



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 06/19/2020 | Report No: ESRSC01452



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Indonesia	EAST ASIA AND PACIFIC	P162172	
Project Name	Women's Voices in the Monitoring and Improvement of Indonesia's Universal Health Care Insurance Services		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social	Investment Project Financing		2/25/2016
Borrower(s)	Implementing Agency(ies)		
Akatiga Foundation	Akatiga Foundation		

Proposed Development Objective(s)

The Project Development Objective (PDO) is to contribute in improving access and quality of health services delivery for poor and vulnerable population in selected districts of Indonesia through collaborative social accountability mechanisms among stakeholders, which include: (i) Poor communities, defined as those who are eligible to receive Indonesian health card, and assisted by CSO Fatayat NU; (ii) Health providers affiliated with the National Health Insurance network; (iii) National Health Insurance policy makers at local and national level.

The Project Development Objective (PDO) will be achieved via:

- Establishing a citizen volunteer-based accompaniment and monitoring process aimed at increasing poor primary health care facility (PBI) targeted health users' access to and effective utilization of the public health insurance system,
- Developing an information system on patients' experiences in using health services that will be regularly analyzed and followed up by AKATIGA and Fatayat NU.
- Engaging collaboratively with health service providers and public health institutions for problem-solving in health service delivery.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>0.73</b>



**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

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**D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project has selected a series of districts located in several provinces i.e. West Java (Bandung City and Cirebon); Central Java (Tegal & Pati); East Java (Malang & Sidoarjo); North Maluku (West Halmahera); South Sulawesi (Bantaeng & Pare-Pare); and Jambi, in which Fatayat NU (Fatayat) branch offices are located. These locations are chosen for piloting collaborative social accountability mechanism to collect information about poor and vulnerable health user's experiences to strengthen the delivery systems. After first year of implementation, some areas will be reduced to concentrate in areas that could have greater impact. The project will directly target project partners, Fatayat members and poor/vulnerable communities (defined as those who are eligible for subsidized health card). As the project will only work within the Fatayat work areas in the context of collaborative social accountability, including feedback and response mechanism, therefore; the characteristics of the project locations are considered not relevant with regards to environmental and social assessment. Almost all Fatayat branch offices are located in urban and peri urban areas. These Fatayat work areas are not located in remote areas.



Fatayat NU is a women faith organization affiliated with the Nahdlatul Ulama (NU), which is the largest Islamic mass organizations in Indonesia. The NU, is a moderate, traditional-based organization, with about 50 million members/cadres. The Cadres are female students with around 8 million numbers across the country. Fatayat works in three areas: community economic empowerment, reproductive health for female youths, and improving education improvements for female youth. Being a women's branch of the existing large NU organization, Fatayat has made real contributions to women's political movement in Indonesia since their formation, which are mainly related to marginalized women and child issues. Their cadres are more than familiar with empowerment works.

As with the global situation, the Covid19 pandemic has also hit Indonesia with West Java and East Java provinces being areas of the most affected by the spread of the virus after Greater Jakarta Province. The first Covid19 case was confirmed to have spread to Indonesia on 2 March 2020 and by 9 April has spread to all 34 provinces in the country. As of mid of May, Indonesia has recorded the second-highest positive cases in Southeast Asia. Instead of implementing a national lock down, specific regions or provinces can apply for a request for large-scale social restrictions (PSBB) to the Ministry of Health alongside proof of endemic and mitigation steps. Under the current restrictions, all public transportation options must operate with reduced hours and capacity. Non-essential businesses and stores are required to be closed. Restaurants and food stalls are open for takeaway and delivery only; markets and essential business may open with social distancing measures. Depending on the area, private transportation requires limitation of passengers and obligation to wear a mask in public areas are in effect through the PSBB. As the project activities would be conducted during the pandemic, it is essential for the project to include consideration of the Covid19 situation. However, it is noted that the project itself is not directly associated with the Covid19 issue.

The key E&S implications of the project interventions include: mapping of poor health users, recruitment of cadres, collecting poor health users experience in accessing BPJS/national health insurance, communicating with health centers and hospitals; data collection from various relevant institutions, including visiting hospitals or local health facilities, identifying health users in poor situations and help them in accessing curative health services, and periodic dialogues with the key stakeholders – local governments and health agencies.

#### D. 2. Borrower's Institutional Capacity

AKATIGA Foundation will be the lead project implementing agency. As such, it will be responsible for overall project coordination, project preparation, financial management, and reporting, tools and information system development, data analyses, preparation of policy notes, and other written materials on lessons learned based on project implementation. AKATIGA has extensive experience on project management and evaluation for public sector institutions and donors, including with the World Bank. Past works with the World Bank are mainly in evaluation and impact assessment of community-driven development (CDD) programs and rural developments, which focus on targeting marginalized and vulnerable groups. Projects include Rapid Assessment of the Implementation of National Community Empowerment Program in Urban Areas (PNPM Urban); Technical Evaluation of National Community Empowerment Program/Village Development Strategic Plan Barefoot Engineers Training Program in Papua and West Papua; PNPM Rural and the Marginalized Groups; etc. As an applied research institute, the strengths of AKATIGA are in, among others, research and assessment; stakeholders engagement; monitoring and evaluation; as well as advocacy.

AKATIGA has identified Fatayat NU as the main partner for project implementation. Fatayat will be responsible for organizing the fieldwork with volunteer cadres, field monitoring and coordination of local level dialogues with key



stakeholders. Fatayat has extensive experience in social service delivery and cooperation with the government on social services projects such as the Mother and Child Health Program and the Early Childhood Development Program. Both organization will jointly execute certain project activities, including training and field preparation, central level discussions, and dissemination of results.

Even though AKATIGA nor Fatayat have no direct experience in applying environmental and social risk management, two AKATIGA staffs have participated in a recent World Bank ESF training. Given the nature of the project is a small experimental investment intended as a way to demonstrate success in improving National Health Insurance (BPJS) through collaborative social accountability mechanisms, highly specialized environmental and social risk management expertise will not be required. AKATIGA’s past experience working with the World Bank will bring them to be committed to ESF requirements. To support this commitment, environmental and social focal points will be appointed at AKATIGA and Fatayat to oversee implementation of occupational health and safety, waste management and stakeholder engagement for the project. The TORs for the environmental and social focal points will be prepared by AKATIGA and approved by the World Bank. Capacity building and training on the relevant ESF requirements will also be provided for AKATIGA and Fatayat at the onset of the project and will be specified in the ESCP.

## II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

### A. Environmental and Social Risk Classification (ESRC)

Moderate

#### Environmental Risk Rating

Moderate

The environmental risk rating is moderate and is mainly associated with the project implications on occupational and community health and safety. The project’s nature is a small experimental investment intended as a way to demonstrate success in improving the access and delivery of services to the poor and vulnerable in the National Health Insurance scheme (BPJS) through accountability mechanisms. Under the current contextual risk of Covid19 pandemic, the environmental risk is increased to moderate as around 70 workers and volunteers participating in the project might, due to the type of project activities (public meetings, training, accompanying BPJS users and patients, visiting medical facilities), have potentially higher than normal exposure to SARS-CoV-2. The virus has spread to all provinces in Indonesia, where higher positive cases have been recorded in West and East Java provinces, which are two of the targeted project locations. The nature of the risk is predictable and temporary given that higher attention and citizen awareness is being made to reduce and contain the spread of the virus by adhering to large-scale social restrictions (PSBB), acceptable hygiene practices, and Personal Protective Equipment (PPE) requirements promoted nationally by the Government of Indonesia (Gol) and as advised by the World Health Organization (WHO). There are known and reliable mechanisms and practices to prevent exposure to and transmission of the virus. Potential adverse effects to human health and/or the environment will be mitigated through implementation of strict occupational health and safety (OHS) measures as advised by Gol and WHO. The project implementing agencies will secure sufficient allocation of budget for PPE provisions and a PPE protocol will be put in place including appropriate OHS training for project workers and volunteers to ensure the proper wearing of reusable PPEs and final disposal of single use PPEs. The PPE protocol will be part of the Standard Operating Procedure (SOP) or handbook that will be provided to project workers and volunteers, which will also include protocols on conducting meetings and volunteer training



under Covid19 constraints. The preparation of the SOP and relevant protocols, training of project workers and volunteers, and provisions for adequate PPE will be established in the ESCP.

Direct environmental risks are negligible as project does not involve any physical construction of infrastructure in selected districts nor procure any substances that may be harmful to environment. Activities will include: i) data collection, review, & input; ii) elaboration & dissemination of information, education & communication materials; iii) information systems development for citizen feedback mechanism; iv) developing SOPs & training of cadres; v) information sharing & public dialogues; vi) establishing monitoring, evaluation and learning sessions.

AKATIGA Foundation will lead project implementation with Fatayat NU as main partner to execute activities onsite. AKATIGA has prior experience working with World Bank mainly on community driven developments and is aware of World Bank safeguards requirements. Two AKATIGA staff have participated in a recent World Bank ESF training. Although AKATIGA and Fatayat NU do not have direct experience in applying ESF requirements in projects, AKATIGA's past experience working with the World Bank will bring them to be committed to ESF requirements, especially on OHS management. To support this, environmental and social focal points will be appointed at AKATIGA and Fatayat NU to oversee OHS management for the project. The TORs for the environmental and social focal points will be prepared by AKATIGA and approved by the World Bank. Capacity building and training on relevant ESF requirements and OHS measures will also be provided for AKATIGA and Fatayat NU, including project workers and volunteers at the onset of the project, and will be specified in the ESCP.

**Social Risk Rating**

Moderate

The social risk rating is moderate by considering the context in which the project will be implemented during the Covid19 pandemic (& post pandemic). The project type and nature itself constitute a low social risk, associated with the activities of building capacity, establishing a citizen volunteer-based accompaniment, and developing a citizen feedback mechanism for the improvement of health service delivery. The project will bring positive impacts to the poor and vulnerable groups (defined as those eligible to receive subsidized health card) in accessing health care facilities under BPJS. However, as the project will be implemented during the pandemic and that project activities will involve public meetings, although not in large numbers, and hospital visits, such activities may have potential risk of exposure to Covid19. This also includes risk of social stigmatization against people perceived to have been in contact with the virus. Provisions will be put in place to avoid workers getting infected by the virus, such as reducing mass gatherings, supporting physical distancing, and addressing social stigma associated with Covid19. The citizen volunteer-based accompaniment will be performed through personal interaction between volunteer and poor health users, or within regular Quran reading activities in small groups. The national level policy dialogue meetings may involve a wider group of stakeholders. A tailor made procedure for addressing social stigma associated with Covid19, conducting public meetings under Covid19 constraints and a health protocol, will be prepared based on relevant WHO guidelines and WB Technical Note on public consultation under Covid19 constraints. The Stakeholder Engagement Plan (SEP) is part of the project design and will include aspects on Covid19 constraints.

The project design is essentially an inclusion project. Although volunteer cadres will all be Moslems, the targeted poor and vulnerable health users will include anyone within the volunteer's neighborhood regardless of gender, race, or religion. Social exclusion is not envisaged as project main beneficiaries are those who are eligible to receive subsidized

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BPJS scheme. Given the project will only work within Fatayat areas, which are urban and peri urban areas, Indigenous Peoples will not be present.

The project is designed to which volunteers are living in the same locations with project beneficiaries. Thus language is not a barrier. Elaboration of existing information, education and communication (IEC) materials by the volunteer will be in an acceptable language well understood by the poor health users, especially on their rights to receive adequate health services.

The social risk involves collection and use of health-related data from BPJS patients. Health data refers to personal information and is considered as sensitive and confidential data that is particularly subject to strict rules including disclosure of data. The collected health data should be treated as confidential information and obtain consent from participating health users will be essential. Provision for a code of conduct on using health data or patient's medical record, including requirement to get consent and restriction on use of data by third parties or for purposes beyond project objectives will be required. For the purposes of public meetings or advocacy meetings, the project will only use aggregate data that has been compiled into a data summary with no information on the identity of the health users (anonymous). These requirements will be established in the ESCP.

SOP/risk management handbook for project workers/volunteers will be developed to manage the project risks that includes information on health protocols such as wearing the proper PPE, social distancing measures, rules in using health data, and guidelines on conducting public meetings. The project will properly train volunteers on the SOP. SOP preparation and training will be included in the ESCP.

## **B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

##### ***Overview of the relevance of the Standard for the Project:***

ESS1 is relevant as it applies to all projects supported through Investment Project Financing. Although the project does not involve physical construction of infrastructure in the selected districts, to which environmental and social impacts would be negligible, the project entails specific environmental and social risks with respect to the current and post Covid19 pandemic situation in Indonesia. The activities of training, public dialogues, meetings with respective stakeholders, assisting patients/health service users, visiting hospitals and/or local health services, whilst also collecting data from the field, are required to be adequately assessed, managed, and monitored for risks of exposure and infection to the Covid19. Public meetings and/or stakeholder gatherings although not in large numbers, pose the risk of infection and transmission. In consideration of this risk, the project will seek protective and/or alternative means for conducting meetings and training such as undertaking virtual communications to the extent possible. A guideline on conducting meetings under Covid19 constraints will be prepared by the project as part of the Labor Management Procedure (LMP) and included in the SOP or risk management handbook, and in the Stakeholder Engagement Plan (SEP). There will also be recurring exposure and risk of infection and transmission of the virus as project volunteers are expected to go back and forth to health care facilities in assisting patients and/or health service users. A PPE protocol will be put in place along with the appropriate OHS training for volunteers and project workers to protect them from the virus and other communicable diseases. The protocol will also include guidelines



on proper wearing of reusable PPEs and final disposal of used PPEs. The PPE protocol will be part of LMP and the SOP/handbook that will be provided to the volunteers. The project implementing agencies will secure sufficient allocation of budget for PPE provisions.

Stigma and discrimination may occur when people associate a disease, such as Covid19, or perceived to have been in contact with the virus. Provisions will be included in the SOP/handbook to prevent and address social stigma associated with Covid19 in accordance with WHO guideline.

In addition to the Covid19 risk, there is also the risk of exposing personal health-related data, which may include the experiences of BPJS's patients in accessing and/or receiving health care services. The SOP will include provision for a code of conduct on use of personal health data, which will include the prerequisite that, for the purposes of public meetings/dialogues, the project will only use aggregate data that has been compiled into a data summary with no information on the identity of the health users (anonymous). There will be no exclusion of vulnerable groups as the project's main beneficiaries will be those who are eligible to participate in the BPJS scheme, which has included the poor and vulnerable based on national legislation. Indigenous Peoples are not present in the project location as the project will only operate in Fatayat NU network of areas in the targeted provinces, where most Fatayat NU branch offices are located in urban and peri urban areas, and none in remote areas.

The SOP will be in the form of a handbook and will outline the various OHS measures and risk management for volunteers to protect their health and safety, as well as protect confidential and personal health-related data of BPJS users. The proposed SOP will include information on: i) guideline on how to collect data from health users, input data into a database, encourage poor and vulnerable households to participate in the BPJS; ii) health protocols to protect and avoid transmission and infection of Covid19, including selection and wearing of appropriate PPE, social and physical distancing measures, and provision of proper working conditions in the field as well as prevention measures to address social stigma associated with Covid19; iii) guideline to conduct meetings and training emphasizing requirement for small and restricted assemblies under Covid19 constraints; and iv) code of conduct on managing personal and confidential health-related data or patient's medical record, obtaining consent when collecting data, understanding rule or restriction in sharing/using the data by third parties or for purposes beyond the project objectives. Proper training on the SOP including OHS measures will be provided by the project's environmental and social focal points for the project workers and volunteers to ensure they fully understand the protocols and principles outlined in the SOP.

The preparation of the SOP/handbook, PPE budget allocation, its provision and training will be established in the ESCP. The project will appoint environmental and social focal points, at least one person in AKATIGA and one person under Fatayat NU, and in consultations with the World Bank team, the focal points will provide oversight and technical support to ensure that environmental and social risk management, especially on managing Covid19 risks and taking the necessary OHS measures are adequately integrated into the project design through the Terms of References (ToRs) for the focal points. The ToRs for the Focal Points will be prepared by AKATIGA and approved by the World Bank.

**Areas where "Use of Borrower Framework" is being considered:**

Not currently relevant.





### **ESS10 Stakeholder Engagement and Information Disclosure**

ESS10 is relevant. AKATIGA has prepared a Stakeholder Engagement Plan (SEP) as part of their proposal package that will be submitted to GPSA. The SEP document has identified the relevant project stakeholders, such as the BPJS, Ministry of Social Affairs, Regional Government, Puskesmas, and Local Hospitals/RSUD, as well as the poor and vulnerable communities within the Fatayat NU network areas. The document will be improved to meet ESS10 requirements and will be updated for future engagement during project implementation. As the main focus of the project is developing collaborative social accountability mechanism among the relevant stakeholders to improve better health service delivery of BPJS to poor and vulnerable communities, the stakeholder engagement will become an essential part of the project. The SEP will also provide guidance on conducting public meetings during and/or post Covid19 pandemic. A tailor-made guideline for conducting public meetings under Covid19 constraints for the purposes of the project will be prepared by referring to World Bank Technical note on Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings and/or refer to WHO guideline. The specific requirements for conducting meetings under Covid19 constraints will also be included in the SEP.

A Grievance Redressed Mechanism (GRM), as part of the SEP, will be established for the project to provide stakeholders, which includes the poor health users participating in the project and project community workers (volunteers) with the opportunity to lodge-in their grievances that may include violation to the code of conduct. Project volunteers will inform health users participating in the project on the GRM channels and that concerns are expected to be addressed promptly, effectively, and in a transparent manner. Regular supervision by AKATIGA and Fatayat NU will also be conducted to check any complaints from the field activities.

AKATIGA and Fatayat NU will disclose the SEP on their website as early as possible during the project preparation process. All engagements conducted during the project course will be recorded and documented. These requirements will be established in the ESCP.

### **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

#### **ESS2 Labor and Working Conditions**

ESS2 is relevant. The project will engage staff under AKATIGA as well as assigning members/cadres from Fatayat NU who will be tasked as volunteers and facilitators in collecting field data whilst assisting patients in accessing health care services. Refer to ESS2 requirements, AKATIGA staff and Fatayat NU project staff are considered as direct workers for the project, while Fatayat NU volunteers/cadres are community workers and hence ESS2 applies. The main risks to these direct project workers and community workers are exposure to infection and transmission of the SARS-CoV-2 while undertaking stakeholder meetings, accompanying BPJS users/patients, and visiting health care services. A guideline on conducting meetings under Covid19 constraints will be included in the Labor Management Procedure (LMP), and SOP for volunteers to protect their health and safety. Also, volunteers/facilitators will discuss and collect information from BPJS users and patients in which such information are confidential, and as such, a code



of conduct will need to be prepared and included in the LMP and SOP. Adequate training will be provided to community workers (i.e. volunteers and cadres) in performing their tasks to avoid the potential risk of getting infected with the virus and other communicable diseases.

The LMP will provide information on the specific project activities that are assigned to direct project workers and community workers/volunteers or cadres, and the nature of the potential risks and impacts to those workers. Terms of conditions on which the direct project workers and community laborers will be engaged, amount and method of payment for services, provision of health insurance for the workers (if applicable), working times, provision of proper working conditions for volunteers when working in the field, and a Grievance Redressed Mechanism (GRM) for direct project workers to raise grievances in relation to the project will be included in the LMP.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

ESS3 is currently considered relevant. There is the likelihood that PPEs worn by the project workers and volunteers are being exposed to the virus with the expanding spread of the SARS-Cov-2 in Indonesia, especially in West and East Java provinces as two of the targeted provinces, and considering that the project design does not exclude participation of Covid19 patients and/or visits to medical facilities that provide Covid19 treatment. The ESS3 assessment emphasizes that only those PPEs that have been in direct contact with Covid19 patients and/or infected with the virus or other communicable diseases are regarded as infectious materials or wastes. In this context, on the likelihood of PPEs (masks, face shields and/or hand gloves) becoming contaminated, a PPE protocol will be put in place to ensure application and cleaning of reusable PPEs, and proper final disposal of single use PPEs to prevent further transmission of infectious and communicable diseases. The PPE protocol and training on use of appropriate PPE for project workers and volunteers will be established in the ESCP.

The project does not involve civil works and is not a resource intensive project that will use large amount of resources. Other direct environmental impacts in terms of the potential to create pollution are negligible.

### **ESS4 Community Health and Safety**

ESS4 is considered relevant. The main potential risk to community health is exposure to the SARS-CoV-2 whilst undertaking meetings, collecting data and assisting health service users or patients to access health services and visiting health care facilities. A PPE protocol will be put in place to ensure application of reusable PPEs and proper final disposal of single use PPEs to prevent further transmission and infection of the SARS-CoV-2 to the community. There may also be some travel related risks for volunteers whilst visiting BPJS users/patients and health care facilities in their local area, such as traveling alone at night etc. A short guideline for travel safety will be included in the SOP along with the PPE protocol. Training on the SOP for the volunteers (community workers) will be provided by the project. The SOP on PPE protocol, travel safety guideline will be established in the ESCP.

The project does not involve any civil works and there will be negligible risks to community health and safety in terms of labor influx, and construction and traffic related safety.



**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

ESS5 is currently considered not relevant given the project will not result in any land taking or physical construction activity.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

ESS6 is currently considered not relevant given the project does not involve any activities that would affect habitats of biodiversity importance or depend on biodiversity to achieve the project objectives.

**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

ESS7 is currently considered not relevant given the project will only work in the locations within the Fatayat NU work areas, which constitute Moslem communities and are located in urban and peri-urban areas. These Fatayat NU work areas are not located in remote areas. It is confirmed that Indigenous Peoples are not present in the targeted project locations, thus ESS7 is not relevant.

**ESS8 Cultural Heritage**

ESS8 is currently considered not relevant as the project will not finance any civil works and will not directly impact any cultural sites tangible nor intangible cultural heritage.

**ESS9 Financial Intermediaries**

ESS9 is currently considered not relevant for this project.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

The project activities will not impact any international waterways.

**OP 7.60 Projects in Disputed Areas**

No

There is no disputed area in the project location.

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?**

No

**Financing Partners**

No

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**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

- Environmental and Social Commitment Plan (ESCP)
- Stakeholder Engagement Plan (SEP )
- Labor Management Procedure (LMP)

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

- Terms of Reference (TOR) for Environmental and Social Focal Points.
- Appointment of Environmental and Social Focal Points.
- Standard Operating Procedure (SOP) or risk management handbook for volunteers.
- Capacity building/training plan.
- Monitoring and reporting.

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

13-Jul-2020

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Akatiga Foundation

**Implementing Agency(ies)**

Implementing Agency: Akatiga Foundation

**V. FOR MORE INFORMATION CONTACT**

Public Disclosure



## The World Bank

Women's Voices in the Monitoring and Improvement of Indonesia's Universal Health Care Insurance Services  
(P162172)

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### VI. APPROVAL

Task Team Leader(s):	Ann-Sofie Jespersen, Elvina Karjadi
Practice Manager (ENR/Social)	Ann Glauber Recommended on 19-Jun-2020 at 00:11:23 EDT