Implementation Status & Results Report

Indonesia Health Systems Strengthening Project (P180811)

EAST ASIA AND PACIFIC | Indonesia | IBRD/IDA | Investment Project Financing (IPF) | FY 2024 | Seq No: 2 | Archived on 27-Aug-2024 | ISR00315

Implementing Agencies: Ministry of Health

### 1. OBJECTIVE

#### 1.1 Development Objective

Original Development Objective (Approved as part of Approval package on 07-Dec-2023)

To increase the availability of functional equipment in public health facilities and improve the utilization of public health services across Indonesia

Has the Development Objective been changed since Board Approval of the Project Objective?

No

### 2. COMPONENTS

Name

Component 1: Public primary care equipment provision across Indonesia ("SOPHI"):(Cost 615,200,000.00)

Component 2: Public referral hospital equipment across Indonesia ("SIHREN"):(Cost 455,000,000.00)

Component 3: Public health laboratory equipment across Indonesia ("InPULS"):(Cost 275,400,000.00)

Component 4: Project Management, Administration, Digitization and Training:(Cost 138,400,000.00)

### 3. OVERALL RATINGS

Name	Previous	Current
Progress towards achievement of PDO	<ul><li>Satisfactory</li></ul>	Satisfactory
Overall Implementation Progress (IP)	<ul><li>Satisfactory</li></ul>	Satisfactory
Overall Risk Rating	<ul><li>Moderate</li></ul>	<ul><li>Moderate</li></ul>

### 4. KEY ISSUES & STATUS

Aug 27, 2024 Page 1 of 10

# **4.1 Implementation Status and Key Decisions**

OL		
Rating at Approval Approval Package - 08 Dec 2023	Last Approved Rating ISR Seq. 01 - 08 Mar 2024	Proposed Rating
Moderate	<ul><li>Moderate</li></ul>	<ul><li>Moderate</li></ul>
Moderate	Moderate	Moderate
Moderate	Moderate	Moderate
<ul><li>Substantial</li></ul>	<ul><li>Substantial</li></ul>	<ul><li>Substantial</li></ul>
Moderate	Moderate	<ul><li>Moderate</li></ul>
Substantial	<ul><li>Substantial</li></ul>	<ul><li>Substantial</li></ul>
Moderate	Moderate	<ul><li>Moderate</li></ul>
Moderate	<ul><li>Moderate</li></ul>	Moderate
Moderate	Moderate	<ul><li>Moderate</li></ul>
	Rating at Approval Approval Package - 08 Dec 2023  Moderate  Moderate  Substantial  Moderate  Substantial  Moderate  Moderate	Rating at Approval Approval Package - 08 Dec 2023  Moderate  Moderate  Moderate  Moderate  Moderate  Substantial  Moderate  Moderate

Aug 27, 2024 Page 2 of 10



## 6. RESULTS

# **6.1 PDO Indicators by PDO Outcomes**

Improved utilization	Improved utilization								
In diastan Nama	Baseline		Actual (Pr	Actual (Previous)		Actual (Current)		Period	
Indicator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year	
Number of annual outpatient visits, disaggregated by gender (Number)	Puskesmas: 295,358,582 visits; KJSU Hospitals: 4,848,075 visits	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	25% above. Puskesmas: 370,000,000 visits; KJSU Hospitals: 6,060,000 visits	Dec/2028	
	Comments on achieving targets		a utilization indicator to measure the change in the number of outpatient visits to a healthcare facility over a specific period compared to a baseline or reference period. The total number of outpatients will be counted for all healthcare services at Puskesmas, as well as for KJSU services, defined based on the leveling of the hospital's capacity and competency to provide services as set by MoH.						
Number of annual laboratory examinations for ILI-SARI	708 tests	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	8500 tests	Dec/2028	
diagnostics (Labkesmas level 1-5) (Number)  Comments on achieving targets			"Number of annual laboratory examinations for ILI-SARI diagnostics (Labkesmas level 1-5)" measures the annual number of diagnostic laboratory tests (molecular tests) for influenzalike illness (ILI) and severe acute respiratory infections (SARI) conducted in Labkesmas tiers 1-5.						
Improved availability									

Aug 27, 2024 Page 3 of 10



# **The World Bank**Indonesia Health Systems Strengthening Project (P180811)

La dianta a Nama	Baseli	ne	Actual (Pr	evious)	Actual (C	urrent)	Closing Period	
Indicator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year
Percentage of Puskesmas (incl. Labkesmas tier 1) for	6.6%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	90%	Dec/2029
which equipment meets 80 percent of minimum requirements (Percentage)	Comments on achieving targets		The indicator refers to the proportion of Puskesmas facilities (including Labkesmas Tier 1) that have been provided with all the necessary medical equipment, supplies, and facilities to meet at least 80% of the standard requirements, as defined by the applicable regulation (Permenkes 43 of 2019, as of October 2023), for delivering comprehensive healthcare services.					
Number of districts in Indonesia with at least 1	1 district	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	514 districts	Dec/2028
Madya-level referral hospital for KJSU (Number)	Comments on achieving targets		The "Number of districts with at least 1 Madya-level referral hospital for KJSU" is used to measure the availability of specific medical services or specialties in hospitals in various districts over a given period.					
Functionality								
Indicator Name	Baseli	ne	Actual (Pr	evious)	Actual (C	urrent)	Closing F	Period
indicator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year
Number of instances in the last 6 months where equipment downtime exceeded the benchmarks	N/A	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	Less than 10% of devices procured under the project	Dec/2029
set under the Project contracts (Number)	Comments on achieving targe	ets	This indicator measures the number of times equipment downtime exceeded the benchmarks set under the Project contract. It aims to ensure procured equipment remain					

Aug 27, 2024 Page 4 of 10



	function after delivery and throughout the lifetime of the Project. Downtime can occur for
	various reasons, including maintenance, repairs, technical failures, or system upgrades.

## **6.2 Intermediate Results Indicators by Components**

	Baseline		Actual (Pr	Actual (Previous)		Actual (Current)		Closing Period	
Indicator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year	
Percentage of target Puskesmas under the project for which key energy- efficient equipment types	0%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	90%	Dec/2029	
have been procured, delivered, installed, and HR in facilities received operational training from vendor (Percentage)	lled, and HR achieving targets ived ning from			It refer to specific types of energy-efficient equipment that has been identified as crucial for reducing energy consumption and promoting sustainability in healthcare facilities. Human Resources received operational training from the vendor, where applicable: This indicator evaluates the percentage of facilities where the necessary human resources have received operational training from vendor.					
Percentage of under-5 children, receiving growth monitoring and promotion	80%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	90%	Dec/2029	
(GMP) services, disaggregated by gender (Percentage)	Comments on achieving targets		It refers to the proportion of children under the age of 5, disaggregated by gender, who have received growth monitoring and promotion services. Growth monitoring and promotion (GMP) services aim to monitor normal development and identify potential issues or development delays as early as possible.						
Percentage of Pustu/Poskesdes within the	13%	Oct/2023	Baseline data apply - no	09-Aug-2024	Baseline data apply - no	09-Aug-2024	80%	Dec/2028	

Aug 27, 2024 Page 5 of 10



# **The World Bank**Indonesia Health Systems Strengthening Project (P180811)

scope of this project for which equipment meets			update to date.		update to date.			
minimum requirements (Percentage)	Comments on achieving targets		It refers to the proportion of Pustu/Poskesdes covered by the project that is equipped with medical equipment meeting the predefined minimum standards or criteria, as defined by the applicable MoH regulation (ILP Guideline – KMK no 2015 of 2023).					
Percentage of adolescent girls tested for anemia in the target facilities	45.8%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	60%	Dec/2028
(disaggregated by gender, in Puskesmas and Pustu) (Percentage)	Comments on achieving targe	ets	_	to the count of	ls tested for anem screenings condu	•	•	
Component 2: Public referral h	Component 2: Public referral hospital equipment across Indonesia ("SIHREN")							
Indicator Name	Baseline		Actual (Pr	evious)	Actual (Cı	urrent)	Closing F	Period
mulcator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year
Percentage of target public hospitals under the project for which key energy-efficient equipment types	0%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	90%	Dec/2028
have been procured, delivered, installed, and human resources in facilities received operational (Percentage)	Comments on achieving targets		Percentage of target public hospitals under the project for which key energy-efficient equipment types have been procured, delivered, installed, and human resources in facilities received operational training from the vendor, where applicable.					
Component 3: Public health la	boratory equipme	ent across Indo	nesia ("InPULS")					
Indicator Name	Baseli	ne	Actual (Pr	evious)	Actual (Cı	urrent)	Closing F	Period
indicator Name	Value	Month/Year	Value	Date	Value	Date	Value	Month/Year
Percentage of target public laboratories under the	0%	Oct/2023	Baseline data apply - no	09-Aug-2024	Baseline data apply - no	09-Aug-2024	80%	Dec/2028

Aug 27, 2024 Page 6 of 10



## **The World Bank** Indonesia Health Systems Strengthening Project (P180811)

project for which key energy efficient equipment types			update to date.		update to date.			
have been procured, delivered, installed, and HR in facilities received operational training (Percentage)	Comments on achieving targets		Percentage of target public laboratories under the project for which key energy efficient equipment types have been procured, delivered, installed, and human resources in facilities received operational training from the vendor, where applicable.					
Percentage of facilities	0%	Oct/2023	Baseline data apply - no update to date.	09-Aug-2024	Baseline data apply - no update to date.	09-Aug-2024	80%	Dec/2028
(Labkesmas) in which DM tests are regularly reported (Percentage)	Comments on achieving targets		The "Percentage of facilities (Labkesmas tier 2) in which DM tests are regularly reported through the dedicated Data Recording and Reporting System" refers to the proportion of Labkesmas (tier 2) where test results for Diabetes Mellitus (DM) (including zero case/sero test) are regularly, according to the relevant regulation, reported through the dedicated data recording and reporting system.					
Component 4: Project Manag	ement, Administra	ition, Digitizati	on and Training					
Baseline		Actual (Previous)		Actual (Current)				
La ali ant nu Maura	Baseli	ne	Actual (Pr	evious)	Actual (C	urrent)	Closing	Period
Indicator Name	Baseli Value	ine Month/Year	Actual (Pr Value	evious) Date	Actual (C Value	urrent) Date	Closing Value	Period Month/Yea
Number of high-risk pregnancy screenings			-	<u> </u>	•			

Aug 27, 2024 Page 7 of 10



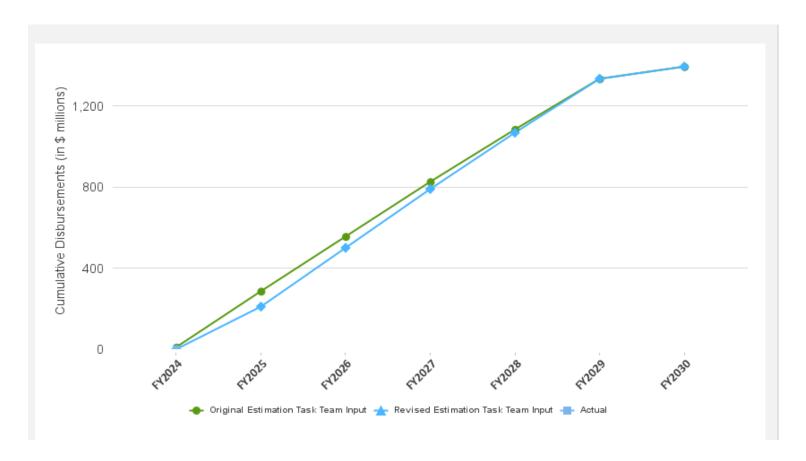
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The share of feedback, grievances, inquiries, and other interactions submitted using LAPOR that have been	Yes	Oct/2023	Baseline data apply - no update to date.	14-Feb-2024	Baseline data apply - no update to date.	14-Feb-2024	Yes	Dec/2029
adequately responded remains above 90 percent throughout project implementation (Yes/No)	Comments on achieving targe	ets	using LAPOR in primary care co	relation to the enters, hospital	eir interactions wi	th healthcare so	other interactions ervices provided b adequate respons	y the

Aug 27, 2024 Page 8 of 10

## 7. DATA ON FINANCIAL PERFORMANCE

## 7.1 Cumulative Disbursements



# 7.2 Disbursements (by loan)

Loan/Credit/TF	Status	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
IBRD-96260	Effective	1,484.00	1,484.00	0.00	7.72	1,476.51	0.52%

## 7.3 Key Dates (by loan)

Loan/Credit/TF	Status	Approval	Signing	Effectiveness	Orig. Closing	Rev. Closing
IBRD-96260	Effective	08-Dec-2023	31-Dec-2023	31-Dec-2023	30-Jun-2029	30-Jun-2029

### 8. KEY DATES

Aug 27, 2024 Page 9 of 10

Key Events	Planned	Actual
Approval	08-Dec-2023	08-Dec-2023
Effectiveness	04-Jan-2024	04-Jan-2024
Mid-Term Review No. 01	30-Jun-2026	
Operation Closing/Cancellation	30-Jun-2029	

## 9. RESTRUCTURING HISTORY

# 10. ASSOCIATED OPERATION(S)

There are no associated operations

Aug 27, 2024 Page 10 of 10