

## Indonesia : Additional Financing for Emergency Response to COVID-19 Program

### 1. Project Information

Project ID:	P000484	Instrument ID:	L0484A
Member:	Indonesia	Region:	South-Eastern Asia
Sector:	Public Health	Sub-sector:	N/A
Instrument type:	<input checked="" type="checkbox"/> Loan:500.00 US Dollar million <input type="checkbox"/> Guarantee	Co-financier(s):	World Bank
ES category:	B	Borrowing Entity:	Ministry of Finance, Indonesia
Implementing Entity:	Ministry of Health, Indonesia		
Project Team Leader:	Toshiaki Keicho (DG: Rajat Misra; Responsible Department: INF1)		
Project Team Members:	Rizal Rivai, OSD - Procurement Specialist; Bernardita Saez, Project Counsel; Yi Geng, OSD - Financial Management Specialist; Gerardo Pio Parco, OSD - Environment Specialist; Jinghui Li, Project admin;		
Completed Site Visits by AIIB:	Mar, 2022 A virtual mission with the World Bank		
Planned Site Visits by AIIB:	Sep, 2022 A virtual mission with the World Bank or physical mission if the pandemic situation allows.		
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:			
Previous Red Flags Assigned Date:			

### 2. Project Summary and Objectives

The objective of the Program is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Indonesia. The Program is co-financed with the World Bank through the Program-for-Results (PforR) instrument.

### 3. Key Dates

Approval:	Jun. 24, 2021	Signing:	Nov. 23, 2021
Effective:	Jan. 04, 2022	Restructured (if any):	
Orig. Closing:	Dec. 31, 2022	Rev. Closing (if any):	

### 4. Disbursement Summary (USD million)

Contract Awarded:		Cancellation (if any):	0.00
Disbursed:	398.72	Most recent disbursement (amount/date):	304.21/Jan. 28, 2022
Undisbursed:	101.28	Disbursement Ratio	79.74

		(%) <sup>1</sup> :	
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## 5. Project Implementation Update

The Parent Program has performed very well, achieved all its DLIs, and has been fully disbursed. Additional Financing has also progressed well and achieved 80% disbursement (USD 398,716,300 each WB and AIIB) so far. Health system has strengthened its ability to respond to new challenges due to the pandemic dynamics.

Components	Physical Progress	Environmental & Social Compliance	Procurement
Results Area 1: Improve hospital and health system readiness for COVID-19 response and vaccination and maintaining essential non-COVID-19 health services	Vaccination rollout – the rapid vaccination rollout has met its national target but coverage among elderly remains a challenge. As of the last mission (March 2022), 1st dose 72% of entire population and 2nd dose/fully vaccinated 58% (all vaccines).	The implementation of PAP for ES component has been ongoing well. Follow -up includes more capacity - building efforts need to escalate to disseminate training modules on vaccine waste management, alternative communication materials, transfer of knowledge activities to different provinces etc.	This is PforR, and disbursements are made according to achievements of Disbursement-Linked Indicators rather than procurement of works, goods, and services.
Results Area 2: Strengthening public health laboratory, surveillance and supply chain capacity	Rapid increase in the PCR lab network from 47 in the beginning of the pandemic to 946 labs in February 2022. The comprehensive logistics information system is functioning (at least for the COVID-19 vaccine Program) and regularly used in accordance with national cold chain management guidelines at least in 2,000 PHC locations as of March 31, 2022. of March 31, 2022.	The implementation of PAP for ES component has been ongoing well. Follow -up includes more capacity - building efforts need to escalate to disseminate training modules on vaccine waste management, alternative communication materials, transfer of knowledge activities to different provinces etc.	-
Results Area 3: Enabling communication and coordination for emergency response and	The GoI produced national guidelines including communication materials for vulnerable population (e.g. elderly,	The implementation of PAP for ES component has been ongoing well. Follow -up includes more capacity - building efforts need to escalate to disseminate training modules on vaccine waste management,	-

<sup>1</sup> Disbursement Ratio is defined as the volume (e.g. the dollar amount) of total disbursed amount as a percentage of the net committed volume.

vaccine delivery	and those with disability); Some sub-national levels reported vaccine hesitancy due to information overload, misinformation.	alternative communication materials, transfer of knowledge activities to different provinces etc.	
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**Financial Management:**

The overall Program FM arrangement followed the existing practice of MOH. As agreed with the Bank, to enhance the internal control for proper usage of program funds, MoH Inspectorate General (IG) conducted internal audit reviews on the COVID-19 hospital claim process for 76 hospitals across the country for the period of August – December 2021. IG MoH reports on internal audit on the program was shared with BPK for external audit purposes. IG MoH is monitoring the follow up action on both external audit and internal audit findings. Follow up actions are required against some dispute of payments noted in FY2020 audit.

**6. Status of the Grievance Redress Mechanism (GRM)**

Grievance Redress Mechanism (GRM). The parent Program incorporates a comprehensive GRM. The GRM will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 call centers. The Program supports the COVID-19 call centers with call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast, digital, and print media. The GRM will continue to be publicized by the MOH and other relevant agencies.

The website for the public to register and receive comments/feedback from the public is functioning. The MOH's Feedback and Grievance Redress Mechanism (FGRM) has integrated different grievances received from different source of media (119 hotline, SMS, email, letters and interactive online website). Follow up on improving FGRM will include COVID 19 vaccine communication materials (i.e posters and other visuals) to be provided to all vaccination centers.

**7. Results Monitoring**

Hospital beds for critical care – increased critical care beds from 3,974 (Sept 2020), almost doubled to 7,803 (September 2021) and 9,130 available during the Omicron surge (February 2022) including at least 50% of them equipped with ventilators, and the capacity increased outside of Java regions. This indicates the ability of the health system to mobilize available resources, strengthened intensive care. Rapid increase in the PCR lab network from 47 in the beginning of the pandemic to 946 labs in February 2022. The capacity to conduct Whole Genomic Sequencing increased sevenfold within one year. Vaccination rollout – the rapid vaccination rollout has met its national target but coverage among elderly remains a challenge.

**Project Objective Indicators #1**

Reduced service readiness gap in treating severe respiratory illness patients (as measured by the available number of intensive care beds equipped as per national protocol) (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	6000	9,130	Baseline: 0

**Project Objective Indicators #2**

Strengthened laboratory capacity (measured as total capacity for quality assured tests per day) (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	90,000	228,702	Baseline: 3000

**Project Objective Indicators #3**

Improved reporting and surveillance system (measured as the availability of an improved surveillance system that incorporates lessons from the COVID-19 response experience) (Text)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Improved surveillance system available.	Yes. Surveillance system is reported through AllRecord app, it produces weekly risk assessment for categorizing all province and regency into risk zones (green, yellow, orange, red)	Baseline: None

**Project Objective Indicators #4**

Enhanced community engagement and communication (as measured by the number of interactions with the COVID-19 phone line) (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	25,000	31458	Baseline: 0

**Project Objective Indicators #5**

Percentage of population vaccinated, which is included in the priority population targets defined in national plan (by gender) (Percentage)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	37	1st dose 72% of entire population and 2nd dose/fully vaccinated 58% (all vaccines)	

**Intermediate Result Indicators #1**

Concrete measures to support and compensate health professionals for added COVID-19 related workload and risk are implemented (Text)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Concrete measures to support and compensate health professionals for	Yes	Baseline: Concrete measures to support and compensate health professionals for COVID-19 are not implemented.

	COVID-19 are implemented.		
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**Intermediate Result Indicators #2**

Number of beds temporarily converted for patient isolation and/or low intensity medical care (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	1,500	103,342	Baseline: 0

**Intermediate Result Indicators #3**

Number of COVID-19 cases successfully treated, disaggregated by sex (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	25,000	4,129,020 (50.4% females)	Baseline: 0

**Intermediate Result Indicators #4**

Infection prevention and clinical management protocols developed and disseminated to all non-referral facilities (Text)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Infection prevention and clinical management protocols developed and disseminated to all non-referral facilities	Yes	Baseline: Infection prevention and clinical management protocols not developed

**Intermediate Result Indicators #5**

Cumulative number of COVID-19 suspect cases tested by PCR Cumulative number of COVID-19 suspect cases tested by PCR or rapid molecular testing, disaggregated by sex (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	300,000	22,208,725	Baseline: 10,000

**Intermediate Result Indicators #6**

A surveillance mechanism for community-based reporting of outbreaks and new illnesses among humans and animals is functional (Text)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Yes	Yes.Integration of different information sources to provide inputs for surveillance is	Baseline: No

		functional.	
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**Intermediate Result Indicators #7**

MOH supports the creation of a multi-sectoral coordination mechanism for COVID-19 response (Text)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Yes, The multi-sectoral coordination mechanism for COVID-19 response is functional.	Yes	Baseline: A multi-sectoral coordination mechanism for COVID-19 response does not exist

**Intermediate Result Indicators #8**

Cumulative number of website visitors to the COVID-19 communication portal set up by the Government of Indonesia (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	100,000	8,580,000	Baseline: 0

**Intermediate Result Indicators #9**

Number of times MOH counters COVID-19 related misinformation and posts on its website (Number)

Year	Target	Actual	Comments, if any
Dec. 31, 2022	200	1,203	Baseline: 0

**Intermediate Result Indicators #10**

Maintaining essential non-COVID services - Number of completed fourth ANC services delivered in the previous quarter as a proportion to the corresponding quarter in 2019

Year	Target	Actual	Comments, if any
Dec. 31, 2022	Yes	Yes	

**Intermediate Result Indicators #11**

Number of functional locations with remote temperature monitoring system

Year	Target	Actual	Comments, if any
Dec. 31, 2022	-	-	

**Intermediate Result Indicators #12**

Cumulative number of cases reported in the pharmacovigilance system

Year	Target	Actual	Comments, if any

Dec. 31, 2022	-	-	
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**Intermediate Result Indicators #13**

Cumulative number of cases MOH counters COVID-19 vaccine-related misinformation and posts on its website

Year	Target	Actual	Comments, if any
Dec. 31, 2022	-	-	

**Remarks:**

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