

## 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:	CRF-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 (Responsible DG: Rajat Misra; Responsible Department: INF1)		
Project Team Members:	Rizal Rivai, OSD - Procurement Specialist; Bernardita Saez, Project Counsel; Yi Geng, OSD - Financial Management Specialist; Amy Chua Fang Lim, OSD - Environment & Social Development Specialist; Jinghui Li, Project admin		
Completed Site Visits by AIIB:	Mar, 2022 A virtual mission with the World Bank Oct, 2022 A physical joint implementation support mission with the World Bank		
Planned Site Visits by AIIB:	May, 2023 Implementation Mission		
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:	0		
Previous Red Flags Assigned Date:	2022/03		

### 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:	481.45	Most recent disbursement (amount/date):	82.73/Sep. 30, 2022

Undisbursed:	18.55	Disbursement Ratio (%) <sup>1</sup> :	96.29
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### 5. Project Implementation Update

The implementation of the Indonesia COVID-19 Emergency Response PforR has been successful. The parent program (USD250 million) has fully disbursed, and its Additional Financing (AF) has disbursed 96.3%. Most of the DLIs/DLRs have been achieved, except for two DLRs: (i) ensuring availability of essential health services; and (ii) the installation of remote temperature monitoring system. These remaining DLRs are expected to be achieved by Q1 2023. The planned Program restructuring as requested by MOF on behalf of the GOI will extend the Program closing date by six months and adjust a few DLIs/DLRs for clarity. The restructuring should be completed by the middle of December 2022.

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	<p>Vaccination rollout – Booster dose has reached 35% of total population. (As of October 8th, 2022). Discrepancies across provinces exist on expected lines. The vaccination pace has significantly slowed down recently, and the total doses given in September (4.6 m) were one-half of May's coverage (almost 9 m). The efforts to narrow the coverage gaps is also hampered by the availability of COVID-19 vaccine (stock as of October 8th, 2022, 1,018,050 doses).</p> <p>Improved Capacity of the Health System-The capacity of the system to provide critical care is considerably stronger. The number of critical care beds continued to increase from 7,803 in September 2021 to</p>	<p>Rapid assessment for vaccine waste management have been conducted, with the latest update as of June 2022. The assessment has captured the number of estimated waste generated and its treatment methods. MOH is currently finalizing the integration of its online waste management reporting platform.</p>	<p>This is PforR, and disbursements are made according to achievements of Disbursement-Linked Indicators rather than procurement of works, goods, and services.</p>

<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.

	9,130 beds made available during the Omicron surge (in March 2022), including at least 50% of them being equipped with ventilators.		
Results Area 2: Strengthening public health laboratory, surveillance and supply chain capacity	At its peak, the testing system was able to conduct over 600 thousand confirmatory tests per day. The Whole Genome Sequencing tests are available in 15 labs – this capacity has increased seven folds between March 2021 – End of December 2021 (from 669 samples to 5,069).	Continuous training for vaccinators, including on topics such as Infection and Prevention Control (IPC), vaccine storage and cold chain, as well as monitoring and evaluation, continue to be conducted. As of 1 July 2022, 177,935 vaccinators from health facilities in 34 provinces underwent the training.	-
Results Area 3: Enabling communication and coordination for emergency response and vaccine delivery	Various positive initiatives to support COVID-19 vaccine and risk communication. These include development of communication tools and outreach materials, collaboration with community and religious leaders, CSOs, and local governments.	MoH shows improvement in monitoring the effectiveness of the communication strategy with the report on the public satisfaction survey on the management of health policy news and publications in the first semester of 2022.	-

**Financial Management:**

The Program annual financial statement for FY 2021 as part of MoH FY 2021 audit report has been received. The auditor provided unqualified opinion. Audit report acknowledgement and request for follow up action on audit findings has been sent to MoH for response by December 31, 2022, at the latest. FY 2020 audit findings have been completely followed up (based on letter received January 5, 2022).

During the mission of October 2022, it was informed that Inspectorate General MoH has conducted internal audit on vaccination process all over the country. Request has been made to obtain update on internal audit related to Covid-19 Program covering: (i) payment of health service claims; (ii) operational financial supports for vertical hospitals; (iii) payment on incentives and death compensation for health workers; and (iv) procurement. Response expected to be received by November 30, 2022.

**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 centres. The Program supports the COVID-19 call centres 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). A public satisfaction survey was carried out on the management of health policy news and publications by MOH shows improvement in the overall FGRM mechanism.

## 7. Results Monitoring

COVID-19 vaccination program has covered 76% of Indonesia's total population with one dose (207 million), and 63% with full-dose (171 m). Booster dose has reached 35% of total population. Overall – though levels are high, vaccination has slowed down and coverage discrepancies, for the total population and especially for the elderly across regions remain. The testing capacity has increased significantly, with a 140% increase in the number of Laboratories in the COVID-19 Lab network since November 2020, from 364 to 862 labs in September 2021, 946 labs (February 2022) and 1017 labs (April 2022). More than 86 % are located outside of Jakarta, while 54% of the public health network labs are located in Java. Meanwhile, like other countries, essential health services have been negatively affected during the pandemic, and the recovery has been slow.

### 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	Baseline: None

		(green, yellow, orange, red)	
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**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 COVID-19 are implemented.	Yes	Baseline: Concrete measures to support and compensate health professionals for COVID-19 are not implemented.

**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 functional.	Baseline: No

**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	-	-	

**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: