



**GLOBAL
PARTNERSHIP FOR
SOCIAL
ACCOUNTABILITY**

THIRD GLOBAL CALL FOR PROPOSALS

PROJECT PROPOSAL PAPER

FOR

GPSA GRANT

US\$ 732,000

TO

AKATIGA FOUNDATION

INDONESIA

FOR A

**Women's Voices in the Monitoring and Improvement of Universal health
Care Insurance Services**

May 1, 2016

DATA SHEET

Indonesia

Women's Voices in the Monitoring and Improvement of Universal health Care Insurance Services

Small RETF Grant Project Paper

East Asia and Pacific

HUMAN DEVELOPMENT

Basic Information									
Date:	May 1, 2016			Sectors:	Health 100%				
Recipient: Akatiga Foundation									
Executing Agency: Akatiga Foundation									
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Project Financing Data(US\$M)									
<input type="checkbox"/> Loan	<input checked="" type="checkbox"/> Grant		<input type="checkbox"/> Other						
<input type="checkbox"/> Credit	<input type="checkbox"/> Guarantee								
Expected Disbursements (FY/US\$)									
Fiscal Year	Year 1	Year 2	Year 3	Year 4					
Annual	219,600	183,000	183,000	146,400					
Cumulative	219,600	402,600	585,600	732,000					
Project Development Objective(s)									
The objective of the project is to contribute to improving access to and quality of health services delivery for poor and vulnerable population in selected districts of Indonesia through a citizen feedback mechanism aimed to inform and support health providers' responsiveness and policy improvements at facility, district and central levels.									
Components:									
Component Name:								Cost (US\$)	
Component 1: Capacity-Building and Development of Citizen Feedback Mechanism in Health								292,800	
Component 2: Implementing Citizen Feedback Mechanism and Joint Monitoring of Service Providers' Responsiveness								292,800	
Component 3: Improving Knowledge and Learning on Social Accountability in the Indonesian Health Sector								146,400	

I. PROJECT DEVELOPMENT OBJECTIVES

A. PDO

The objective of the project is to contribute to improving access to and quality of health services delivery for poor and vulnerable population in selected districts of Indonesia through a citizen feedback mechanism aimed to inform and support health providers' responsiveness and policy improvements at facility, district and central levels.

The PDO will be achieved by: (a) increasing poor and vulnerable health users' access to and effective utilization of the public health insurance system, (b) generating timely and useful data on health users' utilization of services and linking it to service providers' management information systems, and (c) engaging constructively with health service providers and public health institutions for collaborative problem-solving in health service delivery.

The project will address specific challenges related to health users' education about utilization of health services, such as accessible information about rights, procedures and access to frontline services; effective implementation of Universal Health Care Insurance Services (UHCIS) and identification of problems along the service delivery chain, particularly by comparing the gaps between health policies and regulations and their application at the point of service delivery. The project will build the capacities of project partners Akatiga Foundation and Muslimat NU for social accountability in health by setting up a system that may be sustained beyond the project's lifetime. At the central level, the project will generate knowledge to inform the scaling up of citizen feedback mechanisms in public health service delivery programs.

B. Project Beneficiaries

The Project's direct beneficiaries include: In the first year, the project will directly target project partner Muslimat NU's members (around 9,700 households) to pilot the citizen feedback mechanism in nine Districts located in 5 provinces with Muslimat NU's branch offices: West Java (Bandung City, Tasikmalaya, Kuningan); Central Java (Tegal, Pati, Banyumas); East Java (District Jombang, Banyuwangi, Sidoarjo); North Maluku (Central Halmahera); and South Sulawesi (Bantaeng, Maros). Based on the pilot's results, the project will progressively expand the number of target beneficiaries in Years 2-4 covering an estimated 4 million households by the end of the project. The project will also benefit the Social Security Administration Agency (BPJS), the Ministry of Health (MoH), and the National Development Planning Agency (Bappenas) who will use the information to improve access to and quality of health services.

Additionally, project partner Muslimat NU will directly benefit from the project's institutional strengthening activities aimed to build members' capacities for social accountability in the health sector.

The Project's indirect beneficiaries include: (a) household members of direct project beneficiaries (health users participating in the project); (b) other health sector institutions and programs that will benefit from the information generated by the project, and by the project's monitoring, knowledge and learning activities, such as policy dialogues and joint problem-solving sessions; (c) other key health sector stakeholders, including other CSOs and professional associations that will be engaged in project activities at district and national levels.

II. PROJECT DESCRIPTION

A. Project Components

Component 1: Capacity-Building and Development of Citizen Feedback Mechanism in Health

The objectives of this component are (i) to develop a citizen feedback mechanism for the systematic collection of poor and vulnerable health users' feedback on service access and quality, (ii) to discuss and validate this mechanism with relevant health sector institutions, and to agree on a collaborative framework for its implementation; and (iii) to build project partners' capacities to carry out the monitoring of health services.

The main component activities will consist of:

- (a) Developing a citizen feedback mechanism based on i) users' understanding of rights and procedures, ii) (preventative and curative) service experience and treatment, and iii) gap between experience/supply-side readiness and responsiveness, and procedures in written regulation
- (b) Setting up a data management system using data coding that may be interfaced with health management information systems (e.g. health users' identification numbers)
- (c) Elaborating and delivering a capacity-building plan for volunteer cadres.
- (d) Setting up collaborative arrangements with public sector institutions, including the Social Security Administration Agency (BPJS), Ministry of Health (MoH), and National Development Planning Agency (Bappenas)

Component 2: Implementing Citizen Feedback Mechanism and Joint Monitoring of Service Providers' Responsiveness

The objective of this component is to generate systematic health users' feedback on health services' access and quality that may contribute to introducing improvements along the service delivery chain and increase utilization and quality of services for poor and vulnerable health users.

The main component activities will consist of:

At the local level:

- (a) Educating Muslimat NU's members about the health insurance system's benefits, service standards and procedures.
- (b) Identifying health users in poor/vulnerable situation and assisting them through their experience in accessing preventative and curative health services
- (c) Inputting data into data management system; identifying solutions to service bottlenecks and joint monitoring of follow-up actions with service providers (Local Governments, primary healthcare centers and hospitals), district health agencies and central-level stakeholders.

At the national level:

- (d) Linking citizen feedback system with service providers' preventative and curative services' data (including claims)
- (e) Implementing collaborative framework with health institutions by regularly sharing health users' data and jointly monitoring follow-up actions to introduce improvements along the service delivery chain and policy improvements
- (f) Organizing periodic policy dialogues with key health stakeholders (e.g. Indonesian Association of Doctors, Indonesian Hospital Association, JKN Monitoring Forum, donors, etc.)

Component 3: Improving Knowledge and Learning on Social Accountability in the Indonesian Health Sector

The objective of this component is to establish an internal adaptive knowledge and learning process to regularly adjust project implementation based on experience, and to generate K&L for external dissemination amongst key stakeholders.

The main component activities will consist of:

- (a) Designing and implementing the project Monitoring, Evaluation and Learning (MEL) System
- (b) Conducting regular internal project MEL sessions focused on adjusting the project's social accountability strategy and operations
- (c) Developing and implementing a media and communications plan for disseminating the project's K&L products to key target audiences

B. Project Financing

The financing instrument elected for this project is a Recipient Executed Trust Fund (RETF) Grant. The source of financing for this Grant is the Global Partnership for Social Accountability (GPSA), housed within the World Bank. As per World Bank Trust Fund guidelines, given that this Trust Fund is smaller than US\$5 million this Project is

subject to World Bank procedures related to project preparation and supervision of Small RETF Grants. The Project cost is estimated to be US\$732,000 to be financed completely by the GPSA grant. Additionally, the World Bank will commit an annual Project supervision budget in the amount of US\$20,000.

Project Costs	Total Project Cost (US\$)	GPSA Grant Financing (US\$)	CSO Financing (US\$)	WB Financing* (US\$)	GPSA Financing (%)
Component 1	292,800	292,800	0.0	0.0	100
Component 2	292,800	292,800	0.0	0.0	100
Component 3	146,400	146,600	0.0	0.0	100
Total Base Cost	732,000	732,000	0.0	0.0	100
Other costs	80,000	0.0	0.0	80,000	0
Total Project Cost	812,000	732,000	0.0	80,000	90%
* Annual World Bank Project supervision budget of US\$20,000.					

IMPLEMENTATION

A. Implementation Arrangements

Project Implementing Agency: AKATIGA Foundation will be the lead project implementing agency. As such, it will be responsible for overall project coordination, project preparation, financial management and reporting, tools and database system development, data analyses, preparation of policy notes, and other written materials on lessons learned based on project implementation.

AKATIGA has extensive experience on project management and evaluation for public sector institutions and donors. Past work includes evaluations of community-driven development, public service delivery -including in the health sector- and social accountability projects in Indonesia.

AKATIGA Foundation has identified Muslimat NU as its main partner for project implementation. Muslimat NU will be responsible for organizing fieldwork with volunteer cadres, field monitoring and coordination of local-level dialogues with key stakeholders. will finalize MOUs with implementing agency and oversight bodies but the preparation and discussion are the responsibility of both organizations, perform branch consolidation, conduct field monitoring and hold Local level discussion

Muslimat NU is the largest faith-based women organization in Indonesia. Established 70 years ago, Muslimat NU has 554 branches in 33 provinces, 5.222 sub-branches in the sub-districts and is present in 36.000 villages with around 22 million members. Muslimat has extensive experience in social service delivery and cooperation with the government on social services project such as the Mother and Child Health Program and the Early Childhood Development Program.

Both organizations will jointly execute certain project activities, including training and field preparation, central level discussions, and dissemination of results. An implementation agreement spelling out each parties' roles and responsibilities will be signed between both organizations. AKATIGA Foundation will retain the project's overall fiduciary responsibility before the World Bank.

Flow of Funds: AKATIGA will directly draw down on the Designated Account in order to ensure smooth flow of funds for implementation of Project activities. An Indicative Schedule of Advanced Payments and Final Reimbursement will be included in the Disbursement Letter. Requests for withdrawal of Grant funds will be made in accordance with a schedule (milestones) agreed between AKATIGA and the World Bank.

B. Results Monitoring and Evaluation

AKATIGA and the World Bank will monitor the PDO level indicators, as well as implementation and outcomes of activities supported by each project component. Consistent with the GPSA's MEL approach, the project's progress will be assessed against milestones and outcomes achieved. The project will produce semi-annual and annual technical reports for this purpose, which will also inform the disbursement of funds. AKATIGA will rely on the MEL framework to provide valuable information for decision making, to improve the project's performance and to determine how the project achieves its goals and objectives. With this in mind, resources have been adequately budgeted specifically for MEL activities.

C. Sustainability

The project expects the citizen feedback mechanism to continue functioning beyond the project's lifetime. The proposed mechanism would be sustained by joint data collection from CSOs and health sector institutions. The mechanism would continue to inform health service delivery improvements based on direct health users' feedback on service experiences. The project expects to test and iterate a mechanism that can generate rigorous data that may be interfaced with health management information systems. The system could be adapted for use by health institutions and civil society organizations in Indonesia.