

PD-HAD-897

Office of Population and Health  
USAID/Indonesia  
EXPANDED PROGRAM ON IMMUNIZATION (EPI)  
Project No. 497-0253

STRATEGIC PLAN

IFY 1988/89 - 1990/91  
USFY 1988 - 1990

## INTRODUCTION

This document serves as a plan for the support and conduct of USAID funded activities for EPI in Indonesia from April 1, 1988 through September 30, 1990 and includes Indonesian Fiscal Years (IFY) 1988/89 to 1990/91 (USFY 1988, 89 and 90). The time frame for these activities covers parts of two Indonesian Five Year Development Plans (Repelitas IV and V).

The Expanded Program on Immunization (EPI) 497-0253 is an important part of the current USAID/Indonesia, Office of Population and Health (O/PH) project portfolio. The USAID mission has been supporting EPI activities in Indonesia since 1979 from the beginning. EPI will continue to play a major role in the O/PH Strategic Plan for Child Survival as discussed in the Office of Population and Health, USAID/Indonesia Strategic Plan.

This EPI planning document begins with a narrative consisting of six Sections in which are outlined and discussed the place of this plan as it relates to the EPI Project Agreement Amendment No. 4. Goals and Objectives, the General Approach and Principle Project Component Activities/Outputs are elaborated in Sections two, three and four respectively. Section five depicts a Summary Budget while section six discusses Research Activities. Budgets and costs associated with

activities are explained in Appendix A. Actual budget tables and an Operations Monitoring Plan broken down into Final Outputs, Output Components, Indicators of Progress, Officer Responsible, Benchmarks, and Estimated Completion Date are found in Appendix B.

This document will be referenced by USAID, the Ministry of Health and Donors as the principle guiding document (after the Project Agreement) for the next two and a half years in the implementation of the USAID funded portion of the Indonesian Expanded Program on Immunization.

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EPI PLAN OF OPERATIONS, 1988/89 - 1990/91

I. INTRODUCTION

On October 1, 1987 Amendment Number 4 to the Expanded Program on Immunization (EPI), USAID Project 497-0253, was put into force in Indonesia. This Amendment extended the life of the project until September 30, 1990 and added 3 million dollars in grant funds and 4 million dollars in loan funds. The overall purposes of this extension are to continue the establishment of an efficient, nation-wide immunization program, increase coverage rates for all vaccines and introduce or emphasize research and field demonstration activities, private sector participation and modern marketing technologies.

This Plan of Operations or Plan of Action (POA) provides the conceptual framework for operationalizing the purposes of Amendment Number 4 and the budgetary details required for financial management of Amendment resources. The Plan was prepared by officers from the Directorate of Immunization and Surveillance, Subdirectorates of Immunization and Surveillance and consultants from donor agencies. Annual financial charts are presented in Appendix B of this Plan, both according to project components mentioned in the Amendment as well as work assignments or tasks being used by MOH implementors. In addition, Appendix B contains an operations Monitoring Plan which lists expected outputs and components, anticipated ending dates, officers responsible, indicators of progress and benchmarks of completion. Appendix A is a narrative describing salient details to enhance the meaning and understanding of the aforementioned charts.

No details are presented in this Plan to describe technical assistance (TA) or commodity support expected from USAID through

Amendment Number 4. Such details will be supplied at a later date as required by financial supporting documents. However, it is anticipated that long term TA will continue as outlined in Annex C of the Amendment and that the following commodities will be ordered in early 1988/89:

1. Vans to replace some of the oldest and least reliable EPI vehicles in every province and at central;
2. Extra insulated cold boxes for use in remote areas for transport of vaccines over extended periods of time; and
3. Steam sterilizers to replace some of the less effective equipment used to sterilize needles and syringes.

## II. GOALS AND OBJECTIVES

The overall goal of this POA is to reduce infant and child mortality related to EPI diseases. Infant mortality will hopefully be reduced from the 1980 rate of 98/1000 live births to 70/1000 live births in 1990. In similar fashion, child mortality is targeted to go from 21/1000 in 1980 to 14/1000 in 1990.

Specific objectives to be achieved through this POA, and which will allow realization of the overall goal of the project, are as follows:

1. To reduce missed opportunities to immunize members of EPI target groups through reforming technical guidelines and including EPI into clinical facilities;
2. To reduce drop-out rates by generating demand for immunization services and enhancing social mobilization activities;
3. To accelerate decentralization of EPI planning and management through area-specific planning, local area monitoring (LAM) and manpower development; and
4. To increase GOI budgetary commitment to EPI and improve self-sufficiency in vaccine procurement.

### III. GENERAL APPROACH

The Directorate of Immunization and Surveillance will be responsible for coordinating all components of this POA and supervising overall implementation of activities. The Subdirectorate of Surveillance will in turn be given responsibility for parts of Decentralization activities, namely Sentinel Area Development, Yanmed Surveillance Development, FETP, NETP and segments of LAM Development, Faculty Development and other elements of Manpower Development. The Subdirectorate of Immunization will be given responsibility for the remaining parts of the POA.

During this time period local EPI leaders at every level within provinces will play an ever increasing role in planning and management of activities that are to be implemented in their areas. Such changes will be the outputs of Decentralization efforts. Central offices, therefore, will play a larger role in the future in monitoring, evaluating, policy making, research and analysis and disseminating technical information.

Coordination with the Subdirectorate Diarrhea will increase through this POA due to a joint CDD/EPI approach to Sentinel Area Reporting that will be implemented. The Center for Child Survival (CCS) will become more closely linked to the national EPI through cooperative research agreements and the establishment of an EPI Information Center at the CCS as part of Reforming Technical Guidelines. It is anticipated that private sector participation will increase through social marketing approaches and introducing EPI into Clinical Facilities. Finally, the Integrated Task Force will be helpful to the EPI through this POA as studies are conducted to improve immunization services at PosYandus.

### IV. PRINCIPLE PROJECT COMPONENT ACTIVITIES/OUTPUTS

#### MISSED OPPORTUNITIES

Technical guidelines suffering from poor compliance will be identified annually through a tiered system of meetings in a sample of

provinces and at central, allowing inputs from "field wise" implementers. Studies will be conducted by third parties to analyze both provider and organizational behavior to determine causes of poor compliance. Resulting recommendations will be tested in the field and positive results translated into national guidelines and directives.

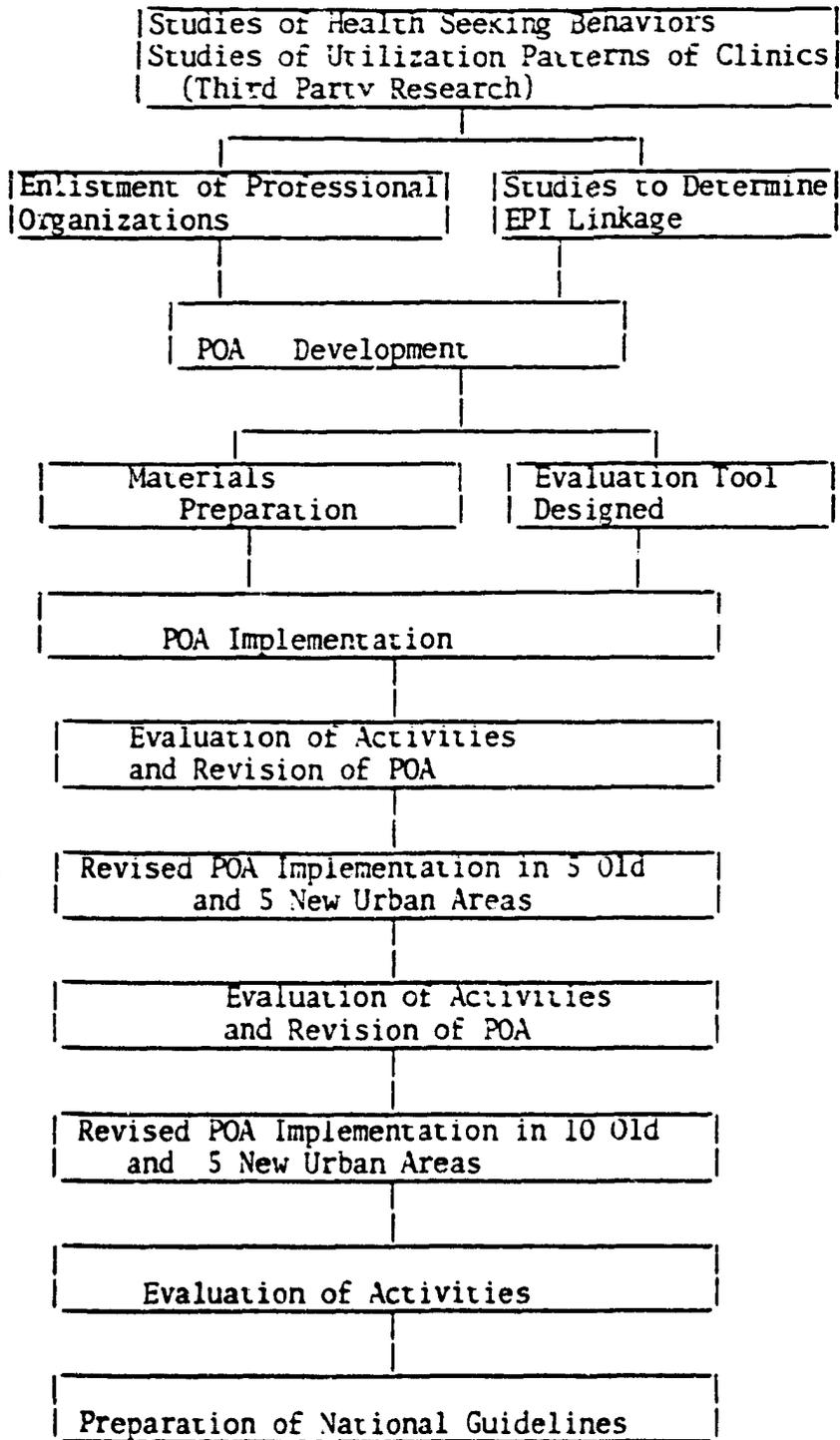
Technical guidelines that may be impeding efficient EPI delivery, thus requiring some type of technical changes, will also be identified and discussed in central level seminars. Suggested changes will be tested in some provinces and those with positive results will become the basis for reforming guidelines throughout Indonesia.

New technologies that should be introduced into program guidelines to enhance their efficiency will be annually explored through meetings with participating agencies and by searching information housed in the new EPI Information Center. Possibilities will be field tested to see if applicable within the context of Indonesia's EPI. Revision of national guidelines may be warranted, depending on field results.

A Project Steering Committee will be formed in FY 88/89 to provide general policy and operational guidance to the EPI as requested. The Technical Review Group or Technical Advisory Group (TAG) for EPI will promote operational studies and act as a means for refining research proposals. The TAG is composed of professional staff from the Directorate of Immunization and Surveillance, Litbangkes, adjacent universities and donor agencies. It is anticipated that results from analytical studies will be influential in developing policy to reduce missed opportunities.

The activities relating to introducing EPI into clinical facilities has been expanded from 5 urban areas, as suggested in Amendment Number 4, to 15 urban centers. Anticipated sequencing of events is as follows:

FY 88/89 - 5 Urban Areas



### DROP-OUTS

The influential role of community leaders will continue to be enlisted in this POA through Social Mobilization Activities. The strong religious identity of communities and the country-wide influence of the National Family Welfare Movement (PKK) must be considered when mobilizing human resources in Indonesia. Therefore, the Department of Religion (Agama) and the PKK will be key parts of the strategy to reduce dropouts.

A USAID sponsored evaluation of Agama and PKK activities designed to support the EPI was conducted in October of last year. When final results are tabulated, a report will be presented to USAID and recommendations will be made for required changes in mobilization activities based upon these evaluation results. This POA utilizes these refined approaches to mobilization through Agama and PKK in demonstration projects in various parts of Indonesia. No support will be provided to either organization until these evaluation results and recommended changes are approved by USAID.

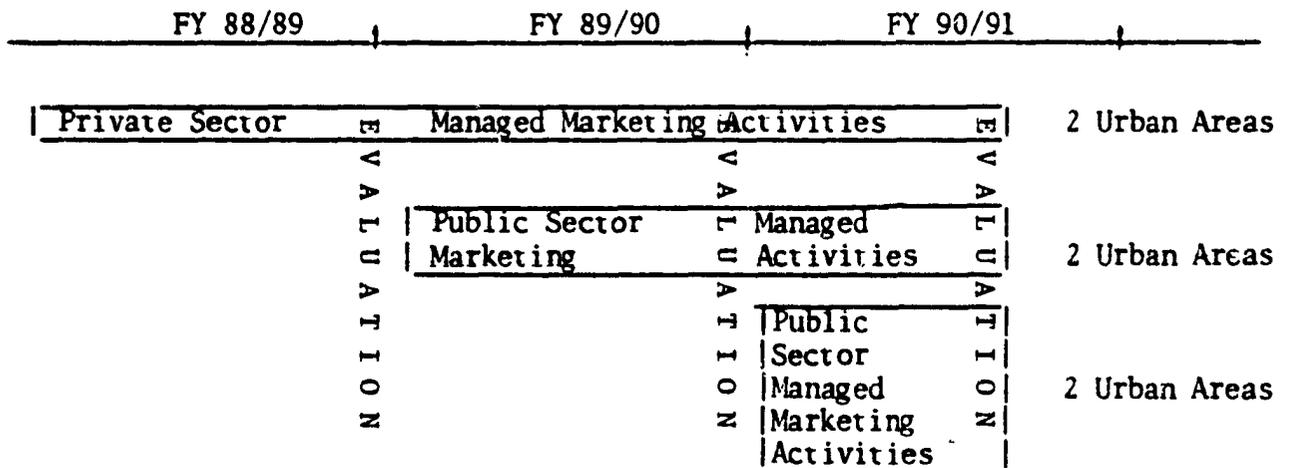
Other community resources will be studied to determine their potential contribution in motivating and organizing mothers to continue with immunizations until completion. Field tests and demonstrations will be conducted and evaluated annually for those organizations showing potential for assistance.

A major innovation in this POA is the introduction of modern marketing technologies to generate increased demand for EPI services as a means for decreasing numbers of drop-outs. Recognizing the substantial success and base of experience that already exists in the private sector in regards to marketing approaches, this POA approves the major and initial marketing effort to be placed in the hands of a private sector firm. This firm will have total management responsibilities for the conduct of market research and the development and implementation of promotions and communications strategies in 2 urban areas. National EPI

leaders will sit on an Advisory Board to provide guidance on policy and technical issues but day-to-day management of the activities will be in the hands of the private sector firm. Financial support for this activity (Rp 900,000,000 in grant monies from EPI Amendment Number 4) will come through a central funding mechanism to be negotiated by USAID/Jakarta and not through the new umbrella PIL.

This POA extends the concept of marketing demonstrations outlined in Amendment Number 4 to additional urban areas. Following each of 2 scheduled evaluations of the marketing activities managed by the private sector in FY 88/89 and FY 89/90, 4 additional urban areas will be added that will utilize already developed and successful approaches and materials and that will be managed by EPI leaders in the public sector. Funding will principally be through the new USAID umbrella PIL to the amount of Rp 300,000,000 in loan and grant monies. The private and public management approaches will be evaluated and compared at the conclusion of this POA.

These planned marketing activities, and the sequence for implementation over 3 fiscal years, is illustrated in the following diagram:



### DECENTRALIZATION

Under Amendment Number 4 a plan was devised to divide the provinces into 4 groups and then focus EPI planning and management in a unique way in each grouping, based upon local socio-cultural and epidemiologic characteristics. In Annex B of this Amendment a detailed schedule was described for producing annual area-specific workplans for each of these 4 groups.

Since the writing of this Amendment, the same basic problems that exists with management of national EPI activities have been discovered to exist with management of the 4 aggregates of provinces. Applying the same basic approach to large numbers of provinces still results in "top down" administration, with very limited opportunity for creative development of the EPI at local levels. Therefore, this POA extends the concept of decentralization to lower administrative levels in an effort to stimulate more innovative approaches. The idea of 4 regional areas will be abandoned, except for the development of special urban strategies, and instead efforts will be made to stimulate local adaptation of the EPI at kabupatens in all provinces, which is also in agreement with Repelita V policy.

A standard format for kabupaten plans will be developed and agreed upon. Staff will then be trained at provincial and kabupaten levels, resulting in annual EPI plans for each kabupaten in Indonesia. These plans will include descriptions of how routine EPI activities can best be applied to local conditions. The plans will also establish local immunization targets and special intervention activities for every kabupaten. Proposed intervention activities will be given financial support. As part of evaluation at least 10% of all plans will be reviewed in the provinces every year to determine compliance to instructions and format, proper use of funds in implementation, effectiveness of special intervention activities, etc. Each year evaluation results will be used to shape the development of new annual kabupaten plans for EPI.

An effort will be made for sharing plans from successful kabupaten with those from less successful kabupaten if common constraints and problems exist. For example, some kabupaten may discover a certain commonality and be interested in identifying among themselves those elements of planning that have resulted in higher immunization coverages.

LAM training will be conducted under this POA in the 11 Acceleration Provinces, as described in Amendment Number 4. There will be two evaluations of LAM development in these provinces, one in FY 89/90 and the other in FY 90/91, at which time additional guidelines or instructions may be necessary.

Sentinel Area development is also part of decentralization, providing local leaders with more in-depth data about EPI diseases and operations. The qualitative improvement of these Sentinel Areas will be undertaken annually. Under this POA the Sentinel Area concept is expanded to include activities that will enhance collaborative data sharing with BinKesMas (Integrated Reporting System) and Yanmed (hospital reporting).

FETP and NETP training will be conducted as described in Amendment Number 4. Emphasis will be to place FETP and NETP graduates, as well as other central leaders receiving special training, in positions to enhance the concept of decentralization in specific provinces and throughout the country.

#### BUDGET IMPROVEMENT

Self-sufficiency in vaccine procurement has already made major progress through the placement of this activity under the InPres budget beginning in FY 88/89. Amounts allocated to vaccine procurement, however, are still inadequate so this POA will support those meetings and workshops required to increase GOI annual obligations.

In addition, various studies will be conducted to build a data base on such topics as cost-benefit and cost-effectiveness of the EPI. It is hoped that quantitative evidence accumulated through these studies will be persuasive when future EPI obligations are considered.

Finally, activities will be implemented to educate and motivate decision makers of the benefits of increased financial investments in the EPI.

V. SUMMARY BUDGET

To support the activities described above, an umbrella PIL from USAID is required from existing funds available in Amendment Number 4. While detailed budgets and explanatory notes for this funding are located in the Appendices, a summary budget is presented here.

Project Components	Requested in New PIL (Rupiah)		
	Loan	Grant	Total
1. Missed Opportunities	977,743,000	515,644,000	1,493,387,000
2. Drop-Outs	1,282,257,000	173,000,000	1,455,257,000
3. Decentralization	2,025,000,000	431,256,000	2,456,256,000
4. Budget Improvement	-0-	230,000,000	230,000,000
Totals	<u>4,285,000,000</u>	<u>1,349,900,000</u>	<u>5,634,900,000</u>

Advance funds will be drawn from this budget on a quarterly basis based upon a request for a specific rupiah amount from the office of the Director General of The Control of Communicable Diseases and Environmental Health and a description of agreed upon activities to be implemented during the three month period from the Directorate of Immunization and Surveillance.

## VI. RESEARCH ACTIVITIES

As can be observed in the listing and description of activities under this POA, there are many studies and pieces of research required. All research and operational studies, including those conducted by the Directorate of Immunization and Surveillance, will undergo a review and approval process with the TAG. Some will require a contract between the Directorate and professional individuals or organizations. It is hoped that USAID will expedite the approval of these individual contracts. Every contract sent to USAID for approval will already have been agreed upon by the TAG and the USAID Technical Coordinator and will be consistent with priority research topics. These priority topics, previously agreed upon by the TAG, are as follows:

1. Approaches to increase coverage in urban, remote or other low coverage settings.
2. Alternative methods to reduce immunization drop-outs.
3. Methods to increase TT coverage among pregnant women.
4. Approaches to better limit measles mortality.
5. Activities to increase private sector groups in promoting and implementing immunizations.
6. Activities to introduce EPI into routine clinical services offered at public or private clinics.
7. Approaches to decrease missed opportunities.

8. Analyses of locally designed EPI acceleration strategies which are currently in use and have proven successful.
9. Health seeking behaviors for underserved populations in major urban areas.
10. Studies which profile mothers' perceptions about and attitudes toward immunization, their reasons for discontinuation, their cultural beliefs which may influence their decision to seek vaccination for their children.
11. Cost-effectiveness studies of immunization activities relative to other clinical activities.
12. Studies to identify community resources which might contribute to acceleration.

## Appendix A

The following paragraphs describe the charts appearing in Appendix B and hopefully clarify the meaning of each. It should be carefully noted that all charts showing annual budgets refer to Indonesian Fiscal Years (IFY). For example, a column for 88/89 refers to IFY 1988/89.

The Summary Chart of Work Tasks and Activities shows total requested funds from EPI Amendment Number 4 for both loan and grant monies over a three year period for each of 14 work tasks, excluding the Rp 900,000,000 in grant monies from EPI Amendment Number 4 requested for private sector social marketing activities through a USAID negotiated central funding mechanism. The rupiah amounts were derived from a series of planning meetings held by the Directorate of Immunization and Surveillance. The tasks were derived from earlier planning documents in which project components appearing in Amendment Number 4 were broken down into 14 parts, as follows:

1. Missed Opportunities include tasks 1-7. The first 3 describe different ways technical guidelines can be reformed. Number 4 establishes the TAG as the means to promote and refine operational studies. The final 3 describe the major steps required for introducing EPI into clinical facilities.
2. Drop Outs include tasks 8-10. Numbers 8 and 9 describe social mobilization inputs while number 10 presents the activities related to social marketing.
3. Decentralization includes tasks 11-13. Number 11 describes the role of area specific planning. Number 12 outlines the functions of LAM training, including sentinel area development. Number 13 presents the various parts of manpower development, stressing the FETP.
4. Budget Improvement is simply presented in task 14.

These task differentiations have been of assistance in operationalizing the Amendment and have actually evolved into a kind of linguistic short-hand in discussing project components. Therefore, the use of these tasks was a logical and practical beginning point in developing this POA.

The 14 Charts for Individual Task Analyses simply takes each of the tasks described above and lists major activities required for completion of these tasks. Estimated funds needed for implementation of every activity each fiscal year are also outlined. In this chart, and all other charts in Appendix B, "L" stands for Loan monies and "G" for Grant monies. The source of funding shows either available monies that still exists in PIL 56 or the amount required under a new umbrella PIL for implementation of each activity. The title of each chart links the task with a project component. Finally, 1 or 3 project inputs (Project Development, Project Monitoring, Manpower Development) is identified with each activity.

The 3 Charts of Project Inputs by Tasks/Activities groups all of the activities together for each of the project inputs and shows the total amount of funds required for each.

The most important chart may be the Chart of Project Inputs by Project Components. This summaries for each fiscal year the funds required for activation of every project component.

The Chart of Estimated Expenditures is self-explanatory as presented for both grant and loan funds.

Finally the Chart for Operations Monitoring is an adaptation of the Monitoring and Evaluation Plan that appears in Annex D in Amendment Number 4. This chart will be a management tool for the Chief of the Directorate of Immunization and Surveillance during the life of the project. The completion of project components are listed as Final Outputs. Completion of certain steps required to achieve a Final Output is listed as Output components. Other parts of the chart are self explanatory.

Appendix B

I. Work Tasks and Activities

Summary Chart

Funds Required (Rp)

<u>Tasks</u>	<u>Loan</u>	<u>Grant</u>	<u>Total</u>
1. Improve Compliance	275,743,000	100,000,000	375,743,000
2. Technical Change	163,000,000	7,644,000	170,644,000
3. New Guides	232,000,000	44,000,000	276,000,000
4. Establish TAG	10,000,000	250,000,000	260,000,000
5. Market Surveys	0	70,000,000	70,000,000
6. Develop Strategies	125,000,000	44,000,000	169,000,000
7. Implement, Monitor	172,000,000	0	172,000,000
8. PKK/Agama	706,757,000	0	706,757,000
9. Social Mob-Other	325,500,000	123,000,000	448,500,000
10. Social Marketing	250,000,000	50,000,000	300,000,000
11. Area Planning	356,000,000	240,000,000	596,000,000
12. LAM/Sent. Areas	803,000,000	94,000,000	897,000,000
13. Manpower Dev.	866,000,000	97,256,000	963,256,000
14. Budgetary	0	230,000,000	230,000,000
<hr/>			
Totals	4,285,000,000	1,349,900,000	5,634,900,000

Charts for Individual Task Analyses

(PM = Program Monitoring  
 PD = Program Development  
 MD = Manpower Development)

Reducing Missed Opportunities  
 (Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		T O T A L		FUNDING SOURCE				PRQJ. INPUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
1. IMPROVE COMPLIANCE														
1.1 Guideline Identification	0	30,000,000	0	30,000,000	0	0	0	60,000,000	0	0	0	60,000,000	PM	
1.2 Studies on Behavior	0	50,000,000	0	50,000,000	0	0	0	100,000,000	0	100,000,000	0	0	PD	
1.3 Demonstrations	49,743,000	0	100,000,000	0	100,000,000	0	249,743,000	0	249,743,000	0	0	0	PM	
1.4 National Directives	0	0	0	0	26,000,000	0	26,000,000	0	26,000,000	0	0	0	PM	
<b>TOTALS</b>	<b>49,743,000</b>	<b>80,000,000</b>	<b>100,000,000</b>	<b>80,000,000</b>	<b>126,000,000</b>	<b>0</b>	<b>275,743,000</b>	<b>160,000,000</b>	<b>275,743,000</b>	<b>100,000,000</b>	<b>0</b>	<b>60,000,000</b>		

50,000,000  
 New PIL  
 30,000,000  
 PIL 56

50,000,000  
 New PIL  
 30,000,000  
 PIL 56

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ. INPUT
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56		
									L	G	L	G	
2. TECHNICAL CHANGES													
2.1 Guideline Identification	0	7,644,000	5,000,000	0	0	0	5,000,000	7,644,000	5,000,000	7,644,000	0	0	PM
2.2 Seminars	0	20,000,000	26,000,000	0	26,000,000	0	52,000,000	20,000,000	52,000,000	0	0	20,000,000	PM
2.3 Demonstrations	0	50,000,000	50,000,000	0	50,000,000	0	100,000,000	50,000,000	100,000,000	0	0	50,000,000	PM
2.4 National Directives	2,000,000	0	2,000,000	0	2,000,000	0	6,000,000	0	6,000,000	0	0	0	PM
TOTALS	2,000,000	77,644,000	83,000,000	0	78,000,000	0	163,000,000	77,644,000	163,000,000	7,644,000	0	70,000,000	

7,644,000  
New PIL  
70,000,000  
PIL 56

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56		
									L	G	L	G	
3. NEW GUIDES, TECHNOLOGIES													
3.1 Technology Review	0	5,000,000	0	7,500,000	0	0	0	12,500,000	0	0	0	12,500,000	PM
3.2 EPI Inform. Center	0	25,000,000	0	25,000,000	30,000,000	0	30,000,000	50,000,000	30,000,000	0	0	50,000,000	PM
3.3 Guideline Review	0	14,000,000	0	15,000,000	0	15,000,000	0	44,000,000	0	44,000,000	0	0	PM
3.4 Demonstrations	136,650,000	0	55,350,000	0	0	0	192,000,000	0	192,000,000	0	0	0	PM
3.5 National Directives	5,000,000	0	5,000,000	0	0	0	10,000,000	0	10,000,000	0	0	0	PM
<b>TOTALS</b>	<b>141,650,000</b>	<b>44,000,000</b>	<b>60,350,000</b>	<b>47,500,000</b>	<b>30,000,000</b>	<b>15,000,000</b>	<b>232,000,000</b>	<b>106,500,000</b>	<b>232,000,000</b>	<b>44,000,000</b>	<b>0</b>	<b>62,500,000</b>	

14,000,000  
New PIL  
30,000,000  
PIL 56

15,000,000  
New PIL  
32,500,000  
PIL 56

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
4. ESTABLISH TAG														
4.1 Steering Committee	0	1,500,000	0	1,500,000	0	1,500,000	0	4,500,000	0	0	0	4,500,000	PM	
4.2 TAG	0	10,500,000	0	10,000,000	0	10,000,000	0	30,500,000	0	0	0	30,500,000	PM	
4.3 Operational Studies	0	130,000,000	0	150,000,000	0	110,000,000	0	390,000,000	0	250,000,000	0	140,000,000	PD	
4.4 Publication Studies	10,000,000	0	0	5,000,000	0	5,000,000	10,000,000	10,000,000	10,000,000	0	0	10,000,000	PM	
<b>TOTALS</b>	<b>10,000,000</b>	<b>142,000,000</b>	<b>0</b>	<b>166,500,000</b>	<b>0</b>	<b>126,500,000</b>	<b>10,000,000</b>	<b>435,000,000</b>	<b>10,000,000</b>	<b>250,000,000</b>	<b>0</b>	<b>185,000,000</b>		

142,000,000  
PIL 56

140,000,000  
New PIL  
26,500,000  
PIL 56

110,000,000  
New PIL  
16,500,000  
PIL 56

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
5. MARKET SURVEYS														
5.1 Health Seeking Studies Designed	0	10,000,000	0	0	0	0	0	10,000,000	0	10,000,000	0	0	PD	
5.2 Pattern Studies Designed	0	10,000,000	0	0	0	0	0	10,000,000	0	10,000,000	0	0	PD	
5.3 Studies	0	50,000,000	0	0	0	0	0	50,000,000	0	50,000,000	0	0	PD	
TOTALS	0	70,000,000	0	0	0	0	0	70,000,000	0	70,000,000	0	0		

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		T O T A L		FUNDING SOURCE				PRGJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
6. DEVELOP STRATEGIES														
6.1 Organization Identification	0	5,000,000	0	0	0	0	0	5,000,000	0	5,000,000	0	0	PM	
6.2 Operational Studies	0	15,000,000	0	0	0	0	0	15,000,000	0	15,000,000	0	0	PD	
6.3 P O A	C	14,000,000	0	0	0	0	0	14,000,000	0	14,000,000	0	0	PM	
6.4 Materials Designed	0	10,000,000	0	0	0	0	0	10,000,000	0	10,000,000	0	0	PM	
6.5 Materials Produced	125,000,000	0	0	0	0	0	125,000,000	0	125,000,000	0	0	0	PM	
<b>TOTALS</b>	<b>125,000,000</b>	<b>44,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>125,000,000</b>	<b>44,000,000</b>	<b>125,000,000</b>	<b>44,000,000</b>	<b>0</b>	<b>0</b>		

Reducing Missed Opportunities  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PTL		PTL 56			
									L	G	L	G		
7. IMPLEMENT, MONITOR, EVALUATE														
7.1 P O A Implemented	30,000,000	0	45,000,000	0	45,000,000	0	120,000,000	0	120,000,000	0	0	0	0	PM
7.2 Evaluation Tool Designed	2,000,000	0	0	0	0	0	2,000,000	0	2,000,000	0	0	0	0	PM
7.3 Evaluation	10,000,000	0	20,000,000	0	20,000,000	0	50,000,000	0	50,000,000	0	0	0	0	PM
TOTALS	42,000,000	0	65,000,000	0	65,000,000	0	172,000,000	0	172,000,000	0	0	0	0	

Reducing Drop Outs  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
8. P K K / A G A M A														
8.1 Mobilization P K K	176,757,000	0	150,000,000	0	130,000,000	0	456,757,000	0	456,757,000	0	0	0	0	PM
8.2 Mobilization Agama	80,000,000	0	100,000,000	0	70,000,000	0	250,000,000	0	250,000,000	0	0	0	0	PM
TOTALS	256,757,000	0	250,000,000	0	200,000,000	0	706,757,000	0	706,757,000	0	0	0	0	

Reducing Drop Outs  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
9. MOBILIZATION- OTHER														
9.1 Studies Implemented	0	50,000,000	0	0	0	0	0	50,000,000	0	0	0	50,000,000	PD	
9.2 P O A (Demonstration) developed	0	30,000,000	0	0	0	0	0	30,000,000	0	0	0	30,000,000	PM	
9.3 P O A (Demonstration) Implemented	0	123,000,000	165,000,000	0	85,500,000	0	250,500,000	123,000,000	250,500,000	123,000,000	0	0	PM	
9.4 P O A (Evaluation) Developed	10,000,000	0	0	0	0	0	10,000,000	0	10,000,000	0	0	0	PM	
9.5 P O A (Evaluation) Implemented	15,000,000	0	35,000,000	0	15,000,000	0	65,000,000	0	65,000,000	0	0	0	PM	
<b>TOTALS</b>	<b>25,000,000</b>	<b>203,000,000</b>	<b>200,000,000</b>	<b>0</b>	<b>100,500,000</b>	<b>0</b>	<b>325,500,000</b>	<b>203,000,000</b>	<b>325,500,000</b>	<b>123,000,000</b>	<b>0</b>	<b>80,000,000</b>		

123,000,000  
New PIL  
80,000,000  
PIL 56

Reducing Drop Outs  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		T O T A L		FUNDING SOURCE				PROJ. INPUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
10. SOCIAL MARKETING														
10.1 Outside Marketing Program	0	0	0	0	0	0	0	0	0	0	0	0	0	PM
10.2 First Public Expansion	0	0	154,573,000	0	0	0	154,573,000	0	100,000,000	0	54,573,000	0	0	PM
10.3 Second Public Expansion	0	0	0	0	150,000,000	0	150,000,000	0	150,000,000	0	0	0	0	PM
10.4 Evaluation	0	0	0	25,000,000	0	25,000,000	0	50,000,000	0	50,000,000	0	0	0	PD
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>154,573,000</b>	<b>25,000,000</b>	<b>150,000,000</b>	<b>25,000,000</b>	<b>304,573,000</b>	<b>50,000,000</b>	<b>250,000,000</b>	<b>50,000,000</b>	<b>54,573,000</b>	<b>0</b>	<b>0</b>	

100,000,000  
New PIL  
54,573,000  
PIL 56

Improving Capacity to Decentralize  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		T O T A L		FUNDING SOURCE				PROJ. INPUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
11. AREA PLANNING														
11.1 Province Training	0	25,000,000	0	25,000,000	0	30,000,000	0	80,000,000	0	80,000,000	0	0	PD	
11.2 Kabupaten Training	0	40,000,000	60,000,000	0	60,000,000	0	120,000,000	40,000,000	120,000,000	40,000,000	0	0	MD	
11.3 Kabupaten Plans	0	20,000,000	18,000,000	0	18,000,000	0	36,000,000	20,000,000	36,000,000	20,000,000	0	0	PD	
11.4 Evaluation	0	100,000,000	100,000,000	0	100,000,000	0	200,000,000	100,000,000	200,000,000	100,000,000	0	0	MD	
TOTALS	0	185,000,000	178,000,000	25,000,000	178,000,000	30,000,000	356,000,000	240,000,000	356,000,000	240,000,000	0	0		

Improving Capacity to Decentralize  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
12. LAM/ SENTINEL AREA														
12.1 LAM Improvement	0	22,000,000	0	0	0	0	0	22,000,000	0	22,000,000	0	0	PD	
12.2 Demonstration	0	9,000,000	0	8,000,000	0	0	0	17,000,000	0	17,000,000	0	0	PM	
12.3 Improved LAM Implementation	250,000,000	0	50,000,000	0	50,000,000	0	350,000,000	0	350,000,000	0	0	0	PM	
12.4 LAM Evaluation	0	0	54,000,000	0	0	0	54,000,000	0	54,000,000	0	0	0	MD	
12.5 Sentinel Area Development	212,000,000	25,000,000	80,000,000	15,000,000	76,000,000	15,000,000	368,000,000	55,000,000	368,000,000	55,000,000	0	0	MD	
12.6 Yanned Surveillance Development	15,000,000	26,721,000	8,000,000	21,000,000	8,000,000	21,000,000	31,000,000	68,721,000	31,000,000	0	0	68,721,000	PM	
<b>TOTALS</b>	<b>477,000,000</b>	<b>82,721,000</b>	<b>192,000,000</b>	<b>44,000,000</b>	<b>134,000,000</b>	<b>36,000,000</b>	<b>803,000,000</b>	<b>162,721,000</b>	<b>803,000,000</b>	<b>94,000,000</b>	<b>0</b>	<b>68,721,000</b>		

56,000,000

New PIL

26,721,000

PIL 56

23,000,000

New PIL

21,000,000

PIL 56

15,000,000

New PIL

21,000,000

PIL 56

Improving Capacity to Decentralize  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS	
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56			
									L	G	L	G		
13. MANPOWER DEVELOPMENT														
13.1 FETP	157,000,000	0	145,000,000	0	145,000,000	0	447,000,000	0	447,000,000	0	0	0	0	MD
13.2 NETP	61,000,000	0	61,000,000	0	0	0	122,000,000	0	122,000,000	0	0	0	0	PM
13.3 S1 and S2	60,000,000	0	75,000,000	0	0	0	135,000,000	0	135,000,000	0	0	0	0	PM
13.4 P2M & PLP Surveillance Training	17,000,000	0	0	0	0	0	17,000,000	0	17,000,000	0	0	0	0	PM
13.5 CDC Kabupaten Training	30,000,000	0	45,000,000	0	0	0	75,000,000	0	75,000,000	0	0	0	0	PM
13.6 Short/Long Term Training	0	0	0	51,400,000	0	35,000,000	0	86,400,000	0	86,400,000	0	0	0	PD
13.7 Study Tours	0	0	0	23,496,000	0	20,000,000	0	43,496,000	0	10,856,000	0	32,640,000	0	PM
13.8 Faculty Development	30,000,000	0	20,000,000	0	20,000,000	0	70,000,000	0	70,000,000	0	0	0	0	PM
<b>TOTALS</b>	<b>355,000,000</b>	<b>0</b>	<b>346,000,000</b>	<b>74,896,000</b>	<b>165,000,000</b>	<b>55,000,000</b>	<b>866,000,000</b>	<b>129,896,000</b>	<b>866,000,000</b>	<b>97,256,000</b>	<b>0</b>	<b>32,640,000</b>		

51,400,000

New PIL

23,496,000

45,856,000

New PIL

9,144,000

Budget Improvement  
(Rp)

TASKS/ ACTIVITIES	88/89		89/90		90/91		TOTAL		FUNDING SOURCE				PROJ IN- PUTS
	L	G	L	G	L	G	L	G	NEW PIL		PIL 56		
									L	G	L	G	
14. BUDGET IMPROVEMENT													
14.1 Financial Studies	0	125,000,000	0	0	0	0	0	125,000,000	0	125,000,000	0	0	PD
14.2 Cost Analyses	60,902,500	0	0	0	0	0	60,902,500	0	0	60,902,500	0	0	PD
14.3 Workshops	0	43,940,000	0	0	0	0	0	43,940,000	0	0	0	43,940,000	PD
14.4 Policy Meetings	0	0	0	55,000,000	0	0	0	55,000,000	0	55,000,000	0	0	PD
14.5 Study Tours	0	0	0	25,000,000	0	25,000,000	0	50,000,000	0	50,000,000	0	0	PD
<b>TOTALS</b>	<b>60,902,500</b>	<b>168,940,000</b>	<b>0</b>	<b>80,000,000</b>	<b>0</b>	<b>25,000,000</b>	<b>60,902,500</b>	<b>273,940,000</b>	<b>0</b>	<b>230,000,000</b>	<b>60,902,500</b>	<b>43,940,000</b>	

125,000,000  
New PIL  
60,902,500 43,940,000  
PIL 56 PIL 56

II. Project Inputs

Charts by Tasks/Activities

1. PROGRAM DEVELOPMENT (PD)

TASKS/ACTIVITIES	NEW PIL FUNDS (Rp)		
	L	G	Total
1. Improve Compliance			
1.2 Studies on Behavior	0	100,000,000	100,000,000
4. Establish TAG			
4.3 Operational Studies	0	250,000,000	250,000,000
5. Market Surveys			
5.1 Health Seeking Studies Designed	0	10,000,000	10,000,000
5.2 Pattern Studies Designed	0	10,000,000	10,000,000
5.3 Studies	0	50,000,000	50,000,000
6. Develop Strategies			
6.2 Operational Studies	0	15,000,000	15,000,000
10. Social Marketing			
10.4 Evaluation	0	50,000,000	50,000,000
11. Area Planning			
11.1 Province Training	0	80,000,000	80,000,000
11.3 Kabupaten Plans	36,000,000	20,000,000	56,000,000
12. LAM/Sentinel Areas			
12.1 LAM Improvement	0	22,000,000	22,000,000
13. Manpower Development			
13.6 Short/Long Term Training	0	86,400,000	86,400,000
14. Budget Improvement			
14.1 Financial Studies	0	125,000,000	125,000,000
14.4 Policy Meetings	0	55,000,000	55,000,000
14.5 Study Tours	0	50,000,000	50,000,000
<b>TOTALS</b>	<b>36,000,000</b>	<b>923,400,000</b>	<b>959,400,000</b>

2. PROGRAM MANAGEMENT (PM)

TASKS/ACTIVITIES	NEW PIL FUNDS (Rp)		Total
	L	G	
1. Improve Compliance			
1.3 Demonstrations	249,743,000	0	249,743,000
1.4 National Directives	26,000,000	0	26,000,000
2. Technical Changes			
2.1 Guideline Identification	5,000,000	7,644,000	12,644,000
2.2 Seminar	52,000,000	0	52,000,000
2.3 Demonstrations	100,000,000	0	100,000,000
2.4 National Directives	6,000,000	0	6,000,000
3. New Guides, Technologies			
3.2 EPI Information Cen.	30,000,000	0	30,000,000
3.3 Guideline Review	0	44,000,000	44,000,000
3.4 Demonstrations	192,000,000	0	192,000,000
3.5 National Directives	10,000,000	0	10,000,000
4. Establish TAG			
4.4 Publication Studies	10,000,000	0	10,000,000
6. Develop Strategies			
6.1 Organization Identification	0	5,000,000	5,000,000
6.3 POA	0	14,000,000	14,000,000
6.4 Materials Designed	0	10,000,000	10,000,000
6.5 Materials Produced	125,000,000	0	125,000,000
7. Implement, Monitor, Evaluate			
7.1 POA Implemented	120,000,000	0	120,000,000
7.2 Evaluation Tool Designed	2,000,000	0	2,000,000
7.3 Evaluation	50,000,000	0	50,000,000
8. PKK/Agama			
8.1 Mobilization PKK	456,757,000	0	456,757,000
8.2 Mobilization Agama	250,000,000	0	250,000,000

9. Mobilization - Other			
9.3 POA (Demenstration) Implemented	250,500,000	123,000,000	373,500,000
9.4 POA (Evaluation) Developed	10,000,000	0	10,000,000
9.5 POA (Evaluation) Implemented	65,000,000	0	65,000,000
10. Social Marketing			
10.1 Outside Marketing Program	0	0	0
10.2 First Public Expansion	100,000,000	0	100,000,000
10.3 Second Public Expansion	150,000,000	0	150,000,000
12. LAM/Sentinel Areas			
12.2 Demonstrations	0	17,000,000	17,000,000
12.3 Improved LAM Implementation	350,000,000	0	350,000,000
12.6 Yarned Surveillance Development	31,000,000	0	31,000,000
13. Manpower Development			
13.2 NETP	122,000,000	0	122,000,000
13.3 S1 and S2	135,000,000	0	135,000,000
13.4 P2M & PLP Surveillance Training	17,000,000	0	17,000,000
13.5 CDC Kabupaten Training	75,000,000	0	75,000,000
13.7 Study Tours	0	10,856,000	10,856,000
13.8 Faculty Development	70,000,000	0	70,000,000
<b>TOTALS</b>	<b>3,060,000,000</b>	<b>231,500,000</b>	<b>3,291,500,000</b>

3. MANPOWER DEVELOPMENT (MD)

TASKS/ACTIVITIES	NEW PIL FUNDS (Rp)		Total
	L	G	
11. Area Planning			
11.2 Kabupaten Training	120,000,000	40,000,000	160,000,000
11.4 Evaluation	200,000,000	100,000,000	300,000,000
12. LAM/Sentinel Areas			
12.4 LAM Evaluation	54,000,000	0	54,000,000
12.5 Sentinel Area Development	368,000,000	55,000,000	423,000,000
13. Manpower Development			
13.1 FETP	447,000,000	0	447,000,000
<b>TOTALS</b>	<b>1,189,000,000</b>	<b>195,000,000</b>	<b>1,384,000,000</b>

Chart by Project Components

Project Inputs  
New PIL Funds (Rp)

Project Components	Program Development (PD)		Program Monitoring (PM)		Manpower Development (MD)		Total L & G		Total L + G
	L	G	L	G	L	G	L	G	
1. Missed Opportunities	0	435,000,000	977,743,000	80,644,000	0	0	977,743,000	515,644,000	1,493,387,000
2. Drop Outs	0	50,000,000	1,282,257,000	123,000,000	0	0	1,282,257,000	173,000,000	1,455,257,000
3. Decentralization	36,000,000	208,400,000	800,000,000	27,856,000	1,189,000,000	195,000,000	2,025,000,000	431,256,000	2,456,256,000
4. Budget Improvement	0	230,000,000	0	0	0	0	0	230,000,000	230,000,000
<b>TOTALS</b>	<b>36,000,000</b>	<b>923,400,000</b>	<b>3,060,000,000</b>	<b>231,500,000</b>	<b>1,189,000,000</b>	<b>195,000,000</b>	<b>4,285,000,000</b>	<b>1,349,900,000</b>	<b>5,634,900,000</b>

III. Estimated Expenditures

FISCAL YEAR EXPENDITURES (Rp)

	88/89	89/90	90/91	TOTAL
Loan	1,484,150,000	1,574,350,000	1,226,500,000	4,285,000,000
Grant	674,644,000	409,400,000	265,856,000	1,349,900,000
TOTALS	2,158,794,000	1,983,750,000	1,492,356,000	5,634,900,000

IV. Monitoring Plan

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimated Completion Date	
1. Completion of replicable approaches to reduce missed opportunities to immunize members of EPI target groups.	1.1	The reform of program guidelines	Dr. Wibowo	1.1.1 Operational Studies Completed	Annually	
	1.2	Compliance with established policy				
	1.3	Changes/reform of existing policy	1.3.1	Dr. Wibowo	Schedules of guidelines reviews and investigations established.	4/1/88
			1.3.2		Completion of demonstrations of increased compliance.	Annually
			1.3.3	National and provincial EPI decision makers meet regularly to review existing guidelines.	Annual Seminars held to review existing guidelines requiring technical reform and change.	Annually
			1.3.3		MOH guidelines on change in existing policy developed.	8/1/88

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimated Completion Date
1.4.	Introduction of new technologies	1.4.1 Steps taken to develop EPI information Center.		1.4.1 EPI Information Center, established at the Center for Child Survival.	10/1/88
		1.4.2 Process established for reviewing and acting on new technologies related to EPI international development.		1.4.2 Meetings held to review new technologies.	Annually
				1.4.2 Annual reports produced related to review of international papers.	Annually
				1.4.2 Research conducted to demonstrate replicability of international findings.	Annually
1.5	Inclusion of EPI into clinical facilities	1.5.1 EPI designs and conducts research to identify clinical facilities which will integrate EPI delivery into clinical facility health services package.	Dr. Wibowo	1.5.1 EPI target clinical facilities in urban areas.	7/1/88
				1.5.1 Special EPI educational materials developed with focus on clinical facility role.	9/1/88
				1.5.1 National professional organizations agree to participate in clinical facility educational process.	9/1/88

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimated Completion Date
				1.5.1 Facilities in urban target areas agree to participate in EPI.	9/1/88
				1.5.1 Participating clinical facilities formally included in national and provincial EPI activities.	9/1/88
		1.5.2 EPI designs and conducts study to identify process for linking participating clinical facilities with EPI activities.		1.5.2 Documentation produced to define process for increasing number of clinical facilities which actively participate in EPI.	9/1/88
				1.5.2 10 Additional cities included in national and provincial EPI activities.	3/1/90

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimate Completion Date
2. Completion of replicable educational and motivational approaches to reduce drop-out rates in the EPI	2.1. Improvement/refinement of use of PKK and agama resources for motivational purposes in EPI.	2.1 Following completion of October 1987 evaluation of operational efficiency in EPI activities and program impact by women's organization (PKK) and religious organizations (Agama), EPI designs process for improving/refining use of PKK and agama community resources.	Dr. Rosalina	2.1 Action plan to improve/refine use of PKK and agama developed and implemented.	4/1/89
	2.2 Identification of additional community resources for motivation for EPI.	2.2.1 EPI designs and conducts study to identify additional community resources.	Dr. Rosalina	2.2.1 Additional community resources identified.	9/1/88
		2.2.2 EPI designs and conducts pilot study to test efficiency of additional community resources participation in EPI.	Dr. Rosalina	2.2.2 Additional community resources participation in EPI tested.	6/1/88
	2.3 Development of social marketing approach to promote EPI.	2.3.1 EPI designs and conducts marketing survey around product of "fully immunized child".	Dr. Wibowo	2.3.1 Marketing approach for "fully immunized child" product designed and documented.	10/1/88
		2.3.2 EPI through private sector, marketing survey around product of "fully immunized child".		2.3.2 Institutions, programs, and personnel identified to participate in marketing program.	12/1/88
		2.3.3 Participants in marketing effort design and implement marketing plan.		2.3.3 Marketing plan implemented in at least two areas to demonstrate marketing approach and impact on drop-out rates.	4/1/89
				2.3.3 Marketing plan adapted to 4 additional areas to demonstrate marketing approach and impact on drop-out rates.	6/1/90

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimated Completion Date
3. Improve capacity of Ministry of Health to decentralize planning and management of EPI.	3.1. Implementation of area specific planning.	3.1.1 MOH establishes criteria for kabupaten planning.	Mr. Parkan	3.1.1 Kabupaten planning criteria established.	4/1/88
		3.1.2 MOH develops and introduces EPI interventions specific to Kabupaten areas.		3.1.2 Kabupaten training conducted.	Annually
				3.1.2 Kabupaten-specific interventions included in plans.	Annually
	3.2 Development of Local area monitoring (LAM)	3.2.1 LAM training being conducted in 11 Accelerated Provinces.	Mr. Parkan	3.2.1 LAM Training completed in 11 Accelerated Provinces.	4/1/89
		3.2.2 EPI develops and implements action plan to demonstrate LAM procedures in representational areas in Indonesia.		3.2.2 EPI LAM procedures demonstrated in selected areas throughout Indonesia.	4/1/90
		3.2.3 EPI develops and implements improved methodology for sentinel health center activities.		3.2.3 Sentinel health centers established in accordance with action plan.	4/1/89
	3.3 Development of Epidemiologist training	3.3.1 EPI institutionalizes process of administrative and curricular reform of field epidemiology training program (FETP) and nurse epidemiology training program (NETP).	Dr. Hudoyo	3.3.1 FETP/NETP administration and curricula forms implemented.	6/1/89
		3.3.2 EPI implements training procedures for FETP/NETP in conjunction with University of Indonesia's Faculty of Public Health (FKM).		3.3.2 FETP/NETP integrated into MPH program of FKM.	6/1/89
				3.3.3 Physician and nurse epidemiologists training plan is developed.	4/1/88
3.3.3 MOH/EPI develop and implement a training plan for providing provinces and districts with physician and nurse epidemiologists.		3.3.3 Physician and nurse epidemiologists are trained in accordance with with training plan.		Annually	

Final Outputs	Output Components	Indicators of Progress	Officer Responsible	Benchmarks	Estimated Completion Date
4. Enhance Ministry of Health capacity to sustain EPI services and programs at current levels.	4.1. Increased budgetary commitment to EPI.	4.1 EPI designs and initiates studies which will provide data to be used to support EPI requests for sustained level of GOI financial and political commitment.	Mr. Sayuti	4.1 EPI program support studies completed and documented.	Annually
	4.2 Improved self-sufficiency in vaccine procurement.	4.2 EPI designs and conducts a program of seminars and study tours whose aim is to provide information to key decision makers responsible for ensuring sustained support of EPI activities.	Mr. Sayuti	4.2 Program of seminars and study tours carried out in accordance with established program.	Annually
				4.2 GOI policy dialogue conducted.	Annually