

## 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<br>million<br><input type="checkbox"/> Guarantee  | Lead 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;<br>Bernardita Saez, Project Counsel;<br>Yi Geng, OSD - Financial Management Specialist;<br>Xinchen Zhang, OSD - Environment Specialist;<br>Jinghui Li, Project admin |                        |                                |
| Completed Site Visits by AIIB:    | Mar, 2022<br>A virtual mission with the World Bank<br>Oct, 2022<br>A physical joint implementation support mission with the World Bank  |                        |                                |
| Planned Site Visits by AIIB:      | Jun, 2023<br>Implementation Mission   |                        |                                |
| Current Red Flags Assigned:       | 0   |                        |                                |
| Current Monitoring Regime:        | Regular Monitoring  |                        |                                |
| Previous Red Flags Assigned:      | 0   |                        |                                |
| Previous Red Flags Assigned Date: | 2022/10   |                        |                                |

### 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)

|                   |  |                        |      |
|-------------------|--|------------------------|------|
| Contract Awarded: |  | Cancellation (if any): | 0.00 |
|-------------------|--|------------------------|------|

|              |        |   |                     |
|--------------|--------|---|---------------------|
| Disbursed:   | 500.00 | Most recent disbursement (amount/date): | 18.55/Dec. 23, 2022 |
| Undisbursed: | 0.00   | Disbursement Ratio (%): <sup>1</sup> :  | 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. DLI (Disbursement Linked Indicators) verification as the condition for the disbursement of loan funds has been completed in the following: Round 1 and 2 (November-December 2021), Round 3 (July-August 2022), and Round 4 (October 2022). As of February 6, 2023, the two previously outstanding DLRs (#11.2 and #12.3) have been fully achieved, namely: a) DLR11.2 related to remote temperature monitoring/logger and SMILE; and b) DLR12.3 related to non-COVID-19 essential health services with 5 indicators in 4 programs. The program restructuring requested by GOI, extending the Program closing date by six months to June 30, 2023 and adjusting four DLI/DLRs (#3.3, #11.1, #11.2, and #12.3) for clarity, have been completed by late 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>The capacity of the system to provide critical care has improved and has proven to be adaptable to the pandemic situation.</p> <p>2000 additional high care beds in existing medical facilities outside Jakarta are equipped to manage severe respiratory illnesses pursuant to the National Protocol (of which at least 50% are equipped with ventilators).</p> <p>The Borrower has developed a deployment/mobilization plan for ongoing COVID-19 response and mass vaccination in a manner that preserves a</p> | <p>The Borrower has confirmed that appropriate capacity building/training of human resources for COVID-19 vaccine delivery has been carried out.</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.

|   |   |   |          |
|---|---|---|----------|
|   | <p>share of staffing to maintain Essential Non-COVID Health and Nutrition Services.</p> <p>Essential Non-COVID Health and Nutrition Services are utilized at more than 90% of pre-COVID utilization, except for the tuberculosis program, which is utilized at more than 82% of pre-COVID utilization.</p>  |   |          |
| <p>Results Area 2: Strengthening public health laboratory, surveillance and supply chain capacity</p> | <p>Borrower has tested 1 person per 1000 population per week (including polymerase chain reaction (PCR), rapid molecular and rapid antigen tests) in the Additional Provinces. The Borrower has introduced Rapid Antigen Testing in all Provinces. The Borrower is undertaking regular genomic surveillance for variants of the COVID-19 virus.</p> <p>The Borrower has deployed remote temperature monitoring devices in vaccine storage locations (not including Jakarta) and specifically: (a) remote temperature monitoring is installed and functioning at the Province and district level; (b) remote temperature monitoring is installed and functioning at the Puskesmas level; (c) end to end supply chain management and logistics information system is functional (at least for COVID-19 vaccines) and regularly in use in 2000</p> | <p>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.</p> | <p>-</p> |

|   |   |  |   |
|---|---|--|---|
|   | <p>Puskesmas as of March 31, 2023.</p> <p>The Borrower has developed and implemented a pharmacovigilance system to monitor any adverse events related to the COVID-19 vaccine(s).</p> |  |   |
| Results Area 3: Enabling communication and coordination for emergency response and vaccine delivery | <p>MOH has published and disseminated a comprehensive guideline on hospital claims processing for hospitalized COVID-19 cases by December 30, 2022.</p>                               | <p>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.</p> | - |

**Financial Management:**

The Additional Financing disbursed fully as of December 31, 2022. The outstanding advance of USD94.5 million is pending for reporting and verification before the disbursement application deadline of October 31, 2023. The last round of audit report will be done before the Program closes.

The Program annual financial statement for FY2021 as part of MoH FY 2021 audit report has been received. The auditor provided unqualified (clean) opinion. Audit report acknowledgement and request for follow up action on audit findings was sent to MoH by WB for response. During the last mission in Oct 2022, it was informed that IG 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.

Round 4 verification has been carried out by the Ministry of Finance in accordance with the letter from the Head of Planning and Budget Bureau number KS.02.03/10/4397/2022 dated 7 December 2022 concerning Submission of DLI Verification Results for Additional Financing Indonesia Emergency Response to COVID-19 PforR Round 4 by BPKP as the designated Independent Verification Agency. Round 5 DLI verification will be carried out before the AF closing date of June 30, 2023, and this verification will also serve as settlement to the advance payment.

The Planning and Budget Bureau together with the implementing unit will prepare a report and supporting documents for Round 5 verification by BPKP.

**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 (please refer to the full RMF, which can be found on the last page of this PIMR)**

---

The Program has achieved almost all its indicator targets, and in general is on track to achieve them fully.

---

**Remarks:**

---

| Project Objective Indicators   | Indicator level | Unit of Measure | Cumulative Target Values |       |        |        |        |  |            |        |        | Frequency                               | Responsibility | Comments |  |
|--|-----------------|-----------------|--------------------------|-------|--------|--------|--------|--|------------|--------|--------|---|----------------|----------|--|
|  |                 |                 | Baseline                 |       | 2021   |        | 2022   |  | End Target |        |        |   |                |          |  |
|  |                 |                 | 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                     |       |        |        |        | 9,130  |            |        | 2022   | 6,000                                   |                |          |  |
| Strengthened laboratory capacity (measured as total capacity for quality assured tests per day)  | Project         | Number          | 2021                     |       |        |        |        | 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                     |       |        |        |        | 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                     |       |        |        |        | 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                                      |                |          |  |

| Project Intermediate Indicators   | Indicator level | Unit of Measure | Cumulative Target Values |       |        |        |        |        |            |        |        | Frequency  | Responsibility | Comments |  |
|---|-----------------|-----------------|--------------------------|-------|--------|--------|--------|--------|------------|--------|--------|--|----------------|----------|--|
|   |                 |                 | Baseline                 |       | 2021   |        | 2022   |        | End Target |        |        |  |                |          |  |
|   |                 |                 | 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                     |       |        |        |        | Yes    |            |        | 2022   | Concrete measures to support and compensate health professionals |                |          |  |

|  |         |        |      |  |  |  |  |  |      |   |  |  |  |  |
|--|---------|--------|------|--|--|--|--|--|------|---|--|--|--|--|
|  |         |        |      |  |  |  |  |  |      | for COVID-19 are implemented.   |  |  |  |  |
| Number of beds temporarily converted for patient isolation and/or low intensity medical care   | Project | Number | 2021 |  |  |  | 103,342  |  | 2022 | 1,500   |  |  |  |  |
| Number of COVID-19 cases successfully treated, disaggregated by sex  | Project | Number | 2021 |  |  |  | 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 |  |  |  | Yes  |  | 2022 | Infection prevention and clinical management protocols developed and disseminated to all non-referral |  |  |  |  |
| 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 |  |  |  | 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 |  |  |  | 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 |  |  |  | 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 |  |  |  | 8,580,000  |  | 2022 | 100,000   |  |  |  |  |
| Number of times MOH counters COVID-19 related misinformation and posts on its website  | Project | Number | 2021 |  |  |  | 1,203  |  | 2022 | 200   |  |  |  |  |
| Maintaining essential non-COVID services - Number of completed fourth ANC  | Project | Text   | 2021 |  |  |  | Yes  |  | 2022 | Yes   |  |  |  |  |

|  |         |   |      |  |  |  |  |      |   |  |  |  |  |  |
|--|---------|---|------|--|--|--|--|------|---|--|--|--|--|--|
| 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 | - |  |  |  |  |  |