



## Project Implementation Assessment and Support Report (PIASR)

**Project Title:** Strengthening of National Referral Hospitals and Vertical Technical Units Project  
**Project Code:** IDN 1031  
**Country:** Indonesia  
**Regional Hub:** Indonesia  
**Mission Dates:** From 21/09/2021 to 27/09/2021  
**Report Number:** "1" (PIASR-2021)  
**Name of PMS:** Br. Deni A. Fauzi  
**Name of OTL:** Br. Fatih Turkmen  
**Date of Submission:** September 28, 2021

## **Executive Summary**

**(Maximum Length – Max 3 pages)**

### **Project Background and Objectives**

#### **Background**

Indonesia, as a developing country with a population of 270 million, has an urgent need to improve the economic and social infrastructure to transform to a more prosperous country and reach the President's 2045 vision. Strengthening human capital is a key enabler to reach this ambitious vision. Strong educational and healthcare services are crucial not only to improve the Human capital but also to improve the macroeconomic sustainability.

The current underperforming situation of the health sector is an obstacle not only for healthcare development but because of its strong linkages with the other sectors of economic and social development, it is binding the country's potential in many respects. High infant and maternal mortality rates, relatively low health spending, triple burden of malnutrition when coupled with low number of hospital beds and health workforce is negatively affecting the population's well-being.

The current pandemic has also proven the fact that an efficient healthcare sector is not only a pre-requisite to minimize casualties but also is crucial for managing the economic sustainability of the Country. Strengthening of National Referral Hospitals and Vertical Technical Units Project, IDN 1031, targets to improve Indonesian healthcare through construction of 6 National Referral Hospitals, equipping them with the latest Medical equipment, improving the emergency response capacity of these hospitals as well as the Country and improving the ICT capacity of these hospitals. Health workforce of the project hospitals will also be trained further to improve the clinical effectiveness and new R&D modules will be developed to improve research on health.

In the scarcity of national investment resources that could be allocated to strengthen the National Referral Hospitals, IsDB financing comes as a timely and important support to Referral Hospitals which is one of the RPJMN's Strategic Goals and the Ministry of Health's Strategic Plan 2020-2024. Furthermore, health research can help kids born with severe health concerns, such as genetic illnesses or inherited disorders, have a better quality and longer life span.

This project aims to support Indonesia's efforts to achieve the Sustainable Development Goal #3: "Ensuring healthy lives and promoting well-being for all age groups". It is a human right to have access to health care. Still, better hospitals, better-trained healthcare workers, cutting-edge medical technology, and cutting-edge treatment approaches are critical components of long-term economic and social growth. The initiative is anticipated to improve and speed up access to healthcare services for Indonesians in the areas of infant and maternal care, cancer therapy, and respiratory therapies.

The project will consist of the following main components: A. Civil-Works (Development of infrastructure facilities), B. Hospital Equipment (Provision of medical equipment,

machinery), C. Strengthening Human Resource Capacity, D. Strengthening Hospital institutions, E. Emergency Preparedness, and F. Project Management Support.

The Project was approved by IsDB on 19 September 2020. The Project Financing Agreements were signed on December 8, 2020. After successfully completing the legal pre-conditions, the Project was declared effective on March 18, 2021. The first disbursement of the Project (FDD) took place on August 3rd, 2021. The Project will continue for 5 years (60 months) after the FDD.

This is a Project composed of 3 steps; Installment Sale I (Services), Installment Sale 2A (Civil Works), and Installment Sale 2B (Goods). Step 2 A (Civil Works) can be effective after successfully receiving a signed Civil Work contract for at least one of the Hospitals. This needs to be received latest 24 months after the signing of the Agreements. That is to say, IsDB should receive at least one signed contract before 8 December 2022 to declare the effectiveness of Step 2A.

So far the Project is on track. The PMU and PIU structures are officially established as per the PAD. These official structures will be shared with IsDB as soon as possible. The Start-up workshop was held between 30 August and 2 September 2021. Given the pandemic situation, it was held virtually, through Zoom with the participation of relevant internal and external stakeholders. (Annex 6 for documentations).

The Detailed Engineering Design works (DED) which are under the Government of Indonesia budget is still ongoing. It is targeted to complete the Detailed Engineering Designs (DED) before the **end of 2021**. In the meantime, the TORs for Civil Work contracts are being prepared in parallel. The preparations for the procurement of PMSC and EQC are also in the process. Timely completion of DED is important to officially start Civil Works bidding process. The procurement process of PMSC is also planned to be completed before 2022 so that they can both monitor Civil Works and the disbursements for PMSC can be made.

Detailed Annexes:

- Draft Project Procurement Plan (Annex 2)
- Draft Project Disbursement Plan (Annex 3)
- Project Management Unit and Project Implementation Unit structure (Annex 7)
- Draft Project Implementation Plan (Annex 8)

#### **Project Objective(s)**

The project objective is the improvement of the health condition and livelihood of the citizens of the Republic of Indonesia in general and the target population of around 77 Million in particular. The Project Development Objective (PDO) is to improve the availability, accessibility, quality, and delivery of health services through upgrading six (6) National Referral Hospitals and Vertical Technical Units in five (5) provinces.

Some of the key results at the Project outcome level will include: i) Improvements and strengthening of mother and child health in terms of inpatient, outpatient and intensive care services, ii) Decreasing of maternal and child mortality, and iii) increasing cancer survival rates nationwide. Some of the key output indicators at the output level that will be delivered by the end of the project are as follows: i) construction of 231000 m<sup>2</sup> health facilities, ii) provision of 952 hospital beds, iii) training a total of 5500 hospital staff.

## Key Findings

### A. Project Implementation Arrangements (0.78)

- The Implementation arrangements as of one year after the Project's approval by the BED and 6 months after the effectiveness declaration are in general aligned with the initial Project design. In spite of the complex and multi-layered structure of the Project composed of 6 different Hospitals (PIUs) and a central level PIU and important components in addition to the Project financing modality with three tranches of Instalment Sale, the performance so far has been satisfactory.
- Organizational structures have been established and are in place at the PMU and PIU levels. The project has a sufficient number of staff as well as experienced and skilled experts.
- This project was declared effective on March 18, 2021. The Minister of Health of the Republic of Indonesia has established an organizational structure through Decree No. HK.01.07-MENKES-4854-2021 dated July 28, 2021, regarding the National Referral Hospital Strengthening Project Coordination Team, the Ministry of Health's Hospital Technical Implementation Unit, and the Decree of the Director-General of Health Services No. HK.01.07-MENKES-4854-2021. HK.02.02/I/3022/2021 dated August 27, 2021, regarding PMU and PIUs.
- For Strengthening Hospital Institution (SHI), Strengthening Human Resources Capacity (RHRC), and Emergency Preparedness, PMU and PIUs will form small working groups to share perceptions in preparing a more detailed Action Plans and terms of references under these components.

The project implementation steps for *the last Quarter of 2021*, is as shown below:

No.	Name of Component	Activities
1.	Start-up Workshop	The Start-up Workshop has been held on August 30 – September 02, 2021
2.	Procurement Plan	Submission of documents to IsDB no later than October 15, 2021
3.	General Procurement Notice	Submission of documents to IsDB on October 15, 2021
4.	Recruitment of Procurement Expert	Preparation of Draft ToR by PMU Pokja
5.	Procurement of Civil Works Expert	Preparation of Draft ToR by PMU Pokja
6.	Procurement of PMSC	The PMSC procurement package had to be changed from 1 to 6 packages under each PIU. Preparation bidding documents for Term of Reference (ToR) and Request for Proposal (RfP) will be submitted in due course
7.	Procurement of EQC	Preparation bidding documents for Term of Reference (ToR) and Request for Proposal (RfP)
8.	Procurement of Bidding Document of Civil Works	Preparation bidding documents for Civil Works
9.	Strengthening Hospital Institution	Drafting of the Terms of Reference (ToR) and bidding documents
10.	Strengthening Human Resources Capacity	Drafting of the Terms of Reference (ToR) and bidding documents

11.	Emergency preparedness Consultant	Drafting of the Terms of Reference (ToR) and bidding documents
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The organizational charts of the PMU and the PIUs are in Annex 7. These official structures along with the relevant MOH legislation will be shared with the IsDB.

The draft Detailed Project Implementation Plan is also prepared. (Annex 8) It shows the monthly activities for each month. It will help PMU, PIUs and IsDB to easily track the monthly performance.

#### B. Project Procurement (0.70)

- The Procurement of Detailed Engineering Design (DED) has been contracted with funds from Gol in 6 hospitals. **DED works are expected to be completed before 2022.**
- Procurement of PMSC and EQC is currently in the process of preparing the PMSC ToR document, Short-Listing Document (SL), and Request for Proposal (RfP). It will be submitted to the IsDB at the end of October for prior review.

Name of the Component	Plan date of submission of the document to the Bank	Remarks
Procurement Plan	October 15, 2021	Submission of the Procurement Plan for the Bank's NoL
Project Management Supervision Consultant (PMSC)	October 18, 2021	Draft ToR and Bidding Document
Equipment Consultant (EQC)	October 25, 2021	Draft ToR and Bidding Document
Emergency Preparedness Consultant	November 15, 2021	Draft ToR and Bidding Document
Procurement of Bidding Document of Civil Works	November 23, 2021	Draft Bidding Document
Recruitment of Procurement Expert	October 27, 2021	Draft ToR and Bidding Document
Procurement of Civil Works Expert	November 23, 2021	Draft ToR and Bidding Document

The detailed Procurement Plan is in Annex 2. It is also officially communicated with IsDB. Once the No Objection Letter (NOL) for the Procurement Plan is obtained, the works as outlined in the plan will be executed.

#### C. Project Disbursement (0.75)

The planned absorption of the project budget in 2021 is IDR 1.659.800.000 (USD 113,205.48), which is used to pay for startup workshop activities and PMU Management payments.

The project disbursement plan is also developed and will be submitted on early October 2021 to the Bank.

The project disbursement plan projection is as follows:

Agreement	2021	2022	2023	2024	2025	2026	Total
Installment Sale A (Step 1)	113,21	2,985.62	2,487.87	3,084,27	2,979.42	502.48	12,153.00
Installment Sale B (Step 2A)	-	46,825.36	46,271.70	45,718.04	15,423.90	-	154,239.00
Installment Sale C (Step 2B)	-	-	28,597.80	57,195.60	9,532.60	-	95,326.00

(in USD)

The above project disbursement plan will be monitored and evaluated on a regular basis and any modifications and revisions needed will be consulted with the IsDB and done accordingly in concurrence.

#### D. Development Results (0.80)

- The PMU and the six PIUs are officially established, physically in place, and the ministry of health with six PIUs providing the secretariat and office equipment to support the project.
- Start-Up Workshop for the 6 in 1 project has been implemented on 30 August - 2 September 2021.
- The organizational structures provided in Annex 7.
- The DED is still in the design development stage and will be completed in December 2021. Furthermore, the results of the DED will be approved by the Minister before taking further actions.
- The Minister of Health is actively involved in the development of the Detailed Engineering Designs of each Hospital to ensure they fully comply with the MOH requirements in terms of architecture and health service requirements.

#### E. Project Risks and Sustainability (0.83)

The major risks identified so far that may impede effective project implementation are listed below:

- 1) The development of DED takes longer time than anticipated initially. The Health Minister is closely monitoring the draft engineering designs and providing his feedbacks. The detailed designs are being modified accordingly, the DED Consultancy contracts may need a time extension if the Ministerial Approval cannot be obtained in due course.
- 2) The PMSC procurement package had been designed as one (1) central package initially but since the PMSC allocation for each Hospital (PIU) has already been

associated in their respective budgets, and since the withdrawal and transfer to PMU will take too long with too many additional approval layers, the PMSC procurement will be executed under the 6 PIU packages.

- 3) Strengthening Hospital Institutions, Strengthening Human Resources Capacity, and Emergency Preparedness programs have not yet been implemented in each PIU. PMU will soon form small groups to discuss the above activities in more detail.
- 4) The ICT procurement process is being prepared, and there is an issue with the ICT budget allocation where the allocation is in each hospital's work unit (satker) which need to be resolved by MOF guidance. The PMU is waiting for information on the Regulation of the Minister of Finance (PMK) for budget revisions.

#### F. Compliance with Conditions of Financing (1)

The EA and PMU complied with the terms stated in the project financing agreement. OTL's observation that EA and the Government of Indonesia complied with the terms set out in the agreement.

### **Overall Rating**

Overall score: **0.81**

Rating: Satisfactory

### **Risks to Implementation and Development Outcome(s)**

#### 1. DEDC:

The development of DED takes time because there is input from the Minister regarding fulfillment of the standardization of international hospitals.

#### 2. PMSC:

- a. The PMSC procurement process is still running, resulting in a delay in the DED review process.
- b. PMSC budget allocation is in the work unit (satker) of each hospital. Initially, the procurement was planned to be carried out at the PMU level. The procurement cannot be carried out because the withdrawal of the existing budget allocation in each hospital work unit requires a reasonably long process, namely through the approval of the Dewan Perwakilan Rakyat (House of Parliament), Bappenas, and the Ministry of Finance.

#### 3. Soft Components:

Implementing the preparatory activities for the Strengthen Hospital Institutions, Strengthen Human Resources Capacity, and Emergency Preparedness program has not yet started because there is no small working group to discuss this in detail.

#### 4. ICT system and capacity building:

The ICT procurement process is being prepared, and there is a problem with the ICT budget allocation where the allocation is in each hospital's work unit (satker). Meanwhile, we are still waiting for information on the Regulation of the Minister of Finance (PMK) for budget revisions.

5. There are still structural positions that are not yet definitive in the Hospital Director, with the functions of Daily Implementing Officer (Plh) and Task Executing Officer (Plt) at the Hospital.

### **Follow-up Actions and Recommendations**

1. DEDC:

To maintain the quality of the DEDC planning results in 6 hospitals, the Ministry of Health, PMU, and PIU conducted a comparative study at the Mandaya Royal Hospital (private hospital with international standard) so that the results of hospital planning can be of international standard.

2. PMSC:

- a. PMU reviewed the PMSC procurement plan to adjust to current conditions, making plans into 6 PMSC procurement packages.
- b. PMU coordinates with IsDB procurement experts regarding changes to the separation of consultant procurement packages.
- c. PMU will submit a proposal to change the PMSC packaging from 1 package to 6 procurement packages to request IsDB approval further.
- d. To anticipate delays in the PMSC procurement process, PMU and PIU will form an independent technical reviewer team either in each PIU or PMU (to be discuss further) to review the DED results. Prior to this process, the PMU will submit an official letter to the IsDB regarding the request of the establishment of the Independent Technical Reviewer team.
- e. The PMU/PIU will recruit an Independent Technical Reviewer to verify/validate the DED that each PIU has developed. The funds can be allocated from the Badan Layanan Umum budget in each PIU or it can be in the level of the PMU.
- f. PIU will convey the results of the Independent Technical Reviewer recruitment to PMU. Then the list of Independent Technical Reviewers from each PIU will be submitted to the IsDB for approval.
- g. The Independent Technical Reviewer will make a DED review report. The format must refer to the Project Appraisal Document (PAD), submitted to the IsDB for approval to run the civil works procurement process.

3. Soft Components

To accelerate the Strengthen Hospital Institutional, Strengthen Human Resources Capacity, and Emergency Preparedness program, PMU and PIU will form a small working group and conduct more intense discussions facilitated by PMU to share perceptions in program preparation. A small working group will develop a Masterplan of all soft components programs.

4. ICT system and capacity building :

- a. PMU makes an official letter as a request for the involvement of the Digital Transformation Office (DTO).



- b. PMU will coordinate with the Digital Transformation Office (DTO) to create an ICT integration system and monitoring system in real-time.
- c. The Ministry of Health will seek to reintegrate the ICT procurement process to make its implementation easier.

5. PMU and PIU coordinate with the Ministry of Health to follow up on the definitive decision of the Hospital President Director. So that with the definitive decision of the President Director of the Hospital, the project can run well.

#### 6. Preparation of Annual Work Program for PMU

There are critical issues and actions to be taken care of before 2022. These are namely;

- Timely completion of DEDC
- Recruitment of Independent Technical Reviewers
- Submission of the procurement plan to IsDB for approval and onward implementation
- Preparation of Bid Docs for PMSC, EQC, Civil Works as per the Procurement Plan
- Establishing working groups for Strengthening Hospital Institutions (ICT) and Emergency Preparedness. These working groups will determine the needs for goods and services under these Components and will work under supervision of PMU. They will help develop the TORs, RFP as Procurement Plan Inputs.

An Annual Work Program will be submitted by 1<sup>st</sup> of January which will be followed on an annual basis. This work Program will include the developments in above mentioned issues as well as the actions and works to be completed in 2022.

### A. Project Data and Information

1. Project Name	The Strengthening of National Referral Hospitals and Vertical Technical Units Project	
2. Project Code	IDN 1031	
3. Project Location	Country	Indonesia
	City / Province	1. Jakarta/ Special Capital Region of Jakarta 2. Bandung/ West Java 3. Yogyakarta/ Special Region of Yogyakarta 4. Makassar/ South Sulawesi 5. Denpasar/ Bali
4. Recipient of Financing	(1) Dharmais Cancer Hospital, (2) Persahabatan Central General Hospital, (3) Dr. Hasan Sadikin Hospital, (4) Dr. Sardjito Hospital, (5) Sanglah Hospital, (6) Dr. Wahidin Sudirohusodo Hospital	
5. Executing Agency	Directorate General of Health Services, Ministry of Health of Republic of Indonesia	
6. PMU Head	Contact Name: dr. Azhar Jaya, SKM, MARS (Project Director) Address: Jl. H.R. Rasuna Said X5 Kav. 4-9 Lantai 4. Jakarta 12950 Phone: (+6221) 5201590 Fax: (+6221) 5261814, 5203872	

	E-mail: <a href="mailto:proyek.isdb.kemkes@gmail.com">proyek.isdb.kemkes@gmail.com</a>			
7. Total Project Cost	USD 293,079,000			
8. Proposed IsDB Financing	Mode (s)	Installment Sale A (Step 1)	Amount	USD 12,153,000
		Installment Sale B (Step 2A)		USD 154,239,000
		Installment Sale C (Step 2B)		USD 95,236,000
9. Co-Financiers	Government of Indonesia		USD 31,361,000	
10. Currency of Financing	USD			
11. Terms and Conditions of Financing	<ul style="list-style-type: none"> <li>Gestation period: 5 years from the first disbursement</li> <li>Repayment Period: 15 years from Gestation</li> <li>Tenor: 15-17 Years</li> </ul>			

## B. Project Key Dates

	Planned	Actual/Current Status
Date of Signature	19/12/2020	08/12/2020
Date of Effectiveness	19/02/2021	18/03/2021
Date of First Disbursement	19/06/2021	03/08/2021
Date of Last Disbursement	06/06/2026	03/08/2026
Date of PCR	Click here to enter a date.	Click here to enter a date.
Number of Extensions of Last Date of Disbursement (with Dates)	Not available	

## C. PIASR Record

Any Previous PIASRs with Date and Ratings PIASR 1 PIASR 2 PIASR N	PIASR September 28, 2021:0.81 (Satisfactory)
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## D. Financing Plan

Sr. No.	Project Components	Originally Approved Amount				Approved Additional/ Supplementary Financing	Total Approved Amount (Original and Additional)	Disbursed Amount (Actual)
		Services (Step-1)	Services (Step-2A)	Services (Step-2B)	Gov. of Indonesia			
		Install Sale A	Install Sale B	Install Sale C				
<b>A</b>	<b>Civil Works (Approx.231,000 m2)</b>		154,239			-	-	-
<b>B</b>	<b>Hospital Equipment</b>					-	-	-
	1. Medical Equipment			95,326		-	-	-
	2. Non-Medical Equipment				8,283	-	-	-
	3. Furnishings				4,433	-	-	-
<b>C</b>	<b>Strengthen Human Resource Capacity</b>				11,176	-	-	-
<b>D</b>	<b>Strengthening Hospital Institutions</b>	1,760			1,562	-	-	-

E	Emergency Preparedness	3,245				-	-	-
F	Project Management Support (PMS)					-	-	-
	1. Detail Eng. Design Consultant (DEDC)				3,366	-	-	-
	2. Project Mgmt. Supervision Consultant (PMSC)	3,795				-	-	-
	3. Equipment Consultant (EQC)	2,750				-	-	-
	4. Start up Workshop & Familiarization Visit	0,022				-	-	-
	5. Project Management Unit (PMU)	0,581				-	-	0,113
	6. Project Implementation Unit (PIU)				2,376	-	-	-
G	Financial Audit (BPKP)				0,165	-	-	-
	<b>Total Cost</b>	<b>12,153</b>	<b>154,239</b>	<b>95,326</b>	<b>31,361</b>			

## **E. Project Implementation Arrangements**

### **1) Organization and Management**

All staff are in place and possess relevant and adequate experience in line with the skills for smooth project management. All staff have been assigned based on Ministerial Decree for each year and currently continue with their duty with no turn-over. The PMU and PIU organizational charts are attached in Annex 7

PMU and PIU are composed of Executive Secretary and Working group coordinator for Procurement, Service Development, Legal, Human Resources, Research and Development, Finance, Civil Work, and Monitoring and Evaluation. Also, PMU and PIU have supporting staff who assist all project implementation. Even though the qualifications of all staff have met the requirements of the positions they have been filling, additional training sessions are designed and implemented annually to improve their skills and performances under teamwork and project orientation.

At the ministerial level, the Advisory Board and Technical Committee ensure smooth project implementation and provide policy support as needed. The Advisory Board consist of the Secretariat General Ministry of Health, Inspectorate General, a special staff of the minister of health in the field of governance, dr. Nizar Yamanie, Sp.S(K) and Technical Committee consist of Head of Planning and Budgeting Bureau, Head of Bureau of Finance and State Property, Head of Legal and Organizational Bureau, Head of Bureau of Foreign Cooperation, Director of Health Service Facilities, Director of Referral Health Services, Director of Quality and Accreditation of Health Services, and all President Director from Six Hospitals ((1). Dharmais Cancer Hospital, (2) Persahabatan Central General Hospital, (3) Dr. Hasan Sadikin Hospital, (4) Dr. Sardjito Hospital, (5) Sanglah Hospital, (6) Dr. Wahidin Sudirohusodo Hospital)

### **2) Progress on the PMU Annual Work Program**

#### **i. Work Program of the PMU activities planned during the reporting period.**

PIU under the coordination PMU are effectively in their respective places to organize and manage all annual activities. At the beginning of the project year, PMU and PIU discussed the planned activities to be implemented this

year and the following year. PMU have successfully conducted startup workshops by inviting relevant agencies to input project implementation guidelines.

PMU and PIU meet online regularly (biweekly) to monitor and evaluate all activities, including current issues related to procurement preparation, disbursement, DIPA revision, pandemic impact, and soft component issues. PMU also coordinates with the Ministry of Finance, Bappenas, to get directions and periodic reports on implementing activities as stated in Annex 8

**ii. Work Accomplished during the reporting period. Explain any departures from the planned work program that was supposed to have been accomplished during the reporting period.**

At the beginning of implementing the 6 in 1 project, it has recruited Individual consultants, namely PMU Management Experts, and conducted a startup workshop by inviting relevant agencies on 30 August – 02 September 2021. Furthermore, PMU will submit a procurement plan and submit PMSC and EQC documents to get work approval achieved during the reporting period. Along with an explanation of the planned departure of the work program during the reporting period.

**iii. Summary of Planned Program of Work for the next reporting period.**

- DEDC will be completed in December 2021. For DEDC assistance during the construction period, the DEDC contract states that there is an allocation of 20% payment consisting of 5% to assist during the auction and 15% for periodic supervision during the construction period.
- PMU will inventory all activities according to the Implementation Plan. In general, PMU has conducted activities in the form of bi-weekly meetings (MoH, IsDB, PMU, PIU, and Consultants DED) and quarterly meetings with Bappenas to discuss the progress of the project implementation. A detailed implementation plan is prepared and provided in Annex 8.
- PMU will submit the PMSC draft tender documents at the end of October 2021.

**3) Status of Physical Implementation**

**a. Consultant**

No	Consultant	Funded	Contract (in IDR)	Start Date	End Date	Status
<b>Detailed Engineering Design</b>						
1	RS Kanker Dharmais	Gol	8.471.867.800	21/04/2021	27/10/2021	On Going
2	RSUP Persahabatan	Gol	9.300.062.750	12/04/2021	07/11/2021	On Going
3	RSUP Hasan Sadikin	Gol	5.920.885.500	01/03/2021	27/09/2021	On Going
4	RSUP Sardjito	Gol	4.131.280.450	03/05/2021	28/11/2021	On Going
5	RSUP Sanglah	Gol	3.939.263.240	24/03/2021	19/10/2021	On Going
6	RSUP Wahidin Sudirohusodo	Gol	4.682.000.000	29/04/2021	24/11/2021	On Going
<b>Individual Consultant</b>						

1	PMU Management Expert	IsDB	174.000.000	01/07/2021	31/12/2021	On Going
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No.	Consultant	Budget Allocation (in IDR)	Draft ToR, Eol and CV	Submit IsDB
<b>Individual Consultant</b>				
1.	PMU Procurement Expert	300,000,000	Oct 15, 2021	Oct 18, 2021
2.	PMU Civil Engineering Expert	300,000,000	Nov 8, 2021	Nov 11, 2021

No.	Consultant	Budget Allocation (in USD)	Draft ToR	Draft RfP	Submit IsDB
<b>PMSC</b>					
1.	RS Kanker Dharmais	670,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021
2.	RSUP Persahabatan	686,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021
3.	RSUP Hasan Sadikin	788,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021
4.	RSUP Sardjito	811,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021
5.	RSUP Sanglah	214,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021
6.	RSUP Wahidin Sudirohusodo	626,000	Oct 15, 2021	Oct 15, 2021	Oct 18, 2021

No.	Consultant	Budget Allocation (in USD)	Draft ToR	Draft RfP	Submit IsDB
<b>EQC</b>					
1.	EQC 1 Package (6 PIUs)	2,750,000	Oct 25, 2021	Oct 25, 2021	Oct 28, 2021

No.	Consultant	Budget Allocation (in USD)	Draft ToR	Draft RfP	Submit IsDB
<b>Strengthen Hospital Institution</b>					
1.	RS Kanker Dharmais	777,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021
2.	RSUP Persahabatan	276,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021
3.	RSUP Hasan Sadikin	103,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021
4.	RSUP Sardjito	49,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021
5.	RSUP Sanglah	324,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021
6.	RSUP Wahidin Sudirohusodo	231,000	Oct 27, 2021	Oct 27, 2021	Oct 31, 2021

No.	Consultant	Budget Allocation (in USD)	Draft ToR	Draft RfP	Submit IsDB
<b>Emergency Preparedness</b>					
1.	RS Kanker Dharmais	877,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021
2.	RSUP Persahabatan	317,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021
3.	RSUP Hasan Sadikin	865,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021
4.	RSUP Sardjito	679,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021
5.	RSUP Sanglah	301,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021
6.	RSUP Wahidin Sudirohusodo	206,000	Nov 15, 2021	Nov 23, 2021	Nov 30, 2021

#### 4) Scoring of Project Implementation Arrangements

Criteria	Score (0 – 1)	Remarks
Staffing of the PMU/PIU with required expertise-capacity	0.95	All staff are in place and possess relevant experience with project management.
Continuity of the PMU/PIU staff	0.95	All staff have been assigned based on Ministerial Decree since the start of the Project and currently perform their duty with no turn-over.

Criteria	Score (0 – 1)	Remarks
Availability of counterpart funds as per the financing agreement	1	MoH and Hospitals have provided counterpart funds in Hospitals Budget Allocation Planning (DIPA).
Overall annual work plan of the PMU/PIU in place	0.80	The annual work plan of PMU/PIUs is available, with regular meetings and visit with relevant stakeholders.
Annual procurement plan of PMU/PIU in place and updated	0.80	Procurement plan is in place, from the project design with a minor update to adjust during implementation.
Annual disbursement plan of PMU/PIU in place and updated	0.80	Annual disbursement are in place and updated regularly.
Monitoring and evaluation system/plan of PMU/PIU in place and updated	0.80	Monitoring and evaluation system/plan is in place and updated internally and regularly implemented within the PMU & PIUs with close coordination with BAPPENAS and MoH.
Submission of the progress reports to IsDB	0.80	QPR has been submitted regularly to BAPPENAS with a copy of IsDB.
IsDB received audit reports as per the terms and conditions of financing agreement	0.80	The PMU has consulted with the National Audit Agency (BPKP), and BPKP is willing to audit the project.
Financial progress (disbursements) against elapsed implementation period (%)	0.80	
Procurement progress against elapsed implementation period (%)	0.80	PMU and PIU prepare Bidding documents for PMSC, EQC, and Document Civil Works bidding.
Average Score	0.85	

## F. Project Procurement

### 1) Delivery of Goods, Works and Services- Status of the Contract Award

Goods/ Works/ Services Delivered	Contract Package No.	Amount		Achievement on Amount (%)	Schedule		Variation in Schedule (Days)	Score (0-1)	Planned Date for Pending Contract Awards and Action Plan
		Planned	Actual		Planned	Actual			
<b>Goods</b>									
Procurement of Equipment	6	95,326	0	0%	Dec 2022	0	0	0	-
<b>Works</b>									
Procurement of Civil Works	6	154,239	0	0%	Jan 2022	0	0	0	-
<b>Services</b>									
PMSC	6	3,795	0	0%	Oct 2021	0	0	0	-
EQC	1	2,750	0	0%	Nov 2021	0	0	0	-
PMU Experts	3	0,581	1	0%	Oct 2021	0	0	0	-
Others									
Average Score								0	

The Procurement Plan will be submitted officially to the IsDB immediately upon completion of the PIASR report

### 2) Delivery of Goods, Works and Services- Compliance with Schedule, Cost and Quality as per the Contracts

Goods/ Works/ Services Delivered	Contract Package No.	Contract Amount	Actual Disbursements (US\$)	Score (0 – 1)			
				As per Agreed Schedule	As per Agreed Cost	As per Agreed Quality	Average Score
Procurement of Equipment	6	95,326	0	0	0	0	0
<b>Works</b>							
Procurement of Civil Works	6	154,239	0	0	0	0	0
<b>Services</b>							
PMSC	6	3,795	0	0	0	0	0
EQC	1	2,750	0	0	0	0	0
Strengthen Hospital Institutions	6	1,760	0	0	0	0	0
Emergency Preparedness	6	3,245	0	0	0	0	0
PMU Experts	3	0,581	0,010	0,8	0,9	0,8	0,83
<b>Others</b>							

**G. Project Disbursement**  
**1) Overall Project Financial Status**

Project Financing Contributions	Financing Amount				Contractually Committed Amount (CCA)	Un-Contracted Amount	Disbursed Amount	Un-Disbursed Amount	% of CCA Disbursed
	Services (Step-1)	Services (Step-2A)	Services (Step-2B)	Gov. of Indonesia					
	Install Sale A	Install Sale B	Install Sale C						
<b>Civil Works (Approx. 231,000 m2)</b>		154,239			0	0	0	0	0
<b>Hospital Equipment</b>					0	0	0	0	0
1. Medical Equipment			95,326		0	0	0	0	0
2. Non-Medical Equipment				8,283	0	0	0	0	0
3. Furnishings				4,433	0	0	0	0	0
<b>Strengthen Human Resource Capacity</b>				11,176	0	0	0	0	0
<b>Strengthening Hospital Institutions</b>	1,760			1,562	0	0	0	0	0
<b>Emergency Preparedness</b>	3,245				0	0	0	0	0
<b>Project Management Support (PMS)</b>					0	0	0	0	0
1. DEDC				3,366	0	0	0	0	0
2. PMSC	3,795				0	0	0	0	0
3. EQC	2,750				0	0	0	0	0
4. Start-up Workshop & Familiarization Visit	0,022				0	0	0	0	0
5. Project Management Unit (PMU)	0,581				0,01	0,571	0,004	0,006	40,28
6. Project Implementation Unit (PIU)				2,376	0	0	0	0	0
<b>Financial Audit (BPKP)</b>				0,165	0	0	0	0	0
<b>Total Cost</b>	<b>12,153</b>	<b>154,239</b>	<b>95,326</b>	<b>31,361</b>	<b>0,01</b>	<b>0,571</b>	<b>0,004</b>	<b>0,006</b>	<b>40,28</b>

**The detailed disbursement plan including Quarterly projections are provided in Annex.**

**2) Annual Disbursement Plan and Progress:**  
**Current Year**



**Project Implementation Period (to be filled in by the PMU) (to be completed and validated by the IsDB)**

Year	2021				2022				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Planned Disbursement (A)	0	0	113,21	0	0	991,34	1,247.87	47,571.77	49,924.18
Actual Disbursement (B)	0	0	113,21	0	0	0	0	0	113,21
%Age Variation		0	0	0	0	0	0	0	0
Remarks	Project Implementation Started in Q3 with the holding of a Startup workshop on 30 August – 02 September 2021, and payment for the Remuneration of PMU Management Experts								

Year	Planned Disbursement	Actual Disbursement	%Age Variation	Cumulative Achievements (%)	Score (0 – 1)	Remarks
2021	113,21	113,21	0	100	1	
2022	49,810.98		100			
2023	77,357.30		100			
2024	105,997.91		100			
2025	27,935.92		100			
2026	502.68		100			
Total	261,718,00	113,21	99.96			

## H. Development Results

<p><b>1. Describe the likelihood of achieving the overall development objective(s) of the project.</b>  The main result the project aims for is the improvement in the health condition and livelihood of the public, with a particular emphasis on Mother and Child Healthcare (MCH). The Project Development Objective (PDO) improves the availability, accessibility, quality, and delivery of health services by upgrading six National Referral Hospitals and Vertical Technical Units.</p> <p>The lack of availability of high-quality hospital beds is restricting the equitable and efficient delivery of health services. The gap in maternal and infant care services is even more pronounced. Therefore, the Project Development Objective is linked with Indonesia's social and health development plans and the MCPS to address this infrastructure gap and constraint.</p> <p>Some of the key monitoring indicators at the Project outcome level will include the following:</p> <ul style="list-style-type: none"> <li>i) 30% increase of mother and 27% increase of child outpatient services in Project hospitals through 2019-2030.</li> <li>ii) 28% increase in coverage of mother and 27% increase in coverage of child inpatient services in project hospitals between 2019 - 2030.</li> <li>iii) 30% increase in intensive care services for mother and child between 2019 - 2020</li> <li>iv) 22% decrease in maternal mortality rate, 14% decrease in neonatal mortality rate, 10% decrease in under 5 mortality rate in 2019-2030.</li> <li>v) An overall increase from 56% to 66% for the 5-year cancer survival rate.</li> </ul>						
<p><b>2. Describe the achievement of the intermediate outcomes of the project achieved so far.</b></p> <ul style="list-style-type: none"> <li>• Hard components (infrastructures, supporting infrastructures) &amp; equipment</li> <li>• Equipment (delivery, installation, commissioning, and hand-over)</li> <li>• Soft components: <ul style="list-style-type: none"> <li>1) Start-Up Workshop for the 6 in 1 project has been implemented on 30 August - 2 September 2021.</li> <li>2) The PMU and the 6 PIUs are officially established and physically in place.</li> <li>3) The DED is still in the design development stage and will be completed in December 2021. Furthermore, the results of the DED must be approved by the minister leader.</li> <li>4) The Minister of Health is actively involved in the development of the Detailed Engineering Designs of each Hospital to ensure they fully comply with the MOH requirements in terms of architecture and health service.</li> </ul> </li> </ul>						
<p><b>3. Changes and issues with project results framework, including M&amp;E mechanisms in place to validate the results. Any suggested changes that may be required in the RBLF should be reflected in the revised Result Based Log Frame (RLBF), to be attached as an Annex to the PIASR.</b></p>						
Outputs	Indicators (CSIs and others)	Base line	Targets	Achievements to-date (%)	Score (0 – 1)	Remarks
Hospital Infrastructure	10 new buildings construction	As per the project's log-frame	<ol style="list-style-type: none"> <li>1. Dharmais Cancer Hospital: 32.400 m<sup>2</sup></li> <li>2. Persahabatan Central General Hospital: 33.348 m<sup>2</sup></li> <li>3. Dr. Hasan Sadikin Hospital: 25.397 m<sup>2</sup></li> </ol>	n/a	n/a	The indicator output has not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021.

			<ol style="list-style-type: none"> <li>4. Dr. Sardjito Hospital: 20.115 m<sup>2</sup></li> <li>5. Sanglah Hospital: 17.426 m<sup>2</sup></li> <li>6. Dr. Wahidin Sudirohusodo Hospital: 27.665 m<sup>2</sup></li> </ol>			
<b>Hospital Equipment</b>	6 packages of medical and non-medical equipment in the 6 hospitals (equipment package are but not limited to: in- vitro diagnostic equipment/medical lab equipment; diagnostic imaging equipment; surgical equipment; obstetrics and gynecological equipment; physical medical equipment; research laboratory equipment; and training set equipment) by 2025.	As per the project's log-frame	<ol style="list-style-type: none"> <li>1. Dharmais Cancer Hospital</li> <li>2. Persahabatan Central General Hospital</li> <li>3. Dr. Hasan Sadikin Hospital</li> <li>4. Dr. Sardjito Hospital</li> <li>5. Sanglah Hospital</li> <li>6. Dr. Wahidin Sudirohusodo Hospital</li> </ol>	n/a	n/a	The indicator output has not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021.
<b>Strengthen Hospital Institutions</b>	<ol style="list-style-type: none"> <li>a) 457 staff educated in formal education (bachelor, master, doctoral, and medical specialist degree) by 2025.</li> <li>b) 5,500 staff trained in various required skills and</li> </ol>	As per the project's log-frame	<ol style="list-style-type: none"> <li>1. Dharmais Cancer Hospital</li> <li>2. Persahabatan Central General Hospital</li> <li>3. Dr. Hasan Sadikin Hospital</li> <li>4. Dr. Sardjito Hospital</li> </ol>	n/a	n/a	The indicator output has not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021.

	<p>techniques by 2025.</p> <p>c) 30% of the women workforce from the six hospitals will be participated and be trained by 2025.</p>		<p>5. Sanglah Hospital</p> <p>6. Dr. Wahidin Sudirohusodo Hospital</p>			
<b>Emergency Preparedness</b>	<p>a) At least 1500 management staff trained on emergency preparedness by 2025.</p> <p>b) At least 6500 for medical and non-medical staff trained on emergency preparedness by 2025.</p>	As per the project's log-frame	<p>1. Dharmais Cancer Hospital</p> <p>2. Persahabatan Central General Hospital</p> <p>3. Dr. Hasan Sadikin Hospital</p> <p>4. Dr. Sardjito Hospital</p> <p>5. Sanglah Hospital</p> <p>6. Dr. Wahidin Sudirohusodo Hospital</p>	n/a	n/a	The indicator output has not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021.
<b>Project Management Service</b>	<p>a) Establishment of PMU and PIUs structure.</p> <p>b) Selection of PMU Experts (PMU management Expert, PMU Procurement Expert and PMU Civil Engineer Expert).</p>	As per the project's log-frame	<p>1. Ministry of Health (PMU)</p> <p>2. Dharmais Cancer Hospital</p> <p>3. Persahabatan Central General Hospital</p> <p>4. Dr. Hasan Sadikin Hospital</p> <p>5. Dr. Sardjito Hospital</p> <p>6. Sanglah Hospital</p> <p>7. Dr. Wahidin Sudirohusodo Hospital</p>	Ongoing	n/a	The indicator output partially delivered with the recruitment process are ongoing.
<b>Average Score</b>					n/a	The indicator output has

		not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021.
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## I. Project Risks and Sustainability

Criteria	Assessment	Mitigation Measure	Score (0--1)
Technical and Financial, soundness of the project results (including O&M facilitation, availability of O&M funding, spare parts, workshop facilities etc.)	There are still different perceptions in the preparation of program planning.	- To accelerate the activities of the Hospital Institutional Strengthening and Emergency Preparedness program, PMU and PIU will form a small group and conduct more intense discussions facilitated by PMU to share perceptions in program preparation	0.8
Beneficiary commitment, including supportive legal/regulatory framework and socio-political/stakeholder support	The Ministry fully supports the implementation of the IDN 1031 project through the availability of budget, human resources, office facilities, and equipment.	The ownership and commitment of the Ministry's beneficiaries are very high, as evidenced by the development of the DEDC, which was reviewed directly by the Minister of Health and his staff.	1
Institutional Sustainability (organizational and management effectiveness)	Rotation of officials that can hamper technical and operational day-to-day projects	- Project management and Implementation Structures are official and effectively in place. - Regular meetings are held with PIUs and Technical Committees -	0.8
Resilience of the project results to exogenous factor	- Medical waste issues;  - Resistance of the surrounding community;  - Traffic problems at the project site;	- Managing medical waste and obtaining permission from the Ministry of the Environment; - Conduct deliberations and socialize to the community that this project is very useful; - Management of traffic impact analysis permits.	0.8
Climate Change	- Indonesia is a high risk country in terms of natural/environmental hazards and climate	- - the civil works will be done in accordance with the earthquake resistant building requirements, the DED are incorporating earthquake loads.	0.8

	risk indexes. Necessary measures should be taken.	- The DED are based on green building concept, the Hospitals will use the energy optimally which will also reduce the O&M costs	
Social aspects of the project (integration of women and youth)	Gender equality for women staff	- Strengthening Human Resources Capacity, especially female staff, through training and certification. - In carrying out the Strengthening Human Resources Capacity process, PIU ensures that the criteria for the allocation of women must consist of 50% of staff, doctors, and management.	0.8
Any other Technical and Operational Matter	Long internal procedures to revise the Budget allocations.	The budget revisions take a long time and require a long approval procedure, to minimize and effectively manage this close coordination with MOF and MOH relevant departments will be enhanced.	
Average Score			0.83

#### **J. Compliance with Conditions of Financing (to be filled in by the IsDB)**

Conditions/ Covenants	Compliance	Score (0-1)
The Government of Indonesia with the Executing Agency has fulfilled all of the compliance and conditions as per the Financing Agreement. The Bank do not face any difficulties in terms of requesting the Government nor the EA to comply with the terms and conditions.	Complied with.	1

#### **K. General Comments/Conclusions/Recommendations**

##### **1) Problems/ Issues faced in Project Implementation**

###### 1. DEDC:

The development of DED takes time because there is regular input from the Minister regarding his expectations with regards to architectural design and health service requirements.

###### 2. PMSC:

c. The PMSC procurement process is still ongoing, the late recruitment of PMSC might cause a delay in verification and validation of DEDC works. To mitigate any potential risks, some measures will be taken such as recruitment of Independent Technical Reviewers.

d. PMSC budget allocation is in the work unit (satker) of each hospital. Initially, the procurement was planned to be carried out at the PMU level. The procurement cannot be carried out because the withdrawal of the existing

budget allocation in each hospital work unit requires a reasonably long process, namely through the approval of the Dewan Perwakilan Rakyat (House of Parliament), Bappenas, and the Ministry of Finance.

3. Soft Components:

Implementing the preparatory activities for the Strengthen Hospital Institutions, Strengthen Human Resources Capacity, and Emergency Preparedness program has not yet started because there is no small group to discuss this in detail.

4. ICT system and capacity building:

The ICT procurement process is being prepared, and there is a problem with the ICT budget allocation where the allocation is in each hospital's work unit (satker). Meanwhile, we are still waiting for information on the Regulation of the Minister of Finance (PMK) for budget revisions.

- a. There are still structural positions that are not yet definitive in the Hospital Director, with the functions of Daily Implementing Officer (Plh) and Task Executing Officer (Plt) at the Hospital.

**a) Follow-up Action Plan**

Sr. No.	Issues	Follow-up Actions	Responsibility	Timeframe
1.	The Minister of Health provides recommendations to all PIUs to develop DED in accordance with international hospital standards which requires close supervision to ensure timely DED completion.	In order to maintain the quality of the DEDC planning results in 6 hospitals, the Ministry of Health, PMU, and PIU conducted a comparative study at one of the private hospital (Mandaya Royal Hospital) so that the results of hospital planning can be of international standard.	Executing Agency, PMU, PIU and Consultant	December 2021
2.	Changes in PMSC packaging from 1 to 6 can hamper the project procurement cycle and planning.	-PMU reviewed the PMSC procurement plan to adjust to current conditions, making plans into 6 PMSC procurement packages. -PMU coordinates with IsDB procurement experts regarding changes to the separation of consultant procurement packages. -PMU will submit a proposal to change the PMSC packaging from 1 package to 6 procurement packages to request IsDB approval further.	Executing Agency, PMU, and PIU	End of October 2021

		<p>-To anticipate delays in the PMSC procurement process, PMU and PIU will form an independent technical reviewer team either in each PIU or PMU (to be discuss further) to review the DED results. Prior to this process, the PMU will submit an official letter to the IsDB regarding the request of the establishment of the Independent Technical Reviewer team.</p> <p>-The PMU/PIU will recruit an Independent Technical Reviewer to verify the DED that each PIU has developed. The allocation of funds is taken from the Badan Layanan Umum budget in each PIU or through PMU.</p> <p>-PIU will convey the results of the Independent Technical Reviewer recruitment to PMU. Then the list of Independent Technical Reviewers from each PIU will be submitted to the IsDB for approval.</p> <p>-The Independent Technical Reviewer will make a DED review report. The format must refer to the Project Appraisal Document (PAD), submitted to the IsDB for approval to run the civil works procurement process.</p>		
3.	<p>Working groups will be formed to ensure preparation of TORs for</p> <ul style="list-style-type: none"> <li>- Strengthening Hospital Institutions,</li> <li>- Strengthening Hospital Institutions,</li> <li>- Emergency Preparedness.</li> </ul>	<p>To accelerate the implementation of the Strengthen Hospital Institutions and Emergency Preparedness program activities, PMU and PIU will form small working groups and conduct more intense discussions facilitated by PMU to share perceptions in program preparation.</p> <p>Each PIU (Hospital) will have one focal point for each of these three components and will be coordinated by the PMU focal point.</p> <p>They will jointly develop, as per the PAD, the TORs for these components.</p>	PMU & PIU	End of October 2021
4.	Lack of coordination between the Ministry of Health, PMU, and PIU to	PMU and PIU will coordinate with the Digital Transformation Office (DTO) to create an ICT integration	Executing Agency, PMU, PIU	End of October 2021



	involve the Digital Transformation Office (DTO) in making real-time system integration and monitoring systems.	system and monitoring system in real-time.		
5.	There are structural positions with the functions of Daily Implementing Officer (Plh) and Task Executing Officer (Plt) at the Hospital Director that have not been defined definitively which may affect implementation.	PMU and PIU coordinate with the Ministry of Health to follow up on a definitive decree for the President Director of the Hospital	Executing Agency, PMU, and PIU	End of October 2021
6.	Annual Work Program for PMU	To be prepared and submitted to the IsDB.	EA,PMU	End of December 2021

## **L. Overall Score and Rating of the PIASR**


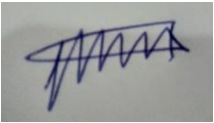
### **1) Overall Score**


Sr. No.	Criteria	Score
1	Project Implementation Arrangements	0.78
2 (a)	Project Procurement: Delivery of Goods, Works and Services- Status of the Contract Award	0.70  (The indicator output has not yet been delivered because this is the first PIASR with the project first disbursement on 3 August 2021. However, the scoring of 0.70 was given due to the fact that the EA have provided a detailed procurement plan and the procurement for the DEDC under the Gol allocation has been completed and now in the process of implementation)
2 (b)	Project Procurement: Delivery of Goods, Works and Services- Compliance with Schedule, Cost and Quality as per the Contracts	
3	Disbursement	0.75
4	Development Results	0.80
5	Project Risks and Sustainability	0.83
6	Compliance with Conditions of Financing	1
Overall Score		0.81
Overall Rating <sup>1</sup>		Satisfactory

### **2) Review and Comments**

Staff Responsible	Name and Signature	Comments	Date
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<sup>1</sup> Please refer Annex 5 for rating.

<p>Project Management Specialist</p>	 <p>Deni Ahmad Fauzi</p>	<p>This is the first PIASR of the respective project. With the current pandemic situation and the six hospitals are the designated referral hospitals for the Covid-19 treatment, the pro-activeness and sense of ownership of the Executing Agency (the Ministry, PMU and PIUs) toward this project is highly commendable.</p> <p>This is also the first project in the history of the Bank's implementation in Indonesia where H.E. Minister chaired multiple meetings to oversee the progress of the DED. His Excellency Minister also appointed a focal point who report to him directly in regard to the project's monitoring and evaluation, and the focal point is working closely with the Bank and the EA.</p> <p>In regard to the project implementation; the PMU and PIUs has been established and has submitted a detailed Project Implementation Plan, Project Procurement Plan and Project Disbursement Plan with the first disbursement has been made to the Special Account.</p> <p>With such strong ownership from the highest official of the Ministry and with the detailed plans that they submitted to ensure the project can be implement smoothly, I concur with the EA's overall score of 0.81 and rating of "Satisfactory."</p>	<p>27/09/2021</p>
<p>Operations Team Leader</p>	 <p>Fatih Turkmen</p>	<p>This project is unique in many respects; it is the first partnership of IsDB with MOH of Indonesia, a relatively big project in terms of budget, locations, and Project components.</p> <p>Developing, appraising and approving the Project during the pandemic has also brought additional challenges.</p> <p>Nevertheless, the project has delivered important key milestones so far. The time elapsed from Approval, Signing, Effectiveness and First Disbursement is 11 months, much lower than the previous projects of Indonesia and other MCs.</p> <p>There is a strong level of awareness, support and ownership from the EA(MOH) PMU and 6 PIUs. These structures are officially in place and functioning. The first disbursement took place on August 3<sup>rd</sup> 2021 and the Start-up workshop was held on August 30<sup>th</sup></p> <p>The procurement plan is also drafted and will be sent to IsDB soon.</p> <p>The Health Minister is personally attending and chairing the technical meetings with the engineering design consultancy firms as well as other technical meetings. This also motivates the Project staff to deliver the key outcomes.</p> <p>To ensure a smooth and successful implementation stage there are some critical steps than need to be handled carefully. The Detailed Engineering Designs(DED) should be completed before end of 2021, these should be used in developing Bid Docs for Civil Works and the</p>	<p>28/09/2021</p>

		<p>PMSCs should be recruited in due course. IsDB should receive at least one signed Civil Work Contract before December 2022 for the effectiveness of Step 2 (Civil Works) these time constraints have been communicated with the PMU and the Implementation Plan was developed accordingly.</p> <p>Having considered all these aspects, I do agree with the EA overall score of 0.81 and “Satisfactory” rating.</p>	
Regional Hub Manager	<p>Salah Jelassi</p> 	Cleared.	04/10/2021

## Annex 1-Project RBLF

Results Summary	Performance Indicators <sup>47</sup>	Means of Verification	Risks
<p><b>Goal/ Impact:</b>  <b>Improve the health condition and livelihood of the public by strengthening and improving the health referral and healthcare infrastructure and facilities of vertical hospitals across Indonesia with particular emphasis on Mother and Child Healthcare.</b></p> <ul style="list-style-type: none"> <li>• <b>Decreased maternal mortality rate (SDG indicator 3.1.1) – from 305/100,000 live births in 2019 to 131/100,000 live births by 2030.</b></li> <li>• <b>Decreased neonates mortality rate (SDG indicator 3.2.2) – from 15/1,000 live births in 2019 to 7/1000 live births by 2030.</b></li> <li>• <b>Decrease Under 5 Mortality Rate (SDG Indicator 3.2.1) – from 32/1000 in 2019 to 18,8/1000 live births by 2030.</b></li> </ul>			
<p><b>Development Objective:</b>  <b>Improve the availability, accessibility, quality and delivery of health services in six hospitals in 5 Provinces of Indonesia</b></p>			
<p><b>Outcome 1:</b> <sup>48</sup>  <b>Increased coverage of maternal and child health services in hospitals</b></p>	<p>a) <b>30% increase in coverage of mother <u>outpatient</u> services in the project hospitals from 94,326 patients in 2019 to 153,903 patients by 2030.</b>  <b>CSI 4400 People benefiting from outpatient services annually (number) [Male/Female]</b></p> <p>b) <b>27% increase in coverage of child <u>outpatient</u> services in the project hospitals from 23,494 patients in 2019 to 30,509 patients by 2030.</b>  <b>CSI 4400 People benefiting from outpatient services annually (number) [Male/Female]</b></p> <p>c) <b>28% increase in coverage of mother <u>inpatient</u> services in the project hospitals from 7,053 patients in 2019 to 9,959 patients by 2030.</b></p> <p>d) <b>27% increase in coverage of child <u>inpatient</u> services in the project hospitals from 4,913 patients in 2019 to 6,552 patients by 2030.</b></p> <p>e) <b>30% increase in coverage of mother intensive care services in the project hospitals from 161 patients in 2019 to 237 patients by 2030.</b></p> <p>f) <b>30% increase in coverage of child intensive care services in the project hospitals from 570 patients in 2019 to 765 patients by 2030.</b></p>	<p><b>Project survey</b></p> <p><b>Semi-annual reports</b></p> <p><b>M&amp;E Report</b></p> <p><b>PIASRs</b></p> <p><b>Project Completion Report by the Ministry of Health and IsDB</b></p> <p><b>Post Project Evaluation Report by IsDB</b></p>	<ul style="list-style-type: none"> <li>- <b>Continuation of the Covid 19 Pandemic</b></li> <li>- <b>Lack of commitment of GOI contribution due to fiscal imbalances</b></li> </ul>

<sup>47</sup> For the Performance Indicators that do not have base value, data per hospital will be compiled for 2019.

<sup>48</sup> Although usually the outcome indicators are between 0-3 years after a typical project, outcome indicators for the project target 5 years after completion. This issue, together with all the other details of the Result Framework was discussed in depth with the MOH. It was suggested that since the infrastructure will be available after the completion of the project and most of the activities related to outcome will be starting afterwards, and due to the nature of health sector, and also to comply with the natural benchmarking year target of 2030, 5 years after completion was suggested and agreed.

Results Summary	Performance Indicators <sup>47</sup>	Means of Verification	Risks
	<p>g) <b>22% decrease of maternal mortality number in the project hospitals from 26 patients in 2019 to 20 patients by 2030.</b></p> <p>h) <b>14% decrease of neonates mortality number in the project hospitals from 177 patients in 2019 to 129 patients by 2030.</b></p> <p>i) <b>20% decrease of neonates mortality rate in the project hospitals from 125.1 patients in 2019 to 90.3 patients by 2030.</b></p> <p>j) <b>10% decrease of Under 5 mortality number in the project hospitals from 189.6 patients in 2019 to 169.2 patients by 2030.</b></p> <p>k) <b>24% increase of Under 5 inpatient services in the project hospitals from 2,918 patients in 2019 to 3,637 patients by 2030.</b></p> <p>l) <b>Increase number of cases treated utilizing the integrated referral system (for all referral cases, not limited to mother, child, respiratory and cancer cases) in the project hospitals from 63,690 cases in 2019 to 160,000 cases by 2030.</b></p>		
<p><b>Outcome 2: Increased coverage of oncology services in hospitals</b></p>	<p>a) <b>Increases (overall cancer) 5-year survival rate from 56% in 2019 to 66% by 2030.</b></p> <p>b) <b>Increase 5-year survival rate for breast cancer at the Dharmais Cancer Hospital from 80% in 2019 to 85% by 2030.</b></p> <p>c) <b>Increase 5-year survival rate for child leukemia at the Dharmais Cancer Hospital from 43.5% in 2019 to 85% by 2030.</b></p> <p>d) <b>Decrease of cancer mortality rate at the Dharmais Cancer Hospital (for all type of cancer) from 0.48% in 2019 to 0.43% by 2030.</b></p>		
<p><b>Outcome 3: Increased coverage of respiration services in hospitals</b></p>	<p>a) <b>20% increase of outpatient number on the respiratory case visits at the Persahabatan Hospital from 18,650 patients in 2019 to 22,380 patients by 2030.</b> <b>CSI 4400 People benefiting from outpatient services annually (number) [Male/Female]</b></p> <p>b) <b>20% increase of inpatient number on the respiratory case visits at the Persahabatan Hospital from 2,947 patients in 2019 to 3,537 patients by 2030.</b></p> <p>c) <b>Increased number of patients TB MDR at the Persahabatan Hospital &amp; network-health facilities from 9,559 patients in 2019 to 15,294 patients by 2030.</b></p>		

Results Summary	Performance Indicators <sup>47</sup>	Means of Verification	Risks
	<p>d) Increased number of cases TB MDR at the Persahabatan Hospital &amp; network-health facilities from 25,826 cases in 2019 to 41,338 cases by 2030.</p> <p>e) Number of patients TB converted at the Persahabatan Hospital from 211 patients in 2019 to 232 patients by 2030.</p> <p>f) Number of cases TB MDR converted at the Persahabatan Hospital from 462 cases in 2019 to 508 cases by 2030.</p>		
<b>Outcome 4:</b> Increased Human resources (HR) capacity	<p>a) Increase of adherence of the health personnel on the clinical pathway in the project hospitals from 80% in 2019 to 100% by 2030.</p> <p>b) Increase Health personnel responsiveness to complaint handling from 95% in 2019 to 100% by 2030.</p>		
<b>Outcome 5:</b> Increase local and national preparedness to natural disasters and pandemic outbreaks	<p>a) &lt; 5 minutes increase, emergency services response time 1 (for all emergency cases - code blue) in the project hospitals from 90% in 2019 to 95% by 2030.</p> <p>b) 12% increase emergency response time 2 in the project hospitals (for emergency on disaster or special cases/pandemic) from 124 minutes in 2019 to 100 minutes by 2030.</p>		Continuation of the Covid 19 Pandemic
<b>Outputs</b>			
<b>(Component A) Health facilities constructed and or upgraded and or equipped (number)</b>	<p>Six health facilities constructed and or upgraded with approximately 231.000 m2 area by 2025.</p> <p>CSI 4100 Health facilities constructed or upgraded or equipped (number)</p>	<p>Project survey</p> <p>Semi-annual reports</p>	<p>Inadequate PMU/PIU staff and consultant recruitment</p>
<b>(Component A) In-patient facilities expanded</b>	<p>952 Number of Beds added to health facilities, including 109 ICU/PICU/NICU/Isolation Rooms by 2025.</p> <p>CSI 4100 Health facilities constructed or upgraded or equipped (number)</p> <p>CSI 4300 Number of beds added to health facilities</p>	<p>M&amp;E Report</p> <p>PIASRs</p>	<p>Delays in national budget allocation procedures (DIPA)</p>
<b>(Component B) Health facilities equipped (number)</b>	<p>6 packages medical and non-medical equipment in the 6 hospitals (equipment package are but not limited to: in-vitro diagnostic equipment/medical lab equipment; diagnostic imaging equipment; surgical equipment; obstetrics and gynecological equipment; physical medical equipment; research laboratory equipment; and training set equipment) by 2025.</p> <p>CSI 4100 Health facilities constructed or upgraded or equipped (number)</p>		<p>Delays in Civil Work implementation</p> <p>Delay in the processing of the detailed</p>

Results Summary	Performance Indicators <sup>47</sup>	Means of Verification	Risks
(Component C) Health personnel trained (number)	<p>a) 457 staff educated in formal education (bachelor, master, doctoral, and medical specialist degree) by 2025.</p> <p>b) 5,500 staff trained in various required skills and techniques by 2025.</p> <p>c) 30% of the women workforce from the six hospitals will be participated and be trained by 2025.</p> <p><b>CSI 4200 Health personnel trained</b></p>		<p>engineering design (DED)</p> <p>Delays in completion of Instalment Sale Tranches</p>
(Component D) Research collaborations and networks established	<p>a) 55 researches, with at least 36 researches on collaboration and networks, and 19 researches on the development of policies and referral system by 2025.</p> <p>b) The minimum budget of IDR 100 million/research with 55 researches as per the project duration by 2025.</p> <p>c) At least 54 publications and journal publish in national and international journals</p>		
(Component E) Hospital management trained on emergency preparedness	<p>At least 1500 management staff trained on emergency preparedness by 2025</p> <p><b>CSI 4200 Health personnel trained</b></p>		
(Component F) Staff hospital trained on emergency preparedness.	<p>At least 6500 for medical and non-medical staff trained on emergency preparedness by 2025</p> <p><b>CSI 4200 Health personnel trained</b></p>		

Inputs/ Activities						
<p>(Not exhaustive)</p> <ol style="list-style-type: none"> <li>1. Establish PMUs and PIUs</li> <li>2. Undertake Start-up Workshop</li> <li>3. Update Procurement Plan and prepare RfPs/ Bid docs</li> <li>4. Conduct Advance procurement</li> <li>5. Conduct baseline and other studies</li> <li>6. Conduct financial audits</li> <li>7. Undertake trainings and community consultations/ socialization</li> <li>8. Undertake physical activities</li> <li>9. Procure and deliver equipment/ machinery</li> </ol>	<b>Components</b>	<b>IsDB</b>	<b>GOI</b>	<b>Total</b>	<p>Semi-annual reports</p> <p>M&amp;E Report</p> <p>PIASRs</p> <p>Audit Reports</p>	<p>Unavailability of Counterpart funds (GOI)</p> <p>Untimely procurement and disbursement, and adherence guidelines</p> <p>Incompliance to quality requirements and work schedules in works and services</p>
	1) Development of Infrastructure Facilities	154.239		154.239		
	2) Provision of Equipment and Machinery	95.326	12.716	108.042		
	3) Strengthen Human Resource Capacity		11.176	11.176		
	4) Strengthening Hospital Institutions	1.760	1.562	3.322		
	5) Emergency Preparedness	3.245		3.245		
	6) Support Project Management	7.148	5.742	12.890		
	Financial Audit		0.165	0.165		
	<b>GRAND TOTAL</b>	<b>261.718</b>	<b>31.361</b>	<b>293.079</b>		

## Annex 2-Project Procurement Plan

### The Procurement Plan is tentative

Procurement Plan for Consultant Services  
Indonesia : The Strengthening of National Referral Hospitals and Vertical Technical Units Project IDN-1031/Credit Number here

SL No.		Package/ Reference No.	Description of Services	Duration	Estimated Cost	Currency of Estimated Cost	Review by Bank (Prior/ Post)	Type of Consultant (Firm/ Individual)	Method of Selection	Advertising for Short listing (Date)	TOR/Shortlists 1 to be Finalised (Date)	RFP Final Draft to be forwarded to the Bank (Date)	No Objection from Bank for TOR (Date)**	No Objection from Bank for Shortlist (Date)**	No Objection from Bank for Final RFP (Date)**	RFP Issued (Date)	Proposal Submission Deadline (Date)	No Objection by the Bank to the Technical Evaluation Report (Date)**	No Objection by the Bank (Technical/ #Combined/ Draft Contract/ Final Contract) (Date)**	Contract Signed (Date)	Contract Value	Contract Currency	Contract No.	Name, City, and Country of Contractor (incl. Zip Code if US)	Services Completion (Date)	Expenses Incurred to Date
Planned	Revised	1	Project Management Consultant (PMSC) RS Kanker Dharmais		670,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Project Management Consultant (PMSC) RSUP Persahabatan		686,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Project Management Consultant (PMSC) RSUP Hasan Sadikin		788,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Project Management Consultant (PMSC) RSUP Sardjito		811,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Project Management Consultant (PMSC) RSUP Sanglah		214,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Project Management Consultant (PMSC) RSUP Wahidin Sudirhusodo		626,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	3-Nov-21	15-Oct-21	18-Oct-21	29-Oct-21	10-Dec-21	1-Nov-21	15-Dec-21	29-Jan-22	12-Feb-22	26-Feb-22	5-Mar-22		IDR				
Actual																										
Planned	Revised	1	Equipment Consultant (EOC) Package 1 (6 Location)		2,750,000.00	USD	Prior	Firm	QCBS (Shortlist of National firms)	13-Nov-21	25-Oct-21	28-Oct-21	8-Nov-21	20-Dec-21	11-Nov-21	25-Dec-21	8-Feb-22	22-Feb-22	8-Mar-22	15-Mar-22		IDR				
Actual																										
Planned	Revised	1	PMU - Management Expert	6 months	174,000,000	IDR	Post	Individual		21-Apr-21	7-Feb-21	N/A	21-Feb-21	N/A	N/A	21-Apr-21	6-May-21	18-Jun-21	N/A	1-Jul-21	174,000,000	IDR	No. HK. 03.02/1/9147 /2021	Bambang Utoyo, Jakarta Indonesia	31/12/2022	
Actual																										
Planned	Revised	1	PMU - Procurement Expert	... months	0.00	IDR	Post	Individual		27-Oct-21	15-Oct-21	N/A	22-Oct-21	N/A	N/A	27-Oct-21	10-Nov-21	24-Nov-21	1-Dec-21	8-Dec-21		IDR				
Actual																										
Planned	Revised	1	PMU - Civil Engineering Expert	... months	0.00	IDR	Post	Individual		22-Nov-21	8-Nov-21	N/A	15-Nov-21	N/A	N/A	22-Nov-21	6-Dec-21	20-Dec-21	27-Dec-21	3-Jan-22		IDR				
Actual																										
Planned	Revised	1	Strengthen Hospital Institutions	... months	0.00	IDR	Prior	Firm	QCBS	22-Dec-21	8-Dec-21	8-Dec-21	15-Dec-21	14-Jan-22	7-Jan-22	14-Jan-22	13-Feb-22	27-Feb-22	6-Mar-22	13-Mar-22		IDR				
Actual																										
Planned	Revised	1	Emergency Preparedness Support Goods and Services including but not limited to, Consultancy Services.	... months	0.00	IDR	Prior	Firm	QCBS	22-Dec-21	8-Dec-21	8-Dec-21	15-Dec-21	14-Jan-22	7-Jan-22	14-Jan-22	13-Feb-22	27-Feb-22	6-Mar-22	13-Mar-22		IDR				
Actual																										

\*\* Applicable in case of Bank's prior review

In some contracts, one or more of these approvals may be contained in one Bank communication.







### Annex 3-Project Disbursement Plan

No	Type of COMPONENT	DHARMAIS CANCER HOSPITAL		RSUP PERSAHABATAN HOSPITAL		Dr. HASAN SADIKIN HOSPITAL		Dr. SARDJITO HOSPITAL		SANGLAH HOSPITAL		Dr. WAHIDIN SUDIROHUSODO		IsDB		Total	
		IsDB	GoI	IsDB	GoI	IsDB	GoI	IsDB	GoI	IsDB	GoI	IsDB	GoI	I.Sale (I)	I Sale(II)	IsDB	GOI
<b>A</b>	<b>Hospital Infrastructure</b>	30.487	-	35.175	-	26.616	-	20.683	-	10.772	-	30.505	-	-	154.238	154.238	-
1	New Building	21.473	-	25.796	-	16.407	-	19.716	-	6.552	-	13.394	-	-	103.338	103.34	-
2	Building Utilitas	9.014	-	9.379	-	10.209	-	0.967	-	4.220	-	17.111	-	-	50.900	50.90	-
<b>B</b>	<b>Hospital Equipment and Furniture</b>	21.999	3.834	8.140	2.658	14.111	0.835	16.996	1.376	17.153	1.166	16.927	2.847	-	95.326	95.326	12.716
1	Medical Equipment	21.999	-	8.140	-	14.111	-	16.996	-	17.153	-	16.927	-	-	95.326	95.33	-
2	Non-Medical Equipment	-	2.597	-	2.658	-	0.274	-	0.661	-	0.038	-	2.055	-	-	-	8.283
3	Furniture	-	1.237	-	-	-	0.561	-	0.715	-	1.128	-	0.792	-	-	-	4.433
<b>C</b>	<b>Strengthen Human Resource Capacity</b>	-	2.617	-	2.952	-	1.196	-	1.228	-	1.679	-	1.504	-	-	-	11.176
1	Staff Development	-	2.160	-	2.770	-	1.061	-	0.985	-	1.379	-	1.218	-	-	-	9.572
2	Certification and accreditation program	-	0.180	-	0.042	-	0.100	-	0.035	-	0.153	-	0.096	-	-	-	0.606
3	Books And Journal	-	0.230	-	0.100	-	0.026	-	0.069	-	0.035	-	0.114	-	-	-	0.574
4	Innovation / Research Grant	-	0.047	-	0.040	-	0.009	-	0.139	-	0.112	-	0.076	-	-	-	0.423
<b>D</b>	<b>Strengthen Hospital Institutions</b>	0.777	0.448	0.276	0.017	0.103	0.114	0.049	0.730	0.324	0.139	0.231	0.114	1.760	-	1.760	1.562
1	Linkage with I-SPHERE Primary Healthcare Project	0.777	-	0.276	-	0.103	-	0.049	-	0.324	-	0.231	-	1.760	-	1.760	-
2	Trainings for improving treatment/care quality	-	0.100	-	0.005	-	0.047	-	0.300	-	0.040	-	-	-	-	-	0.492
3	Research and Development in Clinical Area	-	0.193	-	0.010	-	0.050	-	0.311	-	0.030	-	0.076	-	-	-	0.670
4	Research and Development in improving referral system	-	0.155	-	0.002	-	0.017	-	0.119	-	0.069	-	0.038	-	-	-	0.400
<b>E</b>	<b>Emergency Preparedness</b>	0.877	-	0.317	-	0.865	-	0.679	-	0.301	-	0.206	-	3.245	-	3.245	-
1	Institutional Management on Pandemic Disaster Preparadness	0.486	-	0.035	-	0.022	-	0.278	-	0.201	-	0.054	-	1.076	-	1.076	-
2	Technical Capacities of Healthcare Organizations in Emergency	0.391	-	0.282	-	0.843	-	0.401	-	0.100	-	0.152	-	2.169	-	2.169	-
<b>F</b>	<b>Project Management</b>	1.370	0.985	1.298	1.666	1.377	1.028	1.629	0.978	0.271	0.182	1.203	0.903	7.148	-	7.148	5.742
1	Detail Engineering Design Consultant (DEDCC)	-	0.739	-	0.888	-	0.622	-	0.495	-	0.135	-	0.487	-	-	-	3.366
2	Project Management and Supervision Consultant (PMSC)	0.670	-	0.686	-	0.788	-	0.811	-	0.214	-	0.626	-	3.795	-	3.795	-
3	Equipment Consultant (EQC)	0.575	-	0.483	-	0.488	-	0.697	-	0.038	-	0.469	-	2.750	-	2.750	-
4	Startup workshop/Mid Term Review	0.003	-	0.003	-	0.003	-	0.003	-	0.004	-	0.006	-	0.022	-	0.022	-
5	Project Management Unit (PMU)	0.122	-	0.126	-	0.098	-	0.118	-	0.015	-	0.102	-	0.581	-	0.581	-
6	Project Implementation Unit (PIU)	-	0.246	-	0.778	-	0.406	-	0.483	-	0.047	-	0.416	-	-	-	2.376
<b>G</b>	<b>Financial Auditing (BPKP)</b>	-	0.074	-	0.030	-	0.012	-	0.018	-	0.002	-	0.029	-	-	-	0.165
<b>TOTAL COST</b>		<b>55.510</b>	<b>7.958</b>	<b>45.206</b>	<b>7.323</b>	<b>43.072</b>	<b>3.185</b>	<b>40.036</b>	<b>4.330</b>	<b>28.821</b>	<b>3.168</b>	<b>49.072</b>	<b>5.397</b>	<b>12.153</b>	<b>249.565</b>	<b>261.718</b>	<b>31.361</b>

## Disbursement Plan (Quarterly)

Component	2021					2022					2023					2024					2025					2026					TOTAL
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	
<b>I.Sale I</b>			<b>113,21</b>		<b>113,21</b>	-	<b>991,34</b>	<b>1,247,87</b>	<b>746,40</b>	<b>2,985,62</b>		<b>992,56</b>	<b>747,62</b>	<b>747,62</b>	<b>2,487,80</b>		<b>896,23</b>	<b>896,22</b>	<b>1,291,82</b>	<b>3,084,27</b>	<b>941,42</b>	<b>941,40</b>	<b>799,65</b>	<b>296,96</b>	<b>2,979,42</b>	<b>502,68</b>	-	-	-	<b>502,68</b>	<b>12,152,99</b>
Strengthen Hospital Institutions						-	171,15	85,58	85,58	342,30		171,15	85,58	85,58	342,30		197,97	197,97	395,94	791,88	141,77	141,75			283,52					-	1,760,00
Emergency Preparedness						-	318,72	159,36	159,36	637,44		318,72	159,36	159,36	637,44		195,57	195,57	391,14	782,28	296,96	296,96			1,187,84					-	3,245,00
Project Management			113,21		113,205		501,47	1,002,94	501,47	2,005,88	-	502,69	502,69	502,69	1,508,06	-	502,69	502,69	504,74	1,510,11	502,69	502,69			1,508,06	502,68				502,68	7,148,00
<b>I.Sale 2A</b>																															
Hospital Infrastructure																															
<b>I.Sale 2B</b>																															
Hospital Equipment and Furniture																															
<b>Total</b>			<b>113,21</b>			<b>991,34</b>	<b>1,247,87</b>	<b>47,571,77</b>	<b>49,810,98</b>																					<b>502,68</b>	<b>261,717,99</b>

## Acceleration Disbursement Plan by The Ministry of Health

Component	2021					2022					2023					2024					TOTAL	
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total		
<b>I.Sale I</b>			<b>113,21</b>		<b>113,21</b>	-	<b>991,34</b>	<b>1,247,87</b>	<b>746,40</b>	<b>2,985,62</b>		<b>992,56</b>	<b>747,62</b>	<b>747,62</b>	<b>2,487,80</b>	<b>1,264,07</b>	<b>1,766,76</b>	<b>1,766,76</b>	<b>1,768,80</b>	<b>6,566,37</b>	<b>12,153,00</b>	
Strengthen Hospital Institutions						-	171,15	85,58	85,58	342,30		171,15	85,58	85,58	342,30	268,85	268,85	268,85	268,85	1,075,40	1,760,00	
Emergency Preparedness						-	318,72	159,36	159,36	637,44		318,72	159,36	159,36	637,44	492,53	492,53	492,53	492,53	1,970,12	3,245,00	
Project Management			113,21		113,205		501,47	1,002,94	501,47	2,005,88	-	502,69	502,69	502,69	1,508,06	502,69	1,005,38	1,005,38	1,007,42	3,520,85	7,148,00	
<b>I.Sale 2A</b>																						
Hospital Infrastructure																						
<b>I.Sale 2B</b>																						
Hospital Equipment and Furniture																						
<b>Total</b>			<b>113,21</b>			<b>991,34</b>	<b>1,247,87</b>	<b>47,571,77</b>	<b>49,810,98</b>													

## Annex 4-Project Risk Matrix

Risk Category	Risk	Risk Impact Level	Status	Mitigation Measure	Risk Impact after Mitigation
Implementation	The development of DED takes time because there is input from the Ministry regarding international hospital standards.	Medium	Risk Triggered	<ul style="list-style-type: none"> <li>- PIU will recruit Independent Technical Reviewers to verify the DED that each PIU has developed. The allocation of funds is taken from the BLU budget in each PIU.</li> <li>- PIU will convey the results of the Independent Technical Reviewer recruitment to PMU. Then the list of Independent Technical Reviewers from each PIU will be submitted to the IsDB for approval.</li> </ul>	October 2021
Implementation	ToR PMSC and EQC for PMU and PIU takes more time due to the complexity of the project and the large number of PIUs	Medium	Risk Triggered	PMU intensively coordinated with 6 PIUs regarding ToR PMSC and EQC. Coordination Meetings related to ToR have been developed in several PIUs; Sanglah Hospital (Offline meeting on September 6-7, 2021), Dr. Sardjito Hospital (Offline meeting on September 13-14, 2021). The following meeting will be conducted consistently until the end of September 2021. The ToR will be submitted to IsDB on September 30, 2021.	Submission ToR to IsDB on September 30, 2021
Implementation	Small working groups have not yet been formed to conduct more intense discussions so that the implementation of the Strengthen Hospital Institutions and Emergency Preparedness program preparation	Medium	Risk Triggered	To accelerate the implementation of the Strengthen Hospital Institutions and Emergency Preparedness program activities, PMU and PIU will form small working groups and conduct more intense discussions facilitated by PMU to share perceptions in program preparation.	October 2021

Risk Category	Risk	Risk Impact Level	Status	Mitigation Measure	Risk Impact after Mitigation
	activities has not gone well.				
Implementation	There is no coordination and consolidation between the Ministry of Health, PMU, and PIU to involve the Digital Transformation Office (DTO) in making real-time system integration and monitoring systems.	Medium	Risk Triggered	PMU will coordinate with the Digital Transformation Office (DTO) to create an ICT integration system and monitoring system in real-time.	October 2021
Implementation	There are structural positions with the functions of Daily Implementing Officer (Plh) and Task Executing Officer (Plt) at the Hospital Director that have not been defined definitively. Circumstances like this can affect project	Medium	Risk Triggered	PMU and PIU coordinate with the Ministry of Health to follow up on a definitive decree for the President Director of the Hospital	October 2021

Risk Category	Risk	Risk Impact Level	Status	Mitigation Measure	Risk Impact after Mitigation
	implementation because the Daily Implementing Officer (Plh) or Task Executing Officer (Plt) officials cannot make policies (issue a decree).				

**Annex 5- Score and Rating Scale**

<b>Overall Score</b>	<b>≥0.90 &amp; =1</b>	<b>&lt; 0.90 &amp; ≥0.60</b>	<b>&lt;0.60 &amp; ≥0.35</b>	<b>&lt;0 &amp; &gt;0.35</b>
<b>Overall Rating</b>	<b>Highly Satisfactory</b>	<b>Satisfactory</b>	<b>Partly Satisfactory</b>	<b>Unsatisfactory</b>
Project Implementation Arrangement	No change/gap	Minor change/gap	Deviation/gap of <35%	Deviation/gap of >50%
Procurement: Contract Award	<ul style="list-style-type: none"> <li>• 90% or more of the target is being met</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 90% and more than 60% of the target is being met</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 60% of the target is being met</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 35% of the target is being met</li> </ul>
Procurement: Delivery of Goods, Works and Services <ul style="list-style-type: none"> <li>• Schedule</li> <li>• Cost</li> <li>• Quality</li> </ul>	<ul style="list-style-type: none"> <li>• &lt;6 months delay</li> <li>• Less than 10% variation</li> <li>• Less than 10% variation</li> </ul>	<ul style="list-style-type: none"> <li>• 6-12 months delay</li> <li>• Less than 40% variation</li> <li>• Less than 40% variation</li> </ul>	<ul style="list-style-type: none"> <li>• 12-18 months delay</li> <li>• Less than 65 % variation</li> <li>• Less than 65% variation</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;18 months delay</li> <li>• More than 65% variation</li> <li>• More than 65% variation</li> </ul>
Disbursement <ul style="list-style-type: none"> <li>- Annual</li> <li>- Cumulative</li> </ul>	90% or more of the target is being met	60% or more of the target is being met	35% or more of the target is being met	<35% of the target is being met
Development Results <ul style="list-style-type: none"> <li>- Outputs</li> </ul>	90% or more of the target is being met	60% or more of the target is being met	35% or more of the target is being met	Less than 35% of the target is being met
Compliance with Conditions of Financing	No change/gap	Minor change/gap	Deviation/gap of <35%	Deviation/gap of >50%



## **Annex 6-Project Documentation (Photos, Publication, Research)**

Start-up documentation can be found at the link

Link Virtual Start-Up Workshop

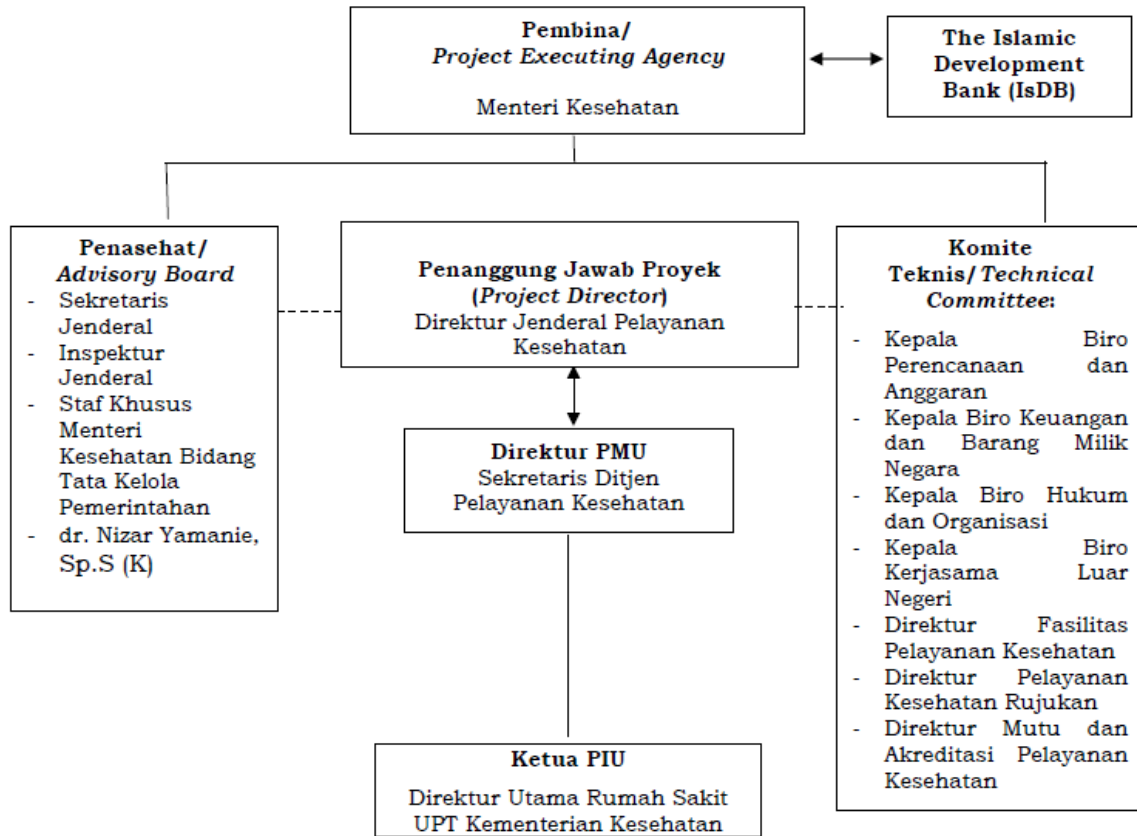
[https://us06web.zoom.us/j/87425015005?tk=VAoBa9RZI0M3aYrGcY9bWfB9VIIVjFUzkk9CogQZqY.DQMAAAAUWu\\_c3RZDVUpiaUoxdFRYYVlocU5BRXM5b0xBAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA&pwd=VjdmTVdqY0ZjY3hsMjE3dm41emtudz09](https://us06web.zoom.us/j/87425015005?tk=VAoBa9RZI0M3aYrGcY9bWfB9VIIVjFUzkk9CogQZqY.DQMAAAAUWu_c3RZDVUpiaUoxdFRYYVlocU5BRXM5b0xBAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA&pwd=VjdmTVdqY0ZjY3hsMjE3dm41emtudz09)

Material

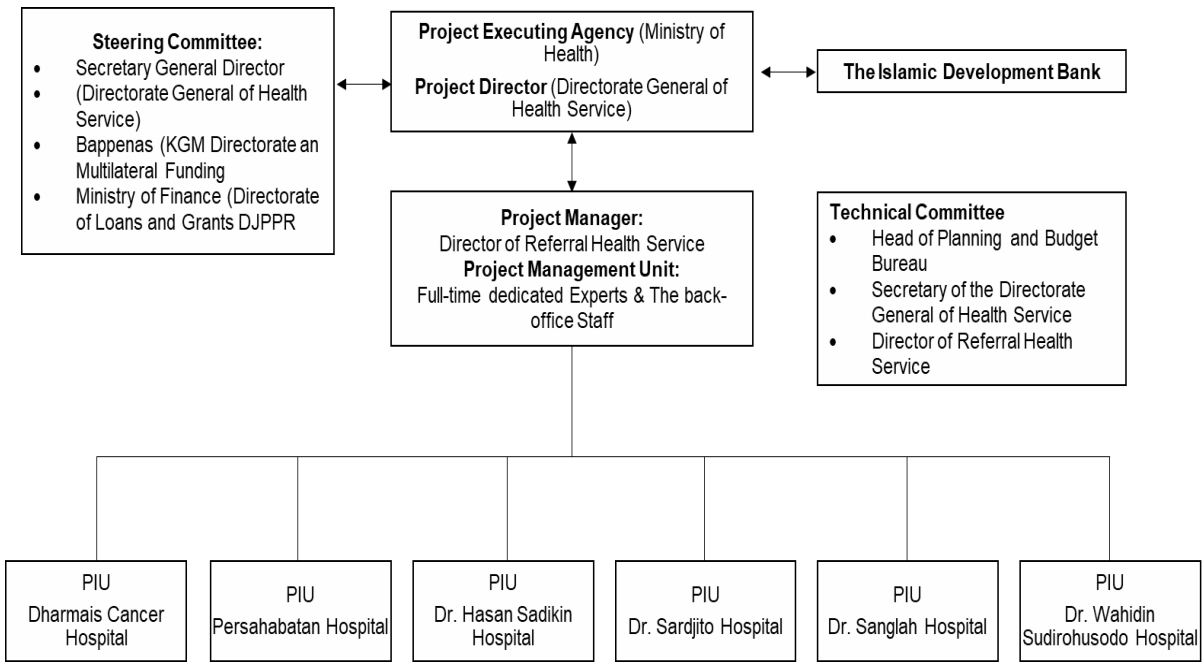
<https://bit.ly/MateriStartUpWorkshop>

**Annex 7-Organizational Structure**

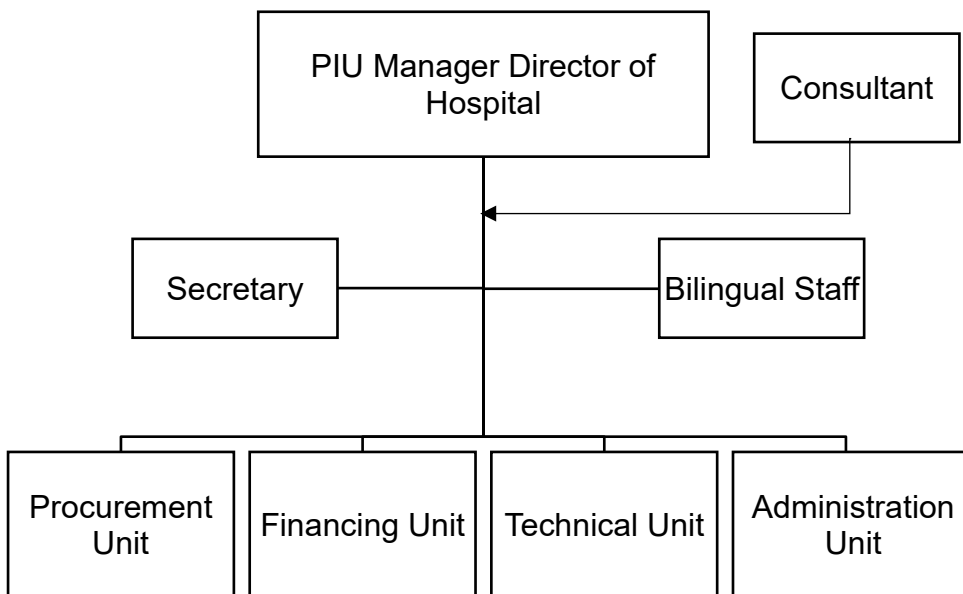
**ORGANIZATIONAL STRUCTURE NO. HK.01.07/MENKES/4854/2021**



**ORGANIZATIONAL STRUCTURE OF PROJECT MANAGEMENT UNIT (PMU)**



**ORGANIZATIONAL STRUCTURE OF PROJECT IMPLEMENTATION UNIT (PIU)**





MENTERI KESEHATAN  
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KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA

NOMOR HK.01.07/MENKES/4854/2021

TENTANG

TIM KOORDINASI PENYELENGGARAAN PROYEK

PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT  
PELAKSANA TEKNIS VERTIKAL DI LINGKUNGAN KEMENTERIAN KESEHATAN

(*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL*

*TECHNICAL UNITS*) YANG DIBIYAI OLEH PINJAMAN LUAR NEGERI

*THE ISLAMIC DEVELOPMENT BANK (ISDB)*

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI KESEHATAN REPUBLIK INDONESIA,

- Menimbang : a. bahwa angka kematian ibu dan angka kematian bayi masih menjadi masalah kesehatan di Indonesia dan menjadi salah satu prioritas dalam Rencana Pembangunan Jangka Menengah Nasional (RPJMN) Bidang Kesehatan Tahun 2020-2024;
- b. bahwa dalam rangka menurunkan angka kematian ibu dan angka kematian bayi serta meningkatkan mutu pelayanan kesehatan lainnya di rumah sakit, perlu dilakukan penguatan terhadap rumah sakit rujukan nasional dan rumah sakit unit pelaksana teknis vertikal di lingkungan Kementerian Kesehatan yang salah satunya melalui penyelenggaraan proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank (IsDB)*;

- c. bahwa untuk melakukan perencanaan, pelaksanaan, serta monitoring dan evaluasi penyelenggaraan proyek sebagaimana dimaksud pada huruf b, perlu dibentuk Tim Koordinasi;
- d. bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, huruf b, dan huruf c, perlu menetapkan Keputusan Menteri Kesehatan tentang Tim Koordinasi Penyelenggaraan Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB);

- Mengingat :
- 1. Undang-Undang Nomor 17 Tahun 2003 tentang Keuangan Negara (Lembaran Negara Republik Indonesia Tahun 2003 Nomor 47, Tambahan Lembaran Negara Republik Indonesia Nomor 4286);
  - 2. Undang-Undang Nomor 25 Tahun 2004 tentang Sistem Perencanaan Pembangunan Nasional (Lembaran Negara Republik Indonesia Tahun 2004 Nomor 104, Tambahan Lembaran Negara Republik Indonesia Nomor 4421);
  - 3. Undang-Undang Nomor 17 Tahun 2007 tentang Rencana Pembangunan Jangka Panjang Nasional Tahun 2005-2025 (Lembaran Negara Republik Indonesia Tahun 2007 Nomor 33, Tambahan Lembaran Negara Republik Indonesia Nomor 4700);
  - 4. Peraturan Pemerintah Nomor 10 Tahun 2011 tentang Tata Cara Pengadaan Pinjaman Luar Negeri dan Penerimaan Hibah (Lembaran Negara Republik Indonesia Tahun 2011 Nomor 23, Tambahan Lembaran Negara Republik Indonesia Nomor 5202);
  - 5. Peraturan Pemerintah Nomor 17 Tahun 2017 tentang Sinkronisasi Proses Perencanaan dan Penganggaran Pembangunan Nasional (Lembaran Negara Republik Indonesia Tahun 2017 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6056);

6. Peraturan Presiden Nomor 72 Tahun 2012 tentang Sistem Kesehatan Nasional (Lembaran Negara Republik Indonesia Tahun 2012 Nomor 193);
7. Peraturan Presiden Nomor 18 Tahun 2020 tentang Rencana Pembangunan Jangka Menengah Nasional Tahun 2020-2024 (Lembaran Negara Republik Indonesia Tahun 2020 Nomor 10);
8. Peraturan Presiden Nomor 113 Tahun 2020 tentang Rincian Anggaran Pendapatan dan Belanja Negara Tahun 2021 (Lembaran Negara Republik Indonesia Tahun 2020 Nomor 266);
9. Peraturan Menteri Negara Perencanaan Pembangunan Nasional/Kepala Badan Perencanaan Pembangunan Nasional Nomor 4 Tahun 2011 tentang Tata Cara Perencanaan, Pengajuan Usulan, Penilaian, Pemantauan, dan Evaluasi Kegiatan yang Dibiayai dari Pinjaman Luar Negeri dan Hibah (Berita Negara Republik Indonesia Tahun 2011 Nomor 761);
10. Peraturan Menteri Kesehatan Nomor 25 Tahun 2020 tentang Organisasi dan Tata Kerja Kementerian Kesehatan (Berita Negara Republik Indonesia Tahun 2020 Nomor 1146);

MEMUTUSKAN:

Menetapkan : KEPUTUSAN MENTERI KESEHATAN TENTANG TIM KOORDINASI PENYELENGGARAAN PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL DI LINGKUNGAN KEMENTERIAN KESEHATAN (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*) YANG DIBIYAI OLEH PINJAMAN LUAR NEGERI *THE ISLAMIC DEVELOPMENT BANK* (ISDB).

KESATU : Membentuk Tim Koordinasi Penyelenggaraan Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar

Negeri *The Islamic Development Bank* (IsDB) yang selanjutnya disebut Tim Koordinasi dengan susunan dan struktur keanggotaan sebagaimana tercantum dalam Lampiran yang merupakan bagian tidak terpisahkan dari Keputusan Menteri ini.

- KEDUA : Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB) bertujuan untuk:
- a. meningkatkan akses dan kualitas pelayanan kesehatan ibu dan anak, onkologi, pernapasan, dan sel punca;
  - b. meningkatkan infrastruktur, fasilitas, peralatan medis, dan nonmedis;
  - c. meningkatkan kapasitas sumber daya manusia; dan
  - d. memperkuat kolaborasi antara rumah sakit, sistem rujukan, dan jejaringnya.
- KETIGA : Keanggotaan Tim Koordinasi sebagaimana dimaksud dalam Diktum KESATU terdiri atas:
- a. Pembina/*Project Executing Agency*;
  - b. Penasehat/*Advisory Board*;
  - c. Penanggung Jawab Proyek/*Project Director*;
  - d. Komite Teknis/*Technical Committee*;
  - e. Direktur *Project Management Unit* (PMU); dan
  - f. Ketua *Program Implementing Unit* (PIU).
- KEEMPAT : Tim Koordinasi sebagaimana dimaksud dalam Diktum KETIGA bertugas:
- a. menyelenggarakan dan melakukan evaluasi pelaksanaan kegiatan Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB); dan
  - b. membuat laporan hasil pelaksanaan tugas sebagaimana dimaksud pada huruf a kepada Menteri Kesehatan.

- KELIMA : Dalam melaksanakan tugas sebagaimana dimaksud dalam Diktum KEEMPAT, masing-masing keanggotaan Tim Koordinasi memiliki tugas sebagai berikut:
- a. Pembina/ *Project Executing Agency*:  
Mengendalikan kebijakan pelaksanaan proyek dan menerima laporan pertanggungjawaban pelaksanaan proyek secara berkala.
  - b. Penasehat/ *Advisory Board*:  
Memberikan masukan pertimbangan terhadap pelaksanaan kegiatan proyek kepada Pembina/*Project Executing Agency* dan Penanggung Jawab Proyek/*Project Director*.
  - c. Penanggung Jawab Proyek/*Project Director*:
    1. Berkolaborasi dan berkoordinasi dengan *Project Management Unit* (PMU) serta memperoleh masukan dari Pembina/*Project Executing Agency*, Penasehat/*Advisory Board* dan/atau Komite Teknis/*Technical Committee*; dan
    2. Melaporkan hasil pelaksanaan tugas kepada Pembina/*Project Executing Agency*.
  - d. Komite Teknis/*Technical Committee*:  
Memberikan masukan terkait teknis pelaksanaan kegiatan proyek kepada Penanggung Jawab Proyek/*Project Director* dan Direktur *Project Management Unit* (PMU).
  - e. Direktur *Project Management Unit* (PMU):
    1. Melakukan koordinasi perencanaan, monitoring, dan evaluasi dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan sumber daya manusia serta manajemen proyek di tingkat pemerintah pusat terhadap pelaksanaan proyek di rumah sakit yang menjadi lokus penyelenggaraan proyek;
    2. Melaporkan hasil pelaksanaan tugasnya kepada Penanggung Jawab Proyek/*Project Director*; dan
    3. Dalam melaksanakan tugasnya Direktur *Project Management Unit* (PMU), dapat mengangkat



ahli/konsultan dan anggota sekretariat yang dibutuhkan untuk pelaksanaan proyek.

f. Ketua *Program Implementing Unit* (PIU):

1. Melakukan koordinasi perencanaan, pelaksanaan, monitoring dan evaluasi dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan sumber daya manusia serta manajemen proyek di lingkungan rumah sakit yang menjadi lokus penyelenggaraan proyek; dan
2. Melaporkan hasil pelaksanaan tugas kepada Direktur *Project Management Unit* (PMU).

KEENAM : Laporan hasil pelaksanaan tugas sebagaimana dimaksud dalam Diktum KEEMPAT huruf b dilakukan secara berkala paling sedikit setiap 3 (tiga) bulan sekali dan setelah Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB) berakhir.

KETUJUH : Pembiayaan yang timbul sebagai pelaksanaan tugas Tim Koordinasi dibebankan pada DIPA Kementerian Kesehatan dan sumber pembiayaan lain yang sah sesuai dengan ketentuan peraturan perundang-undangan.

KEDELAPAN : Keputusan Menteri ini mulai berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta  
pada tanggal 28 Juli 2021

MENTERI KESEHATAN  
REPUBLIK INDONESIA,

ttd.

BUDI G. SADIKIN

Salinan sesuai dengan aslinya

Kepala Biro Hukum dan Organisasi  
Sekretariat Jenderal Kementerian Kesehatan,



Sundoyo, SH, MKM, M.Hum

NIP 196504081988031002

[jdih.kemkes.go.id](http://jdih.kemkes.go.id)

LAMPIRAN  
KEPUTUSAN MENTERI KESEHATAN  
REPUBLIK INDONESIA  
NOMOR HK.01.07/MENKES/4854/2021  
TENTANG  
TIM KOORDINASI PENYELENGGARAAN PROYEK  
PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL  
DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS  
VERTIKAL DI LINGKUNGAN KEMENTERIAN  
KESEHATAN (*STRENGTHENING OF NATIONAL  
REFERRAL HOSPITALS AND VERTICAL  
TECHNICAL UNITS*) YANG DIBIYAI OLEH  
PINJAMAN LUAR NEGERI *THE ISLAMIC  
DEVELOPMENT BANK* (ISDB)

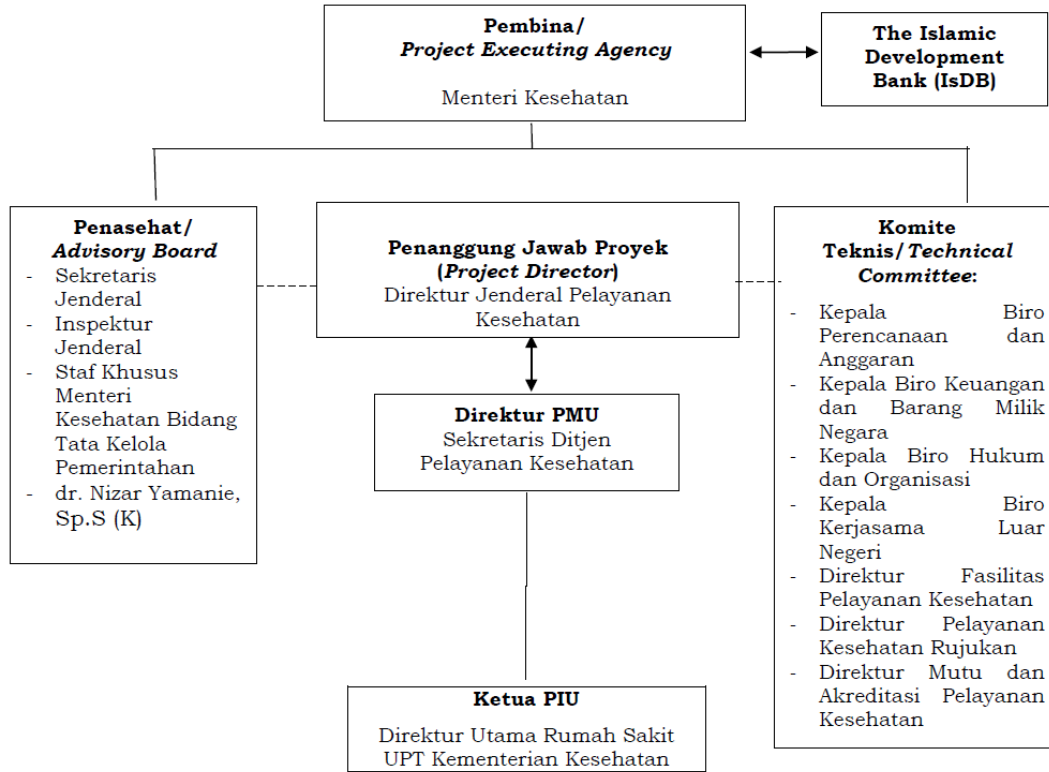
SUSUNAN DAN STRUKTUR KEANGGOTAAN  
TIM KOORDINASI PENYELENGGARAAN PROYEK PENGUATAN  
RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA  
TEKNIS VERTIKAL DI LINGKUNGAN KEMENTERIAN KESEHATAN  
(*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL  
TECHNICAL UNITS*) YANG DIBIYAI OLEH PINJAMAN LUAR NEGERI *THE  
ISLAMIC DEVELOPMENT BANK* (ISDB)

I. SUSUNAN KEANGGOTAAN

- A. Pembina/ : Menteri Kesehatan  
*Project Executive Agency*
- B. Penasehat/ : 1. Sekretaris Jenderal Kementerian  
*Advisory Board* Kesehatan  
2. Inspektur Jenderal Kementerian  
Kesehatan  
3. Staf Khusus Menteri Kesehatan  
Bidang Tata Kelola Pemerintahan  
4. dr. Nizar Yamanie, Sp.S (K)

- C. Penanggung Jawab : Direktur Jenderal Pelayanan Kesehatan  
Proyek/*Project Director* Kementerian Kesehatan
- D. Komite Teknis/*Technical Committee* :
1. Kepala Biro Perencanaan dan Anggaran, Kementerian Kesehatan
  2. Kepala Biro Keuangan dan Barang Milik Negara, Kementerian Kesehatan
  3. Kepala Biro Hukum dan Organisasi, Kementerian Kesehatan
  4. Kepala Biro Kerjasama Luar Negeri, Kementerian Kesehatan
  5. Direktur Fasilitas Pelayanan Kesehatan, Kementerian Kesehatan
  6. Direktur Pelayanan Kesehatan Rujukan, Kementerian Kesehatan
  7. Direktur Mutu dan Akreditasi Pelayanan Kesehatan, Kementerian Kesehatan
- E. Direktur *Project Management Unit (PMU)* : Sekretaris Direktorat Jenderal Pelayanan Kesehatan, Kementerian Kesehatan
- F. Ketua *Program Implementing Unit (PIU)* : Direktur Utama Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan
- G. Islamic Development Bank : IsDB

## II. STRUKTUR KEANGGOTAAN



MENTERI KESEHATAN  
REPUBLIK INDONESIA,

ttd.

BUDI G. SADIKIN

Salinan sesuai dengan aslinya

Kepala Biro Hukum dan Organisasi  
Sekretariat Jenderal Kementerian Kesehatan,

Sundoyo, SH, MKM, M.Hum  
NIP 196504081988031002



**KEMENTERIAN KESEHATAN REPUBLIK INDONESIA**

**DIREKTORAT JENDERAL PELAYANAN KESEHATAN**

Jalan H.R. Rasuna Said Blok X5 Kavling 4-9 Jakarta 12950

Telepon : (021) 5201590 (*Hunting*), Faksimile : (021) 5261814, 5203872

Website: [www.yankes.kemkes.go.id](http://www.yankes.kemkes.go.id)



KEPUTUSAN DIREKTUR JENDERAL PELAYANAN KESEHATAN

NOMOR : HK.02.02/I/3022/2021

TENTANG

UNIT MANAJEMEN PROYEK (*PROJECT MANAGEMENT UNIT*) DAN  
UNIT IMPLEMENTASI PROYEK (*PROJECT IMPLEMENTATION UNIT*)  
PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN  
RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL DI LINGKUNGAN  
KEMENTERIAN KESEHATAN (*STRENGTHENING OF NATIONAL REFERRAL  
HOSPITALS AND VERTICAL TECHNICAL UNITS*) YANG DIBIYAI OLEH  
PINJAMAN LUAR NEGERI *THE ISLAMIC DEVELOPMENT BANK* (ISDB)

DENGAN RAHMAT TUHAN YANG MAHA ESA

DIREKTUR JENDERAL PELAYANAN KESEHATAN,

- Menimbang : a. bahwa angka kematian ibu dan angka kematian bayi masih menjadi masalah kesehatan di Indonesia dan menjadi salah satu prioritas dalam Rencana Pembangunan Jangka Menengah Nasional (RPJMN) Bidang Kesehatan Tahun 2020-2024;
- b. bahwa dalam rangka menurunkan angka kematian ibu dan angka kematian anak serta meningkatkan mutu pelayanan kesehatan lainnya di rumah sakit sebagaimana dimaksud pada huruf a, perlu dilakukan penguatan terhadap rumah sakit rujukan nasional dan rumah sakit unit pelaksana teknis vertikal Kementerian Kesehatan yang salah satunya melalui penyelenggaraan proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal (*Strengthening Of National Referral Hospitals And Vertical Technical Units*) yang Dibiayai oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB);

- c. bahwa untuk melakukan perencanaan, pelaksanaan, serta monitoring dan evaluasi penyelenggaraan proyek, perlu dibentuk Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*);
- d. bahwa Keputusan Direktur Jenderal Pelayanan Kesehatan Nomor HK.02.02/1/2273/2021 Tentang Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*) Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening Of National Referral Hospitals And Vertical Technical Units*) yang Dibiayai Oleh Pinjaman Luar Negeri (PLN) *The Islamic Development Bank* (IsDB) sudah tidak sesuai dengan kebutuhan hukum pelaksanaan proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan;
- e. bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, huruf b, huruf c, dan huruf d, perlu menetapkan Keputusan Direktur Jenderal Pelayanan Kesehatan tentang Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*) Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening Of National Referral Hospitals And Vertical Technical Units*) yang Dibiayai Oleh Pinjaman Luar Negeri *The Islamic Development Bank* (IsDB);

Mengingat : 1. Undang-Undang Nomor 17 Tahun 2003 tentang Keuangan Negara (Lembaran Negara Republik Indonesia Tahun 2003 Nomor 47, Tambahan Lembaran Negara Republik Indonesia Nomor 4286);

2. Undang-Undang Nomor 25 Tahun 2004 tentang Sistem Perencanaan Pembangunan Nasional (Lembaran Negara Republik Indonesia Tahun 2004 Nomor 104, Tambahan Lembaran Negara Republik Indonesia Nomor 4421);
3. Undang-Undang Nomor 17 Tahun 2007 tentang Rencana Pembangunan Jangka Panjang Nasional Tahun 2005-2025 (Lembaran Negara Republik Indonesia Tahun 2007 Nomor 33, Tambahan Lembaran Negara Republik Indonesia Nomor 4700);
4. Peraturan Pemerintah Nomor 10 tahun 2011 tentang Tata Cara Pengadaan Pinjaman Luar Negeri dan Penerimaan Hibah (Lembaran Negara Republik Indonesia Tahun 2011 Nomor 23, Tambahan Lembaran Negara Republik Indonesia Nomor 5202);
5. Peraturan Pemerintah Nomor 17 Tahun 2017 tentang Sinkronisasi Proses Perencanaan dan Penganggaran Pembangunan Nasional (Lembaran Negara Republik Indonesia Tahun 2017 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6056);
6. Peraturan Presiden Nomor 72 Tahun 2012 tentang Sistem Kesehatan Nasional (Lembaran Negara Republik Indonesia Tahun 2012 Nomor 193);
7. Peraturan Presiden Nomor 18 Tahun 2020 tentang Rencana Pembangunan Jangka Menengah Nasional Tahun 2020-2024 (Lembaran Negara Republik Indonesia Tahun 2020 Nomor 10);
8. Peraturan Presiden Nomor 113 Tahun 2020 tentang Rincian Anggaran Pendapatan dan Belanja Negara Tahun 2021 (Lembaran Negara Republik Indonesia Tahun 2020 Nomor 266);
9. Peraturan Menteri Negara Perencanaan Pembangunan Nasional/Kepala Badan Perencanaan Pembangunan Nasional Nomor 4 Tahun 2011 tentang Tata Cara Perencanaan, Pengajuan Usulan, Penilaian, Pemantauan, dan Evaluasi Kegiatan yang Dibiayai dari Pinjaman Luar Negeri dan Hibah (Berita Negara

- Republik Indonesia Tahun 2011 Nomor 761);
10. Peraturan Menteri Kesehatan Nomor 25 Tahun 2020 tentang Organisasi dan Tata Kerja Kementerian Kesehatan (Berita Negara Republik Indonesia Tahun 2020 Nomor 1146);
  11. Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/4854/2021 tentang Tim Koordinasi Penyelenggaraan Proyek Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening of National Referral Hospitals and Vertical Technical Units*) yang dibiayai oleh Pinjaman Luar Negeri The Islamic Development Bank (IsDB);

MEMUTUSKAN:

Menetapkan : KEPUTUSAN DIREKTUR JENDERAL PELAYANAN KESEHATAN TENTANG UNIT MANAJEMEN PROYEK (*PROJECT MANAGEMENT UNIT*) DAN UNIT IMPLEMENTASI PROYEK (*PROJECT IMPLEMENTATION UNIT*) PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL DI LINGKUNGAN KEMENTERIAN KESEHATAN (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*) YANG DIBIYAI OLEH PINJAMAN LUAR NEGERI *THE ISLAMIC DEVELOPMENT BANK* (ISDB).

KESATU : Menetapkan Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*) Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening Of National Referral Hospitals And Vertical Technical Units*) yang Dibiayai Oleh Pinjaman Luar Negeri (PLN) *The Islamic Development Bank* (IsDB) dengan susunan keanggotaan, tugas, dan bagan struktur organisasi dalam lampiran yang merupakan bagian tidak terpisahkan dari Keputusan Direktur Jenderal ini.



- KEDUA : Unit Manajemen Proyek (*Project Management Unit*) sebagaimana dimaksud dalam Diktum KESATU terdiri atas:
- a. *PMU Director/Direktur PMU*;
  - b. *Executive Secretary*;
  - c. *Civil Work, Support, and Equipment Working Group Coordinator*;
  - d. *Procurement Working Group Coordinator*;
  - e. *Finance Working Group Coordinator*;
  - f. *Service Development Coordinator*;
  - g. *Legal Working Group Coordinator*;
  - h. *Monitoring and Evaluation Working Group*;
  - i. Anggota Sekretariat PMU; dan
  - j. Konsultan.
- KETIGA : Unit Implementasi Proyek (*Project Implementation Unit*) sebagaimana dimaksud dalam Diktum KESATU terdiri atas:
- a. Ketua PIU;
  - b. Sekretaris;
  - c. Koordinator Proyek;
  - d. Pejabat Pengelola Keuangan ;
  - e. Unit Layanan Pengadaan;
  - f. *Finance Working Group*;
  - g. *Civil Work Working Group*;
  - h. *Monitoring and Evaluation Working Group*;
  - i. *Human Resources Working Group*;
  - j. *Research and Development Working Group*;
  - k. Anggota Sekretariat PIU; dan
  - l. Konsultan.
- KEEMPAT : Unit Manajemen Proyek (*Project Management Unit*) sebagaimana dimaksud dalam Diktum KESATU bertanggung jawab kepada Direktur Jenderal Pelayanan Kesehatan dan memberikan laporan tertulis secara berkala paling sedikit tiap bulan dan setelah proyek ini berakhir.
- KELIMA : Unit Implementasi Proyek (*Project Implementation Unit*) sebagaimana dimaksud dalam Diktum KESATU bertanggung jawab kepada Direktur Unit Manajemen Proyek (*Project Management Unit*) dan memberikan laporan tertulis secara berkala setiap bulan dan setelah proyek ini berakhir.

- KEENAM : Pembiayaan yang timbul sebagai pelaksanaan tugas Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*) sebagaimana dimaksud dalam Diktum KESATU dibebankan pada DIPA Kementerian Kesehatan serta sumber dana lain yang sah sesuai dengan ketentuan peraturan perundang-undangan.
- KETUJUH : Pada saat Keputusan Direktur Jenderal ini mulai berlaku, Keputusan Direktur Jenderal Nomor HK.02.02/I/2273/2021 Tentang Unit Manajemen Proyek (*Project Management Unit*) dan Unit Implementasi Proyek (*Project Implementation Unit*) Penguatan Rumah Sakit Rujukan Nasional dan Rumah Sakit Unit Pelaksana Teknis Vertikal di Lingkungan Kementerian Kesehatan (*Strengthening Of National Referral Hospitals And Vertical Technical Units*) yang Dibiayai Oleh Pinjaman Luar Negeri (PLN) *The Islamic Development Bank* (IsDB) dicabut dan dinyatakan tidak berlaku.
- KEDELAPAN : Keputusan Direktur Jenderal ini mulai berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta

pada tanggal : 27 Agustus 2021

DIREKTUR JENDERAL PELAYANAN KESEHATAN,



LAMPIRAN  
KEPUTUSAN DIREKTUR JENDERAL  
PELAYANAN KESEHATAN  
NOMOR : HK.02.02/I/3022/2021  
TENTANG  
UNIT MANAJEMEN PROYEK (*PROJECT  
MANAGEMENT UNIT*) DAN UNIT  
IMPLEMENTASI PROYEK (*PROJECT  
IMPLEMENTATION UNIT*) PENGUATAN  
RUMAH SAKIT RUJUKAN NASIONAL DAN  
RUMAH SAKIT UNIT PELAKSANA TEKNIS  
VERTIKAL DI LINGKUNGAN  
KEMENTERIAN KESEHATAN  
(*STRENGTHENING OF NATIONAL  
REFERRAL HOSPITALS AND VERTICAL  
TECHNICAL UNITS*) YANG DIBIAYAI OLEH  
PINJAMAN LUAR NEGERI *THE ISLAMIC  
DEVELOPMENT BANK* (ISDB)

I. SUSUNAN UNIT MANAJEMEN PROYEK (*PROJECT MANAGEMENT UNIT*)  
PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH  
SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (*STRENGTHENING OF  
NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*)

- A. *PMU Director* : Sekretaris Direktorat Jenderal  
/Direktur PMU Pelayanan Kesehatan
- B. *Executive Secretary/Sekretaris PMU* : Koordinator Kelompok Substansi  
Program dan Informasi, Sekretariat  
Direktorat Jenderal Pelayanan  
Kesehatan
- C. *Civil Work, Support, and Equipment Working Group Coordinator* : Koordinator Kelompok Substansi  
Fasilitas Pelayanan Kesehatan Rujukan,  
Direktorat Fasilitas Pelayanan  
Kesehatan

- Anggota : Sub Koordinator Kelompok Sub-Substansi Sarana dan Prasarana, Direktorat Fasilitas Pelayanan Kesehatan
- D. *Procurement Working Group Coordinator* : Heru Prastyo, SH, MARS
- Anggota : 1. Jamaluddin Lendang, SKM, MKM, S.Psi  
2. Kasub Bagian Administrasi Umum, Sekretariat Direktorat Jenderal Pelayanan Kesehatan  
3. drg. Pandujiwo Noormanadi, SKG  
4. Heru Sukarno, S.Kom  
5. Edi Susiyanto, S.Kom
- E. *Finance Working Group Coordinator* : Koordinator Kelompok Substansi Keuangan dan Barang Milik Negara, Sekretariat Direktorat Jenderal Pelayanan Kesehatan
- Anggota : 1. Sub Koordinator Kelompok Sub-Substansi Perbendaharaan, Sekretariat Direktorat Jenderal Pelayanan Kesehatan  
2. Sub Koordinator Kelompok Sub-Substansi Anggaran, Sekretariat Direktorat Jenderal Pelayanan Kesehatan  
3. Sub Koordinator Kelompok Sub-Substansi Verifikasi dan Akuntansi, Sekretariat Direktorat Jenderal Pelayanan Kesehatan
- F. *Service Development Group Coordinator* : Koordinator Kelompok Substansi Pelayanan Medik dan Keperawatan, Direktorat Pelayanan Kesehatan Rujukan

- Anggota : 1. Sub Koordinator Kelompok sub-substansi rawat jalan dan gawat darurat, Direktorat Pelayanan Kesehatan Rujukan  
2. Sub Koordinator Kelompok sub-substansi rawat inap, intensif, dan bedah, Direktorat Pelayanan Kesehatan Rujukan
- G. *Legal Working Group Coordinator* : Koordinator Kelompok Substansi Hukum, Organisasi dan Hubungan Masyarakat, Sekretariat Direktorat Jenderal Pelayanan Kesehatan.
- Anggota : 1. Sub Koordinator Kelompok Sub-Substansi Peraturan Perundang-undangan, Sekretariat Direktorat Jenderal Pelayanan Kesehatan  
2. Sub Koordinator Kelompok Sub-Substansi Advokasi Hukum dan Hubungan Masyarakat, Sekretariat Direktorat Jenderal Pelayanan Kesehatan
- H. *Monitoring and Evaluation Working Group Coordinator* : Sub Koordinator Kelompok Sub-Substansi Program, Sekretariat Direktorat Jenderal Pelayanan Kesehatan
- Anggota : 1. Sub Koordinator Kelompok Sub-Substansi Informasi dan Evaluasi, Sekretariat Direktorat Jenderal Pelayanan Kesehatan  
2. Apt. Luh Komang Mela Dewi, M.Sc  
3. dr. Eva Byuti Zumrudah, MKM  
4. M. Taufik Ramadhan, S.Psi  
5. Aderia Rintani, S.Kep, MKM
- I. Anggota Sekretariat PMU : 1. Lutfi Wijaya, SE  
2. Mieke Lestari, SE  
3. Taufik Hidayat, Amd  
4. Ratih Listyawati, A.Md.Ak

5. Deddy Kristanto, SH  
6. Wahyu Hidayat, S.Kom
- J. Konsultan : 1. *Project Management Supervision Consultant*  
2. *Equipment Consultant*  
3. *Individual Expert* sesuai kebutuhan

II. SUSUNAN UNIT IMPLEMENTASI PROYEK (*PROJECT IMPLEMENTATION UNIT*) PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*)

- A. Ketua *PROJECT IMPLEMENTATION UNIT* (PIU) : Direktur Utama Rumah Sakit UPT Vertikal
- B. Sekretaris : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- C. Koordinator Proyek : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- D. Pejabat Pengelola Keuangan : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- E. Unit Layanan Pengadaan : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- F. *Finance Working Group* : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- G. *Civil Work Working Group* : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- H. *Monitoring and Evaluation Working Group* : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- I. *Human Resources Working Group* : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- J. *Research and Development Working Group* : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)
- K. Anggota Sekretariat PIU : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)

L. Konsultan : (ditetapkan dengan SK Direktur Utama RS UPT Vertikal)

III. URAIAN TUGAS *PROJECT MANAGEMENT UNIT* (PMU) PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*)

1. *Program Management Unit* (PMU) *Director* / Direktur PMU:
  - a. melakukan koordinasi perencanaan, monitoring, dan evaluasi dalam pemenuhan sarana, prasarana, peralatan, peningkatan SDM, peningkatan institusi Rumah Sakit, dan peningkatan kesiapsiagaan kedaruratan serta manajemen proyek di tingkat Pemerintah Pusat terhadap pelaksanaan proyek di keenam Rumah Sakit yang menjadi lokus penyelenggaraan proyek;
  - b. melaporkan hasil pelaksanaan tugasnya kepada Penanggung Jawab Proyek; dan
  - c. dalam melaksanakan tugasnya Direktur PMU, dapat mengangkat ahli/konsultan dan anggota sekretariat yang dibutuhkan untuk pelaksanaan proyek.
2. *Executive Secretary*/Sekretaris PMU:
  - a. melaksanakan penyiapan koordinasi dan bahan kompilasi penyusunan perencanaan, monitoring, dan evaluasi pelaksanaan dan capaian target dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan SDM serta manajemen proyek; dan
  - b. Sekretaris PMU bertanggung jawab melaporkan hasil pelaksanaan tugasnya kepada Direktur PMU.
3. *Civil Work, Support, and Equipment Working Group*:

melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait pekerjaan sipil, peralatan medik, non medik, penunjang dan kelengkapan
4. *Procurement Working Group*:

mempersiapkan dokumen pendukung, melakukan koordinasi, membantu pelaksanaan pengadaan barang dan jasa sesuai dengan peraturan terkait pengadaan barang dan jasa yang bersumber dana pinjaman dengan peraturan dari pemberi pinjaman dan yang bersumber dana pemerintah RI (Rupiah Murni/dana Badan Layanan Umum) sesuai dengan peraturan pemerintah Indonesia, dan

melakukan pemantauan dan evaluasi serta melaporkan hasil kegiatan pengadaan.

5. *Finance Working Group*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait anggaran dan keuangan proyek.
6. *Service Development*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait pelayanan kesehatan dari sisi peningkatan sumber daya manusia, mutu, peningkatan institusi Rumah Sakit, peningkatan kesiapsiagaan kedaruratan, dan pemberian pelayanan kesehatan serta *output*, *outcome*, dan *impact proyek*.
7. *Legal Working Group*:  
melakukan koordinasi dan memberikan advokasi hukum dalam penyelenggaraan proyek mulai dari perencanaan, pelaksanaan, dan evaluasi.
8. *Monitoring and Evaluation Working Group*:  
Melakukan monitoring dan evaluasi bulanan, triwulan, semester dan tahunan terhadap ketepatan waktu/implementasi kegiatan proyek, kesesuaian spesifikasi dari pekerjaan proyek, pencapaian target *output*, *outcome* dan *impact* proyek, serta permasalahan lain yang terkait dengan implementasi proyek di 6 (enam) Rumah Sakit.
9. Anggota Sekretariat PMU:
  - a. Melaksanakan penyusunan bahan perencanaan, implementasi, monitoring, dan evaluasi pelaksanaan capaian target dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan SDM serta manajemen proyek;
  - b. pengurusan administrasi dan membantu Sekretaris PMU dalam melaksanakan tugas dan fungsinya; dan
  - c. bertanggung jawab melaporkan hasil pelaksanaan tugasnya kepada Sekretaris PMU dan Direktur PMU melalui mekanisme tertentu
10. Konsultan di tingkat PMU terdiri dari:
  - a. *Project Management Supervision Consultant*
  - b. *Equipment Consultant*
  - c. *Individual Expert* sesuai kebutuhan



IV. URAIAN TUGAS *PROJECT IMPLEMENTATION UNIT* (PIU) PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*)

1. Ketua *Project Implementation Unit* (PIU):
  - a. melakukan koordinasi perencanaan, monitoring, dan evaluasi dalam pemenuhan sarana, peralatan, peningkatan SDM, peningkatan institusi Rumah Sakit, dan peningkatan kesiapsiagaan kedaruratan serta manajemen proyek di lingkungan Rumah Sakit yang menjadi lokus penyelenggaraan proyek;
  - b. melaporkan hasil pelaksanaan tugasnya kepada Penanggung Jawab Proyek; dan
  - c. dalam melaksanakan tugasnya, Ketua PIU dapat mengangkat ahli/konsultan dan anggota sekretariat yang dibutuhkan untuk pelaksanaan proyek.
2. Sekretaris:
  - a. melaksanakan penyiapan koordinasi dan bahan kompilasi penyusunan perencanaan, monitoring, dan evaluasi pelaksanaan dan capaian target dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan SDM serta manajemen proyek di lingkungan Rumah Sakit lokus proyek; dan
  - b. Sekretaris PIU bertanggung jawab melaporkan hasil pelaksanaan tugasnya kepada Ketua PIU.
3. Koordinator Proyek:
  - a. berkoordinasi dengan Sekretaris, melaksanakan pengawasan dan manajemen harian terhadap pelaksanaan kegiatan proyek di lingkungan Rumah Sakit lokus proyek, dan memastikan agar capaian target proyek terpenuhi; dan
  - b. Koordinator Proyek PIU bertanggung jawab melaporkan hasil pelaksanaan tugasnya kepada Ketua PIU.
4. Pejabat Pengelola Keuangan:

Pejabat pengelola keuangan terdiri dari Pejabat Pembuat Komitmen, Pejabat Pembuat Surat Perintah Membayar, Bendahara Pengeluaran, dan Staf Pejabat Pembuat Komitmen yang melaksanakan tugas sesuai dengan peraturan perundangan yang berlaku.

5. Unit Layanan Pengadaan:  
mempersiapkan dokumen pendukung, mengkoordinasi, dan membantu pelaksanaan pengadaan barang dan jasa sesuai dengan peraturan terkait pengadaan barang dan jasa di lingkungan Rumah Sakit lokus proyek yang bersumber dana pinjaman dengan peraturan dari pemberi pinjaman dan yang bersumber dana pemerintah RI (Rupiah Murni/dana Badan Layanan Umum) sesuai dengan peraturan pemerintah Indonesia serta pemantauan dan evaluasi serta melaporkan hasil kegiatan pengadaan.
6. *Finance Working Group*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait anggaran dan keuangan di lingkungan Rumah Sakit lokus proyek.
7. *Civil Work Working Group*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait pekerjaan sipil, peralatan medik, non medik, penunjang dan kelengkapan di lingkungan Rumah Sakit lokus proyek
8. *Monitoring and Evaluation Working Group*:  
Melakukan monitoring dan evaluasi bulanan, triwulan, semester dan tahunan terhadap ketepatan waktu/implementasi kegiatan proyek, kesesuaian spesifikasi dari pekerjaan proyek, pencapaian target output, outcome dan impact proyek, serta permasalahan lain yang terkait dengan implementasi proyek.
9. *Human Resources Working Group*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait pelayanan kesehatan dari sisi peningkatan sumber daya manusia, mutu, dan pemberian pelayanan kesehatan serta *output* proyek di lingkungan Rumah Sakit lokus proyek.
10. *Research and Development Working Group*:  
melakukan koordinasi penyiapan dokumen, memeriksa dokumen perencanaan, pelaksanaan dan evaluasi terkait penelitian dan pengembangan untuk mendukung pencapaian target *output*, *outcome*, dan *impact* di lingkungan Rumah Sakit lokus proyek.

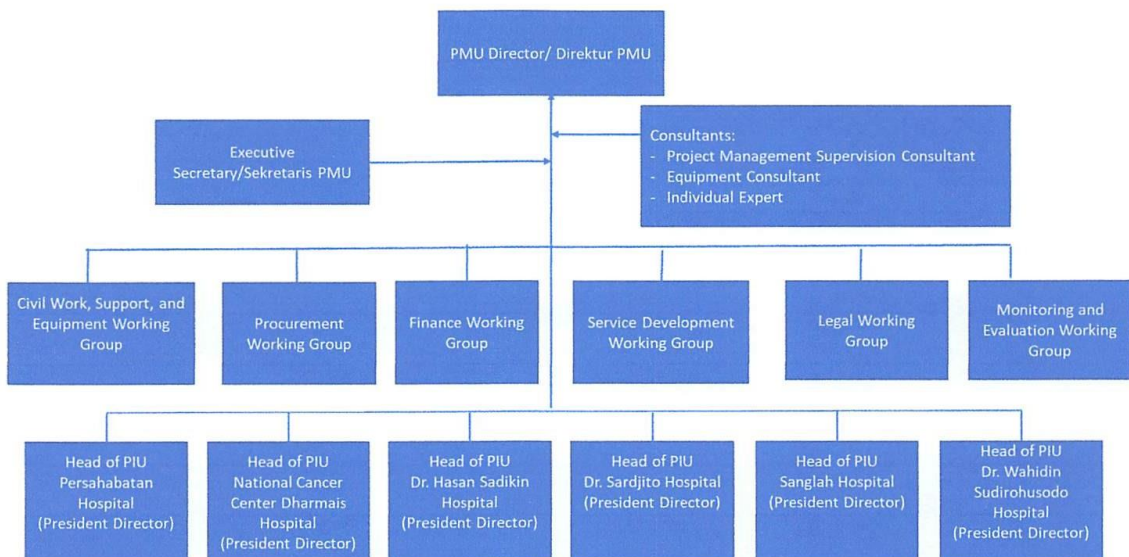
11. Anggota Sekretariat PIU:

- a. melaksanakan penyusunan bahan perencanaan, implementasi, monitoring, dan evaluasi pelaksanaan capaian target dalam pemenuhan sarana, prasarana, peralatan, dan peningkatan SDM serta manajemen proyek di lingkungan Rumah Sakit lokus proyek;
- b. pengurusan administrasi dan membantu Sekretaris PIU dalam melaksanakan tugas dan fungsinya; dan
- c. bertanggung jawab melaporkan hasil pelaksanaan tugasnya kepada Sekretaris PIU dan Ketua PIU melalui mekanisme tertentu.

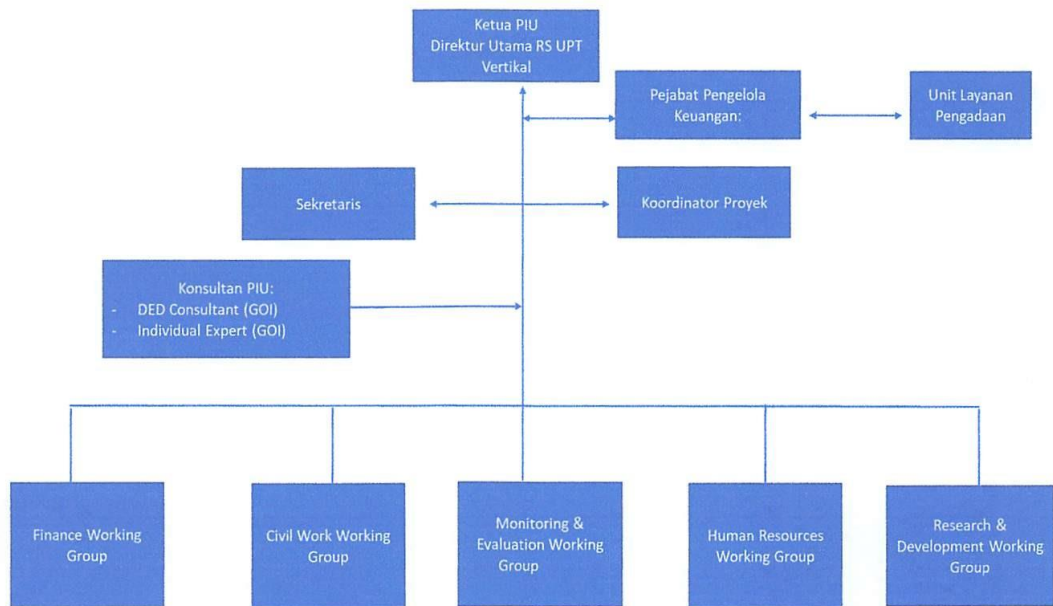
12. Konsultan di tingkat PIU terdiri dari:

- a. *DED Consultant (GOI)*; dan
- b. *Individual Expert (GOI)* sesuai kebutuhan.

V. BAGAN STRUKTUR *PROJECT MANAGEMENT UNIT (PMU) PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS)*



VI. BAGAN STRUKTUR *PROJECT IMPLEMENTATION UNIT (PIU)* PROYEK PENGUATAN RUMAH SAKIT RUJUKAN NASIONAL DAN RUMAH SAKIT UNIT PELAKSANA TEKNIS VERTIKAL (*STRENGTHENING OF NATIONAL REFERRAL HOSPITALS AND VERTICAL TECHNICAL UNITS*)



DIREKTUR JENDERAL PELAYANAN KESEHATAN,

**ABDUL KADIR**



