

INDONESIA EMERGENCY RESPONSE TO COVID-19 - ADDITIONAL FINANCING

Fiduciary Systems Assessment - Addendum

April 2021

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I. FIDUCIARY SYSTEM ASSESSMENT (FSA) ADDEDUM SUMMARY

1. An integrated Fiduciary System Assessment (FSA) for Emergency Response to COVID-19 Program was carried out in Ministry of Health (MoH). The FSA was completed in May 2020. The Program became effective in July 2020. Based on the performance of the program on fiduciary arrangement, the residual fiduciary risk for additional financing is remain Substantial the same as the Parent Program.
2. This Addendum FSA focuses on the existing performance of the Program as it related to fiduciary systems, status of the risks and mitigating measures, review of the progress Program Action Plan (PAP) and the fiduciary risks assessment of the proposed additional financing.
3. The FSA update has concluded that the program fiduciary systems continue to provide reasonable assurance that the financing proceeds will be used for intended purposes, with due attention to the principles of economy, efficiency, effectiveness, transparency, and accountability, subject to implementation of the recommended fiduciary actions as outlined in the Program Action Plan of the original program. The Update FSA has also concluded that there are no high-value contracts under the AF that are expected to fall under OPRC's review threshold.
4. **Fiduciary risk and mitigation measures.** The programs follow existing government fiduciary control. The key fiduciary risks under the AF program include: i) planning and budgeting of the program; ii) significant budget implementation; iii) requirement for continues oversight on Program implementation; (iv) lack of availability in the local and international markets of the urgently needed medical equipment and supplies due to high demand across the world and disruptions in supply chains; ; and v) inadequate verification by procurement officer/commitment making officer of MoH to check into the Bank's debarment lists and temporary suspended list before contract award.
5. The procurement procedure of program pharmaceuticals and supplies used by MOH have been analyzed and judged to be complex resulting in long lead times and drugs that are close to expiry. Routine vaccines are procured using the national budget Anggaran Pendapatan dan Belanja Negara funds (ABPN). All procurement that uses APBN must use the Indonesian Government Procurement System (IGPS). Despite being eligible to procure vaccines internationally through low-cost platforms such as those of UNICEF, Indonesia prefers to use its domestic preference policy and contract BioFarma, an Indonesian SOE manufacturer prequalified for vaccines by the WHO, though vaccine prices are much higher than the prevailing market prices. However, the procurement of vaccines is not included in the proposed AF program's boundary.
6. The mitigation measures for the fiduciary risks mentioned above will continue under the AF : i) continue coordination for better planning and budgeting; ii) continue ensuring sufficient fiduciary capacity in place to implement the budget; iii) continue program oversight especially for major expenditures of the program; iv) continuously carry out market analysis to identify potential sources of supply in the local and international markets and use the streamlined methods for emergency procurement allowed under the national procurement regulations; v) procurement officers/commitment making officers of MoH are required to check the World Bank's debarment and temporary suspension lists and records in evaluation report prior to contract award, and vi) continue inform the Bank promptly of all credible and material allegations or other indications of Fraud and Corruption (F&C) in connection with the Program that come to its attention, together with the

investigative and other actions that MOH proposes to take, and provide the Bank, on a semi-annual basis, a report on allegations of F&C under the Program received and registered during such period, as well as any related investigations and actions taken. The Program Action Plan under Parent Program will continue be applied under AF.

II- THE FSA UPDATE

- 7. The objective of the Additional Bank-financed COVID-19 emergency response Program for Results (the Program) is maintained to be the same;** to prevent, detect and respond to the threat poses by COVID-19 and strengthen national systems for public health preparedness in Indonesia. The scope of the Program is on the health sector subset of the country's emergency response to the COVID-19 outbreak will still be maintained. There are three additional programs within the expanded scope of the AF: 1) improve hospital and health system readiness, and maintaining essential non-Covid health services; 2) strengthen public health laboratory, surveillance and supply chain and 3) enable communication and coordination for emergency response and the vaccine delivery. This addendum covers areas on financial management, procurement system rule and procedures as well as Fraud and Corruption and compliant handling mechanism. The existing PDO level indicators will also remain unchanged. However, the target values will be updated to account for the current achievements and extended duration of the program. An additional PDO level outcome indicator will be added, on increased population immunity to COVID-19 as measured by the number of persons who have received free vaccination with an eligible vaccine. Total financing of the AF Program is US\$ 3,700 million, consist of Government of Indonesia of US\$ 2,455.1 million, loan US\$ 500 million from the Bank, loan US\$ 500 million from AIIB (Asian Infrastructure Investment Bank) and about US\$ 235 million (200 million Euro) from German Development Bank (KfW) and a grant from the Department of Foreign Affairs and Trade, Government of Australia (DFAT) for US\$ 9.9 million, which will bring the total Program financing to USD 3,700 million. DFAT's grant will be administered by the Bank. Specifically, DFAT will co-finance the achievement of DLRs 11.2, 12.2 and 14.2 with allocation of US\$ 3.3 million for each DLR. For the initial contribution to this trust fund, DFAT has allocated US\$ 740,000. The rest of the contributions will be provided by August 2021 and the value of the grant agreement will then be amended to its full value of US\$ 9.9 million. The Program is implemented using Multiphase Programmatic Approach (MPA) with focus on strengthening key aspects of Indonesia's emergency response. The duration of the Program is proposed to be extended up to December 31, 2022 (the original closing date is October 31, 2021).
- 8. Information collection and methodology.** The information for this FSA Addendum were gathered through the implementation support and midterm review (virtual) missions as well as the meetings during AF preparation with officials and staff from all participating DGs and Directorates of MoH. The fiduciary team also received information on (i) FY 2020 DIPA of Ministry of Health (MoH) realization; (ii) FY 2021 MoH DIPA allocation; (iii) FY 2019 annual audit report of MoH; (iv) information on internal audit conducted by IG MoH on program implementation; (iv) procurement and contracts data under Parent Program provided by MoH in addition to data available in MoH's website. At the assessment update stage, based on limited information provided by MoH, the procurable expenditure for AF will mainly cover Personal Protective Equipment (PPE), PCR and rapid antigen testing, ventilator, cold storage and cold chain logistics, and refrigerator for public health facilities. Regarding the procurement data for similar type of goods to be procured by MoH under AF, the Bank was able to collect publicly available procurement data from MoH's e-procurement system website. The Bank

team also requested Inspectorate General of IG MoH for access to report on internal audit conducted for major expenditures under the program such as (a) payment of health service claims; (b) operational financial supports for vertical hospitals; and (c) payment on incentives and death compensation for health workers; and (d) procurement as part of the PAP.

9. **Expenditures framework.** The expenditure framework has been adjusted to reflect the cost of new activities on results to achieve the PDO and enhance the impact of the parent COVID-19 PforR. The proposed DLIs to be added under this AF include (i) Assess and plan actions to **address gaps in supply chain and logistics for maintaining the cold chain** for storage and distribution of vaccines; (ii) Human Resource Capacity Building and Managing unintended impact of COVID response on essential non-COVID health services; (iii) Vaccine prioritization and distribution is based on pre-determined, fair and objective criteria; ; and (v) pharmacovigilance system is in place to report adverse events in a timely manner.
10. **Implementation arrangements.** The existing implementation arrangements will be slightly adjusted with the inclusion of the immunization sub-directorate and directorate of public drugs and health supplies in MoH.
11. **Procurement performance under Parent Program and updated Procurement Profile under AF.** Procurement under the Parent Program consists mainly of procurement of goods of a total amount of US\$ 125 million. In terms of procurement method, 98% of total packages follow e-purchasing while tender (open tender and fast tender) and non-tender (direct contracting and direct procurement) represent less than 1% respectively. The profile of procurable expenditures under the envisaged AF will be mainly procurement of medical equipment such as Personal Protective Equipment (PPE), PCR and rapid antigen testing, ventilator, cold storage and cold chain logistics, and refrigerator for public health facilities. Procurement spending under AF is not expected to exceed 20% of the total Program expenditure. No contract is expected to fall under OPRC's review threshold. More specifics about the procurement profile under the Program are provided in the Fiduciary System Assessment (FSA). Procurement under the Program is to be carried out at central level under responsibility of Ministry of Health. MoH has recent experience in managing Bank-financed PforR projects through the ongoing I-SPHERE and Parent Program for Emergency Response to Covid-19.

III- PROGRAM FIDUCIARY ARRANGEMENTS

The fiduciary arrangements for the AF remain the same as the original program. The fiduciary arrangements and the performance to date are summarized below:

12. The Program fiduciary under Parent Program has performed well so far. Since the Program effectiveness on July 8, 2020, implementation support and midterm review missions have been conducted to follow up on progress on the Program implementation and PAP completion.
13. **Financial Management: The existing financial management arrangements remain the same and are considered acceptable for the purpose of the Program implementation.** Planning and budgeting, budget execution, accounting and reporting treasury management and funds flow, internal control, record keeping, and document management, internal audit and external auditing arrangements continued as the parent program. On the accounting side, it was noted that the MOH was able to

identify (tag) the Program expenditures, and based on the information provided, the MOH has realized 93.8 percent (or about US\$ 1.9 billion) of the entire program allocation in FY2020. The biggest expenditure items within the amount spent are vertical hospital claims expenditures, and incentives for health workers, totaling US\$ 1.7 billion. Furthermore, most of the DLIs due in 2020 under the PforR have been achieved, which brings disbursement of the Program to US\$212.5 million (US\$ 425 million in total, including AIIB contribution) or about 85 percent of the loan allocation. Although the exact disaggregated spending for specific line items forming part of the total Program expenditures is not yet known at this stage, the known expenditure on vertical hospital claims and health workers incentives already significantly exceeds the total financing from IBRD and AIIB. It is expected that final Program expenditure will be more or less similar in performance to the overall government program that disbursed at 93.8 percent of the final budget allocated. BPKP is maintained as the independent verification agent who will review the DLI achievement of the Program, including the Additional Financing. Oversight has also been conducted by the Inspectorate General (IG) MOH on vertical hospital claims expenditures, incentive for health workers, and the procurement process related to the COVID-19 pandemic. Report on oversight is requested but has not been provided to date.

14. In the FY2021 (January to December 2021) budget document, the financing for the GOI COVID-19 handling and vaccination Program through the MOH is IDR 52.7 trillion or approximately US\$3.7 billion (this financing is projected to cover FY2021 and FY2022 expenses), which excludes any purchase of vaccines that forms part of the overall government program. In general, the distribution of financing of the GOI program will be supported by the AF, with the main exception being funds for procurement of vaccines, and about 85 percent of the financing is through line items similar to the distribution of its parent Program, though some of the same line items will also cover expenditure on vaccine deployment. The largest share of Program boundaries (59 percent, or US\$2.2 billion) includes funds allocated to DG Health Service to finance health service claims including reimbursement for treatment of AEFI cases, strengthen the health infrastructure at the MOH hospitals, and provide operational (management and financial) support for 38 vertical hospitals under the responsibility of DG of Health Services, for COVID response as well as vaccination services carried out by them. The next large share of funds (14 percent) is allocated for the Health and Human Resource Unit mainly to provide incentives for the frontline health workers in COVID-19 response and compensation for those who have died. Around 7 percent is allocated to finance the supplies and consumables for COVID-19 response and vaccination (excluding the cost of vaccines) and includes rapid diagnostic antigen test, PPE and surgical masks, and the supply chain logistics and delivery of these items, under DG Disease Prevention and Control. About 15 percent of the Program boundary, or US\$534 million, is allocated for new line items that include (a) genome sequencing, lab surveillance, and clinical research under DG Health Research and Development and (b) vaccine distribution under DG Pharmaceuticals and Medical Devices.
15. Given that the IBRD, AIIB, KfW, and DFAT financing together represents only 31 percent of the Program size and the Program boundary itself is much smaller than the expected budget allocation for the MOH, any deviation in the MOH budget is unlikely to affect the operation. For the parent Program, as indicated above, report on oversight conducted by IG MOH is requested and has not been received to date. Currently, access to IG MOH report on Program oversight and update of follow-up action status is requested as one of the PAP. The first audit of the Program will be for FY 2020 (January to December 2020) Program implementation which will be due in September 2021. In general, Program funds disbursement will also remain the same as the parent Program with the exception of the grant financing from DFAT. The Program funds are disbursed to the Government's account at

Central Bank upon achievement of the DLIs/DLRs. From the PforR perspective, grant funds will be disbursed as part of the Program when DLRs 11.2, 12.2 and 14.2 are achieved and verified, and thereafter form part of GOI's own funds. However, from the GOI perspective, this will follow rules of a "direct grant" modality in the GOI, wherein the DFAT contribution will be transferred to a separate account owned by the MoH. The utilization of the DFAT fund will be managed directly by MoH but should be reported and accounted on regular basis to the Government treasury system (SPAN). The expenditures will be reported as part of MoH financial statement and its implementation is subject to internal audit by IG MoH and external audit by BPK.

16. Based on the original FSA, risks were identified particularly in the area of planning and budgeting, budget implementation and oversight due to significant increase of MoH budget for FY 2020 and FY 2021. To mitigate these risks the proposed actions were (i) to continue robust coordination for planning and budgeting process within MoH; (ii) to continue support for strengthening fiduciary capacity; (iii) IG MoH to conduct internal audit on major expenditures of the Program. Although no detail information on improvement on planning and budgeting coordination and supplementary support to strengthen the capacity of MoH, the recent information indicated that MoH has realized 95% of its FY 2020 budget. Based on the information received from IG MoH in November 2020, the monitoring has started periodically since March up to October 2020. Report on oversight conducted by IG MoH is requested as part of semi-annual PAP in this AF.
17. **Procurement Performance under Parent Program.** The procurement activities under the program which are mainly procurement of goods that are urgently required for Covid-19 response have been carried out by MoH in accordance with the Presidential Regulation (*Perpres*) No. 16/2018 on Government Procurement Regulation, its technical guidelines and also LKPP's circular letter No.3/2020 emphasizing the need for expediting procurement process in response to Covid-19 as well as highlighting the streamlined emergency procurement procedures available under the existing *Perpres*. The analysis of the information provided by MoH regarding procurement and contract profile under parent program including procurement of Personal Protection Equipment (PPE), rapid test, masks, and any other consumables related to response covid-19, shows that majority of procurement under the program follow e-purchasing (e-catalogue), about 5075 packages or 98 % of total packages while tender (including fast tender) and non-tender (direct contracting and direct procurement) are 47 and 53 packages respectively, which is about 1% of total packages as can be seen in Figure 1 below. This reveals that even though the government regulation allows streamlined procurement process under emergency situation such as through direct contracting, most of Procurement Service Working Unit (Pokja UKPBJ)/Commitment Making Officer (PPK) still hesitate to adopt this flexibility due to sensitive issue of the use of non-tender method and the overall risk-averse and compliance-oriented environment in the country. In term of total amount of procurement, it appears that the large actual budget spending procured through e-purchasing equivalent to US\$ 105 million, tender (including fast tender) is equivalent to US\$ 19.8 million and non-tender is equivalent to US\$ 759k as shown in Figure 2 below. There are only two small civil works less than US\$50k for renovation and maintenance of building to support facilities of isolation room while two small non-consulting services for arranging coordination meeting (less than \$50k each) were also procured under the project.

Figure 1 Number of Procurement Packages Based on Procurement Method

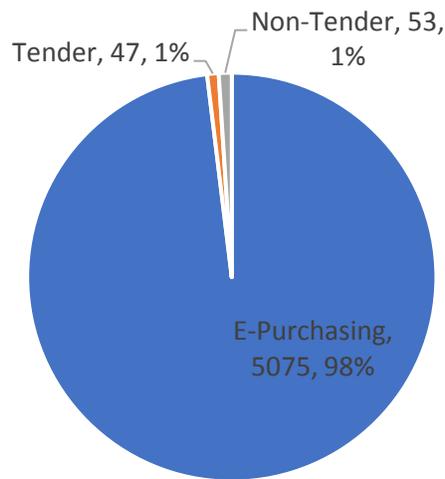
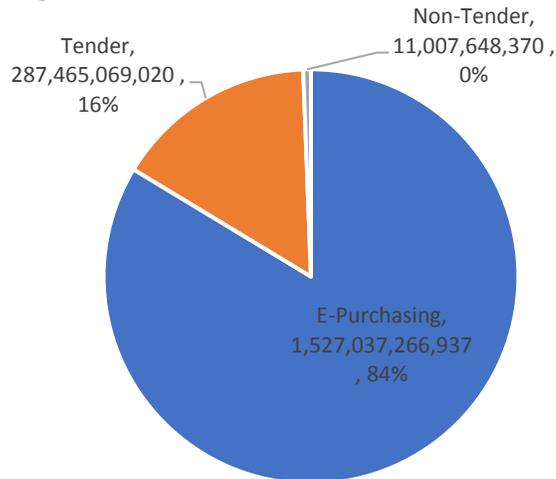
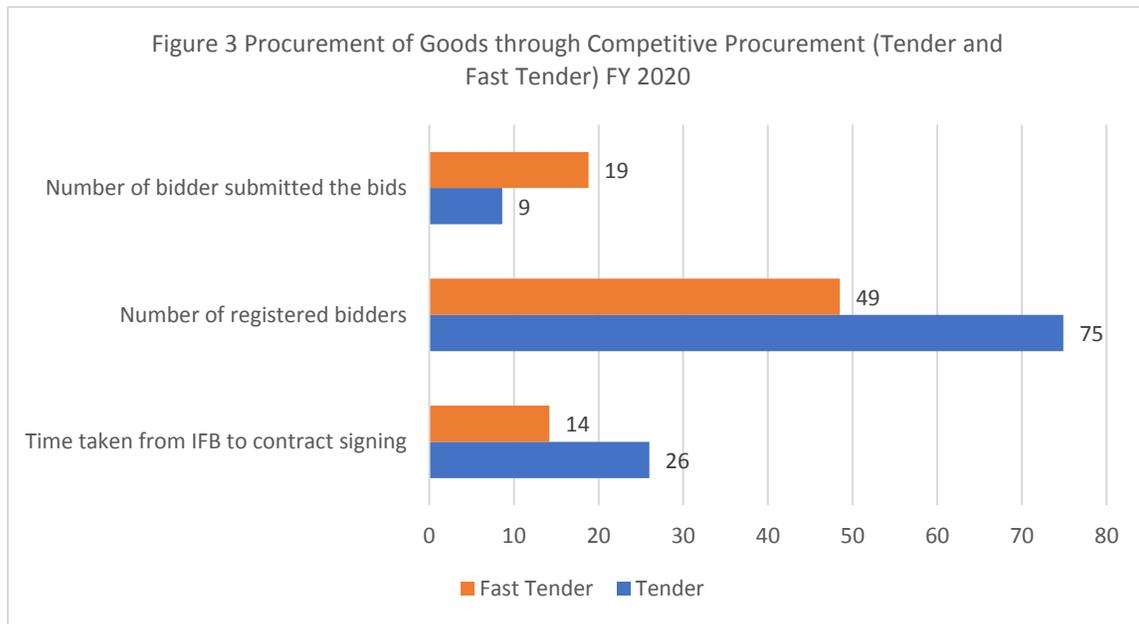


Figure 2 Total Amount Based on Procurement Method



18. The procurement of goods under the program in FY 2020 through competitive procurement (open tender or fast tender) indicates that the average time taken from the invitation for bids until contract award took 26 calendar days for open tender and 14 calendar days for fast tender. In term of level of competition, it is shown that the average number of registered bidders is 49 bidders for fast tender while for open tender it is 75 bidders. The average number of bidders who submitted the bids is 19 bidders for fast tender and 9 bidders for open tender as shown in figure 3 below.



19. For non-competitive procurement such as direct contracting and direct procurement through e-purchasing/e-catalogue, the average time taken from invitation to submit the bid until contract signing is 8 calendar days.

Overall, the performance of the implementation of the procurement activities under parent program has been considered as satisfactory while there is still need for improvement especially for the use of streamlined procurement process according to government regulation for procurement under emergency situation a in addition to the continuing to ensure systematic check into the Bank's debarment and temporary suspended list prior to contract award.

20. **Contract implementation.** In addition to procurement data, the contract implementation data in FY2020 are provided by several working unit within MoH and it is only limited to the actual contract completion. Presently, the contract implementation data does not link with e-government procurement system (SPSE); instead each commitment making office (PPK) records contract data manually and keeps all contract documents in the project files. However, the analysis of the information provided, shows that there were no cost or time overruns during the contract implementation.

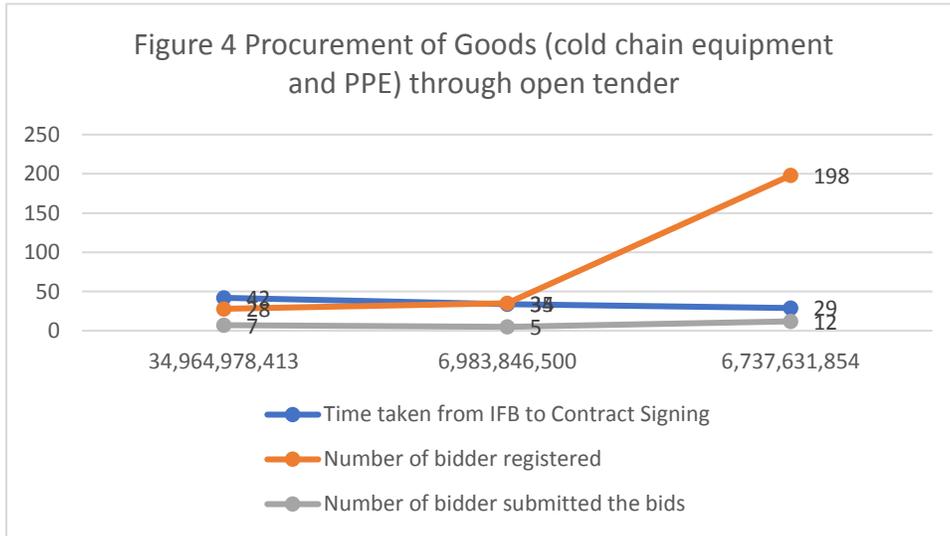
21. **Implementation of Program Action Plan (PAP) under the Parent Program:** As part of the implementation of the PAP, Directorate of Planning and Budgeting of MoH has issued letter on June 4, 2020 to related directorates within MoH regarding follow up on the PAP under the parent program including the fiduciary action. The letter instructed to all Procurement Service Unit (Pokja UKPBJ) and Commitment Making Officer (PPK) to check into the World Bank's debarment lists and temporary suspended list, and AIIB's debarment list before contract award. In addition, Inspectorate General of MoH is required to report to the Bank any complaint received related to fraud and corruption including investigation result and follow up plan every six months. During the implementation

support mission for the parent program, MoH confirmed that Pokja UKPBJ/PPK have checked into the Bank's debarment list and informed that none of the firms that were awarded contracts are included in those lists. However, we found that some UKPBJ/PPK checked into the Bank's debarment list after contract award. The Task Team will discuss this with MoH to ensure that checking into the Bank's debarment list shall be done prior to contract award under both the Parent Program and the Additional Financing. The above Program Action Plan under Parent Program will also continue to be applied under AF. The agreed action plan under the parent Program related to financial management have been fulfilled and expected to be continued with an addition PAP to inform the Bank on the internal audit activity conducted on the program and status of follow up actions on internal audit findings in the AF.

22. **Update of the Procurement Profile analysis under the AF.** The scope of AF consists of 1) improving hospital and health system readiness and maintaining essential non-Covid health services; 2) strengthening public health laboratory, surveillance, and supply chain and 3) enabling communication and coordination for emergency response and the vaccine delivery. The procurable expenditure under AF will mainly include procurement of medical equipment such as Personal Protective Equipment (PPE), PCR and rapid antigen testing, ventilator, cold storage and cold chain logistics, and refrigerator for public health facilities. The AF program will not cover procurement of vaccines. Government of Indonesia has issued Presidential Regulation No.99/2020 on October 5, 2020 and subsequent amendment No.14/2021 regarding procurement of vaccines and vaccination implementation in response to Covid-19. Article 4 of such regulation mentions three type of method for procuring vaccines: 1) assignment to State Owned Enterprise (PT BioFarma); 2) Direct contracting to potential supplier and 3) cooperation with international agency/institution. International agency/institutions which includes Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunizations (GAVI) or other international agencies. In such regulation, it is also stated that in case of cooperation with international agency, it will be limited to procurement of vaccines only, and will not include supporting equipment for vaccination. Indonesia has already signed an agreement for COVID-19 vaccine procurement under the Gavi-led COVAX facility which initially assures vaccines for 20 percent of the country's population. However, and as mentioned above, the AF will not cover procurement of vaccines
23. The procurable expenditures under AF are related to preparatory activities before rolling out Covid-19 vaccination works for vaccination implementation such as non-consulting services for socialization and dissemination, and training. The AF will also include some procurable expenditures for scaling up ongoing Covid-19 response including procurement of PPEs, rapid antigen test, PCR testing related consumables, and medical equipment and strengthening the deployment and health service delivery system for Covid-19 vaccines rollout such as cold chain equipment and refrigerator. While the information on detailed procurement expenditures under AF are not identified yet, the Bank received the proposed budget plan from MoH in which the budget for overall procurable expenditure can be identified. Based on that information, the procurement spending for AF is not expected to exceed 20% of the total program expenditures.

The overall implementation arrangement and nature of the procurable of the above components remain the same as the parent program.

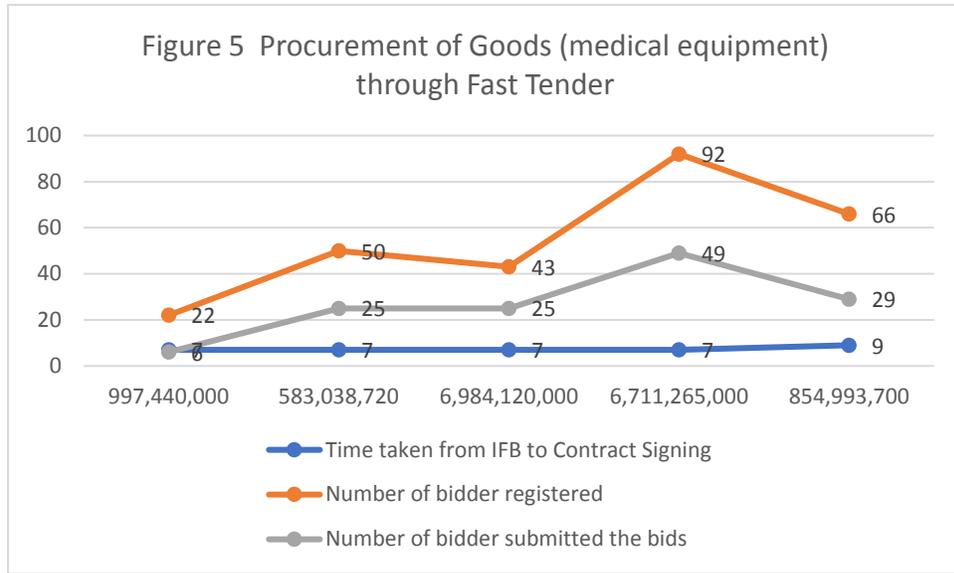
24. The procurement profile of Parent Program has been reflected in Figures 1 up to 3. The procurement of similar goods to be procured under AF in the last 2 years is shown in the Figures 4 to 6 below.



Source: Procurement Data taken from MOH's e-procurement system (SPSE)

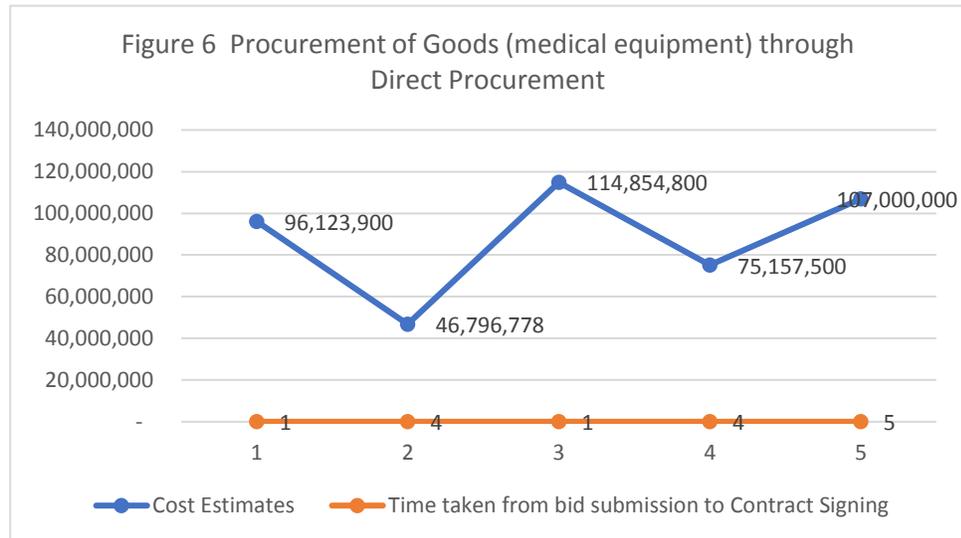
25. The above figure shows that procurement of cold chain equipment and PPE through public tender took in average 35 days from invitation for bids to contract signing. The average number of registered bidders and bidders who submitted bids are 87 and 8 bidders respectively.

26. The procurement of medical equipment (PPE) through fast tender took in average 8 days from invitation to bid to contract award. The average number of registered bidders and bidders who submitted bids are 55 and 27 respectively, which is higher than open tender.



Source: Procurement Data taken from MOH's e-procurement system (SPSE)

27. For goods of less than IDR 200 million, MoH procured the medical equipment using direct procurement method which took only in 3 days in average. Small value goods readily available in government e-catalogue were procured directly through e-catalogue system.



Source: Procurement Data taken from MOH's e-procurement system (SPSE)

28. Transparency. MOH has established a dedicated hotline for COVID-19, and is providing daily updates on its websites¹, including information for public health and safety, a dashboard on COVID-19 cases status and distribution, and updates about the government's response. Other government agencies

¹ MOH COVID-19 updates <https://infeksiemerging.kemkes.go.id/dashboard/covid-19>; <https://infeksiemerging.kemkes.go.id/>; <https://www.kemkes.go.id/article/view/20012900002/Kesiapsiagaan-menghadapi-Infeksi-Novel-Coronavirus.html>

have also set up electronic (website, Facebook, Twitter, Instagram), and non-electronic channels for providing information on the COVID-19 outbreak and the government response, including the public website set up by the COVID-19 Task Force (led by the National Disaster Management Authority/BNPB) and the Ministry of Finance among others². Various local governments have also established their own hotlines and websites for the public, which provide locally specific information to the public, including Jakarta and West Java provinces that have the highest numbers of cases³. These channels will continue to be used to cover the COVID-19 vaccination program.

29. **Complaint handling.** The majority of grievances and inquiries related to COVID-19 received by MOH (98% during July – September 2020) was phone calls (4,635), WhatsApp (4,004), SMS (3,178) and emails (1,740), as consolidated through HALO Kemenkes public communication channels managed by the Bureau of Communications and Public Services under the Secretariat General. These were primarily to seek information, comprising the following types of most : general information on COVID-19; COVID-19 treatments and referrals; social assistance, including compensation for bereavement; Electronic Health Alert Card (e-HAC); Costs associated with testing and treatment; Medical claims; Testing processes; and Licensing of medical equipment.
30. **Fraud and Corruption.** For reporting of complaints and allegations of fraud and/or corruption, the MoH's Inspectorate General (IG) maintains a public complaint handling mechanism and a whistleblower system (WBS) through its website⁴ (reports can also be submitted offline). The IG forwards complaints pertaining to public services to the relevant units within MOH, while it reviews the reports that have potential state loss implications and follows up on credible and material allegations. The regular reporting on F&C (every 6 months) was included in the Program Action Plan for the Parent Program and is expected to be continued under the Additional Financing. During the implementation of the Parent Program to date, the latest report submitted by MOH in January 2021 showed 52 cases reported to the Inspectorate General during the January – December 2020 period. Of these, 39 cases have been closed due to: (i) insufficient information for follow up; (ii) complaints out of the scope of IG/MOH authority resulting in referral or transfer as applicable to relevant MOH units, other Ministries, Local Governments, or hospitals (e.g. complaints about COVID testing and treatment service quality or costs, company not complying with WFH requirements); and (iii) referral / transfer to relevant IG units (e.g. complaints about the incentives payments for nurses at specific hospital and port health office). In addition to 2 cases that have been referred to MOH IG unit (Inspectorate IV), 13 cases are still under initial review or clarification process, including cases pertaining to procurement of PPE and incentive payments to health workers. As agreed under the parent PforR, the Anti-Corruption Guidelines (ACG) will continue to apply and MOH will promptly inform the World Bank of any credible and material allegations of fraud and/or corruption regarding the PforR as part of the overall PforR reporting requirements. The World Bank will inform the recipient about any allegation that it receives.

² COVID-19 Task Force <https://www.covid19.go.id/>; MOF <https://www.kemenkeu.go.id/covid19>

³ Jakarta <https://corona.jakarta.go.id/en>; West Java Province <https://pikobar.jabarprov.go.id/>

⁴ MOH-IG Public Complaints and Whistleblower Systems <https://itjen.kemkes.go.id/pengaduan>

During the implementation of the Parent Program to date, the MOH IG (APIP) has also provided assistance to internal MOH units and hospitals, and conducted monitoring of (i) payments of national health insurance (JKN) claims, (ii) operational financial support for vertical hospitals, (iii) payments for incentives and death compensation for health workers, and (iv) procurement related to the COVID-19 response.

31. **Applicability of the World Bank Anticorruption Guidelines for the PforR.** As for Parent Program, the AF will be subject to the World Bank's Anticorruption Guidelines dated October 15, 2006, revised in January 2011 and July 1, 2016.