 2005 we identify activities :

- Advocation to policy makers within MOH and other sectors : Min of Finance, Planning Body, Min of Interior, Min of Education
- Socialization to related sectors, Proffessionals and NGO and local governments
- Training how to develop FSP for Province and District Health Staff
- Developing Provincial and District FSP

ADA TABEL 2.1. DAN 2.2

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

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.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year** ***2005*** *(indicate forthcoming year)*

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

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 2005
A	Number of children to receive new vaccine		4,635,275
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1 (one)
D	Number of doses	*A x B/100 x C*	4,635,275
E	Estimated wastage factor	*(see list in table 3)*	1.05
F	Number of doses (incl. wastage)	*A x C x E x B/100*	4,867,039
G	Vaccines buffer stock	*F x 0.25*	0
H	Anticipated vaccines in stock at start of year 2004		200,000
I	Total vaccine doses requested	*F + G - H*	4,667,039
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	0
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	0
M	Total of safety boxes (+ 10% of extra need)	*I / 10 x 1.11*	518,041

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 2005	
A	Target of children for BCG vaccination	#	4,609,560	
B	Number of doses per child	#	1	
C	Number of BCG doses	A x B	4,609,560	
D	AD syringes (+10% wastage)	C x 1.11	5,116,612	
E	AD syringes buffer stock [1]	D x 0.25	0	
F	Total AD syringes	D + E	5,116,612	
G	Number of doses per vial	#	20	
H	Vaccine wastage factor [4]	*20/3.5*	6	
I	Number of reconstitution [2] syringes (+10% wastage)	*C x H x 1.11 / G*	1,461,889	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	73,021	

[1] 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.

[2] Only for lyophilized vaccines. Write zero for other vaccines

4 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 4.2: Estimated supplies for safety of vaccination for the next two years with DPT

		Formula	For year 2005	
A	Target of children for DPT vaccination[3]	#	4,609,560	
B	Number of doses per child (for TT woman)	#	3	
C	Number of DPT doses	A x B	13,828,681	
D	AD syringes (+10% wastage)	C x 1.11	15,349,836	
E	AD syringes buffer stock [4]	D x 0.25	0	
F	Total AD syringes	D + E	15,349,836	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor [4]	*10/6*	1.67	
I	Number of reconstitution [5] syringes (+10% wastage)	*C x H x 1.11 / G*	0	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	170,383	

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

		Formula	For year 2005	
A	Target of children for Measles vaccination	#	4,338,770	
B	Number of doses per child	#	1	
C	Number of Measles doses	A x B	4,338,770	
D	AD syringes (+10% wastage)	C x 1.11	4,816,035	

[3] 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).

[4] 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.

[5] Only for lyophilized vaccines. Write zero for other vaccines

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

E	AD syringes buffer stock [6]	D x 0.25	0	
F	Total AD syringes	D + E	4,816,035	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor [4]	*10/3.5*	3	
I	Number of reconstitution [7] syringes (+10% wastage)	*C x H x 1.11 / G*	1,376,010	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	68,732	

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

		Formula	For year 2005	
A	Target of children for TT vaccination (for TT : target of pregnant women)[8]	#	4,409,511	
B	Number of doses per woman)	#	2	
C	Number of TT doses	A x B	8,819,022	
D	AD syringes (+10% wastage)	C x 1.11	9,789,115	

[6] 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.

[7] Only for lyophilized vaccines. Write zero for other vaccines

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

[8] 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).

E	AD syringes buffer stock [9]	D x 0.25	0	
F	Total AD syringes	D + E	9,789,115	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor [4]	*10/6*	1.67	
I	Number of reconstitution [10] syringes (+10% wastage)	*C x H x 1.11 / G*	0	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	108,659	

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 2005		Justification of changes from originally approved supply:
Total AD syringes	for BCG	5,116,612		
	for other vaccines	29,954,985		
Total of reconstitution syringes		2,837,899		
Total of safety boxes		420,795		

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, and coverage results from the provinces

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

[9] 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.

[10] Only for lyophilized vaccines. Write zero for other vaccines

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

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	yes	15 May 2005
Reporting Period (consistent with previous calendar year)	Yes	Jan – Dec 2043
Table 1 filled-in	Yes	
DQA reported on	No	Due year 2005
Reported on use of 100,000 US$	Yes	Finish
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	Document submitted on 31 March 2005
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:

•

7. **SIGNATURES**
For the Government of Indonesia

Signature: 

Name : DR. Dr. Siti Fadilah Supari, Sp JP (K)

Title : Minister of Health Republic of Indonesia

Date : 10 May 2005

We, the undersigned members of the Inter Agency Coordinating Committee endorse this report . Signature of endorsement of this document does not imply any 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 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/Organization	Name/Title	Date Signature	Agency/Organization	Name/Title	Date Signature
WHO	Bardan J Rong		AusAID	Brian Heath	
~~AA~~ BIOFARMA	MARZUKI ABDULLAH				
ROTARY INTERN.	ABIDIN K				
PATH	Anton Widjaya				
Unicef	Budi Sudiarto				
World Bank	Ruli Marzolla				
JICA	Takashi Ito				
USAID	Sri Darjati				