

ICW Study On:

**The Potential of Medical Equipment Corruption
In the Time of COVID-19 Pandemic**

Dewi Anggraeni PN
Egi Primayogha
Siti Juliantari Rachman
Wana Alamsyah

12 August 2020

Table of contents	
A. Introduction	3
B. Transparency of Goods and Services Procurement	4
C. Budget Transparency	6
D. Analysis of the Ministry of Health's SiRUP and LPSE data	8
E. Distribution Analysis of BNPB Medical Materials	17
F. Conclusion	33
G. Recommendations	35
H. Annexes	36
I. Glossary	40

A. Introduction

Indonesia is a country that is ranked first in Southeast Asia regarding the number of cases of *Corona Virus Disease 2019* (Covid-19). As of July 22, 2020, there were 91,751 cases of Covid-19 in Indonesia¹. Meanwhile, at the world level, Indonesia is ranked 24th out of 215 countries with the highest number of cases due to Covid-19.

In addition, based on data released by Amnesty International, it was found that there were 3,323 health workers who died in 79 countries. The number of health workers who died in Indonesia was 61 people.²

With so many cases occurring in Indonesia, the government is required to immediately mitigate in order to minimize the impact caused by the pandemic. One of them is tracking people who have interacted with positive corona patients. To track down a number of people, the government is responsible for equipping health facilities and health workers with sufficient medical equipment (alkes) and medical material equipment (almaatkes). This step must be taken as proof that the state is present in protecting its citizens.

However, the situation on the ground still far from the expectation, pandemic condition has opened up the true characteristic of the country in managing disaster. Starting from the inconsistency of the public narrative delivered by the government, the promotion of anti-science

¹ Worldometer, "*Reported Cases by Country*", diakses dari <https://www.worldometers.info/coronavirus/#countries> July, 22th 2020; 19:11 WIB.

² Amnesty International, "*Exposed, Silenced, Attacked: Failures to Protect Health and Essential Workers During the COVID-19 Pandemic*", diakses dari <https://www.amnesty.org/en/documents/pol40/2572/2020/en/> July, 22th 2020; 19:49 WIB.

anti-corona virus necklaces, to the issues of transparency and accountability which are only used as jargon.

Even though in a pandemic condition, the government cannot act alone. Support from the society is necessary, as an entity that supervises the planning and implementation of a policy, especially in the aspects of the availability of medical equipment and the medical material equipment.

From the above-mentioned conditions, *Indonesia Corruption Watch* monitored and analyzed related to the procurement of medical equipment at the Indonesian Ministry of Health and fraud potential related to the procurement of medical equipment by the government. This is important to ensure that the allocated budget is aimed right so that the potential for corruption does not occur.

B. Transparency of Goods and Services Procurement

Information regarding the procurement of goods and services that is easily accessible and consumed by the public is crucial. In the midst of a crisis situation, regulations will be loosen to facilitate the handling of the crisis itself. But on the other hand, the space for practicing deviance is wide open. Therefore, information on procurement of goods and services must be transparent so that the public can monitor the process.

The government has responded to the health crisis due to Covid-19 by changing or issuing new policies. For example, Government Regulation in Lieu of Law (Perpu) No. 1 of 2020 (Perpu Corona) which has been ratified into Law (UU) No. 2 of 2020. In the aspect of procurement of goods and services, the mechanism in emergency conditions has been regulated in an Institutional Regulation on Public Procurement of Goods and Services Policy (LKPP) No. 16/2018. In crisis conditions due to Covid-19, the mechanism for procuring goods and services is more specifically emphasized through Circular Letter of the Head of LKPP No. 3 of 2020.

However, information about the process of goods and services procurement that are easily consumed by the public is not widely available. In this case, information on the procurement of goods and services that are easy to consume is through media coverage. But unfortunately the news about spending related to handling Covid-19 is more about the budget. Even in terms of budget, the reporting is not detailed. Budget details are difficult to find through reporting, as well as the information about public agencies which has responsible for the budget or procurement of goods and services.

One of the reports found was the construction of a Special Corona Emergency Hospital (RS) on Galang Island, Batam City, Riau Islands Province. The news on April 16th 2020, stated that the Hospital Construction was inaugurated on April 6th, 2020 and cost a public budget of IDR 400 billion. The budget was obtained through the transfer of the infrastructure budget of IDR 36.19 trillion. The Ministry of Public Works and Public Housing (PUPR) is responsible for the construction of the hospital³. Details of budget, procurement and etcetera were not found.

Apart from Galang Island, the government has also changed the Athlete's House (Wisma Atlet) in Jakarta into an Emergency Hospital. The government on March 24th 2020, also stated that it would build emergency coronavirus hospitals in several big cities such as Semarang, Bandung and Surabaya⁴.

On March 19th 2020, there was news about medical equipment procurement for the Athlete's House which was transformed into an Emergency Hospital. A total of 25 State-Owned Enterprises (BUMN) will be responsible for ensuring the procurement of medical equipment. The Minister of BUMN appointed Natour Indonesia Hotel to manage the hospital. The budget comes from Corporate Social Responsibility (CSR) funds from each BUMN⁵.

Other news on 8 April 2020, namely the purchase of 20 units *Polymerase Chain Reaction* (PCR) from Roche, Swiss by the Government. The tool is distributed to 11 provinces, namely the Special Capital Region (DKI) Jakarta, West Java, Central Java, East Java, Bali, Lampung, South Sumatra, North Sumatra, East Kalimantan, South Sulawesi, and Papua. The 20 units consist of two *Ribonucleic Acid* (RNA) Automatic Extractors and 18 PCR detectors which are estimated to be able to carry out 10 thousand tests per day⁶. The government agency who made the purchases is the Ministry of BUMN. No information was found regarding the budget amount.

On July 19, 2020, the government was known to collaborate with a company from China, Sinovac, by importing vaccines from that country. The Ministry of Foreign Affairs provides the vaccine to the Limited Company (PT) Bio Farma. The vaccine requires clinical trials first⁷. It is not known

³ <https://news.detik.com/berita/d-4981969/rs-corona-di-pulau-galang-dibangun-jokowi-tanpa-harapan-terpakai>

⁴ <https://www.cnbcindonesia.com/news/20200324112229-4-147192/pemerintah-akan-buat-rs-darurat-corona-di-sejumlah-kota>

⁵ <https://www.liputan6.com/bisnis/read/4206340/25-bumn-keroyokan-pasok-alat-kesehatan-di-rs-corona-wisma-atlet>

⁶ <https://tirto.id/pemerintah-beli-20-alat-pcr-tes-corona-diklaim-bisa-10-ribuhari-eLQ7>

⁷ <https://nasional.tempo.co/read/1366958/vaksin-covid-19-dari-sinovac-cina-sudah-tiba-di-indonesia/full&view=ok>

whether the vaccine was imported through trading transactions or some other form. Likewise with the amount of the budget.

The government has allocated IDR 75 trillion for medical spending related to handling Covid-19. This large amount will be prone to deviations. The public needs to be provided with detailed information that is accessible and understandable. Transparency regarding the goods and services procurement for handling Covid-19 is important so that the public can monitor and avoid deviations.

C. Budget Transparency

The government has budgeted the allocation for medical-related needs in the 2020 State Budget as many as IDR. 57.40 trillion. In accordance with Presidential Regulation (Perpres) No.54 / 2020 concerning Posture Changes and Details of the State Budget for the 2020 Fiscal Year, the medical function budget is IDR 76.55 trillion, in the context of handling the *2019 Corona Virus Disease (Covid-19)* pandemic.

Realization of medical spending until May 2020 has only reached IDR 1.66 trillion of the total medical function budget of IDR 76.55 trillion. On June 24th 2020, a new Presidential Regulation was officially enacted, namely Presidential Decree No. 72 of 2020 concerning Amendments to Presidential Decree 54/2020. In Presidential Decree 72/2020, the medical allocation budget becomes IDR. 87.55 trillion. The realization of the budget in the health sector for handling Covid-19 until July 22, 2020, which was reported by the government was IDR 6.78 trillion or only 7.74% of the IDR 87.55 trillion budget⁸. But the budget that can be used for spending on handling Covid-19 is only IDR.65.80 trillion

Not all of these numbers are managed by the Ministry of Health. The Ministry of Health proposed IDR. 54.56 trillion, but only IDR. 25.73 trillion was approved by the Ministry of Finance⁹. Of those amount, not all of those have entered the Ministry of Health's account. Around IDR. 44.8 trillion has been included in the Budget Implementation List (DIPA) and the remaining IDR.43.8 trillion has not been allocated by the government. The details of this DIPA, among others, are used for

⁸ <https://tirto.id/kemenkeu-catat-realisasi-anggaran-kesehatan-baru-774-per-22-juli-fUb6> diakses 29 Juli 2020 pukul 21.32 WIB

⁹ <https://www.cnnindonesia.com/nasional/20200630090235-32-518888/dpr-bela-terawan-anggaran-kesehatan-tak-hanya-untuk-kemenkes>

scanner tests of IDR 4.5 trillion, laboratory services IDR 33.53 billion, health services IDR 21.86 trillion, pharmaceuticals and medical equipment IDR 136 billion, empowerment of Human Resources (HR) IDR 1.96 trillion, and public health IDR 229.75 billion¹⁰. From the total budget for handling Covid-19, most of the budget is managed by the State General Treasurer at the Ministry of Finance and the National Disaster Management Agency (BNPB), which is IDR 61.82 trillion.

Shopping for medical functions for handling Covid-19 is divided into three posts:

1. Additional IDR 75 trillion in stimulus spending for incentives for health workers, compensation for health worker mortality, assistance for JKN contributions, and other health care expenditures.
2. Tax incentives IDR. 9.05 trillion for income tax (Pph) exemption for services, honorarium for health workers, value added tax exemption, import duty exemption on medical equipment imports.
3. Additional BNPB budget of IDR 3.5 trillion for the procurement of Personal Protective Equipment (PPE), medical equipment, test kits, claims for maintenance costs, mobilization and logistics, quarantine and the return of Indonesian Citizens (WNI) abroad.

Looking at the details of the types of expenditure for the Ministry of Health in Appendix IV of Presidential Decree 72/2020, the total expenses for goods is budgeted at IDR. 22,128,451,834. There are detailed spending details for several activities that can be said to have a role in handling Covid-19, such as:

- a) Health crisis management IDR. 28,015,592
- b) Health surveillance and quarantine IDR. 103,815,859
- c) Prevention and control of vector-borne and zoonotic diseases IDR. 51,998,042
- d) Support for Surveillance Services and Public Health Laboratory for Disease Prevention and Control IDR. 51,277,397
- e) Increased Assessment of Medical Equipment (Alkes) and Household Health Supplies (PKRT) IDR. 19,525,304
- f) Increased Supervision of Medical Equipment (Alkes) and Household Health Supplies (PKRT) IDR. 9,412,892

¹⁰ <https://www.bbc.com/indonesia/indonesia-53223755>

These budget details show that Indonesia is not ready to face and handle the Covid-19 pandemic. This is because the budget prepared for emergency goods and activities procurement is very small, such as the management of a health crisis which is only budgeted 0.1% of the total budget for goods and services procurement managed by the Ministry of Health.

Similar to the process of procuring goods and services, budget transparency still leaves a number of records. Limited information on budgets was found. The use of detailed budgets is not announced regularly to the public. So that the public will find it difficult to keep track of public budget used for handling Covid-19.

D. Analysis of the Ministry of Health's SiRUP and LPSE data

I. Method

Until now, the government has not provided a special channel that provides information on procurement in handling Covid-19. So that in collecting data, researchers used the following methods:

- The data collected is the General Procurement Plan at the Ministry of Health which is accessed through the website page <https://sirup.lkpp.go.id/sirup/ro/rekap/klpd/K9>
- The names of the procurement packages that were collected used keywords: covid, pcr, swab, rapid test, thermo gun, APD, Alat Pelindung Diri (personal protective equipment), sanitizer, reagent
- Procurement packages whose selection of supplies starts in March 2020.
This time span is used as a benchmark for government refocusing policies carried out in March 2020.
- Data collection time is 19th July at 21:00 West Indonesia Time (WIB) to 20th July 2020 at 21:00 WIB.
- Exception: the data collected is highly dependent on the package name listed on the General Plan Information System for Procurement (SiRUP) website. So that if there is a procurement related to the handling of Covid-19 whose package name does not include the keywords used, the data will not be included in this analysis.

II. Findings

a) Completeness of SiRUP data

Basically, the information that SiRUP tries to provide is complete enough to see a procurement plan. However, the completeness of the information submitted, of course, very much depends on the Ministries / Institutions and Regional Apparatus (KLPD) which input data into the system.

From the data collected, it is known that the information submitted by KLPD did not match expectations, this can be seen in:

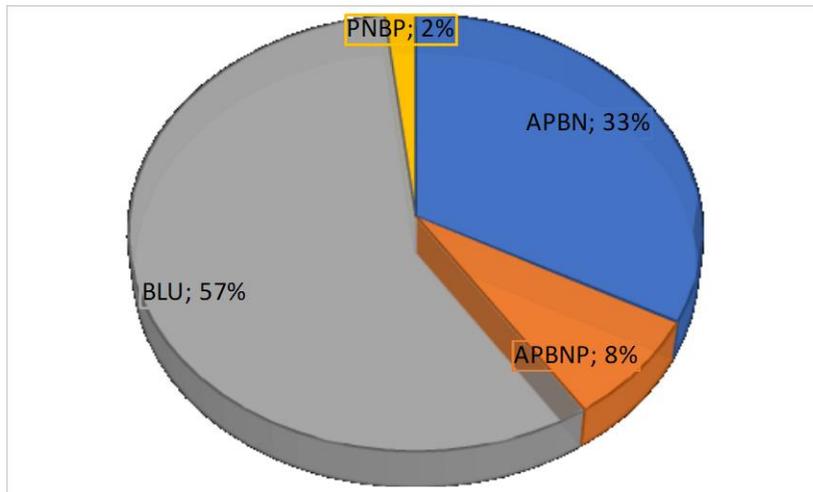
- 1) Most of the names of procurement packages are too general, unable to indicate the intended form of procurement. This could have been offset if other information, such as volume, specifications and job descriptions were available, but this was not the case.
- 2) Not all KLPD include the location of work
- 3) The volume of work is rarely informed, generally what is delivered is, "1 package, 1 job". This complicates society to compare between the highest price limit (pagu) and the fairness of the price of an item.
- 4) Job descriptions are often filled only with information, "according to the Terms of Reference (Kerangka Acuan Kerja), according to the work plan, according to the attached documents"
- 5) The specifications are also filled with information, "According to the Medical Equipment Brochure, attached, according to equipment specifications, Procurement of Supporting Materials for Examination of Outbreak (Covid 19) Conditions."

b) Overview of Covid-Related Procurement Planning at the Ministry of Health

General description

From the data that has been collected, there are 430 planned packages procurement related to Covid-19. Of that amount, not all of those number are procurement plans whose sources of funds are from the State Revenue and Expenditure Budget (APBN) / Revised State Revenue and Expenditure Budget (APBNP). Because the SiRUP application indeed can be used not only for procurement planning whose funds come from the APBN / APBNP, as well as grants.

Graph I. Number of Procurement Package Plans based on Funding Sources



For the largest number of planned procurement packages, the funding source came from the Public Service Agency (BLU) amounting to 57.4% or 247 procurement packages, while those sourced from the APBN were 32.8% or 141 procurement packages, then 7.9% or 34 procurement packages sourced from APBNP, and those sourced from Non-Tax State Revenues (PNBP) were 1.9% or 8 procurement packages.

Table I. Amount of Budget in the Procurement Plan Based on Funding Sources

No.	Sources of funding	Total Budget (IDR)	%
1	State Budget	713,688,588,835	85.0%
2	APBNP	73,463,574,100	8.7%
3	BLU	52,196,698,933	6.2%
4	PNBP	502,707,000	0.1%
Total		839,851,568,868	100.0%

Although the largest number of planned procurement packages in terms of the number of provision comes from BLU, in terms of budget allocated, the largest source comes from the APBN. Of the total IDR. 839.8 billion planned for the procurement package related to Covid-19, 85% or IDR. 713.6 billion came from the state budget.

Furthermore, the amount of the budget originating from the APBNP was 8.7% or IDR 73.4 billion, then 6.2% or IDR 52.19 billion from BLU, and 0.1% or IDR 502.7 million from PNBP.

So the total procurement in the Ministry of Health, whose procurement plans have been submitted to the public by July 21th, which the budget comes from the APBN and APBNP, is only amounts to IDR787.15 billion.

In fact, on June 30th, the Ministry of Health said that the total of allocated budget of IDR 75 trillion, 1.53% or around IDR 1.15 trillion was used including the budget for health workers incentives¹¹. Meanwhile, the Ministry of Health's budget which was approved by the Ministry of Finance was IDR 25.73 trillion.

This shows the lack of information on procurement submitted by the Ministry of Health, even though the budget at the Ministry of Health is not only related to procurement.

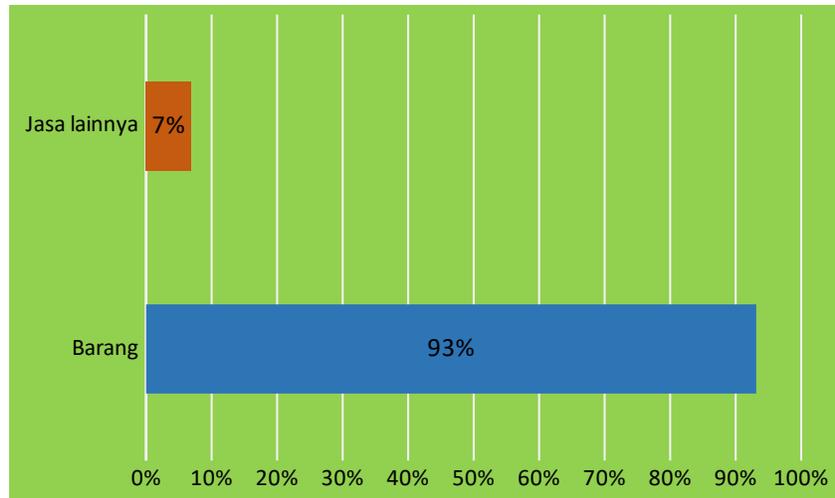
In the next analysis, the researchers focused the data on the procurement plan whose sources of funds came from the APBN and APBNP at the Ministry of Health.

Type of Procurement

Based on the type of procurement, of the 175 planned procurement packages, most of the procurement was dominated by the procurement of goods, namely 93% or 163 procurement packages. While the rest is other services procurement amounting to 7% or 12 procurement packages.

Graph 2. Number of Procurement Plans by Type of Procurement

¹¹ Covid-19: Anggaran kesehatan terserap 1,53%, kementerian 'bingung' belanja anggaran Covid-19 <https://www.bbc.com/indonesia/indonesia-53223755> diakses pada 28 Juli 2020, pukul 21:00 WIB



One form of other service-related procurement plans is procurement at the Directorate of Health Promotion and Community Empowerment with 8 procurement package plans. Most of which are related to the production of Covid-19 prevention public service advertisements and the dissemination of information through various media with a budget of between IDR. 100 million to IDR. 6.46 billion.

Selection Method

Table 2. Cross tabulation between types of procurement and the selection method

		Selection Method							Total
		Emergency	Excluded	E-Purchasing	Direct Procurement	Direct appointment	Tender	Fast Tender	
Type of Procurement	Goods	15	2	59	72	7	2	6	163
	Other Services	2	0	0	2	7	1	0	12
Total		17	2	59	74	14	3	6	175

Furthermore, when viewed based on the selection method used by the Ministry of Health in procuring goods / services, most are using direct procurement, namely 74 procurement package plans, Electronic Purchasing (E-purchasing) methods as many as 59 procurement package plans, Emergency methods totaling 17 plans procurement packages, then direct appointment methods as many as 14 procurement package plans, Fast Tender method totaling 6 procurement package plans, tender methods totaling 3 procurement package plans and 2 exempted methods for procurement package plans.

Table 3. Total Budget for Procurement Plans Based on the Selection Method

No.	Selection Method	Total Budget IDR (IDR)	Percent
1	E-Purchasing	422,542,490,369	53.7%
2	Emergency	313,553,664,560	39.8%
3	Fast Tender	22,096,984,900	2.8%
4	Direct Procurement	15,227,626,169	1.9%
5	Direct appointment	8,735,580,937	1.1%
6	Tender	3,902,031,000	0.5%
7	Excluded	1,093,785,000	0.1%
	Amount	787,152,162,935	100.0%

If previously seen based on the number of procurement package plans, then in this section seen from the number of budget plans. Although most of the procurement package plans use the direct procurement method, in terms of budget plans, most are use the E-purchasing method amount to IDR. 422.4 billion, then the emergency procurement method amount to IDR. 313.5 billion, then Fast Tenders amount to IDR. 22.09 billion. Direct procurement amount to IDR. 15.2 billion, direct appointment amount to IDR. 8.73 billion, tender amount to IDR 3.9 billion, and exempted methods amount to IDR. 1.09 billion

Furthermore, specifically for the direct procurement method, it has special requirements, in accordance with Presidential Decree 16/2018 concerning Government Goods and Services Procurement, it is stated that goods / other construction / service works procurement can use this method if the procurement value is at most IDR 200 million. However, when researchers took a closer look at the procurement package budget plans using the direct procurement method, there are 11 of the 74 planned procurement packages had a budget plan exceeding IDR 200 million.

Table 4. Procurement Plans for Direct Procurement Methods that Exceed Two Hundred Million

No.	Work unit	Procurement Package	Type of Procurement	Budget (IDR)
1	Surabaya Health Laboratory Center	Procurement of COVID-19 Reagent Materials	Goods	600,000,000
2	Surabaya Health Laboratory Center	Procurement of COVID Consumables	Goods	2,784,350,000
3	Makassar Class I Environmental Health and Disease Control Engineering Center	Procurement of Material Inspection Equipment by PCR	Goods	216,130,000
4	Soekarno Hatta Class I Port Health Office	Officers Consumption in the Context of COVID-19	Goods	252,000,000
5	Sanglah General Hospital Denpasar	Expenditures for Work / Spatial Improvement of Cambodia Room into Covid-19 Isolation Space	Goods	230,140,900
6	Sanglah General Hospital Denpasar	Shopping for work / repair of Leli Room into Covid-19 isolation room	Goods	357,583,600
7	Sanglah General Hospital Denpasar	Procurement of BMHP (Single-Use Medical Material) Non E-Catalog 58 Covid-19	Goods	1,439,372,893
8	Sanglah General Hospital Denpasar	Shopping for Enhancing Body Resistance for Covid-19	Goods	1,987,200,000
No.	Work unit	Procurement Package	Type of Procurement	Budget (IDR)
9	Sanglah General Hospital Denpasar	Procurement of BMHP Non E-Catalog 59 Covid-19	Goods	1,306,200,016
10	Sanglah General Hospital Denpasar	Procurement of BMHP Non E-Catalog 60 Covid-19	Goods	371,348,000
11	Sanglah General Hospital Denpasar	Shopping for Household Appliances (Covid-19 Consumables)	Goods	611,801,850
				10,156,127,259

The use of the direct procurement method with a budget more than IDR. 200 million certainly violates this method. Because clearly in the Presidential Decree for the

Government Goods and Services Procurement, it is stated that this method can be done with a maximum budget of IDR 200 million. Even though these procurements are included in emergency procurement, it is still not justified to use this method. If the procurement is indeed an emergency procurement, it should be able to directly refer to the emergency procurement based on the Presidential Decree and the LKPP Regulations or use other methods.

Table 5. Procurement Plans based on Provider Selection Timing

No.	Provider Selection Time	Number of Procurement Packages	Total Budget (IDR)
1	March		349,107,029,069
2	April	39	33,807,841,500
3	May	28	5,731,928,560
4	June	40	34,753,978,937
5	July	48	363,751,384,869
	amount	175	787,152,162,935

Based on the timing of selecting providers, of the 175 planned procurement packages, the maximum time for selecting providers is in July as many as 48 packages with a ceiling plan /highest limit of budget plan as a many as IDR. 63.75 billion. Then continued in June as many as 40 packages with a ceiling plan of IDR. 34.7 billion, followed by April, May and March. The increasing of procurement plans number from April to July are related to the larger amount of budget allocated in the context of handling Covid-19.

c) Electronic Procurement Agency Data (LPSE)

If previously the data analyzed was based on the General Procurement Plan (RUP SiRUP) data, then the following are the results of procurement monitoring related to Covid-19 published on the LPSE website of the Ministry of Health.

Based on table 6 (attachment), there are 18 procurement information published on the LPSE page of the Ministry of Health, which 14 are procurement of APBN funding sources, and 4 others are BLUs.

Of the 14 procurements using APBN funds, 11 were procured using direct procurement and 3 were tenders. In fact, if we look at the general procurement plan data, there are at least 74 general procurement plans by July that use the direct procurement method. This can show 2 things, firstly that the Ministry of Health did not include all procurement information other than tenders, or second, many general procurement plans were not executed or processed further until the selection of providers by the Ministry of Health.

Even the procurement number 7, 9, and 10 in the table are not found in the Ministry of Health's SiRUP. Researchers have tried to search by package name, work unit and budget size, but have not found any plans for those 3 procurement.

If the winners in these procurements are further investigated, then:

1. Covid-19 Reagent Materials Procurement (no 18 in the table)

There is no information in The Winners column on the LPSE page, but in the evaluation results section starred is PT Ziya Sunanda Indonesia. If it is true that this company is the winner, from the search results, this company will mostly participate in network development tenders and contractors. There is no experience in medical equipment procurement.

2. Procurement of Body Resistance for Students (Masks) in the Context of Handling the Covid-19 Pandemic, the Ministry of Health, Kupang Polytechnic in 2020 (no 14 in the table)

CV Johan Agung has minimum experience in Medical material equipment (Almatkes) procurement. Some of the tenders that this company has participated are the Procurement of Plrs Office Building Equipment in 2019, and the Procurement of Middle School Library Collection Books at the Education Authorities of Lembata Regency.

E. Distribution Analysis of BNPB Medical Materials

I. Method

The monitoring of medical equipment procurement was carried out from 21 April 2020 to 21 July 2020. The information used includes sourced from official government websites such as infeksiemerging.kemkes.go.id and bnpb.go.id.

As an effort to strengthen the analysis, ICW also uses data from the West Kalimantan Provincial Government regarding the unit price type of medical Equipment.

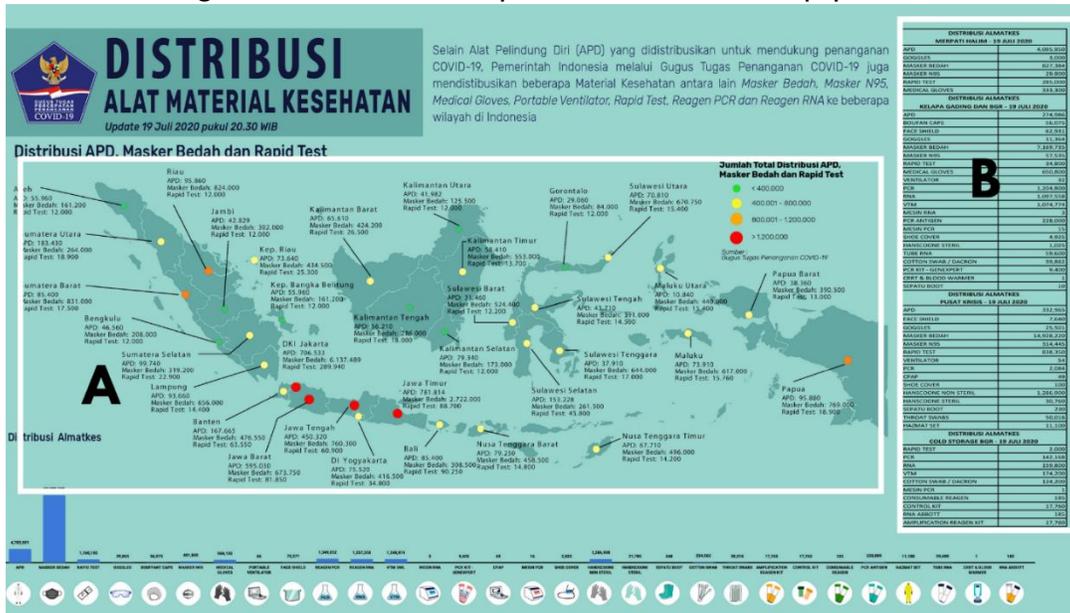
All data collected were processed using quantitative analysis and cross tabulation to strengthen arguments regarding government spending related to medical equipment procurement. For the record, information regarding the unit price type of goods use only database originating from the province because the central government has never made such information available to the public until this study is completed.

Data sourced from infemerging.kemkes.go.id is used to see the number of specimens that have been tested by the government. Meanwhile, data from bnpb.go.id is used to see the distribution of medical equipment.

There are at least two types of information related to the distribution of medical equipment that researchers used in analysis: A). information regarding the distribution of medical equipment per province; B). information regarding the distribution of medical equipment at the national level.

Here is the overview:

Figure 1. Distribution Map of Medical Material Equipment



II. Findings

From the collected data, ICW found that there are as many as 30 types of medical equipment that have been purchased by the central government. Meanwhile, there is 1 (one) data with no known type of almatkes. The total number of medical equipment distributed was 67,886,323 pieces / unit. The following are lists of medical equipment types and the amounts that have been distributed by the central government.

Table 1. Types and Number of Distributed Medical Equipment

No.	Medical Equipment	Amount	No.	Medical Equipment	Amount
1	Personal protective equipment (APD)	9,451,627	17	PCR machine	16
2	Surgical Mask	46,224,678	18	Shoe Cover	5,025
3	Rapid Test	2,344,800	19	Handsocone Non Sterile	1,286,900
4	Goggles	41,865	20	Handsocone Sterile	31,785

5	Bouffant Caps	100,075	21	Boots	240
6	N95 mask	540,200	22	Cotton Swab	224,062
7	Medical Gloves	1,384,730	23	Throat Swab	50,016
8	Portable Ventilator	173	24	Control Kit	17,760
No.	Medical Equipment	Amount	No.	Medical Equipment	Amount
9	Face Shield	90,822	25	Consumable Reagents	185
10	PCR reagent	2,242,150	26	Hazmat Set	11,100
11	RNA reagent	1,695,258	27	RNA Tube	59,600
12	VTM 3ML	1,399,474	28	CRRT & Blood Warmer	1
13	RNA engine	3	29	Abbott RNA	185
14	PCR Kit - Genexpert	9,400	30	Amplification Reagent Kit	17,760
15	PCR Antigen	228,000	31	Unknown	428,384
16	CPAP	49	TOTAL (1-31)		67,886,323

The table above shows that government spend on medical equipment is dominated by surgical masks, namely as much as 46,224,678 or 68.1 percent. Then other government expenditures whose number of goods exceed 1 million pieces / unit are PPE (9,451,627 or 13.9 percent); Rapid Test (2,344,800 or 3.5 percent); PCR reagent (2,242,150 or 3.3 percent); RNA reagent (1,695,258 or 2.5 percent); VTM 3ML (1,399,474 or 2.1 percent); Medical Gloves (1,384,730 or 2 percent); and Handscoone Non-Sterile (1,286,900 or 1.9 percent). The average medical equipment distributed by the central government per day are 998,327 units / unit.

Based on the information from the Task Force for the Acceleration of Handling COVID-19, the national need for Personal Protective Equipment (PPE/APD) is 5 million pieces per month¹². However, when calculating the distribution realization, the average PPE that can be

¹² Kompas.id, "Indonesia Mampu Produksi APD hingga 17 Juta Unit Per Bulan", diakses dari <https://kompas.id/baca/bebas-akses/2020/04/04/indonesia-kini-mampu-produksi-apd/?t=pZVYL23pHCxIPIFJWCRCXCvvsRkmrvNQoFnFUfKPN55CeZ9LJCxWAocFThODI2>, at July 23th 2020 ,20.34 WIB.

distributed by the government during the last 5 (five) months is only 1.8 million units or around 38 percent. This means that the government's ability to meet PPE needs still poor.

The poor management of medical equipment was getting worse when the government decided to open the export tap for APD/ PPE.¹³ Even though there are still a number of areas that complain about a lack of APD/ PPE to treat COVID-19 patients, such as what happened in Central Kalimantan¹⁴ and West Papua¹⁵. The lack of APD/ PPE stock is also become a serious problem for health workers. At least as of July 20th 2020 doctors who died from COVID-19 reached 61 people. Meanwhile, the nurses who died because they were suspected of being exposed to the corona reached 39 people.¹⁶

It's not just PPE that causes problems. Surgical masks are no different. Based on a statement from the Ministry of Trade as of June 30th 2020, the national need for Surgical Masks is estimated at 129.8 million. Meanwhile, the realization of the distribution of Surgical Masks as of July 19th 2020 was only 46,224,678 or around 36 percent. When in fact, the national production capacity for surgical masks is around 2.8 billion pieces.

Of course this raises questions. If the national production capacity for Surgical Masks is very large, then why is the realization of the distribution of Surgical Masks distribution still small? The mismatch between production capacity and distribution realization has further strengthened the public's suspicion that the government data and information is even more closed off in a pandemic condition. When in fact, in an emergency condition transparency is very much needed, not only to save money lost due to corruption, but also to save human lives so that policies and handling in pandemic conditions are right on target.

Apart from the problem of non-transparency, this condition shows that the government does not have a clear planning basis regarding the needs of each medical equipment. Thus, gap between needs and realization is very unbalanced.

¹³ Katadata, "Ekspor APD Dibuka, Pemerintah Diminta Mewajibkan Pemakaian Bahan Lokal", diakses dari <https://katadata.co.id/ekarina/berita/5ee9b19421777/ekspor-apid-dibuka-pemerintah-diminta-mewajibkan-pemakaian-bahan-lokal> July 23th 2020 at 20.41 WIB.

¹⁴ Metro Kalimantan, "Tangani Covid-19, Kapuas Masih Kekurangan APD", diakses dari <https://www.metrokalimantan.com/2020/06/tangani-covid-19-kapuas-masih.html> July 23th 2020 at 20.53 WIB.

¹⁵ Jubi, "Kekurangan APD, Puskesmas Prati Kesulitan menyigi persebaran korona", diakses dari <https://jubi.co.id/kekurangan-apid-puskesmas-prati-kesulitan-menyigi-persebaran-korona/> July 23th 2020.

¹⁶ Kompas.com, "3.000 Tenaga Kesehatan Meninggal akibat Covid-19, Ini Negara Terbanyak", diakses dari <https://www.kompas.com/tren/read/2020/07/14/125100165/3000-tenaga-kesehatan-meninggal-akibat-covid-19-ini-negara-terbanyak?page=all> July 23th 2020 at 21.09 WIB.

Of the total distributed medical equipment by the central government, there are 47 beneficiaries who have been identified by ICW, including 34 provinces and 13 institutions. The following are recipients of medical equipment assistance based on data from bnpb.go.id.

Table 2. Beneficiaries of Health Material Equipment by Region and Institution

No.	Province	No.	Province	No.	Institution
1	Aceh	18	North Kalimantan	1	BNPB
2	North Sumatra	19	Central Kalimantan	2	BNPB and BGR
3	Riau	20	East Kalimantan	3	Kelapa Gading and BGR
4	West Sumatra	21	South Borneo	4	Health Crisis Center
5	Jambi	22	Bali	5	Merpati Halim
6	Bengkulu	23	West Nusa Tenggara	6	TNI Headquarters
7	South Sumatra	24	East Nusa Tenggara	7	Support Posko
8	Bangka Belitung	25	West Sulawesi	8	PDGI
9	Lampung	26	South Sulawesi	9	PD ENT
10	Riau islands	27	Southeast Sulawesi	10	PD UI
11	Banten	28	Central Sulawesi	11	Duk Ops TNI
12	DKI Jakarta	29	North Sulawesi	12	Commission VIII DPR RI
13	West Java	30	Gorontalo	13	Cold Storage BGR
14	Central Java	31	North Maluku		
15	In Yogyakarta	32	Maluku		
16	East Java	33	West Papua		
17	West Kalimantan	34	Papua		

Of the total 47 government distributed medical equipment beneficiaries, ICW describes in detail based on the number of medical equipment received. Maximum 9 (nine) types of medical equipment central government distributes to each province. Accepted medical equipment types are Personal Protective Equipment (APD/PPE), N95 Mask, Ventilator, Medical Gloves, VTM, PCR, RNA, Surgical Masks, and Rapid Test. The following is a breakdown of the total medical equipment received by each province:

Table 3. Total Distribution of Medical Material Equipment by Province

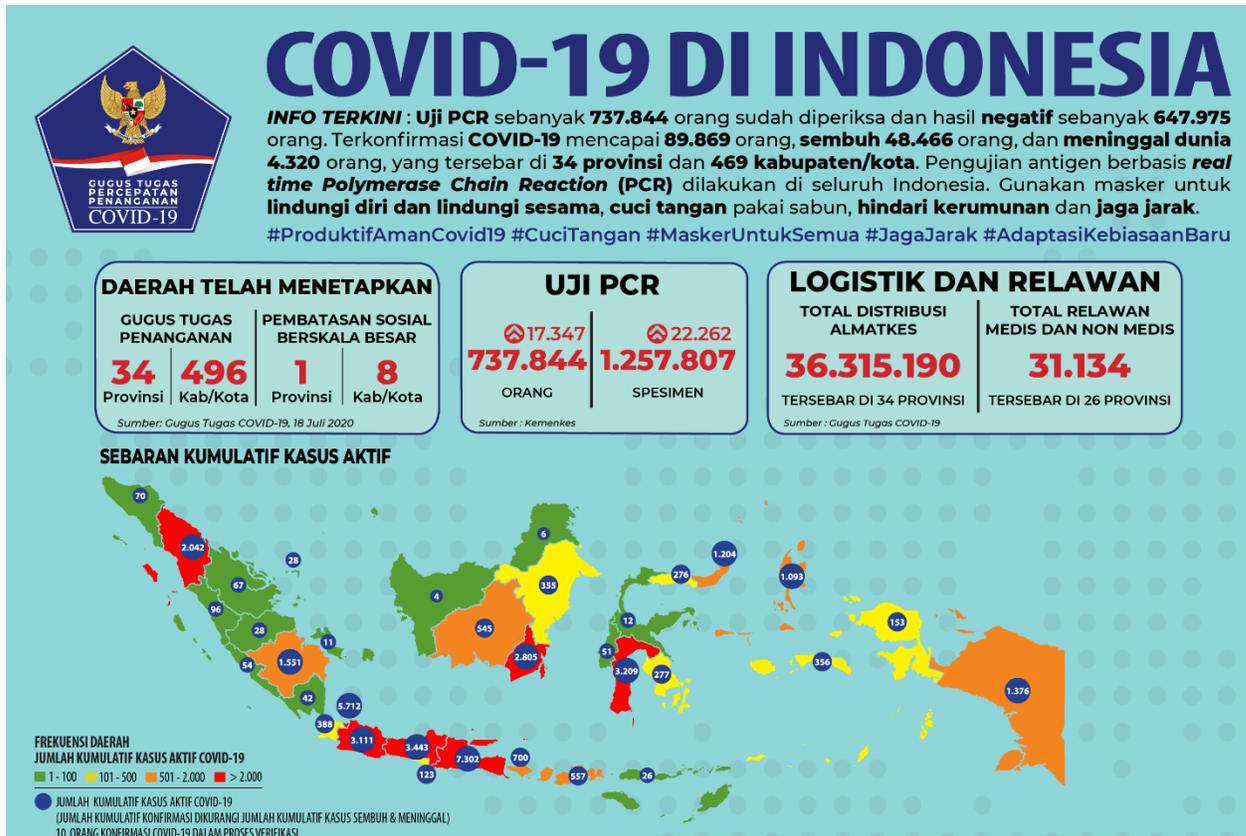
No.	Province	amount	No.	Province	amount
1	Aceh	241,661	18	North Kalimantan	179,482

2	North Sumatra	487,334	19	Central Kalimantan	360,212
3	Riau	931,860	20	East Kalimantan	625,110
4	West Sumatra	956,423	21	South Borneo	274,340
No.	Province	amount	No.	Province	amount
5	Jambi	356,830	22	Bali	494,151
6	Bengkulu	268,560	23	West Nusa Tenggara	567,553
7	South Sumatra	454,541	24	East Nusa Tenggara	577,964
8	Bangka Belitung	234,160	25	West Sulawesi	568,060
9	Lampung	769,060	26	South Sulawesi	498,380
10	Riau islands	545,534	27	Southeast Sulawesi	698,911
11	Banten	726,477	28	Central Sulawesi	449,210
12	DKI Jakarta	7,565,505	29	North Sulawesi	763,922
13	West Java	1,543,555	30	Gorontalo	130,060
14	Central Java	1,388,523	31	North Maluku	481,242
15	In Yogyakarta	582,721	32	Maluku	708,672
16	East Java	3,710,715	33	West Papua	441,863
17	West Kalimantan	526,330	34	Papua	897,823
TOTAL					30,006,744

From the tabulation results, it was found that medical equipment distribution was mostly concentrated in Java with a total of about 51.7 percent. Then followed by Sumatra Island (17.5 percent), Sulawesi Island (10.4 percent), Kalimantan Island (6.6 percent), Maluku and Papua Islands (8.4 percent), and Bali and Nusa Tenggara Islands (5, 5 percent).

When viewed in more detail, the five provinces that received the most medical equipment were DKI Jakarta Province (25.2 percent), East Java Province (12.4 percent), West Java Province (5.1 percent), and Central Java Province (4.6 percent), and West Sumatra Province (3.2 percent).

Figure 2. Data on the Cumulative Distribution of Active Cases as of 21 July 2020 at 12:00 WIB



Based on the picture above, there are 7 (seven) provinces included in the red zone: North Sumatra Province, DKI Jakarta Province, West Java Province, Central Java Province, East Java Province, South Kalimantan Province, and South Sulawesi Province. In addition, there are 7 (seven) included in the orange zone: South Sumatra Province, Central Kalimantan Province, North Sulawesi Province, North Maluku Province, Bali Province, NTB Province, and Papua Province.

Table 4. Comparison between Cumulative Number of COVID-19 Cases and Distribution of Medical Equipment

No.	Province	Percentage of Medical Equipment Distribution	Number of Cases	Category ¹⁷
1	DKI Jakarta Province	25.2	5,712	
2	East Java Province	12.4	7,302	
3	West Java province	5.1	3,111	

¹⁷ Red colour categories: > 2,000 positive cases of COVID-19; and orange colour: 501 > 2,000 positive cases of COVID-19.

4	province of Central Java	4,6	3,443	
5	South Sulawesi Province	1.6	3,209	
6	North Sumatra Province	1.6	2,042	
7	South Kalimantan Province	0.9	2,805	
8	Papua Province	3	1,376	
9	North Sulawesi Province	2.5	1,204	
10	NTB Province	1.9	557	
11	North Maluku Province	1.6	1,093	
12	Bali province	1.6	700	
13	South Sumatera Province	1.5	1,551	
14	Central Kalimantan Province	1,2	545	

When comparing the number of positive cases of COVID-19 with the percentage of medical equipment distribution, ICW suspects that the government does not have a clear database for distributing medical equipment to every province. This is because there are provinces whose territories are red but the medical equipment provided by the central government are only around 0.9 percent. On the contrary, West Sumatra Province, which in green area status, received medical equipment from the central government of around 3.2 percent.

One of the responsibilities of the central government is to ensure the protection of its citizens down to the regional level. Given the limited information provided by the central government, it is important to convey to the public about the measures used in providing medical equipment to an area.

If this information is closed by the government, ICW assesses the potential risk of fraud in medical equipment distribution is very vulnerable to occur. In fact, it does not rule out the possibility of actions taken by the government without any information is on the potential for criminal acts of corruption.

The Task Force for the Acceleration of Handling COVID-19 already has a mechanism for medical equipment distribution. The central government through the Logistics Task Force will work with all parties to distribute medical equipment needed. Based on the information obtained, the Task Force has 3 (three) almatkes deviation warehouses, namely a warehouse

at Halim Airport, a warehouse in Bogor, and a warehouse at the National Printing Archives.

18

However, based on the data submitted by BNPB, there are 13 institutions that accommodate 30 types of medical equipment with a total of 37,879,579 pieces / unit. This information does not explain whether the institution is a warehouse for storing goods, the responsible party for distributing medical equipment or the beneficiaries. Following are the details of the institutions that receive medical equipment:

Table 5. Medical Material Equipment Distributed to Institutions

No.	Institution	Amount	Time span
1	BNPB	9,350	21-22 April 2020
2	BNPB and BGR	1,311,757	3-4 May 2020
3	Kelapa Gading and BGR	12,098,231	5 May-19 July 2020
4	Health Crisis Center	18,138,814	21-22 April and 3 May-19 July 2020
5	Merpati Halim	5,574,534	3 May-19 July 2020
6	TNI Headquarters	17,000	21-22 April 2020
7	Support Center	4,134	21-22 April 2020
8	PDGI	25,500	21-22 April 2020
9	PD ENT	6,500	21-22 April 2020
10	PD UI	17,000	21-22 April 2020
11	Duk Ops TNI	30,500	21-22 April 2020
12	Commission VIII DPR RI	8,000	21-22 April 2020
13	Cold Storage BGR	638,259	4-19 July 2020
TOTAL		37,879,579	

There are 5 (five) institutions that received a very large number of medical equipment, namely the Health Crisis Center (47.9 percent), Kelapa Gading and BGR (31.9 percent), Merpati Halim (14.7 percent), BNPB and BGR (3.5 percent), Cold Storage BGR (1.7 percent). However, there is an institution whose capacity is being questioned as a recipient

¹⁸ RMOL, "Mekanisme Distribusi dan Pengadaan Alat Kesehatan Untuk Penanganan Covid-19 Terpusat di Gugus Tugas", diakses dari <https://kesehatan.rmol.id/read/2020/04/30/432779/mechanisme-distribusi-dan-pengadaan-alat-kesehatan-untuk-penanganan-covid-19-terpusat-di-gugus-tugas> at July 28th 2020, 15.31 WIB.

of medical equipment, namely Commission VIII of the DPR RI. In terms of its main tasks and functions, Commission VIII DPR does not have the urgency to obtain medical equipment.

In addition, there are a number of names of institutions that have not been explained by government data, such as BNPB and BGR, Kelapa Gading and BGR, Merpati Halim, Support Center, Duk Ops TNI, and Cold Storage BGR. Because the government did not provide an explanation for the names, ICW traces the information that has been obtained.

Based on the search results, the Kelapa Gading and BGR institutions, and BGR Cold Storage, refer to the warehouse owned by PT BGR. Location of the warehouse is at BGR Boulevard Street No.1, Perintis Kemerdekaan, Kelapa Gading Barat, North Jakarta.¹⁹ PT BGR stands for PT Bhandha Ghara Reksa. PT BGR is a state-owned company (BUMN) which is engaged in providing logistics services.

PT BGR is trusted by the State-owned Enterprise (BUMN) National Disaster Task Force to distribute medical equipment coordinated by the BUMN Foundation. Received Medical Equipment by PT BGR from the central government will be distributed to state-owned hospitals throughout Indonesia²⁰. Number of hospitals that have become the reference points for COVID-19 is 755 buildings²¹. Of those total, 35 of them belong to BUMN located in several provinces: East Java (13 Hospitals), North Sumatra (9 Hospitals), DKI Jakarta (4 Hospitals), West Java (3 Hospitals), Banten (2 Hospitals), Central Java (1 Hospital), East Kalimantan (1 Hospital), Riau Islands (1 Hospital), and West Papua (1 Hospital). The following is a list of BUMN hospitals that treat COVID-19 patients:

Table 6. List of State-owned Enterprise Hospitals for COVID-19 Patients²²

No.	Hospital	Area	No.	Hospital	Area
I	PHC Hospital	East Java	19	Balimbing Hospital	North Sumatra

¹⁹ BGR, "Komplek Pergudangan BGR DKI Jakarta", diakses dari <https://www.bgrlogistics.id/id/fasilitas/gudang/75> July 24th 2020, 14.55 WIB.

²⁰ Kontan, "BGR Logistics bakal distribusikan alkes penanganan covid-19 ke RS BUMN", diakses dari <https://industri.kontan.co.id/news/bgr-logistics-bakal-distribusikan-alkes-penanganan-covid-19-ke-rs-bumn> July 24th 2020, 14.26 WIB.

²¹ Kontan, "Kemenkes: Sudah ada 755 rumah sakit rujukan Covid-19 di Indonesia", diakses dari <https://nasional.kontan.co.id/news/kemenkes-sudah-ada-755-rumah-sakit-rujukan-covid-19-di-indonesia> July 28th 2020, 12.28 WIB.

²² CNBC, "Catat! Ini 35 Rumah Sakit BUMN Untuk Tangani Pasien Covid-19", diakses dari <https://www.cnbcindonesia.com/news/20200407180858-4-150402/catat-ini-35-rumah-sakit-bumn-untuk-tangani-pasien-covid-19> 28th 2020, 14:03 WIB.

2	Lavallete Hospital	East Java	20	RS. dr. GL Tobing	North Sumatra
3	Toeloengredjo Hospital	East Java	21	Bangkit Hospital	North Sumatra
4	Gatoel Hospital	East Java	22	PHC Medan Hospital	North Sumatra
5	Jember Plantation Hospital	East Java	23	Pelni Hospital	DKI Jakarta
6	Kaliwates Hospital	East Java	24	Pertamina Central Hospital	DKI Jakarta
7	Wonolangan Hospital	East Java	25	Pertamina Jaya Hospital	DKI Jakarta
8	Kalianget Salt Hospital	East Java	26	Jakarta Harbor Hospital	DKI Jakarta
9	Djatiroto Hospital	East Java	27	Cirebon Harbor Hospital	West Java
10	Elizabeth Hospital	East Java	28	PTPN VIII Subang Hospital	West Java
11	Main Medika Hospital	East Java	29	Pertamina Cirebon Hospital	West Java
12	Petrokimia Gresik Hospital	East Java	30	Krakatau Medika Hospital	Banten
13	Semen Gresik Hospital	East Java	31	Bhakti Husada Hospital	Banten
14	Sri Pamela Hospital	North Sumatra	32	Pertamina Cilacap Hospital	Central Java
15	Pertamina Pangkalan Brandan Hospital	North Sumatra	33	Pertamina Balikpapan Hospital	East Kalimantan
16	Laras Hospital	North Sumatra	34	Karimun Timah Hospital	Riau islands
17	Tanjung Sehat Hospital	North Sumatra	35	Pertamina Sorong Hospital	West Papua
18	Pabatu Hospital	North Sumatra			

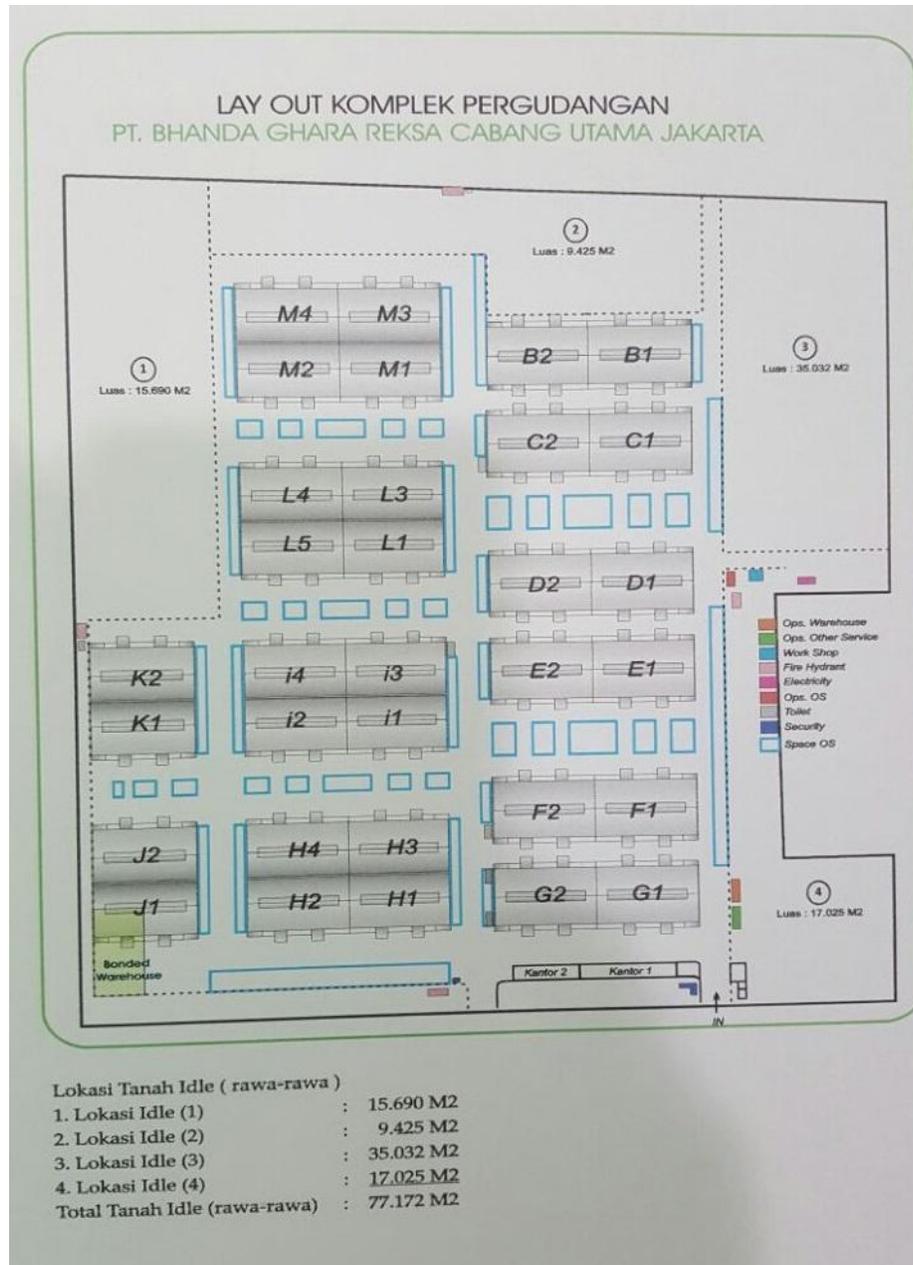
From the data above, PT BGR has distributed around 14 million pieces / unit to 35 BUMN hospitals or around 401 thousand pieces / unit per BUMN Hospital. However, from the monitoring results, the government does not have detailed data regarding medical equipment types that have been distributed to BUMN hospitals as a form of accountability.

PT BGR also has a Cold Storage facility to accommodate medical equipment. There are about 10 types of medical equipment with a total of 638,259 pieces / unit placed in PT BGR's Cold Storage. Of the 10 types, there are 3 (three) types that do require a cold place to store medical equipment, namely: PCR Reagent and Amplification Reagent Kit stored in a cooler with -20°; and VTM 3ML and PCR Kit-Genexpert in the refrigerator at 4°-8°. Apart from the three types of medical equipment, there is no need to put them in a cold place.

However, based on the plan of the warehousing complex owned by PT BGR as attached below, no Cold Storage was found as stated in the data owned by BNPB. This was also reinforced by the information dated January 9, 2020, that PT BGR had just discussed the existence of Cold Storage²³. This raises suspicion about the distribution chain carried out by the government to each referral hospital. If detailed information of medical equipment number, medical equipment types, and hospital medical Equipment's recipient is not open, the potential for fraud will be even greater.

Figure 3. Plans of PT BGR Warehousing Complex

²³ Kontan, "Ekspansi, BGR Logistics siapkan dana Rp470 miliar tahun ini" diakses dari <https://industri.kontan.co.id/news/ekspansi-bgr-logistics-siapkan-dana-rp-470-miliar-tahun-ini> July 28th 2020, 14:57 WIB



Apart from PT BGR, the government requested assistance from military institutions to distribute medical equipment. ICW identified 3 (three) institutions originating from military institutions, namely TNI Headquarters, Merpati Halim, and Duk Ops TNI.

Of the three military institutions which is become medical equipment storage, the hospital targeted for the distribution of goods is unknown. The absence of information is a bad precedent in the management of medical equipment distribution. This is because information of medical equipment types and number, also targeted hospitals is needed so that the distribution is right on target and can be monitored by the public.

Apart from the issue of distribution, ICW also focuses on specimen testing that has been carried out so far by the government. Based on the data obtained through infectionemerging.kemkes.go.id, the government has conducted specimen testing since February 13, 2020, totaling 2,344 specimens. Meanwhile, information regarding the COVID-19 case was first conveyed to the public on March 2, 2020.

Referring to the data below, it is known that positive cases of COVID-19 first appeared in the development document as of March 1, 2020. Then why did the President only inform him on March 2, 2020, while positive cases had appeared on March 1, 2020?

Figure 4. Current Situation of COVID-19 Update March 1, 2020



As of July 19th 2020, 1,221,518 virus specimens sample were examined in 269 laboratories. One of the medical equipment needed to perform specimen testing is PCR. Referring to BNPB data, the availability of PCR (PCR Reagent, PCR Antigen, and PCR Kit-Genexpert) as of July 19, 2020 was 2,479,550.²⁴ This means that there are approximately 1,258,032 units or about 50.7 percent of PCR's unknown usage. This could potentially lead to fraud if the government could not prove between distributed PCR and the PCR used to carry out the specimen test.

In addition, the government is still using rapid tests for tracking. Even though the rapid test only has 30 percent of accuracy rate. Even a number of countries such as the Netherlands, Spain, Georgia, the Czech Republic, and Turkey have returned rapid tests to their home countries.²⁵

Data as of 19 July 2020 shows that 2,344,800 units of Rapid Test has been distributed. If a number of countries return Rapid Tests which prove to be low accuracy, why does the government still buy Rapid Tests? This indicates that the government rarely consults scientists so that the policies taken are wrong. In fact, the country has the potential to lose if in the end the Rapid Test is not used as a benchmark for testing patient status.

ICW also monitors the potential budget that has been spent on medical equipment purchases. To see the unit price of medical equipment, ICW uses data uploaded by the West Kalimantan Provincial Government as an information base.²⁶ ICW used this information base because the central government had never provided information on the unit price of each medical Equipment purchased, until this report was written.

Of the 30 types of medical equipment, 13 of them have information about the unit price. So that the total potential budget that has been spent to meet the needs of medical equipment is:

²⁴ Data for 19 July 2020 were used for the two variables to be comparable when comparing the tested specimens with distributed PCR.

²⁵ GoRiau, "Sejumlah Negara Kembalikan Alat Rapid Test Corona dan APD Pasokan Cina", diakses dari <https://www.goriau.com/berita/baca/sejumlah-negara-kembalikan-alat-rapid-test-corona-dan-apd-pasokan-china.html> at July 23th 2020, 00:56 WIB.

²⁶ Dinas Kesehatan Provinsi Kalimantan Barat, "Pengadaan dan Bantuan Logistic COVID-19 Kalimantan Barat" diakses dari <https://dinkes.kalbarprov.go.id/covid-19/> at July 28th 2020, 17:44WIB

Table 7. Potential for Medical Equipment Budget

No.	Type	Qty	Price per unit (IDR) ²⁷	Total (IDR)
1	APD/ PPE	9,451,627	241,667	2,284,146,342,209
2	Surgical Mask	46,224,678	217,269	10,043,189,564,382
3	Rapid Test	2,344,800	242,725	569,141,580,000
4	Goggles	41,865	68,750	2,878,218,750
5	Bouffant Caps	100,075	100,000	10,007,500,000
6	N95 mask	540,200	95,079	51,361,675,800
7	Medical Gloves	1,384,730	85,000	117,702,050,000
8	Face Shield	90,822	136,000	12,351,792,000
9	PCR reagent	2,242,150	14,400,000	32,286,960,000,000
10	VTM	1,399,474	165,000	230,913,210,000
11	Handskoone Sterile	31,785	47,907	1,522,723,995
12	Handskoone Non Sterile	1,286,900	84,231	108,396,873,900
13	Boots	240	120,000	28,800,000
TOTAL		65,139,346		45,718,600,331,036

The total budget that the central government has potentially spent to buy 13 types of medical equipment is IDR 45.7. The largest budget is used to buy PCR Reagents for IDR. 32.2 trillion or around 70.6 percent of the total budget. The next budget that is also large is surgical masks purchase for IDR 10 trillion or around 22 percent of the total budget.

In addition, there are medical Equipment that still purchased by the government even though in a number of countries it has been returned due to the low level of accuracy, namely the Rapid Test. The potential for government spending to purchase Rapid Tests is IDR 569 billion or around 1.2 percent. This is unfortunate because with this large budget it can be allocated for other, more urgent needs.

²⁷ The price per unit uses a document uploaded by the West Kalimantan Provincial Government. The price per unit is calculated using the average formula for each type of the same medical Equipment.

The budget for Rapid Test is equivalent to 39,524 units of PCR Reagent Purchase; 2,355,065 PPE Purchase; or pay health workers incentives such as specialist doctors (37,943 people), general practitioners and dentists (56,914 people), midwives and virgins (75,886 people), and other medical personnel (113,828 people).

F. Conclusion

I. Budget Transparency

- The Ministry of Health and the Ministry of Finance did not provide detailed information regarding the budget uses other than the total budget that was reallocated and realized. Even with budget realization information, only information without any complementary data, and the update is very rarely done, even only once in a month.
- The expenditure budget in the attachment to Presidential Decree 72/2020 for the benefit of handling Covid-19 at the Ministry of Health is very small. This shows the Ministry of Health's unpreparedness in facing the national disaster of the Covid-19 pandemic.

II. Ministry of Health's SiRUP and LPSE data

- The Ministry of Health did not provide complete information in the general procurement plan on the sirup.lkpp.go.id website. Job details such as specifications, volumes and job descriptions are not clearly stated.
- The total procurement of the Ministry of Health whose budget is sourced from the APBN and APBNP and the procurement plan has been submitted to the public until July 21th, only amounts to IDR 787.15 billion. Far from the allocation in the Ministry of Health which reached IDR 25.73 trillion.
- Of 175 planned procurement packages at the Ministry of Health, most of the procurement was dominated by goods procurement, amounting to 93% or 163 procurement packages. While the rest is other services procurement, amounting to 7% or 12 procurement packages with budgets ranging from IDR. 100 million to IDR. 6.46 billion.
- There are 11 procurement plans in the Ministry of Health using direct procurement method but the budget plan exceeds IDR 200 million (table 4). Whereas according to Presidential Decree 16/2018 concerning Government Procurement of Goods and

Services, the maximum value of goods / construction / services procurement for using this method of work is IDR. 200 million.

- Of the 14 procurements published in the LPSE of the Ministry of Health and the source of funds from the State Budget, 11 were procured using the direct procurement method and 3 were tenders. In fact, if we look at the general procurement plan data, there are at least 74 general procurement plans by July that use the direct procurement method. This can show 2 things, firstly that the Ministry of Health did not include all procurement information other than tenders, or second, many general procurement plans were not executed or processed further until the selection of providers by the Ministry of Health.
- There are companies that are selected as providers in the Ministry of Health but have minimal experience in medical material equipment procuring.

III. Distribution of BNPB Medical Material Equipment

- The government has distributed 30 types of medical equipment with a total of 67,883,323 pieces / unit to 34 provinces and 13 institutions.
- The government has not reached the target needs related to PPE and surgical masks.
- The government does not have a plan to calculate needs of each type medical equipment.
- The government is very secretive about detailed information starting from prices, distributors, to health service recipients of medical equipment. This creates a huge gap for corruption occur.
- The government does not have a database on medical equipment needs in each region. Because there are several areas that are in the green zone, but the medical equipment obtained are more than areas in the orange or red zone.
- There is unclear information from the government regarding the responsible agencies for medical equipment distribution, such as in the case of Cold Storage BGR.
- There was a potential risk of fraud during the distribution process carried out by 13 institutions when there was no information about medical equipment recipients.
- There are about 50.7 percent use of PCR Reagents with unclear information related to the COVID-19 specimen test.
- The government has the potential to spend IDR 45.7 trillion in state money to buy 13 types of medical equipment.
- About 70.6 percent of state money is potentially spent on purchasing PCR Reagents.
- The state expenditure of IDR. 569 billion was allegedly in vain for bought Rapid Test with a low level of accuracy.

G. Recommendations

I. Budget Transparency

- Information regarding the Covid-19 pandemic handling budget by the Ministry of Health and the Ministry of Finance or BNPB must be announced periodically to the public and in detail. So that the public can participate in monitoring the public budget used for handling Covid-19.

II. Ministry of Health's SiRUP and LPSE data

- The Ministry of Health must inform all general plans for procurement and realization of their procurement in the SiRUP and LPSE channels related to the handling of Covid-19,
- The Ministry of Health must specify the information submitted on the Sirup.lkpp.go.id website by stating in detail job specifications, volumes and job descriptions.
- The Ministry of Health must be more careful in using the procurement method in accordance with the Presidential Decree 16/2018 in handling Covid-19.
- The government built a special channel that provides all procurement information related to the handling of Covid-19 in various Ministries / Institutions and regional apparatus so that it is more easily accessible to the public.

III. BNPB Medical Material Equipment Distribution

- The government must provide an information channel regarding medical equipment quantity, price per unit, and medical equipment target recipients at each health facility;
- The government must identify medical equipment needs quantity before medical equipment import policy is issued.
- The government must have a clear information base on priority areas for obtaining medical equipment.
- The government must openly convey a number of institutions that have the obligation for goods distribution to each province.
- The government should maximizing usage of PCR testing equipment to accelerate specimen testing efforts.
- The government should stop buying the inaccurate test kits.

- The inspectorate must supervise medical equipment purchases and uses.

H. Annexes

Table 6. Tender and Non-Tender Data Procurement in the Ministry of Health's LPSE

No .	Package name	Satker	Category	Procurement Method	Source of funds	Ceiling	Winner
1	Procurement of Body Immunity Enhancers for Covid-19 Pandemic Period June-July 2020	Rs Dr. Marzuki Mahdi Bogor	Other Services	Direct Procurement	BLU	198,240,000	Tribuana Sarana Utama
2	Procurement of Personal Protective Equipment (PPE) and Hand Sanitizer in the Context of Handling the Covid-19 Pandemic, Kupang Health Police in 2020	Kupang Health Polytechnic	Goods	Direct Procurement	State Budget	77,687,500	Cv. Johan Agung
3	Procurement of Non-Operational Spending for Covid-19 Handling	Pangandaran Health Research and Development Workshop	Goods	Direct Procurement	State Budget	13,500,000	Sumanta Mitra Mulya

4	Procurement of Goods Shopping for Covid-19 Handling Supplies	Pangandaran Health Research and Development Workshop	Goods	Direct Procurement	State Budget	79,000,000	Sumanta Mitra Mulya
5	Corridor Roof Installation Work from RIKK to the Lobby Area of the Kemuning Building for Access to Covid-19 Patients	Dr. Hasan Sadikin Bandung General Hospital	Construction work	Direct Procurement	BLU	51,766,700	Cv. Mother Earth
6	Maintenance of Multi-storey Building / Office Buildings (West Java) In the Form of Maintenance for the Covid-19 Isolation Room	Dr. Mgoenawan Partowidigd o Cisarua Lung Hospital	Construction work	Direct Procurement	State Budget	874,870,000	Pt Sulastri Qodari Blessings
7	Buffer Stock Disinfection Control of Risk Factors for COVID	Center for Environmental Health Engineering and Disease	Goods	Direct Procurement	State Budget	70,000,000	Cv. Cipta Karya Mandiri

		Control Jakarta					
8	Procurement of Employee Immunity Enhancements in the Context of Covid 19 Ta 2020 Emergency Conditions	Dr Marzuki Mahdi Hospital, Bogor	Other Services	Direct Procurement	BLU	316,386,000	Pt.Dwiraya Multiclin Utama
9	COVID-19 Control Response	Center for Environmental Health Engineering and Disease Control Jakarta	Goods	Direct Procurement	State Budget	160,510,000	Cv. Prima Data Utama
10	Material for Sampling / Examination for COVID-19	Center for Environmental Health Engineering and Disease Control Jakarta	Goods	Direct Procurement	State Budget	163,261,000	Cv. Chemical Charisma
11	Procurement of Personal Protective Equipment (Apd)	Center for Environmental Health Engineering and Disease Control Jakarta	Goods	Direct Procurement	State Budget	180,152,000	Cv. Cipta Karya Mandiri
12	Procurement of Goods Shopping Supplies for	Pangandaran Health Research and	Goods	Direct Procurement	State Budget	31,330,000	Sumanta Mitra Mulya

	Rapid Test Covid-19 and Hand Sanitizers	Development Workshop					
13	Procurement of Covid-19 Pandemic Handling Tools for the Health Polytechnic of the Ministry of Health, Kupang in 2020	Kupang Health Polytechnic	Goods	Direct Procurement	State Budget	84,749,500	Cv. Investama
14	Procurement of Body Resistance for Students (Masks) in the Context of Handling the Covid-19 Pandemic, Ministry of Health, Kupang Polytechnic in 2020	Kupang Health Polytechnic	APBN items	Direct Procurement	State Budget	77,000,000	Cv. Johan Agung
15	Procurement of the Igg / Igm Covid-19 Rapid Test	Dr. Sardjito General Hospital Yogyakarta	Goods	Tender	BLU	607,500,000	Trisprima Usahajaya
16	Handling the Covid Pandemic	Jakarta National Brain	Goods	Fast Tender	State Budget	452,196,800	Cv Lucky Berjaya

	(Enhancing Body Resistance)	Center Hospital					
17	Procurement of Consumables Reagents in Handling the Covid-19 Pandemic	Palembang Health Laboratory Center	Goods	Fast Tender	State Budget	2,832,901,000	No information
18	Procurement of Covid-19 Reagent Materials	Surabaya Health Laboratory Center	Goods	Fast Tender	State Budget	2,719,550,000	No information

I. Glossary

◦ **General Procurement Plan (RUP)**

Presidential Regulation number 16 of 2018, General Plan for Goods / Services Procurement, hereinafter abbreviated as RUP, is a list of plans for goods / services procurement to be implemented by the Ministry / Institution / Regional Apparatus.

Announcement of the RUP of Ministries / Institutions is made after expenditure budget allocations determination, while the Regional Apparatus is carried out after Regional Regulation draft on APBD is jointly approved by the Regional Government and the Regional People's Representative Council.

Announcement of the RUP is then made through the General Procurement Information System (SiRUP) application. If there is a change / revision of the procurement package or the Budget Implementation List (DIPA) / Budget Implementation Document (DPA), the relevant agencies need to announce the RUP again.

Each Ministry / Institution and Regional Apparatus must submit the RUP before the provider selection process is carried out.

The information available in the syrup, namely:

No.	Information	No.	Information
1	RUP code	11	Small Business (Yes / No)
2	Package name	12	Pre DIPA / DPA (Yes / No)
3	Ministries / Institutions or Regional Apparatus	13	Source of funds
4	Work unit	14	MAK
5	Fiscal year	15	Ceiling
6	Job Location	16	Type of Procurement
7	Job volume	17	Selection Method
8	Job description	18	Timing of selecting providers, executing contracts, utilizing goods / services
9	Job Specifications	19	Update date
10	Domestic Products (Yes / No)		

Although from the Syrup system information display point of views, it includes a variety of information regarding the plan for of goods / services procurement, unfortunately there are still very few Ministries / Agencies and Regional Apparatus that convey this information completely.

◦ **Emergency Procurement**

Article 59, Presidential Decree 16/2018, Handling of emergencies is carried out for the safety / protection of the public or Indonesian citizens who are in the country and / or abroad whose implementation cannot be postponed and must be carried out immediately.

Emergencies include:

- a. natural disasters, non-natural disasters, and / or social disasters;
- b. conducting search and rescue operations;
- c. damage to facilities / infrastructure that can interfere with public service activities;
- d. natural disasters, non-natural disasters, social disasters, developments in political and security situations abroad, and / or the enactment of foreign government policies that have a direct impact to the safety and order of Indonesian citizens abroad; and / or
- e. Provision of assistance to other disasters affected countries.

In this case, the Covid-19 pandemic can be included in a non-natural disaster. This was also strengthened by Decree Number 9 A of 2020 concerning Determination of the Status of Certain Emergency Disaster Conditions for Corona Virus Outbreaks in Indonesia issued on

January 28, 2020. So that the requirements for emergency procurement can be fulfilled administratively.

Procurement in an emergency can be done in a way²⁸:

- a. Self-management; and / or
- b. Provider

Procurement of goods and services with "Providers" can be done by method²⁹:

- a. E-purchasing;
- b. Direct Procurement;
- c. Direct appointment;
- d. Fast Tender;
- e. Tender

◦ **E-Purchasing**

Electronic purchasing, hereinafter referred to as *E-purchasing*, is a procedure for purchasing goods / services through an electronic catalog system³⁰. This method does not require a limit on the amount of the procurement budget. However, in determining the use of this method, needs analysis, scope of delivery and availability of goods must be considered.

◦ **Direct Procurement**

Direct procurement of goods / construction work / other services is a method of selecting a provider³¹:

- a. Other goods / construction work / services with maximum values of IDR 200,000,000.00 (two hundred million rupiah).
- b. Consultancy Services with maximum values IDR 100,000,000.00 (one hundred million rupiah).

◦ **Direct Appointment**

Direct Appointment is a selection method to get provider of goods / construction work / consulting services / other services in certain circumstances. This method does not require a specific procurement budget limitation. So this method can be used regardless of the budget.

²⁸ LKPP Regulation No. 13 year 2018 concerning Government Goods and Services Procurement in Emergency Handling

²⁹ Article 38 paragraph 1, Perpres 16/ 2018,

³⁰ Article 1, paragraph 35, Perpres 16/2018

³¹ Article 1 paragraph 40 & 41, Perpres 16/ 2018

However, there are criteria in determining which certain circumstances include³²:

- a. Organizing sudden activity preparations to follow up on international commitments attended by the President / Vice President;
- b. Confidential goods / services for interests of the State include intelligence, witness protection, safeguards for the President and Vice President, Former President and Former Vice President and their families as well as state guests at the head of state / head of government level, or other confidential goods / services in accordance with the provisions of the regulations.
- c. Building construction work which is an integrated construction system and one unit of responsibility for the risk of building failure all of which cannot be planned / calculated beforehand;
- d. Other goods / construction work / services that can only be provided by 1 (one) capable business;
- e. Superior seeds procurement and distribution which include rice, maize and soybean seeds, as well as fertilizers including urea, NPK, and ZA to farmers in order to ensure the availability of seeds and fertilizers appropriately and quickly for the implementation of increasing food security;
- f. work on public infrastructure, facilities and utilities in the housing environment for Low-Income Communities carried out by the developer concerned;
- g. Other goods / construction work / services specific and can only be carried out by the patent right holder, or the party who has received permission from the patent right holder, or the winner party of the tender to get permission from the government; or
- h. Other goods / construction work / services after being re-tendered have failed.

◦ **Tender**

Tender is a selection method to get goods / construction work / other provision of services. This method is implemented in the time when other provider selection methods cannot be used, such as: E-purchasing; Direct Procurement; Direct appointment; Fast Tender³³

◦ **Fast tender**

³² Article no.1 paragraph 40 dan 41, Perpres 16/ 2018

³³ Article no.38 paragraph 7, Perpres 16/ 2018

Fast Tender can be executed if³⁴:

- a. The specifications and work volumes can be determined in detail; and
- b. Business have been qualified in the Provider's Performance Information System.

The election through a Fast Tender is carried out with the following conditions³⁵:

- a) participants have qualification in the Provider's Performance Information System;
- b) participants only enter the price offer;
- c) price quotes evaluation is carried out through the application;
- d) winner determination based on the lowest bid price.

³⁴ Article 38 paragraph 6, Presidential Regulation No. 16/ 2018

³⁵ Article 50 paragraph 4, Presidential Regulation No.16/ 2018