

Stakeholder Engagement Plan (SEP)
Indonesia Health Systems Strengthening
Project (P180811)
Borrowing Agency

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AIIB	Asian Infrastructure Investment Bank
ASPAK	Application of Facilities, Infrastructure, and Medical Devices (<i>Aplikasi Sarana, Prasarana, dan Alat Kesehatan</i>)
Aspaki	Indonesian Medical Device Manufacturers Association (Asosiasi Produsen Alat Kesehatan Indonesia)
BAPETEN	Nuclear Power Supervisory Agency (<i>Badan Pengendali Tenaga Nuklir</i>)
Bappeda	Regional Development Planning Agency (<i>Badan Perencanaan Pembangunan Daerah</i>)
Bappenas	National Development Planning Agency (Badan Perencanaan Pembangunan Nasional)
BAST	Minutes of Handover (<i>Berita Acara Serah Terima</i>)
BPJS Kesehatan	Social Security Agency on Health (<i>Badan Penyelenggara Jaminan Sosial</i>)
CAPD	Continuous Ambulatory Peritoneal Dialysis
CPMU	Central Project Management Unit
DTPK	Daerah Terpencil, Perbatasan, dan Kepulauan
ES COP	Environmental and Social Code of Practice
ES COP	Environmental and Social Code of Practice
ES CP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
Gakeslab	Indonesian Medical Devices and Laboratory Association (<i>Gabungan Perusahaan Alat-alat Kesehatan dan Laboratorium Indonesia</i>)
Gol	Government of Indonesia
GRM	Grievance Redress Mechanism
HRH	Human Resources for Health
HSS	Indonesia Health System Strengthening Project
InPULS	Indonesia – Public Laboratory System Strengthening
IsDB	Islamic Development Bank
KB	Family Planning (<i>Keluarga Berencana</i>)
Kesling	Environmental Health (<i>Kesehatan Lingkungan</i>)
Kesmas	Directorate General of Public Health (<i>Kesehatan Masyarakat</i>)
KGTK	Global Health and Health Technology (<i>Kesehatan Global dan Teknologi Kesehatan</i>)
KIA	Mother and Children Health (<i>Kesehatan Ibu dan Anak</i>)
KJSU	Cancer, heart, stroke and uro-nephrology disease (<i>Kanker, jantung, stroke and uronefrologi</i>)
KKP	Port Health Office (<i>Kantor Kesehatan Pelabuhan</i>)
Koor. Kel. Subs Yanmas	Coordinator of Complaint – Sub Community Service (<i>Koordinator Keluhan Sub Pelayanan Masyarakat</i>)
Labkesda	Regional Health Laboratory (<i>Laboratorium Kesehatan Daerah</i>)
Labkesmas	Community health laboratory (<i>Laboratorium kesehatan masyarakat</i>)
Labkesmas	Community Health Laboratory (<i>Laboratorium Kesehatan Masyarakat</i>)

LKPP	Government Procurement Policy Center (Lembaga Kebijakan Pengadaan Barang dan Jasa Pemerintah)
MoH	Ministry of Health
P2P	Disease Prevention and Control (<i>Pencegahan dan Pengendalian Penyakit</i>)
PAP	Project Affected Persons
PBJ	Procurement of Goods/Service (Pengadaan Barang/Jasa)
PERNEFRI	Indonesia Nephrology Association (<i>Perhimpunan Nefrologi Indonesia</i>)
PJ	Officials (<i>Penjabat</i>)
PKR	Directorate of Health Referral Service (<i>Direktorat Pelayanan Kesehatan Rujukan</i>)
PMU	Project Management Unit
POM	Project Operation Manual
Poskesdes	Village health post (<i>Pos Kesehatan Desa</i>)
Posyandu	Integrated Service Posts (<i>Pos Pelayanan Terpadu</i>)
PPI	Infection Prevention and Control (<i>Pencegahan dan Pengendalian Infeksi</i>)
Pusjak	Policy Center (Pusat Kebijakan)
Puskesmas	Community health clinics (<i>Pusat Kesehatan Masyarakat</i>)
Pustu	Puskesmas Helper (<i>Puskesmas Pembantu</i>)
Rifaskes	Health Facility Research (<i>Riset Fasilitas Kesehatan</i>)
Rokeu	Finance Bureau (<i>Biro Keuangan</i>)
Rokom	Communication Bureau (<i>Biro Komunikasi</i>)
Rokomyanlik	Communication and Public Service Bureau (<i>Biro Komunikasi dan Pelayanan Publik</i>)
Rokomyanmas	Communication and Community Service Bureau (<i>Biro Komunikasi dan Pelayanan Masyarakat</i>)
Roren	Planning Bureau (<i>Biro Perencanaan</i>)
RSUPN	National Central General Hospital (<i>Rumah Sakit Umum Pusat Nasional</i>)
SEP	Stakeholder Engagement Plan
SIHREN	Strengthening Indonesia's Healthcare Referral Network
SIM	Management Information System (<i>Sistem Informasi Manajemen</i>)
SK PPID	Decree Letter of Information and Documentation Officials
SOPHI	Strengthening of Primary Healthcare in Indonesia
Sub Koor. Kel. Sub-Subs Dumas	Sub Coordinator of Complaint Sub-Sub Community Complaint (<i>Sub Koordinator Keluhan Sub-Sub Pengaduan Masyarakat</i>)
Tenkes	Health Workers (<i>Tenaga Kesehatan</i>)
UKL	Environmental Management Effort (<i>Upaya Pengelolaan Lingkungan Hidup</i>)
UKP	Individual Health Effort (<i>Upaya Kesehatan Perseorangan</i>)
UPL	Environmental Monitoring Effort (<i>Upaya Pemantauan Lingkungan Hidup</i>)
UPT	Technical implementation (<i>Unit Pelaksana Teknis, UPT</i>)
Yankes	Directorate General of Health Services (<i>Pelayanan Kesehatan</i>)

Stakeholder Engagement Plan (SEP)

1. Project Description

The Indonesia Health System Strengthening Project (“HSS Project”) aims to improve the utilization of public health facilities with increased availability of functional equipment across Indonesia. The proposed Project design mirrors the Ministry of Health’s (MOH) proposed Blue and Green Book submission in three components, and uses direct vendor payment for the components on procurement, operation and maintenance of public primary care, referral hospital, and health laboratory equipment, as well as a fourth component on project management, digitization, and training. This project setup is:

- Component 1: Procurement, installation, operation, and maintenance of equipment to primary care facilities across Indonesia, “SOPHI”,** that seeks to contribute to the procurement of energy-efficient, environmentally friendly and, where possible and applicable, telemedicine-enabled equipment for all Posyandu, Pustu, and Puskesmas, as well as Tier 1 public health laboratories across Indonesia. The types and numbers of equipment, as well as the facility location where these pieces of equipment will be delivered are determined by a comprehensive gap assessment from MoH, supported by the World Bank and co-financing partners (AIIB and ADB), during project preparation, starting from the 2022 ASPAK data. While all procurement is planned to be completed by the end of 2024, the rollout of the delivery of this equipment is planned to be staggered based on the readiness of each facility to receive this equipment. This is aligned with the observations from the sectoral context that many facilities, especially those in remote, rural areas, will need additional time to acquire the human resource capacity and the required utilities (stable internet and electricity connection) to connect and sustainably and correctly operate and maintain the delivered equipment. The staggered delivery schedule will be based on a set of facility readiness criteria for which data are collected and reported by the 514 district health offices for the primary care facilities in their administrative area.
- Component 2: Procurement, installation, operation, and maintenance of equipment to referral hospital facilities across Indonesia, “SIHREN”,** that seeks to contribute to the procurement of energy-efficient, environmentally friendly and, where possible and applicable, telemedicine-enabled equipment for data processing and information systems for Cancer, Heart, Stroke and Urology (*Kanker, Jantung, Stroke dan Urologi*, KJSU) Register for all Madya, Utama, and Paripurna hospitals across Indonesia. The types and numbers of equipment, as well as the facility locations where these pieces of equipment will be delivered are determined by a comprehensive gap assessment from MoH, supported by the World Bank and co-financing partners, during project preparation, starting from the 2019 Rifaskes data. In addition, SIHREN has the scope of KJSU referral service strengthening that consists of a support program from ‘Supporting Hospital’ to ‘Supported Hospital’ and KJSU register. The support program includes training in the KJSU services at various levels (Paripurna, Utama, Madya), workshop, case discussions, service assistance and proctorship to be carried out in stages until meeting the required competency level, and activity evaluation. The support program aims to spread access to KJSU services, and service capability as indicated by the service stratification at the target hospitals, in order to create hospitals with the highest competency in the KJSU stratification, which is Paripurna stratum for the national level, and the highest stratum for the referral hospitals, which are Utama in the provincial area and Madya in the Regency/City. The target of the activity is the medical staff, nurses or other health workers that play roles in the KJSU services. KJSU register includes the development of an integrated information system that mainly aims to record and report diseases according to

clinical symptoms in order to achieve clinical outcome of KJSU services data collection. While challenges in terms of human resources and facility readiness are projected to be smaller at the referral level, facility readiness criteria will nonetheless apply, and a staggered delivery schedule based on the assessment and verification of facility readiness is also planned for this component. A focus on specialized KJSU equipment in this component ensures the closing of gender gaps. This component is jointly co-financed with AIB and financed in coordination with the IsDB's parallel financing of the residual subset of hospital-level equipment.

- **Component 3: Procurement, installation, operation, and maintenance of equipment to tier 2, 3, 4, and 5 of public health laboratory facilities across Indonesia, "InPULS" component** that seeks to contribute to the procurement of energy-efficient, environmentally friendly and, where possible and applicable, telemedicine-enabled equipment for all tier 2, 3, 4, and 5 public health laboratories across Indonesia. The types and numbers of equipment, as well as the facility location where these pieces of equipment will be delivered are determined by a comprehensive gap assessment from MoH, supported by the World Bank and co-financing partners, during project preparation, starting from the public health laboratory system (*laboratorium kesehatan masyarakat* or *Labkesmas*) data. Facility readiness criteria will also apply, and a staggered rollout approach used for the laboratory component.

To meet the facility readiness criteria, GoI, through MoH, has committed to fulfilling the human resource, infrastructure, utility availability, and waste management requirements, to be funded from APBN and PHLN. The World Bank team will verify the fulfillment of these criteria prior to approving the distribution to facilities of the equipment and establish a verification protocol.

- **Component 4: Project Management, Administration, Digitization and Training across the SOPHI, SIHREN, and InPULS components** that covers activities related to the project management of SOPHI, InPULS, and SIHREN, including the operation of the Central Project Management Office (CPMO), Central Procurement Unit (CPU), and component Project Management Units (PMUs), as well as the IT support teams. This component also provides funds for Project monitoring and evaluation, advisory services, research, in particular related to telemedicine, KJSU Register and AI-enabled equipment, the development of integrated data systems for facility readiness assessments and inventories, as well as essential Human Resources for Health (HRH) training.

The Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per Environmental and Social Standard ESS10 on Stakeholder Engagement and Information Disclosure, to ensure a meaningful consultation and inclusive engagement of the project, a Stakeholder Engagement Plan (SEP) is being prepared, proportionate to the nature and scale of the project and its potential risks and impacts, for an effective stakeholder engagement and contribute to the project design and its implementation. The SEP will ensure the project to provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of discrimination, or intimidation.

Given the scope of a provision of goods-types project, this SEP also includes elements on procurement transparency and public disclosure of the purchase of medical equipment.

2. Objective of SEP

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project.

3. Stakeholder identification and analysis

3.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach:* Stakeholder engagements for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, discrimination, or intimidation.
- *Informed participation and feedback:* Information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholder feedback, and for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity:* Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups that may be at risk of being left out of project benefits, including the poor, persons with disabilities, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility:* various means or methods will be utilized to ensure that stakeholder engagements are carried out properly to overcome any obstacles to engagement with stakeholders, taking into account social factors, cultural context, gender dynamics, etc.

3.2 Affected parties and other interested parties

Overall, there are no anticipated adverse social impacts associated with the project. The project will contribute to addressing issues of unequal distribution, poor maintenance of medical equipment, and low capacity of health workers to operate the equipment. Social risk may involve health and safety risks of the primary supply workers/vendor's workers that are involved in the distribution and installation of medical equipment, as well as health and safety of medical equipment's operator/medical staff and patient from the potential operation failure of the new equipment.

Primary suppliers of this project will be the suppliers who, on an ongoing basis, provide directly to the project the medical equipment that is essential for the core functions of the project. These primary suppliers will be contracted by the project through national-centralized procurement, to provide and deliver the medical equipment to health facilities that become the beneficiaries of the project.

Stakeholders, by this ESS10 definition, refers to individuals or groups who (a) are affected or likely to be affected by the project ("Project-affected Persons or PAPs"); and (b) may have an interest in the project ("Other Interested Parties"). The following is the summarized list of the Project stakeholders. More detailed information on stakeholders of SOPHI, SIHREN and InPULS components, and their roles in the Project can be found in the tables in Annex A of this report.

The following is the summarized list of PAPs, who are mostly affected positively, and their identified roles in each of the Project components. Since the project is only for procurement activity, the negative impact is negligible.

SOPHI:

- Vendors and their workers that provide, distribute, and deliver the medical equipment to the project beneficiaries and vendors that support the medical waste treatment generated from the procured medical equipment;
- Various local communities, in particular the patients of the selected community health centers, that utilizes the medical equipment;
- Cadre selected by the community that provides socialization and service to community in the utilization of medical equipment and conducts reporting for the utilization of medical equipment.

SIHREN:

- Vendors, medical equipment industry, that provide the medical equipment for the project and their workers that conduct the distribution, installation and maintenance of the medical equipment and vendors that support the medical waste treatment generated from the procured medical equipment;
- Community, in particular patients, of the selected hospitals that receive the benefits of medical equipment utilization for diagnostic, therapeutic and rehabilitation;
- Healthcare workers who are committed to the implementation of emission reduction, that plans, manage and conduct monitoring of the equipment utilization and management of generated medical waste, and workers who are directly operating the medical equipment.

InPULS:

- Vendors and their workers that provide, distribute, and deliver the medical equipment to project locations; vendors that conduct delivery of laboratory samples; and service providers that support the medical waste management;
- Community that receives the service and utilize the medical equipment of the community health laboratories.

The following is the summarized list of Other Interested Parties of the Project:

- Legislative bodies (Parliament, i.e., House of Representatives) that provide approvals to the Project's program and the budgeting, supervision of program implementation and monitoring evaluation;
- Ministries and Government Agencies that are involved in the development of implementation strategy, coordinate in development of medical equipment list (e.g., low carbon emission, non-mercury), supervise the procurement process, allocate budget for Project supports, provide inspection and permit approval as well as supervise the commissioning of medical equipment;
- Stakeholders/experts involved in the accreditation of medical facilities;
- Broader local government officials, agencies, village level officials that are the grantee of project and provide information on the need of grants, coordinate with the central government in the development of program strategy, conduct financial management, facilitate the local permitting process, and provide supporting budget for the sustainability of the project implementation (e.g., operation and maintenance budget);
- International financial institutions that are financiers of the project (World Bank, ADB, AIIB, IsDB) and supervise the Project implementation;
- NGOs that collect, manage and deliver the community aspiration to projects and monitor the project implementation as well as communication media/advocacy of positive impact of the project to community;
- Mass media that socialize the information, monitor the implementation, and collect and socialize the public aspiration to the project implementation (e.g., transparency of procurement, distribution, etc.);

- Informal community organizations (e.g., religious community) that may have positive or negative perspective towards the Project and may influence the community with their perspective.

3.3 Disadvantaged/vulnerable individuals or groups

The ESS10 also requires identification of PAPs (individuals or groups) who, because of their particular circumstances, may be disadvantaged or vulnerable under the ESS10 definition, i.e., those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. These individuals/groups are more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so.

In accordance with the above definition, the project identifies the disadvantaged/vulnerable individuals/groups from SOPHI and SIHREN as (a) communities that live in areas that are remote/underdeveloped, border areas and/or islands (*Daerah Terpencil, Perbatasan, dan Kepulauan, DTPK*), including the indigenous community, and (b) people with disabilities. Due to their locations, physical limitations, challenges in language, and/or other constraints, these individuals/groups are more restricted in their ability to fully benefit from the project. As a result, they may require specific assistance or measures to access the project's benefits. The project will supply medical equipment to public health facilities that are open to anyone willing to use their services, including those located in underserved and remote areas. Therefore, the project does not anticipate any social exclusion-related risks to vulnerable individuals/groups, as the project design and its goal focus on expanding access to essential health services, including to underserved areas.

While for InPULS, the medical equipment will be provided to health laboratories, which do not directly provide their services to community individuals or groups, but to other health facilities. Therefore, the category of disadvantaged/vulnerable individuals/groups to this InPULS component is not applicable.

4. Stakeholder Engagement Program

4.1 Summary of stakeholder engagement conducted during project preparation

The following is the summarized information of meetings and discussions held by SIHREN and InPULS components with the Project stakeholders. As for the SOPHI, the previous meetings were conducted by the Directorate General of Health Service (*Direktorat Jenderal Pelayanan Kesehatan, Ditjen Yankes*) that currently oversees SIHREN. Further details of these previous meetings and discussions are available in Annex B of this report.

- Coordination meetings with specialized hospitals for each KJSU disease, to determine the needs of human resources, medical equipment, type of services and development of supporting program as well as carry out guardianship to all network hospitals either directly or by delegation to regional guardians;
- Discussions with organizations and associations related to KJSU service, to discuss on the needs and strategy to fulfil the required human resources, and improvement of service;
- Coordination meetings to discuss the permitting needs, budgeting and monitoring of the project operational activities with relevant government instances, such as with supervisory agency of nuclear power (BAPETEN) for permit of utilizing radiation equipment, with social security implementation agency (BPJS) for payment mechanism, Health Agency for operational license and monitoring of activities, etc.
- Series of meetings with regional government agencies at the Provincial and Regency/City levels;

- Planning of medical equipment needs in each Regency/City and laboratory.

The socialization and engagement to stakeholders of this project is ongoing. On 31st August 2023, the MoH conducted a socialization of this project as part of the National Launching program for the Integrated Primary Healthcare Service and Development Plan for Strengthening of Health, with stakeholders from the Ministries and Institutions, Developing Partners, Organization of Profession, Academics, NGOs and the healthcare facilities. Topics of discussion during the program include the agreement for memorandum of understanding (MoU) of health transformation synergies program, launch of the primary healthcare consortium, and launch of MoH's program website (<https://ayosehat.kemkes.go.id/>) and communication service, etc. Photograph documentation from this activity is available in Annex B of this report.

4.2 Stakeholder Engagement Plan

An Engagement program is designed to meet the needs of each stakeholder, in language and format that is accessible to the target of stakeholder, appropriate to the cultural norms, and consider the specific needs of individual or groups that might be affected differently or disproportionately by the Project, or group of community with needs of tailored information disclosure (e.g., individual with disabilities, illiterate, certain gender, different language or access barrier). The planned engagement strategies for all Project components are as follows:

- Coordination or formal meetings with stakeholders from the central and local governments, including Legislative bodies, Ministries, and Agencies, etc.;
- Site visits, workshops and training sessions with beneficiaries such as hospital, community health center, or health laboratories, as well as with Directorate General and Health Agency at the Provincial and Regency/City levels;
- Consultation with PAPs and interested parties near the project sites, including with the communities, indigenous communities, and community and religious leaders located near the beneficiary facilities;
- Public consultation and socialization with community, mass media, NGO, organization of profession, etc.;
- Meeting for procurement activity and proposal of contract with vendors of medical equipment. The first vendor conference has been scheduled on September 29th, 2023.

Among others, the stakeholder engagement activity will disclose information of the relevant E&S safeguard documents including the SEP, Environmental and Social Management Framework (ESMF), Project Environmental and Social Commitment Plan (ESCP), project grievance redress mechanism (GRM) of project's E&S impacts, and regular updates on project developments, etc. More detailed information of the planned stakeholder engagement program for each stakeholder is available in Annex E of this report.

5. Procurement Transparency

The SEP document will contribute to the project's design regarding the procurement transparency requirements and disclosure. The procurement activities in this project will include procurement of medical and laboratory equipment following either international open or national open competitive procurement. Advance procurement activities are expected under the project, which shall be initiated after the completion of the Project Procurement Strategy for Development (PPSD) and Procurement Plan (PP).

The MOH-corporate procurement, will contract the medical equipment vendors that will provide, distribute and provide technical assistance in the installation and user manual of the medical equipment. As an effort to promote accountability and transparency, the project will follow the requirements of Specific Procurement Notice of publishing the information: (a) on a free-access

website, as available; (b) in at least one newspaper of national circulation in Indonesia; or (c) in the official gazette or in the MOH as the Implementing Agencies (IA) website. In the case of international open competitive procurement participated by international vendors, the mechanism will follow the requirement of International Open Competitive Bid, in which the information must be published in United Nations Development Business (UNDB) online. Vendor conference has been conducted on September 29th, 2023, with total of 322 participants joined offline and 421 participants joined via zoom meeting. The conference discussion includes topic of procurement method (e-catalog, NCB or ICB), evaluation method (rated criteria/price and technical combine), issue of local product, specification and number of volume of medical device and procurement milestone. Meeting minutes and photographic documentation from this vendor conference is available in Annex C of this report. The MOH plans to conduct the second vendor conference in November 7th, 2023 for discussion of tender briefing.

6. Information Disclosure

The implementation of this SEP is a commitment for the Borrower under the Project's ESCP. As part of the project preparation, the project has conducted public consultations for the overall project design, proposed activities and the environmental and social management documents on October 6th, 2023. All safeguard documents, including this SEP, ESCP, and ESMF has been disclosed in both Bahasa Indonesia and English on the MOH website (<https://link.kemkes.go.id/multi/Links/lists/konsultasipublikHSS>) prior to public consultation. This link will remain open for 7 days after the disclosure to obtain input from the public on the project and on the proposed management measures for the project's environmental and social risks.

The public consultation was conducted online, attended by 180 participants from central government agencies (BAPETEN, BAPPENAS), local health agencies, local health facilities and laboratories, association of profession, vendors as well as international agencies and MDBs. The consultation socialized and discussed the background of the project, project component and timeline, environmental and social risks of the projects and the proposed mitigation measures, project channel for grievance and feedback, project environmental and social commitment plan, etc. Brief summary from this public consultation and photograph documentation is available in Annex D of this report.

Following the inputs from the public consultation and the disclosed documents, the ESMF and SEP documents are updated and re-disclosed on the MOH website to reflect stakeholders' views and concerns, with the consultation minutes and documentation provided as attachments of the documents.

Through public disclosure of these documents, it is expected that the public can find information related to the Project and the stakeholders can provide suggestions and feedback throughout the Project implementation. This commitment to information disclosure over the project cycle will provide opportunities for the Project to improve its design and implementation through the feedback received, in the form of suggestions, additional information and complaints.

7. Resources and Responsibilities for implementing stakeholder engagement activities

7.1 Resources

Management and coordination for SIHREN, SOPHI and InPULS components are implemented by the Coordination Team from Ministries/Agencies, Internal Coordination Team within the MOH, and Project Management Units (PMUs). Within the MOH, Focal Points have been appointed through Secretariat General Decree Letter No. KS.02.03/A/32589/2023 dated July 24, 2023 (copy of the Decree Letter Attachment, describing Positions and Roles is available in the Annex F of this SEP).

At this stage, the current SEP has not included the budget allocation for the SEP implementation. The budget allocation will be provided as part of the updated SEP during the project implementation. Table below provides the example of elements that can be budgeted for SEP implementation, to be updated as needed. The budget source will be allocated from the component of Project Management budget within SOPHI, SIHREN and InPULS.

Table 1. Example of Elements that can be Budgeted for SEP Implementation

Budget Category	Quantity	Unit Costs	Times/Years	Total Costs	Remarks
1. Estimated staff salaries* and related expenses					
E&S Specialists in each PMUs					
Senior E&S Specialists in CPMU					
2. Engagement Activities					
Meetings (Coordination, Technical)					
Workshop					
Outreach					
3. Communication campaigns					
Bulletin boards					
Information disclosure					
TOTAL STAKEHOLDER ENGAGEMENT BUDGET:					

7.2 Management functions and responsibilities

At the preparation stage, Focal Points that are responsible for the preparation of stakeholder engagement program are from Directorate General of Health Service (Ditjen Pelayanan Kesehatan) for SIHREN component and Directorate General of Public Health (Ditjen Kesehatan Masyarakat) for SOPHI and InPULS components. Copy of the Decree Letter is available in the Attachment of this report. While for the implementation stage, E&S specialist from the PMU will be appointed to be in charge of stakeholder engagement activities.

The stakeholder engagement activities will be documented through specific channels to be defined, for example, through the Project website, bulletin boards, or other online platforms. As the project progresses, updated information from the implementation stage including the records from stakeholder engagement activities (as planned in Annex E) will be updated to this SEP.

8. Grievance Redress Mechanism (GRM)

The main objective of a GRM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved.

8.1 Description of GRM

At the early stage of the Project, MOH will utilize the existing GRM channel. At the national level, this will be channelled through the 'Halo Kemkes' that can be contacted via phone number (hotline number: 1500-567), text message (SMS 081281562620 or Fax (021) 5223002, 52921669), or through email (kontak@kemkes.go.id) and through 'LAPOR' channel in website (<https://www.lapor.go.id/>) that will be managed by the Communication and Public Service Bureau of MOH. At the facility levels,

such as hospitals, community health centers, and community laboratories, the GRM will utilize the existing channels that are already available at these facilities. Grievances will be received at the facility level and later will be reported to the relevant local health agency. The existing GRM system has included the recording and monitoring mechanism of grievances received. Grievances related with E&S issues receives for the project, will be submitted periodically as part of the project report.

The flowchart describing the process of receiving complaints in the grievance channels, which are through Halo Kemkes' phone numbers and emails, and through direct face-to-face is available in Annex G of this SEP. The flowchart in Annex G shows who receives the grievances/feedback, how issues are channelled until closed, the parties in charge and timeframe of response for each grievance channel. This existing GRM will be used for the project, with additional project-specific arrangements to be specified in the Project Operation Manual (POM) as appropriate and proportionate to the potential risks and impacts of the project.

Information regarding the grievance redress mechanism channels will be publicly advertised, including the resolution mechanism, through public consultation, or posted at the notification board that will be provided at the health facilities.

9. Monitoring and Reporting

The monitoring of the SEP implementation activities will be carried out on a continuous basis to review the effectiveness of the engagement strategy undertaken and provide input for subsequent stakeholder engagement activities. E&S specialist will be hired by PMUs (Directorate General of Yankes and Directorate General of Kesmas) and senior E&S specialist will be hired by the CPMU (under the leadership of the Secretary General of MOH). These E&S specialists will be in charge of monitoring, ensure the implementation of the SEP, maintain records and documentation of stakeholder engagement activities and report on stakeholder engagement.

This record of SEP implementation will include information on the location and date of activity, the approach taken in engagement (e.g., regular meetings/workshops/FGDs/discussions), information on the stakeholders involved, and a summary of the feedback received from the activity. The records from SEP implementation will be compiled in project documents and reported regularly following the ESCP requirement and the project's routine progress reporting reports.

E&S specialists from the PMUs play a role in monitoring and documenting any commitments or actions agreed upon during the consultation, including amendments due to changes in Project design or SEP implementation. The results of the stakeholder engagement activities will be reported back to the stakeholders through specific channels to be defined, for example, through the Project website, bulletin boards, or other online platforms.

ANNEX A IDENTIFICATION AND ASSESSMENT OF STAKEHOLDERS IN SOPHI, SIHREN AND INPULS

STAKEHOLDER IDENTIFICATION TABLE: **SOPHI**

Category	Stakeholders	Project-Related Roles
PROJECT AFFECTED PARTIES		
Public health center	Puskesmas (include: PJ-KB, PK-UKP, PJ-KIA, PJ-Nutrition, PJ-Immunization, PJ-Pharmacy)	Receive, operate and maintain medical devices, including managing medical waste
Health Center Network	Poskesdes	Receive, operate and maintain medical devices, including managing medical waste
	Pustu	
	Integrated Healthcare Center	
Vendors and service providers	Equipment provider	Carry out the procurement of medical devices needed by the project, and maintenance of medical devices until the agreed timeframe
	Distributor	
	Expedition (including from subcontractor of vendor)	Carry out delivery of medical devices to the project site
	Waste management company	Providing medical waste management services as a waste management network from health facilities
Society/Patient	Patient	Receive the benefits of using medical devices through services at health facilities
	Mother and child	
	Elderly	
	People with disabilities	
	Low Income Communities	
	Indigenous Community	
Consultant	Consultant	Determine the types and specifications of medical devices needed in project planning

Category	Stakeholders	Project-Related Roles
Cadre	Cadre	<ul style="list-style-type: none"> - Using medical devices in the context of providing basic health services to the community - Implementing a health information system, including the reporting function
Professional Organization	Professional Organization Accreditation Agency	<ul style="list-style-type: none"> - Carrying out trials and functioning of medical devices - Assess and certify the medical equipment - Supporting activities to increase the capacity of health workers
Referral Hospital	Referral Hospital	Carry out the functions of the health service referral system and medical waste management, including in sending samples
OTHER INTERESTED PARTIES		
Local government	Health Office (Prov, City/District)	Coordinate and monitor the implementation of medical device distribution and installation activities according to their respective authorities
	Head of village (<i>lurah</i>)	Coordinate and monitor the implementation of distribution and installation of medical devices at the puskesmas, pustu and posyandu at the village/kelurahan level
International Institution	WB	Formulate, supervise, and oversee the implementation of project, especially in the context of handling environmental and social impacts
	ADB	
	AiIB	
	WHO (Medical Equipment Consultant)	Assisting in the availability of budget and consulting services to support the utilization of medical devices needed to achieve the program
Civil Society	NGO	Accommodate, manage and convey community aspirations, as well as monitor project implementation as a form of monitoring social aspects

Category	Stakeholders	Project-Related Roles
Media	Media	Disseminate information, carry out supervisory functions, as well as accommodate, manage and convey community aspirations regarding project implementation
Community organization	Religious Organizations	Parties that can provide support to the Project, by conveying information about the benefits of the project to the community

STAKEHOLDER IDENTIFICATION TABLE: SIHREN

Category	Stakeholders	Project-Related Roles
PROJECT AFFECTED PARTIES		
Hospital	Referral Hospital	- Receiving the medical devices and as needed
	Supporting Hospital (National, Regional, Guardianship Hospital)	
	technical implementation unit (<i>unit pelaksana teknis, UPT</i>) Vertical	
	Hospital (Provincial, City/Regency)	
Vendors/ Industry	Medical Equipment Provider Vendors	- Provide medical devices for the program
	Medical Equipment Industry	- Carry out distribution, installation and maintenance of medical devices
Society/Patient	Patient	Recipients of the medical devices utilization that includes diagnostic, therapeutic or rehabilitative (as patients)
	Women and children	
	General public	
	Communities around the hospital	
	Indigenous peoples, community leaders	
	Public figure	
	Religious leaders	
Consultant	Consultant	- Determine the types and specifications of medical devices needed in project planning - Assess and/or certify the medical devices
	Accreditation Agency	
Health workers	Head of Hospital	- Using and operating medical devices
	Kesling (Environmental Health) program manager at Hospital	

Category	Stakeholders	Project-Related Roles
	Complaint committee/unit in Hospital	- Hospital leadership: commitment to implementing carbon emission reductions; MoU with third party waste management - Hospital kesling program manager: planning, management, and monitoring and evaluation of generated waste
	Occupational safety committee/unit	
	Kesling and Infection Prevention and Control (PPI) of Hospital	
Local government	Health Office (Prov, City/District)	Placement of medical human resources/health workers in hospitals that receive medical devices
Professional Organization	Professional Organization	- Providing specialist/technical personnel (PPR medical physicists/radiographers) - Implementing service improvement programs (opening education centers)
OTHER INTERESTED PARTIES		
Legislative body	House of Representatives (DPR)	Approval of programs/activities to strengthen the health service network, referral to superior services for 9 priority health problems, approval of program/activity budget allocations, supervision of program/activity implementation and supervision of evaluation of program/ activity implementation
	Regional House of Representatives (DPRD)	
other Ministries/Agencies	Bappenas	- Participate in developing program for implementation strategies - Ministry of Industry & Ministry of Trade: coordinate to compile a list of low-carbon and non-mercury emission medical devices
	Ministry of Industry	
	Ministry of Trade	
	Ministry of Public Works	

Category	Stakeholders	Project-Related Roles
	LKPP	<ul style="list-style-type: none"> - Ministry of Public Works: provide certification of hospital/bunker buildings to be rehabilitated; assist in analyzing the cost of building components for the placement of medical devices that require special rooms - LKPP: oversee the procurement process according to applicable regulations - Bapeten: Implement commissioning and licensing of rooms and ionizing radiation medical devices
	Bapeten	
Local government	Local officials	<ul style="list-style-type: none"> - Be a recipient of grants and provide information to the central government regarding grant needs - Provide regional budgets for project sustainability; facilitating the provision/ assistance of providing operational and maintenance funds - Managing the regional health budget - Carrying out planning, coaching, supervision and evaluation of programs/ activities that support superior services (KJSU) - Facilitate other licensing (credentialing of health workers, hospital operational permits) - Committed to providing other facilities - Public Works Agency: Analyzes the cost of supporting infrastructure - Responsible for or committed to collecting medical device needs proposals from the regions
	Bappeda	
	Public Works Department	
	Local hospital within village/urban village government	

Category	Stakeholders	Project-Related Roles
		- Synergizes with the central government in formulating program implementation strategies
International Institution	WB	Procurement project funder
	IsDB	
	AIIB	
Association	Gakeslab	Encouraging the acceleration of the imported medical devices provision, arranging the provision of technicians for equipment training in hospitals
	Aspaki	
NGO	Foundations/NGOs/association of certain diseases	- Supports the transparency distribution - Media/ communication/ advocacy of the project's positive impact to the community
Media	Media	Become a media of information to the wider community and media/ communication/ advocacy for the positive impact of the project to the community

STAKEHOLDER IDENTIFICATION TABLE: InPULS

Category	Stakeholders	Project-Related Roles
PROJECT AFFECTED PARTIES		
Health Laboratory	Labkesmas (Tier 2 and 3)	Receive, operate and maintain medical devices, including managing medical waste
	Labkesda (Tier 4 and 5)	
Providers and vendors	Principal of Labkesmas equipment	Dissemination of after-sales services for health laboratory medical devices
	Equipment providers	Carry out the procurement of medical devices needed by the project, and maintenance of medical devices until the agreed timeframe
	Distributor	
	Expedition (including from subcontractor of vendor)	Carry out delivery of medical devices to the project site
	Custom sample courier	Carry out the function of special sample delivery services from/to the health laboratory
	Waste management company	Providing medical waste management services as a waste management network from health laboratories
Public	Public	Receive the benefits of using medical devices through services at Labkesmas
Consultant	Consultant Biosafety Lab assessors, Certificate providers and Accreditation Agencies	Determine the types and specifications of medical devices needed in project planning - Assess and/or certify the medical devices
Professional Organization	Professional Organization	- Carrying out trials and functioning of medical devices - Supporting activities to increase the capacity of health workers
Referral System	Public health center	Carry out health service functions at Tier 1, which if unable, can refer to Tier 2 and 3 health laboratories
	KKP Laboratory	Carry out special health service functions, which if unable, can refer to Tier 4 and 5 health laboratories

Category	Stakeholders	Project-Related Roles
Local government	Health Office (Province, City/District) Other Government agencies for permits	<ul style="list-style-type: none"> - Coordinate and monitor the implementation of medical device distribution and installation activities according to their authority - Prepare land for the construction of a health laboratory if it is not yet available and obtain the land certificate. - Government agencies for issuing permits, approving environmental documents (e.g., UKL/UPL) or for approving amendments to environmental documents
OTHER INTERESTED PARTIES		
Labkesmas network	Hospital	- Carry out the functions of the health service referral system and manage medical waste from/to the health laboratory
	College Laboratory	
	Other laboratories (other ministries/institutions and private)	- Collaborate and coordinate regarding examinations, sharing of data information, and human resources as a partner/network of health laboratories
International Institution	WB	Formulate, supervise, and oversee the implementation of project documents, especially in the context of handling environmental and social impacts
	ADB	
	WHO (Medical Equipment Consultant)	Assisting in the availability of budget and consulting services to support the utilization of medical devices needed to achieve the program
Civil Society	NGO	Accommodate, manage and convey community aspirations, as well as monitor project implementation as a form of monitoring social aspects
Media	Media	Disseminate information, carry out supervisory functions, as well as accommodate, manage and convey community aspirations regarding project implementation
Community organization	Religious Organizations	Parties that can provide support to the Project, by conveying information

Category	Stakeholders	Project-Related Roles
		about the benefits of the project to the community

ANNEX B SUMMARY OF CONDUCTED STAKEHOLDER ENGAGEMENTS

Summary of Stakeholder Engagements Conducted by the MoH for the Project Components

No.	Stakeholders	Summarized Information from Stakeholder Engagement Activity	Time of Activity
1.	Children Health Collegium (<i>Kolegium Ilmu Kesehatan Anak</i>)	Discussion on the need of HRH in priority service, discussion on strategy to fulfill the HRH in priority service network hospitals.	May, 2023
2.	Indonesia Nephrology Association (<i>Perhimpunan Nefrologi Indonesia, PERNEFRI</i>)	Discussion for improvement of Continuous Ambulatory Peritoneal Dialysis (CAPD) service	June 29, 2023
3	National Central General Hospital (RSUPN) Cipto Mangunkusumo	The Uro-nephrology coordination, determining human resources, medical devices and types of services for each level of the hospital. Provide support to all network hospitals either directly or by delegation to regional supervisors	Twice/month, since 2022
4.	National Central Hospital for Cancer Dharmais	The Cancer Support coordination, determining human resources, medical devices and types of services for each stratum of the hospital. Provide support to all network hospitals either directly or by delegation to regional supervisors	Twice/month, since 2022
5.	National Heart and Coronary Hospital Harapan Kita	The Cardiovascular Support coordination, determining human resources, medical devices and types of services for each stratum of the hospital. Provide support to all network hospitals either directly or by delegation to regional supervisors	Twice/month, since 2022

No.	Stakeholders	Summarized Information from Stakeholder Engagement Activity	Time of Activity
6.	National Brain Hospital Prof. Dr. dr. Mahar Mardjono	The Stroke Support coordination, determining human resources, medical devices and types of services for each stratum of the hospital. Provide support to all network hospitals either directly or by delegation to regional supervisors	Twice/month, since 2022
7.	BAPETEN / Nuclear Power Supervisory Agency	Permit for radioactive medical equipment	March 2023 - Now
8.	BPJS Kesehatan / Social Security Agency on Health	Financing of service from the procured equipment	May, 2023
9.	Health Agency	Monitoring of implementation activity, operational permit	End of August and Sept 2023 through National Socialization Event
10.	Local Governments	Availability of local contribution budget for project sustainable implementation and socialization of health system transformation	31st August and Sept 2023 through National Socialization Event
11.	Potential medical equipment vendors	Procurement method (e-catalog, NCB or ICB), evaluation metod (rated criteria/price and technical combine), local product issue, specification and number of volume medical device, procurement milestone	29 th September 2023, Dhanapala Building, Ministry of Finance
12.	Public Consultation of ES Safeguard Documents (ESMF, SEP and ESCP)	Socialization and discussion of overall project design, proposed activities and the environmental and social safeguard documents (this SEP, ESCP, and ESMF)	October 6 th , 2023, Zoom meeting

Photographic Documentation of the Socialization Event conducted 31st August 2023.



ANNEX C DOCUMENTATION FROM VENDOR CONFERENCE

MEETING MINUTES (TRANSLATED FROM THE INDONESIA VERSION)

VENDOR CONFERENCE LOAN PROJECT

“Strengthening Indonesia Healthcare Referral Network (SIHREN),

Strengthening of Primary Healthcare in Indonesia (SOPHI),

Indonesia – Public Laboratory System Strengthening (InPULS)

Day/date of activity	: Friday, September 29 th 2023
Venue	: Dhanapala Building of MOH
Speakers	: Ms. Satu Kahkonen from the World Bank Dr. Luky Afirman from the Ministry of Finance Kunta Wibawa Dasa Nugraha, SE., M.A., Ph.D from the Ministry of Health Zulvia Dwi Kurnaini, SE., M.Ec from the Ministry of Health Mr. Andi from Directorate General of Health Service from the Ministry of Health dr. Nida from Directorate General of Community Health from the Ministry of Health Mr. Budi Permana from the World Bank Mr. Mike from the World Bank
Participants	: Online participant code 322 Online participant code 421 Internal participant from Ministry of Health

SESSION I

1. Opening by the MC
2. National Anthem: Indonesia Raya
3. Keynote Speech I: Ms. Satu Kahkonen, Country Director for Indonesia and Timor Leste of the World Bank, informs the purpose to support the healthcare upgrade in Indonesia, strengthening the Indonesia Healthcare
4. Keynote Speech II: Dr. Luky Afirman, from the Directorate General of Budget Financing and Risk Management of the Ministry of Finance of the Indonesian Republic, informs the funding scheme for the strengthening of health in Indonesia
5. Keynote Speech III: Mr. Kunta Wibawa Dasa Nugraha, SE., M.A., Ph.D, the Secretary General of the Ministry of Health of the Indonesian Republic, informs and greet all the participants. In the greetings, Mr. Kunta informs 6 pillars of health transformation in Indonesia, in collaboration with Multilateral Development Banks (MDBs)
6. Video presentation for SIHREN, SOPHI and InPULS components

SESSION II

Opening by the MC, informing participants not to take videos and upload them to social media, and inviting Ms. Ana (Head of the PBJ Bureau), Mr. Andi from Health Service of Ministry of Health (MOH) and dr. Nida the director of Public Health Management as speakers for the next session.

BRIEFS

1. Ms. Ana greets and thanks all the participants for attending the conference, and informs the purpose of the program brief
2. Mr. Andi greets the participant, and provide brief of the health program through programs for mother and children, cancer disease, and other health programs. Informs the list of SIHREN equipment, with KJSU (cancer, heart, stroke, uro-nephrology), KIA (health of mother and children) and utilization of 81 type of equipment relevant to the health facilities in Pratama, Madya and Paripurna levels as informed
3. Ms. Ana informs the list of equipment that has been published in the website, but there will be new list of equipment from the KIA that will be informs after the conference
4. Ms. Nida from the Directorate General of Kesmas informs the list of equipment for the SOPHI, this equipment is required at the Pustu level, for the needs of life cycle from baby, toddler, up to elder. There is 77 items of equipment and other small equipment that is not included in this conference's presentation
5. List for Inpuls 566 lab, 514 for tier 2, 38 for tier 3, 12 for tier 4 and 2 for tier 5
6. Ms. Ana informs the list of equipment that must be fulfilled to improve the service. There are some equipment that requires confirmation, to align it with the number of the health service facilities. For Puskesmas at regency, provincial and national level, the focus is still for the medical equipment procurement. For technical specification, there will be 10 specification / features.
7. There will be several phases during 2024 – 2028, in the early equipment procurement, delivery, installation and commissioning, as well as monitoring.
8. Criteria of the phases will include the capacity of human resources, facilities, infrastructure for medical equipment installation (that will be cooperated with Specific Purpose Grants for the Health Sector (*Dana Alokasi Khusus Fisik Bidang Kesehatan, DAK*), Bappenas, and MOF), and also the electricity supply, especially for several regions in Indonesia
9. Questionnaire has been delivered to 164 respondents (43 OEM, 121 distributors/sales agent; local 136, international 28), thanks to vendors that have supported in filling the vendor questionnaire, the acknowledgement of first year vendors for the location preparedness was confirmed by Mr. Andi, to ensure on locations, since the vendor has already prepared to supply for the equipment
10. Ms. Ana informs that 89% of vendor has provided response of capable to supply for Pustu, Puskesmas and Lab at large scale, 77% of vendor ready to support the consumable/BHP is available in the period of 5-7 years, 95% is ready to provide a comprehensive maintenance and service. Normally the maintenance will have issues on guarantee, where at least the guarantee will be provided for 5 years and even requires reaching out to health facility services in remote areas. Vendor can provide guarantee of 2-3 days of responding the request, 84% able to provide free software up to 5 years, 95% able to provide spare parts for 8-10 years of implementation, 90% has the experience to conduct the proposal, 94% are flexible in quantity and delivery. In accordance with the regulation if there is a need of equipment, then this must be proposed by the local government in at least a 5 years contract.
11. Ms. Ana: QnA session will be conducted for this conference

DISCUSSION

12. From Elis, the medical equipment stakeholder, that appreciate the invitation and information about this project. Informs the scope of the stakeholder of improving the medical service, equipment and lab and asks on the long term goals of this project that has been planned by the government, especially the aim to reach the remote areas. For lab that requires equipment calibration, how to convinced the loan for the sustainability of this project
13. Ms. Ana thanks for the question
14. Mr. Andi replies that as an auditor how will the question related with the outcome of this project. SIHREN is related with health service that is related with many types of illness. The relation is with the number of hospitals that receive the benefits start from the hospital level. If observed from the health transformation scheme then this will be related with the referral system, therefore SIHREN will be included in the provision of KJSU, KJIA. There will be combination and harmonization scheme, for example in the medical equipment supply, human resource, and specialization and capacity of the local government to prepare for their infrastructure and health system
15. Ms. Nida, we have started to equip the laboratory equipment at the primary level, so that the primary level is able to conduct the laboratory checking. This project will be implemented for more than 1 year
16. Ms. Ana, this project is big, thank you for this question since this can reminds to implement good governance, the sustainability of this project is still being discussed for immediate finalization of the 5 years planning until implementation of development by the local government. To keep the collaboration with the local government, as well as to maintain commitment to MDBs. Vendor, auditor of BPK and BPKP roles are to monitor start from the planning stage
17. Question from Mr. Manish, we have been working for 1 decade, I see that Indonesia is giving support to health service facility, what is the plan especially related with local content (TKDN), for international products is different with local vendor, then there is bid for 300 unit, same as the local government's e-catalog that can choose many products, will the government focus on TKDN, or focus to only one or multiple vendors
18. Ms. Ana will keep the question from Mr. Manish for the third session
19. Question from Mr. Joseph, already 27 years having a manufacture facility in Batam, investing on medical equipment. We manufacture BHP, single use safety equipment. Our equipment is to protect the safety of health worker. Is there any other ministries that oversee the safety of health worker, since the safety of health worker in using syringe must be considered by the government
20. Ms. Ana thanks for the concern to health worker, this has been a serious attention by the government since the safety of health worker in performing their works must be considered
21. Ms. Anal closed the second session by saying thank you, reminding the participant that this is the first stage of a long steps
22. MC thanked the speakers, and asked for a group photo. Entering session 3

SESSION III

BRIEF

1. Procurement planning and strategy, Ms. Ana informs for the third session on 1 pm is starting and ask Mr. Budi Permana and Mr. Mike to join as speakers
2. Mr. Budi Permana, senior procurement from the World Bank, introduces himself
3. Mr. Mike from the World Bank introduce himself

4. In this session, material briefs presented by Ms. Ana, Indonesia HSS Project is divided into SIHREN, SOPHI, InPULS program (WB+AIB, parallel) for this 3 projects to follow guidance from WB, TKDN is not required in this project
5. Only the passing bidders that will enter the process, following the requirements from WB, AIB, ADB. The blacklisted bidder is not meeting the requirement
6. This will be an open international competitive bidder. The standard procurement document will be on the website
7. There will also a national open competitive bid
8. Contact is the part that needs attention, requires specification to be filled in detail, for payment will be decided later, if it will be paid upfront, or in stages, this will be written in the contract.
9. Roles of the related stakeholders: MOH as the implementer will be involved in all the procurement stages, documenting all the documents, MDBs as the supervision of the project, consultant from ECRI
10. Ms. Ana informs the timeline for the first batch. In this step to pay attention so that can be followed correctly, allows Mr. Budi and Mr. Mike to add the information
11. Mr. Budi, informs the requirement for procurement follows the MDB guidance, every vendor can participate, we also collect the data using market approach, every international and local markets are given the same opportunity, as long as the requirement is fulfilled. Many opportunities for local vendor to participate
12. Mr. Mike, for the requirement of WB, in WB website is available. The vendor can access this vendor. This project is big since there are many stakeholders involved.
13. Ms. Ana, that is all from us, please feel free to ask question and discuss

DISCUSSION

1. Ms. Chloe, we are international bidder, is there any local requirement?
2. Ms. Ana replies that there is no local requirement, only from the WB guideline
3. Question from zoom, to fulfill the equipment, will there be only one vendor required
4. Ms. Ana, this will be based on the needs, can be from many vendors
5. Question from zoom, will bidding be in a form of e-catalogue
6. Ms. Ana, international bidding will be conducted
7. Ms. Ana allows for one more question
8. Mr. Setiawan, from local manufacture, in open international bidding will there be an item that needs to be locally registered
9. Ms. Ana, it is mandatory for local registration, we will check the regulation and will inform on this again
10. Ms. Janice, is there a mechanism to see the tender specification
11. Mr. Mike, yes there is, to follow WB requirement and annex in the detail procurement document from WB. Added by Ms. Ana, for technical specification can be added in the technical specification meeting. Added by Mr. Bud for specification and clarification can be informed in the pre-bidding meeting, to review the vendor clarification
12. Mens Diagnostic, at the time the tender is opened the number and specification will be known. Will the vendor be informed not only the number, but also if there is any additional information
13. Ms. Ana and Mr. Budi, yes there will be information of technical specification and scope of service
14. Question from the zoom meeting, e-catalogue or other method
15. Response, through bidding, the stage will be started by this year
16. Question from the zoom meeting, what is the criteria for bidding
17. Ms. Ana reply that for the criteria will be stated in the bidding document

18. Question, what is the criteria to win the bidding
19. Ms. Ana, not only the low price factor, there are many criteria such as price, quality and continuity
20. Closing of the third session by Ms. Ana

FOLLOW UP

Considering the next bidding stages that will discuss on the technical specification and bidding criteria, please continue to follow each series of procurement stages, so that it can be implemented according to the MDB guidelines, all documents can be documented.

Coordinator of the event

Note-taker

Agung Qoriah,SH, MM

Dwirina Hervilia

NIP 197302161992032001

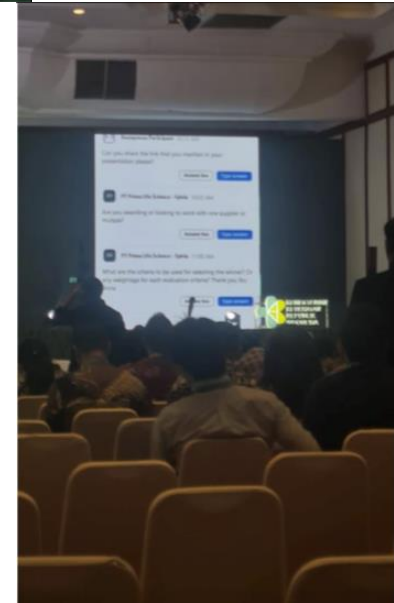
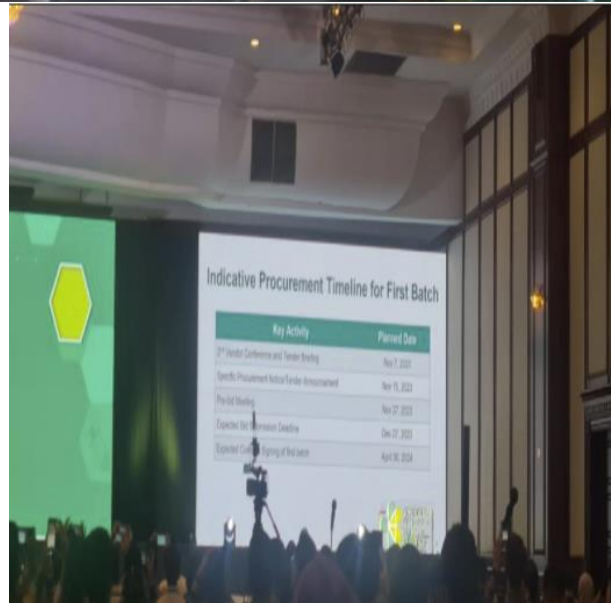
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Acknowledge, Head of the Bureau

Zulvia Dwi Kurnaini, SE, M.Ec

NIP 197407121998032001

Photographic Documentation of the Vendor Conference conducted 29th September 2023.

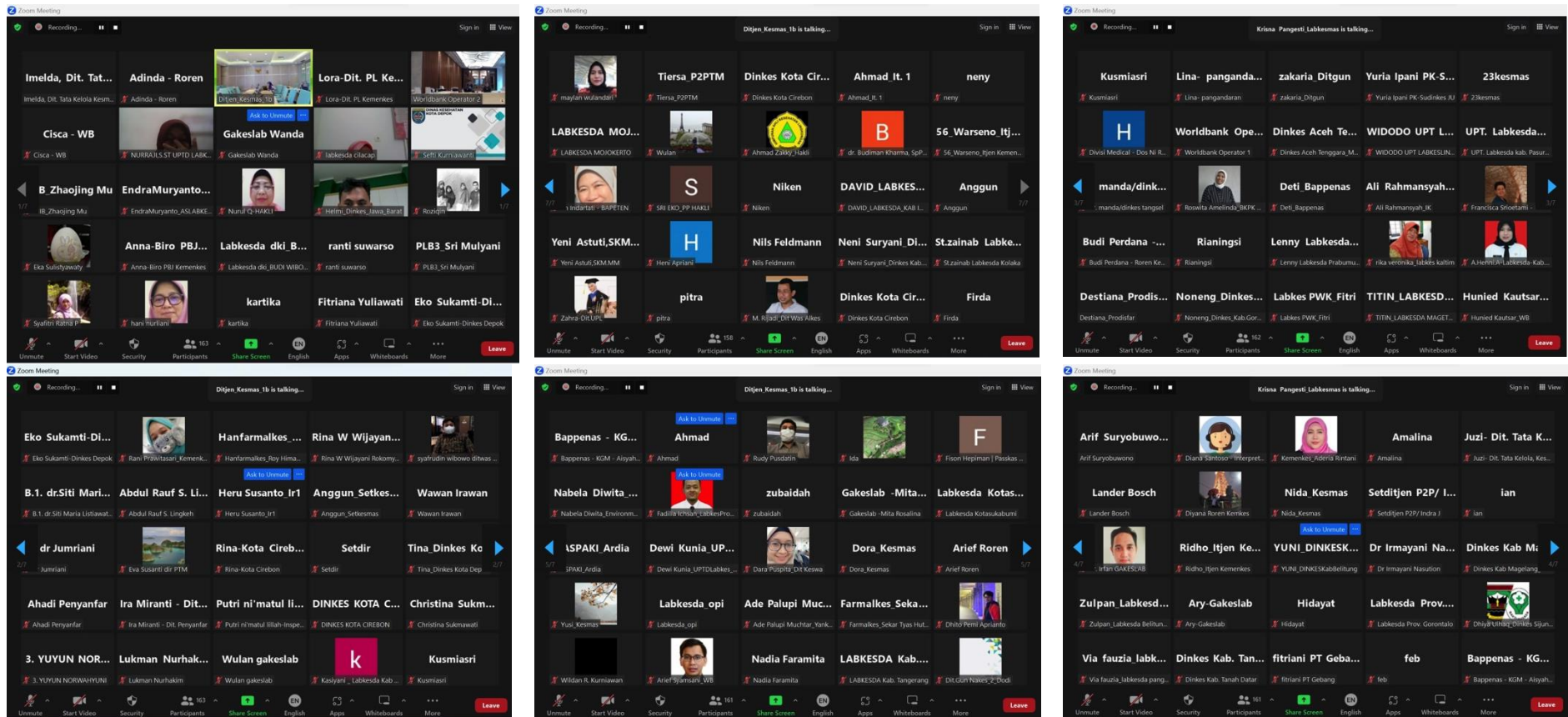


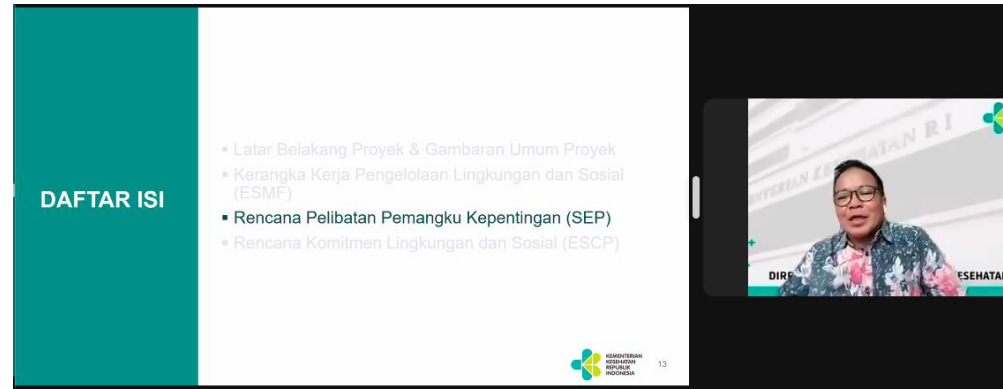
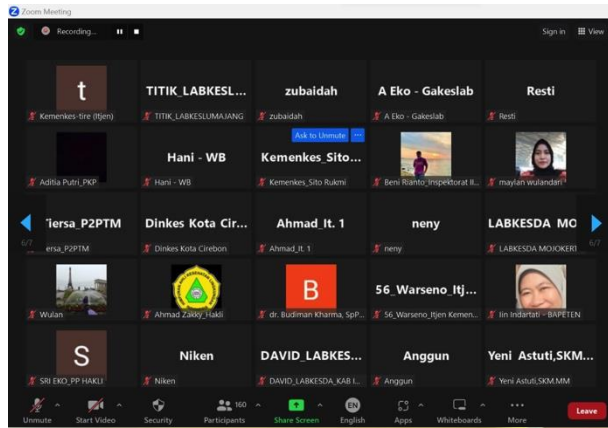
ANNEX D PUBLIC CONSULTATIONS FOR THE DISCLOSURE OF PROJECT INFORMATION AND ENVIRONMENTAL & SOCIAL SAFEGUARD DOCUMENTS

- Date and time : Friday, 6 October 2023 14.30 – 12.00 WIB
- Platform : Webinar Zoom
- Participants : 180 participants in the webinar

Participants	Minutes	
<p>National Institutions: Kemenkes, Bappenas, Bapeten</p> <p>Local Institutions: Dinkes Kab. Sijunjung, Dinkes Kab. Gorontalo Utara, Dinkes Kab. Belitung, Dinkes Kota Cirebon, Dinkes Kota Bukittinggi, Dinkes Prov. Riau, Dinkes Kab. Siak, Dinkes Kab. Kaimana, Dinkes Kota Sukabumi, Dinkes Prov Kalimantan Timur, Dinkes Kab. Pangandaran, Dinkes Kab. Pasuruan, Dinkes Kota Depok, Dinkes Kab. Lumajang, Dinkes Kab. Purwakarta, Dinkes Kab. Pati, Dinkes Kab. Tangerang, Dinkes Kab. Kolaka, Dinkes Kab. Prabumulih, Dinkes Kab. Magetan, Dinkes Prov. DKI Jakarta, Dinkes Kab. Minahasa Utara, Dinkes Kab. Aceh Tenggara, Dinkes Kota Tangerang Selatan, Dinkes Prov. Jawa Barat, Dinkes Kota Cirebon, Dinkes Kab. Cilacap, Dinkes Kota Tual, Dinkes Kab. Bone, Dinkes Kab. Batang, Dinkes Kab. Magelang, Dinkes Prov. Sulawesi Tengah, Dinkes Kab. Probolinggo, Dinkes Kota Balikpapan, Dinkes Kota Jakarta Utara, Dinkes Kab. Poso, ASLABKESDA Indonesia, Gakeslab, PT Gebang Surya Harapan, PP HAKLI, KGTK, ASPAKI, Pusat Kebijakan Kesehatan Global dan Teknologi Kesehatan (PKKGTK), PDS PatKLin, PT Dos Ni Roha, FIND</p>	<p style="text-align: center;">Presentation</p> <ol style="list-style-type: none"> 1. Background of the Project. The project's objective to increase access to healthcare services and lower the mortality rate in Indonesia through the procurement and equal distribution of medical equipment. 2. Health transformation pillars. Project activities will aim to transform (1) primary health services; (2) referral services; (3) health resilience system; (4) health resilience system; (5) human resources in health services; (6) healthcare technology 3. Project activities are divided into 3: (1) SOPHI; (2) InPULS; (3) SIHREN. 4. SOPHI. Scope of activities under SOPHI includes the procurement of 196 types of equipment for local clinics (puskesmas, pustu, posyandu) 5. InPULS. Scope of activities under InPULS includes the procurement of 128 types of equipment for tier 2-5 health labs 6. SIHREN. Scope of activities under SIHREN includes the procurement of 33 types of equipment for Cancer, Heart, Stroke, and Uro-Nephrology services in hospitals 7. Project Timeline. The project will start in 2024 until 2028. 8. The potential environmental and social risks and impacts associated with the project includes medical waste, fire and accident from equipment operations, increased greenhouse gas emissions, OHS risks, and gender-based violence 9. The ESMF document. Generally, identifies potential social and environmental risks or impacts when implementing SOPHI, SIHREN, and InPULS activities and also its mitigation efforts. Emphasize from MOH to Fasyankes to pay attention to management of environmental and social 10. Stakeholder Engagement Plan. Identifies and map project stakeholders and ensure the inclusiveness and transparency of project activities. Additional information that engagement with vendor will also conducted for 3-4 years of project implementation. MOH request for Puskesmas and Labkesda inputs for optimization of medical equipment and its benefit for communities. 11. FGRM. MOH have prepared channels and mechanisms for complaints (through Halo Kemkes and LAPOR) that may be communicated by the community or the parties involved or stakeholders during the project implementation process. 12. Environmental and Social Commitment Plan. The document lists MOH's commitment to manage environmental and social risks 13. Link to uploaded ESCP, ESMF and SEP drafts for stakeholders input 	
		<p style="text-align: center;">Brief notes from Q&A Session</p> <ol style="list-style-type: none"> 1. Some health laboratories already have adequate medical equipment but are lacking funds to purchase reagents and consumables to operate the equipment and for equipment calibration 2. Roles of vendor in relation with the ESCP, ESMF and SEP document and if there is any specific aspects for vendor attention 3. Project activities need to be synergized with other health programs or sectoral collaboration to utilize equipment that will be located in the Labkesmas 4. Potential risks emerging communicable diseases from the operations of equipment to also be monitored in public spaces 5. Vendors who have obtained certifications on good medical equipment manufacturing (CPAKB) and good medical equipment distribution (CDAKB) will need to maintain its status and ensure product qualities meet the national standards (Minister of Health Regulation 14 of 2021) 6. Request for SOP to utilize the equipment and MSDS for reagent and other materials that will be used for the equipment, to minimize the risks
		<p style="text-align: center;">Next Steps</p> <ol style="list-style-type: none"> 1. The relevant ES safeguard documents will be socialized to project beneficiaries during project implementation

Photographic Documentation of the Public Consultation conducted 6th October 2023.





ANNEX E PLAN FOR STAKEHOLDER ENGAGEMENT PROGRAM IN SOPHI, SIHREN AND INPUTS

TABLE SUMMARY OF THE STAKEHOLDER ENGAGEMENT PLAN FOR THE SOPHI COMPONENT

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
PROJECT AFFECTED PARTIES						
Public health center	Puskesmas (include: PJ-KB, PK-UKP, PJ-KIA, PJ-Nutrition, PJ-Immunization, PJ-Pharmacy)	<ul style="list-style-type: none"> - Preparation and planning for the installation and operation of medical devices, including the rehabilitation of health facilities (Project Doc.) - OHS management in the installation and operation of medical devices (ESMF) - Readiness criteria and capacity building for health workers related to medical waste management (ESMF) - Mechanism for managing complaints and feedback (GM) 	<ul style="list-style-type: none"> - Outreach - Coordination - Capacity building - Monitoring-evaluation 	<ol style="list-style-type: none"> 1. Outreach meeting 2. Circular letter 3. Coordination meeting (offline/online) 4. Technical training/workshop 5. Dissemination and socialization of Grievance Mechanism 6. Management of complaints/complaints and feedback channels (GM) 7. Data processing of the Management Information System 8. Field checking (virtual/live) 	<ol style="list-style-type: none"> 1. Irregular meetings 2. Beginning of the project 3. Periodic meetings 4. Irregular meetings 5. Continuous 6. Continuous 7. Periodic 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Poskesdes	- Preparation and planning for the installation and operation	- Socialization	1. Outreach meeting	1. Irregular meetings	- Secretariat General Directorate

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
Health Center Network	Pustu	of medical devices (Project Doc.) - OHS management in the installation and operation of medical devices (ESMF)	- Capacity building - Monitoring-evaluation	2. Circular letter 3. Technical training/workshop 4. Dissemination and socialization of Grievance Mechanism 5. Management of complaints/grievance and feedback channels (GM) 6. Field checks (virtual/live)	2. Beginning of the project 3. Irregular meetings 4. Continuous 5. Periodic	- Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Integrated Healthcare Center	- Capacity building for health workers related to medical waste management (ESMF) - Mechanism for managing complaints and feedback (GM)				
Vendors and service providers	Tool provider	- Provision of medical devices with a green industry orientation and low emissions (ESMF)	- Coordination/ socialization	1. Coordination meeting 2. Outreach meeting	1. Periodic 2. Beginning of project	- Secretariat General Directorate - Directorate General of Public Health
	Distributor	- Management of OHS in the distribution, installation and operation of medical devices according to standards (ESMF) - Prevention of gender-based violence in project implementation (ESMF) - Capacity building of health workers related to medical waste management (ESMF) - Information of procurement and distribution plans, including	- Consolidation (price, specification, maintenance, warranty, etc.) - Monitoring-evaluation	3. Consolidation (referring to the catalogue and contract documents) 4. SIM data processing 5. Field checking (virtual/live)	3. Beginning of project 4. Ongoing 5. Periodic	- Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		calibration and maintenance of medical devices (Project Doc.)				- Directorate General of Pharmaceuticals
	Expedition	<ul style="list-style-type: none"> - OHS management in the distribution and installation of medical devices according to standards (ESMF) - Prevention of gender based violence in project implementation (ESMF) - Information of distribution plans, including maintenance of medical devices (Project Doc.) 	<ul style="list-style-type: none"> -Coordination/ socialization - Monitoring-evaluation 	<ol style="list-style-type: none"> 1. Coordination meeting 2. Socialization meeting 3. SIM data processing 4. Field checking (virtual/live) 	Prior to the utilization of service	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Waste management company	Increasing the capacity of health workers related to medical waste management (ESMF)	Coordination/socialization	<ol style="list-style-type: none"> 1. Coordination meeting 2. Outreach meeting 	<ol style="list-style-type: none"> 1. Periodic 2. Beginning of the project 	- Secretariat General Directorate

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						<ul style="list-style-type: none"> - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Society/ Patient	Patient	<ul style="list-style-type: none"> - OHS risk Information in the operation of medical devices (ESMF) - Information in the use of medical devices in health services (Project Doc.) - Mechanism for managing complaints and feedback (GM) 	<ul style="list-style-type: none"> - Socialization - Complaint/ complaint channels - Outreach by the Cadres - Use local language to individual/ community with language barrier 	<ol style="list-style-type: none"> 1. Publication of socialization of health and safety equipment for the community 2. Publication of socialization related to the project in general 3. Dissemination and socialization of Grievance Mechanism and feedback channels 	<ol style="list-style-type: none"> 1. Periodic 2. Beginning of the project 3. Ongoing 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes
	Mother and child					
	Elderly					
	People with disabilities					
	Low Income Communities (MBR)					
	Indigenous Community					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						- Directorate General of Pharmaceuticals
Consultant	Consultant	Procurement Information and Distribution Plan (Project Doc.)	Coordination	Coordination meeting (offline/online)	Periodically	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
Cadre	Cadre	<ul style="list-style-type: none"> - Management of OHS in the operation of medical devices (ESMF) - Mechanism for managing complaints and feedback (GM) 	<ul style="list-style-type: none"> - Outreach/consultation - Capacity building - Channels for complaints/complaints - Monitoring-evaluation 	<ol style="list-style-type: none"> 1. Public outreach/consultation meeting 2. Publication of OHS socialization of medical devices for cadres 3. Technical training/workshop/ refreshment (referring to the cadre training module) 4. E-learning (on online platforms) 5. Dissemination and socialization of Grievance Mechanism and management of complaints/complaint channels and feedback (GM) 6. Field check (virtual/live) 	<ol style="list-style-type: none"> 1. Beginning of the project 2. Periodic 3. Periodic 4. Periodic 5. Continuous 6. Periodic 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Professional Organization	Professional Organization; Accreditation Agency	<ul style="list-style-type: none"> - Management of OHS in the operation of medical devices (ESMF) - Capacity building of health workers related to medical waste management (ESMF) - Mechanism for managing 	<ul style="list-style-type: none"> - Outreach and consultation - Coordination - Disclosure of project documents 	<ol style="list-style-type: none"> 1. Outreach/public consultation meeting 2. Coordination meeting (offline/online) 3. Disclosure of project implementation plan 	<ol style="list-style-type: none"> 1. Beginning of the project 2. Periodic 3. prior to and post public consultation, 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		complaints and feedback (GM) - Information of Procurement and Distribution Plan (Project Doc.)	- Involvement in capacity building activities - Complaints/grievance channels	documents and reports (especially safeguards) 4. Technical training/workshop 5. Dissemination and socialization of Grievance Mechanism and management of complaints/grievance and feedback channels (GM)	and whenever updated 4. Irregular meetings 5. Ongoing	- Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Referral Hospital	Referral Hospital	Implementation of health services: health service referral system and waste management (ESMF)	- Coordination - Monitoring-evaluation	1. Coordination meeting (offline/online) 2. SIM data processing 3. Field checking (virtual/live)	1. Periodic 2. Continuous 3. Periodic	General Affair
OTHER INTERESTED PARTIES						
Local government	Health Office (Prov, City/District)	- Disclosure of social and environmental impact management documents (ESMF and SEP, including the grievance mechanism) - Information in the procurement and distribution plan of medical devices according to their respective scope of authority (Project Doc.)	- Socialization and consultation - Coordination - Capacity building (especially related to social and environmental risk management, checking on the management and	1. Outreach/ public consultation meeting 2. Circular letter 3. Coordination meeting (offline/online) 4. Technical training/workshop	1. Irregular meetings 2. Beginning of the project 3. Periodic 4. Irregular meetings	- Public Health Sector - Health Services Sector - Planning Sector - P2P Sector

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		- Preparation, outreach, and implementation of complaints and feedback management (GM)	utilization of medical devices) - Monitoring-evaluation	5. Dissemination and socialization of Grievance Mechanism and management of complaints/complaint and feedback channels (GM) 6. SIM data processing 7. Field checking (virtual) /direct)	5. Continuous 6. Continuous 7. Periodic	
	Head of village/lurah	Information in the procurement and distribution plan for medical devices at the village/ <i>kelurahan</i> level (Project Doc.)	- Socialization and consultation - Coordination	1. Outreach meeting/public consultation 2. Coordination meeting (offline/online)	1. Irregular meetings 2. Periodic	- Public Health Sector - Health Services Sector - Planning Sector - P2P Sector
International Institution	WB	- Disclosure of social and environmental impact management documents (ESMF and SEP, including grievance mechanism) - Information of medical device procurement and distribution plans (Project Doc.) - Implementation of complaints and feedback management (GM)	- Coordination - Disclosure of project documents - Monitoring - evaluation	1. Coordination meetings (offline/online) 2. Disclosure of plan documents and project implementation reports (especially safeguards) 3. Reporting on management of complaints/grievance	1. Periodic 2. Periodic 3. prior to and post public consultation, and whenever updated 4. Continuous 5. Periodic	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes
	ADB					
	AIIB					
	WHO (Medical Equipment Consultant)					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
				channels and feedback (GM) 4. SIM data processing 5. Involvement in field checks (virtual/ direct)		- Directorate General of Tenkes - Directorate General of Pharmaceuticals
Civil Society	NGO	- Information of Procurement and Distribution Plan (Project Doc.) - Information of Medical Equipment Utilization in Health Services (Project Doc.) - Mechanism of complaint management and feedback (GM)	- Identification of institutions - Outreach/consultation - Disclosure of project documents - Complaints/grievance channels	1. Mapping of credible NGOs (long-list / short-list) 2. Outreach/ public consultation meetings 3. Disclosure of project implementation plan documents and reports (especially safeguards) 4. Dissemination and socialization of Grievance Mechanism and management of complaints/grievance channels and feedback (GM)	1. Beginning of the project 2. Beginning of the project 3. prior to and post public consultation, and whenever updated 4. Ongoing	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Media	Media	- Information in Procurement and Distribution Plan (Project Doc.) - Information in Medical Devices	- Outreach/consultation - Disclosure of project documents	1. Outreach meeting/public consultation 2. Disclosure of project implementation plan	1. Beginning of the project 2. prior to and post public consultation,	- Secretariat General Directorate

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		Utilization in Health Services (Project Doc.)		documents and reports (especially safeguards)	and whenever updated	<ul style="list-style-type: none"> - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Community organization	Religious Organizations	<ul style="list-style-type: none"> - Information in Procurement and Distribution Plan (Project Doc.) - Information in Medical Devices Utilization in Health Services (Project Doc.) 	<ul style="list-style-type: none"> - Outreach/consultation - Field visit/direct approach - Disclosure of project documents 	<ol style="list-style-type: none"> 1. Public outreach/consultation meeting 2. Direct approach to informing project activities 3. Disclosure of project plan documents and project implementation reports (especially safeguards) 	<ol style="list-style-type: none"> 1. Beginning of the project 2. Periodic 3. prior to and post public consultation, and whenever updated 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						Directorate General of Pharmaceuticals

TABLE SUMMARY OF THE STAKEHOLDER ENGAGEMENT PLAN FOR THE SIHREN COMPONENT

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
PROJECT AFFECTED PARTIES						
Hospital	Referral Hospital	<ul style="list-style-type: none"> - Program planning (Project Doc.) - Project readiness criteria for improvement of facility and waste management (ESMF): - Distribution and installation Public health facilities - Socialization of OHS risks in the operation of Monitoring and Evaluation tools (ESMF) - Procedures for handling complaints or feedback (GM) - Disclosure of Safeguard documents (ESMF and SEP) 	<ul style="list-style-type: none"> - Coordination of data and human resources - Monitoring and evaluation - Empowerment program - Database development - GM monitoring 	<ul style="list-style-type: none"> - Coordination meeting - Site visit - Service assistance - Capacity building/training - Database development 	<ul style="list-style-type: none"> - Weekly - 1x per month 	Dit. PKR Dit. health facilities
	Supporting Hospital (National, Regional, Diampu)					
	Technical implementation unit (unit pelaksana teknis, UPT) Vertical					
	Hospital (Prov, City/Regency)					
Vendors/ Industry	Medical Equipment Provider Vendors	<ul style="list-style-type: none"> -Request for management of OHS distribution activities, installation and standard management of equipment (ESMF) - Prevention of Gender Based Violence (ESMF) 	<ul style="list-style-type: none"> - Outreach, catalogues, contract documents, consolidation (prices, specifications, maintenance, guarantees, etc.) 	<ul style="list-style-type: none"> - Procurement process - Site visit (virtual or in person) 	At the beginning of the Irregular meetings procurement	PBJ Directorate General. Pharmaceutical Medical Equipment
	Medical Equipment Industry	Medical Equipment catalog for the green category (carbon and non-mercury emissions) (ESMF)	<ul style="list-style-type: none"> - Monitoring - evaluation 			

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
Society/ Patient	Patient	<ul style="list-style-type: none"> - Socialization of OHS risks in the operation of the tool (ESMF) - Mechanism for handling complaints (GM) - Disclosure of Safeguard documents (ESMF and SEP) 	<ul style="list-style-type: none"> - Public consultation - Recruitment/ involvement of the community (women, local community) in renovation activities - Socialization through posters on the OHS risk of tools and approval for the use of tools - Outreach to specific surrounding communities - Use local language to individual/ community with language barrier 	<ul style="list-style-type: none"> - Publication - Consultation forum and outreach program - Recruitment - Letter of Approval for use 	Irregular meetings	Roren
	Women and children					
	General public					
	Communities around the hospital					
	Indigenous peoples, tribal chiefs					
	Public figure					
	Religious leaders					
Consultant	Consultant Accreditation Agency	Procurement Information and Distribution Plan (Project Doc.)	Coordination	Coordination meeting (offline/online)	Periodically	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						Directorate General of Pharmaceuticals
Health workers	Head of Hospital	<ul style="list-style-type: none"> - Occupational Health and Safety Risks Operation of equipment & Maintenance of equipment (ESMF) - Capacity Building Waste management (ESMF) - Procedures for handling complaints or feedback (GM) - Disclosure of Safeguard documents (ESMF and SEP) 	<ul style="list-style-type: none"> - Training by vendors - Preparation of manuals for health workers - Monitoring of the implementation of complaint handling 	<ul style="list-style-type: none"> - Training workshop - Contract documents in Indonesian 	After the tool is received	PBJ
	Kesling program manager at Hospital					
	Complaint committee/unit in Hospital					
	Occupational safety committee/unit					
	Kesling and PPI Hospital					
Local government	Health Office (Prov, City/District)	<ul style="list-style-type: none"> - Socialization of OHS Risks Operation of tools (ESMF) - Dissemination of grievance mechanism, including procedures for handling complaints or feedback (GM) - Disclosure of Safeguard documents (ESMF and SEP) 	<ul style="list-style-type: none"> - Socialization and consultation - Coordination - GM monitoring (Rokomyanlik) - BAST (handover meeting minutes) medical devices 	<ul style="list-style-type: none"> - Outreach meeting, circular letter - Coordination meeting 	Periodically	Roren Rokeu

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
Professional Organization	Professional Organization;	Socialization of OHS risk Operation of tools into the plan: (ESMF) - Preparation of standardized health services (HR, infrastructure) - Provision of specialist staff - Procedures for handling complaints or feedback (GM) - Disclosure of Safeguard documents (ESMF and SEP)	Facilitation of standardization activities Capacity building of health workers for the use of Continuous Ambulatory Peritoneal Dialysis (CAPD) (for kidneys)	Training Workshop coordination meeting	Periodic Irregular meetings	Dit. PKR Directorate General of Health
OTHER INTERESTED PARTIES						
Legislative Body	DPR	- Information and secure central budget/APBN (DPR) - Information and secure regional budget/APBD (DPRD) – for facility rehabilitation	- Discussion of central (DPR) and regional (DPRD) health sector budgets - DPRD consultation to the Ministry of Health regarding rehabilitation - Hospital consultation to DPRD	- Public consultation - Hearing meeting (DPR) for budget discussion - Consultation/hearing meeting	As needed	Roren (Planning Bureau)
	DPRD					
other Ministries / Agencies	Bappenas	- Information of procurement and distribution plans (Project Doc.) - Disclosure of Safeguard documents (ESMF and SEP)	- Coordination - Capacity building	- Coordination meeting - Workshop	-Regular (coordination meeting)	Roren
	Ministry of Industry					
	Ministry of Trade					
	Ministry of PUPR					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
	LKPP				-Irregular meetings (workshop)	
	Bapeten					
Local government	Local officials	<ul style="list-style-type: none"> - Information of procurement and distribution plans (Project Doc.) - Disclosure of Safeguard documents (ESMF and SEP) - Socialization of the grievance mechanism and implementation of complaint handling (GM) 	<ul style="list-style-type: none"> - Socialization and consultation - Coordination - GM monitoring (Communication and Public Service Bureau, Rokomyanlik) - Minutes of Handover (BAST) medical devices 	<ul style="list-style-type: none"> - Outreach meeting, circular letter - Coordination meeting 	Periodically	Roren and Finance Bureau (Rokeu)
	Bappeda					
	Public Works Department					
	Local hospital village/kelurahan government					
International Institution	WB	Procurement Information and distribution plan (Project Doc.)	Coordination	Coordination meetings	Periodically	Global Health and Health Technology (KGTK) Policy Center Unit
	IsDB					
	AiIB					
Association	Gakeslab	<ul style="list-style-type: none"> - Information of procurement and distribution plans (Project Doc.) - Disclosure of Safeguard documents (ESMF and SEP) 	Socialization	Public consultation	Irregular meetings	<ul style="list-style-type: none"> - Directorate General of Yankes - Directorate General of Public Health
	Aspaki					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
NGO	Foundations/NGOs/Asociation certain diseases	<ul style="list-style-type: none"> - Information of procurement and distribution plans (Project Doc.) - Socialization and disclosure of Safeguard documents (ESMF, ESCP and SEP) - Socialization and Dissemination of Project grievance redress mechanism (GRM) 	Socialization	Public consultation	At the beginning of the project implementation	Roren
Media	Media	<ul style="list-style-type: none"> - Procurement Information (Positive framing) (Project Doc.) - Project grievance redress mechanism (GRM) - Safeguard document disclosure (ESMF and SEP) 	Socialization	Public consultation	Irregular meetings	Communication Bureau (Rokom)

TABLE SUMMARY OF THE STAKEHOLDER ENGAGEMENT PLAN FOR THE InPULS COMPONENT

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
PROJECT AFFECTED PARTIES						
Health Laboratory	Labkesmas (Tier 2 and 3)	<ul style="list-style-type: none"> - OHS management in the installation and operation of medical devices (ESMF) - Readiness criteria and capacity building of health workers related to medical waste management (ESMF) - Preparation and planning for installation and operation of medical devices, including rehabilitation of health laboratories (Project Doc.) - Dissemination and implementation of mechanism for managing complaints and feedback (GRM) 	<ul style="list-style-type: none"> - Outreach - Coordination - Capacity building - Monitoring-evaluation 	<ol style="list-style-type: none"> 1. Outreach meeting 2. Circular letter 3. Coordination meeting (offline/online) 4. Technical training/workshop 5. Dissemination and management of complaints/complaints and feedback channels (GRM) 6. SIM data processing/ASPAK updating 7. Field checking (virtual)/direct) 	<ol style="list-style-type: none"> 1. Irregular meetings 2. Beginning of the project 3. Periodic 4. Irregular meetings 5. Continuous 6. Continuous 7. Periodic 	<ul style="list-style-type: none"> - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Pharmaceuticals
	Labkesda (Tier 4 and 5)					
Service Providers and vendors	Principal of Labkesmas equipment	<ul style="list-style-type: none"> - Provision of medical devices with a green industry orientation and low emissions (ESMF) - Information of distribution plans, including maintenance of medical devices (Project Doc.) 	<ul style="list-style-type: none"> -Coordination/socialization - Monitoring - Evaluation 	<ol style="list-style-type: none"> 1. Coordination meeting 2. Outreach meeting 	<ol style="list-style-type: none"> 1. Periodic 2. Beginning of the project 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						<ul style="list-style-type: none"> - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Tool provider	<ul style="list-style-type: none"> - Provision of medical devices with a green industry orientation and low emissions (ESMF) - Management of OHS in the distribution, installation and operation of medical devices according to standards (ESMF) - Prevention of gender-based violence in project implementation (ESMF) - Capacity building of health workers related to medical waste management (ESMF) - Information of procurement and distribution plans, including calibration and maintenance of medical devices (Project Doc.) - Grievance redress mechanism (GRM) 	<ul style="list-style-type: none"> - Coordination/socialization - Consolidation (price, specification, maintenance, warranty, etc.) - Monitoring-evaluation 	<ol style="list-style-type: none"> 1. Coordination meeting 2. Outreach meeting 3. Consolidation (referring to the catalogue and contract documents) 4. SIM data processing 5. Field checking (virtual/live) 	<ol style="list-style-type: none"> 1. Periodic 2. Beginning of project 3. Beginning of project 4. Ongoing 5. Periodic 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Distributor					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
	Expedition	<ul style="list-style-type: none"> - OHS management in the distribution and installation of medical devices according to standards (ESMF) - Prevention of gender based violence in project implementation (ESMF) - Information of distribution plans, including maintenance of medical devices (Project Doc.) - Grievance redress mechanism 	<ul style="list-style-type: none"> - Coordination/ socialization - Monitoring - Evaluation 	<ol style="list-style-type: none"> 1. Coordination meeting 2. Socialization meeting 3. SIM data processing 4. Field checking (virtual/live) 	Prior to the utilization of service	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
	Custom sample sender	<p>Management of OHS in the operation of medical devices according to standards (ESMF)</p> <p>Grievance redress mechanism</p>	Coordination/ socialization	<ol style="list-style-type: none"> 1. Coordination meeting 2. Outreach meeting 	<ol style="list-style-type: none"> 1. Periodic 2. Beginning of the project 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						- Directorate General of Pharmaceuticals
	Waste management company	Increasing the capacity of health workers related to medical waste management (ESMF)	Coordination/ socialization	1. Coordination meeting 2. Outreach meeting	1. Periodic 2. Beginning of the project	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Public	Public	- OHS risk Information in the operation of medical devices (ESMF) - Information in the utilization of medical devices in health laboratories (Project Doc.) - Complaint and feedback management mechanism (GM)	- Socialization - Complaint/complaint channels	1. Publication of socialization of health and safety equipment for the community 2. Publication of socialization related to the project in general 3. Dissemination of grievance mechanism,	1. Periodic 2. Beginning of the project 3. Ongoing	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
				including information on the management of complaints/complaints and feedback channels (GM)		<ul style="list-style-type: none"> - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Consultant	Consultant Biosafety lab assessors, Certificate providers and accreditation agencies	Procurement Information and Distribution Plan (Project Doc.)	Coordination	Coordination meeting (offline/online)	Periodically	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Professional Organization	Professional Organization;	<ul style="list-style-type: none"> - Management of OHS in the operation of medical devices (ESMF) - Capacity building of health 	<ul style="list-style-type: none"> - Outreach and consultation - Coordination 	1. Outreach/public consultation meeting	<ul style="list-style-type: none"> 1. Beginning of the project 2. Periodic 	- Secretariat General Directorate

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		workers related to medical waste management (ESMF) - Mechanism for managing complaints and feedback (GM) - Information of Procurement and Distribution Plan (Project Doc.)	- Disclosure of project documents - Involvement in capacity building activities - Complaints/grievance channels	2. Coordination meeting (offline/online) 3. Disclosure of project implementation plan documents and reports (especially safeguards) 4. Technical training/workshop 5. Dissemination of grievance mechanism, including information on the management of complaints/grievance and feedback channels (GM)	3. prior to and post public consultation, and whenever updated 4. Irregular meetings 5. Ongoing	- Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Referral System	Public health center	Implementation of health services: health service referral system and waste management to higher Tier health laboratories (ESMF)	- Coordination - Monitoring-evaluation	1. Coordination meeting (offline/online) 2. SIM data processing 3. Field checking (virtual/live)	1. Periodic 2. Continuous 3. Periodic	General Affair Directorate
	KKP Laboratory					
Local government	Health Office (Province, City/District); Other Government agencies for permits	- Disclosure of social and environmental impact management documents (ESMF and SEP, including grievance mechanism) - Information in the procurement and distribution plan of medical devices according to their respective scopes of authority (Project Doc.)	- Socialization and consultation - Coordination - Capacity building (especially related to social and environmental risk management, checking on the management and	1. Outreach/public consultation meeting 2. Circular letter 3. Coordination meeting (offline/online) 4. Technical training/workshop	1. Irregular meetings 2. Beginning of the project 3. Periodic 4. Irregular meetings	- Public Health Sector - Health Services Sector - Planning Sector - P2P Sector

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
		<ul style="list-style-type: none"> - Land preparation for the construction of a health laboratory, if not yet available and obtaining the land certificate (Project Doc.) - Preparation, outreach and implementation of complaints management and feedback (GM) 	<ul style="list-style-type: none"> utilization of medical devices) - Monitoring-evaluation 	<ul style="list-style-type: none"> 5. Dissemination of grievance mechanism, including information on the management of complaints/ complaint and feedback channels (GM) 6. SIM data processing 7. Field checking (virtual) /direct) 	<ul style="list-style-type: none"> 5. Continuous 6. Continuous 7. Periodic 	
OTHER INTERESTED PARTIES						
Labkesmas network	Hospital	Implementation of health services: health service referral system and management of waste from/to health laboratories (ESMF)	<ul style="list-style-type: none"> - Coordination - Monitoring-evaluation 	<ul style="list-style-type: none"> 1. Coordination meeting (offline/online) 2. SIM data processing 3. Field checking (virtual/live) 	<ul style="list-style-type: none"> 1. Periodic 2. Continuous 3. Periodic 	General Affair Directorate
	College Laboratory					
	Other laboratories (other ministries/ institutions and private)					
International Institution	WB	<ul style="list-style-type: none"> - Disclosure of social and environmental impact management documents (ESMF and SEP, including grievance mechanism) - Information of medical device procurement and distribution plans (Project Doc.) - Implementation of complaints and feedback management (GM) 	<ul style="list-style-type: none"> - Coordination - Disclosure of project documents - Monitoring-evaluation 	<ul style="list-style-type: none"> 1. Coordination meetings (offline/online) 2. Disclosure of plan documents and project implementation reports (especially safeguards) 3. Reporting on management of complaints/grievance 	<ul style="list-style-type: none"> 1. Periodic 2. Periodic 3. prior to and post public consultation, and whenever updated 4. Continuous 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes
	ADB					
	WHO (Medical Equipment Consultant)					

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
				channels and feedback (GM) 4. SIM data processing 5. Involvement in field checks (virtual/ direct)	5. Periodic	- Directorate General of Tenkes - Directorate General of Pharmaceuticals
Civil Society	NGO	- Information in Procurement and Distribution Plans (Project Doc.) - Information in the Utilization of Medical Devices in Health Laboratories (Project Doc.) - Mechanisms for managing complaints and feedback (GM)	- Identification of institutions - Outreach/consultation - Disclosure of project documents - Complaints/grievance channels	1. Mapping of credible NGOs (long-list / short-list) 2. Outreach/public consultation meetings 3. Disclosure of project implementation plan documents and reports (especially safeguards) 4. Dissemination of grievance mechanism, including information on the management of complaints/grievance channels and feedback (GM)	1. Beginning of the project 2. Beginning of the project 3. prior to and post public consultation, and whenever updated 4. Ongoing	- Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
Media	Media	<ul style="list-style-type: none"> - Information of Procurement and Distribution Plan (Project Doc.) - Information of Medical Devices Utilization in Health Laboratories (Project Doc.) 	- Outreach/consultation - Disclosure of project documents	<ol style="list-style-type: none"> 1. Outreach meeting/public consultation 2. Disclosure of project implementation plan documents and reports (especially safeguards) 	<ol style="list-style-type: none"> 1. Beginning of the project 2. prior to and post public consultation, and whenever updated 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes - Directorate General of Pharmaceuticals
Community organization	Religious Organizations	<ul style="list-style-type: none"> - Information in Procurement and Distribution Plan (Project Doc.) - Information in Medical Devices Utilization in Health Services (Project Doc.) 	- Outreach/consultation - Field visit/direct approach - Disclosure of project documents	<ol style="list-style-type: none"> 1. Public outreach/consultation meeting 2. Direct approach to informing project activities 3. Disclosure of project plan documents and project implementation reports (especially safeguards) 	<ol style="list-style-type: none"> 1. Beginning of the project 2. Periodic 3. prior to and post public consultation, and whenever updated 	<ul style="list-style-type: none"> - Secretariat General Directorate - Directorate General of Public Health - Directorate General of P2P - Directorate General of Yankes - Directorate General of Tenkes

Category	Stakeholders	Topic	Engagement Strategy	Engagement Activities	Time	PIC
						Directorate General of Pharmaceuticals

ANNEX F COPY OF DECREE LETTER FOR FOCAL POINT ESTABLISHMENT

The following is the English Version of Roles and Detail Responsibilities of the Focal Points, attached in the MOH Decree KS.02.03/A/32589/2023 on Appointment of Focal Point for Preparation of SIHREN, SOPHI and INPULS Project, dated July 24th, 2023.





















No	Position	Work Area	Detailed Tasks
1	Secretary of Directorate General of Health Service	Technical of Health Service	<ul style="list-style-type: none"> • Overseeing the loan process of SIHREN project • Conduct planning in calculation of required materials and services for the implementation plan • Conduct improvement/update to the SIHREN Readiness Criteria (RC) based on the Bappenas inputs and update the priority area (Lokus)/needs and units • Support the preparation of SIHREN Activity List document • Coordinate with multiple working units during the project preparation • Prepare the General and Technical Guidelines for the utilisation of government funds in SIHREN project • Provide required data for development of Stakeholder Engagement Plan (SEP) • Periodically report the preparation of SIHREN project loan process • Others related with SIHREN project preparation
2	Facility Director of Health Service		<ul style="list-style-type: none"> • Provide data support for SIHREN project
3	Secretary of Directorate General of Community Health	Technical of Community Health	<ul style="list-style-type: none"> • Overseeing the loan process of SOPHI and InPULS projects • Conduct planning in calculation of required materials and services for the implementation plan • Conduct improvement/update to the SOPHI and InPULS Readiness Criteria (RC) based on the Bappenas inputs and update the priority area (Lokus)/needs and units • Support the preparation of SOPHI and InPULS Activity List documents • Coordinate with multiple working units during the project preparation

No	Position	Work Area	Detailed Tasks
			<ul style="list-style-type: none"> • Prepare the General and Technical Guidelines for the utilisation of government funds in SOPHI and InPULS projects • Provide required data for development of Stakeholder Engagement Plan (SEP) • Periodically report the preparation of SOPHI and InPULS projects loan process • Others related with SOPHI and InPULS projects preparation
4	Director of Community Health Governance		<ul style="list-style-type: none"> • Provide data support for SOPHI and InPULS projects
5	Head of the Goods and Service Procurement Bureau	Procurement of Goods and Services	<ul style="list-style-type: none"> • Prepare the medical equipment procurement package through loans for SIHREN, SOPHI and InPULS projects • Prepare the bidding tender process for medical equipment procurement through loans for SIHREN, SOPHI and InPULS projects • Periodically report for the preparation of SIHREN, SOPHI and InPULS projects loan • Others related with goods/services procurement for SIHREN, SOPHI and InPULS projects
6	Head of the Planning and Budgeting Bureau	Planning and Budgeting	<ul style="list-style-type: none"> • Ensure that funds are available at the beginning of the indicative ceiling for 2024 • Facilitate the revised plan to accelerate the withdrawal of foreign loans in early 2024 (1st quarter) • Coordinate and oversee the overall loan process of SIHREN, SOPHI and InPULS projects • Periodically report the preparation process of SIHREN, SOPHI and InPULS projects loan • Others related with the planning and budgeting of SIHREN, SOPHI and InPULS projects
7	Head of the Finance and Government-owned Goods Bureau	Finance	<ul style="list-style-type: none"> • Ensure that the mechanism for granting assets from foreign loans from the central to the regions used in this loan is in accordance with the applicable financial regulations • Others related with financial of SIHREN, SOPHI and InPULS projects










No	Position	Work Area	Detailed Tasks
8	Head of the Law Bureau	Regulations	<ul style="list-style-type: none"> • Finalize the development of regulation as support for the loans of SIHREN, SOPHI and InPULS projects • Others related with regulations in the implementation of SIHREN, SOPHI and InPULS projects
9	Director of Environmental Health	ESF (Environmental and Social Framework) (for Environmental)	<ul style="list-style-type: none"> • Together with the Technical Assistance from the World Bank, develop the ESCP, ESMF, ESCOP documents • Provide the required data related with the development of ESCP, ESMF and ESCOP documents
10	Secretary, Inspectorate General, Inspector 1 and Inspector 2	Accountability	<ul style="list-style-type: none"> • Oversee and ensure the overall process has been conducted in accordance with relevant regulations • Provide inputs related with accountability

ANNEX G FLOWCHARTS OF THE EXISTING MOH GRIEVANCE MECHANISM CHANNELS (ENGLISH VERSION)

SOP for Complaint Services at Halo Kemenkes											
No	Activity/Task Description	Executor					Applicant	Quality Standard			Notes
		Head of Rokomyanmas	Koor. Kel. Subs. Yanmas	Sub Koor. Kel. Sub-Subs. Dumas	Public Relations Officer	Halo Kemenkes Officer		Completeness	Time	output	
1	Provide direction to the Community Services Coordinator for handling complaints at Halo Kemenkes								2 minutes	Guidance Notes	
2	Give instructions to the Sub Coordinator to be the Person in Charge of Complaint Services							Guidance Notes	2 minutes	Instruction Note	Determination of Officer Working Hours 3 Shifts for 24 Hours on weekdays and Overtime on Saturday-Sunday and/national holidays
3	Assign Public Relation Officers to be supervisors of complaint services							Instruction Note	2 minutes	Assignment Notes	
4	Assign Halo Kemenkes Officer to conduct Complaint Services through various communication channels							Assignment Notes	2 minutes	Assignment Notes	
5	Halo Kemenkes officers receive complaints through various communication channels							Information and Complaints System	2 minutes	Service notes	
6	Halo Kemenkes officers conduct analysis, clarify and answer questions from the public							Information and Complaints System	2 minutes	Service notes	
7	If information and complaints are available, they will be answered directly by officers. If information is not available then a hold/callback will be carried out							Information and Complaints System and officer records	2 minutes	Service notes	If the information/complaint is not available to the officer, the public relations officer (supervisor) searches for the information/complaint up to the sub-coordinator level.
8	Officers input data into the information and complaints system							Information and Complaints System	2 minutes	Service notes	
9	The officer asks again if the caller still needs information or submits a complaint. If not, the officer ends the service							Information and Complaints System	< 60 seconds	A series of complaint services have been carried out	

Telephone Interaction SOP											
No	Activity/Task Description	Executor					Quality Standard			Notes	
		Head of Rokomyanmas	Koor. Kel. Subs. Yanmas	Sub Koor. Kel. Sub-Subs. Dumas	Public Relations Officer	Halo Kemenkes Officer	Applicant	Completeness	Time		output
1	The first step of telephone interaction							e-centrix	30 seconds	the phone rings	
2	The customer calls the service 1500 567							telephone	10 seconds	Greetingsoperator	
2	The clerk records the caller's identity							system READY	< 30 seconds	receive requests for information, suggestions and complaints	
3	The Halo Kemenkes officer conducted an analysis and clarifies the questions from the caller							system READY	< 30 seconds	question clarification	
4	The officer determines the caller's request in the form of information/ suggestions/ complaints							system READY	< 30 seconds	Enter caller data	
5	If the information is available, the officer will answer it directly. If no information is available, a hold/callback will be performed							system READY	< 60 seconds	submission of information, suggestions and complaints. if not available, coordination will be carried out with related units	
6	The officer asked again if the caller still needed information or made a complaint. If not, the officer hangs up the phone							system READY	< 60 seconds	a series of services have been carried out	

SOP for Interaction via Email											
No	Activity/Task Description	Executor					Quality Standard			Notes	
		Head of Rokomyanmas	Koor. Kel. Subs. Yanmas	Sub Koor. Kel. Sub-Subs. Dumas	Public Relations Officer	Halo Kemenkes Officer	Applicant	Completeness	Time		output
1	The first step in interaction is to open the Halo Kemenkes contact center application and the Email menu							system READY	< 30 seconds	Open incoming email	
2	Read and analyze incoming emails by paying attention to the customer's name and address							system READY	5 minutes	Know the information that customers need	
3	Emails that are unclear on whether it is a request of information/ suggestions/ complaints, officers to clarify							system READY	5 minutes	question clarification	
4	Officers respond to information/ suggestions/ complaints to customers when the information is available							system READY	10 minutes	information/ advice/ complaint services	
5	The officers sends the required information to the customer							system READY	10 minutes	information/ advice/ complaint services	
6	If information is not available, coordination is carried out with internal officials and related units							system READY	10 working days	Coordination with related units	
7	If there is a refusal, an SK PPID must be made							system READY	10 working days + 7 Working days	a series of services have been carried out	

Face-to-face Complaint Management Procedures									
No	Activity / Task Description	EXECUTOR				Quality Standard			Notes
		Head of Rokomyanmas	Koor. Kel. Subs. Yanmas	Sub Koor. Kel. Sub-Subs. Dumas	Public Relations Officer	Completeness	Time	output	
1	Provide directions to the Koor. Kel. Subs. Yanmas to create face-to-face complaint activities					Information service activity plan	5 minutes	Directional note from Karokomyanmas	
2	Instructed the Sub Koor. Kel. Sub-Subs. Yanmas to make face-to-face complaints					Directional note from Karokomyanmas	5 minutes	Instruction notes from the Koor. Kel. Subs. Yanmas	
3	Sub Koor. Kel. Sub-Subs. Yanmas assigned the Public Relations Officer to be the officer who receives complaints					Instruction notes from the Koor. Kel. Subs. Yanmas	60 minutes	Task notes	
4	Determine staff schedules					Task notes	30 minutes	work schedule	schedules are carried out on working days and working hours
5	Carry out complaints services in the place provided					service records	60 minutes	Assistance and guidance	
6	Carry out follow-up complaints by writing to the relevant unit, writing a reply letter to the complainant after receiving a reply letter from the relevant unit					Assistance and guidance	60 minutes	Complaint service	
7	Carry out the general administration of all series of complaints recorded					Assistance and guidance	60 minutes	Notes	