

# While identifying under-funded immunization program activities is facilitated by tailored costing-budgeting tool, as preparation for NVI, inter & intra coordination among departments are crucial to prioritize, and integrate budgeting for key activities & opportunities of shared intervention costs

## Costing, Planning, Budgeting, and Resource Mobilization for Immunization Program in Indonesia's Decentralized Setting

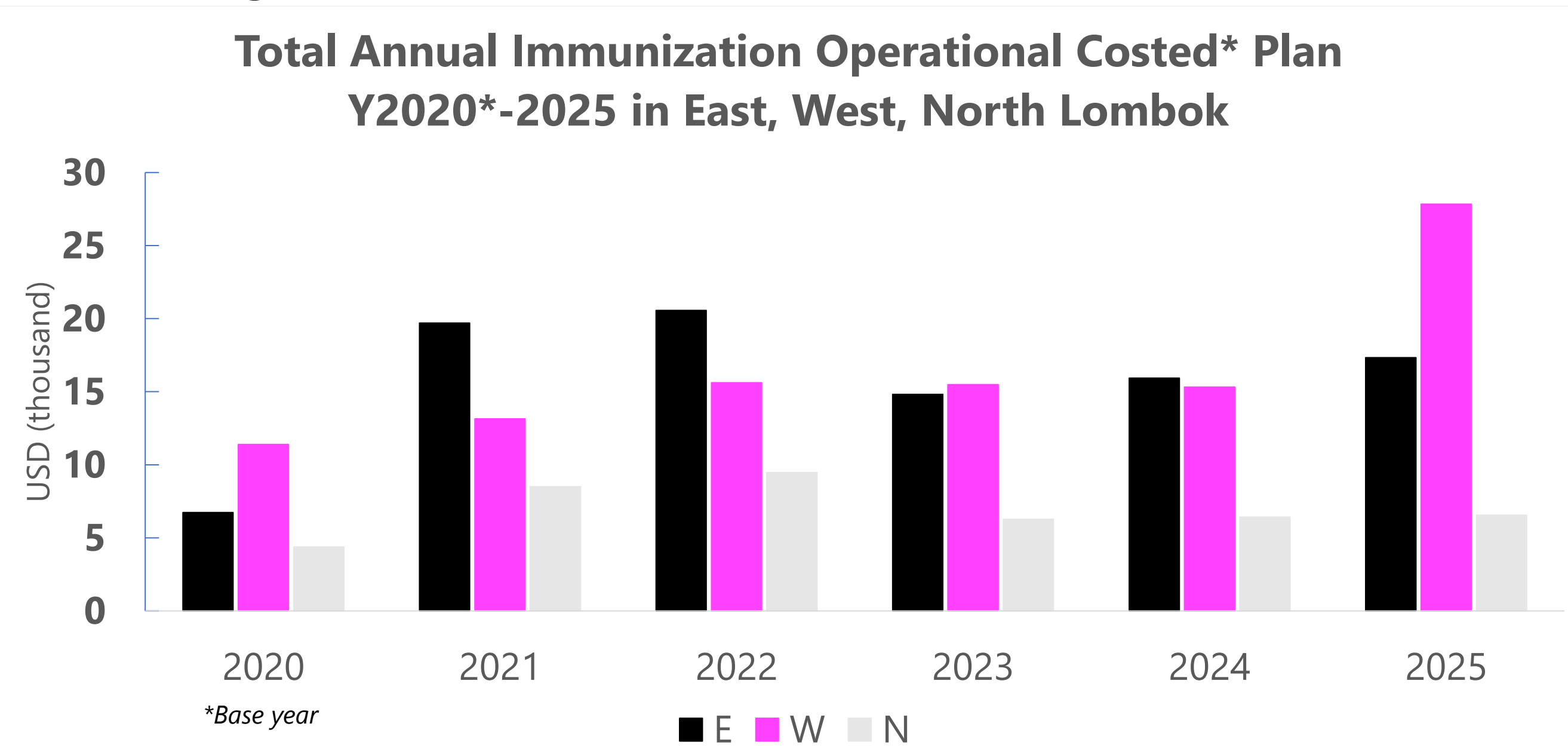
**Background:** As government of Indonesia move ahead with introducing and scaling up new vaccines (PCV, HPV and RV)\* in the recent years, not only the vaccine procurement costs increases, but also the operational costs for introduction preparation and service delivery borne by the subnational level. Subnational government needs to be aware of the immunization funding gaps that emerges as new vaccines are introduced. However, despite multiple funding streams and budget-tagging opportunities provided by central for subnational EPI, immunization financing at district level remains on the constant low over the years.

**Objectives:** To estimate the immunization funding needs, identify gaps and assess sufficiency for immunization program at subnational level

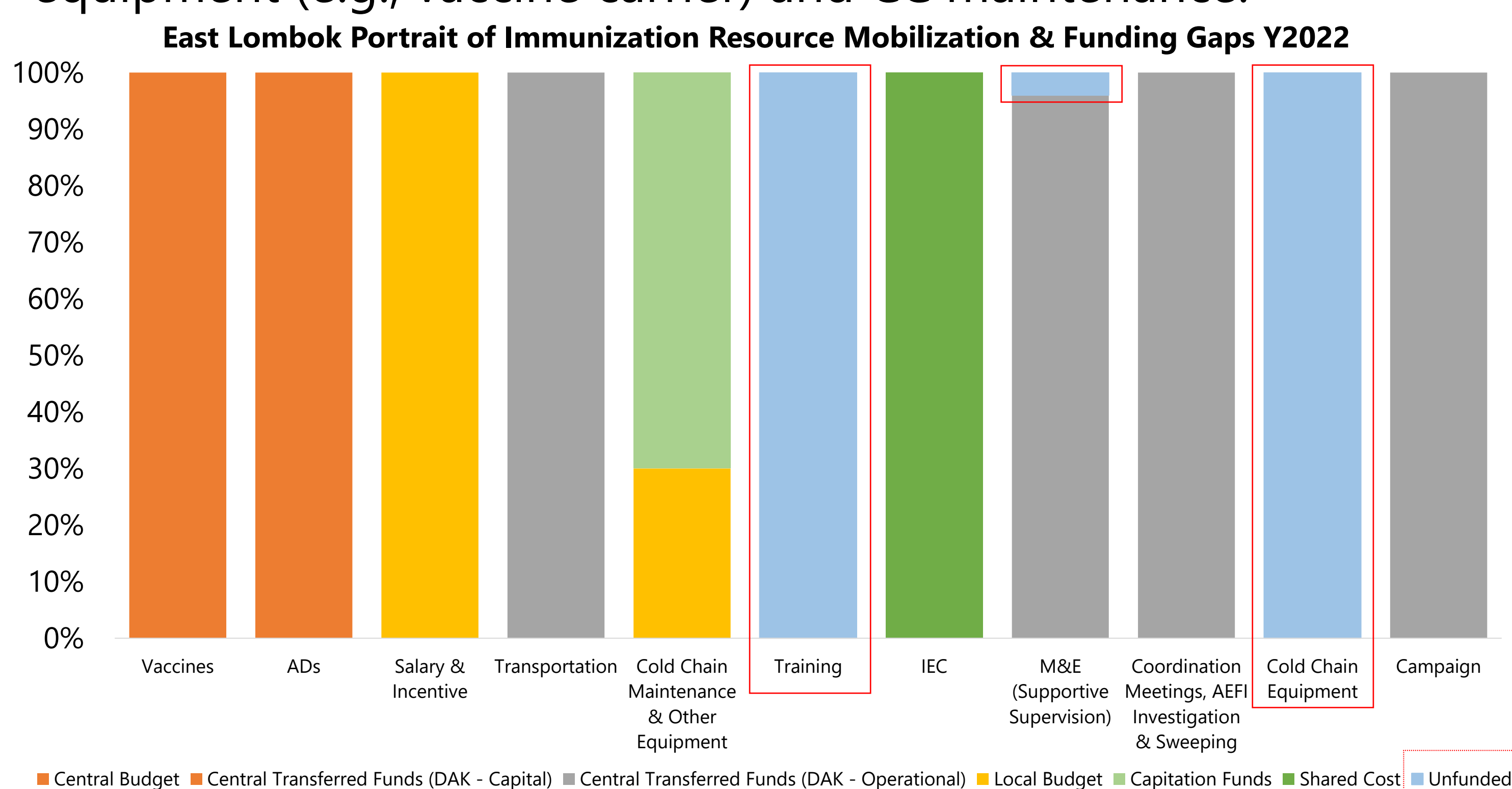
**Methods:** During 2020-2022, CHAI facilitated series of workshop and field studies to calculate the five-year cost projection on immunization program by using Immunization Costing, Planning and Budgeting tool in three districts (East, West, and North Lombok) with different level of fiscal capacity and program performance. The cost components that being calculated include cost for vaccines and supplies, transport and per diem as part of EPI operation, cold chain equipment, staff training, program management, social mobilization and campaign, and cold chain maintenance.

### Results:

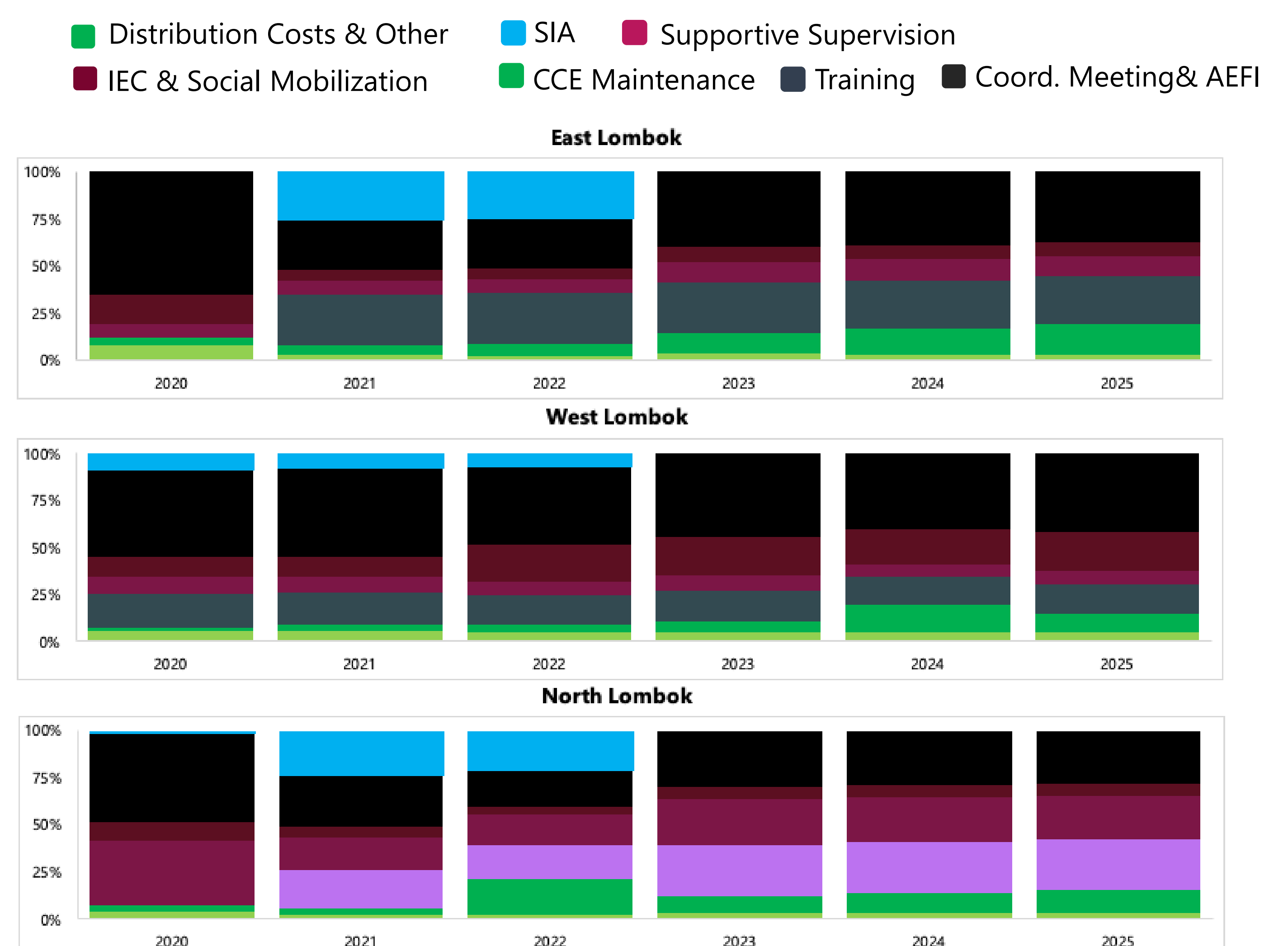
**1** The annual costed operational plan of implementing immunization program (excluding vaccine, CCE equipment, and salary costs) at the district level between year 2021 – 2025 range from USD 6.5K to 27K.



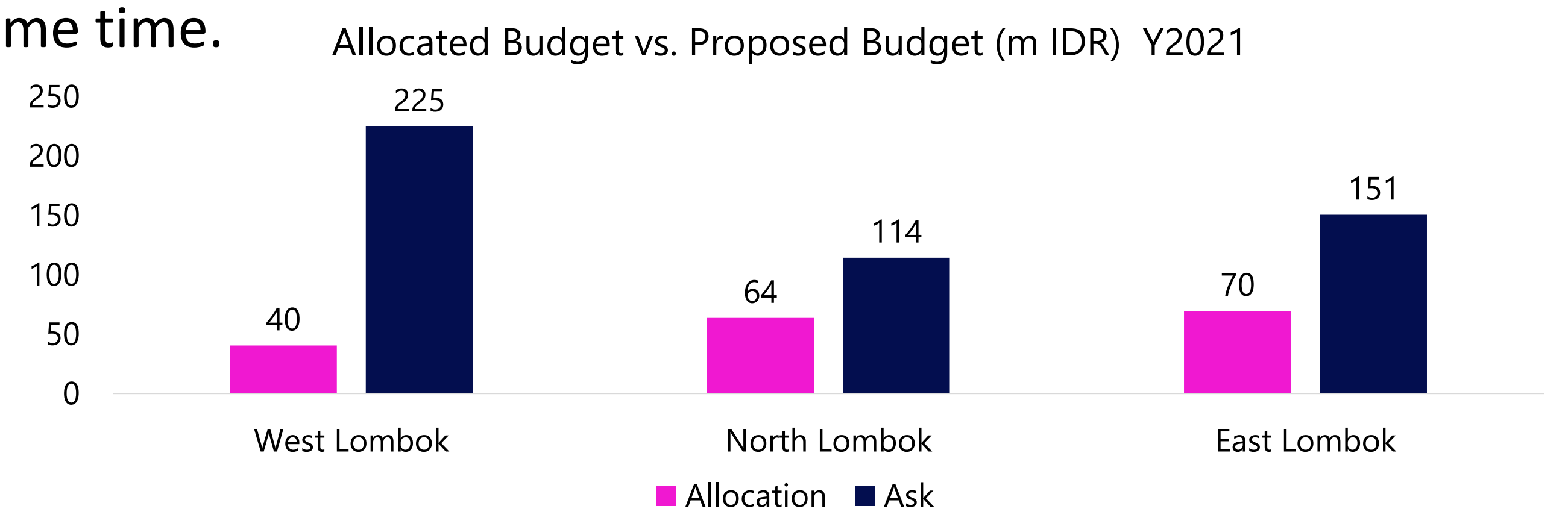
**2** Taking East Lombok 2022 result as example, most activities are still funded by central government. At the same time, proposed training, some supportive supervision visits, and cold chain procurement for the year were not securely. Existing barriers include varied coordination quality & details between bottom-up planning from immunization program team with the top-down ceiling budget given by the higher echelons when evaluating at each budget lines & their prioritizations. On the upside, opportunity for cost sharing has been identified and leveraged e.g., with Health Promotion Unit to supply IEC materials. Also mobilized the availability of other funding streams e.g., capitation funds for other CCE equipment (e.g., vaccine carrier) and CC maintenance.



**3** Graph below show the greatest differences in proposed annual budgets (excluding vaccine, CCE equipment, salary costs) are across a) line-items and b) districts and less so c) across time. **Allocation of Operational Budget (%) 2020-2025**



**4** While we were able to develop a costed plan tailored to local needs, the tool's effectiveness to successfully secure needed budget were difficult to measure because budget allocations were heavily affected by Covid-19 response happening at the same time.



*This technical assistance on subnational immunization costing, planning and budgeting were part of BMGF-funded work that CHAI provided to strengthen district EPI capacity 1) to identify and cost key immunization activities tailored to needs e.g., new vaccine's introduction; 2) to translate costing result into annual planning and budgeting exercise and advocate the result at district level for increased awareness and commitment (secured budget) towards immunization program.*

