



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/05/2023 | Report No: ESRSA02675



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Indonesia	EAST ASIA AND PACIFIC	P180491	
Project Name	INVESTING IN NUTRITION & EARLY YEARS PHASE 2 PROGRAM		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Program-for-Results Financing	5/1/2023	6/22/2023
Borrower(s)	Implementing Agency(ies)		
Republic of Indonesia	Secretariat of the Vice President, Ministry of Finance		

Proposed Development Objective

To enhance the delivery of services to accelerate the reduction of stunting in Indonesia.

Financing (in USD Million)	Amount
IPF Component	24.00
Total Project Cost	994.00

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]

In 2018, the Bank mobilized a multi-sectoral cross-global practice task team under the joint leadership of the Social Sustainability and Inclusion (SSI) and Health, Nutrition, and Population (HNP) global practices to prepare the Indonesia Investing in Nutrition and Early Years (INEY) Program-for-results (PforR) in the amount of US\$400 million with additional Investment Project Financing (IPF) component of US\$20 million grant from the Global Financing Facility (GFF). The focus of the INEY Program is on strengthening leadership and the convening power of the Office of the Vice President with results-based management tools, service delivery outcomes, as well as debottlenecking capabilities. It



aims to incentivize 10 implementing agencies, hundreds of local governments, and tens of thousands of villages to collaborate to converge a multi-sectoral package of priority nutrition-specific and -sensitive interventions on priority households at the village level. The PforR has been restructured four times to date, with the fourth restructuring accompanied by a US\$6 million additional financing grant from the GFF to the IPF component of the PforR. This PforR with IPF financing is hereinafter referred to as INEY Phase 1.

The new INEY Phase 2 PforR (hereinafter referred to as The Program or INEY Phase 2) builds on the experience of the original INEY Phase 1. The Program of US\$600 million is combined with an IPF component in the amount of US\$24 million from the GFF and the Global Vaccine Alliance (GAVI). The Program Development Objective (PDO) of INEY Phase 2 is to enhance the delivery and convergence of services to accelerate the reduction of stunting in Indonesia. INEY Phase 2 increases the attention to several activities within the GOI program relative to INEY Phase 1. The Program is in alignment with the Presidential Regulation No. 72 of 2021 (Perpres 72/2021) National Strategy for Acceleration of Stunting Reduction (Stranas Stunting).

The IPF component of INEY Phase 2 will be implemented by the Secretariat of the Vice President (SoVP), the National Planning Development Agency (Bappenas), the Ministry of Health (MoH), the National Population and Family Planning Board (BKKBN), the Ministry of Home Affairs (MoHA), and the Ministry of Villages, Disadvantaged Areas and Transmigration (MoV). The INEY Phase 2 IPF component finances catalytic investments to accelerate improvements in national and subnational leadership, oversight, and implementation of the Program. Specifically, the INEY Phase 2 IPF component will support a pool of technical experts located at and serving the national and subnational levels, strengthened monitoring and evaluation activities, improved analytics and evidence generation, and strengthened focus on gender and equity, categorized into six sub-components:

- (a) Sub-component 1.1 Strengthen coordination, nutrition program delivery monitoring, and debottlenecking capacity of Secretariat of the Vice President (SoVP) will focus on institutional strengthening for national leadership and delivery. Activities include strengthening coordination, nutrition program delivery monitoring, and debottlenecking capacity of SoVP, strengthening capacity of implementation agencies.
- (b) Sub-component 1.2 Strengthen results planning, budgeting, and M&E (National Planning Development Agency/ Bappenas). Strengthening results-based synchronized planning, budgeting, and technical convening as well as improving the MonEv functions of the stunting reduction program.
- (c) Sub-component 1.3 Strengthen delivery of essential health and nutrition services (Ministry of Health/MoH). This component will support MOH in providing sub-national TA, capacity building, and MonEv support for implementation of nutrition-specific interventions, executing the strategies to reach zero-dose immunization services, and deliver on the Integrated Primary Care (ILP) model through support to Health Center at Sub-District Level (Pusat Kesehatan Masyarakat/ puskesmas), integrated health post (posyandu), and posyandu prima. Posyandu is integrated village-level service facilities are supported by a health worker and run by (volunteer) community health workers, or kader, that deliver essential health services, particularly related to child and maternal health. TA will strengthen district performance management system to improve quality of frontline health and nutrition services through improved accreditation system, quality assurance mechanisms, integrated digital monitoring systems, and better use of data for course-correction. These activities will aim to improve the linkages between health system and community-based delivery platform through strengthened supportive supervision process, community outreach and referral system, improved community decision-making and social accountability.



(d) Sub-component 1.4 Strengthen Capacity for District Convergence (MoHA). This sub-component financing for a regional TA pool to strengthen the district planning and budgeting and results-orientation of the inter-governmental fiscal transfer system to incentivize service quality improvements;

(e) Sub-component 1.5 Strengthen Capacity for Village Convergence (Ministry of Village/ MOV) will focus on strengthening capacity for village convergence and will be led by Ministry of Village (MoV). The component will provide TA and capacity building to prepare regulations and guidelines to regularize the incentives of kaders and prepare training packages for frontline community workers such as the Toddler and Family Development Kader (Kader Bina Keluarga Balita/ BKB kader), the Posyandu kader (community health workers), and Human Development Workers who play a pivotal role in enhancing awareness, mobilizing the population, and maintaining access and demand for essential health services. The sub-component will also support MOV to scale up innovative digital job-aid tools for frontline workers to enhance inter-personal behavioral change communication.

(f) Sub-component 1.6 Strengthen Capacity for Household Convergence (National Population and Family Planning Board – Badan Kependudukan dan Keluarga Berencana/ BKKBN) will strengthen household level convergence and support the implementation team for stunting reduction to be led by BKKBN.

D. Environmental and Social Overview

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

This ESRS refers to the activities of the INEY Phase 2 IPF Component. The INEY Phase 2 IPF component seeks to complement the INEY Phase 2 Program designed to enhance the delivery and convergence of services to accelerate the reduction of stunting in Indonesia. The Program is designed to be nationwide in scope. The INEY Phase 1 implementation began in 100 stunting priority districts in 2018, expanded to an additional 60 districts in 2019, and to 100 more districts each year in 2020 and 2021, bringing the total to 360 districts in 2021. With the adoption of the Perpres 72/2021, implementation of the Program expanded nationwide and in 2022 and all 514 districts/cities had signed commitments. This result was achieved ahead of the previous target which envisioned nationwide expansion by 2024.

While the geographic coverage of the programs stipulated in the Perpres 72/2021 is nationwide, the GOI program gave emphasis to 12 priority provinces selected by MoH which have high prevalence and number of stunting cases to accelerate stunting prevention. The 12 priority provinces consist of 7 provinces with the highest prevalence of stunting namely East Nusa Tenggara (NTT), West Sulawesi, Aceh, West Nusa Tenggara (NTB), Southeast Sulawesi, West Kalimantan and Central Sulawesi, while the additional 5 provinces account for the highest number of stunted children under five which are West Java, Central Java, East Java, Banten, and North Sumatra.

The INEY Phase 2 IPF Component is not envisaged to involve any civil works nor purchase of equipment with environmental and social implications. Financed activities include capacity building; development and implementation of performance systems; piloting and rolling out innovative digital technology systems and tools; and analytics, evaluation and learning. Capacity strengthening activities may benefit national and sub-national stakeholders. No physical footprints are envisaged as a result of the IPF Component activities and no context-specific information pertaining to the salient geographic, environmental and social characteristics is available nor considered relevant for the environmental and social assessments during program preparation. Overall, the expected environmental and social impacts are assessed as low to negligible.



D. 2. Borrower's Institutional Capacity

To implement the INEY Phase 2 IPF Component, Project Implementation Units (PIUs) will be established in each agency - Bappenas, MoH, MoHA, MoV, and BKKBN to manage their respective grant resources. Tim Percepatan Penurunan Stunting (TP2S) is financed through the IPF Component and supports SoVP in Program implementation. The CPMU arrangements for the IPF component will be finalized during the appraisal.

SoVP, Bappenas, Ministry of Home Affairs (MoHA), MoV, and BKKBN have been the PIUs of the INEY Phase 1, which MoH will be a new implementing agency under INEY Phase 2. A Steering Committee, chaired by SoVP and co-chaired by the Bappenas, was established under INEY Phase 1. The Steering Committee is responsible for providing guidance throughout Program implementation and carrying out semi-annual monitoring reviews. The implementing agencies' capacity to plan and implement effective measures for managing environmental and social risks and impacts has been assessed in the Environmental and Social Systems Assessment (ESSA) for the INEY Phase 1 (P164686) and IPF Additional Financing (P178559) of the INEY Phase 1. Implementation support missions undertaken for the INEY Phase 1 reported that the IPF component's support to SoVP has strengthened national leadership in stunting prevention. SoVP has initiated monitoring and convening of its 12 priority provinces. The allocated grants for MoHA have been able to finance the existing Technical Assistance Pool to oversee and monitor the activities of local governments. The capacity of MoV was strengthened with the addition of a Data Coordinator role at the village level to coordinate with other village actors.

Moving forward, with the issuance of the Perpres 72/2021, the SoVP continues to play a central role, as the Chair of the Steering Committee and Bappenas was assigned to play a central role in monitoring and evaluation for the program. The Coordinating Ministry for Human Development and Cultural Affairs (Kemenko PMK) is the Deputy Chair on implementation supervision and the MoHA is the Deputy Chair for oversight and monitoring of local governments. One important addition from the Perpres is the introduction of a new entity, BKKBN, as the technical lead for the program implementing team. BKKBN is expected to be the coordinator of the acceleration of stunting prevention at the family level, in coordination with the SoVP, MoV, and subnational task forces. BKKBN has moved very quickly to respond to the new regulation mandate as key technical lead of the national stunting prevention program, by collecting field data and carrying out analytics, contributing to updated Convergence Action guidelines in coordination with MoV and MoHA.

The INEY Phase 2 IPF Component will add the Ministry of Health (MoH) to the implementation arrangements for posyandu strengthening, including revised governance, financing, accountability, and health resources under sub-component 1.3. Previously under the INEY Phase 1, institutional support to the MoH at the central level has been deployed through SoVP. However, there is a need for substantial increase in the financing toward MoH objectives, requiring additional, intensified TA resources to support the agenda to be agreed with new leadership. MoH will be the lead agency tracking and conducting performance evaluation of national spending on priority nutrition interventions and priority districts implementation, and the implementation of behavior change communication activities.

MoH has prior experience in implementing Bank financed projects, namely the Indonesia – Supporting Primary Health Care Reform Program (I-SPHERE), the Indonesia Emergency Response to COVID-19 Program, and the Indonesia: Strengthening National Tuberculosis Response Program.



Overall, the capacity of the implementing agencies to manage environmental and social risks under the INEY Phase 2 IPF Component is assessed as moderate considering the existing system and national regulations in place for managing potential issues during implementation. Detailed review of the performance of the implementing agencies to date are undertaken in the Environmental and Social Systems Assessment (ESSA) prepared for the INEY Phase 2.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Low

Environmental Risk Rating

Low

The expected environmental impacts from this operation are minimal. Nature of the investments under the INEY Phase 2 IPF Component will be limited to technical assistance activities. The IPF component will not support civil works nor purchase of equipment that may generate adverse environmental impact. At the Program level, the environmental risk is related to the implication of supporting posyandu strengthening, outreach and monitoring of zero dose immunization children, which is expected to increase the volume of medical waste due to applying the vaccination. Medical waste management is regulated under the Ministry of Environment and Forestry Regulation (Permen-LHK) No. 56/2015 on procedure and technical requirement for hazardous waste management from healthcare facilities. In addition, the Ministry of Health has issued several implementing regulations such as for PUSKESMAS (Permenkes no 43/2019) which include guidance on the handling of medical waste, subnational-based medical waste management from healthcare facilities (Permenkes No. 18/2020), and Provision of Hospital Environmental Sanitation (Permenkes No. 7/2019). At the PforR program level, key direct environmental risks have been addressed in the INEY Phase 1 and 2 ESSA which describes the overall environment risk of the INEY Phase 2. The PforR's overall environmental risk is rated moderate. Compliance to medical waste handling regulations is proposed to be included in the verification protocol for Disbursement-linked Indicators (DLI) 6 related to provision of high-quality essential health and nutrition services in Puskesmas. The inclusion of improved water and sanitation services in the convergencies effort during budget preparation at district/city level is proposed to be verified before disbursement as an indicator (DLI 8).

Social Risk Rating

Low

The social risk of the INEY Phase 2 IPF Component is assessed as low. The IPF component will: (i) help to intensify focus on activities of the Ministry of Health (MoH) as a new implementing agency focusing on nutrition-specific stunting reduction interventions, including immunization; (ii) strengthen multisectoral coordination by the SoVP; (iii) strengthen the capacity of Bappenas; (iv) provide technical support to sector line agencies and subnational governments that are responsible for nutrition intervention delivery; as well as (v) strengthen the systems for monitoring, evaluation, and continuous learning. The financing under the INEY Phase 2 IPF Component is limited to technical assistance, capacity building, development and implementation of performance systems, piloting and rolling out of innovative digital technology systems and tools, and analytics, evaluation and learning. Thus, downstream implications of the key program results are expected to be positive. It is noted that no physical investments, nor direct community engagement, including with vulnerable groups are envisaged under the operation. The program does not finance feasibility or design of any future investments in specific footprints with potential downstream adverse impacts. On the basis of this assessment, social risks are rated low. Public participation will be sought through stakeholder engagement to promote transparency, citizen feedback, and equitable access to participation for



activities related to government capacity building. Relevant measures to promote public participation will be addressed as part of the INEY Phase 2 Program implementation. At the Program level, key direct social risks have been addressed in the INEY Phase 1 and Phase 2 Environmental and Social Systems Assessment (ESSA) where the PforR social risk is rated moderate.

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:

The main objective of the INEY Phase 2 IPF Component is to strengthen the capacity of the Program implementing agencies to monitor, coordinate and implement the Stranas Stunting. In line with the OESRC Advisory Note on Technical Assistance and the Environmental and Social Framework (May 21st, 2019), the program is classified as a Technical Assistance (TA), involving activities categorized as Type 3 (capacity building activities). The IPF Component of the Program does not support any physical civil works nor purchase of equipment that generates adverse environmental and social impacts.

National regulations are already in place to manage the indirect impacts of the IPF, such as handling and disposal of medical waste which is regulated under the Ministry of Environment and Forestry ministerial regulation (Permen-LHK No. 56/2015) on Procedure and Technical Requirement for Hazardous Waste Management from Healthcare Facilities. In addition, the Ministry of Health had also issued several implementing regulations such as for PUSKESMAS (Permen 75/2014), specifically on handling of medical waste from PUSKESMAS (Permenkes No. 43/2019), subnational-based medical waste management from healthcare facilities (Permenkes No. 18/2020), and Provision of Hospital Environmental Sanitation (Permenkes No. 7/2019). In addition, the waste management in the healthcare system has been demonstrated in the successful implementation of the Covid-19 project by MoH.

Assessment of overall environmental and social risks of the INEY Phase 2 at the PforR program level are detailed in the ESSA prepared for the appraisal stage of the INEY Phase 2. Review of the performance to date of the ongoing system as per the actions indicated in the ESSA for INEY Phase 1 show relatively strong capacity for E&S risk management. For example, measures regarding the safe handling and disposal of medical/pharmaceutical waste, and provision of safe water supply and sanitation, are being implemented. The ESSA prepared for INEY Phase 2 notes that regulatory requirements and procedures pertaining to areas of potential E&S concern in the program have been established in Indonesia. It is noted, however, that such procedures and requirements have not been implemented and enforced with equal quality across Indonesia, due to various baseline conditions, such as access to medical waste treatment facilities, access to clean water, access to sanitation facility, cultural background, capacity constraints, among others.

To provide guarantee that the Program will consider and implement best practice approach to environmental management aspects as per regulatory instruments, the ESSA Program Action Plan (PAP) associated to medical waste management are proposed to be included in the verification protocol for Disbursement-linked Indicators (DLI) 6 regarding provision of high quality essential health and nutrition services in Puskesmas; and improvement of water



and sanitation services is proposed to be included as one of the parameters in the convergence effort, and to be verified as one of key indicator during budget preparation at district/city level prior to disbursement of DLI 8.

Meanwhile, social risks in the overall INEY Phase 2 Program relate to: (i) the potential exclusion of the Indigenous People and vulnerable groups, such as remote communities and poor families, from obtaining the benefit of the program, including limited access to nutrition support, lack of adequate health monitoring from local government and lack of access to clean water (for drinking and consumption) at the household level, particularly in some of the dry regions across Indonesia; (ii) challenges faced by local communities and other stakeholders to access a clear mechanism for submitting and receiving response on their feedback and concerns; and (iii) risks to workers' health and safety, especially those workers involved in the operationalization of stunting prevention and reduction activities at the local level, such as the Pustu/Posyandu local cadres and community-based staff who may have limited access to adequate occupational health and safety training.

To address the above risks, the ESSA has identified PAP on furthering improvements on coordination among the relevant ministries to ensure that all grievances are documented, reported, followed up, and appropriately resolved. This action is proposed to be added in the verification protocol of DLI 3. PAP on addressing the risk related to occupational health and safety (OHS) of workers involved in the operationalization of the program, particularly the community workers in Pustu/Posyandu, is proposed to be incorporated in the verification protocol of the DLI 9.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement represents the backbone of the INEY Phase 2 planning and implementation since it seeks to support relevant capacity improvement of the program implementing agencies . Program activities will involve engagement across the main PforR implementing agencies, i.e., the Secretariat Office of Vice President (SoVP) as the leading executing agency, the National Planning Development Agency (Bappenas), the National Population and Family Planning Board (BKKBN), the Ministry of Home Affairs (MoHA), the Ministry of Village (MoV), and with the Ministry of Health (MoH) as a new implementing agency in the program. The program will also promote coordination and interaction between the program team and the technical-level representatives from implementing agencies at the national and local levels. Such collaboration is required to obtain technical guidance for implementing DLIs and achieving the proposed results areas. The program design also envisions engagement with the Ministry of Education and Culture (MoEC), Ministry of Social Affairs (MoSA), Ministry of Finance (MoF), the Central Bureau of Statistics (BPS), as well as with district and village governments who are involved in the implementation arrangements of the program.

For the purposes of the INEY Phase 2 IPF Component, which includes technical assistance activities to national-level agencies, no direct engagement with communities is envisaged.

The INEY Phase 2 program, of which the IPF Component is part, envisages a range of activities to facilitate citizen engagement, grievance handling, stakeholder consultations for policy reforms, and disclosure of information. For example, DLI 1 of the INEY Phase 2 PforR will bring together district, provincial, and national leaders to publicize provincial and district performance information and reward high-performing provinces/districts and disseminate



good practices through the Annual National Stunting Summit hosted by the President or Vice President. SoVP, Bappenas, BKKBN & MoHA are the implementing agencies for DLI 1.

DLI 9 and 10 of INEY Phase 2 PforR led by MoV, BKKBN, and MOH emphasize citizen engagement and community empowerment. They support the GoI to mobilize over 74,000 Human Development Workers (HDW) to carry out social mapping and support citizens to access the services they need. The program also supports the monitoring of convergence actions down to the village level using innovative tools such as the village convergence scorecard that incentivizes village governments to plan, budget, and implement the social services needed to improve health and nutrition outcomes for the population. There are two platforms at the village level that will continue to be utilized as avenues for enhancing stakeholder engagement namely Rumah Desa Sehat, a joint forum for the community empowerment and village development actors in the health sector, and Rembuk Stunting Desa, a forum for village community meetings to discuss stunting problems and seek alternative solutions at the village level.

Grievance mechanism channels available under the the INEY Phase 2 Program include, among others, direct communication with health cadres or village government representatives; quarterly multi-sectoral district government workshop meetings on health issues (Lokakarya Mini Lintas Sektor Kesehatan) at which citizens can raise concerns or complaints; mobile applications in several cities that are utilized as a tool to monitor effectiveness of government's intervention program and to target the right beneficiaries and provide a citizen feedback function ; national complaint handling management system for public services (called as "LAPOR!"); use of social media of different government entities involved in the program. INEY Phase 1 identified that further improvement on coordination among the relevant ministries is still required to ensure that all grievances are documented, reported, followed up, and appropriately resolved. This action is proposed to be added as a Program Action Plan (PAP) to be executed during implementation of the INEY Phase 2 Program, potentially under DLI 3 on comprehensive monitoring and evaluation system to enhance the stunting reduction program.

Public Disclosure

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 considered relevant. The program will involve direct workers, i.e., employees of the implementing agencies, mostly civil servants, and contracted workers such as consultants who will provide technical assistance (TA) and/or trainings. No community workers and no primary suppliers to be involved in the INEY Phase 2 IPF Component. Potential risks related to workers may include discrimination on the basis of gender, status, disability and/or other during the participants selection process; health and safety risks during travels to the program locations (air and land travel); and other risks related to working conditions such as no mechanism for raising concerns or providing input on the program.

It is noted that human resources aspects in the MoH and other involved agencies would be managed in accordance with the existing Indonesia law which is mostly consistent with the Banks standards. The main labor legislation in Indonesia is Law No. 13/ 2003 on Manpower, which sets out the primary rules for establishing employment relationships and employment terms and conditions. These include working hours and overtime arrangements, workers organization and collective bargaining/labor agreements, and employment termination. Indonesia has also



ratified all ILO fundamental conventions including Forced Labor Convention, Freedom of Association and Protection of the Right to Organize Convention, Right to Organize and Collective Bargaining Convention, Equal Remuneration Convention, Abolition of Forced Labor Convention, Discrimination (Employment and Occupation) Conventions, Minimum Age Convention, and Worst Forms of Child Labor Convention.

A labor and working conditions section will be prepared as part of the POM, consistent with ESS2 and including guidance on non-discrimination, fair and equal opportunity in the workforce selection process, health and safety risks and mitigation, including during travel, provision of health and safety induction training, and adoption of a code of conduct by all workers explicitly prohibiting SEA/SH behaviors, among other measures. The labor, health, and safety guidelines in the POM will also describe the grievance redress mechanisms at the workplace for workers to be contracted under the INEY Phase 2 IPF Component. This guidance will be developed as per Indonesia regulations and consistent with ESS2, adopting relevant international best practice standards.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is not considered relevant to this operation (INEY Phase 2 IPF Component) involving technical assistance and capacity building activities. The IPF component does not involve any physical activities and therefore is not directly associated with any resource efficiency or pollution issues and will not contribute to new or current natural resources use or energy use. Medical waste handling at the PforR program level has been addressed in the ESSA through PAP 3 and PAP 4, which is proposed to be included as verification protocol of DLI 6 related to provision of high-quality essential health and nutrition services in Puskesmas.

ESS4 Community Health and Safety

ESS4 is not relevant to INEY Phase 2 IPF Component) as the activities will not present health and safety risks to communities. No direct impacts of the proposed TA on community health and safety are expected to occur during program implementation.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not relevant as INEY Phase 2 IPF Component will not involve acquiring new areas, hence risks and impacts relating to land acquisition, land use restriction, physical and/or economic displacement are not expected to occur.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant. The activities that shall be carried out under the program are intended to take place in existing premises or established Primary Health Care Facility (Posyandu and Puskesmas). The program will not have direct physical footprint, as it does not involve acquiring new areas. Therefore, ESS6 is currently considered not relevant given that the program does not involve any activities that would affect natural habitats of biodiversity importance or depend on biodiversity to achieve the program objectives. The program will be undertaken in modified habitats.



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

ESS 7 is not relevant. The proposed activities supported by INEY Phase 2 IPF Component will not have implications, nor engagement with communities, including Indigenous Peoples. Public participation measures will be sought through implementation of stakeholder engagement activities in line with ESS10.

ESS8 Cultural Heritage

ESS8 is not relevant as the program will not directly impact any cultural sites tangible nor intangible cultural heritage.

ESS9 Financial Intermediaries

ESS9 is not relevant for this program. The program does not involve any financial intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

Not relevant.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Indonesia

Implementing Agency(ies)

Implementing Agency: Secretariat of the Vice President

Implementing Agency: Ministry of Finance

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Public Disclosure