Reporting Period From 2023/05 To 2023/10

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:	☑Loan:500.00 US Dollarmillion☐Guarantee	Lead Co-financier (s):	World Bank							
ES category:	В	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:	Yi Geng OSD - Financial Management Specialist:									
Completed Site Visits by AIIB:	Mar, 2022 A virtual mission with the Work Oct, 2022 A physical joint implementation Jun, 2023 A joint implementation support	n support mission with th								
Planned Site Visits by										
AIIB:										
Current Red Flags Assigned:	0									
Current Monitoring Regime:	Regular Monitoring									
Previous Red Flags Assigned:	0									
Previous Red Flags Assigned Date:	2023/04									

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):	Dec. 26, 2022
Orig. Closing:	Dec. 31, 2022	Rev. Closing (if any):	Jun. 30, 2023

4. Disbursement Summary (USD million)



Project Implementation Monitoring Report (#4)

Reporting Period From 2023/05 To 2023/10

Contract Awarded:		Cancellation (if any):	0.00
Disbursed:	500.00	Latest disbursement (amount/date):	18.55/Dec. 23, 2022
Undisbursed:	0.00	Disbursement Ratio (%)1:	100.00

5. Project Implementation Update

The implementation of the Indonesia COVID-19 Emergency Response PforR has been successful. The parent program (USD250 million) and its Additional Financing (AF) have been fully disbursed. All of the DLIs/DLRs have been achieved. Most of the PDO and Intermediate Program Development Indicators are achieved.

Components	Physical Progress	Environmental & Social Compliance	Procurement
Results Area 1:	COVID-19 vaccination	-	This is PforR, and
Improve hospital	program has covered		disbursements are made
and health system	75.4% of Indonesia's		according to achievements
readiness for	total population with		of Disbursement-Linked
COVID-19 response	one dose (204 million),		Indicators rather than
and vaccination	and >64% with full-dose		procurement of works,
and maintaining	(175m). Booster dose		goods, and services.
essential non-	has reached 39% of		
COVID-19 health	total population. (As of		
services.	June 8th, 2023).		
	Discrepancies across		
	provinces, although		
	improved, persisted.		
	The vaccination pace		
	has significantly slowed		
	down.		
	Essential health		
	services, such as		
	maternal, childhood		
	immunization,		
	nutrition, and		
	tuberculosis services		
	have slowly recovered		
	to pre pandemic levels		
	or better.		
	Cotting to the second of the s		
	Critical care capacity has		
	increased with the		
	number of critical care		
	beds made available for		
	COVID-19 cases 11,446		
	(as of November 2022)		

[.]

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

	as compared to 7,094 pre pandemic.		
Results Area 2: Strengthening public health laboratory, surveillance and supply chain capacity	pre pandemic. The testing capacity increased as reflected in the number of Laboratories in the PCR Lab network growing to 1,100 labs across Indonesia (June 23) that have been following External Quality Assurance from only 42 labs in the beginning of the pandemic. At its peak, the system was able to conduct over 600 thousand	-	-
	confirmatory tests per day. The Whole Genome		
	Sequencing tests capacity has doubled since 2020 from 14 labs to 28 labs in 2022 and testing capacity from 669 samples to more than 38,000; peak capacity touched was almost 3,000 tests within two weeks.		
Results Area 3: Enabling communication and coordination for emergency response and vaccine delivery	Public risk communication strategy document for the transition from pandemic to a longer-term mitigation plan to COVID-19 is being finalized.	-	-
	Incentives and compensation for health personnel during the COVID- 19 emergency response continued at least until end of June 2023.		
	Training for COVID-19 vaccinators, and all related subjects (KIPI, etc) has been conducted in all 514 districts.		
	New All Record COVID-		

Reporting Period From 2023/05 To 2023/10

19 has been the
backbone of the
Emergency Response
and is now projected to
cover other priority
diseases such as TB, HIV,
Hepatitis, and ILI-SARI.
The system has been
linked to improve
surveillance and is
slated to be fully
integrated into the
SatuSehat Platform in
2025.

Financial Management:

Remarks:

The Program financial statements were included as part of MoH financial statements. The full FY 2022 audit report of the Program was submitted to WB and considered as acceptable and no refund is required. No information on internal audit conducted on FY 2022 for the program. Loan proceeds were fully disbursed for DLIs achieved.

6. Status of the Grievance Redress Mechanism (GRM)

GRMs are being operated by Ministry of Health (MOH) systems and also within health facilities, which enables the public, including beneficiaries, to channel grievances and suggestions to the MOH's Feedback Grievance Redress Mechanism (FGRM) channels (COVID-19 hotline (119), HALO KEMKES, web-based platforms such as SIAP-PPID, and in-person reports). The GRMs have also been equipped with information on COVID-19 related health services and the COVID-19 vaccines, referral for cases needing hospitalization, and electronic Health Alert Card (eHAC).

The GRM is functioning and its performance reported through the administrative records. The administrative reports for public information are displayed on the unit website www.ppid.kemkes.go.id. Up to now most of the entries are queries related to administrative issues and services. Other requests for information are related to, among others, information on publications or documents, regulations, and financial reports. Year 2022 recorded in total 108,723 requests for information services, majority using direct call or cellular messaging means (SMS or Whatsapp) - each channel constituting more than 40% of all requests received. This is followed by around 20 percent via email, and a small number of information requests or complaints were delivered directly in person or using web-based platforms. All these requests (100%) have been serviced.

7.	Results Monitoring	(please refer to the full RMF,	, which can be found	on the last page of this PIMR)	



Project Implementation Monitoring Report (#4) Reporting Period From 2023/05 To 2023/10

			Cumulative Tar	get Values										
Project Objective Indicators	Indicator level	Unit of Measure	Baseline		2021 20		2022	2022		End Target		Frequency	Responsibility	Comments
			Year	Value	Target	Actual	Target	Actual	Year	Target	Actual			
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)	Project	Number	2021	0			9,130		2022	6,000				
Strengthened laboratory capacity (measured as total capacity for quality assured tests per day)	Project	Number	2021	3,000			228,702		2022	90,000				
Improved reporting and surveillance system (measured as the availability of an improved surveillance system that incorporates lessons from the COVID-19 response experience)	Project	Text	2021	None			Yes		2022	Improved surveillance system available.				
Enhanced community engagement and communication (as measured by the number of interactions with the COVID-19 phone line)	Project	Number	2021	0			31,458		2022	25,000				
Percentage of population vaccinated, which is included in the priority population targets defined in national plan (by gender)	Project	Percentage	2021	-			1st dose 72% of entire population and 2nd dose/fully vaccinated 58% (all vaccines)		2022	37				

		Cumulative Target Values												
Project Intermediate Indicators	Unit of Measure	Baseline		2021		2022		End Target		Frequency	Responsibility	Comments		
			Year	Value	Target	Actual	Target	Actual	Year	Target	Actual			
Concrete measures to support and compensate health professionals for added COVID-19 related workload and risk are implemented	Project	Text	2021	Concrete measures to support and compensate health professionals			Yes		2022	Concrete measures to support and compensate health professionals				

				for COVID-19 are not implemented.				for COVID-19 are implemented.		
Number of beds temporarily converted for patient isolation and/or low intensity medical care	Project	Number	2021	0		103,342	2022	1,500		
Number of COVID-19 cases successfully treated, disaggregated by sex	Project	Number	2021	0		4,129,020 (50.4% females)	2022	25,000		
Infection prevention and clinical management protocols developed and disseminated to all non-referral facilities	Project	Text	2021	Infection prevention and clinical management protocols not developed		Yes	2022	Infection prevention and clinical management protocols developed and disseminated to all non- referra		
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	Project	Number	2021	10,000		22,208,725	2022	300,000		
A surveillance mechanism for community-based reporting of outbreaks and new illnesses among humans and animals is functional	Project	Text	2021	No		Yes.Integration of different information sources to provide inputs for surveillance is functional.	2022	Yes		
MOH supports the creation of a multi-sectoral coordination mechanism for COVID-19 response	Project	Text	2021	A multi- sectoral coordination mechanism for COVID-19 response does not exist		Yes	2022	Yes, The multi-sectoral coordination mechanism for COVID-19 response is functional.		
Cumulative number of website visitors to the COVID- 19 communication portal set up by the Government of Indonesia	Project	Number	2021	0		8,580,000	2022	100,000		
Number of times MOH counters COVID-19 related misinformation and posts on its website	Project	Number	2021	0		1,203	2022	200		
Maintaining essential non- COVID services - Number of completed fourth ANC	Project	Text	2021	-		Yes	2022	Yes		



Project Implementation Monitoring Report (#4)

Reporting Period From 2023/05 To 2023/10

services delivered in the previous quarter as a proportion to the corresponding quarter in 2019										
Number of functional locations with remote temperature monitoring system	Project	-	2021	-		-	2022	-		
Cumulative number of cases reported in the pharmacovigilance system	Project	-	2021	-		-	2022	-		
Cumulative number of cases MOH counters COVID-19 vaccine-related misinformation and posts on its website	Project	-	2021	-		-	2022	-		