

REPUBLIC OF INDONESIA

MINISTRY OF FINANCE

**RECIPIENT EXECUTED TRUST FUND (RETF)
OF THE NATIONAL HEALTH INSURANCE (JKN)
REFORMS AND RESULTS PROGRAM
P172707**

**DRAFT
STAKEHOLDER ENGAGEMENT PLAN
(SEP)**

November 2021

Stakeholder Engagement Plan (SEP)

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Stakeholder Engagement Plan (SEP)

1. Introduction

This Stakeholder Engagement Plan (SEP) has been developed for the implementation of a complementary Technical Assistance (TA) component under the National Health Insurance (*Jaminan Kesehatan Nasional* or hereafter JKN) Reforms and Results Program (P172707). The TA is being executed by the Ministry of Finance (MoF) to support the PforR activities. Other implementing agencies for the PforR are the National Social Health Insurance Agency (BPJS-Kesehatan), Ministry of Health (MoH) and the National Social Security Council (DJSN). The RETF component will involve institutional strengthening and capacity development related to implementation of the JKN PforR that are not likely to result in negative environmental and social impacts.

1.1 Project Description

A Recipient Executed Trust Fund (RETF) component is being prepared to complement the proposed PforR to strengthen the quality and efficiency of the Indonesia's JKN operation. The main objective of the JKN program is to address existing inequities in access to and quality of healthcare for all citizens and by doing so, ensure that the Universal Health Coverage (or hereafter UHC) objective can be achieved. The PforR focuses on systematic, behavioural, and institutional changes needed to enhance the effectiveness and efficiency of JKN. The PDO will be measured through the following result indicators a) improved provider competency score in FKTPs, b) improved member satisfaction rate, c) increase in the percent of outpatient utilization among bottom two quintiles, e) more sustainable JKN claims ratio.

The PforR is nested in the GoI's health sector program, defined in its five-year National Development Plan (or hereafter RPJMN) for the period of 2020 – 2024. The PforR seeks to support elements of the JKN reform. The Program focuses on management of JKN expenditure growth and does not address reforms to raise revenues. Activities are organized around three result areas, focusing on:

- a. **Result Area 1:** Strengthening the quality of care. Activities include: i) developing clinical pathways/processes of care for FKTPs and hospitals for most common conditions, ii) training of frontline providers in utilizing clinical decision support tool(s), iii) identifying tracer indicators to monitor compliance with clinical guidelines (DLIs 1 and 2)
- b. **Result Area 2:** Improving the efficiency of JKN spending. Activities include: i) incorporating findings from health technology assessments into benefits package (DLI 3), ii) improving claims management and fraud detection processes (DLI 4), iii) improving capitation design to reflect need and service availability at FKTPs (DLI 6), iv) improving INACBG implementation (DLI 7)
- c. **Result Area 3:** Supporting JKN policy formulation and implementation. Activities include: i) improving use of data in decision making to support quality of care improvements, claims management and fraud detection, revisions to the base capitation formula and revisions to hospital tariffs, ii) improving policy formulation and oversight of JKN (DLI 8), iii) improving

management and coordination of JKN across stakeholders (DLI 9)

The purpose of the IPF Component is to strengthen the implementation and coordination capacity of the JKN PforR Secretariat which will be hosted in the MOF to support key ministries and organizations involved in the PforR. The IPF component will be financed through a US\$ 2.33 million-dollar grant by Gates Foundation to the Government of Indonesia, with the possibility of leveraging more resources throughout implementation. More specifically, the component will support:

- a. hiring a pool of consultants and technical experts for the Secretariat to provide technical support to stakeholder agencies (including the Ministry of Health, the National Health Insurance Purchaser (BPJS-K), and the Social Security Board (DJSN),) implementing the PforR
- b. coordinating broader JKN stakeholders (President's office, Ministry of Home Affairs, Bappenas), including regular communications and convening of technical working group comprised of representatives from all relevant units and departments within the key stakeholder agencies
- c. strengthening the Secretariat's monitoring and evaluation function to track progress, learn, course-correct and evaluate the program's impact and effectiveness; and
- d. generate knowledge and provide lessons learned for other countries for continuous learning.

The grant will serve as a catalytic investment to leverage the government's JKN reform by supporting the critically important technical assistance to improve performance and sustainability of the government's JKN spending of over US\$ 40 billion until 2026. This financing will also contribute to fostering government ownership of the PforR by channelling the funds as a recipient-executed component under the management and coordination of the MOF. Potential technical assistance support is outlined in **Annex 1**.

1.2 Implementing Agency Information

The RETF component will be implemented by the MOF and will follow the standard World Bank procedures and oversight including its technical, fiduciary and environmental and social management requirements that are applicable for IPF. The World Bank will also provide implementation support and quality control throughout implementation. The grant will also be complemented by World Bank-executed technical assistance will be deployed to both support and augment national consultants.

As for institutional arrangement under the IPF component, MOF will assume the executing agency/implementing agency role through its PforR Secretariat. The Secretariat will be responsible for all hiring of consultants and technical experts, who will be deployed to support the capacity of other stakeholder agencies. Similarly, the Secretariat will be responsible for all aspects of implementation of the IPF component, including financial management, environmental and social standards, monitoring and evaluation. An advisory working group will be established to support coordination functions and will work closely with the MOF Secretariat to coordinate progress across key stakeholders of the JKN.

2. Previous Stakeholder Engagement Activities

The RETF component seeks to strengthen the implementation and coordination capacity of the JKN PforR Secretariat under MOF and support technical capacities of the relevant implementing agencies, including MOH, BPJS-K and DJSN and potentially other stakeholders. For the purpose of the RETF, prior meetings with the World Bank and JKN PforR implementing agencies, including MoH, DJSN, and BPJS-K were held to define the scope of the TA and potential future support through the RETF.

3. Stakeholder Identification and Analysis

Identification of stakeholders include key stakeholders who will be engaged for the purpose of decision making with regards to the types of technical assistance required and other support being requested for the purpose of JKN PforR implementation. These stakeholders are categorized into affected stakeholders and other broader stakeholders who may have interest in the RETF but may not directly benefit and/or be affected by the technical assistance implementation (other interested parties).

The RETF component is not envisaged to impact or specifically target disadvantaged or vulnerable individuals or groups since recipients of technical support includes the implementing agencies of the JKN PforR. However, the technical assistance made available under the RETF is expected to support implementation of social action plans agreed as part of the JKN PforR implementation, which includes but not limited to: a) mobilization of relevant experts to support social inclusion including gender equity, b) stakeholder engagement, disclosure of JKN information, c) relevant analytics and consultations to inform policy reforms, d) enhancement in JKN's grievance handling systems.

3.1 Affected Parties

Affected parties include project beneficiaries as well as parties who may be affected as a result of technical assistance implementation supported by the RETF. The RETF beneficiaries include, but are not limited to, various agencies and concerned civil servants of the Government of Indonesia, who will directly be implementing the JKN PforR implementation. These include officials from:

Table 1: Parties Affected by the Project

Ministry	Specific Departments/Units	Types of Benefits
Ministry of Finance	<ul style="list-style-type: none">a. Fiscal Policy Agency (<i>Badan Kebijakan Fiskal, BKF</i>)b. Directorate General of Budget (<i>Direktorat Jenderal Anggaran</i>)c. Directorate General of Fiscal Balance (<i>Direktorat Jenderal Perimbangan</i>)	<p>i.e., consultant/expert support, logistics, coordination, overhead costs, training, etc.</p> <p>Consultant, JKN efficiency:</p> <ol style="list-style-type: none">1. Review of JKN ecosystem

	<i>Keuangan, DJPK)</i>	
Ministry of Health	<p>Center for Health Financing and Insurance (<i>Pusat Pembiayaan dan Jaminan Kesehatan, P2JK</i>):</p> <ol style="list-style-type: none"> a. Tim Penyusun Tarif Jaminan Kesehatan <ol style="list-style-type: none"> i. Tim Tarif Kapitasi ii. National Casemix Centre, NCC) b. Dewan Pertimbangan Klinis <p>Directorate General of Pharmaceutical Services & Medical Devices (<i>Direktorat Jenderal Kefarmasian dan Alat Kesehatan, Farmalkes</i>)</p> <ol style="list-style-type: none"> a. Komite Nasional Penyusunan Formularium Nasional <p>Directorate General of Health Services (<i>Direktorat Jenderal Pelayanan Kesehatan, Yankes</i>)</p> <ol style="list-style-type: none"> a. Dit. Yankes Rujukan b. Dit. Mutu dan Akreditasi Yankes 	<p>Consultant, clinical pathways:</p> <ol style="list-style-type: none"> a. Review of clinical guidelines at primary care and higher levels <p>Consultant, primary care delivery and utilization:</p> <ol style="list-style-type: none"> a. Assessment on clinical diagnostic, treatment, and referral guideline compliance b. Assessment of <i>Prolanis</i> and Referral Program (<i>Program Rujuk Balik</i>) c. Assessment on capitation allocation and use, and capitation calculation reform (including KBK policy, and BLUD criteria) <p>Consultant, hospital-based care delivery and utilization:</p> <ol style="list-style-type: none"> a. Assessment on clinical diagnostic, treatment, and referral guideline compliance b. Assessment on coding guidelines and practice (for ICD 10 and ICD 9), grouper algorithm, and tariff structure c. Review of cost-accounting templates <p>Consultant, review of overall JKN basic benefit package</p> <ol style="list-style-type: none"> a) HTA capacity building and guideline review
BPJS-Kesehatan	<ol style="list-style-type: none"> a. Directorate of Health Care Service Assurance (<i>Direktorat Jaminan Pelayanan Kesehatan, Dirjampelkes</i>) b. Directorate of Information Technology (<i>Direktorat</i> 	<p>Consultant, claim management: Review of claims management and prevention of ineligible or unnecessary claims</p> <p>Consultant, JKN utilization:</p>

	<p><i>Teknologi Informasi, DIRT)</i></p> <p>c. Direktorat Pengawasan, Pemeriksaan dan Hubungan Antar Lembaga</p>	<p>a. Analysis of utilization at primary care level</p> <p>b. Analysis of utilization at hospital level(s) - (INA-CBG, particularly a) most frequent and b) most costly conditions)</p> <p>c. Assessment of KBK</p> <p>Consultant, JKN IT system:</p> <p>a. Assessment for claim system simplification (PCare/e-claim, V-claim)</p> <p>b. Assessment on data protection (data privacy and security)</p> <p>c. Support on data integration</p>
DJSN	<p>a. <i>Komisi Kebijakan Umum</i></p> <p>b. <i>Komisi Pengawasan, Monitoring, dan Evaluasi</i></p>	<p>Consultant (and logistics) for JKN Data Dashboard development</p> <p>a. To include key performance indicators of JKN</p> <p>Consultant, communication and stakeholder engagement:</p> <p>a. Assessment on JKN stakeholders (especially user/consumer) representation in policy making</p> <p>b. Assessment on public engagement through annual reports</p>

None of the above parties will be adversely affected since they will benefit from the technical and capacity building activities that the RETF will provide. Other stakeholders that may benefit from coordination support include other Ministries/Institutions such as the Presidential Office, the Ministry of BAPPENAS, Coordinating Ministry for Human Development, and MoHA. Their areas of interest are related to their responsibility to implement the JKN PforR, including relevant measures for the achievement of Disbursement Linked Indicators (DLIs) under the Program.

3.2 Interested Parties

A range of stakeholders may be interested in the RETF because the implementation of the technical assistance may affect their work and/or practices or have direct and/or indirect bearing on them. These includes potential stakeholders who may be affected by key decisions as a result of reforms supported by the RETF. Since such decisions will be made during PforR implementation, the above identification is preliminary in nature and will need to be revisited following formulation of specific policies and/or enhancements in the overall and/or parts of the JKN program.

Table 2: Interested Parties

Stakeholders	Topics	Responsible Agency
<p>JKN Providers:</p> <ul style="list-style-type: none"> - Hospitals within BPJS-K network: <ul style="list-style-type: none"> a. Indonesia Hospital Association (<i>Perhimpunan Rumah Sakit Seluruh Indonesia - PERSI</i>) b. ARSADA (<i>Asosiasi Rumah Sakit Daerah</i>) c. ARSSI (<i>Asosiasi Rumah Sakit Swasta Indonesia</i>) d. ARVI (<i>Asosiasi RS Vertikal Indonesia</i>) e. ARSAWAKOI (<i>Asosiasi RS Jiwa & Ketergantungan Obat Indonesia</i>) f. Asosiasi RS TNI/POLRI g. Asosiasi RS BUMN - Primary care providers within BPJS-K network: <ul style="list-style-type: none"> a. ADINKES (<i>Asosiasi Dinas Kesehatan Indonesia</i>) b. APKESMI (<i>Asosiasi Puskesmas Indonesia</i>) c. PKFI (<i>Perhimpunan Klinik & Fasilitas Pelayanan Kesehatan Indonesia</i>) (<i>Indonesian</i>) 	<p>Clinical guidelines (diagnostic, treatment, and referrals)</p> <p>HTA capacity</p> <ul style="list-style-type: none"> a. Special focus: coverage of new interventions and new medicines. <p>INA-CBG coding practices, grouper algorithm, and tariff</p> <p>Cost accounting</p> <ul style="list-style-type: none"> a. Hospital-based b. Capitation allocation accounting <p>Communication and stakeholder engagement (FGRM) (SIMON-JKN)</p>	<p>MOH, BPJS-Kesehatan</p>

<p>Association of Clinics and Health Care Facilities, IACH)</p> <p>d. ASKLIN (Asosiasi Klinik Indonesia)</p> <p>Other health facilities within BPJS-K network:</p> <p>a. <i>Asosiasi Apotek Seluruh Indonesia (ASAPIN)</i></p> <p>b. <i>Gabungan Pengusaha Optik Indonesia (Gapopin)</i></p>		
<p>Consumer groups:</p> <ul style="list-style-type: none"> - Chronic illnesses <ul style="list-style-type: none"> a. <i>Persadia (Persatuan Diabetes Indonesia)</i> b. <i>Komunitas Pasien Cuci Darah Indonesia (KPCDI)</i> c. <i>Komunitas Peduli Skizofrenia Indonesia (KPSI)</i> d. Into the Light e. <i>Komunitas Autoimun</i> f. <i>Yayasan Asma Indonesia</i> g. <i>Komunitas Autoimun Indonesia</i> h. <i>Perhimpunan Orangtua Penderita Thalassaemia Indonesia (POPTI)</i> i. Alzheimer Indonesia j. Jaringan Indonesia Positif (JIP) - Catastrophic illnesses <ul style="list-style-type: none"> a. <i>Yayasan Kanker Indonesia</i> b. <i>Yayasan Jantung Indonesia</i> c. Indonesia Cancer Care Community - ICC - Rare disorders <ul style="list-style-type: none"> a. <i>Yayasan MPS & Penyakit</i> 	<p>Clinical guidelines (diagnostic, treatment, and referrals)</p> <p>Patients rights</p> <p>Grievance handling system</p>	<p>MoH</p>

<p><i>Langka Indonesia</i></p> <ul style="list-style-type: none"> - Interest groups for People Living with Disabilities <ul style="list-style-type: none"> a. <i>Perkumpulan Penyandang Disabilitas Indonesia (PPDI)</i> b. <i>Persatuan Tuna Netra Indonesia (PERTUNI)</i> c. <i>Gerakan untuk Kesejahteraan Tuna Rungu Indonesia (GERKATIN)</i> d. <i>Himpunan Wanita Disabilitas Indonesia</i> e. <i>Rumah Cerebral Palsy</i> f. <i>Masyarakat Peduli Autisma Indonesia</i> 		
<p>Health professional organizations</p> <ul style="list-style-type: none"> a. Indonesian Medical Association (<i>Ikatan Dokter Indonesia, IDI</i>) b. Indonesian Dental Association (<i>Persatuan Dokter Gigi Indonesia, PDGI</i>) c. Indonesian Midwives Association (<i>Ikatan Bidan Indonesia, IBI</i>) d. Indonesian National Nurses Association (<i>Persatuan Perawat Nasional Indonesia</i>) e. Indonesian Clinical Psychologist Association (<i>Ikatan Psikolog Klinis Indonesia, IPKI</i>) f. Indonesian Pharmacists Association (<i>Ikatan Apoteker Indonesia, IAI</i>), g. Indonesian Optometrist 	<p>Clinical guidelines (diagnostic, treatment, and referrals)</p>	<p>MoH</p>

<p>Association (<i>Ikatan Profesi Optometrist Indonesia, IROPIN</i>)</p> <p>h. Indonesian Physiotherapy Association (<i>Ikatan Fisioterapi Indonesia, IFI</i>)</p>		
<p>Other interested parties:</p> <p>a. Indonesian Telemedicine Alliance (<i>Aliansi Telemedik Indonesia, ATENSI</i>)</p>	<p>Clinical guidelines (diagnostic, treatment, and referrals)</p>	

Identification of potential impacts and simulation of such impacts and relevant mitigation measures to inform policy decisions will be integrated as part of TA implementation. Consultations with potentially affected stakeholders will be undertaken as part of the policy development and/or reform processes to ensure relevant views, inputs and concerns are considered.

Broader stakeholders who may not directly benefit from the technical assistance activities and/or be affected by the implementation of such activities. However, they may have interest in the RETF due to support being made available for the JKN reforms. These include:

- a. Academic institutions and think tanks such as i) CISDI; ii) TNP2K; iii) PUSKAPA.
- b. Civil society and non-government organizations such as i) YLKI; ii) BPJS Watch; iii) AMAN; iv) KADIN
- c. Labor associations such as i) KORPRI; ii) *Federasi Serikat Pekerja* BUMN; iii) *Konfederasi Serikat Pekerja Indonesia* (KSPI); iv) *Serikat Pekerja Seluruh Indonesia* (SPSI); v) *Asosiasi Pedagang Pasar Seluruh Indonesia*; vi) *Himpunan Nelayan Seluruh Indonesia*

Engagement with these stakeholders will be undertaken through information dissemination and disclosure as well as public consultations where they will be invited.

4. Stakeholder Engagement Program

This SEP is developed in order to promote the following: a) fit-for-purpose provisions of technical assistance, b) minimization of potential impacts as a result of technical assistance implementation through inclusive stakeholder engagement and consultations, c) transparency and disclosure of information about the JKN PforR implementation. The SEP was prepared in line with the provisions of the World Bank’s Environmental and Social Standards 10 on Stakeholder Engagement.

The SEP will serve as the main instrument to promote mutual collaboration, transparency and engagement with affected parties and other interested parties on aspects related to capacity building activities, technical assistance delivery and other activities supported by the RETF. The SEP outlines relevant institutional arrangements, budget and capacity building requirements.

Following the Government and Bank’s guidance on stakeholder engagement in the time of COVID-19, relevant protocols have been incorporated as part of this SEP (refer **Annex 2**). Efforts will be made to ensure public disclosure of information is accessible and relevant engagement and consultations are inclusive and participatory despite being undertaken virtually. MOF will consider partnership with organizations with representation/networks with wider stakeholder groups including marginalized groups as part of public engagement and information dissemination during project implementation.

4.1 Engagement Strategy

The nature and modality/approach for engagement will be based on the identification of stakeholders defined along the categories of affected and interested stakeholders. RETF beneficiaries (i.e., implementing agencies for the JKN PforR) will be engaged prior and during RETF implementation to define specific support and technical assistance across relevant activities under the JKN PforR. Broader engagement with stakeholders affected by the RETF activities will be undertaken as part of the delivery of the technical assistance support. Disclosure and dissemination of relevant JKN PforR information and public consultations to the interested stakeholders and broader public will be undertaken during RETF implementation.

The PforR Secretariat under MOF arrange coordinate consultations at various levels, particularly with the JKN implementing agencies to define the scope of the technical assistance and monitor progress of the JKN PforR implementation. Relevant consultations and engagement with potentially affected parties and broader stakeholders will be the responsibility of the JKN implementing agencies, under the overall oversight of the PforR Secretariat. As long as COVID-19 restrictions are still enforced, government guidelines on public health measures shall be followed, and relevant precautionary measures shall be adhered (refer **Annex 2**).

Specific measures being proposed as part of the SEP are summarized in the following:

Table 3: Stakeholder Engagement Strategy

Project Stages	Engagement Strategy	Topics	PIC
RETF Beneficiary Groups (i.e., MOH, BPJS-K, DJSN)			
Preparation up to appraisal	Virtual coordination meetings, exchange of letters, face-to-face engagement	Identification of potential needs, project coordination, reporting, etc.	MOF (PforR Secretariat)
PforR implementation	Virtual coordination meetings, exchange of letters, face-to-face engagement	Progress reporting, coordination and troubleshooting of PforR implementation, DLI verification, reform and policy development deliberation, analytics	MOF (PforR secretariat)

Interested Stakeholders			
PforR implementation	Public consultations, media engagement, publication, information dissemination/ disclosure	Specific reform activities, progress reporting, policy consultations and deliberation	JKN PforR implementing agencies

4.2 Information Disclosure

The SEP will be disclosed in both English and Bahasa Indonesia by the PforR secretariat *[please disclose both versions prior to PforR appraisal and cite the link once disclosed]*.

During project implementation, types of information to be disclosed and respective methods that will be used to communicate information include amongst others a) website disclosure, b) stakeholder coordination meetings, c) public consultations, d) dissemination of policy briefs and relevant visuals, etc.

A variety of methods of communication will be used to reach the appropriate stakeholders. The project will select those that are most appropriate based on a clear rationale, considering accessibility and appropriateness of such channels to different groups of audiences. JKN PforR implementing agencies will consult potentially affected stakeholders and disclose relevant information prior to such consultations in an accessible format and manner.

4.4 Future Implementation

All stakeholders will be kept informed as JKN RETF implementation progresses. The PforR Secretariat will monitor relevant grievances and/or issues raised by stakeholders as a result of the technical assistance and other activities undertaken as part of the RETF. This also includes any changes that may warrant revisions of the SEP and its engagement strategy.

5. Resources and Responsibilities for implementing stakeholder engagement activities

Financial resources required to support relevant stakeholder engagement activities for the PforR will be undertaken as usual using government budget allocations. Strategic inputs to stakeholder engagement efforts can be financed as part of the RETF operational costs and embedded as part of the technical assistance implementation. Regular operational expenses for stakeholder engagement by PforR implementing agencies will be undertaken from within their usual operational budget. Considering the inter-agency set up of the JKN PforR, the overall strategic input for the SEP will be provided by the PforR Secretariat.

Specific responsibilities of the PforR Secretariat in relation to the SEP for the RETF will include the following:

- a. Facilitating the implementation of requisite processes and requirements established under the SEP for RETF supported activities. This includes provision of technical support to JKN PforR

implementing agencies in updating the SEP and preparing detailed engagement approaches based on the respective needs during project implementation. A focal point within each implementing agency/team will be nominated to a technical working group (TWG) which will support this stakeholder coordination effort of the Secretariat.

- b. Monitoring implementation of the SEP, including establishing an achieving mechanism and a system to track consultation implementation, including any grievances that may emerge.
- c. Coordinating and ensuring that the COVID-19 prevention measures are communicated to all JKN PforR implementing agencies as well as other relevant stakeholders both at the national and sub-national level.
- d. Developing action plans for the implementation of SEP for RETF activities, including planning for resource and budget allocation. This includes provisions of strategic support to facilitate implementing agencies to ensure that they are able to undertake stakeholder engagement for the broader PforR activities in accordance with the Program Action Plan.
- e. Support to disseminate information and raising stakeholders' awareness on grievance channels to seek redress pertinent to the RETF funded activities.
- f. Supporting the project in monitoring RETF implementation, including documenting implementation of the above deliverables in the project's progress reports.

6. Grievance Mechanism

A grievance mechanism will be established by the PforR Secretariat to complement the existing channels administered by the JKN PforR implementation agencies for RETF supported activities following grant effectiveness. Such a channel shall be made accessible to all affected stakeholders and interested stakeholders.

The grievance channel shall be established within six months following grant effectiveness and ensure that the channel:

- a. Is accessible and incorporate measures to protect confidentiality and safety of complainants (i.e., whistleblowers)
- b. Incorporates a clear process to communicate, dispatch, track, and document complaints and concerns
- c. Is transparent and equipped with a mechanism to disclose grievances and feedback

A focal point will be assigned to coordinate management of grievances related to the RETF implementation and a Standard Operating Procedure (SOP) will be further defined as part of the POM.

7. Monitoring and Reporting

The overall implementation of the SEP for RETF supported activities will be periodically monitored by the PforR Secretariat. On the basis of such monitoring, the SEP may need to be periodically revised and updated during project implementation. Any major changes to the project related activities and their schedule of implementation will be duly reflected in the SEP. This way there would also be room to include a newly identified stakeholder group who might have been missed/were absent during the

initial SEP preparation. Reporting of the SEP implementation shall be included as part of the RETF progress reports as outlined. Regular reporting of the SEP implementation, any changes in the RETF set-up and corresponding changes to the SEP, and grievances shall be included as part of the RETF implementation progress reports.

Results of stakeholder engagement activities will be reported back to both affected stakeholders and broader stakeholder groups through potential engagement channels identified in the Engagement Strategy (**Section 4.1**). Such reporting will include both the number and the nature of complaints and requests for information, along with the relevant measures to address those in a timely and effective manner.

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Annex 1: Types of Potential Technical Support eligible under the RETF

MOH	<ul style="list-style-type: none"> • Further review and update of basic benefits package (jointly with Yankes, BPJS-K, DJSN) • Review of Health Technology Assessment guidelines including capacity building of academic institutions to undertake HTA • Review diagnostic, treatment, referral guidelines for select conditions • Review of doctor's clinical practice guidelines at health centers and hospitals • Review data collected by MOH, including intake forms/applications/reporting processes. • Recommendations for list of tracer indicators to track compliance with diagnostic/treatment/referral guidelines. This might include recommendations for revised MOH data collection processes/applications.
BPJS	<ul style="list-style-type: none"> • Review of claims management and fraud detection in other countries • Review of data collected by BPJS (e.g., Pcare, eklaim templates, JKN data portal) including assessment of reporting compliance. Recommendations for list of essential indicators and suggested data analytics to improve claims management/fraud detection. This might include recommendations for revised Pcare/eklaim forms/processes to simplify data collection and improve reporting compliance • TA to improve the quality of care through contracting/examples from other countries • TA on data security (data privacy and safety, sharing protocols) for the information system
BPJS + MOH	<ul style="list-style-type: none"> • Identify data needs of each stakeholder and develop list of essential data needed
BPJS + MOH	<ul style="list-style-type: none"> • Review existing reporting processes • Review of JKN data portal • Study on the allocation and use of capitation, including undisbursed capitation • Study on the utilization at health centers by age, gender, diagnosis/reason for visit • Assessment of KBK/Prolanis/PRB program (performance-based programs ongoing currently) • Recommendations for revision of capitation and KBK, harmonized guidelines
MOH + BPJS	<ul style="list-style-type: none"> • Review of cost accounting templates across hospitals in Indonesia as well as in other DRG countries • Assessment of tariff structure and grouper algorithm; Review and assessment

	<p>of coding guidelines/practices</p> <ul style="list-style-type: none"> • Study on utilization at hospitals by age, gender, diagnosis/reason for visit, Indonesian DRG system (INACBG) – with particular focus on most common/costly conditions • Recommendations for revisions to tariff structure, grouper, coding guidelines/practices
DJSN	<ul style="list-style-type: none"> • TA on how to strengthen the performance of JKN using key performance indicators • Support for the development of an internal dashboard • Support in carrying out policy-relevant analytics and producing an annual report for public information • TA on how to facilitate fair and open stakeholder engagement (particularly consumer/user groups) in policy-making processes
MOF	<ul style="list-style-type: none"> • Support for the monitoring of performance indicators and broader M&E role of MOF • TA on how to strengthen the performance of JKN using key performance indicators • TA on broader health ecosystem and public management in the health sector, especially areas that directly influence value-for-money and efficiency of JKN • Recommendations to improve contribution compliance
MOF + BPJS	<ul style="list-style-type: none"> • TA to improve contribution compliance and coverage expansion
MOHA	<ul style="list-style-type: none"> • Study on the allocation and use of capitation, including undisbursed capitation, criteria for autonomous (BLUD) facilities, use of capitation in BLUD vs non-BLUD facilities.

Annex 2: Public Consultations and Stakeholder Engagement during COVID-19

With the outbreak and spread of COVID-19, people have been advised, or may be mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission.

MOH and WHO has issued technical guidance in dealing with COVID-19, social distancing measures and public health protocols for face-to-face meetings and interactions.

This Note offers suggestions to recipients of the RETF technical assistance support in managing public health risks associated with stakeholder engagement, and with the recognition that the situation is developing rapidly, and careful regard needs to be given to the national requirements and any updated guidance issued by WHO. It is important that the alternative ways of managing consultation and stakeholder engagement discussed with stakeholders are in accordance with the local applicable laws and policies, especially those related to media and communication.

For the above purpose, the PforR Secretariat and beneficiaries of the RETF should exercise the following:

- a. Identify and review planned activities under the project requiring stakeholder engagement and public consultations.
- b. Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.
- c. Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
- d. Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines.
- e. Assess the level of information and communication technology penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context/
- f. Discuss and agree with the PforR Secretariat specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, considering the current COVID-19 situation:
 - Avoid public gatherings (considering national restrictions), including public hearings, workshops and community meetings.
 - If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including webex, zoom and skype.
 - Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.

- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
 - Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
 - Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- g. An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, the PforR Secretariat in consultations with JKN PforR implementing agencies should discuss whether specific activities can be rescheduled to a later time, when meaningful stakeholder engagement is possible. Where it is not possible to postpone the activity or where the postponement is likely to cause adverse impacts, the PforR Secretariat shall consult with the World Bank to obtain advice and guidance.