

SBF Project Implementation Monitoring Report

Indonesia: Emergency Response to COVID-19

1. Project Information

Project ID:	000379	Investment Number:	L0379A
Member:	Indonesia	Region:	South-Eastern asia
Sector:	Public Health	Sub-sector:	N/A
AIB Financing Type:	Loan: 250 USD million	Co-financier(s):	World Bank
E&S category:	C	Borrower:	Republic of Indonesia
Red Flags Assigned:	0	Monitoring Regime:	Regular Monitoring
Implementing Agency:	Ministry of Health		
Project Team Leader:	Toshiaki Keicho		
Project Team Members:	Haiyan Wang, Senior Finance Officer Bernardita Saez, Senior Counsel Yi Geng, Senior Financial Management Specialist Jana Halida Uno, Senior Operational Policy Specialist Giacomo Ottolini, Principal Procurement Specialist Benedetta Magnaghi, Procurement Associate Gerardo Pio Parco, Senior Environmental Specialist Amy Fang Lim Chua, Environmental Specialist Sergio Perez, Sr. Client Relations Officer		
Completed Site Visits by AIB:	Oct, 2020 A virtual mid-term review and implementation support mission took place on October 19-30, 2020 between Government of Indonesia, AIB and WB.		
Planned Site Visits by AIB:	There are virtual meetings almost every week for the past one month or so to discuss this program as part of preparation of additional financing.		

2. Project Summary and Objectives

This CRF project, co-financed with the World Bank was approved by the board in June 2020.

The objective of the Program is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the preparedness of the national health system in Indonesia.

It has been designed in accordance with the WB's Policy on Program for Results (PforR). The adoption of PforR design will enable the Government of Indonesia to swiftly augment its rapid responses to the current health emergency, focusing on three result areas: 1) help expand health system preparedness by addressing the immediate needs of designated COVID-19 referral facilities; 2) strengthen the laboratory network and surveillance system to help increase testing and contact tracing; and 3) ensure Ministry of Health's (MOH) support for communications and coordination across sectors and levels of government.

The implementation period of the program is June 2020 to October 2021. The total program cost of USD974 million shall be financed by AIB (USD250 million), World Bank (USD250 million) and the Government of Indonesia (USD474 million).

3. Key Dates

Approval:	Jun. 22, 2020	Signing:	Jul. 3, 2020
Effective:	Aug. 11, 2020	Restructured (if any):	
Orig. Closing:	Oct. 31, 2021	Rev. Closing (if any):	

4. Disbursement Summary (million)

Currency:	USD		
a) Committed:	250	b) Cancellation (if any):	
c) Disbursed:	212.5	d) Most recent disbursement: (amount / date)	150, Dec. 7, 2020

e) Undisbursed:	37.5	f) Disbursement Ratio(%) ¹ :	85
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¹ Disbursement Ratio is defined as the volume (i.e. the dollar amount) of total disbursed amount as a percentage of the net committed volume, i.e., $f = c / (a - b)$

5. Project Implementation Update

The Indonesia Emergency Response to COVID-19 Program for Results provides support to the Ministry of Health (MOH) to strengthen their response capacity for COVID-19. The PforR became effective on August 11 2020. Overall, the PforR has made remarkable progress in the achievements of its DLIs. Most DLIs due in 2020 are already achieved and undergoing verification. There is also evidence of collaborative efforts across various units within the Ministry of Health to implement these forward looking DLIs.

Components	Physical Progress	Environmental & Social Compliance	Procurement
The program has three results areas: i) help expand health system preparedness by addressing the immediate needs of designated COVID-19 referral facilities; ii) strengthen the laboratory network and surveillance system to help increase testing and contact tracing; and iii) ensure MOH support for communications and coordination across sectors and levels of government.	NA	Review of the progress of the Program Action Plan (PAP) shows some progress made as well as some areas for improvement. On infection control and medical waste management, the MOH has issued an appointment letter for the designated MOH team to provide oversight on the management of medical waste at health facilities. A rapid assessment on medical waste practices and capacity has also been conducted. The MOH has also ramped up the waste management capacity in several provinces by distributing an additional four autoclaves and four incinerators. The provision and deployment of personal protective equipment (PPE) has followed the World Health Organization (WHO) recommended demand forecast tool, the Essential Supplies Forecasting Tool (ESFT), combined with a logistical distribution monitoring platform that are managed by the Center for Health Crisis. In order to protect health workers, the guideline on priority testing, not only applicable to health workers but also for other health facility staff, has been issued.	Several procurements of goods associated with the activities related to the Program's DLIs have been completed by MOH. The MOH's Bureau of Finance and Asset Management has issued a circular to ensure compliance by the MOH's working units that conduct procurement of goods and services related to COVID-19 emergency response with the PforR requirements. Procurement-related information to develop the procurement and contract profile under the PforR has been requested. The requested data includes information to confirm that the procurement working units have understood and followed up in accordance with the circular for the Bank's debarment and temporary suspended lists prior to awarding the contract. The MOH provided the required data to the World Bank for further review on November 2, 2020.

Financial Management:

The P4R relies on existing country system which has been assessed as acceptable. As part of the Program Action Plan to enhance the fiduciary capacity, it is agreed that internal audit will be conducted by MoH Inspectorate on the implementation of COVID 19 Program which includes (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. Such internal audit will be shared with WB and AIIB.

6. Status of the Grievance Redress Mechanism (GRM)

MOH has provided monitoring reports on feedback from the public thru the Feedback and Grievance Redress Mechanism (FGRM). It shows a robust FGRM which is being utilized by the public. Feedback and grievances have been logged and managed. The FGRM operates 24/7 and is staffed by 10 personnel in 3 shifts.

7. Results Monitoring

Overall, the Program has achieved all its performance indicator targets at the mid-term point, with the exception of the disaggregation by gender for the tested COVID suspects, which was not available by the time of the October 2020 mission.

Baseline Year: Apr. 1, 2020 End Target Year: Dec. 31, 2021

Project Objective Indicators #1

Reduced service readiness gap in treating serious respiratory illness patients (RA 1) Number of critical care beds fully equipped as per national protocol

Year	Target	Actual	Others, if any
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Oct. 29, 2021	3,000	3,114	Baseline: 0 Actual data as of Oct 2020 (midterm review)
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Project Objective Indicators #2

Strengthened laboratory capacity (RA2) Total capacity for quality assured tests per day

Year	Target	Actual	Others, if any
Oct. 31, 2021	20,000	70,596	Baseline: 3000 Actual data as of Oct 2020 (midterm review)

Project Objective Indicators #3

Improved reporting and surveillance system (RA2) Availability of an improved surveillance system that incorporates lessons from the COVID-19 response experience

Year	Target	Actual	Others, if any
Oct. 31, 2021	Yes	Ongoing	Baseline: No Actual data as of Oct 2020 (midterm review)

Project Objective Indicators #4

Enhanced community engagement and communication (RA3) The number of interactions with the COVID-19 phone line

Year	Target	Actual	Others, if any
Oct. 31, 2021	5000	16,919	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #1

RA1 - Concrete measures to support and compensate health professionals Concrete measures to support and compensate health professionals for added COVID-19 related workload and risk are implemented

Year	Target	Actual	Others, if any
Oct. 31, 2021	Yes	Yes	Baseline: No Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #2

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	1,500	6,011	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #3

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	25,000	322,248	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #4

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	Yes	Yes	Baseline: No Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #5

RA2 - 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

Year	Target	Actual	Others, if any
Dec. 31, 2021	300,000	2,777,969	Baseline: 10,000 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #6

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	Yes	On track. MOH have developed event based and/or tracking of health surveillance system based on the lesson learned from COVID-19 response.	Baseline: No Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #7

RA3 - Enable communication and coordination for emergency response MOH supports the creation of a multi-sectoral coordination mechanism for COVID-19 response

Year	Target	Actual	Others, if any
Oct. 31, 2021	Yes	Yes	Baseline: No Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #8

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	100,000	311,979	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #9

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

Year	Target	Actual	Others, if any
Oct. 31, 2021	200	532	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Intermediate Result Indicators #10

Number of simulation exercises undertaken as per updated national pandemic preparedness plan

Year	Target	Actual	Others, if any
Oct. 31, 2021	3	0	Baseline: 0 Actual data as of Oct 2020 (midterm review)

Remarks: