



ANNUAL PROGRESS REPORT 2007

Submitted by

GOVERNMENT OF INDONESIA

Date of submission May 15, 2008

Signatures Page for ISS, INS and NVS

For the Government of Indonesia

Ministry of Health:

Title: Director General CD & EH

Signature: 

Date: May 2008

Ministry of Finance:

Title:

Signature:

Date: May 2008

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Endorsement of ICC Meeting
I endorsed the Annual Progress Report GAVI ISS 2007 of the Government of
Indonesia
Which was reviewed by the ICC on 2 May 2008

No	Name/Title	Agency/Organization	Signature
1	Dr. Bardan Jung Rama Medical Officer / fwwr	World Health Organization	<i>Bardan</i> 2/5/08
2	GIANFRANCO ROTIGLIANO	UNICEF	<i>G. Rotigliano</i>
3	Dr Anton Widjaya	PATH	<i>for Anton's</i>
4	DR. SRI BURSATI BOEDI- HARDJO	USAID	<i>S. Boedi-Hardjo</i>
5	NARIMUDDIN SULAEMAN	BIO FARMA	<i>N. Sulaeman</i>
6	Puh Marzuki	World Bank	<i>P. Marzuki</i>
7	Kazuhiko Kalcimoto	JICA / depkes	<i>K. Kalcimoto</i>
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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Up to 2007 ISS-GAVI budget didn't state in the GOI budget document (DIPA) but allocation and spending of budget has been reported to Ministry of Health and Ministry of Finance routinely, according to the regulation.

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.

1. *Planning process start from district level, up to central level (bottom-up planning process) restricted among the EPI managers through technical meeting or workshops. Planning process took less than 2 months compare to 10 months or more for state/local budget.*
2. *Summary proposals presented and discussed at the national level with ICC subgroup.*
3. *Allocated funds is formalized through a Decree from the Director General of Disease Control and Environmental Health, the Ministry of Health.*
4. *At the central level, provincial and district levels, special treasurer for GAVI were recruited.*
5. *All GAVI provincial treasurers are trained at central level*
6. *Disbursement of funds down to each province from central level, and to each district from the province level are on request.*
7. *Central, Provinces and Districts develop Financial report. Verification of financial reports are assisted by the financing unit on request.*
8. *The management of ISS funds are audited regularly by Government Auditor as well as Independent Auditor.*
9. *Main problem encountered in using the ISS funds in some provinces mainly are the shortfall of manpower, especially in new province and east of Indonesia.*

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007: May 14, 2007 US 3.006.000 (ISS) , March 20, 2007 US \$ 2.892.000 (Vaccine HB)

August 24, 2007 : US 3.000.000, (ISS)-

Remaining funds (carry over) from 2006 US \$ 2.424.674 , -

Balance to be carried over to 2008 – 2009 US \$ 6.190.768,-

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	2.447.862	2.447.862			
Injection supplies	0	0	0	0	0
Personnel (Supervisor & Secretariat)	69.048	34.490	34.557	0	
Transportation					
Maintenance and overheads	27.681	5.260	22.421	0	
Training	156.277	15.916	62.753	77.609	
IEC / social mobilization	33.205	0	33.205	0	
Outreach	391.051	0	0	391.051	
Supervision	310.709	17.328	145.976	147.405	
Monitoring and evaluation	352.130	45.816	113.357	192.957	
Epidemiological surveillance	39.302	0	37.454	1.848	
Vehicles	449.943	0	449.943	0	
Motor cycles	71.076	0	12.149	58.927	
Cold chain equipment	18.467	0	18.467	0	
Other (specify)					
-Meeting	531963	98477	136133	297353	
- Komputer	199672	0	52664	147009	
- Revised guideline	33522	33522	0	0	
Total:	5.131.908	2.698.671	1.119.079	1.314.159	
Remaining funds for next year:	6.190.768	6.190.768			

**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 and utilization of funds were discussed.

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

During 2007, some major activities conducted to strengthen the routine Immunization and conduct supplementary activities are:

- Strengthen the LAM and follow up activities such as sweeping, immunization service at remote areas
- Conduct training and supportive supervision
- Assessment using tools DQS, EVSM
- Procurement of cold chain equipment, computers and motor cycles
- Conduct the measles campaign phase V in provinces of Kalimantan, Sulawesi, Bali and West Nusa Tenggara

Problem encountered are:

- Limitation of operational budget from local government especially for outreach
- Limitation of staffs: high replacement; new districts/HC
- Limitation of capability of supervisor to conduct a good supervision (supportive supervision)

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

*If no DQA has been passed, when will the DQA be conducted?

*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA

*If no DQA has been conducted, when will the first DQA be conducted?

What were the major recommendations of the DQA?

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

YES

☒

NO

☐

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

Indonesia did not conducted the DQA, but we conduct DQS at most provinces and some of districts. In 2007 also conduct DQS with 6 provinces as samples areas: Riau, Bangka Belitung, West Kalimantan, West Sulawesi, Central Sulawesi and Papua. The result is attached

Based on the result of the DQS both national wide or provincial and district wide, some recommendation are:

- Improvement of the RR system: has been done, need socialization and training.
- Intensive supervision with on the job training
- Thinking about computerization of data management

Plan of action regarding the improvement of Reporting and Recording system:

- Develop the draft of guidelines, discussed inter program and inter sector, conducted trial in 3 provinces.
- Improved the guidelines
- Develop the Decree of Minister of Health

Socialization and training

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Coverage Survey 2007 , still on going, funds from UNICEF, WHO, MCCI

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.***

Are any Civil Society Organizations members of the ICC and if yes, which ones?

During 2007 2 (two) ICC meeting were conducted

13 April 2007

Some topics were discussed such as Measles Campaign, IPV in Yogyakarta, MNTE supported by UNICEF, JE cMYP, Proposal HSS, APR 2006 and support of MCC.

30 May 2007

Topics were discussed such as : the improvement and endorsement of cMYP, GAVI overview presented by Dr. Julian Lob Levyt, Executive Secretary of GAVI (during the visit in Indonesia). He presented: Overview of GAVI Support phase I and Principles of GAVI Support Phase I. Indonesia should plan the proposal of HSS and CSO Support in 2007/2008
Minutes of those meeting are attached.

Yes, the members of ICC from CSO are PATH and Rotary International

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep B uniject	Single dose	3.100.000	2002	Fund received from GAVI, March 20, 2007 US \$ 2.892.000,- To purchase vaccine from the local vaccine manufacturer
DTP-Heb B	5 dosis		Is started by year 2005 for 20% target, and developed to all province in 2007.	Budget from GOI, to purchase vaccine from the local vaccine manufacturer

Please report on any problems encountered.

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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.

Some problem regarding the implementation of using HB birth dose and DPT-HB :

- Coverage of HB birth dose still low because: low of awareness of mothers, not yet all service unit give the HB birth dose(HB-0), Haemorrhage of the newborn due to vitamin K Deficiency (Vitamin K injection has not been widely introduced in the country)
- Limitation of socialization of using DPT-HB
- Some area still use the previous DPT and HB (still in stock). But since 2007 the stock was finished.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on:

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

See annual progress report 2004

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2007

Please summarize the major recommendations from the EVSM/VMA

During year 2007 Indonesia had been conducted EVSM in 10 Provinces:

- Bali, West Nusa Tenggara , South Kalimantan, Central Kalimantan , East Kalimantan North Sulawesi, West Kalimantan South East Sulawesi , Central Sulawesi , South Sulawesi.

Problems:

- Some of staffs still use vaccine with VVM with D status
- EOFO (early expired first out) not yet done effectively
- Vaccine was stored outside the cold room
- Un proper logistic management
- Limitation of staffs responsible for cold chain, even in provinces
- Limitation of cold chain equipment

Recommendation :

- Recruitment/hire cold chain staff at certain provinces, paid by GAVI during 2008 and is continued paid by local budget.
- Inventory of the equipment, to proposed procurement by government (both local and central) or support from partners.
- Effective supervision, socialization , training and on the job training
- Conduct routine EVSM for monitoring in each level with follow up actions

Was an action plan prepared following the EVSM/VMA: Yes/No

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Plan of action for cold chain management:

- Conduct inventory (UNICEF, 2008)
- Conduct National Cold Chain training (2008)
- Supervision and facilitation for EVSM and EVSM training conducted by provinces/districts
- Replacement of equipment (Local and Central GOI and partners)

The next EVSM/VMA*

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind:

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
In 2007, from GAVI was finished	See Annual progress report 2006	
Delivery in 2007	ADS 0,05 ml : 1.809.750 ADS 0,5 ml : 22.344.000 ADS 2 ml : 254.500 ADS 5 ml : 1.196.200 Safety Box 5 ml : 242.925	

Please report on any problems encountered.

Problems:

- Limitations of budget for distribution
- Lack of data and reports regarding the used and stock of ADS
- Lack of awareness of staffs in using the ADS. Some of them still used conventional syringes.

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

If support has ended, please report how injection safety supplies are funded.

Started in 2008, all ADS supplies are procured by government, 80% from central (APBN) and 20% from local government.

Please report how sharps waste is being disposed of.

There are several models used in the field

- Buried in the soil at the Health Centre compound
- Collected in safety boxes and sent to hospital or district health office for incineration
- Open burning
- Needle cutter
- Needle pit

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Problems regarding the sharp waste management:

- Unit responsible for waste management is under the Environmental Health; need strong coordination.
- National policy not yet express formally in Decree of Minister of Health (in process)

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

Not received from GAVI

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Indonesia not yet received vaccine co financing from GAVI

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: 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. Targets for future years **MUST** be provided.*

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.

Table 5 : Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number Of	Achievement and Targets									
	2006	2007	2008	2009	2010	2011	2012	2013	20014	2015
DENOMINATORS ***)										
Births	4.948.796	4.875.634	4.686.019	4.746.938	4.808.648	4.871.160	4.934.485	4.998.634	5.063.616	5.129.443
Infants' deaths	217.747	209.652	206.185	208.865	211.580	214.331	217.117	219.940	222.799	225.695
Surviving infants	4.731.049	4.665.982	4.479.834	4.538.072	4.597.067	4.656.829	4.717.368	4.778.694	4.840.817	4.903.747
Infants Vaccinated till 2007(JRF)/to be vaccinated in 2008 and beyond 1 st dose of DTP	2.765.561	564.174	0	0	0	0	0	-		
Infants Vaccinated till 2007 (JRF)/to be vaccinated in 2008 and beyond 3 rd dose of DTP	2.554.014	530.844	0	0	0	0	0	-		
Infants Vaccinated till 2007 (JRF)/to be vaccinated in 2008 and beyond 1 st dose of DPT/HB	1.827.877	4.071.492	4.479.834	4.311.168	3.677.654	2.328.415				
Infants Vaccinated till 2007 (JRF)/to be vaccinated in 2008 and beyond 3 rd dose of DTP/HB	1.715.631	3.864.060	4.031.851	4.311.168	3.677.654	2.328.415	-	-	0	
NEW VACCINES*										
HB birth dose< 7 days	2.071.399	2.637.771	3.668.209	4.056.297	4.374.031	4.439.205	4.576.930	4.663.934	4.709.163	4.872.971
Total HB 1	4.220.733	3.445.997	4.587.632	4.746.938	4.808.648	4.871.160	4.934.485	4.998.634	5.063.616	5.129.443
Wastage Rate till 2006 and plan for 2007 beyond ***	0,05	0,05	0,05	0,05	0,05	0,05	0,05	0,05	0,05	0,05
Infants (JRF)/to be vaccinated in 2009 and beyond 1 st dose of DTP/HB/HIB				-	919.413	2.328.414	4.717.368	4.778.694	4.840.817	4.903.747
Infants (JRF)/to be vaccinated in 2010 and beyond 3 rd dose of DTP /HB/HIB	-	-	-	-	919.413	2.328.414	4.245.631	4.539.759	4.840.817	4.903.747
Infants (JRF)/to be vaccinated in 2010 and beyond 3 rd dose of Pneumococ						931.366,00	1.886.947	2.867.216		
INJECTION SAFETY										
Pregnant women vaccinated with TT/to be vaccinated with TT	3.024.965	4.438.301	5.154.621	5.221.631	5.289.512	5.358.276	5.427.934	5.498.497	5.569.978	5.642.387
Infants vaccinated with BCG/to be vaccinated with BCG	4.516.768	4.567.520	4.451.718	4.651.999	4.808.648	4.871.160	4.934.485	4.998.634	5.063.616	5.129.443
Infants vaccinated/to be vaccinated with Measles (1 st dose)	4.287.369	4.358.256	3.807.859	4.084.265	4.367.214	4.656.829	4.717.368	4.778.694	4.840.817	4.903.747

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

Note : Population and targeted 2008 -2015 used cMYP of Indonesia

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	May ,2008	
Reporting Period (consistent with previous calendar year)	Jan-Des 2007	
Government signatures	Y	
ICC endorsed	Y	
ISS reported on 2007	Y	
DQA reported on	DQS reported	
Reported on use of Vaccine introduction grant	NA	
Injection Safety Reported on	NA	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	NA	
New Vaccine Request including co-financing completed and Excel sheet attached	NA	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	NA	
ICC minutes attached to the report	Y	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	NA	

6. Comments

ICC/HSCC comments:

~ End ~