



ENVIRONMENTAL AND SOCIAL SAFEGUARDS IMPLEMENTATION REPORT

Indonesia Health Systems Strengthening (IHSS) Project
SIHREN - SOPHI – InPULS

Second Semester Report
(July - December 2025)

BUREAU OF PLANNING AND BUDGETING
MINISTRY OF HEALTH
THE REPUBLIC OF INDONESIA

FOREWORD

We express our gratitude to Almighty God for the completion of the Environmental and Social Implementation Report on the Indonesia Health Systems Strengthening (IHSS) Project for Semester II (July–December 2025). This report has been prepared as part of the Government of Indonesia’s commitment, through the Ministry of Health, to ensure that the implementation of the IHSS Project is carried out in accordance with the principles of environmentally and socially sustainable, inclusive, and accountable development.

The IHSS Project, supported by the World Bank, the Asian Infrastructure Investment Bank (AIIB), the Asian Development Bank (ADB), and the Islamic Development Bank (IsDB), aims to strengthen the national health system through improvements in primary healthcare services, enhancement of public health laboratories, and the development of referral hospital networks. Given the scale and scope of the project, its implementation also entails potential environmental and social risks and impacts that require systematic and measurable management.

This report presents progress on the implementation of environmental and social aspects of the IHSS Project, including the application of the environmental and social policy framework, readiness of healthcare facilities in waste management, integration of environmental and social requirements in medical equipment procurement processes, implementation of stakeholder engagement activities, operation of grievance redress and incident reporting mechanisms, and the integration of equity and social inclusion principles, particularly for vulnerable groups and areas categorized as Remote, Border, and Island Regions (DTPK). The report also serves as an initial evaluation of implementation challenges encountered and the corrective actions that have been undertaken and planned.

We extend our appreciation to all parties who have contributed to the preparation and implementation of this report, including the Central Project Management Unit (CPMU), Project Management Units (PMUs), local governments, healthcare facilities, development partners, and other relevant stakeholders. It is expected that this report will serve as a useful reference to support the continued strengthening of environmental and social governance under the IHSS Project and as a basis for continuous improvement in subsequent implementation periods.

Finally, we hope that this report provides a comprehensive, transparent, and accountable overview of the environmental and social implementation of the IHSS Project and contributes to the achievement of equitable and sustainable health development outcomes in Indonesia.

Director, CPMU of the IHSS Project
Ministry of Health of the Republic of Indonesia



Liendha Andajani

The Ministry of Health does not accept bribes and/or gratuities in any form. If there is potential for bribery or gratuities, please report it through HALO KEMENKES at 1500567 and <https://wbs.kemkes.go.id>. For verification of the authenticity of electronic signatures, please upload documents on the page <https://tte.komdigi.go.id/verifyPDF>.

TABLE OF CONTENTS

FOREWORD	i
TABLE OF CONTENTS	ii
LIST OF TABLES	iii
LIST OF FIGURES	iii
LIST OF ANNEXES	iii
ACCRONYMS AND ABBREVIATIONS	iv
1. EXECUTIVE SUMMARY	1
2. PROJECT OVERVIEW	3
2.1 Project Objectives and Scope	3
2.2 Project Status	3
3. ENVIRONMENTAL AND SOCIAL REQUIREMENTS OF THE PROJECT	6
4. ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT IMPLEMENTATION	9
4.1 ESCP Summary Compliance	9
4.2 Fulfilment of Site Readiness Criteria on E&S	10
4.2.1 SIHREN	10
4.2.2 SOPHI	17
4.2.3 INPULS	18
4.3 Integration of Environmental and Social Requirements in Vendor Procurement.....	19
4.4 Distribution	21
4.5 Installation	23
4.6 Monitoring of Facility Readiness and Equipment Installation.....	26
4.7 Stakeholder Engagement	27
4.8 Grievance Redress Mechanism (GRM)	28
4.9 Incident Reporting	29
4.10 Environmental and Social Support for Equity Implementation	30
4.11 Capacity Building (CB)	32
5. EVALUATION AND NEXT STEPS	33
5.1 Review of Pervious Semester Follow-Up Actions	33
5.2 Environmental and Social (E&S) Implementation Status (as of December 2025) ..	34
ANNEXES	37

LIST OF TABLES

Table 1.	Medical Equipment Procurement up to December 2025	4
Table 2.	Integration of Environmental and Social Requirements in the Project Cycle	6
Table 3.	Summary of ESCP Implementation (July–December 2025)	9
Table 4.	Results of ASPAK Readiness in IHSS Project.....	12
Table 5.	Hospital readiness to receive medical devices (until December 2025).....	16
Table 6.	Hospital Readiness to Receive Medical Devices (IsDB).....	17
Table 7.	Primary Healthcare Readiness for Medical Equipment Deployment	17
Table 8.	Laboratory Readiness to Receive Medical Devices.....	19
Table 9.	Vendor Process Stages and Required Documentation.....	20
Table 10.	Summary of Vendor ES Compliance Status – SIHREN PMU.....	20
Table 11.	Vendor E&S Compliance Status – SOPHI PMU	21
Table 12.	Site Readiness Assessment and Monitoring.....	27
Table 13.	Summary of Stakeholder Engagement	28
Table 14.	Grievance Redress Summary.....	29
Table 15.	E&S Support for Equity Activity.....	31
Table 16.	Summary of Capacity Building Activities components.....	32
Table 17.	The Implementation Status of Preview Semester.....	33
Table 18.	Summary of E&S Implementation Status.....	Error! Bookmark not defined.
Table 19.	Consolidated Action Plan and Implementation Timeline (2026)	35

LIST OF FIGURES

Figure 1.	Geographic Distribution of MRI 1.5 T and Cathlab Equipment (SIHREN)	5
Figure 2.	Geographic Distribution of Dental Chair (SOPHI)	5
Figure 3.	Delivery of 1.5T MRI Equipment to Saiful Anwar Hospital, Malang	22
Figure 4.	Delivery of Cathlab Equipment to Puri Husada Tembilahan Hospital	22
Figure 5.	Delivery of Dental Chair to West Java	23
Figure 6.	Installation of Dental Chair at Public Health Center	24
Figure 7.	Installation of Cathlab.....	25
Figure 8.	Installation of MRI 1.5 T at Bahtera Mas Hospital.....	25
Figure 9.	Incident Reporting Workflow	29
Figure 10.	Field Visit to Puskesmas in Remote Area (Sayosa District, Southwest Papua) ..	31

LIST OF ANNEXES

Annex A.1.	ESCP Implementation Status.....	38
Annex A.2.	Status of Waste Management Infrastructure at Puskesmas Receiving Dental Chair Units Delivered 2025	48
Annex A.3.	The Assessment Of Waste Management Readiness Hospital Receive Cathlab ..	51
Annex A.4.	List Of Stakeholder Engagement Activities, Sihren, Sophi And Inpuls	67
Annex A.5	List of Capacity Building Activities For Sihren, Sophi And Inpuls.....	74

ACCRONYMS AND ABBREVIATIONS

ADB	:	Asian Development Bank
AIIB	:	Asian Infrastructure Investment Bank
ASPAK	:	Aplikasi Sarana, Prasarana, dan Alat Kesehatan (Application of Facilities, Infrastructure, and Medical Devices)
CPMU	:	Central Project Management Unit
CPU	:	Central Procurement Unit DITJEN
KESPRIMKOM	:	Directorate General of Primary and Community Health
KESLAN	:	Directorate General of Advanced Health
DTPK	:	(Remote Areas, Borders and Islands)
FASYANKES	:	Health Service Facilities
ESS	:	Environmental and Social Standards
ESMF	:	Environmental and Social Management Framework
ESF	:	Environmental and Social Framework
GRM	:	Grievance Redress Mechanism
HAQ	:	Health Access and Quality
HRH	:	Human Resources for Health
IHSS	:	Indonesia Health Systems Strengthening Project
InPULS	:	Indonesia - Public Laboratory System Strengthening
IsDB	:	Islamic Development Bank
IBRD	:	International Bank for Reconstruction and Development (the World Bank)
KIA	:	Mother and Child Health (<i>Kesehatan Ibu dan Anak</i>)
KJSU	:	Cancer, Heart, Stroke, and Urology Disease (<i>Kanker, Jantung, Stroke, And Urology</i>)
LABKESMAS	:	Public Health Laboratory SPAN-LAPOR People's Online Aspirations and Complaints Service (People's Online Aspiration and Complaint Service)
MoF	:	Ministry of Finance
MoH	:	Ministry of Health
MoU	:	Memorandum of Understanding
NPHLN	:	Foreign Loan and Grant Agreement Document" (Naskah Perjanjian Pinjaman dan Hibah Luar Negeri)
PDO	:	Project Development Objective
PHC	:	Primary Health Care
PHO	:	Provincial Health Office (Dinas Kesehatan Provinsi)
PMU	:	Project Management Unit
POSYANDU	:	Integrated Service Posts (Pos Integrated Services)
PP	:	Procurement Plan

PPSD	:	Project Procurement Strategy for Development
PUSTU	:	Auxiliary Puskesmas
RFP	:	Requests for Proposal
SDM	:	Human Resource (<i>Sumber Daya Manusia</i>)
SEA/SH	:	Sexual Exploitation and Abuse
SIHREN	:	Strengthening Indonesia's Healthcare Referral Network
SIKELIM	:	Medical Waste Management Information System (Medical Waste Management Information System)
SH	:	Sexual Harassment

1. EXECUTIVE SUMMARY

The Indonesia Health Systems Strengthening (IHSS) Project is a national program supported by the World Bank, AIIB, ADB, and IsDB, aimed at improving the availability and quality of health services across Indonesia. The Project is implemented over the period 2024–2029 with a total financing of EUR 3.73 billion and is structured around three main components: (i) strengthening primary healthcare (SOPHI); (ii) improving hospital referral systems (SIHREN); and (iii) strengthening public health laboratories (InPULS).

As part of the ESCP which is legally binding document as part of the Loan Agreement, the IHSS project shall submit a semi-annual monitoring report, describing measures undertaken to mitigate E&S risk associated with the project implementation including monitoring undertaken to evaluate compliance with the E&S documents mentioned earlier. This monitoring report covers the E&S risk mitigation and monitoring including stakeholder engagement and capacity building undertaken for the period of July – December 2025

During the reporting period of July – December 2025, the overall implementation of environmental and social (E&S) requirements is assessed as Satisfactory, with Low Risk. The Project has made consistent progress in operationalizing key E&S instruments, including the Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Framework (ESMF), and Stakeholder Engagement Plan (SEP), which are actively applied by the Central Project Management Unit (CPMU) and Project Management Units (PMUs).

E&S considerations have been effectively integrated into procurement processes. Vendors supplying medical equipment under SOPHI and SIHREN have generally complied with required environmental, occupational health and safety (OHS), and social standards. This includes the provision of OHS procedures, Codes of Conduct addressing Gender-Based Violence (GBV) and Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), and safety documentation such as Material Safety Data Sheets (MSDS/SDS). However, a limited number of vendors require further strengthening of their standard operating procedures, particularly in relation to safety protocols and emergency preparedness.

The distribution and installation of medical equipment have been carried out in accordance with applicable technical and safety standards. High-risk equipment, including MRI and Cathlab units, undergoes specialized safety testing prior to operation. Installation processes are subject to oversight by PMUs and are formally verified through handover documentation (BASTO), ensuring compliance with both technical and E&S requirements. No significant environmental or safety issues were identified during this process.

In terms of facility readiness, most hospitals and health facilities demonstrate adequate preparedness to receive and operate medical equipment, particularly with respect to basic waste management systems. Nonetheless, some facilities—especially under SOPHI—continue to face challenges related to wastewater treatment systems (IPAL), hazardous waste storage, and regulatory permitting. These gaps are being addressed through ongoing coordination with local governments and targeted technical assistance.

Worker and community safety measures have been effectively implemented. Occupational health and safety practices, including the use of personal protective equipment (PPE) and adherence to safe working procedures, are in place, and no work-related accidents were reported during the reporting period. Community safety risks, including those associated with radiation from specific equipment, are being appropriately managed.

Stakeholder engagement activities have been extensive, with more than 10,000 participants engaged through consultations, training, and socialization programs. In addition, capacity-building initiatives have reached over 7,500 participants, contributing to improved awareness and technical readiness at the facility level. The Project's Grievance Redress Mechanism (GRM), accessible through Halo Kemenkes, remains functional and responsive. A total of 18 grievances were received during the reporting period, all of which were administrative in nature and not related to E&S risks. All cases have been resolved. The incident reporting system is also operational, with no incidents reported during this period.

The Project has begun to address equity considerations, including improving access in remote and disadvantaged areas (DTPK). However, challenges remain, particularly in relation to waste management infrastructure and institutional capacity in certain locations. These issues are being addressed through targeted interventions and enhanced coordination. In conclusion, the environmental and social performance of the IHSS Project during the reporting period is satisfactory, with no major issues or incidents identified. Key priorities moving forward include strengthening waste management systems, ensuring full compliance across all vendors, enhancing awareness and utilization of grievance mechanisms, and continuing capacity-building efforts, particularly in underserved areas.

2. PROJECT OVERVIEW

2.1 Project Objectives and Scope

To support the achievement of the National Medium-Term Development Plan (RPJMN) 2020-2024, aligned with the health system reform agenda, and to improve universal health coverage and primary healthcare, the Government of Indonesia through the Ministry of Health has received financial support in the form of loan from the World Bank (International Bank for Reconstruction and Development or IBRD), Asian Infrastructure Investment Bank (AIIB), Asian Development Bank (ADB), and Islamic Development Bank (IsDB), collectively referred to as Multilateral Development Banks (MDBs), for the financing of the Indonesia Health Systems Strengthening Project (hereafter referred to as “the IHSS Project”). The objective of the IHSS Project is to enhance the availability of functional equipment in public health facilities and increase the utilization of public health services across Indonesia. This program is effective in 2024 and will be implemented until 2029.

This loan from the MDBs is used to finance four components, namely:

- Component 1: Strengthening of Primary Healthcare in Indonesia (SOPHI)
- Component 2: Strengthening Indonesia’s Healthcare Referral Network (SIHREN)
- Component 3: Indonesia Public Health Laboratory System Strengthening (InPULS)
- Component 4: Project Management, Administration, Digitalization, and Training for the above parts.

In line with World Bank Environmental and Social Framework (ESF) requirements, the Ministry of Health (MOH) has prepared three key documents: (i) the Environmental and Social Commitment Plan (ESCP), (ii) the Environmental and Social Management Framework (ESMF), and (iii) the Stakeholder Engagement Plans (SEP) implemented to mitigate environmental and social (E&S) risks and impacts throughout the project lifetime.

As part of the ESCP which is legally binding document as part of the Loan Agreement, the IHSS project shall submit a semi-annual monitoring report, describing measures undertaken to mitigate E&S risk associated with the project implementation including monitoring undertaken to evaluate compliance with the E&S documents mentioned earlier. This monitoring report covers the E&S risk mitigation and monitoring including stakeholder engagement and capacity building undertaken for the period of July – December 2025.

2.2 Project Status

Table 1 below presents a summary of medical equipment procurement packages implemented under the SIHREN and SOPHI programs. The packages cover a wide range of diagnostic, therapeutic, surgical, and laboratory equipment intended to strengthen the national health referral network and improve service capacity at beneficiary health facilities. However, the procurement of laboratory equipment under InPULS has not yet commenced, as the process of finalizing the technical specifications and requirements for the laboratory equipment is still ongoing.

Procurement activities were carried out in accordance with applicable procurement regulations and project requirements, with contracts signed between the vendor and MoH in August - November 2025 period. The equipment is expected to be delivered in the first semester of 2026, taking into account the vendor readiness and the preparedness of beneficiary healthcare facilities.

Table 1. Medical Equipment Procurement up to December 2025

Medical Equipment	Component	Number of Units
Mammography equipment	SIHREN	361
Radiography equipment		
• C-arm	SIHREN	7
• Digital mobile X-ray	SIHREN	2
Procurement of Surgery Equipment		
• Lot 1: Procurement of Heart Lung Bypass Unit	SIHREN	19
• Lot 2: Procurement of ECMO Set	SIHREN	36
• Lot 3: Procurement of ECMO Set (NICU)	SIHREN	2
• Procurement of CT-Scan	SIHREN	320
Procurement of Invasive Cardiology Equipment		
• Lot 4: Procurement of Fractional Flow Reserve (OCT and IVUS compatible)	SIHREN	21
• Procurement of Dental Chair (Complete System)	SOPHI	865
• Procurement of Neonatal Straight Blade Laryngoscopes	SOPHI	2,962
• Procurement of Infant T-Piece Resuscitator with PEEP	SOPHI	2,349
• Procurement of Centrifuge	SOPHI	721
• Procurement of Binocular Microscope (Lab)	SOPHI	721
Procurement of Minor Surgery Equipment		
• Lot 1: Electrocautery Unit	SOPHI	1,919
• Lot 2: Electrocardiograph (ECG)	SOPHI	1,712
Procurement of Laboratory General		
• Lot 1: Micropipette	SOPHI	1,070

The following figures (Figure 1 and Figure 2) show the geographic distribution of medical equipment across Indonesia for the period July - December 2025 under The SIHREN and SOPHI programs including MRI 1.5 T (contract signed February 2025), Cathlab (contract signed May 2025) and Dental chair unit, to demonstrate progress in disbursement. No distribution was recorded under the InPULS during this period, as the procurement process had not yet been finalized. The provinces shaded in green represent areas that received MRI and Cathlab, in contrast provinces shades in yellow indicate regions that have not yet received this medical equipment.

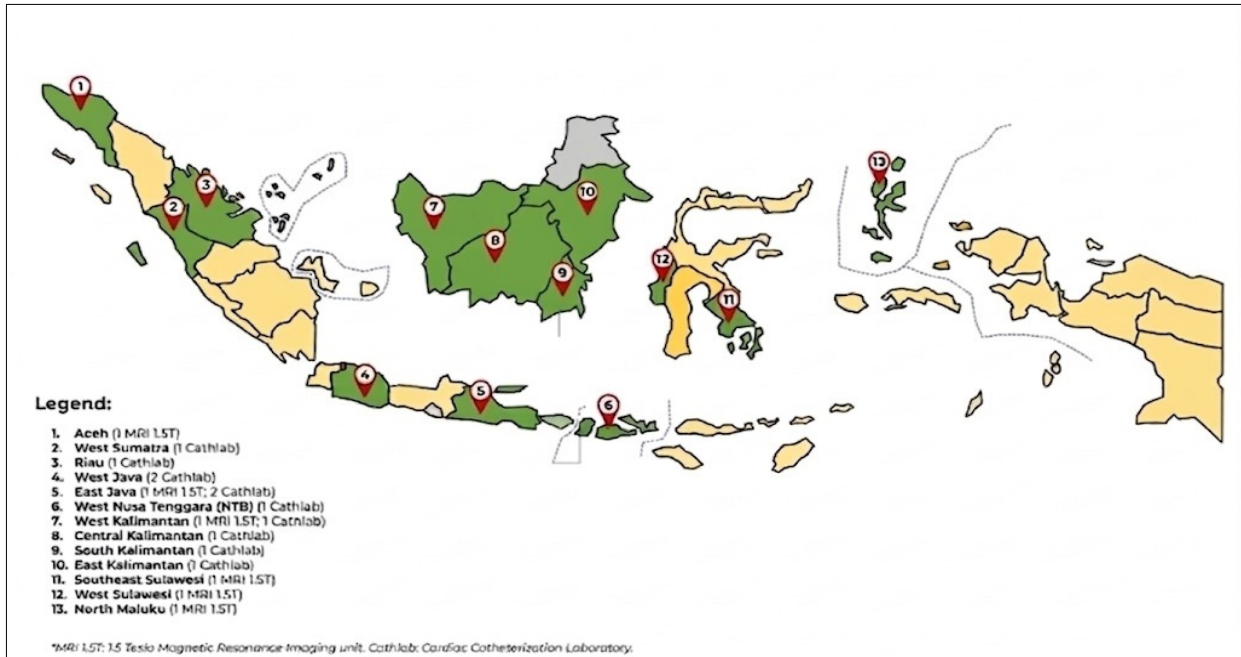


Figure 1. Geographic Distribution of MRI 1.5 T and Cathlab Equipment (SIHREN)

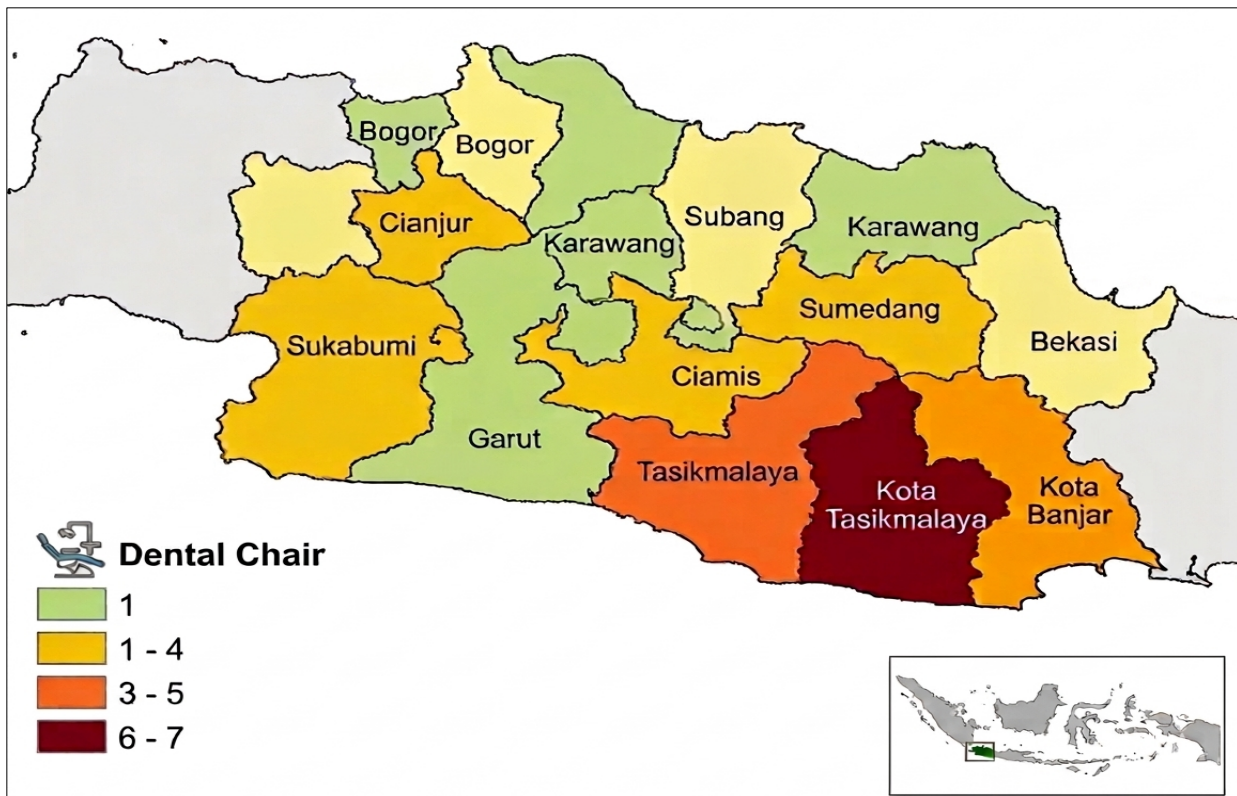


Figure 2. Geographic Distribution of Dental Chair (SOPHI)

3. ENVIRONMENTAL AND SOCIAL REQUIREMENTS OF THE PROJECT

The Project is required to implement environmental and social (E&S) risk mitigation measures and monitoring as defined in the related Environmental and Social Management Framework (2023) throughout its implementation period. The ESMF is prepared by the MoH at that time. The ESMF defines institutional responsibilities, and mitigation measures required to identify, assess, manage, and monitor E&S risks throughout the entire project lifecycle—from planning and procurement to installation, operation, and post-installation monitoring. In addition, the provisions of the Environmental and Social Commitment Plan (ESCP) and the Stakeholder Engagement Plan (SEP) are also applicable and implemented as compliance requirements for the project. The following describes as to how the E&S requirements are operationalised in each phase of the project implementation as follow.

Integration of E&S Requirements in Project Implementation. E&S requirements are fully integrated into project implementation, particularly in activities related to procurement, distribution, installation, and commissioning of medical equipment (e.g., Cathlabs, CT Scans, Mammography, and Mobile X-Ray units). As outlined above, E&S risk management is operationalized through screening, mitigation, monitoring, and stakeholder engagement measures in line with ESS1, ESS2, ESS3, ESS4 and ESS10. The table below summarizes how E&S requirements are embedded at each phase of the project.

Table 2. Integration of Environmental and Social Requirements in the Project Cycle

Project Phase	Key Activities	E&S Requirements Applied	Relevant ESS
Planning & Preparation	Site identification, readiness assessment	E&S screening, stakeholder engagement	ESS1, ESS10
Procurement	Vendor selection, contract preparation	Inclusion of ES requirements in bidding documents, Code of Conduct	ESS2, ESS4
Delivery & Installation	Equipment mobilization, installation, commissioning	OHS implementation, PPE use, radiation safety compliance	ESS2, ESS3, ESS4
Operation Readiness	Testing, licensing, training	Compliance with regulatory requirements (e.g., BAPETEN), safe operation procedures	ESS3, ESS4
Post-Installation Monitoring	Monitoring, reporting, grievance handling	Incident reporting, GRM operation, E&S performance monitoring	ESS1, ESS10

Vendor Obligations and Compliance. All vendors engaged under the project are contractually required to comply with E&S standards. Vendors must ensure the implementation of safe working procedures during equipment installation and guarantee the provision as well as mandatory use of Personal Protective Equipment (PPE) for all workers involved in distribution and installation activities. In addition, vendors are required to comply with applicable radiation standards (based on the Regulation of the National Nuclear Energy Agency No. 4/2020 concerning Radiation Safety in the Use of X-ray Aircraft in Diagnostic and

Interventional Radiology) and environmental regulations (Government Regulation No. 22 of 2021 concerning the Implementation of Environmental Protection and Management and Minister Regulation No. 5 of 2018 concerning Occupational Safety and Health of the Work Environment). The project will require major suppliers to implement procedures and mitigation measures to address safety issues in the distribution, installation, operation, and maintenance of new medical equipment and incorporate them into the bidding documents. Furthermore, vendors must adopt and enforce a Code of Conduct for all project workers. This includes provisions on the prevention of Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH), as well as promoting respectful behavior in the workplace. To support compliance, vendors are also required to conduct regular E&S briefing and training sessions for their workers, ensuring that all personnel understand and adhere to required standards and procedures.

Grievance Redress Mechanism (GRM) and Incident Reporting. The Project has established a functional, accessible, and transparent Grievance Redress Mechanism (GRM) to receive and address complaints and feedback from workers, affected communities, and other stakeholders, in accordance with the Environmental and Social Framework (ESF), particularly ESS10. The GRM provides multiple entry points, including online and offline channels as well as designated focal points at the local level, ensuring accessibility for all stakeholders. The mechanism follows clear and structured procedures for grievance submission, registration, verification, and resolution. Defined timelines are established to ensure timely response, processing, and closure of complaints, while maintaining confidentiality and transparency throughout the process.

In addition, the Project implements an Incident Reporting Mechanism (IRM) to ensure the timely identification, reporting, and management of any Environmental and Social (E&S)-related incidents. These include, but are not limited to, workplace accidents, environmental incidents, and allegations related to Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH).

Incidents are required to be reported within 24–48 hours of occurrence, in line with ESCP commitments, followed by appropriate investigation, documentation, and implementation of corrective and preventive actions. Serious incidents are escalated in accordance with established reporting protocols. Together, the GRM and IRM strengthen accountability, promote transparency, and support effective risk management throughout project implementation.

Monitoring and Evaluation. Environmental and Social (E&S) performance is continuously monitored throughout project implementation to ensure compliance with the World Bank Environmental and Social Framework (ESF) and the commitments set out in the Environmental and Social Commitment Plan (ESCP).

The Project conducts regular site supervision and monitoring visits to assess the implementation of E&S measures on the ground. These activities are supported by the use of standardized checklists and compliance verification tools to ensure consistency and accountability across project locations. E&S performance is reported twice a year (January–June and July–December) to the World Bank and other relevant stakeholders in accordance with agreed reporting requirements. These reports provide updates on implementation progress, compliance status, incidents, and corrective actions undertaken.

In addition, the Project incorporates a continuous improvement approach by integrating lessons learned from implementation into ongoing activities. This includes strengthening communication channels, enhancing the effectiveness of the Grievance Redress Mechanism

(GRM), and improving incident reporting systems. The Project also ensures alignment with national regulatory requirements through coordination with relevant authorities. This includes, among others, engagement with BAPETEN for licensing and regulatory compliance related to radiology and radiation-emitting equipment, in accordance with Cooperation Agreement Number 001/HK.00.09/Dep.PI-PKS/II/2025 and Number HK.03.01/D/821/2025, officially established between the Deputy for Licensing and Inspection of the Nuclear Energy Regulatory Agency (BAPETEN) and the Directorate General of Advanced Health Services, Ministry of Health of the Republic of Indonesia. This agreement aims to strengthen coordination and provide technical assistance in fulfilling licensing requirements for diagnostic and interventional radiology, radiotherapy, nuclear medicine, and radioisotope production services at hospitals within the national referral network for cancer, cardiovascular diseases, stroke, uronephrology, as well as maternal and child health services.

Stakeholder Engagement and Information Disclosure. Stakeholder engagement is conducted throughout the project lifecycle in accordance with the Stakeholder Engagement Plan (SEP) and in line with the World Bank Environmental and Social Framework (ESF), particularly ESS10 on Stakeholder Engagement and Information Disclosure. This process is closely linked with the Grievance Redress Mechanism (GRM) and Incident Reporting Mechanism (IRM) described in Section 4.7 - 4.9 which serve as key instruments to facilitate two-way communication between the Project and its stakeholders.

SEP was implemented through a combination of consultations socialization activities, training/mentoring, and workshop or technical discussion sessions, using both in-person and virtual approaches. These activities involved presentations, interactive discussions, and technical exchanges, and engaged a wide range of stakeholders, including vendors, healthcare facilities, government institutions, and development partners. Consultations were conducted in the context of vendor engagement, ES compliance reviews, and pre-bid meetings, while socialization activities targeted healthcare facilities and sub-national health offices. Workshops and technical discussions involved coordination with relevant ministries, development partners, and CPMU/PMU to address key technical and policy aspects.

In parallel, the Grievance Redress Mechanism (GRM) was implemented through formal channels, including Halo Kemenkes and SPAN LAPOR, to receive and manage stakeholder feedback and inquiries. In addition to these formal mechanisms, communication was also facilitated through WhatsApp Groups (WAG), involving healthcare facilities, vendors, and sub-national stakeholders, to support day-to-day coordination and information exchange related to project implementation.

4. ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT IMPLEMENTATION

4.1 ESCP Summary Compliance

The Table 3 below presents a summary of the implementation status of the Environmental and Social Commitment Plan (ESCP) during the July–December 2025 reporting period. It provides a high-level overview of key environmental and social (E&S) requirements, the actions undertaken, and their current implementation status across project components. The summary highlights the extent to which ESCP commitments have been operationalized. The detailed status of the ESCP is included as Appendix XYZ of this report.

Table 3. Summary of ESCP Implementation (July–December 2025)

ESCP Requirement	Key Actions	Implementation Status	Remarks
E&S Organizational Structure	Establishment of E&S focal points at CPMU and PMUs	Completed	E&S focal points and specialists have been formally assigned at CPMU and all PMUs, with defined roles and responsibilities. Coordination mechanisms are in place and functioning to support ES risk management across project components.
E&S Instruments (ESMF, SEP)	Preparation and implementation of E&S instruments	In place and implemented	ESMF and SEP have been disclosed and are being applied during implementation, including screening, monitoring, and stakeholder engagement processes. Instruments are used as operational guidance and updated as needed.
Stakeholder Engagement (SEP)	Conduct consultations, socialization, and engagement activities	implemented	Stakeholder engagement activities have been widely conducted across SIHREN, SOPHI, and INPULS, reaching over 10,500 participants. Activities include consultations, socialization, and technical discussions with healthcare facilities, vendors, and government stakeholders.
Grievance Redress Mechanism (GRM)	Establish and operate GRM system	Operational	GRM channels (including Halo Kemenkes and other platforms) are functional. A total of 18 cases were received during the reporting period, all related to administrative inquiries (non-safeguard), and all cases have been addressed and closed.
Incident Reporting Mechanism (IRM)	Establish incident reporting system and procedures	Operational	IRM procedures have been established and disseminated, including reporting flow and escalation timelines (24–48 hours). Reporting is supported by formal channels and rapid communication tools (e.g., WhatsApp groups). No incidents were reported during the reporting period.
Labor Management (LMP) & Code of Conduct	Implementation of workers' CoC including SEA/SH prevention	Implemented	Workers Code of Conduct, including SEA/SH prevention measures, has been integrated into vendor contracts. Vendors are required to comply with E&S obligations, and awareness has been strengthened through briefings and trainings.
Waste Management	Ensure healthcare waste management readiness	In Progress	Facility readiness assessments indicate that a majority of sites have operational WWTP systems and hazardous waste storage (TBS

ESCP Requirement	Key Actions	Implementation Status	Remarks
			B3). Technical assistance and monitoring are ongoing to address remaining gaps.
Capacity Building	Conduct training and technical assistance on E&S aspects	Implemented	Capacity building activities have been extensively implemented, covering OHS, waste management, incident reporting, and ESF requirements, with participation of over 7,500 stakeholders across components.
Monitoring and Reporting	Regular E&S monitoring and reporting (semi-annual)	Implemented	Semi-annual E&S monitoring reports are prepared and submitted. Monitoring activities include field visits, site readiness assessments, and supervision of vendor activities, ensuring continuous tracking of E&S compliance.

4.2 Fulfilment of Site Readiness Criteria on E&S

4.2.1 SIHREN

Readiness criteria are key to determining the distribution of equipment to facilities to ensure the smooth execution of the project. The main source of information for this criterion is projected to come from ASPAK, especially for basic equipment and facilities. ASPAK must include the integration of equipment variables related to the performance of medical equipment, as well as ensuring interoperability with other data sources, especially those related to the Health Human Resources Information System (SisDMK), the National Laboratory Information System (SILNAS), and the Waste Management Information System (SIKELIM).

Facilities are classified as meeting criteria based on the reported availability of key waste management prerequisites, including the existence of a wastewater treatment system (IPAL), the availability of hazardous waste temporary storage facilities (TPS B3), and/or a formal cooperation agreement (MOU) with a licensed third-party medical waste management service provider. Facilities that do not yet comply with ASPAK readiness criteria, particularly regarding wastewater treatment availability are classified as not meeting the required criteria and therefore not yet eligible to receive equipment procured under the IHSS project. To ensure compliance with the required criteria, PMU SIHREN conducts monitoring and evaluation (Monev) assessments at the hospitals to validate ASPAK data and identify areas requiring improvement.

In contrast, the Monev-based assessment focuses on operational compliance and actual implementation, in line with the objectives of ESS 3, which prioritizes pollution prevention and environmentally sound waste management practices. A facility is classified as Meet Criteria under Monev when field verification confirms that medical waste is effectively managed throughout the full waste management chain, including waste containment, segregation at source, internal handling and transportation, and final treatment or disposal. Final treatment may be conducted on-site where technically feasible, or through licensed third-party service providers, provided that the arrangements ensure safe and compliant waste handling.

The combined use of ASPAK and Monev assessments supports a risk-based, proportional, and outcomes-oriented approach to waste management readiness, ensuring consistency with ESS requirements while enabling practical and scalable implementation across health facilities.

The PMU has ensured that the facility readiness criteria include the following:

1. Under readiness criterion (ii) Human resource capacity, the government will be responsible for employing staff and providing general OHS training and/or awareness in accordance with national laws, regulations, and policies on OHS in health service facilities; and
2. Under readiness criterion (iv) Waste management system, health facilities are required to comply with national laws, regulations, and policies on waste management in health service facilities

The CPMU ensures that compliance with IHSS project safeguards includes concrete measures to promote equitable access to services, particularly in the distribution of medical equipment to recipient facilities. Real actions undertaken by the CPMU include facilitating discussions with the Ministry of Environment regarding policies and regulatory approaches for fulfilling medical waste management requirements in healthcare facilities located in disadvantaged, remote, border, and island areas (DTPK). The CPMU also supports healthcare facilities in identifying challenges and developing appropriate strategies to improve compliance with medical waste treatment and management requirements, including coordination with relevant stakeholders and exploration of feasible waste management solutions (e.g. FGD with stakeholders in Southwest Sumba Regency and meeting with the Southwest Papua Provincial Health Office). This approach aims to ensure that vulnerable regions are not left behind in receiving project benefits and healthcare service improvements.

Table 4 summarizes the ASPAK readiness assessment results under the IHSS Project across participating PMUs. The assessment reviews facility readiness for medical equipment deployment, identifies key issues, and defines corresponding corrective actions, responsible parties, timelines, and applicable Environmental and Social Standards (ESS). Overall, most facilities are categorized as “meet criteria,” indicating substantial compliance with readiness requirements. Nevertheless, a number of facilities remain “Partially Meet Criteria,” mainly due to outstanding issues related to infrastructure readiness, particularly wastewater treatment (IPAL). Targeted follow-up actions, including coordination with local governments and continued monitoring, are being implemented to address these gaps and ensure full compliance with project requirements.

Table 4. Results of ASPAK Readiness in IHSS Project

PMU	Medical Equipment	Number of Facilities assessed	Status ⁺	Key Issues Identified	Actions Agreed	Responsible Party	Timeline	ESS Reference
SIHREN-WB	Cathlab Contracted : 419*	106**	Meet Criteria ASPAK and SIKELIM	Minor ASPAK data validation gaps Bapeten Permit	Coordinate ASPAK data verification Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
	MRI 1,5 T Contracted : 10*	6**	Meet Criteria ASPAK and SIKELIM					
	Mobile X-Ray Contracted : 2*	2**	Meet Criteria ASPAK and SIKELIM	No significant issues identified Bapeten Permit	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
	C-Arm Contracted : 7*	7**	Meet Criteria ASPAK and SIKELIM	No significant issues identified	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
	Surgery equipment Contracted : 78*	78**	Meet Criteria ASPAK and SIKELIM	No significant issues identified	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
SIHREN-IsDB	Mammography Contracted : 361*	77	Meet Criteria ASPAK and SIKELIM	No significant issues identified Bapeten Permit	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
	CT Scan Contracted : 320*	92	Meet Criteria ASPAK and SIKELIM	No significant issues identified Bapeten Permit	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
	Brachytherapy	7	Meet Criteria ASPAK and SIKELIM	No significant issues identified Bapeten Permit	Continue routine monitoring	PMU SIHREN	Ongoing	ESS1, ESS3
SOPHI	Dental Chair Unit	865*	Partially 799 meet criteria ASPAK, all meet criteria SIKELIM	66 not meet criteria ⁺ , 65 has delivered in West Java, One locus in DTPK area without functional IPAL (West Java)	Coordinate with local government to improve IPAL	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	Neonatal Straight Blade Laryngoscopes	2.962*	2.801 meet criteria ASPAK, all meet criteria SIKELIM	Not yet delivered, 223 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement	PMU SOPHI / Local Gov	2026	ESS3, ESS10

PMU	Medical Equipment	Number of Facilities assessed	Status ⁺	Key Issues Identified	Actions Agreed	Responsible Party	Timeline	ESS Reference
					with licensed third-party transporter			
	Infant T Piece	2.349*	2.274 meet criteria ASPAK, all meet criteria SIKELIM	Not yet delivered, 75 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement with licensed third-party transporter	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	Electrocautery	5.050*	4.804 meet criteria ASPAK, All meet criteria SIKELIM	Not yet delivered, 246 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement with licensed third-party transporter	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	Sentrifus	721*	694 meet criteria ASPAK, All meet criteria SIKELIM	Not yet delivered, 27 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement with licensed third-party transporter	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	Microscope Binocular	721*	650 meet criteria ASPAK, all meet criteria SIKELIM	Not yet delivered, 71 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement with licensed third-party transporter	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	Micropipet	1.070*	970 meet criteria ASPAK, all meet criteria SIKELIM	Not yet delivered, 100 locus not meet criteria ASPAK ⁺	Continue routine monitoring, the waste management criteria for this equipment are based on waste segregation, proper containment, and engagement with licensed third-party transporter	PMU SOPHI / Local Gov	2026	ESS3, ESS10
	ECG	1.712*	1.604 meet criteria ASPAK, all meet criteria SIKELIM	Not yet delivered, 108 locus	Continue routine monitoring, the waste management criteria for this equipment are based on	PMU SOPHI / Local Gov	2026	ESS3, ESS10

PMU	Medical Equipment	Number of Facilities assessed	Status ⁺	Key Issues Identified	Actions Agreed	Responsible Party	Timeline	ESS Reference
				not meet criteria ASPAK ⁺	waste segregation, proper containment, and engagement with licensed third-party transporter			
INPULS	No medical equipment contracted yet							

Data Source: (*) Procurement Unit, (**) PMU SIHREN, (+) Processing Analysis from ASPAK Data 2025

In conducting field inspections (Onsite Monitoring) related to the readiness of facility infrastructure and waste management systems within the context of this project, SIHREN PMU conducted the assessment that based on the following criteria:

1. Identification and segregation of waste at service units, including infectious, non-infectious, radioactive, and cytotoxic waste.
2. Wastewater management systems, specifically the operation of the Wastewater Treatment Plant (WWTP), covering wastewater flow and distribution processes, inlet and outlet water quality, and the availability of required licenses and permits.
3. Adequacy of the location and capacity of waste storage areas in relation to the volume of waste generated, including the availability of emergency response equipment and valid storage permits.
4. Waste treatment and disposal methods, including the average waste storage duration, the availability of waste management procedures, emergency response procedures, and cooperation agreements with licensed waste treatment service providers.
5. Records of waste generation and movement, including documentation of incoming and outgoing waste, logbooks or waste balance records, manifest documents, storage duration records, and the availability of cold storage facilities when required.
6. Clear definition of roles, responsibilities, and codes of practice for personnel involved in waste segregation, storage, handling, and transportation.
7. Compliance with Environmental Protection and Management regulations, demonstrated through valid environmental permits such as PPLH and/or UKL-UPL.

Based on the above criteria, the PMU SIHREN conducted monitoring and evaluation (M&E) of hospitals targeted to receive medical equipment under the 2025 allocation to assess readiness of waste management systems. Targeted technical assistance was provided to hospitals where gaps were identified during hospital readiness field verification.

Based on a consolidated review of ASPAK, SIKELIM, and field verification findings, a total of 16 hospitals were identified as not meeting waste management readiness requirements, including 10 hospitals identified through ASPAK data and 6 hospitals identified through field verification.

Field verification also revealed cases where hospitals had not updated ASPAK data; corrective actions were undertaken by the respective hospitals to ensure timely data updating. For hospitals with discrepancies identified during field verification, intensive follow-up actions were implemented through structured mentoring and coordination, particularly with the PIU Sanitation and Occupational Health and Safety (K3) Working Group. These actions focused on supporting hospitals in implementing corrective measures related to the operation, maintenance, and upgrading of waste management infrastructure. Continuous technical support is being provided until hospitals demonstrate the availability of functional wastewater treatment plants (WWTPs), adequate temporary storage facilities (TPS), and waste management systems that comply with applicable standards. These measures are being undertaken by PMU SIHREN to support compliance with environmental requirements and facilitate the issuance of the NTO.

As of December 2025 (table 5), waste waste management readiness assessment under the SIHREN WB have been conducted for 220 hospitals. Based on field verification results, two hospitals were identified as not yet fully compliant with waste management **readiness** requirements. One hospital was found to have a non-functional WWTP, resulting in untreated

wastewater being discharged into a receiving water body. The second hospital has an inadequate TPS capacity for medical waste, compounded by monthly waste collection arrangements without cold storage facilities. Both hospitals have committed to implementing corrective actions, including WWTP rehabilitation and maintenance, and procurement of cold storage facilities at the TPS, to be financed under the 2026 budget cycle.

Table 5. Hospital readiness to receive medical devices (until December 2025)

No	Medical Devices	Locus Hospitals	Waste Management Readiness		NTO (Notice To Order)
			Ready	Not Ready	
1	MRI 1,5 T	6	6	0	6
2	Cathlab	132	130	2*	100
3	C-Arm	7	7	0	4
4	Mobile X-Ray	2	2	0	2
5	Heart Lung	1	9	0	0
6	ECMO	36	6	0	0
7	ECMO NICU	2	2	0	0
8	FFR	21	1	0	0
9	ESWL	13	3	0	0

Remarks: *ASPAK status and on-site monitoring verification have not met the required standards

To further assess the underlying factors affecting readiness, Table 6 presents a detailed breakdown of waste treatment infrastructures across 547 recipient hospitals received medical devices under SIHREN IsDB, with a focus on critical systems required for safe operation of radiology and radiotherapy equipment. Regarding wastewater treatment facilities (IPAL) with permits, a total of 469 hospitals are categorized as ready and operational. However, data gaps remain for 46 hospitals, while 4 hospitals are still in the permitting process. In addition, 28 hospitals were identified as not ready due to non-functional or damaged IPAL units. These findings suggest that, although operational capacity is generally adequate, targeted technical rehabilitation and data verification are still required.

For hazardous waste temporary storage facilities (TPS B3) with permits, 465 hospitals are assessed as ready and operational. Nevertheless, several compliance issues were identified, including 1 hospital with an expired permit, 2 hospitals operating without permits, and 2 hospitals currently undergoing the permitting process. Furthermore, 16 TPS B3 facilities were found to be damaged, and 61 hospitals lacked sufficient data. This indicates the need for strengthened regulatory compliance and infrastructure maintenance.

In terms of Memoranda of Understanding (MoU) with third-party hazardous waste service providers, 465 hospitals have valid and operational agreements in place. However, 79 hospitals reported incomplete or unavailable data, and 3 hospitals do not yet have an MoU, representing a risk to continuity of off-site hazardous waste management services.

Based on the combined assessment of IPAL readiness, TPS B3 compliance, and MoU availability, 484 hospitals are classified as ready and meeting the required standards. Conversely, 63 hospitals are considered not ready and require improvement. These hospitals will need prioritized follow-up actions, including infrastructure repair, completion of permitting processes, strengthening of contractual arrangements with licensed third-party operators, and improvement of data completeness.

Table 6. Hospital Readiness to Receive Medical Devices (IsDB)

Waste Treatment Infrastructure	Count a Recipient Hospitals	Status
IPAL with permit ¹	469	permit available
	46	No data available
	4	Being processed permit
	28	Not functional/damaged
TPS B3 with permit ²	465	available
	61	No data available
	1	Expired permit
	2	Being processed permit
	16	Damaged
MOU with third Party ³	2	Operating without permit
	465	Permit available
	79	No data available
Fully Assessment ⁽¹⁺²⁺³⁾	3	Not available
	484	Available
	63	Not available

Source: PMU Sihren ISDB 2025

Overall, the findings demonstrate strong baseline readiness across recipient hospitals, while underscoring the importance of focused technical assistance, regulatory enforcement, and systematic data validation to ensure full compliance with environmental and social safeguard requirements.

4.2.2 SOPHI

Waste management readiness under the SOPHI Program is structured using a risk-based and equipment-specific approach. Medical equipment requirements are aligned with their actual waste generation profiles to ensure environmental compliance without imposing unnecessary infrastructure burdens on participating health facilities.

Table 7. Primary Healthcare Readiness for Medical Equipment Deployment

Medical Equipment	Number of Health Center Assessed	Waste Water Treatment System	Medical Waste Treatment System
Dental Chair	865	Available	Available
Infant T Pieces	2,349	Not Required	Available
Laringoskop Neonatus	2,962	Not Required	Available
ECG	1,712	Not Required	Available
Micropipet	1,070	Not Required	Available
Mikroskop Binokuler	721	Not Required	Available
Sentrifus	721	Not Required	Available
Electrocautery	5,050	Not Required	Available

Source: PMU SOPHI, 2025

In 2025, in the July-December period, PMU SOPHI has held a contract for 8 medical devices with the locus of various recipient health centers, however 89 dental chair units have been distributed during this period in West Java Province. Based on table 4 data, the average health center that meets the ASPAK criteria from 8 SOPHI equipment procurement is 93.63%, This means that there is a gap of 6.4% that must be improved to meet the criteria, namely the treatment of liquid waste in the health center.

Under the SOPHI Program, site readiness status for waste management is determined using a risk-based and tiered assessment approach (based on the agreed site readiness criteria for waste management established with the focal point as stipulated in the latest edition POM). The status determination formula is designed to reflect both infrastructure availability and regulatory compliance mechanisms, while maintaining practical applicability across health facilities which will be implemented in ASPAK 2.0. Facilities handling hazardous or infectious solid medical waste must demonstrate appropriate segregation practices, temporary and cold storage availability, and contractual arrangements with licensed off-site treatment providers. This approach promotes environmental sustainability, operational feasibility, and regulatory compliance, while supporting the timely and safe deployment of SOPHI-supported medical equipment.

4.2.3 INPULS

Site readiness assessments conducted by the INPULS PMU evaluate laboratory compliance with waste management requirements, including waste segregation practices, availability and operational status of wastewater treatment systems, hazardous waste temporary storage facilities (TPS B3), cold storage availability, third-party waste management collaboration, and OHS implementation mechanisms (see Table 8).

Readiness status is determined using a standardized formula that classifies facilities as Meet Criteria or Not Meet Criteria, based on the presence of acceptable waste management pathways, including licensed third-party agreements and/or functional infrastructure. Based on the September 2025 Survey, the readiness of medical waste management for Labkesmas Tier 2 to Tier 4 is summarized in Table 8. Until the end of 2025, there will be no procurement of medical devices in the contracted INPULS program.

Table 8. Laboratory Readiness to Receive Medical Devices

No	Waste Management Readiness Criteria	Labkesmas Tier 2 (n=89)		Labkesmas Tier 3 (n=6)		Labkesmas Tier 4 (n=3)	
		Meet criteria	Not meet criteria	Meet criteria	Not meet criteria	Meet Criteria	Not meet criteria
1	WWTP available	85	4	4	2	3	0
2	Existing and Functioning WWTP	77	12	4	2	3	0
3	WWTP with Pertek's permission	36	53	1	5	1	2
4	TPS B3 available	66	23	2	4	2	1
5	Cold Storage of TPS B3	41	48	0	6	3	0
6	Third-Party Collaboration	69	20	4	2	3	0
7	OHS Implementation Mechanism	67	22	4	2	3	0

Source: PMU INPULS, 2025

4.3 Integration of Environmental and Social Requirements in Vendor Procurement

Environmental and Social (E&S) requirements are systematically integrated into the vendor procurement process through structured communication and disclosure mechanisms, including vendor conferences, pre-bid meetings, and the SPSE e-procurement platform (see Table 9 below). These stages serve as critical entry points to ensure that prospective vendors are informed of, and able to comply with, applicable E&S obligations prior to bid submission.

During these early stages, vendors are required to understand and prepare key E&S documentation as part of the bidding requirements. This includes Occupational Health and Safety (OHS) procedures, environmental management measures, SEA/SH Code of Conduct declarations, and initial risk identification tools such as Hazard Identification, Risk Assessment and Determining Control (HIRADC) or Job Safety Analysis (JSA). This approach ensures that E&S considerations are embedded from the outset and that only capable vendors proceed through the procurement process.

Following contract award, E&S requirements are formally incorporated into the contract documents, including the General Conditions of Contract (GCC), Special Conditions of Contract (SCC), and technical specifications. Vendors are contractually obligated to implement these requirements throughout the entire lifecycle of medical equipment, including distribution, installation, operation, and maintenance.

Key obligations include the provision of Material Safety Data Sheets (MSDS/SDS), implementation of OHS protocols, enforcement of SEA/SH Code of Conduct, worker protection measures (including insurance coverage and prohibition of child labor), incident reporting procedures aligned with ESIRT, and compliance with environmental and safety standards. Regular monitoring and supervision are conducted by PMU and CPMU teams to

verify compliance and ensure effective implementation of E&S commitments throughout project execution.

Table 9. Vendor Process Stages and Required Documentation

No	Process Stage	Description	Required Vendor Documentation
1	Vendor Conference / Market Sounding	Initial engagement to communicate technical requirements and E&S expectations	Company profile; relevant project experience; initial E&S commitment
2	Pre-Bid Meeting	Clarification of bidding documents, including E&S clauses	ESS compliance statement; draft OHS plan; internal policies (Code of Conduct, GBV/SEA-SH)
3	Bid Submission	Submission of technical and administrative proposals	Legal documents; work methodology; ES documents (OHS Plan, GBV Action Plan, internal GRM)
4	Technical & Administrative Evaluation	Assessment of vendor qualifications, including E&S capacity	OHS experience records; training certificates; E&S organizational structure and focal points
5	Clarification & Negotiation	Clarification of technical and E&S aspects	Revised ES documents; social risk mitigation plan; incident reporting mechanism
6	Award of Contract	Selection of winning vendor	Statement of commitment to contractual obligations
7	Contract Signing	Finalization of contract (GCC & SCC) including E&S clauses	Signed Code of Conduct; finalized ES implementation plan; worker insurance evidence

Table 10 summarizes the Environmental and Social (E&S) compliance status of medical equipment vendors under SIHREN. The review covers key vendors responsible for the supply and installation of priority medical equipment and assesses their compliance with the E&S requirements including contractual obligations and supporting documentation.

Table 10. Summary of Vendor ES Compliance Status – SIHREN PMU

No	Vendor	Medical Equipment	E & S Review Result
1	PT Rajawali Nusantara Indonesia	C-Arm	Compliant
2	Xianqin Medical (PT Megah Alkesindo)	Digital Mobile X-Ray; Fractional Flow Reserve	Compliant
3	PT Indosopha	ECMO & ECMO NICU	Compliant
4	PT IDS Medical System Indonesia	Heart Lung Bypass Machine	Compliant
5	PT Adijaya Merta; PT Anugerah Prima Medika	ESWL	Compliant
6	General Medical Merate S.p.A.	Mammography	Compliant
7	PT GE Operations Indonesia	CT Scan	Compliant
8	PT GE Operations Indonesia	Cyclotron (Lot 1)	Compliant

Source: SIHREN PMU Report, 2025

While SIHREN vendors demonstrate full compliance with E&S requirements, SOPHI vendors show minor gaps, particularly in SOP completeness, indicating the need for targeted improvements and enhanced supervision. Vendors are expected to complete the required improvements by February 2026.(see Table 11 below).

Table 11. Vendor E&S Compliance Status – SOPHI PMU

No	Medical Equipment	Vendor	Review Result
1	Neonatal Straight Blade Laryngoscopes	PT Tawada Healthcare	Compliant
2	Dental Chair	PT KJL; PT Gene Craft	Compliant
3	Infant T-Piece Resuscitator with PEEP	PT Endo Indonesia	Compliant
4	Binocular Microscope	PT Rajawali Nusindo	SOP does not yet include safety procedures and emergency facility information
5	Centrifuge	PT Indolab Artha Medika	Compliant
6	Electrocardiograph (ECG)	PT Endo Indonesia	Compliant
7	Electrocautery	PT Esa Medika Mandiri	Compliant
8	Micropipette	PT Rajawali Nusindo	SOP requires inclusion of safety procedures and emergency response information

Source: SOPHI PMU Report, 2025

4.4 Distribution

. To ensure compliance at the time of equipment delivery, all medical device suppliers required to hold valid Good Medical Device Distribution Practice (CDAKB) certification. As of the reporting period, all contracted suppliers have obtained CDAKB certification with Ministry of Health Regulation No. 4 of 2014 on Good Distribution Practices for Medical Devices (CDAKB).

Distribution activities are monitored by PMU in line with the Environmental and Social Commitment Plan (ESCP) through periodic sampling and review of vendor progress reports. Monitoring focuses on compliance with environmental, social, and occupational health and safety requirements, including transportation arrangements, licensing, packaging standards, and implementation of mitigation measures. No significant environmental or social issues were identified during the reporting period, and the applied measures are expected to ensure that medical equipment received by health facilities meets required quality and performance standards.

During this reporting period, distribution under SIHREN component was limited to MRI and Cathlab equipment, which have been deployed across 13 provinces (referring to Fig. 1). These distributions were implemented in accordance with applicable safety, quality assurance, and E&S requirements. Under the SOPHI component, distribution has so far been limited to Dental chair units, which have been delivered exclusively in West Java Province (referring to Fig.2).

SIHREN. Figure 3 to Figure 5 present comprehensive documentation of the delivery and installation preparation of medical equipment under the SIHREN. The figures illustrate key stages of the logistics process, including transportation, unloading, on-site handling, shipment labelling, and detailed delivery planning. Together, these visuals demonstrate the implementation of structured logistics procedures to ensure the safe, efficient, and traceable delivery of equipment such as MRI and Cathlab unit.



Figure 3. Delivery of 1.5T MRI Equipment to Saiful Anwar Hospital, Malang



Figure 4. Delivery of Cathlab Equipment to Puri Husada Tembilahan Hospital

Each medical equipment provider provides information in the form of methods of distribution of medical devices such as vehicle information, transportation equipment to be used, information on equipment lists including PPE, travel routes, medical equipment dropping points, transit routes to the room, information on drivers and operators, transportation equipment licenses (cranes and forklifts), vehicle inspection results, and information on

vehicle emission test results. Complete information is presented in the form of "Way of Work" guidelines that are compiled for each hospital before the medical equipment arrives at the hospital.

SOPHI. The distribution phase under the SOPHI component focuses on the delivery of dental chair units to primary healthcare facilities (Puskesmas), with implementation during this reporting period concentrated in West Java Province. Compared to high-specification equipment under SIHREN, the distribution of dental chair units presents relatively lower logistical complexity; however, it still requires adherence to established safety, quality assurance, and Environmental and Social (E&S) requirements.

suppliers implemented standardized procedures for packaging, transportation, and on-site handling in delivering dental chair units to Puskesmas. Equipment was packaged and transported using protective measures to prevent damage and contamination, while on-site handling was carried out in coordination with facility staff to ensure safe unloading and placement. Distribution planning took into account site accessibility, coordination with local health offices, and confirmation of facility readiness prior to delivery to support proper installation and use of the equipment.

In addition, the SOPHI distribution process emphasizes facility readiness related to waste management, in accordance with the agreed site readiness criteria established with focal points and as stipulated in the Project Operational Manual (POM). For dental chair equipment, waste management requirements are defined based on proper waste segregation, adequate containment, and engagement with licensed third-party service providers.



Figure 5. Delivery of Dental Chair to West Java

4.5 Installation

Installation monitoring was conducted to ensure compliance with environmental and social (E&S) and occupational health and safety (OHS) requirements throughout the installation process. Monitoring was carried out through routine site supervision, safety inspections, and coordination with vendors and facility representatives. This included verification of PPE use, safe equipment handling, adherence to safety procedures, and confirmation of facility readiness and supporting infrastructure prior to and during installation.

Monitoring involved beneficiary healthcare facilities, including hospital PIUs and Occupational Health and Safety units (K3RS), which were responsible for day-to-day supervision of installation activities. The PMU conducted periodic site visits and coordinated with vendors and facility teams to verify installation progress, address issues, and ensure corrective actions were implemented as needed.

The overall monitoring approach was generally consistent across components. For high-risk equipment under the SIHREN component (e.g., MRI and Cathlab), monitoring included at least one visit to verify facility readiness prior to installation and one visit during handover, including verification of functional testing and safety aspects before BASTO. For SOPHI equipment (dental chairs), monitoring involved district health offices and Puskesmas, focusing on installation processes and basic facility readiness without a separate pre-installation stage due to lower technical complexity.



Figure 6. Installation of Dental Chair at Public Health Center

For MRI systems, installation follows strict technical protocols of radio-frequency (RF) shielding to prevent electromagnetic interference with surrounding equipment and to ensure that RF signals do not leak beyond the designated room. Installation is only considered complete after critical processes such as magnet ramp-up (activation of the magnetic field), system calibration, and comprehensive performance testing have been successfully conducted. These measures are essential to ensure both patient and operator safety, as well as optimal system performance.

For Cathlab systems, installation involves radiation-based equipment and therefore requires strict compliance with radiation safety standards regulated by BAPETEN. This includes conducting radiation exposure testing to confirm that there is no X-ray leakage beyond the procedure room and that adequate shielding is in place to protect healthcare workers and the public. Installation is declared complete after equipment calibration, completion of Radiation Exposure Testing (UPAR) and Completion of Conformity Testing (UKES) in accordance with national regulatory requirements.



Figure 7. Installation of Cathlab



Figure 8. Installation of MRI 1.5 T at Bahtera Mas Hospital

All installation activities under the Project are aligned with applicable national regulatory requirements and international best practices, ensuring that medical equipment is safely installed, compliant, and ready for operation prior to handover. The Project Management Unit (PMU) enforces strict verification procedures to ensure that no equipment is handed over through the Minutes of Handover (Berita Acara Serah Terima/BASTO) before all required technical, safety, and Environmental and Social (E&S) conditions have been fully satisfied.

The BASTO serves as the formal documentation confirming the transfer of equipment from suppliers to beneficiary health facilities, indicating that installation, testing, and compliance processes have been completed in accordance with contractual and regulatory requirements.

Prior to handover, all equipment must undergo comprehensive technical and safety testing, including system calibration, functional verification, and compliance with relevant standards.

In addition, verification of compliance with E&S requirements is conducted to ensure that mitigation measures have been properly implemented and that no outstanding environmental or occupational risks remain.

Compliance with regulatory requirements is also a mandatory prerequisite. This includes obtaining all necessary licenses and approvals from relevant authorities, such as BAPETEN for radiation-related equipment, as well as other applicable permits in accordance with national regulations. IsDB is facing challenges with the BAPETEN permit for Mammography and CT Scan, from 42 hospitals that completed the Mammography compliance test and operational training to hospital workers, 12 hospitals received BAPETEN permits. For CT Scan, 44 hospitals already installed, 41 hospitals completed compliance tests and operational training to hospital workers, and 17 hospitals received BAPETEN permit.

The PMU further ensures that all documentation related to installation, testing, certification, and compliance is completed, verified, and properly recorded. End-users are provided with initial operational orientation and basic training to support safe and effective use of the equipment. In parallel, receiving facilities are assessed to confirm their readiness to operate the equipment in a safe and compliant manner.

4.6 Monitoring of Facility Readiness and Equipment Installation

Monitoring is conducted during the pre-installation and pre-operational stages of the project cycle, following procurement and prior to equipment delivery, installation, and commissioning

During the reporting period, monitoring activities through field visits and desk reviews were conducted across all project components—SIHREN, SOPHI, and InPULS—with a primary focus on assessing the readiness of beneficiary facilities for medical equipment deployment.

Under the SIHREN component (see Table 12), assessments were carried out at 124 Cathlab recipient hospitals, of which 114 hospitals were confirmed ready for the Notice to Order (NTO) stage. For the InPULS component, monitoring covered 98 public health laboratory sites (Levels 2–5) to assess facility readiness and update equipment lists, with most sites already having operational wastewater treatment plants (WWTP). Additional supervision and technical assistance were provided to 44 laboratories on environmental permitting (Pertek), and to 146 laboratories on hazardous waste (B3) storage readiness, where a significant number of facilities have demonstrated availability of the required infrastructure.

Under the SOPHI component, field visits were conducted at selected primary health centers (Puskesmas) receiving dental chair equipment to monitor distribution, installation, facility readiness, and the implementation of grievance redress mechanisms (GRM). The findings indicate that vendors have complied with environmental and social (E&S) requirements, and that facilities have met the necessary readiness criteria for equipment operation. Overall, these monitoring activities demonstrate positive progress in ensuring both technical and environmental readiness of beneficiary facilities, while strengthening compliance with project requirements prior to the operationalization of medical equipment.

The handover of equipment is carried out during the post-installation and commissioning stage of the project cycle, following successful testing, user orientation, and verification of compliance with technical, environmental, and safety requirements. Overall, these monitoring activities demonstrate positive progress in ensuring both technical and environmental readiness of beneficiary facilities, while strengthening compliance prior to full operationalization of medical equipment.

As part of the monitoring of readiness aspects under the SIHREN component, field verification identified two hospitals that have not yet met the required standards for waste management.

RSUD Kabupaten Ciamis was found to have a non-functional wastewater treatment plant (WWTP/IPAL), resulting in temporary bypass discharge to a water body, while RSUD Jailolo has inadequate temporary storage (TPS) capacity for medical waste due to limited collection frequency and the absence of cold storage facilities. These findings have been communicated to the PMU SIHREN for follow-up, and both hospitals have committed to improving their waste management readiness through rehabilitation and maintenance of the WWTP, as well as procurement of cold storage under the 2026 budget allocation. In addition, monitoring activities under the SOPHI component at four locations in Karawang and Bekasi districts found that dental chair equipment has been installed, and grievance channels are available at each beneficiary facility and already connected to district-level health office systems, although not yet integrated with the central-level system. Another observation noted that, in some cases, delivery of dental chair equipment was conducted at night due to urban location constraints, requiring vendors to obtain special permits for truck access.

Table 12. Site Readiness Assessment and Monitoring

COMPONENT	ACTIVITY	DATE	BENEFICIARIES FACILITIES	PURPOSE	OUTPUT / REMARKS
SIHREN	Field Visit	During 2025	124 Cathlab recipient hospital site	Site readiness assessment for Cathlab Instalment	114 Hospital ready for NTO
INPULS	Field Visit and desk	15–19 Sep 2025	98 INPULS equipment recipient sites (Level 2–5 Public Health Laboratories)	Site readiness and update of list equipment assessment	84 WWTP exist and functioned
INPULS	Field Visit and desk	17 Sep – 2 Dec 2025	44 Public Health Laboratories	supervision, and technical assistance for readiness	WWTP with Pertek's permission 5 locus
INPULS	Field Visit	16 Sep – 7 Nov 2025	146 Level 2 & 3 Public Health Laboratories	Supervision and technical assistance for readiness TBS B3	89 TBS B3 Available
SOPHI	Field Visit	8–9 Dec 2025	4 Puskesmas for dental chair distribution	Monitoring of distribution, installation, facility readiness, and GRM	Vendor compliance as requirement. facility has readiness for dental chair equipment

4.7 Stakeholder Engagement

Stakeholder engagement activities were implemented through consultations, socialization, training/mentoring, and workshop/technical discussions using both in-person and virtual approaches. This subsection focuses on consultation and socialization activities, while engagement through training and workshop/technical meetings is presented in Section 4.11. These activities incorporated presentations, interactive discussions, and technical exchanges to support effective participation. In total, 3,722 participants were engaged, consisting of 476 participants in consultation activities and 3,246 participants in socialization activities, involving medical equipment vendors, healthcare facilities (Puskesmas and laboratories), provincial and district health offices, relevant ministries, and development partners.

Consultation activities focused on vendor engagement, ES compliance reviews, and pre-bid meetings, serving as a platform to discuss ES requirements, contract compliance, and incident

and GRM systems. The consultation process also functioned as an early screening mechanism to identify compliance gaps, particularly related to the completeness of SOPs on safety procedures and emergency response, as observed in the Binocular Microscope and Micropipette supplied by PT Rajawali Nusindo.

Socialization activities were conducted for healthcare facilities and sub-national health offices, focusing on environmental standards, healthcare waste management, and ES compliance. These activities were delivered through presentations and interactive discussions to facilitate information dissemination and stakeholder understanding.

Table 13. Summary of Stakeholder Engagement

Activity Category	Key Activities	Main Stakeholders	Number of Participants	Feedback
Consultation	Vendor consultation, ES compliance review, pre-bid meetings	Medical equipment vendors, PMU, Ministry of Health	476	Improved understanding of ES requirements, contract compliance, and incident/GRM systems
Socialization	PHC socialization, environmental compliance dissemination, regional engagement	Puskesmas, Labkesmas, Provincial/District Health Offices, vendors	3,246	Increased awareness on environmental standards, waste management, and ES compliance
Total Participants			3.722	

4.8 Grievance Redress Mechanism (GRM)

During the reporting period, a total of 18 submissions were received through the Halo Kemenkes channel across all project components, while no reports were submitted through the SPAN LAPOR platform. The SIHREN component recorded the highest number of submissions (10 cases), primarily related to requests for information on procurement procedures and consultant recruitment. The SOPHI and INPULS components each received 2 submissions, mainly concerning vendor application processes and project staff recruitment, while 6 submissions at the project level covered general inquiries on administrative and vendor-related matters. All submissions were non-safeguard-related and were addressed and closed in a timely manner, indicating that the GRM is functioning effectively and remains accessible to stakeholders.

In addition to formal GRM channels, communication was further facilitated through WhatsApp Groups (WAG) involving healthcare facilities, vendors, and sub-national stakeholders. This platform enabled real-time, accessible, and interactive communication, allowing stakeholders to seek clarification, share updates, and receive prompt responses. Most exchanges were related to procurement progress, distribution of medical equipment, facility readiness requirements, delivery schedules, commissioning timelines, and vendor compliance with E&S and contractual obligations. For the SOPHI and InPULS components, this mechanism also involved supporting staff at the sub-national level, strengthening coordination across implementation levels.

From a grievance redress perspective, most healthcare facilities were observed to have existing complaint channels connected to local government and district health office systems. However, these channels are not yet integrated with the project's formal GRM system,

indicating fragmentation that may affect centralized tracking, reporting consistency, and responsiveness. This highlights the need to integrate facility-level mechanisms into the project GRM to ensure a more unified, transparent, and effective grievance management process.

Table 14. Grievance Redress Summary

PMU	SPAN LAPOR	Halo Kemenkes	Remarks
SIHREN	0	10	Information requests related to procurement procedures and consultant recruitment
SOPHI	0	2	Requests and confirmations regarding vendor application processes
INPULS	0	2	Information requests related to project staff recruitment processes
IHSS (Project Level)	0	6	General inquiries on vendor recruitment and administrative matters; all submissions have been addressed and closed
Total	0	18	All submissions are non-safeguard-related and have been resolved

4.9 Incident Reporting

During the reporting period, the Incident Reporting Mechanism (IRM) was fully established and disseminated to all Project Management Units (PMUs) and relevant stakeholders, including vendors and recipient health facilities. The IRM includes both general and technical procedures for incident reporting and has been communicated to ensure consistent understanding and implementation. A clear reporting flow and escalation pathway have been defined, whereby incidents related to occupational health and safety (OHS) or GBV may originate from healthcare workers/patients, vendor workers, or project workers, and are first reported to the vendor (or focal point at facility level), then escalated to the PMU, followed by CPMU, and subsequently to the World Bank (see Fig.12). In accordance with project requirements, incident notification must be submitted within 48 hours. In addition, PMUs have established flexible reporting mechanisms adapted to the operational context of the project, allowing initial communication from vendor personnel and health facilities to be submitted through rapid communication channels, such as WhatsApp groups managed by each PMU in coordination with vendors and health facilities.

During the reporting period, no incidents were formally reported despite ongoing distribution and installation activities across project components. This indicates that activities were generally conducted in compliance with established E&S and OHS requirements.

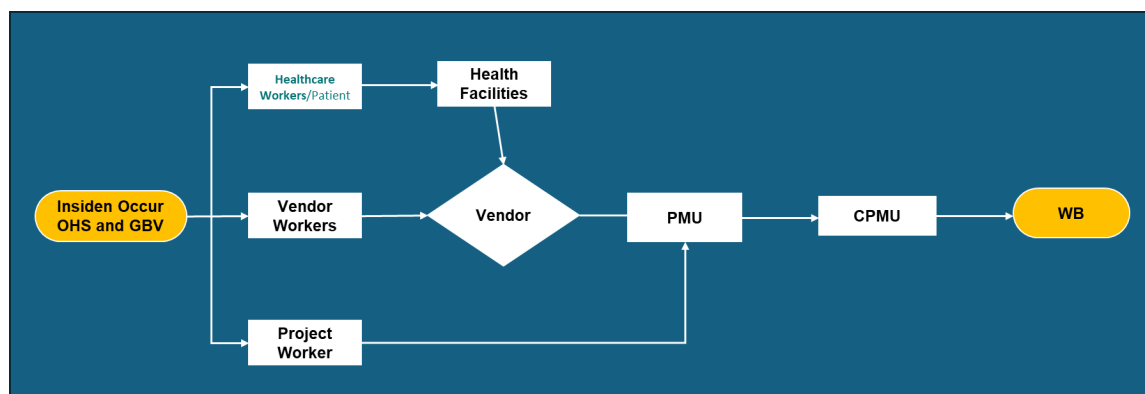


Figure 9. Incident Reporting Workflow

4.10 Environmental and Social Support for Equity Implementation

During the reporting period, environmental and social (E&S) measures were implemented to support equitable and inclusive access across all project components, with each PMU applying context-specific approaches to address challenges at the facility level. Key constraints were identified, particularly related to the readiness of medical waste management systems in remote and underserved areas (DTPK), including the limited availability of functional wastewater treatment facilities (IPAL) and environmental permitting gaps. To address these issues, targeted E&S support activities were conducted, including technical discussions and coordination with the Ministry of Environment (KLH) to identify practical solutions for medical waste management, such as the use of third-party wastewater transport services and acceleration of environmental permits.

In addition, field monitoring activities in Papua Barat Daya Province provided further insights into site readiness conditions and equity-related challenges at primary healthcare facilities. These activities highlighted the need to strengthen environmental infrastructure, enhance awareness of E&S requirements, and improve engagement with vulnerable groups, including through grievance mechanisms and inclusive participation approaches. As a result, local health offices and facilities have improved their understanding of equipment readiness requirements and are taking steps to enhance environmental compliance and social safeguard systems, including preparing for the utilization of new equipment and strengthening social risk management practices.

Overall, these interventions have contributed to improved awareness and gradual strengthening of E&S compliance at the facility level. However, residual risk remains, particularly in relation to infrastructure readiness and permitting delays in remote areas. Continued technical support, strengthened supervision, and adaptive implementation approaches will be critical to ensuring that equity objectives are achieved.

Table 15. E&S Support for Equity Activity

Activity	Participants	Topic	Time	Follow-Up Action
Online discussion meeting	<ol style="list-style-type: none"> 1. Director of Hazardous and Non-hazardous Waste Management (KLH) 2. Focal point Environmental Health 3. CPMU and PMUs 4. World Bank ES team 	<ol style="list-style-type: none"> 1. Compliance with medical waste management requirements under IHSS Project, particularly in DTPK Areas 2. Identification of strategies to improve medical waste treatment 	10 October 2025	Coordination with KLH on the use of licensed third-party and acceleration of environmental permitting processes
Field visit monitoring	Southwest Papua Provincial Health Office, Sorong Regency Health Office, Mariat Health Center, Klafdalim Health Center, Majaran Health Center, Sayosa Health Center, Mariat Posyandu BPJS Kesehatan Sorong Regency, PMU Sophi	<p>Site Readiness of environmental infrastructure supporting equitable service delivery.</p> <p>Awareness and strategy for the involvement of vulnerable groups, complaint system and stakeholder involvement, human resources, K3 and GBV</p>	5-8 August 2025	Health facilities and health offices understand the current plan for the procurement of tools and the use of tools (USG) and will meet the needs of new equipment readiness and develop social security systems.



Figure 10. Field Visit to Puskesmas in Remote Area (Sayosa District, Southwest Papua)

4.11 Capacity Building (CB)

Capacity building activities were implemented through training and workshop/technical discussion sessions, reaching a total of 4,390 participants. These activities were delivered using a mix of in-person, hybrid, and virtual modalities, applying participatory and practice-oriented methods such as presentations, interactive discussions, hands-on demonstrations, case study analysis, simulation exercises, and question-and-answer sessions to support effective knowledge transfer and stakeholder engagement.

Training activities accounted for the largest share of participation, reaching 4,133 participants from healthcare facilities, local governments, and relevant stakeholders. The training focused on key environmental and social (E&S) topics, including waste management, occupational health and safety (OHS), stakeholder engagement, and incident reporting, GBV/SEAH-SH, equity, as well as clinical and operational aspects to support facility readiness.

Workshop and technical discussion sessions engaged 257 participants, including representatives from relevant ministries, development partners, and CPMU/PMU. These sessions focused on issues such as waste management, GBV, licensing, and ESF implementation, and were conducted to facilitate coordination and technical exchange among stakeholders.

Table 16. Summary of Capacity Building Activities components.

Activity Category	Key Stakeholders	Discussion Topics	Number of Participants	Result
Training / Capacity Building	Puskesmas, hospitals, healthcare workers, surveyors, local governments	Waste management, OHS, SEP, incident reporting, clinical and operational training	4.133	Strengthened technical and operational capacity of healthcare facilities and personnel, including improved compliance with ESF standards and OHS practices
Workshop / Technical Discussion	Steering committee meetings, technical discussions on waste, GBV, licensing, and ESF implementation	Ministry of Environment, Directorate of Environmental Health, MDBs, CPMU/PMU	257	Enhanced coordination, policy alignment, and technical understanding across stakeholders
Total Participants			4.390	

5. EVALUATION AND NEXT STEPS

5.1 Review of Pervious Semester Follow-Up Actions

This subsection presents a review of the follow-up actions identified in the previous semester, assessing their implementation progress, key achievements, and remaining gaps. The evaluation focuses on the effectiveness of action taken across organizational, contractual, environmental, and operational aspect of the E&S framework. Overall, Most of the planned follow-up actions have been initiated and are currently under implementation.

Table 17. The Implementation Status of Preview Semester

Category	Follow-up actions	Status	Justification	Recommended Next Steps
Organizational structure	Recruitment of E&S personnel across PMUs and CPMU; initial capacity building of ESF requirements, waste management and OHS	completed	Recruitment has been completed, capacity building activities have been initiated but are ongoing	Deliver structured and periodic capacity-building programs
Contract Management	Integration of E&S requirements into bidding and contract documents; alignment of clauses by procurement and legal teams	completed	Integration of E&S requirements is progressing and has been applied in several contracts, with continued monitoring	Strengthen contract supervision, conduct vendor awareness sessions
Environmental and social instruments	Integration of SIKELIM with ASPAK; development of ESF money guidelines; preparation of SEA/SH or GBV materials	In progress	Integration between systems has not yet been completed due to technical clearance constraints at the ministerial level	By embedding SIKELIM features within ASPAK 2.0
Waste management Procedures	Preparation and implementation of random field visits; strengthening healthcare waste management practices	In progress	Initial implementation has begun, including preparation for JIMS field visits with MDBS	Develop thematic field visits
Community health and safety/capacity building	Training on healthcare waste management and environmental permitting for hospitals, puskesmas, and labkesmas	completed	Training programs have been developed and partially implemented through ECHO telementoring under SIHIREN, in collaboration with Bapelkes under SOPHI	Expand training coverage in the OHS and medical waste management

Category	Follow-up actions	Status	Justification	Recommended Next Steps
			and the Ministry of Environment	

The implementation of Environmental and Social (E&S) measures shows overall progress, but with uneven performance across components. The organizational structure is relatively well established, with completed recruitment and ongoing capacity-building activities. However, the approach remains focused on short-term training rather than long-term competency development, indicating a need for a more structured capacity development framework.

In contract management, the integration of E&S requirements into procurement documents is a positive step. Nevertheless, enforcement remains a key challenge due to limited supervision under SOPHI, reducing the effectiveness of these provisions in practice.

The most critical issue lies in the delayed integration of environmental and social instruments, particularly the linkage between SIKELIM and ASPAK. This delay limits real-time monitoring and weakens data-driven decision-making, making it the main bottleneck in the system. To address these challenges, a strategic shift has been proposed by adopting SIKELIM functionalities directly into the latest version of ASPAK 2.0. This strategy will reduce dependency on prolonged clearance procedures by embedding SIKELIM features assessment within ASPAK 2.0.

Waste management procedures have been initiated but are still largely reactive and not yet based on a structured, risk-based monitoring system. Meanwhile, community health and safety capacity-building efforts are relatively strong, supported by multi-stakeholder collaboration. However, they remain focused on training outputs rather than measurable outcomes.

Overall, the program is transitioning from a compliance-based approach to a more system-based E&S management framework. Key priorities moving forward include accelerating system integration, strengthening enforcement mechanisms, adopting risk-based monitoring, and shifting from training outputs to performance-based outcomes

5.2 Environmental and Social (E&S) Implementation Status (as of December 2025)

The table below summarizes key environmental and social (E&S) issues identified during project implementation, along with corresponding follow-up actions and their alignment with the relevant Environmental and Social Standards (ESS) under the World Bank Environmental and Social Framework (ESF). Overall, the findings indicate that while core E&S systems—such as vendor compliance, stakeholder engagement, grievance mechanisms, and monitoring frameworks—have been established and are functioning, several implementation gaps remain, particularly in site readiness, waste management infrastructure, environmental permitting, and data consistency.

The 18 presents the consolidated action plan for 2026, developed based on key environmental and social (E&S) issues identified during the reporting period. The action plan is structured to directly address implementation gaps across project components, particularly related to waste management readiness, environmental permitting, vendor compliance, data quality, and consistency in monitoring systems. These actions reflect a shift from initial system establishment toward strengthening implementation quality and ensuring more consistent

compliance with Environmental and Social Framework (ESF) requirements across all project locations.

Priority actions are focused on resolving critical constraints, including improving waste management infrastructure in health facilities—especially in remote (DTPK) areas—accelerating environmental permitting processes, and ensuring full compliance of vendors with contractual E&S obligations. In parallel, cross-cutting measures such as strengthening monitoring systems, optimizing the use of grievance mechanisms (GRM) for substantive E&S issues, and continuing targeted capacity building are expected to enhance overall implementation performance. The execution of this action plan will be essential to closing identified gaps, reducing environmental and social risks, and ensuring that project implementation remains aligned with ESF.

Table 18. Consolidated Action Plan and Implementation Timeline (2026)

Component	Key Issue Addressed	Activity / Action	Key Actions	Output Target	Responsible Parties	Timeline (2026)
SIHREN	Waste Management Readiness (Not Ready Facilities)	Completion of Waste Readiness “Red Flags”	Intensive mentoring for 63 hospitals; support for IPAL/TPS improvement through local budget advocacy	100% hospitals meet waste readiness criteria	PMU SIHREN, PHO	Jan – Mar
	Environmental Permits (Radiology Equipment)	Acceleration of BAPETEN Permits	Coaching clinics and monitoring of permit process	Permits issued prior to commissioning	PMU SIHREN, BAPETEN, Hospitals	Feb – Apr
	Site Readiness & Installation Safety	Room Construction Supervision	Verification of shielding, electrical systems, and structural readiness	Verified site readiness reports	Vendors, PMU, Hospitals	Jan – Jun
SOPHI	Data Quality (ASPAK)	ASPAK Data Validation	Field verification and updating of ASPAK data	Validated and updated ASPAK data	PMU SOPHI, DHO	Jan – Feb
	Waste Management in DTPK Areas	IPAL Solutions for Remote Areas	Modular IPAL solutions; MoU facilitation with third parties	Functional waste systems in remote facilities	PMU SOPHI, CPMU, LG	Mar – May
	Vendor ES Compliance	Finalization of Vendor E&S Documents	Review and approval of ESMP, SOP safety, and CoC compliance	All vendors fully compliant	PMU SOPHI	Jan
INPULS	Procurement Readiness & ESF Integration	Integration of E&S in Procurement	Inclusion of ESF clauses in bidding documents	Contracts include ESF obligations	PMU INPULS, Procurement	Jan – Mar

Component	Key Issue Addressed	Activity / Action	Key Actions	Output Target	Responsible Parties	Timeline (2026)
	Medical waste treatment requirement	Acceleration of medical waste treatments	Technical assisten to Labkesmas for the development of waste treatment facilities	Increased compliance	PMU INPULS, DLH	Feb – Jun
Cross-Cutting	Monitoring & OHS Compliance	Integrated Onsite Monitoring	Field visits to verify PPE, safety practices, and OHS compliance	Monthly monitoring reports	CPMU, PMUs	Jan – Jun
	GRM Utilization	GRM Optimization	Socialization of GRM for E&S issues and strengthening responsiveness	Increased reporting of E&S-related cases	CPMU, PMUs	Jan – Jun
	Capacity Building & OHS	Training Operators & OHS	Training on equipment use, OHS, and emergency response	Certified and trained personnel	Vendors, PMUs	Ongoing

ANNEXES

Annex A.1. ESCP Implementation Status

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
MONITORING AND REPORTING			
<p>A REGULAR REPORTING</p> <p>Prepare and submit to the Bank and AIIB regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to the implementation of the ESCP, status of preparation and implementation of ESMF, stakeholder engagement activities, and functioning of the grievance redress mechanism(s).</p>	<p>The first report is due within six months after the Loan Effective Date and then every 6 months throughout the Project implementation.</p>	<p>Each PMU to prepare and submit regular monitoring report to CPMU.</p> <p>CPMU to compile and submit to the Bank and AIIB</p>	<p>SIHREN, SOPHI, and InPULS have regularly reported implementation progress to the CPMU on a semi-annual basis.</p>
<p>B INCIDENTS AND ACCIDENTS</p> <p>Promptly notify the Bank and AIIB of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, inter alia, cases of sexual exploitation and abuse (SEA), sexual harassment (SH), and accidents that result in death, serious or multiple injury. Provide sufficient detail regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any medical equipment vendor/supplier,</p>	<p>Notify and report to the Bank within 48 hours after learning of the incident or accident.</p>	<p>CPMU and each PMU</p>	<p>An incident reporting mechanism has been established for SIHREN, SOPHI, and INPULS, and no incidents were reported in the periodic reports.</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
<p>contractor and/or supervising firm, as appropriate.</p> <p>Subsequently, at the Bank and AIIB's request, prepare a report on the incident or accident and propose any measures to address it and prevent its recurrence.</p>	<p>Provide subsequent report(s) to the Bank and AIIB within a timeframe acceptable to the Bank and AIIB. The Bank will promptly distribute the report(s) to the co-financers.</p>		
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1 ORGANIZATIONAL STRUCTURE			
<p>Establish and maintain an organizational structure with qualified staff and resources to support management of ESHS risks and impacts of the Project, including appointing environmental and social focal point(s) from the MoH and recruiting at least one E&S specialist in each PMU and one senior E&S specialist in CPMU.</p>	<p>Appointment of environmental and social focal point(s) from the MoH and recruitment of at least one E&S specialist in each PMU and one senior E&S specialist in CPMU within 120 days following the Project effectiveness and maintained throughout the Project implementation.</p> <p>Draft TOR E&S specialists prepared by 30 days after project effectiveness and approved by the Bank and AIIB.</p>	<p>CPMU and each PMU</p>	<ul style="list-style-type: none"> • Environmental and Social Safeguard Specialists have been assigned to each PMU. • Environmental and Social focal points from the Directorate of Environmental Health (Kesling) and the Bureau of Communication and Public Services (Rokom) of the Ministry of Health are actively engaged.
1.2 ENVIRONMENTAL AND SOCIAL INSTRUMENTS			
<p>Adopt, update, and implement the Stakeholder Engagement Plan (SEP) and Environmental and Social Management Framework (ESMF) for the Project, consistent with the relevant ESSs.</p>	<p>Maintained throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN, SOPHI, INPULS</p> <p>The provisions of the ESMF have been incorporated into vendor contracts, including requirements on occupational health and safety (OHS) management, prevention and response to GBV, safe delivery installation of equipment</p>
1.3 MANAGEMENT OF CONTRACTORS			

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
<p>Incorporate the relevant aspects of the ESCP and ESMF, including inter alia, the relevant E&S instruments, and code of conduct, into the ESHS specifications of the procurement documents and contracts with medical equipment vendors/supplier, contractors and supervising firms. Thereafter, ensure as part of the monitoring process that the contractors and supervising firms comply and cause subcontractors to comply with the ESHS specifications of their respective contracts.</p>	<p>As part of the preparation of procurement documents and respective contracts.</p>	<p>CPMU and each PMU</p>	<p>SIHREN, SOPHI, INPULS, A vendor compliance checklist has been developed based on the contract documents refer to ESMF, and a review has been conducted for all vendors. Under the SOPHI component, there are eight vendors, of which six have been assessed as compliant and two are still under review. Under the SIHREN component, five vendors have been assessed as compliant. For the InPULS component, vendor contracts have not yet been initiated</p>
<p>ESS 2: LABOR AND WORKING CONDITIONS</p>			
<p>2.1 OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES</p>			
<p>Adopt and implement occupational health and safety (OHS) measures including relating Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) code of conduct/behavior standards, prohibition of child and forced labor, requirement of grievance mechanisms for workers, specified in the ESMF and applicable requirements for medical equipment vendors/supplier.</p> <p>Incorporate in the bidding document and vendor/supplier contract on requirements of vendors/suppliers related to safety aspects of distribution, installation, operation, and</p>	<p>Adopt labor and working conditions guidelines in the ESMF and maintain the requirement throughout Project Implementation.</p> <p>As part of the preparation of procurement documents and respective contracts.</p>	<p>CPMU and each PMU</p>	<p>SIHREN</p> <p>MRI & Cathlab have been implemented K3 aspect into their activities. MRI has been deployed 6 units and Cathlab 21 unit Before site preparation, SIHREN conducted tripartite meeting as called Pre Construction Meeting.</p> <p>Hospital which has got commissioning, has been monitor and evaluated for distribution process, installation, and training. All the process is comply as OHS Procedure.</p> <p>SOPHI</p> <p>Vendors have fulfilled the Environmental</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
<p>maintenance of new medical equipment.</p>			<p>and Social (E&S) prerequisite requirements by providing Occupational Health and Safety (OHS) Standard Operating Procedures, signing the Code of Conduct, and complying with the medical equipment delivery procedures in accordance with the applicable regulations.</p> <p>INPULS Environmental and Social (E&S) requirements were communicated during the vendor pre-bid meeting.</p>
<p>2.2 GRIEVANCE REDRESS MECHANISM FOR PROJECT WORKERS Establish and operate a grievance redress mechanism for Project workers and workers of medical equipment vendors/suppliers under the Project consistent with ESS2.</p>	<p>Establish a grievance redress mechanism prior to engaging Project workers and thereafter maintain and operate it throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN he GRM reporting mechanism has been communicated to hospitals through the module distribution. Vendors are also required to establish internal grievance handling mechanisms, including clear channels and procedures. In addition, the SIHREN component has conducted training sessions for hospitals on the implementation of the GRM.</p> <p>SOPHI This requirement has been communicated to vendors as part of the Environmental and Social (E&S) management requirements, including the establishment</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
			<p>of procedures and grievance channels for their workers.</p> <p>INPULS</p> <p>There is no update at this period, as no vendors have been contracted yet.</p>
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
<p>3.1 WASTE MANAGEMENT PROCEDURE</p> <p>Adopt and implement a waste management procedure in the ESMF, to manage hazardous and non-hazardous wastes, consistent with ESS3.</p> <p>The facility readiness criteria on waste management shall be met in accordance with the guidelines in the ESMF.</p>	<p>Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN</p> <p>Waste management on healthcare facilities has been carried out with ASPAK and SIKELIM. Verification has been carried out with onsite monitoring and use as justification of difference compliance on ASPAK/SIKELIM</p> <p>SOPHI</p> <p>waste management site readiness is assessed through a risk-based, ASPAK-supported approach that determines “Meet Criteria” status based on the availability of essential infrastructure and regulatory arrangements to ensure safe, compliant, and timely deployment of medical equipment.</p> <p>INPULS</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
			Monitoring has been conducted on Labkesmas readiness against the waste management readiness criteria.
<p>3.2 RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT</p> <p>Incorporate resource efficiency and pollution prevention and management measures in the ESMF, consistent with ESS3.</p>	<p>Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN, SOPHI, and INPULS implement a strategy that aligns minimum waste management standards at each facility with the specific requirements of the equipment deployed.</p>
ESS 4: COMMUNITY HEALTH AND SAFETY			
<p>4.1 COMMUNITY HEALTH AND SAFETY</p> <p>Adopt and implement waste management procedure in the ESMF to manage risks and impacts to the community arising from Project activities such as increasing medical waste at public health facilities located in remote areas or with limited access to medical waste treatment/disposal facilities.</p>	<p>Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN waste management readiness at all equipment recipient locations has been assessed and confirmed to be adequate.</p> <p>SOPHI Of the eight medical devices procured, only dental chairs require waste management readiness, and based on the assessment, all recipient locations have met the required eligibility criteria.</p> <p>INPULS waste management readiness across Labkesmas Tier 2–4 varies by tier, with Tier 2 and Tier 3 laboratories generally meeting basic requirements but facing gaps in permitting and hazardous waste cold storage, while Tier 4 laboratories</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
demonstrate stronger overall readiness with only minor permitting-related gaps.			
ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT			
Not Relevant			
ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES			
Not Relevant			
ESS 7: INDIGENOUS PEOPLES/SUB SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES			
Any engagement with Ethnic Groups/Indigenous Peoples will follow the Project SEP	Throughout the Project implementation	CPMU and each PMU	
ESS 8: CULTURAL HERITAGE			
Not Relevance			
ESS 9: FINANCIAL INTERMEDIARIES			
Not Relevance			
ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE			
10.1 STAKEHOLDER ENGAGEMENT PLAN PREPARATION AND IMPLEMENTATION Adopt and implement the SEP.	Following effectiveness and prior to implementation of activities requiring stakeholder engagement.	CPMU and each PMU	SIHREN intensive engagement with vendors, hospitals, CPMU, PMU, the Directorate of Environmental Health, BAPETEN, KLH, MDBs, and other relevant stakeholders via E&S compliance reviews, site readiness discussions, steering committee coordination, radiation safety and licensing trainings, GBV and GRM discussions, and a series of Project

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
			<p>ECHO telementoring sessions covering waste management, OHS, social safeguards, and stakeholder engagement</p> <p>SOPHI Engagement with key stakeholders—including medical equipment providers, the Directorate of Environmental Health, CPMU, PMU, and vendors—via continuous socialization of Environmental and Social requirements, SOP compliance checks on incident management, FGRM, and GBV, technical discussions on waste and wastewater management site readiness for primary health facilities, and vendor pre-bid meetings that reinforced stakeholder roles and commitments to Environmental and Social compliance.</p> <p>INPULS Implementation advanced through coordinated engagement with key stakeholders—including Labkesmas Tier 2–5, the Directorate General of Environmental Health, CPMU, PMU, MDBs, and vendors participant on bids meeting</p>
10.2		PROJECT REDRESS GRIEVANCE	<p>The FGRM operational within 30 days after the Effective date including</p> <p>CPMU and each PMU</p> <p>SIHREN, SOPHI, INPULS</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
<p>Establish, maintain and operate an accessible Feedback and Grievance Mechanism (FGRM), as described in the SEP, including appointing a FGRM focal point(s) to operationalize the FGRM.</p>	<p>appointing a FGRM focal point and maintained throughout Project implementation.</p>		<p>During 2025, the GRM received 18 submissions through Halo Kemenkes and none through SP4N-Lapor!, all of which related to general information or administrative matters rather than safeguard issues, with no environmental, social, OHS, waste management, or GBV/SEA-SH complaints reported and all cases properly addressed and closed.</p>
CAPACITY SUPPORT			
<p>CS1 Organize thematic fit-for-purpose training and/or coaching for E&S focal point on E&S management for relevant project activities, followed by a series of capacity building activities for relevant project staff, which may include:</p> <ul style="list-style-type: none"> - Healthcare waste management - Occupational health and safety - GBV, SEA/SH prevention and response - FGRM operationalization - Other topics as identified during project implementation. 	<p>Training and refreshers on an annual basis (or more often as required) prior to commencement of Project activities and maintain them throughout Project implementation.</p>	<p>CPMU and each PMU</p>	<p>SIHREN: implemented intensive Environmental and Social safeguard capacity-building activities for hospitals and vendors through integrated desk reviews, vendor consultancy meetings, Project ECHO telementoring sessions, and technical trainings, covering waste management, radiation and occupational safety, licensing, incident reporting, and GBV/SEA-SH</p> <p>SOPH conducted Environmental and Social compliance reviews for multiple medical equipment vendors, focusing on SOP compliance related to incident management, FGRM, and GBV, alongside technical discussions with Ditjen Environmental Health on site readiness criteria and healthcare liquid</p>

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
			<p>waste management for primary health centers.</p> <p>INPUS</p> <p>implemented a series of Environmental safeguard capacity-building activities for laboratory facilities, including socialization on environmental standard compliance, discussions on waste management site readiness and healthcare liquid waste management under the IHSS framework, and regional socialization on environmental permit compliance for Labkesmas Tier 2–5 across western, central, and eastern regions.</p> <p>(see on 2.6)</p>

Annex A.2. Status of Waste Management Infrastructure at Puskesmas Receiving Dental Chair Units Delivered 2025, West Java

No	District/City	Name of the Health Center	The Condition of Waste Treatment Facility				
			TPS B3	Cold Storage	IPAL	MOU B3	MOU of Wastewater
1	Bogor	Tajur	Operating	Operating	Operating	Available	Not Available
2	Sukabumi	Girijaya	Operating	Operating	Operating	Available	Available
3	Sukabumi	Jampang Tengah	Operating	Operating	Damaged	Available	Not Available
4	Sukabumi	Kalapanunggal	Not Available	Not Available	Operating	Available	Not Available
5	Cianjur	Sukaluyu	Operating	Not Available	Not Available	Available	Not Available
6	Cianjur	Ciherang	Operating	Not Available	Operating	Available	Not Available
7	Cianjur	Sukanagalih	Operating	Operating	Operating	Available	Not Available
8	Bandung	Cikalong	Operating	Not Available	Operating	Available	Not Available
9	Bandung	Pakutandang	Operating	Not Available	Operating	Not Available	Not Available
10	Bandung	Cilengkrang	Operating	Not Available	Operating	Available	Available
11	Garut	Bayongbong	Operating	Operating	Damaged	Available	Not Available
12	Tasikmalaya	Bojonggambir	Not Available	Not Available	Not Available	Available	Available
13	Tasikmalaya	Puspahiang	Operating	Not Available	Not Available	Available	Not Available
14	Tasikmalaya	Rajapolah	Operating	Operating	Damaged	Available	Not Available
15	Tasikmalaya	Sukarame	Damaged	Not Available	Operating	Available	Available
16	Tasikmalaya	Sukahening	Operating	Not Available	Operating	Available	Not Available
17	Ciamis	Cihaurbeuti	Operating	Operating	Damaged	Available	Available
18	Ciamis	Panjalu	Operating	Not Available	Damaged	Available	Not Available
19	Ciamis	Payungsari	Operating	Not Available	Operating	Available	Not Available
20	Kuningan	Darma	Operating	Operating	Operating	Available	Not Available
21	Kuningan	Selajambe	Operating	Operating	Operating	Available	Not Available
22	Kuningan	Maleber	Operating	Operating	Operating	Available	Not Available
23	Kuningan	Jalaksana	Operating	Not Available	Operating	Available	Available
24	Kuningan	Linggarjati	Operating	Not Available	Operating	Available	Not Available
25	Kuningan	Cigandamekar	Operating	Not Available	Damaged	Available	Not Available

No	District/City	Name of the Health Center	The Condition of Waste Treatment Facility				
			TPS B3	Cold Storage	IPAL	MOU B3	MOU of Wastewater
	Cirebon	Sindang Jawa	Operating	Operating	Not Available	Available	Not Available
	Majalengka	Banjaran	Not Available	Not Available	Operating	Available	Not Available
	Majalengka	Majalengka	Operating	Operating	Operating	Available	Not Available
	Majalengka	Salagedang	Operating	Not Available	Operating	Available	Not Available
	Majalengka	Loji	Operating	Not Available	Operating	Available	Not Available
	Majalengka	Kertajati	Not Available	Not Available	Operating	Available	Available
	Majalengka	Jatitujuh	Not Available	Not Available	Operating	Available	Not Available
	Majalengka	Ligung	Not Available	Not Available	Operating	Available	Available
	Sumedang	Sumedang Selatan	Not Available	Not Available	Not Available	Available	Not Available
	Sumedang	Kota Kaler	Operating	Not Available	Operating	Available	Not Available
	Sumedang	Situ	Operating	Not Available	Operating	Available	Not Available
	Indramayu	Wanakaya	Operating	Operating	Operating	Available	Available
	Indramayu	Widasari	Operating	Not Available	Not Available	Available	Not Available
	Indramayu	Karangampel	Operating	Not Available	Operating	Available	Not Available
	Indramayu	Kerticala	Damaged	Not Available	Not Available	Not Available	Not Available
	Indramayu	Kandanghaur	Operating	Operating	Operating	Available	Available
	Indramayu	Bongas	Not Available	Not Available	Not Available	Available	Not Available
	Indramayu	Bugis	Operating	Not Available	Not Available	Available	Available
	Subang	Tanjungwangi	Operating	Operating	Not Available	Available	Not Available
	Subang	Rancabango	Operating	Not Available	Not Available	Available	Not Available
	Karawang	Nagasari	Operating	Not Available	Not Available*	Available	Available
	Bekasi	Lemahabang	Operating	Operating	Operating	Available	Available
	Bekasi	Tarumajaya	Operating	Operating	Operating	Available	Not Available
	Pangandaran	Langkaplancar	Operating	Not Available	Operating	Available	Available
	Pangandaran	Jadikarya	Operating	Not Available	Operating	Available	Available
	Kota Bogor	Pulo Armin	Operating	Not Available	Operating	Available	Available
	Kota Sukabumi	Cipelang	Operating	Operating	Operating	Available	Available
	Kota Sukabumi	Benteng	Operating	Operating	Operating	Available	Available

No	District/City	Name of the Health Center	The Condition of Waste Treatment Facility				
			TPS B3	Cold Storage	IPAL	MOU B3	MOU of Wastewater
	Kota Cirebon	Pulasaren	Operating	Operating	Damaged	Available	Not Available
	Kota Bekasi	Pejuang	Operating	Operating	Operating	Available	Not Available
	Kota Tasikmalaya	Karanganyar	Operating	Operating	Operating	Available	Available
	Kota Tasikmalaya	Kahuripan	Operating	Not Available	Operating	Available	Not Available
	Kota Tasikmalaya	Indihiang	Operating	Not Available	Operating	Available	Not Available
	Kota Tasikmalaya	Bungursari	Operating	Not Available	Operating	Available	Not Available
	Kota Tasikmalaya	Cipedes	Operating	Not Available	Operating	Available	Available
	Kota Tasikmalaya	Panglayungan	Operating	Not Available	Operating	Available	Not Available
	Kota Banjar	Banjar II	Operating	Not Available	Operating	Available	Available
	Kota Banjar	Purwaharja I	Operating	Not Available	Damaged	Available	Not Available
	Kota Banjar	Pataruman II	Operating	Not Available	Operating	Available	Available
	Kota Banjar	Pataruman III	Operating	Not Available	Operating	Available	Not Available

Annex A.3. Waste Management Readiness of Hospital Receive Cathlab

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
1	RS Umum Daerah Teungku Peukan	Aceh Barat Daya	Aceh	1112011	V	V	V	V	no data	Memenuhi	-	1	-
2	RS Umum Daerah Kabupaten Aceh Besar	Aceh Besar	Aceh	1108015	V	V	V	V	no data	Memenuhi	-	1	-
3	RS Umum Daerah Teuku Umar Kabupaten Aceh Jaya	Aceh Jaya	Aceh	1116011	V	V	RUSAK	V	no data	Memenuhi	-	1	-
4	RS Umum Daerah Muda Sedia Kabupaten Aceh Tamiang	Aceh Tamiang	Aceh	1114011	V	V	V	V	no data	Memenuhi	-	1	-
5	RS Umum Daerah H. Sahudin Kutacane	Aceh Tenggara	Aceh	1104011	V	V	V	V	no data	Memenuhi	1	-	-
6	RS Umum Daerah dr. Zubir Mahmud	Aceh Timur	Aceh	1105056	V	V	V	V	no data	Memenuhi	1	-	-
7	RS Umum Daerah Muyang Kute Redelong Bener Meriah	Bener Meriah	Aceh	1117025	V	V	RUSAK	V	no data	Memenuhi	-	1	-
8	RS Umum Daerah Dr. Fauziah Bireun	Bireuen	Aceh	1110075	V	V	V	V	no data	Memenuhi	1	-	-
9	RS Umum Daerah Langsa	Kota Langsa	Aceh	1173012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
10	RS Umum Daerah Sabang	Kota Sabang	Aceh	1172016	V	V	RUSAK	V	no data	Memenuhi	-	1	-
11	RS Umum Daerah Kota Subulussalam	Kota Subulussalam	Aceh	1102027	V	V	RUSAK	V	no data	Memenuhi	-	1	-
12	RS Umum Daerah Sultan Iskandar Muda Nagan Raya	Nagan Raya	Aceh	1115012	V	V	#N/A	V	no data	Memenuhi	-	1	-
13	RS Umum Daerah TGK Chik Ditiro Sigli	Pidie	Aceh	1109016	V	V	V	V	no data	Memenuhi	1	-	-
14	RS Umum Daerah Pidie Jaya	Pidie Jaya	Aceh	1118012	V	V	RUSAK	V	no data	Memenuhi	-	1	-
15	RS Umum Daerah Simeulue	Simeulue	Aceh	1101015	V	V	RUSAK	V	no data	Memenuhi	-	1	-
16	RS Umum Daerah Aceh Singkil	Aceh Singkil	Aceh	1102016	V	V	V	V	no data	Memenuhi	-	1	-
17	RS Umum Daerah Kota Cilegon	Kota Cilegon	Banten	3672022	V	V	V	V	no data	Memenuhi	1	-	-
18	RS Umum Daerah Kota Serang	Kota Serang	Banten	3673012	V	V	#N/A	V	no data	Memenuhi	-	1	-
19	RS Umum Daerah Kota Tangerang	Kota Tangerang	Banten	3671208	V	V	#N/A	V	no data	Memenuhi	-	1	-
20	RS Umum Daerah Kota Tangerang Selatan	Kota Tangerang Selatan	Banten	3674168	V	V	#N/A	V	no data	Memenuhi	-	1	-
21	RS Umum Daerah Malingping	Lebak	Banten	3602045	V	V	V	V	no data	Memenuhi	1	-	-
22	RS Umum Daerah Berkah Pandeglang	Pandeglang	Banten	3601010	V	V	V	V	no data	Memenuhi	1	-	-
23	RS Umum Daerah Hasanuddin Damrah Manna	Bengkulu Selatan	Bengkulu	1701014	V	V	RUSAK	V	no data	Memenuhi	1	-	-
24	RS Umum Daerah Bengkulu Tengah	Bengkulu Tengah	Bengkulu	1709038	V	V	V	V	no data	Memenuhi	-	-	1
25	RS Umum Daerah Arga Makmur	Bengkulu Utara	Bengkulu	1703016	V	V	V	V	no data	Memenuhi	1	-	-
26	RS Umum Daerah Kaur	Kaur	Bengkulu	1704028	V	V	V	V	no data	Memenuhi	-	1	-
27	RS Umum Daerah Kepahiang	Kepahiang	Bengkulu	1708010	V	V	#N/A	V	no data	Memenuhi	-	1	-
28	RS Umum Daerah Harapan dan Doa	Kota Bengkulu	Bengkulu	1771002	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
29	RS Umum Daerah Lebong	Lebong	Bengkulu	1707026	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	-	1
30	RS Umum Daerah Mukomuko	Muko	Bengkulu	1706019	V	V	V	V	no data	Memenuhi	1	-	-
31	RS Umum Daerah Curup	Rejang Lebong	Bengkulu	1702015	V	V	#N/A	V	no data	Memenuhi	1	-	-
32	RS Umum Daerah Tais Kabupaten Seluma	Seluma	Bengkulu	1705018	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
33	RS Umum Daerah Haji Abdoel Madjid Batoe	Batang Hari	Jambi	1504015	V	V	V	V	no data	Memenuhi	-	1	-
34	RS Umum Daerah Mayjen H. A. Thalib	Kota Sungai Penuh	Jambi	1501012	V	V	V	V	no data	Memenuhi	-	1	-
35	RS Umum Daerah Kolonel Abundjani/Bangko	Merangin	Jambi	1502014	V	V	RUSAK	V	no data	Memenuhi	1	-	-
36	RS Umum Daerah Ahmad Ripin	Muaro Jambi	Jambi	1505016	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
37	RS Umum Daerah Prof. Dr. H. Chatib Quzwain	Sarolangun	Jambi	1503036	#N/A	V	#N/A	V	no data	Perlu Perbaikan	-	1	-
38	RS Umum Daerah KH. Daud Arif	Tanjung Jabung Barat	Jambi	1507010	V	V	V	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
39	RS Umum Daerah Nurdin Hamzah	Tanjung Jabung Timur	Jambi	1506011	V	V	RUSAK	V	no data	Memenuhi	-	1	-
40	RS Umum Daerah Sultan Thaha Saifuddin	Tebo	Jambi	1508013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
41	RS Umum Daerah Majalaya	Bandung	Jawa Barat	3204016	V	V	#N/A	V	no data	Memenuhi	1	-	-
42	RS Umum Daerah Cikalong Wetan	Bandung Barat	Jawa Barat	3217007	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
43	RS Umum Daerah Sayang	Cianjur	Jawa Barat	3203015	V	V	#N/A	V	no data	Memenuhi	1	-	-
44	RS Umum Daerah Arjawinangun	Cirebon	Jawa Barat	3209040	V	V	V	V	no data	Memenuhi	1	-	-
45	RS Umum Daerah dr. Slamet Garut	Garut	Jawa Barat	3205010	V	V	#N/A	V	no data	Memenuhi	1	-	-
46	RS Umum Daerah Kab. Indramayu	Indramayu	Jawa Barat	3212016	V	V	#N/A	V	no data	Memenuhi	1	-	-
47	RS Umum Daerah Khidmat Sehat Afiat	Kota Depok	Jawa Barat	3276124	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
48	RS Umum Daerah 45 Kuningan	Kuningan	Jawa Barat	3208013	V	V	#N/A	V	no data	Memenuhi	-	1	-
49	RS Umum Daerah Cideres Majalengka	Majalengka	Jawa Barat	3210025	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
50	RS Umum Daerah Pandega Pangandaran	Pangandaran	Jawa Barat	3218001	V	V	#N/A	V	no data	Memenuhi	1	-	-
51	RS Umum Daerah Bayu Asih	Purwakarta	Jawa Barat	3214011	V	V	#N/A	V	no data	Memenuhi	1	-	-
52	RS Umum Daerah Subang	Subang	Jawa Barat	3213010	V	V	#N/A	V	no data	Memenuhi	-	1	-
53	RS Umum Daerah Jampang Kulon	Sukabumi	Jawa Barat	3202051	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
54	RS Umum Daerah KHZ Mustafa	Tasikmalaya	Jawa Barat	3206023	V	V	#N/A	V	no data	Memenuhi	1	-	-
55	RS Umum Daerah Ciamis	Ciamis	Jawa Barat	3207012	V	V	#N/A	V	no data	Memenuhi	1	-	-
56	RS Umum Daerah Depati Bahrin	Bangka	Kepulauan Bangka Belitung	1901016	V	V	#N/A	V	no data	Memenuhi	1	-	-
57	RS Umum Daerah Sejiran Setason	Bangka Barat	Kepulauan Bangka Belitung	1903013	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
58	RS Umum Daerah Kabupaten Bangka Selatan	Bangka Selatan	Kepulauan Bangka Belitung	1905024	#N/A	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
59	RS Umum Daerah Kab.Bangka Tengah	Bangka Tengah	Kepulauan Bangka Belitung	1904015	#N/A	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
60	RS Umum Daerah Muhammad Zein	Belitung Timur	Kepulauan Bangka Belitung	1906014	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
61	RS Umum Daerah Kabupaten Bintan	Bintan	Kepulauan Riau	2002002	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
62	RS Umum Daerah Muhammad Sani Kabupaten Karimun	Karimun	Kepulauan Riau	2001013	V	V	V	V	no data	Memenuhi	1	-	-
63	RS Umum Daerah Palmatak	Kepulauan Anambas	Kepulauan Riau	2003125	V	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	-	1
64	RS Umum Daerah Kota Tanjung Pinang	Kota Tanjung Pinang	Kepulauan Riau	2072012	V	V	V	V	no data	Memenuhi	-	1	-
65	RS Umum Daerah Dabo Kabupaten Lingga	Lingga	Kepulauan Riau	2004012	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
66	RS Umum Daerah Natuna	Natuna	Kepulauan Riau	2003011	V	V	V	V	no data	Memenuhi	1	-	-
67	RS Umum Daerah Alimuddin Umar	Lampung Barat	Lampung	1801015	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
68	RS Umum Daerah Dr. H. Bob Bazar, SKM	Lampung Selatan	Lampung	1803021	V	V	RUSAK	V	no data	Memenuhi	1	-	-
69	RS Umum Daerah Demang Sepulau Raya	Lampung Tengah	Lampung	1805034	V	V	RUSAK	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
70	RS Umum Daerah Sukadana	Lampung Timur	Lampung	1804011	V	V	#N/A	V	no data	Memenuhi	1	-	-
71	RS Umum Daerah May Jen HM Ryacudu	Lampung Utara	Lampung	1806013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
72	RS Umum Daerah Ragab Begawe Caram	Mesuji	Lampung	1811002	V	V	RUSAK	V	no data	Memenuhi	-	1	-
73	RS Umum Daerah Pesawaran	Pesawaran	Lampung	1809002	V	V	#N/A	V	no data	Memenuhi	-	1	-
74	RS Umum Daerah KH. Muhammad Thohir KRUI	Pesisir Barat	Lampung	1813001	V	V	V	V	no data	Memenuhi	-	-	1
75	RS Umum Daerah Pringsewu	Pringsewu	Lampung	1803010	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
76	RS Umum Daerah Batin Mangunang	Tanggamus	Lampung	1802027	V	V	RUSAK	V	no data	Memenuhi	1	-	-
77	RS Umum Daerah Menggala Tulang Bawang	Tulang Bawang	Lampung	1808015	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
78	RS Umum Daerah Tulang Bawang Barat	Tulang Bawang Barat	Lampung	1812003	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	-	1
79	RS Umum Daerah Zainal Abidin Pagar Alam	Way Kanan	Lampung	1807014	V	V	#N/A	V	no data	Memenuhi	1	-	-
80	RS Umum Daerah Ahmad Yani Metro	Metro	Lampung	1872016	V	V	#N/A	V	no data	Memenuhi	-	1	-
81	RS Umum Daerah Bengkalis	Bengkalis	Riau	1408011	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
82	RS Umum Daerah Puri Husada Tembilahan	Indragiri Hilir	Riau	1403013	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
83	RS Umum Daerah Indrasari Rengat	Indragiri Hulu	Riau	1402012	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
84	RS Umum Daerah Bangkinang	Kampar	Riau	1406016	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
85	RS Umum Daerah Kabupaten Kepulauan Meranti	Kepulauan Meranti	Riau	1410043	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
86	RS Umum Daerah Madani Kota Pekanbaru	Kota Pekanbaru	Riau	1471398	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
87	RS Umum Daerah Teluk Kuantan	Kuantan Singingi	Riau	1401011	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
88	RS Umum Daerah Selasih Riau	Pelalawan	Riau	1404014	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
89	RS Umum Daerah Dr. RM. Pratomo Bagansiapiapi	Rokan Hilir	Riau	1409022	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
90	RS Umum Daerah Rokan Hulu	Rokan Hulu	Riau	1407011	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
91	RS Umum Daerah Tengku Rafi'an Siak Sri Indrapura	Siak	Riau	1405015	V	V	RUSAK	V	no data	Memenuhi	-	1	-
92	RS Umum Daerah Lubuk Basung	Agam	Sumatera Barat	1308016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
93	RS Umum Daerah Sungai Dareh	Dharmasraya	Sumatera Barat	1311013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
94	RS Umum Daerah Kep. Mentawai	Kepulauan Mentawai	Sumatera Barat	1301010	V	V	RUSAK	V	no data	Memenuhi	-	-	1
95	RS Umum Daerah Kota Bukittinggi	Kota Bukittinggi	Sumatera Barat	1375053	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
96	RS Umum Daerah dr. Rasidin Padang	Kota Padang	Sumatera Barat	1371444	V	V	V	V	no data	Memenuhi	1	-	-
97	RS Umum Daerah Padang Panjang	Kota Padang Panjang	Sumatera Barat	1374013	V	V	RUSAK	V	no data	Memenuhi	-	1	-
98	RS Umum Daerah Dr Sadikin Kota Pariaman	Kota Pariaman	Sumatera Barat	1377007	V	V	#N/A	V	no data	Memenuhi	-	-	1
99	RS Umum Daerah Dr. Adnaan WD	Kota Payakumbuh	Sumatera Barat	1376015	V	V	V	V	no data	Memenuhi	-	1	-
100	RS Umum Daerah Sawah Lunto	Kota Sawah Lunto	Sumatera Barat	1373012	V	V	RUSAK	V	no data	Memenuhi	-	1	-
101	RS Umum Daerah dr. Achmad Darwis	Lima Puluh Kota	Sumatera Barat	1308010	V	V	RUSAK	V	no data	Memenuhi	1	-	-
102	RS Umum Daerah Padang Pariaman	Padang Pariaman	Sumatera Barat	1306056	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
103	RS Umum Daerah Lubuk Sikaping	Pasaman	Sumatera Barat	1309024	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
104	RS Umum Daerah Pasaman Barat	Pasaman Barat	Sumatera Barat	1312024	V	V	#N/A	V	no data	Memenuhi	1	-	-
105	RS Umum Daerah Dr. Muhammad Zein Painan	Pesisir Selatan	Sumatera Barat	1302011	V	V	RUSAK	V	no data	Memenuhi	1	-	-
106	RS Umum Daerah Kabupaten Sijunjung	Sijunjung	Sumatera Barat	1304014	V	V	RUSAK	V	no data	Memenuhi	-	1	-
107	RS Umum Daerah Arosuka Solok	Solok	Sumatera Barat	1303023	V	V	RUSAK	V	no data	Memenuhi	-	1	-
108	RS Umum Daerah Muara Labuh	Solok Selatan	Sumatera Barat	1303012	V	V	RUSAK	V	no data	Memenuhi	-	1	-
109	RS Umum Daerah Prof. Dr. M.A. Hanafiah	Tanah Datar	Sumatera Barat	1305014	V	RUSAK	#N/A	V	no data	Perlu Perbaikan	1	-	-
110	RS Umum Daerah Banyuasin	Banyuasin	Sumatera Selatan	1607012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
111	RS Umum Daerah Kabupaten Empat Lawang	Empat Lawang	Sumatera Selatan	1611042	V	V	V	V	no data	Memenuhi	-	1	-
112	RS Umum Daerah Siti Aisyah Kota Lubuk Linggau	Kota Lubuk Linggau	Sumatera Selatan	1674032	V	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	1	-
113	RS Umum Daerah Basemah Kota Pagar Alam	Kota Pagar Alam	Sumatera Selatan	1673031	V	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	1	-
114	RS Umum Daerah Kota Prabumulih	Kota Prabumulih	Sumatera Selatan	1672015	V	V	RUSAK	V	no data	Memenuhi	1	-	-
115	RS Umum Daerah Lahat	Lahat	Sumatera Selatan	1604016	V	V	V	V	no data	Memenuhi	1	-	-
116	RS Umum Daerah Dr. Sobirin Kabupaten Musi Rawas	Musi Rawas	Sumatera Selatan	1674010	V	V	V	V	no data	Memenuhi	1	-	-
117	RS Umum Daerah Rupit Kabupaten Musi Rawas Utara	Musi Rawas Utara	Sumatera Selatan	1605043	V	V	RUSAK	V	no data	Memenuhi	-	-	1
118	RS Umum Daerah Kabupaten Ogan Ilir	Ogan Ilir	Sumatera Selatan	1610003	V	V	V	V	no data	Memenuhi	-	1	-
119	RS Umum Daerah Kayuagung	Ogan Komering Ilir	Sumatera Selatan	1602014	V	V	V	V	no data	Memenuhi	1	-	-
120	RS Umum Daerah Dr. Ibnu Sutowo Baturaja	Ogan Komering Ulu	Sumatera Selatan	1601013	V	V	V	V	no data	Memenuhi	1	-	-
121	RS Umum Daerah Muara Dua	Ogan Komering Ulu Selatan	Sumatera Selatan	1608051	V	V	V	V	no data	Memenuhi	-	-	1
122	RS Umum Daerah Ogan Komering Ulu Timur	Ogan Komering Ulu Timur	Sumatera Selatan	1609083	V	V	RUSAK	V	no data	Memenuhi	1	-	-
123	RS Umum Daerah Talang Ubi	Penukal Abab Lematang Ilir	Sumatera Selatan	1603085	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	-	1
124	RS Umum Daerah H. Abdul Manan Simatupang	Asahan	Sumatera Utara	1208016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
125	RS Umum Daerah Batu Bara	Batu Bara	Sumatera Utara	1219003	V	V	RUSAK	V	no data	Memenuhi	1	-	-
126	RS Umum Daerah Sidikalang	Dairi	Sumatera Utara	1210010	V	V	RUSAK	V	no data	Memenuhi	-	1	-
127	RS Umum Daerah Drs. H. Amri Tambunan	Deli Serdang	Sumatera Utara	1212012	V	V	V	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
128	RS Umum Daerah Dolok Sanggul	Humbang Hasundutan	Sumatera Utara	1205035	V	V	RUSAK	V	no data	Memenuhi	-	1	-
129	RS Umum Daerah Kabanjahe	Karo	Sumatera Utara	1211011	V	V	#N/A	V	no data	Memenuhi	1	-	-
130	RS Umum Daerah Dr. R. M. Djoelham Binjai	Kota Binjai	Sumatera Utara	1276014	V	V	RUSAK	V	no data	Memenuhi	1	-	-
131	RS Umum Daerah Dr. Pirngadi	Kota Medan	Sumatera Utara	1275013	V	V	V	V	no data	Memenuhi	1	-	-
132	RS Umum Daerah Dr. FL Tobing Sibolga	Kota Sibolga	Sumatera Utara	1271016	V	V	#N/A	V	no data	Memenuhi	-	1	-
133	RS Umum Daerah Dr. Tengku Mansyur	Kota Tanjung Balai	Sumatera Utara	1272010	V	V	RUSAK	V	no data	Memenuhi	-	1	-
134	RS Umum Daerah Dr. H. Kumpulan Pane	Kota Tebing Tinggi	Sumatera Utara	1274012	V	V	V	V	no data	Memenuhi	-	1	-
135	RS Umum Daerah Kota Pinang	Labuhan Batu Selatan	Sumatera Utara	1222002	V	V	V	V	no data	Memenuhi	1	-	-
136	RS Umum Daerah Aek Kanopan	Labuhan Batu Utara	Sumatera Utara	1223002	V	V	V	V	no data	Memenuhi	1	-	-
137	RS Umum Daerah Panyabungan	Mandailing Natal	Sumatera Utara	1203022	V	V	V	V	no data	Memenuhi	1	-	-
138	RS Umum Daerah dr. M. Thomsen Nias	Nias	Sumatera Utara	1201016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
139	RS Pratama Kab. Nias Barat	Nias Barat	Sumatera Utara	1225002	V	V	#N/A	V	no data	Memenuhi	-	-	1
140	RS Umum Daerah Lukas Hilisimaetano	Nias Selatan	Sumatera Utara	1214010	V	V	V	V	no data	Memenuhi	-	-	1
141	RS Umum Daerah Tafaeri	Nias Utara	Sumatera Utara	1224002	RUSAK	V	V	V	no data	Perlu Perbaikan	-	-	1
142	RS Umum Daerah Sibuhuan	Padang Lawas	Sumatera Utara	1203055	V	V	V	V	no data	Memenuhi	1	-	-
143	RS Umum Daerah Gunung Tua	Padang Lawas Utara	Sumatera Utara	1203044	V	V	V	V	no data	Memenuhi	1	-	-
144	RS Umum Daerah Salak	Pakpak Bharat	Sumatera Utara	1216011	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
145	RS Umum Daerah Dr. Hadrianus Sinaga	Samosir	Sumatera Utara	1205024	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	1	-
146	RS Umum Daerah Parapat	Simalungun	Sumatera Utara	1209065	V	V	RUSAK	V	no data	Memenuhi	1	-	-
147	RS Umum Daerah Tapanuli Selatan	Tapanuli Selatan	Sumatera Utara	1203033	V	V	V	V	no data	Memenuhi	-	1	-
148	RS Umum Daerah Pandan	Tapanuli Tengah	Sumatera Utara	1204056	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
149	RS Umum Daerah Tarutung	Tapanuli Utara	Sumatera Utara	1205013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
150	RS Umum Daerah Porsea	Toba Samosir	Sumatera Utara	1205046	V	V	V	V	no data	Memenuhi	-	1	-
151	RS Umum Daerah Padang Sidempuan	Padang Sidempuan	Sumatera Utara	1277011	V	V	V	V	no data	Memenuhi	1	-	-
152	Rumah Sakit Umum Daerah Wonosari	Gunung Kidul	DI Yogyakarta	3403010	V	V	V	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
153	Rumah Sakit Umum Daerah Sleman	Sleman	DI Yogyakarta	3404011	V	V	V	V	no data	Memenuhi	1	-	-
154	Rumah Sakit Umum Daerah Hj. Anna Lasmanah Banjarnegara	Banjarnegara	Jawa Tengah	3304010	V	V	V	V	no data	Memenuhi	-	1	-
155	Rumah Sakit Umum Daerah Kab. Batang	Batang	Jawa Tengah	3325015	V	V	V	V	no data	Memenuhi	-	1	-
156	Rumah Sakit Umum Daerah dr. Soetijono Blora	Blora	Jawa Tengah	3316025	V	V	V	V	no data	Memenuhi	1	-	-
157	Rumah Sakit Umum Daerah Brebes	Brebes	Jawa Tengah	3329012	V	V	V	V	no data	Memenuhi	1	-	-
158	Rumah Sakit Umum Daerah Cilacap	Cilacap	Jawa Tengah	3301014	V	V	RUSAK	V	no data	Memenuhi	1	-	-
159	Rumah Sakit Umum Daerah Sunan Kalijaga	Demak	Jawa Tengah	3321011	V	V	#N/A	V	no data	Memenuhi	1	-	-
160	Rumah Sakit Umum Daerah Dr. R. Soedjati Soemodiardjo Purwodadi	Grobogan	Jawa Tengah	3315013	V	V	#N/A	V	no data	Memenuhi	1	-	-
161	Rumah Sakit Umum Daerah Kartini Karanganyar	Karanganyar	Jawa Tengah	3313011	V	V	RUSAK	V	no data	Memenuhi	-	1	-
162	Rumah Sakit Umum Daerah dr. Soedirman Kabupaten Kebumen	Kebumen	Jawa Tengah	3305011	V	V	#N/A	V	no data	Memenuhi	1	-	-
163	Rumah Sakit Umum Daerah Bagas Waras	Klaten	Jawa Tengah	3310421	V	V	#N/A	V	no data	Memenuhi	1	-	-
164	Rumah Sakit Umum Daerah Ibu Fatmawati Soekarno	Kota Surakarta	Jawa Tengah	3372240	V	V	#N/A	V	no data	Memenuhi	-	1	-
165	Rumah Sakit Umum Daerah Muntilan Kab. Magelang	Magelang	Jawa Tengah	3308022	V	V	#N/A	V	no data	Memenuhi	-	1	-
166	Rumah Sakit Umum Daerah Dr. M. Ashari Pemasang	Pemasang	Jawa Tengah	3327010	V	V	RUSAK	V	no data	Memenuhi	1	-	-
167	Rumah Sakit Umum Daerah dr. R. Goeteng Taroenadibrata	Purbalingga	Jawa Tengah	3303016	V	V	#N/A	V	no data	Memenuhi	1	-	-
168	Rumah Sakit Umum Daerah Dr. Tjitrowardojo Purworejo	Purworejo	Jawa Tengah	3306012	V	V	#N/A	V	no data	Memenuhi	1	-	-
169	Rumah Sakit Umum Daerah dr. R. Soetrasno Rembang	Rembang	Jawa Tengah	3317015	V	V	V	V	no data	Memenuhi	-	1	-
170	Rumah Sakit Umum Daerah dr. Gunawan Mangunkusumo	Semarang	Jawa Tengah	3322012	V	V	#N/A	V	no data	Memenuhi	1	-	-
171	Rumah Sakit Umum Daerah dr. Soehadi Prijonegoro	Sragen	Jawa Tengah	3314012	V	V	V	V	no data	Memenuhi	1	-	-
172	Rumah Sakit Umum Daerah Ir. Soekarno Kabupaten Sukoharjo	Sukoharjo	Jawa Tengah	3311016	V	V	V	V	no data	Memenuhi	-	1	-
173	Rumah Sakit Umum Daerah Djojonegoro Temanggung	Temanggung	Jawa Tengah	3323013	V	V	V	V	no data	Memenuhi	1	-	-
174	Rumah Sakit Umum Daerah Dr. Soedirman Mangun Sumarso Wonogiri	Wonogiri	Jawa Tengah	3312010	V	V	V	V	no data	Memenuhi	-	1	-
175	Rumah Sakit Umum Setjonegoro Wonosobo	Wonosobo	Jawa Tengah	3307013	V	V	V	V	no data	Memenuhi	-	1	-
176	Rumah Sakit Umum Daerah Drs. Jacobus Luna, M.Si	Bengkayang	Kalimantan Barat	6102012	V	V	V	V	no data	Memenuhi	-	1	-
177	Rumah Sakit Umum Daerah dr. A. Diponegoro Putussibau	Kapuas Hulu	Kalimantan Barat	6108011	V	V	#N/A	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
178	Rumah Sakit Umum Daerah Sultan Muhammad Jamaludin I	Kayong Utara	Kalimantan Barat	6111002	V	V	V	V	no data	Memenuhi	-	1	-
179	Rumah Sakit Umum Daerah Sultan Syarif Mohammad Alkadrie	Kota Pontianak	Kalimantan Barat	6171138	V	V	#N/A	V	no data	Memenuhi	1	-	-
180	Rumah Sakit Umum Daerah Dr. Abdul Aziz Singkawang	Kota Singkawang	Kalimantan Barat	6172011	V	V	V	V	no data	Memenuhi	1	-	-
181	Rumah Sakit Umum Daerah Kabupaten Kubu Raya	Kubu Raya	Kalimantan Barat	6112003	V	V	#N/A	V	no data	Memenuhi	-	-	1
182	Rumah Sakit Umum Daerah Kabupaten Landak	Landak	Kalimantan Barat	6103013	V	V	V	V	no data	Memenuhi	-	1	-
183	Rumah Sakit Umum Daerah Kabupaten Melawi	Melawi	Kalimantan Barat	6110012	V	V	V	V	no data	Memenuhi	-	1	-
184	Rumah Sakit Umum Daerah Dr. Rubini Mempawah	Mempawah (Pontianak)	Kalimantan Barat	6104014	V	V	V	V	no data	Memenuhi	1	-	-
185	Rumah Sakit Umum Daerah Sambas	Sambas	Kalimantan Barat	6101033	V	V	RUSAK	V	no data	Memenuhi	-	1	-
186	Rumah Sakit Umum Daerah Kabupaten Sekadau	Sekadau	Kalimantan Barat	6109012	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
187	Rumah Sakit Umum Daerah Ade Muhammad Djoen Sintang	Sintang	Kalimantan Barat	6107010	V	V	RUSAK	V	no data	Memenuhi	1	-	-
188	Rumah Sakit Umum Daerah Datu Kandang Haji	Balangan	Kalimantan Selatan	6311016	V	V	V	V	no data	Memenuhi	1	-	-
189	Rumah Sakit Umum Daerah Ratu Zalecha	Banjar	Kalimantan Selatan	6303015	V	V	#N/A	V	no data	Memenuhi	1	-	-
190	Rumah Sakit Umum Daerah H. Abdul Aziz Marabahan	Barito Kuala	Kalimantan Selatan	6304020	V	V	#N/A	V	no data	Memenuhi	1	-	-
191	Rumah Sakit Umum Daerah Brigjend H. Hasan Basry Kandangan	Hulu Sungai Selatan	Kalimantan Selatan	6306011	V	V	#N/A	V	no data	Memenuhi	1	-	-
192	Rumah Sakit Umum Daerah H Damanhuri Barabai	Hulu Sungai Tengah	Kalimantan Selatan	6307012	V	V	#N/A	V	no data	Memenuhi	1	-	-
193	Rumah Sakit Umum Daerah Pambalah Batung	Hulu Sungai Utara	Kalimantan Selatan	6308013	V	V	#N/A	V	no data	Memenuhi	1	-	-
194	Rumah Sakit Daerah Idaman Kota Banjarbaru	Kota Banjarbaru	Kalimantan Selatan	6372014	V	V	#N/A	V	no data	Memenuhi	1	-	-
195	Rumah Sakit Umum Daerah Sultan Suriansyah Banjarmasin	Kota Banjarmasin	Kalimantan Selatan	6371156	V	V	#N/A	V	no data	Memenuhi	1	-	-
196	Rumah Sakit Umum Daerah Pangeran Jaya Sumitra	Kotabaru	Kalimantan Selatan	6302014	V	V	V	V	no data	Memenuhi	1	-	-
197	Rumah Sakit Umum Daerah H. Badaruddin Kasim	Tabalong	Kalimantan Selatan	6309014	V	V	V	V	no data	Memenuhi	1	-	-
198	Rumah Sakit Umum Daerah dr. H. Andi Abdurrahman Noor	Tanah Bumbu	Kalimantan Selatan	6310015	V	V	V	V	no data	Memenuhi	1	-	-
199	Rumah Sakit Umum Daerah Datu Sanggul Rantau	Tapin	Kalimantan Selatan	6305010	V	V	V	V	no data	Memenuhi	1	-	-
200	Rumah Sakit Umum Daerah Jaraga Sasameh	Barito Selatan	Kalimantan Tengah	6204016	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
201	Rumah Sakit Umum Daerah Tamiang Layang	Barito Timur	Kalimantan Tengah	6212020	V	V	RUSAK	V	no data	Memenuhi	-	1	-
202	Rumah Sakit Umum Daerah Kuala Kurun	Barito Utara	Kalimantan Tengah	6205011	V	V	RUSAK	V	no data	Memenuhi	-	1	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
203	Rumah Sakit Umum Daerah Dr. H. Soemarno Sosroaatmodjo Kab. Kapuas	Gunung Mas	Kalimantan Tengah	6211026	V	V	#N/A	V	no data	Memenuhi	-	1	-
204	Rumah Sakit Umum Daerah Mas Amsyar Kasongan	Kapuas	Kalimantan Tengah	6203015	V	V	#N/A	V	no data	Memenuhi	1	-	-
205	Rumah Sakit Umum Daerah Kota Palangka Raya	Katingan	Kalimantan Tengah	6209024	V	V	#N/A	V	no data	Memenuhi	1	-	-
206	Rumah Sakit Umum Daerah Sultan Imanuddin	Kota Palangka Raya	Kalimantan Tengah	6271026	V	V	RUSAK	V	no data	Memenuhi	-	-	1
207	Rumah Sakit Umum Daerah Kabupaten Lamandau	Kotawaringin Barat	Kalimantan Tengah	6201012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
208	Rumah Sakit Umum Daerah Puruk Cahu	Lamandau	Kalimantan Tengah	6207012	V	V	V	V	no data	Memenuhi	-	1	-
209	Rumah Sakit Umum Daerah Pulang Pisau	Murung Raya	Kalimantan Tengah	6213022	V	V	RUSAK	V	no data	Memenuhi	1	-	-
210	Rumah Sakit Umum Daerah Kuala Pembuang	Pulang Pisau	Kalimantan Tengah	6210015	V	V	RUSAK	V	no data	Memenuhi	-	1	-
211	Rumah Sakit Umum Daerah Sukamara	Seruyan	Kalimantan Tengah	6208014	V	V	RUSAK	V	no data	Memenuhi	1	-	-
212	Rumah Sakit Umum Daerah Dr. Abdul Rivai	Sukamara	Kalimantan Tengah	6207033	V	V	RUSAK	V	no data	Memenuhi	-	1	-
213	Rumah Sakit Umum Daerah Inche Abdoel Moeis	Berau	Kalimantan Timur	6405011	V	V	V	V	no data	Memenuhi	-	1	-
214	Rumah Sakit Umum Daerah Harapan Insan Sendawar	Kota Samarinda	Kalimantan Timur	6472118	V	V	V	V	no data	Memenuhi	1	-	-
215	Rumah Sakit Gerbang Sehat Mahulu	Kutai Barat	Kalimantan Timur	6402041	RUSAK	V	V	V	no data	Perlu Perbaikan	-	1	-
216	Rumah Sakit Umum Daerah Panglima Sebaya	Mahakam Ulu	Kalimantan Timur	6411001	V	V	V	V	no data	Memenuhi	-	-	1
217	Rumah Sakit Umum Daerah Ratu Aji Putri Botung	Paser	Kalimantan Timur	6401014	V	V	V	V	no data	Memenuhi	1	-	-
218	Rumah Sakit Umum Daerah Dr. Kanujoso Djatiwibowo	Penajam Paser Utara	Kalimantan Timur	6409036	V	V	V	V	no data	Memenuhi	-	1	-
219	Rumah Sakit Umum Daerah dr. H. Soemarno Sosroaatmodjo Kab. Bulungan	Bulungan	Kalimantan Utara	6404021	V	V	#N/A	V	no data	Memenuhi	1	-	-
220	Rumah Sakit Umum Kota Tarakan	Kota Tarakan	Kalimantan Utara	6473016	V	V	#N/A	V	no data	Memenuhi	-	1	-
221	Rumah Sakit Umum Daerah Kabupaten Malinau	Malinau	Kalimantan Utara	6406012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
222	Rumah Sakit Umum Daerah Akhmad Berahim	Tana Tidung	Kalimantan Utara	6503002	V	V	#N/A	V	no data	Memenuhi	-	-	1
223	Rumah Sakit Umum Daerah Bangli	Bangli	Bali	5106014	V	V	#N/A	V	no data	Memenuhi	-	1	-
224	Rumah Sakit Umum Daerah Sanjiwani Gianyar	Gianyar	Bali	5104012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
225	Rumah Sakit Umum Daerah Negara	Jembrana	Bali	5101016	V	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
226	Rumah Sakit Umum Daerah Karangasem	Karangasem	Bali	5107015	V	V	RUSAK	V	no data	Memenuhi	-	1	-
227	Rumah Sakit Umum Daerah Klungkung	Klungkung	Bali	5105013	V	V	V	V	no data	Memenuhi	-	1	-
228	Rumah Sakit Umum Daerah Wangaya	Kota Denpasar	Bali	5171020	V	V	V	V	no data	Memenuhi	1	-	-
229	Rumah Sakit Umum Daerah Tabanan	Tabanan	Bali	5102010	V	V	#N/A	V	no data	Memenuhi	1	-	-
230	Rumah Sakit Umum Daerah Tani dan Nelayan	Boalemo	Gorontalo	7501043	RUSAK	V	#N/A	V	no data	Perlu Perbaikan	1	-	-
231	Rumah Sakit Umum Daerah Toto Kabila	Bone Bolango	Gorontalo	7504032	V	V	#N/A	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
232	Rumah Sakit Umum Daerah dr. Zainal Umar Sidiki	Gorontalo Utara	Gorontalo	7505002	V	V	#N/A	V	no data	Memenuhi	1	-	-
233	Rumah Sakit Umum Daerah Bumi Panua	Kota Gorontalo	Gorontalo	7502032	V	V	V	V	no data	Memenuhi	1	-	-
234	Rumah Sakit Umum Daerah Syarifah Ambami Rato Ebu	Pohuwato	Gorontalo	7503045	V	V	RUSAK	V	no data	Memenuhi	1	-	-
235	Rumah Sakit Umum Daerah Ngudi Waluyo Wlingi	Bangkalan	Jawa Timur	3526011	V	V	#N/A	V	no data	Memenuhi	-	1	-
236	Rumah Sakit Umum dr. H.Koesnadi Bondowoso	Blitar	Jawa Timur	3505013	V	V	V	V	no data	Memenuhi	1	-	-
237	Rumah Sakit Umum Daerah Ibnu Sina Kab. Gresik	Kediri	Jawa Timur	3506014	V	V	V	V	no data	Memenuhi	1	-	-
238	Rumah Sakit Umum Daerah Kabupaten Kediri	Kota Blitar	Jawa Timur	3572010	V	V	RUSAK	V	no data	Memenuhi	-	1	-
239	Rumah Sakit Umum Daerah Mardi Waluyo	Kota Kediri	Jawa Timur	3571016	V	V	RUSAK	V	no data	Memenuhi	-	1	-
240	Rumah Sakit Umum Daerah Gambiran	Kota Malang	Jawa Timur	3573258	V	V	#N/A	V	no data	Memenuhi	-	1	-
241	Rumah Sakit Umum Daerah Kota Malang	Kota Pasuruan	Jawa Timur	3575013	V	V	#N/A	V	no data	Memenuhi	-	1	-
242	Rumah Sakit Umum Daerah Dr. R. Soedarsono Kota Pasuruan	Lamongan	Jawa Timur	3524016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
243	Rumah Sakit Umum Daerah dr. Mohamad Saleh Kota Probolinggo	Lumajang	Jawa Timur	3508016	V	V	V	V	no data	Memenuhi	1	-	-
244	Rumah Sakit Umum Daerah Bhakti Dharma Husada	Madiun	Jawa Timur	3519023	V	V	#N/A	V	no data	Memenuhi	-	1	-
245	Rumah Sakit Umum Daerah dr. Soegiri Kabupaten Lamongan	Magetan	Jawa Timur	3520012	V	V	#N/A	V	no data	Memenuhi	-	1	-
246	Rumah Sakit Daerah Dr. Haryoto Kabupaten Lumajang	Mojokerto	Jawa Timur	3516020	V	V	V	V	no data	Memenuhi	1	-	-
247	Rumah Sakit Umum Daerah Caruban	Ngawi	Jawa Timur	3521013	V	V	V	V	no data	Memenuhi	-	1	-
248	Rumah Sakit Umum Daerah dr. Sayidiman Magetan	Pacitan	Jawa Timur	3501016	V	V	#N/A	V	no data	Memenuhi	-	1	-
249	Rumah Sakit Umum Daerah Prof. Dr. Soekandar	Ponorogo	Jawa Timur	3502010	V	V	#N/A	V	no data	Memenuhi	-	1	-
250	Rumah Sakit Umum Daerah Dr. Soeroto Ngawi	Probolinggo	Jawa Timur	3513013	V	V	V	V	no data	Memenuhi	1	-	-
251	Rumah Sakit Umum Daerah dr. Darsono	Sampang	Jawa Timur	3527012	V	V	#N/A	V	no data	Memenuhi	-	1	-
252	Rumah Sakit Umum Daerah Waluyo Jati Kraksaan	Situbondo	Jawa Timur	3512012	V	V	RUSAK	V	no data	Memenuhi	-	1	-
253	Rumah Sakit Umum Daerah dr. Mohammad Zyn Kab. Sampang	Sumenep	Jawa Timur	3529014	V	V	V	V	no data	Memenuhi	-	1	-
254	Rumah Sakit Umum Daerah dr. Abdoer Rahem Kabupaten Situbondo	Trenggalek	Jawa Timur	3503011	V	V	#N/A	V	no data	Memenuhi	-	1	-
255	Rumah Sakit Umum Daerah dr. H. Moh. Anwar	Gresik	Jawa Timur	3525010	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
256	Rumah Sakit Umum Daerah dr. Soedomo Trenggalek	Buru	Maluku	8103020	V	V	#N/A	V	no data	Memenuhi	1	-	-
257	Rumah Sakit Umum Daerah Kabupaten Buru	Buru Selatan	Maluku	8109018	V	V	#N/A	V	no data	Memenuhi	-	-	1
258	Rumah Sakit Umum Daerah dr. Salim Alkatiri	Kepulauan Aru	Maluku	8105019	RUSAK	V	V	V	no data	Perlu Perbaikan	-	-	1
259	Rumah Sakit Umum Daerah Cendrawasih Dobo	Kota Tual	Maluku	8172002	V	V	RUSAK	V	no data	Memenuhi	-	-	1
260	Rumah Sakit Umum Daerah Maren Hi. Noho Renuat Kota Tual	Maluku Barat Daya	Maluku	8108002	V	V	#N/A	V	no data	Memenuhi	-	-	1
261	Rumah Sakit Umum Daerah Tiakur	Maluku Tengah	Maluku	8103042	V	V	V	V	no data	Memenuhi	1	-	-
262	Rumah Sakit Umum Daerah Masohi	Maluku Tenggara	Maluku	8101015	V	V	#N/A	V	no data	Memenuhi	1	-	-
263	Rumah Sakit Umum Daerah Karel Sadsuitubun	Maluku Tenggara Barat (Kepulauan Tanimbar)	Maluku	8101063	V	V	#N/A	V	no data	Memenuhi	-	-	1
264	Rumah Sakit Umum Daerah Dr. P. P. Magretti Saumlaki	Seram Bagian Barat	Maluku	8106010	V	V	V	V	no data	Memenuhi	1	-	-
265	Rumah Sakit Umum Daerah Piru	Seram Bagian Timur	Maluku	8107021	V	V	#N/A	V	no data	Memenuhi	1	-	-
266	Rumah Sakit Umum Daerah Bula	Halmahera Barat	Maluku Utara	8201021	V	V	RUSAK	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
267	Rumah Sakit Umum Daerah Jailolo	Halmahera Selatan	Maluku Utara	8204010	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	1	-	-
268	Rumah Sakit Umum Daerah Labuha	Halmahera Tengah	Maluku Utara	8205021	V	V	#N/A	V	no data	Memenuhi	-	-	1
269	Rumah Sakit Umum Daerah Weda	Halmahera Timur	Maluku Utara	8206012	RUSAK	V	#N/A	V	no data	Perlu Perbaikan	-	-	1
270	Rumah Sakit Umum Daerah Maba	Kepulauan Sula	Maluku Utara	8203020	V	V	RUSAK	V	no data	Memenuhi	1	-	-
271	Rumah Sakit Umum Daerah Sanana	Kota Ternate	Maluku Utara	8271069	RUSAK	V	V	V	no data	Perlu Perbaikan	-	-	1
272	Rumah Sakit Umum Daerah Kota Ternate	Kota Tidore Kepulauan	Maluku Utara	8202043	V	V	#N/A	V	no data	Memenuhi	-	1	-
273	Rumah Sakit Umum Daerah Kota Tidore Kepulauan	Pulau Morotai	Maluku Utara	8205032	V	V	#N/A	V	no data	Memenuhi	1	-	-
274	Rumah Sakit Umum Daerah Ir. Soekarno Kab. Pulau Morotai	Pulau Taliabu	Maluku Utara	8208001	V	V	V	V	no data	Memenuhi	-	1	-
275	Rumah Sakit Umum Daerah Bobong	Bima	Nusa Tenggara Barat	5206015	V	V	#N/A	V	no data	Memenuhi	-	1	-
276	Rumah Sakit Umum Bima	Dompu	Nusa Tenggara Barat	5205014	V	V	#N/A	V	no data	Memenuhi	-	1	-
277	Rumah Sakit Umum Dompu	Kota Bima	Nusa Tenggara Barat	5272005	V	V	RUSAK	V	no data	Memenuhi	1	-	-
278	Rumah Sakit Umum Daerah Kota Bima	Lombok Barat	Nusa Tenggara Barat	5201010	V	V	#N/A	V	no data	Memenuhi	1	-	-
279	Rumah Sakit Umum Daerah Patut Patuh Patju	Lombok Tengah	Nusa Tenggara Barat	5202011	V	V	V	V	no data	Memenuhi	1	-	-
280	Rumah Sakit Umum Daerah Praya Kabupaten Lombok Tengah	Lombok Utara	Nusa Tenggara Barat	5208002	V	V	#N/A	V	no data	Memenuhi	-	1	-
281	Rumah Sakit Umum Kab. Lombok Utara	Sumbawa Barat	Nusa Tenggara Barat	5207002	V	V	RUSAK	V	no data	Memenuhi	-	1	-
282	Rumah Sakit Umum Daerah Asy-Syifa Sumbawa Barat	Alor	Nusa Tenggara Timur	5307010	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
283	Rumah Sakit Umum Daerah Kalabahi	Belu	Nusa Tenggara Timur	5306016	V	V	#N/A	V	no data	Memenuhi	1	-	-
284	Rumah Sakit Umum Daerah Mgr. Gabriel Manek, SVD Atambua	Ende	Nusa Tenggara Timur	5311013	V	V	#N/A	V	no data	Memenuhi	1	-	-
285	Rumah Sakit Umum Daerah Ende	Flores Timur	Nusa Tenggara Timur	5309012	V	V	RUSAK	V	no data	Memenuhi	1	-	-
286	Rumah Sakit Umum Daerah dr. Hendrikus Fernandez Larantuka	Kota Kupang	Nusa Tenggara Timur	5303013	V	V	RUSAK	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
287	Rumah Sakit Umum Daerah S.K. Lerik	Kupang	Nusa Tenggara Timur	5303045	V	V	#N/A	V	no data	Memenuhi	-	1	-
288	Rumah Sakit Umum Daerah Naibonat	Lembata	Nusa Tenggara Timur	5308045	RUSAK	V	V	V	no data	Perlu Perbaikan	-	1	-
289	Rumah Sakit Umum Daerah Lewoleba	Malaka	Nusa Tenggara Timur	5306042	V	V	RUSAK	V	no data	Memenuhi	-	1	-
290	Rumah Sakit Umum Penyangga Perbatasan Betun	Manggarai	Nusa Tenggara Timur	5303056	V	V	V	V	no data	Memenuhi	1	-	-
291	Rumah Sakit Umum Daerah Ruteng	Manggarai Timur	Nusa Tenggara Timur	5319002	V	V	RUSAK	V	no data	Memenuhi	-	-	1
292	Rumah Sakit Umum Daerah Borong	Nagekeo	Nusa Tenggara Timur	5318002	V	V	V	V	no data	Memenuhi	-	1	-
293	Rumah Sakit Umum Daerah Aeramo Kabupaten Nagekeo	Ngada	Nusa Tenggara Timur	5312014	V	V	V	V	no data	Memenuhi	1	-	-
294	Rumah Sakit Umum Daerah Bajawa	Rote Ndao	Nusa Tenggara Timur	5303024	V	V	#N/A	V	no data	Memenuhi	-	-	1
295	Rumah Sakit Umum Daerah Rote Ndao Ba'a	Sabu Raijua	Nusa Tenggara Timur	5320002	V	V	V	V	no data	Memenuhi	-	-	1
296	Rumah Sakit Umum Daerah Sabu Raijua	Sikka	Nusa Tenggara Timur	5310012	V	V	V	V	no data	Memenuhi	1	-	-
297	Rumah Sakit Umum Daerah dr. T.C. Hillers Maumere	Sumba Barat	Nusa Tenggara Timur	5301033	V	V	#N/A	V	no data	Memenuhi	1	-	-
298	Rumah Sakit Umum Daerah Waikabubak	Sumba Barat Daya	Nusa Tenggara Timur	5317002	V	V	#N/A	V	no data	Memenuhi	-	-	1
299	Rumah Sakit Umum Daerah Reda Bolo	Sumba Tengah	Nusa Tenggara Timur	5316003	V	V	V	V	no data	Memenuhi	-	1	-
300	Rumah Sakit Umum Daerah Waibakul	Sumba Timur	Nusa Tenggara Timur	5302023	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
301	Rumah Sakit Umum Daerah Umbu Rara Meha Waingapu	Timor Tengah Selatan	Nusa Tenggara Timur	5304014	V	V	#N/A	V	no data	Memenuhi	1	-	-
302	Rumah Sakit Umum Daerah Soe	Timor Tengah Utara	Nusa Tenggara Timur	5305015	V	V	#N/A	V	no data	Memenuhi	-	1	-
303	Rumah Sakit Umum Daerah Kefamenanu	Jayapura	Papua	9271078	V	V	V	V	no data	Memenuhi	1	-	-
304	Rumah Sakit Umum Daerah Yowari Sentani	Keerom	Papua	9220043	V	V	V	V	no data	Memenuhi	-	-	1
305	Rumah Sakit Umum Daerah Kwaingga Kabupaten Keerom	Kepulauan Yapen	Papua	9204014	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
306	Rumah Sakit Umum Daerah Serui	Kota Jayapura	Papua	9271023	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
307	Rumah Sakit Umum Daerah Abepura	Mamberamo Raya	Papua	9228002	V	V	#N/A	V	no data	Memenuhi	-	-	1
308	Rumah Sakit Umum Daerah Kawera	Sarmi	Papua	9219044	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	-	-	1
309	Rumah Sakit Hendrik Fintay Kabupaten Sarmi	Supiori	Papua	9227011	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	-	1
310	Rumah Sakit Umum Daerah Supiori	Waropen	Papua	9226002	V	V	V	V	no data	Memenuhi	-	-	1
311	Rumah Sakit Umum Daerah Rumah Rodo Fabo	Fakfak	Papua Barat	9101010	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
312	Rumah Sakit Umum Daerah Fakfak	Kaimana	Papua Barat	9102034	V	V	V	V	no data	Memenuhi	1	-	-
313	Rumah Sakit Umum Daerah Kaimana	Manokwari	Papua Barat	9102011	V	V	V	V	no data	Memenuhi	1	-	-
314	Rumah Sakit Umum Daerah Manokwari	Manokwari Selatan	Papua Barat	9111001	V	V	RUSAK	V	no data	Memenuhi	-	1	-
315	Rumah Sakit Umum Elia Waran	Teluk Bintuni	Papua Barat	9104002	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
316	Rumah Sakit Umum Daerah Teluk Bintuni	Teluk Wondama	Papua Barat	9103035	V	V	V	V	no data	Memenuhi	-	1	-
317	Rumah Sakit Umum Daerah Dr. Alberth H. Torey	Kota Sorong	Papua Barat Daya	9171032	V	V	V	V	no data	Memenuhi	1	-	-
318	Rumah Sakit Umum Daerah Sele Be Solu	Maybrat	Papua Barat Daya	9110011	RUSAK	V	V	V	no data	Perlu Perbaikan	-	1	-
319	Rumah Sakit Umum Pratama Tipe D Kab. Maybrat	Raja Ampat	Papua Barat Daya	9108002	V	V	#N/A	V	no data	Memenuhi	1	-	-
320	Rumah Sakit Umum Daerah Raja Ampat	Sorong Selatan	Papua Barat Daya	9106013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
321	Rumah Sakit Umum Kelas D Pratama Kab. Tambrauw	Tambrauw	Papua Barat Daya	9109002	V	V	#N/A	V	no data	Memenuhi	-	1	-
322	Rumah Sakit Umum Daerah Scholoo Keyen	Jayawijaya	Papua Pegunungan	9202013	V	V	RUSAK	V	no data	Memenuhi	1	-	-
323	Rumah Sakit Umum Daerah Wamena	Mamberamo Tengah	Papua Pegunungan	9231002	V	V	#N/A	V	no data	Memenuhi	-	-	1
324	Rumah Sakit Umum Daerah Tiom	Nduga	Papua Pegunungan	9229002	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	-	1
325	Rumah Sakit Umum Daerah Lukas Enembe Kab. Mamberamo Tengah	Pegunungan Bintang	Papua Pegunungan	8121982	RUSAK	V	V	V	no data	Perlu Perbaikan	-	-	1
326	Rumah Sakit Pratama Elvrida Sara	Tolikara	Papua Pegunungan	9218002	V	V	#N/A	V	no data	Memenuhi	1	-	-
327	Rumah Sakit Umum Daerah Oksibil	Yahukimo	Papua Pegunungan	9202014	V	V	#N/A	V	no data	Memenuhi	1	-	-
328	Rumah Sakit Umum Daerah Karubaga	Lanny Jaya	Papua Pegunungan	9230002	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
329	Rumah Sakit Umum Daerah Dekai	Asmat	Papua Selatan	9215011	RUSAK	RUSAK	RUSAK	V	no data	Perlu Perbaikan	1	-	-
330	Rumah Sakit Umum Daerah Perpetua J. Safanpo	Boven Digoel	Papua Selatan	9213039	V	V	RUSAK	V	no data	Memenuhi	1	-	-
331	Rumah Sakit Umum Daerah Boven Digoel	Deiyai	Papua Selatan	9236003	V	V	RUSAK	V	no data	Memenuhi	1	-	-
332	Rumah Sakit Umum Daerah Kabupaten Mappi	Dogiyai	Papua Selatan	9234003	RUSAK	RUSAK	V	V	no data	Perlu Perbaikan	1	-	-
333	Rumah Sakit Umum Daerah Merauke	Intan Jaya	Papua Selatan	9235002	V	V	#N/A	V	no data	Memenuhi	1	-	-
334	Rumah Sakit Umum Daerah Pratama Waghete	Mappi	Papua Selatan	9214012	V	V	#N/A	V	no data	Memenuhi	1	-	-
335	Rumah Sakit Umum Daerah Kabupaten Dogiyai	Merauke	Papua Selatan	9201012	#N/A	V	#N/A	V	no data	Perlu Perbaikan	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
336	Rumah Sakit Umum Daerah Kabupaten Intan Jaya	Nabire	Papua Selatan	9202012	#N/A	V	#N/A	V	no data	Perlu Perbaikan	1	-	-
337	Rumah Sakit Umum Daerah Kabupaten Mimika	Paniai	Papua Selatan	9202023	V	V	V	V	no data	Memenuhi	1	-	-
338	Rumah Sakit Umum Daerah Nabire	Puncak Jaya	Papua Selatan	9211010	#N/A	V	#N/A	V	no data	Perlu Perbaikan	1	-	-
339	Rumah Sakit Umum Daerah Mulia	Mimika	Papua Tengah	9212011	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
340	Rumah Sakit Umum Daerah Paniai	Majene	Sulawesi Barat	7601011	RUSAK	V	V	V	no data	Perlu Perbaikan	-	1	-
341	Rumah Sakit Umum Daerah Kabupaten Majene	Mamasa	Sulawesi Barat	7603024	V	V	RUSAK	V	no data	Memenuhi	-	-	1
342	Rumah Sakit Umum Daerah Kondosapata Kab. Mamasa	Mamuju	Sulawesi Barat	7604012	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
343	Rumah Sakit Umum Daerah Kabupaten Mamuju	Mamuju Tengah	Sulawesi Barat	7604026	V	V	V	V	no data	Memenuhi	-	-	1
344	Rumah Sakit Umum Daerah Kabupaten Mamuju Tengah	Mamuju Utara	Sulawesi Barat	No data	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
345	Rumah Sakit Umum Daerah Kabupaten Pasangkayu	Bantaeng	Sulawesi Selatan	7303010	V	V	#N/A	V	no data	Memenuhi	-	1	-
346	Rumah Sakit Umum Daerah Prof. Dr. H. Anwar Makkatutu	Barru	Sulawesi Selatan	7311010	V	V	RUSAK	V	no data	Memenuhi	-	1	-
347	Rumah Sakit Umum Daerah La Patarai	Bolaang Mongondow Selatan	Sulawesi Selatan	7110002	V	V	#N/A	V	no data	Memenuhi	-	-	1
348	Rumah Sakit Umum Daerah Bolaang Mongondow Selatan	Enrekang	Sulawesi Selatan	7316015	RUSAK	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-
349	Rumah Sakit Umum Daerah H.A. Sulthan Daeng Radja	Gowa	Sulawesi Selatan	7306046	V	V	RUSAK	V	no data	Memenuhi	1	-	-
350	Rumah Sakit Umum Daerah Massenrempulu Enrekang	Jeneponto	Sulawesi Selatan	7304011	V	V	#N/A	V	no data	Memenuhi	1	-	-
351	Rumah Sakit Umum Daerah Syekh Yusuf	Kepulauan Selayar	Sulawesi Selatan	7301015	V	V	#N/A	V	no data	Memenuhi	-	1	-
352	Rumah Sakit Umum Daerah Lanto Daeng Pasewang	Kota Makassar	Sulawesi Selatan	7371395	V	V	V	V	no data	Memenuhi	1	-	-
353	Rumah Sakit Umum Daerah KH. Hayyung Kepulauan Selayar	Kota Pare-pare	Sulawesi Selatan	7372078	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
354	Rumah Sakit Umum Daerah Daya Kota Makassar	Luwu	Sulawesi Selatan	7317075	V	V	#N/A	V	no data	Memenuhi	1	-	-
355	Rumah Sakit dr. Hasri Ainun Habibie Parepare	Luwu Timur	Sulawesi Selatan	7325016	V	V	#N/A	V	no data	Memenuhi	1	-	-
356	Rumah Sakit Umum Daerah Batara Guru	Luwu Utara	Sulawesi Selatan	7317053	V	V	RUSAK	V	no data	Memenuhi	-	1	-
357	Rumah Sakit Umum Daerah I Lagaligo	Maros	Sulawesi Selatan	7309016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
358	Rumah Sakit Umum Daerah Andi Djemma Masamba	Pangkajene Kepulauan	Sulawesi Selatan	7310016	V	V	V	V	no data	Memenuhi	1	-	-
359	Rumah Sakit Umum Daerah dr. La Palaloi	Pinrang	Sulawesi Selatan	7315014	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
360	Rumah Sakit Umum Daerah Batara Siang	Sidenreng Rappang	Sulawesi Selatan	7314024	#N/A	#N/A	#N/A	V	no data	Perlu Perbaikan	-	1	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
361	Rumah Sakit Umum Daerah Lasinrang Pinrang	Sinjai	Sulawesi Selatan	7307014	V	V	V	V	no data	Memenuhi	-	1	-
362	Rumah Sakit Umum Daerah Nene Mallomo	Tana Toraja	Sulawesi Selatan	7318054	V	V	V	V	no data	Memenuhi	1	-	-
363	Rumah Sakit Umum Daerah Kabupaten Sinjai	Toraja Utara	Sulawesi Selatan	7326002	V	V	RUSAK	V	no data	Memenuhi	-	-	1
364	Rumah Sakit Umum Daerah H. Padjonga Dg. Ngalle Takalar	Wajo	Sulawesi Selatan	7313012	V	V	#N/A	V	no data	Memenuhi	1	-	-
365	Rumah Sakit Umum Daerah Lakipadada	Bulukumba	Sulawesi Selatan	7302016	V	V	V	V	no data	Memenuhi	1	-	-
366	Rumah Sakit Umum Daerah Pongtiku	Takalar	Sulawesi Selatan	735014	V	#N/A	V	V	no data	Perlu Perbaikan	-	-	1
367	Rumah Sakit Umum Daerah Lamadukkelleng Kabupaten Wajo	Banggai	Sulawesi Tengah	7202015	V	V	#N/A	V	no data	Memenuhi	1	-	-
368	Rumah Sakit Umum Daerah Kabupaten Banggai	Kota Palu	Sulawesi Tengah	7271051	RUSAK	V	V	V	no data	Perlu Perbaikan	1	-	-
369	Rumah Sakit Umum Daerah Trikora Salakan	Morowali	Sulawesi Tengah	7203016	V	V	RUSAK	V	no data	Memenuhi	1	-	-
370	Rumah Sakit Umum Daerah Banggai	Poso	Sulawesi Tengah	7204010	V	V	V	V	no data	Memenuhi	1	-	-
371	Rumah Sakit Umum Daerah Mokoyurli Buol	Sigi	Sulawesi Tengah	7210002	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	1	-	-
372	Rumah Sakit Umum Daerah Kabelota	Tojo Una-una	Sulawesi Tengah	7209032	V	V	V	V	no data	Memenuhi	-	1	-
373	Rumah Sakit Umum Anutapura Palu	Banggai Laut	Sulawesi Tengah	7201011	V	V	#N/A	V	no data	Memenuhi	-	1	-
374	Rumah Sakit Umum Daerah Morowali	Donggala	Sulawesi Tengah	7205022	V	V	V	V	no data	Memenuhi	-	1	-
375	Rumah Sakit Umum Daerah Kolonodale	Morowali Utara	Sulawesi Tengah	7204021	V	V	RUSAK	V	no data	Memenuhi	-	1	-
376	Rumah Sakit Umum Daerah Poso	Buol	Sulawesi Tengah	7207013	V	V	#N/A	V	no data	Memenuhi	-	1	-
377	Rumah Sakit Umum Daerah Tora Belo	Banggai Kepulauan	Sulawesi Tengah	7201012	V	V	V	V	no data	Memenuhi	-	1	-
378	Rumah Sakit Umum Daerah Ampana	Bombana	Sulawesi Tenggara	7406036	V	#N/A	V	V	no data	Perlu Perbaikan	1	-	-
379	Rumah Sakit Umum Daerah Kabupaten Bombana	Buton	Sulawesi Tenggara	7401038	V	V	RUSAK	V	no data	Memenuhi	-	1	-
380	Rumah Sakit Umum Daerah Kabupaten Buton	Buton Selatan	Sulawesi Tenggara	7401039	RUSAK	V	RUSAK	V	no data	Perlu Perbaikan	-	1	-
381	Rumah Sakit Umum Daerah Kabupaten Buton Selatan	Buton Tengah	Sulawesi Tenggara	7414002	V	V	V	V	no data	Memenuhi	-	-	1
382	Rumah Sakit Umum Daerah Kabupaten Buton Tengah	Buton Utara	Sulawesi Tenggara	7401024	V	V	#N/A	V	no data	Memenuhi	-	-	1
383	Rumah Sakit Umum Daerah Kabupaten Buton Utara	Kolaka	Sulawesi Tenggara	7404012	V	#N/A	RUSAK	V	no data	Perlu Perbaikan	1	-	-
384	Rumah Sakit Benyamin Guluh Kolaka	Kolaka Timur	Sulawesi Tenggara	7411908	V	V	#N/A	V	no data	Memenuhi	1	-	-
385	Rumah Sakit Umum Daerah Kabupaten Kolaka Timur	Kolaka Utara	Sulawesi Tenggara	7404034	V	V	#N/A	V	no data	Memenuhi	1	-	-

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
386	Rumah Sakit Umum Daerah H.M. Djafar Harun	Konawe	Sulawesi Tenggara	7403022	#N/A	#N/A	#N/A	V	no data	Perlu Perbaikan	1	-	-
387	Rumah Sakit Umum Daerah Konawe	Kota Surakarta	Jawa Tengah	3372201	V	V	RUSAK	V	no data	Memenuhi	1		
388	Rumah Sakit Umum Daerah Kabupaten Konawe Kepulauan	Bangka	Kepulauan Bangka Belitung	1901043	RUSAK	V	#N/A	V	no data	Perlu Perbaikan	1		
389	Rumah Sakit Umum Daerah Konawe Selatan	Kota Bandar Lampung	Lampung	1801017	V	V	RUSAK	V	no data	Memenuhi	1		
390	Rumah Sakit Umum Daerah Kab.Konawe Utara	Kota Ternate	Maluku Utara	8271016	V	V	RUSAK	V	no data	Memenuhi	1		
391	Rumah Sakit Umum Daerah Bahteramas Provinsi Sulawesi Tenggara	Manokwari	Papua Barat	9105006	#N/A	#N/A	#N/A	V	no data	Perlu Perbaikan	1		
392	Rumah Sakit Umum Daerah Kota Kendari	Banyuasin	Sumatera Selatan	1671072	V	V	V	V	no data	Memenuhi	1		
393	Rumah Sakit Umum Daerah dr. L.M Baharuddin, M. Kes Kab. Muna	Kota Jakarta Barat	DKI Jakarta	3174282	V	#N/A	#N/A	V	no data	Perlu Perbaikan	1		
394	Rumah Sakit Umum Daerah Kabupaten Muna Barat	Kota Jakarta Barat	DKI Jakarta	3174282	V	V	#N/A	V	no data	Memenuhi	1		
395	Rumah Sakit Umum Daerah Kabupaten Wakatobi	Klaten	Jawa Tengah	3310015	V	V	V	V	no data	Memenuhi	1		
396	Rumah Sakit Umum Daerah Bolaang Mongondow Timur	Kota Makassar	Sulawesi Selatan	7371026	V	V	#N/A	V	no data	Memenuhi	1		
397	Rumah Sakit Umum Daerah Bolaang Mongondow Utara	Kota Bukittinggi	Sumatera Barat	1375036	V	V	RUSAK	V	no data	Memenuhi	1		
398	Rumah Sakit Umum Daerah Liun Kendage	Kota Palembang	Sumatera Selatan	1671013	#N/A	V	#N/A	V	no data	Perlu Perbaikan	1		
399	Rumah Sakit Umum Daerah Lapangan Sawang Kab. Sitiro				V	V	V	V		Memenuhi			
400	Rumah Sakit Umum Daerah Talaud				RUSAK	V	RUSAK	V		Perlu Perbaikan			
401	Rumah Sakit Umum Daerah Kota Bitung				V	V	#N/A	V		Memenuhi			
402	Rumah Sakit Umum Daerah Kota Kotamobagu				V	V	V	V		Memenuhi			
403	Rumah Sakit Umum Daerah Anugerah				V	V	V	V		Memenuhi			
404	Rumah Sakit Umum Daerah Amurang				V	V	RUSAK	V		Memenuhi			
405	Rumah Sakit Umum Daerah Mitra Sehat				V	V	#N/A	V		Memenuhi			
406	Rumah Sakit Umum Pusat Ratatotok Buyat				V	V	#N/A	V		Memenuhi			
407	Rumah Sakit Umum Daerah Maria Walanda Maramis				V	V	RUSAK	V		Memenuhi			
408	Rumah Sakit Umum Daerah Kabupaten Tangerang				V	V	#N/A	V		Memenuhi			
409	Rumah Sakit Jantung Dan Pembuluh Darah Harapan Kita Jakarta				V	V	#N/A	V		Memenuhi			
410	Rumah Sakit Jantung Dan Pembuluh Darah Harapan Kita Jakarta				V	V	#N/A	V		Memenuhi			
411	Rumah Sakit Umum Pusat Nasional Dr. Cipto Mangunkusumo				V	V	#N/A	V		Memenuhi			
412	Rumah Sakit Pusat Otak Nasional Prof. Dr. dr. Mahar Mardjono				V	V	#N/A	V		Memenuhi			
413	Rumah Sakit Umum Pusat Dr. Soeradji Tirtonegoro Klaten				V	V	#N/A	V		Memenuhi			
414	Rumah Sakit Umum Daerah Dr. (HC) Ir. Soekarno				V	V	V	V		Memenuhi			
415	Rumah Sakit Umum Daerah Dr. H. Abdul Moeloek				V	V	#N/A	V		Memenuhi			
416	Rumah Sakit Umum Daerah Dr. H. Chasan Boesoerie Ternate				V	V	RUSAK	V		Memenuhi			

No	Hospital	Kab/kota	Provinsi	Kode	Prasarana Limbah Tersedia					Issue Category ASPAK	Tahun Distribusi		
					IPAL berijin	TPS B3 berijin	Insinera-tor	Kerja sama pihak ketiga	TPS Radio-aktif		2025	2026	2027
417	Rumah Sakit Umum Daerah Provinsi Papua Barat				V	V	V	V		Memenuhi			
418	Rumah Sakit Umum Daerah Labuang Baji				V	V	#N/A	V		Memenuhi			
419	Rumah Sakit Umum Pusat Dr. Rivai Abdullah Banyuasin				V	V	#N/A	V		Memenuhi			

Annex A.4. List of Stakeholder Engagement Activities, Sihren, Sophi And Inpuls

A. Component SIHREN

NO	TOPIC / ACTIVITY NAME	DATE	STAKEHOLDER	PARTICIPANT	REMARKS
1	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	5 August 2025	PT Rajawali Nusantara Indonesia, C-Arm	6	SOP and E&S compliance review (OHS, incident management, GRM)
2	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	20 October 2025	Xianqin Medical - Mobile X-Ray	15	SOP and E&S compliance review
3	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	5 November 2025	PT IDS Medical System Indonesia, HLM	10	SOP and E&S compliance assessment
4	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	6 November 2025	PT Indosopha, ECMO & ECMO NICU	7	SOP and E&S compliance verification (including SEA/SH & GRM)
5	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	11 November 2025	PT Adijaya Merta - ESWL	7	SOP compliance and E&S mitigation review
6	E&S Requirement & Contract Compliance, E&S Management and Site Implementation, Incident Management, GBV and GRM	28 November 2025	Xianqin Medical - FFR	5	SOP and E&S documentation review
7	Site Readiness Criteria Discussion for Waste Management	2 September 2025	DitKesLing, CPMU, IHSS, PMU	40	Waste management site readiness criteria (ASPAK 2.0)
8	IHSS Steering Committee Meeting	17 September 2025	Ministry of Environment (KLH)	119	Role of KLH in hospital waste management and compliance

NO	TOPIC / ACTIVITY NAME	DATE	STAKEHOLDER	PARTICIPANT	REMARKS
9	Training Radiation Safety and BAPETEN Permit Process Workshop	3-5 December 2025	BAPETEN	80	Radiation safety and BAPETEN licensing training (PKR)
10	Discussion on intervention indicators of GBV (violence against women and children) in hospitals	8 December 2025	MDB's	6	GBV intervention indicators (gender & equity)
11	Project ECHO Telementoring	6 October 2025	6 Hospitals (MRI) 16 Hospitals NTO (Cathlab)	119	Waste management readiness (MRI & Cathlab)
12	Project ECHO Telementoring	19 November 2025	61 Hospitals and NTO (Cathlab)	58	Work permit, pre-construction, and OHS management
13	Project ECHO Telementoring	19 November 2025	10 hospitals MRI	9	Work permit and OHS management (MRI)
14	Project ECHO Telementoring (Speaker: Directorate of Environmental Health)	4 November 2025	PIU Pokja Sanitasi & K3; 6 Hospitals MRI; 61 Hospitals (Cathlab); 77 Hospitals (Mammograph)	228	Medical waste management and licensing (IPAL & TPS)
15	Project ECHO Telementoring (Speaker: Bappenas), 11 Nov 2025	11 November 2025	PIU Pokja Sanitasi & K3; 6 Hospitals MRI; 61 Hospitals (Cathlab); 77 Hospitals (Mammograph)	226	Radioactive waste management and licensing
16	Project ECHO Telementoring (Speaker: Bappenas), 18 Nov 2025	18 November 2025	PIU Pokja Sanitasi & K3; 6 Hospitals MRI; 61 Hospitals (Cathlab); 77 Hospitals (Mammograph)	220	Radiation safety management and licensing
17	Project ECHO Telementoring (Speaker: Direktorat Jenderal), 25 Nov 2025	25 November 2025	Hospitals/PIU	215	Social safeguards and stakeholder engagement

NO	TOPIC / ACTIVITY NAME	DATE	STAKEHOLDER	PARTICIPANT	REMARKS
18	Project ECHO Telementoring (Speaker: Gender Consultant IsDB), 2 Dec 2025	2 December 2025	Hospitals/PIU	199	GBV case management (SEA/SH & VAC)
19	Project ECHO Telementoring (Speaker: Rokomin), 9 Dec 2025	9 December 2025	Hospitals/PIU	189	GRM implementation

B. Component SOPHI

NO	TOPIC/ACTIVITY NAME	DATE	STAKEHOLDERS	PARTICIPANTS	REMARKS
1	Vendor Consultation	14 July 2025	PT Tawada Healthcare, Ministry of Health, PMU SOPHI	20	Safeguard aspects for Neonatal Straight Blade Laryngoscope
2	Vendor Consultation	15 September – 16 October 2025	PT Tawada Healthcare, PMU SOPHI	20	Review of environmental and social document compliance for Neonatal Straight Blade Laryngoscope
3	Vendor Consultation	18 September – 17 November 2025	PT Tawada Healthcare, PMU SOPHI	20	Monitoring system review (incident and grievance) for Neonatal Straight Blade Laryngoscope
4	Vendor Consultation	14 July 2025	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI	25	Socialization of safeguard aspects for Dental Chair
5	Vendor Consultation	6 August – 15 October 2025	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI	25	Socialization of safeguard aspects for Dental Chair
6	Vendor Consultation	28 August – 22 October 2025	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI	25	Monitoring system review (incident and grievance) for Dental Chair
7	PHC Socialization	27 October 2025	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI, Provincial Health Offices, District/City Health Offices, Target PHCs, Supporting Staff	1000	Monitoring system for Dental Chair medical equipment vendors
8	Vendor Consultation	12 August 2025	PT Endo Indonesia, Ministry of Health, PMU SOPHI	19	Safeguard aspects for Infant T-Piece Resuscitator with PEEP vendor
9	Vendor Consultation	15 August – 10 October 2025	PT Endo Indonesia, PMU SOPHI	19	Environmental and social document compliance for Infant

NO	TOPIC/ACTIVITY NAME	DATE	STAKEHOLDERS	PARTICIPANTS	REMARKS
					T-Piece Resuscitator with PEEP vendor
10	Vendor Consultation	18 September – 30 October 2025	PT Endo Indonesia, PMU SOPHI	19	Monitoring system review (incident and grievance) for Infant T-Piece Resuscitator with PEEP vendor
11	PHC Socialization	4 November 2025	PT Endo Indonesia, Ministry of Health, PMU SOPHI, Provincial Health Offices, District/City Health Offices, Target PHCs, Supporting Staff	1000	Monitoring system for Infant T-Piece Resuscitator with PEEP medical equipment
12	Vendor Consultation	8 October 2025	PT Rajawali Nusindo, Ministry of Health, PMU SOPHI	13	Socialization of safeguard aspects for Binocular Microscope
13	Vendor Consultation	10 November 2025 – ongoing	PT Rajawali Nusindo, PMU SOPHI	13	Environmental and social document compliance review for Binocular Microscope vendor
14	Vendor Consultation	8 October – 17 December 2025	PT Rajawali Nusindo, PMU SOPHI	13	Monitoring system review (incident and grievance) for Binocular Microscope
15	Vendor Consultation	22 September 2025	PT Indolab Artha Medika, Ministry of Health, PMU SOPHI	18	Socialization of safeguard aspects for Centrifuge
16	Vendor Consultation	30 September – 24 December 2025	PT Indolab Artha Medika, PMU SOPHI	18	Environmental and social document compliance review for Centrifuge
17	Vendor Consultation	5 November 2025 – ongoing	PT Indolab Artha Medika, PMU SOPHI	18	Monitoring system review (incident and grievance) for Centrifuge
18	Vendor Consultation	6 October 2025	PT Indolab Artha Medika, Ministry of Health, PMU SOPHI	19	Socialization of safeguard aspects for Electrocardiograph (ECG)
19	Vendor Consultation	29 September – 10 October 2025	PT Indolab Artha Medika, PMU SOPHI	19	Environmental and social document compliance review for Electrocardiograph (ECG)
20	Vendor Consultation	6 November – 15	PT Indolab Artha Medika, PMU SOPHI	19	Monitoring system review (incident and grievance) for

NO	TOPIC/ACTIVITY NAME	DATE	STAKEHOLDERS	PARTICIPANTS	REMARKS
		December 2025			Electrocardiograph (ECG)
21	Vendor Consultation	31 October 2025	PT Esa Medika Mandiri, Ministry of Health, PMU SOPHI	24	Socialization of safeguard aspects for Electrocautery
22	Vendor Consultation	29 October – 15 December 2025	PT Esa Medika Mandiri, PMU SOPHI	24	Environmental and social document compliance review for Electrocautery
23	Vendor Consultation	6 November – 18 December 2025	PT Esa Medika Mandiri, PMU SOPHI	24	Monitoring system review (incident and grievance) for Electrocautery
24	Vendor Consultation	3 November 2025	PT Rajawali Nusindo, Ministry of Health, PMU SOPHI	13	Socialization of safeguard aspects for Micropipette
25	Vendor Consultation	10 November 2025 – ongoing	PT Esa Medika Mandiri, PMU SOPHI	13	Environmental and social document compliance review for Electrocautery
26	Vendor Consultation	17 November – 17 December 2025	PT Esa Medika Mandiri, PMU SOPHI	13	Monitoring system review (incident and grievance) for Electrocautery
27	Vendor Pre-bid Meeting	23 & 29 September 2025	Vendor Participants	48	Environmental and Social requirements in contract documents
28	Training for PHCs	July – December 2025 (conducted in several batches)	402 PHCs, Ministry of Health, PMU	450	ACLS (Advanced Cardiac Life Support)
29	Training for PHCs	July – December 2025 (conducted in several batches)	477 PHCs, Ministry of Health, PMU	503	IVA (Visual Inspection with Acetic Acid)
30	Training for PHCs	July – December 2025 (conducted in several batches)	635 PHCs, Ministry of Health, PMU	717	Sensory Health (Vision and Hearing)
31	Training for PHCs	July – December 2025 (conducted in several batches)	438 PHCs, Ministry of Health, PMU	510	Medical Waste Management

NO	TOPIC/ACTIVITY NAME	DATE	STAKEHOLDERS	PARTICIPANTS	REMARKS
32	Training for PHCs	July – December 2025 (conducted in several batches)	464 PHCs, Ministry of Health, PMU	550	Contraceptive Services
33	Training for PHCs	July – December 2025 (conducted in several batches)	529 PHCs, Ministry of Health, PMU	538	Occupational Health and Safety (OHS)
34	Training for PHCs	July – December 2025 (conducted in several batches)	366 PHCs, Ministry of Health, PMU	450	Nutrition Monitoring (GIMUL)
35	Training of Trainers	July – December 2025 (conducted in several batches)	Provincial Health Offices, District/City Health Offices	92	Nutrition Monitoring (GIMUL)
36	On-the-Job Training (OJT) for PHCs	July – December 2025 (conducted in several batches)	40 PHCs Ministry of Health, PMU	120	OJT Maternal Health
37	On-the-Job Training (OJT) for PHCs	July – December 2025 (conducted in several batches)	52 PHCs Ministry of Health, PMU	153	OJT Neonatal Care

D. Component INPULS

NO	TOPIC/ACTIVITY NAME	DATE	STAKEHOLDER	PARTICIPANT	REMARKS
1	Socialization of Environmental Standard Compliance	1 July 2025	Labkesmas Tier 2–5	758	Compliance with environmental standards and regulations
2	Site Readiness Criteria Discussion: Waste Management	1, 2 Sep 2025	DitKesLing, CPMU, PMU IHSS	11	Waste management readiness criteria for ASPAK 2.0 (IHSS Project)
3	Technical Discussion: Healthcare Liquid Waste Management	27 Oct 2025	Ditjen KesLing, MDBs, PMU, CPMU	8	Liquid waste management for healthcare facilities under the IHSS Project
4	Regional Socialization for Environmental Permit Compliance	West: Sept 17–20 Central: Oct 1–4 East: Oct 24–27	Regional Labkesmas Representatives from the Ministry of Environment, all Heads of Labkesmas (Tiers 2–5), and the INPULS PMU	322	Session 1: Technical environmental licensing. Session 2: Waste management best practices.
5	Vendor prebid meeting	16,17 Dec 2025	Vendor	118	E/S requirement on contract document

Annex A.5 List of Capacity Building Activities For Sihren, Sophi And Inpuls

A. Component SIHREN

No	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANTS	INVOLVED PARTIES
1	Integrated Desk activity on Location Readiness, Radiation Safety Aspects, Environmental Management and Radiotherapy Medical Equipment Licensing for the SIHREN (IsDB)	11 - 13 Aug 2025	1) Disseminate information on the preparation and submission of environmental and radiation protection documents; 2) Encourage healthcare facilities to complete environmental permits, BAPETEN permits and MoH permits for radiotherapy facilities.	36	26 Hospitals receiving radiotherapy medical equipment and related stakeholders
2	Vendor Consultancy meeting	5, 6, 11, 28 Nov 2025	IR, GBV, GRM, E/S Site requires	24	4 Vendor
3	Project ECHO Telementoring (Basic)	6 Oct 2025	Session 1 - Waste Management Site Readiness & Management	119	6 RS MRI + 16 RS NTO (Cathlab)
4	Project ECHO Telementoring	19 Nov 2025	Session 1 - Work permit, Pre Construction Meeting and OHS Hospital Management, Monitoring & Implementation	58	61 RS dan NTO 1-3 (Cathlab)1
5	Project ECHO Telementoring,	19 Nov 2025	Session 1 - Work permit, Pre Construction Meeting and OHS Hospital Management, Monitoring & Implementation	9	10 RS MRI
6	Project ECHO Telementoring, (Speaker: Dit.Kesling)	4 Nov 2025	Session 1 - Medical Waste Management (IPAL & TPS) and Document Licensing Process, Hazardous and Non - Hazardous waste Management and related Regulatory	228	2-3 representatives from PIU RS Pokja Sanitasi & K3 from 6 RS MRI+61 RS (Cathlab) and 77 RS (Mammography)
7	Project ECHO Telementoring, (Speaker: DPFRZR BAPETEN)	11 Nov 25	Session 2 - Radioactive waste management, document licensing process and related Regulatory	226	2-3 representatives from PIU RS Pokja Sanitasi & K3 from 6 RS MRI+61 RS (Cathlab) and 77

No	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANTS	INVOLVED PARTIES
					RS (Mammography)
8	Project ECHO Telementoring, (Speaker: DPFRZR BAPETEN)	18 Nov 25	Session 3 - Radioactive/ Radiation Safety management, document licensing process and related Regulatory	220	2-3 representatives from PIU RS Pokja Sanitasi & K3 from 6 RS MRI+61 RS (Cathlab) and 77 RS (Mammography)
9	Project ECHO Telementoring, (Speaker: Ditwas Farmalkes)	25 Nov 25	Session 4 - Social Aspect Safeguard Management and Incident Reporting	215	2-3 representatives from PIU RS Pokja Sanitasi & K3 from 6 RS MRI+61 RS (Cathlab) and 77 RS (Mammography)
10	Project ECHO Telementoring, (Speaker: Gender Consultant IsDB)	2 Dec 25	Session 5 - Gender Based Violence (GBV) Cases and Handling (SEA/SH & VAC)	199	2-3 representatives from PIU RS Pokja Sanitasi & K3 from 6 RS MRI+61 RS (Cathlab) and 77 RS (Mammography)
11	Project ECHO Telementoring (Speaker: Rokomin), 9 Dec 2025	9 December 2025	Session 6: Grievance Redress Mechanism (GRM)	189	2-3 representatives from PIU RS Pokja Sanitasi & K3
12	Training for CT Scan Operations SIHREN Program with Vendor GE Healthcare	9 Jan 25	Environmental, Social and Radiation Safety Aspects and Monitoring in the Operation of CT Scan Medical Devices	58	20 Hospitals

B. Component SOPHI

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
1	Vendor Consultation	14 July 2025	Safeguard aspects for Neonatal Straight Blade Laryngoscope	20	PT Tawada Healthcare, Ministry of Health, PMU SOPHI
2	Vendor Consultation	15 September – 16 October 2025	Review of environmental and social document compliance for Neonatal Straight Blade Laryngoscope	20	PT Tawada Healthcare, PMU SOPHI

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
3	Vendor Consultation	18 September – 17 November 2025	Monitoring system review (incident and grievance) for Neonatal Straight Blade Laryngoscope	20	PT Tawada Healthcare, PMU SOPHI
4	Vendor Consultation	14 July 2025	Socialization of safeguard aspects for Dental Chair	25	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI
5	Vendor Consultation	6 August – 15 October 2025	Socialization of safeguard aspects for Dental Chair	25	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI
6	Vendor Consultation	28 August – 22 October 2025	Monitoring system review (incident and grievance) for Dental Chair	25	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI
7	PHC Socialization	27 October 2025	Monitoring system for Dental Chair medical equipment vendors	1000	PT KJL, PT Gene Craft, Ministry of Health, PMU SOPHI, Provincial Health Offices, District/City Health Offices, Target PHCs, Supporting Staff
8	Vendor Consultation	12 August 2025	Safeguard aspects for Infant T-Piece Resuscitator with PEEP vendor	19	PT Endo Indonesia, Ministry of Health, PMU SOPHI
9	Vendor Consultation	15 August – 10 October 2025	Environmental and social document compliance for Infant T-Piece Resuscitator with PEEP vendor	19	PT Endo Indonesia, PMU SOPHI
10	Vendor Consultation	18 September – 30 October 2025	Monitoring system review (incident and grievance) for Infant T-Piece Resuscitator with PEEP vendor	19	PT Endo Indonesia, PMU SOPHI
11	PHC Socialization	4 November 2025	Monitoring system for Infant T-Piece Resuscitator with PEEP medical equipment	1000	PT Endo Indonesia, Ministry of Health, PMU SOPHI, Provincial Health Offices, District/City Health Offices, Target PHCs, Supporting Staff
12	Vendor Consultation	8 October 2025	Socialization of safeguard aspects for Binocular Microscope	13	PT Rajawali Nusindo, Ministry of Health, PMU SOPHI
13	Vendor Consultation	10 November 2025 – ongoing	Environmental and social document compliance review for Binocular Microscope vendor	13	PT Rajawali Nusindo, PMU SOPHI

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
14	Vendor Consultation	8 October – 17 December 2025	Monitoring system review (incident and grievance) for Binocular Microscope	13	PT Rajawali Nusindo, PMU SOPHI
15	Vendor Consultation	22 September 2025	Socialization of safeguard aspects for Centrifuge	18	PT Indolab Artha Medika, Ministry of Health, PMU SOPHI
16	Vendor Consultation	30 September – 24 December 2025	Environmental and social document compliance review for Centrifuge	18	PT Indolab Artha Medika, PMU SOPHI
17	Vendor Consultation	5 November 2025 – ongoing	Monitoring system review (incident and grievance) for Centrifuge	18	PT Indolab Artha Medika, PMU SOPHI
18	Vendor Consultation	6 October 2025	Socialization of safeguard aspects for Electrocardiograph (ECG)	19	PT Indolab Artha Medika, Ministry of Health, PMU SOPHI
19	Vendor Consultation	29 September – 10 October 2025	Environmental and social document compliance review for Electrocardiograph (ECG)	19	PT Indolab Artha Medika, PMU SOPHI
20	Vendor Consultation	6 November – 15 December 2025	Monitoring system review (incident and grievance) for Electrocardiograph (ECG)	19	PT Indolab Artha Medika, PMU SOPHI
21	Vendor Consultation	31 October 2025	Socialization of safeguard aspects for Electrocautery	24	PT Esa Medika Mandiri, Ministry of Health, PMU SOPHI
22	Vendor Consultation	29 October – 15 December 2025	Environmental and social document compliance review for Electrocautery	24	PT Esa Medika Mandiri, PMU SOPHI
23	Vendor Consultation	6 November – 18 December 2025	Monitoring system review (incident and grievance) for Electrocautery	24	PT Esa Medika Mandiri, PMU SOPHI
24	Vendor Consultation	3 November 2025	Socialization of safeguard aspects for Micropipette	13	PT Rajawali Nusindo, Ministry of Health, PMU SOPHI
25	Vendor Consultation	10 November 2025 – ongoing	Environmental and social document compliance review for Electrocautery	13	PT Esa Medika Mandiri, PMU SOPHI
26	Vendor Consultation	17 November – 17 December 2025	Monitoring system review (incident and grievance) for Electrocautery	13	PT Esa Medika Mandiri, PMU SOPHI

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
27	Vendor Pre-bid Meeting	23 & 29 September 2025	Environmental and Social requirements in contract documents	48	Vendor Participants
28	Training for PHCs	July – December 2025 (conducted in several batches)	ACLS (Advanced Cardiac Life Support)	450	402 PHCs, Ministry of Health, PMU
29	Training for PHCs	July – December 2025 (conducted in several batches)	IVA (Visual Inspection with Acetic Acid)	503	477 PHCs, Ministry of Health, PMU
30	Training for PHCs	July – December 2025 (conducted in several batches)	Sensory Health (Vision and Hearing)	717	635 PHCs, Ministry of Health, PMU
31	Training for PHCs	July – December 2025 (conducted in several batches)	Medical Waste Management	510	438 PHCs, Ministry of Health, PMU
32	Training for PHCs	July – December 2025 (conducted in several batches)	Contraceptive Services	550	464 PHCs, Ministry of Health, PMU
33	Training for PHCs	July – December 2025 (conducted in several batches)	Occupational Health and Safety (OHS)	538	529 PHCs, Ministry of Health, PMU
34	Training for PHCs	July – December 2025 (conducted in several batches)	Nutrition Monitoring (GIMUL)	450	366 PHCs, Ministry of Health, PMU
35	Training of Trainers	July – December 2025 (conducted in several batches)	Nutrition Monitoring (GIMUL)	92	Provincial Health Offices, District/City Health Offices
36	Training for Surveyors	July – December 2025	Training for prospective surveyors	30	Prospective surveyors Ministry of Health, PMU
37	On-the-Job Training (OJT) for PHCs	July – December 2025 (conducted	OJT Maternal Health	120	40 PHCs Ministry of Health, PMU

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
		in several batches)			
38	On-the-Job Training (OJT) for PHCs	July – December 2025 (conducted in several batches)	OJT Neonatal Care	153	52 PHCs Ministry of Health, PMU

C. Component INPULS

NO	TOPIC / ACTIVITY NAME	DATE	KEY TOPICS / KEY MATERIALS	PARTICIPANT	INVOLVED PARTIES
1	Socialization of Environmental Standard Compliance	1 July 2025	Compliance with environmental standards and regulations	758	Labkesmas Tier 2–5
2	Site Readiness Criteria Discussion: Waste Management	1, 2 Sep 2025	Waste management readiness criteria for ASPAK 2.0 (IHSS Project)	11	DitKesLing, CPMU, PMU IHSS
3	Technical Discussion: Healthcare Liquid Waste Management	27 Oct 2025	Liquid waste management for healthcare facilities under the IHSS Project	8	Ditjen KesLing, MDBs, PMU, CPMU
4	Regional Socialization for Environmental Permit Compliance	West: Sept 17–20 Central: Oct 1–4 East: Oct 24–27	Session 1: Technical environmental licensing. Session 2: Waste management best practices.	118	Regional Labkesmas Representatives from the Ministry of Environment, all Heads of Labkesmas (Tiers 2–5), and the INPULS PMU