



ENVIRONMENTAL AND SOCIAL SAFEGUARD MONITORING REPORT

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

Period: January - June 2026

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

JULY 2026

FOREWORD

We express our deepest gratitude to Almighty God for the successful completion of the Environmental and Social Implementation Report for the Indonesia Health Systems Strengthening (IHSS) Project covering Semester I (January–June) of 2026. This report reflects the Government of Indonesia’s firm commitment, through the Ministry of Health, to ensuring that project implementation strictly adheres to the principles of environmental and social sustainability, inclusivity, and governance accountability.

Supported by the World Bank, Asian Infrastructure Investment Bank (AIIB), Asian Development Bank (ADB), and Islamic Development Bank (IsDB), the IHSS Project aims to transform the national health system by enhancing primary healthcare services, upgrading public health laboratories, and developing referral hospital networks. Given the project's expansive scale and scope, managing potential environmental and social risks through systematic, transparent, and measurable frameworks remains a central priority.

This report outlines key achievements and progress in environmental and social risk management over the past six months, including:

- **Framework Application:** Implementation of the Environmental and Social Commitment Plan (ESCP) to comply with the Loan Agreement and the Project’s Environmental and Social Management Framework (ESMF).
- **Site/Facility Readiness on Safeguard-Related Matter:** Medical waste management capabilities across participating healthcare facilities.
- **Procurement Integration:** Integration of environmental and social criteria into medical equipment procurement processes.
- **Stakeholder Engagement & Accountability:** Active stakeholder consultation with vendors and medical facilities as the beneficiaries, along with the operationalization of Grievance Redress Mechanisms (GRM) and incident reporting systems.
- **Social Inclusion:** Embedding equity and accessibility to improved medical services including for those of vulnerable populations and living in remote, border, and island regions (*Daerah Terpencil, Perbatasan, dan Kepulauan – DTPK*).

Furthermore, the report identifies key implementation challenges, corrective actions executed during this period, and priority follow-up measures to be reported for the next semester.

We extend our sincere appreciation to the Central Project Management Unit (CPMU), Project Management Units (PMUs) of related project components, local governments, healthcare facility personnel, development partners, and all stakeholders whose dedicated efforts made this milestone possible. We trust this report will serve as a vital reference for strengthening safeguard governance and fostering continuous operational improvement.

Ultimately, we hope this report provides a transparent and accountable account of our progress as we work together toward equitable and sustainable health development for all Indonesians.

Liendha Andajani

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

TABLE OF CONTENTS

FOREWORD	ii
TABLE OF CONTENTS.....	i
LIST OF TABLES	ii
LIST OF FIGURES	iii
ACRONYMS AND ABBREVIATIONS.....	iv
1. EXECUTIVE SUMMARY	1-1
2. PROJECT OVERVIEW	2-1
2.1. Project Objectives and Scope	2-1
2.2. Project Implementation Status	2-1
3. ENVIRONMENTAL AND SOCIAL REQUIREMENTS OF THE PROJECT	3-1
4. ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT IMPLEMENTATION	4-3
4.1. ESCP Compliance.....	4-3
4.2. Site Readiness Assessment.....	4-4
4.2.1. SIHREN	4-5
4.2.2. SOPHI	4-6
4.2.3. InPULS	4-7
4.3. Integration of E&S Requirements in Procurement Process	4-8
4.4. Medical Equipment Distribution	4-10
4.5. Medical Equipment Installation	4-12
4.6. Stakeholder Engagement	4-13
4.7. Feedback and Grievance Redress Mechanism (FGRM)	4-15
4.8. Incident Reporting.....	4-17
4.9. Capacity Building.....	4-17
5. CONCLUSIONS/LESSONS LEARNED AND NEXT STEPS	5-1
5.1. Conclusions/Lessons Learned	5-1
5.2. Updates on Follow-up Actions from Previous Semesters	5-2
5.3. Next Steps	5-3
ANNEXES	5-5
Annex A.1. ESCP Implementation Status	5-5
Annex A.2. Hospitals in DTPK Areas Receiving Cathlab Equipment	5-12
Annex A.3. Stakeholder Engagement Activities	5-13
Annex A.4. Capacity Building Activities	5-19
Annex A.5. Site Readiness Analysis	5-21
Annex A.6. Distribution of Medical Equipment - SOPHI (as of May 2026).....	5-24

LIST OF TABLES

Table 1. Medical Equipment Procurement Packages (January–June 2026).....	2-1
Table 2. Integration of E&S Requirements within the Project’s Lifecycle	3-1
Table 3. Summary of ESCP Implementation (January – June 2026)	4-3
Table 4. Increased Site Readiness of Hospitals – SIHREN.....	4-6
Table 5. Summary of SOPHI Site Readiness Assessment.....	4-7
Table 6. Laboratory Readiness Status – InPULS	4-8
Table 7. E&S Integration in the Procurement Process	4-8
Table 8. Summary of Vendor ES Compliance Status – SIHREN PMU	4-9
Table 9. Summary of Vendor E&S Compliance Status – SOPHI	4-9
Table 10. SOPHI & SIHREN Vendor E&S Corrective Action Plan (H1 2026)	4-10
Table 11. Summary of Stakeholder Engagements Conducted.....	4-15
Table 12. Summary of Capacity Building Activities components.....	4-18
Table 13. Lessons Learned During Project Implementation	5-1
Table 14. Implementation Status of Previous Semester Follow-up Activity.....	5-2
Table 15. Next Steps and Corrective Actions	5-3

LIST OF FIGURES

Figure 1. Geographic Distribution of SIHREN's Equipment (up to June 2026).....	2-2
Figure 2. Geographic Distribution of SOPHI's Equipment (up to June 2026).....	2-3
Figure 3. Delivery of 1.5T MRI Equipment to Oputa Yi Koo Hospital, Kendari.....	4-11
Figure 4. Delivery of Mammography Equipment to Demang Sepulau Raya Hospital, Central Lampung.....	4-11
Figure 5. Delivery of CT-Scan Equipment to Hj. Anna Lasmanah Banjarnegara Hospital	4-12
Figure 6. Radiation Exposure Testing at Gambiran Hospital.....	4-13

ACRONYMS 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 Uronephrology Disease (<i>Kanker, Jantung, Stroke, And Uronephrology</i>)
LABKESMAS	:	Public Health Laboratory SPAN-LAPOR People's Online Aspirations and Complaints Service (People's Online Aspiration and Complaint Service)
LMP	:	Labor Management Procedure
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 Project (IHSS) maintained satisfactory Environmental and Social (E&S) performance during the reporting period (January–June 2026). Safeguard measures were systematically operationalized across all three Project Management Units—SIHREN, SOPHI, and INPULS—in full compliance with the ESCP, ESMF, SEP, LMP, and related instruments, with no major E&S issues impacting implementation.

E&S requirements were embedded into procurement and contractual terms across all components. SIHREN vendors demonstrated general E&S compliance. SOPHI identified minor vendor gaps—specifically regarding SOP completeness, transport safety, and alignment of vendor grievance channels—which are currently being resolved through corrective actions. Under INPULS, procurement remained in the preparation stage, with vendor E&S evaluations scheduled to begin upon contract award.

Stakeholder engagement and capacity building progressed significantly under the SEP. A total of 37 stakeholder engagement sessions reached 5,863 participants across healthcare, laboratory, government, and vendor sectors. Concurrently, 8 training programs were delivered under SIHREN and INPULS for 2,064 participants, covering healthcare/radioactive waste, radiation safety, OHS, GBV prevention, grievance handling, and laboratory governance.

The Feedback and Grievance Redress Mechanism (FGRM) remained fully functional. One labor complaint under SOPHI (concerning delayed consultant remuneration) was successfully resolved internally; no grievances were logged regarding environmental degradation, land acquisition, or GBV/SEA/SH. On occupational safety, one minor hand injury under SIHREN required first aid only (no lost time or hospitalization). Review by the PMU and CPMU confirmed the incident fell below the World Bank ESIRT reporting threshold, and corrective actions (refresher toolbox talks, strict PPE enforcement, and heightened supervision) were immediately implemented.

Overall supervision confirmed zero severe pollution, labour disputes, child/forced labour, or ESIRT-reportable events. Key priorities for the next reporting period include enhancing vendor oversight, advancing INPULS procurement, supporting health facility environmental readiness, expanding outreach and training, and sustaining proactive grievance and incident management across all levels.

2. PROJECT OVERVIEW

2.1. Project Objectives and Scope

To support the Indonesia's health system transformation agenda and improve universal health coverage, the Government of Indonesia through the Ministry of Health (MoH), has received financing from the World Bank (IBRD), Asian Infrastructure Investment Bank (AIIB), Asian Development Bank (ADB), and Islamic Development Bank (IsDB) for implementation of the Indonesia Health Systems Strengthening Project (IHSS) in 2024–2029. The Project aims to improve the availability of functional medical equipment and increase the utilization of public health services across Indonesia islands and provinces. This loan from these banks is used to finance four project 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 the World Bank Environmental and Social Framework (ESF) requirements, the MoH has prepared safeguard documents: Environmental and Social Management Framework (ESMF), and the Stakeholder Engagement Plans (SEP) to mitigate environmental and social (E&S) risks and impacts as part of the project implementation.

As part of the Environment and Social Commitment Plan (ESCP), which is a legally binding document of the Loan Agreement, the IHSS is required to submit 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 January – June 2026.

2.2. Project Implementation Status

Table 1. summarizes the medical equipment procurement packages awarded during January to June 2026 under the SIHREN and SOPHI components. Procurement activities were conducted in accordance with national procurement regulations and Project environmental and social requirements. Procurement under the InPULS component had not commenced during the reporting period, as the procurement documents were still under review by the Ministry of Health Procurement Bureau (PBJ).

Procurement activities were conducted in accordance with applicable procurement regulations and Project requirements. Contracts were signed during January–June 2026, while equipment delivery will be carried out in accordance with vendor implementation schedules and the readiness of beneficiary health facilities.

Table 1. Medical Equipment Procurement Packages (January–June 2026)

Medical Equipment	Project Component	Number of Units
Lot 1: Procurement of Infant Incubator (NICU) Equipment for delivery to West Indonesia	SIHREN	264
Lot 2: Procurement of Infant Incubator (NICU) Equipment for delivery to Central Indonesia	SIHREN	128

Medical Equipment	Project Component	Number of Units
Lot 3: Procurement of Infant Incubator (NICU) Equipment for delivery to East Indonesia	SIHREN	317
Lot 4: Procurement of Infant Incubators with Radiant Warmer (NICU)	SIHREN	18
Lot 5: Procurement of Transport Infant Incubator	SIHREN	2
Rotator plate	SOPHI	2.054
Spirometer	SOPHI	2.025
Suction pump	SOPHI	4.706
Stretcher	SOPHI	1,419
Infusion Pump	SOPHI	3.785

The following **Figure 1** and **Figure 2** show the geographic distribution of medical equipment across Indonesia for the period January - June 2026 under SIHREN and SOPHI components. No equipment distribution was recorded under InPULS during this period, as the procurement process was still underway during the reporting period. This map (**Figure 1**) illustrates the distribution of diagnostic medical equipment across 38 provinces in Indonesia, including CT scan, MRI, Cath lab, Mammography, and Mobile X-Ray units. The colour indicators highlight regional disparities in healthcare infrastructure availability, particularly in eastern Indonesia. Of the 38 provinces receiving medical equipment support, only two provinces-Central Papua and Highland Papua are still marked in red, indicating limited or unavailable advanced diagnostic equipment in 2026. It is expected that by 2027, all provinces in Indonesia will receive medical equipment support through the SIHREN.

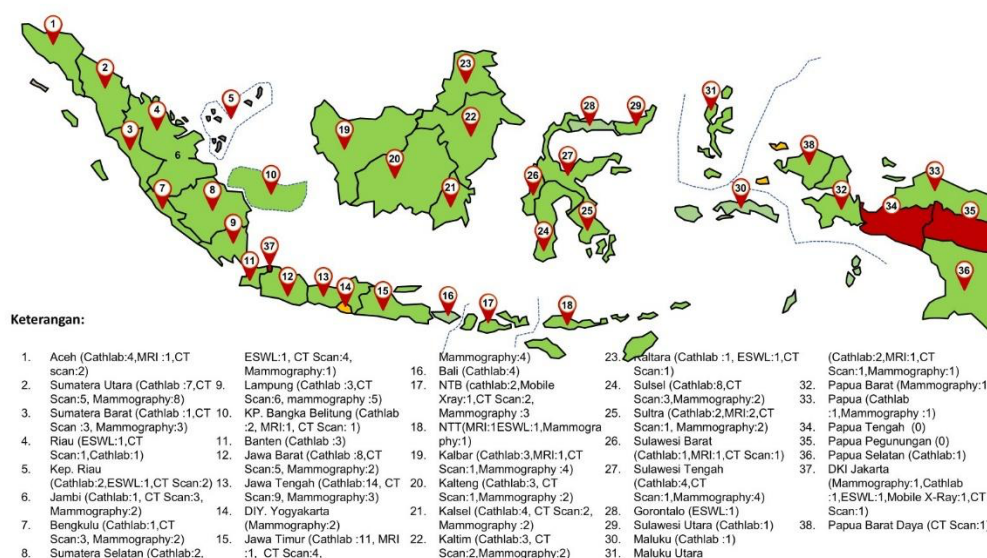


Figure 1. Geographic Distribution of SIHREN's Equipment (up to June 2026)

The following map shows the distribution of medical equipment assistance under SOPHI across 38 provinces in Indonesia, As of May 2026, six types of medical equipment have been distributed, including ECG (electrocardiograph, Infant T Piece, Dental Chair, Laryngoscope, Centrifuge and 2D Ultrasound. Most provinces have received healthcare equipment support while the red coloured provinces-West Papua and DKI Jakarta have not yet received equipment allocation at the current stage of implementation.



Figure 2. Geographic Distribution of SOPHI's Equipment (up to June 2026)

3. ENVIRONMENTAL AND SOCIAL REQUIREMENTS OF THE PROJECT

The IHSS implemented environmental and social (E&S) risk management in accordance with the project's ESMF and SEP. Environmental and social requirements are integrated across all stages of the project lifecycle, including planning, procurement, equipment distribution, installation, operation, and post-installation monitoring as presented in the table below. The applicable Environmental and Social Standards (ESSs) are implemented through project-specific mitigation measures, contractual obligations, stakeholder engagement, grievance management, and regular monitoring activities.

Table 2. Integration of E&S Requirements within the Project's Lifecycle

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

Vendor Obligations and Compliance. Medical equipment vendors are required to comply with E&S requirements specified in the procurement documents and contracts. These requirements include occupational health and safety (OHS), labour and working conditions, environmental management, prevention of sexual exploitation and abuse and sexual harassment (SEA/SH), incident reporting, and compliance with applicable national regulations. Compliance is monitored by the CPMU and respective PMUs throughout contract implementation.

The required documentation varies according to the procurement stage but collectively ensures that vendors understand and implement their environmental and social obligations throughout contract implementation.

Grievance Redress Mechanism (GRM) and Incident Reporting. The Project has established a Grievance Redress Mechanism (GRM) to receive and address concerns from workers, affected communities, and other stakeholders in accordance with ESS10. The mechanism provides multiple reporting channels and ensures timely, transparent, and confidential handling of project-related grievances. In addition, The Project also implements an Incident Reporting Mechanism to ensure timely reporting, investigation, and management of environmental and social incidents, including occupational accidents, environmental incidents, and SEA/SH-related allegations.

Monitoring and Evaluation. E&S performance is monitored through document review, site supervision, field verification, and regular reporting by the CPMU and PMUs. Compliance is assessed using standardized monitoring tools and regular site supervision to ensure consistent implementation across project locations. E&S performance is reported semi-annually (January–June and July–December period) to the World Bank and other relevant stakeholders in accordance with ESCP requirements.

4. ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT IMPLEMENTATION

4.1. ESCP Compliance

The table below presents a summary of the implementation status of the ESCP during the January– June 2026 reporting period. It provides an overview of the IHSS status and actions undertaken in regard to the ESCP requirements. The summary highlights the extent to which ESCP commitments have been operationalized. The detailed status of the ESCP is included as Appendix of this report.

Table 3. Summary of ESCP Implementation (January – June 2026)

ESCP Measures/Actions	Status and Remarks
Monitoring and Reporting	
Prepare and submit to the Banks regular ESHS monitoring report covering activities for every 6 months	Compliant - Environmental and social monitoring and semi-annual reporting were carried out in accordance with ESCP requirements.
Promptly notify the Bank on any incident or accident related to the project; and subsequently prepare the incident report	Compliant - One occupational, minor incident was reported and managed in accordance with the Project Incident Reporting Procedure and ESIRT requirements
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	
Establishment and maintenance of E&S organization within the project	Compliant - E&S specialists and focal points within the CPMU and PMUs are responsible for E&S implementation of the project. Following the resignation of the CPMU's Environmental Specialist in June 2026, environmental oversight was undertaken by CPMU and PMU safeguard team
Implement ESMS and ESMF consistent with the Bank's ESF	E&S requirements were integrated into procurement, vendor contracts, and project implementation activities
Incorporate relevant aspects of the ESCP, ESMF and other relevant E&S instruments in procurement and contract documents	The GRM remained operational. One project-related grievance was received and resolved in accordance with the established procedures.
ESS 2: Labour and Working Conditions	
Implement occupational health and safety measures including code of conducts through a labor management procedure for the vendor/supplier	Labor management measures and the Workers' Code of Conduct continued to be implemented through contractual obligations and routine supervision.
Establish/operate grievance redress mechanism for the project workers	
ESS 3: Resource Efficiency and Pollution Prevention and Management	
Implement procedure for hazardous and non-hazardous wastes (as part of site readiness criteria)	Healthcare facilities continued improving waste management readiness through monitoring and technical assistance, while remaining gaps are being addressed.
Incorporate measures on resource efficiency and pollution prevention and management	

ESCP Measures/Actions	Status and Remarks
ESS 4: Community Health and Safety	
Implement waste management procedure from health facilities	
ESS 10: Stakeholder Engagement and Information Disclosure	
Stakeholder Engagement (SEP)	Partially compliant - Stakeholder engagement activities were conducted across all project components, involving 37 activities with more than 5.863 participants. All stakeholder engagement activities were conducted virtually through online meetings and consultations.
Grievance Redress Mechanism (GRM)	The GRM remained operational. One project-related grievance was received and resolved in accordance with the established procedures.
Capacity Support	
Organize thematic training/ coaching for E&S staff and relevant project staff on: - Medical waste management - Occupational health & safety - Gender-based violence (GBV) - Sexual exploitation and abuse/Sexual harassment (SEA/SH) - Feedback and grievance redress mechanism (FGRM) - Other topics as required	Deliver training and technical assistance on environmental and social management Capacity-building activities were conducted under SIHREN and INPULS, reaching 2,064 participants..

4.2. Site Readiness Assessment

The following paragraphs describe the assessment of health facilities readiness in term of its waste management practices (“site readiness”) as the E&S safeguard requirement that must be fulfilled and eligible to be procured with new medical equipment under the project. This equipment includes relatively sophisticated equipment such as CT-Scan, Catheter-lab, Magnetic Resonance Imaging (MRI) up to dental chair, mammography equipment. The health facilities assessed were hospitals (under SIHREN), public health centre known as Puskesmas (under SOPHI) and public health laboratories (under InPULS) throughout Indonesia’s provinces and remote areas and islands (*daerah tertinggal, perbatasan dan kepulauan* abbreviated as DTPK).

Box 4.1: Methodological Note on Data Reconciliation and Verification for H1 2026

Due to a technical system issue within the Ministry of Health's ASPAK database portal that limited system updates between January and June 2026, a multi-tiered data reconciliation approach was applied to establish facility site readiness:

- **Administrative Baseline Integration:** Historical ASPAK baseline data up to December 2025 served as the initial administrative benchmark for facility waste management infrastructure.
- **Secondary Data Validation (SIKELIM):** Operational waste management metrics were cross-verified using the Medical Waste Management Information System (SIKELIM) and routine facility monitoring data. This captured active waste segregation, temporary hazardous waste storage (TPS Limbah B3), and valid third-party disposal agreements.
- **Ground-Truth Site Verification:** The CPMU/PMU safeguard teams and the Hospital Sanitation Working Group conducted targeted site visits and technical assistance consultations across non-compliant facilities.

Where administrative ASPAK records conflicted with active SIKELIM or verified field data, verified operational status took precedence to determine facility eligibility for equipment deployment.

4.2.1. SIHREN

The related PMU has conducted site readiness assessments of a total of 566 hospitals at national, provincial, and district/municipality levels throughout Indonesia targeted as the loci for procurement of medical equipment under the Project. The site readiness was primarily assessed based on the Ministry of Health's ASPAK database portal ("ASPAK") up to the end of 2025. No ASPAK data were available for January–June 2026 due to a system issue. The assessment of site readiness covers waste segregation practices; availability and functionality of wastewater treatment plants (WWTP); availability of hazardous/medical waste temporary storage facilities (TPS Limbah B3); whether the hospitals have agreements with licensed third-party service providers for regular disposal of hazardous/medical waste; environmental permits; and supporting operational records. Further, ASPAK data were validated using SIKELIM data and visits to selected hospitals to verify the information reported in the system against the actual conditions of the health facilities that will receive medical equipment under the Project.

As of the end of 2025, the assessment of site readiness indicated that 392 hospitals (approximately 70% of the total number of hospitals assessed) complied with ASPAK criteria, whereas 174 hospitals (approximately 30%) did not comply with the mentioned criteria. To address this matter, the PMU conducted socialization activities and direct interventions with hospitals identified as non-compliant with ASPAK during the January–June 2026 period. These activities included baseline mapping of hospital readiness, dissemination and technical assistance on the Project's site readiness requirements, and verification of ASPAK data directly with the hospitals concerned. These activities enabled the hospitals to identify specific gaps, implement corrective actions, and update their ASPAK records accordingly. As a result, the number of non-compliant hospitals decreased from 174 to 110 hospitals (approximately 20%), while the number of hospitals compliant with ASPAK increased from 392 to 456 hospitals (approximately 80%).

The improvement in ASPAK compliance is reflected in the key indicators presented in the table below. These results are based on the validation process undertaken by the SIHREN

PMU and the Hospital Sanitation Working Group during January–May 2026 through site visits and regular technical assistance and consultations provided to 64 hospitals that were considered not yet compliant with ASPAK criteria as of the end of 2025 and became compliant as of the end of June 2026. The reduction in the number of hospitals not compliant with key ASPAK parameters is presented below.

Table 4. Increased Site Readiness of Hospitals – SIHREN

Key Parameters	ASPAK Non-Compliant (End-2025)	ASPAK Non-Compliant (End-June 2026)
Wastewater treatment is available and functioning	66	40
Temporary storage facility for hazardous/medical waste is available	111	68
Valid agreement with licensed waste management service providers (to comply with Government Regulation No. 22/2021)	97	72
Total	174	110

4.2.2. SOPHI

Under SOPHI, the site readiness for medical equipment deployment is assessed using a risk-based and equipment-specific approach, taking into account the type of waste generated by each equipment and the corresponding environmental requirements. The assessment covers beneficiary Primary Health Centres (*Puskesmas*) targeted to receive medical equipment under the Project. The number of health centres assessed varies by equipment package, reflecting the respective equipment allocation. The assessment covers key waste management parameters, including the availability and functionality of wastewater treatment systems (WWTP/IPAL), medical waste management arrangements, waste segregation and containment, and, where relevant, arrangements with licensed third-party medical waste management service providers. For equipment that does not generate wastewater, a functioning WWTP is not considered a specific readiness requirement.

The Ministry of Health's ASPAK database is used as a supporting source of information for the site readiness assessment. However, the available ASPAK data do not always sufficiently reflect the current operational condition of the beneficiary *Puskesmas*. Therefore, the SOPHI PMU also uses facility-level assessment and monitoring data, including SIKELIM/Monev results, to verify the actual implementation of waste management arrangements and to support the determination of site readiness. This approach allows the assessment to consider not only the reported availability of infrastructure but also how waste is actually managed at facility level.

As reflected in the assessment results, differences were identified between ASPAK and SIKELIM/Monev results for several equipment packages. For example, for Dental Chair Units, 799 of 813 assessed facilities met the ASPAK criteria, while all facilities assessed through SIKELIM met the applicable criteria. Similar differences were observed for other equipment packages, including Neonatal Straight Blade Laryngoscopes, Infant T-Pieces, Electrocautery, Centrifuges, Binocular Microscopes, Micropipettes, and ECG. These results indicate that ASPAK provides a useful administrative baseline, while facility-level assessment and verification provide additional information on actual waste management readiness.

Overall, the assessment indicates that most beneficiary *Puskesmas* meet the applicable waste management readiness requirements for the equipment packages assessed. The remaining

issues are primarily associated with specific infrastructure or operational requirements, particularly wastewater treatment for equipment that generates wastewater. Follow-up actions include coordination with local governments, continued monitoring, and technical assistance where required to address outstanding readiness requirements before or during equipment deployment.

Table 5. Summary of SOPHI Site Readiness Assessment

Medical Equipment	Number of Health Centres Assessed	ASPAK – Meet Criteria	SIKELIM/Monev – Meet Criteria
Dental Chair Unit	813	799	All assessed facilities
Neonatal Straight Blade Laryngoscopes	2,962	2,801	All assessed facilities
Infant T-Piece	2,349	2,274	All assessed facilities
Electrocautery	5,050	4,804	All assessed facilities
Centrifuge	721	694	All assessed facilities
Binocular Microscope	721	650	All assessed facilities
Micropipette	1,070	970	All assessed facilities
ECG	1,712	1,604	All assessed facilities
Rotator Plate	2,054	1,597	Not reported
Infusion Pump	3,785	3,224	Not reported
Spirometer	2,025	1,821	Not reported
Portable Suction Pump	4,706	4,019	Not reported
Stretcher	1,419	1,419	Not reported

4.2.3. InPULS

As of May 2026, the InPULS PMU assessed the site readiness of up to 390 Public Health Laboratories (*Laboratorium Kesehatan Masyarakat* or “Labkesmas”) categorized as Tier 1 to Tier 5 laboratories. To validate the survey results undertaken by the InPULS PMU, cross-checking with the ASPAK database was undertaken. While the ASPAK database provides a broad national overview of approximately 1,235 Labkesmas, with some gaps in compliance with ASPAK parameters, the assessment by the PMU focuses on specific ASPAK parameters directly relevant to the 390 Labkesmas targeted by the Project. Key parameters used by the PMU include adequacy of power and water supply to effectively operate the laboratories and equipment to be procured under the Project, as well as the availability of functioning wastewater treatment plants (WWTP).

National data from ASPAK highlight a significant challenge in waste management, with 618 facilities, or approximately 50% of the nationwide total, currently lacking an on-site wastewater treatment plant (WWTP). This contrasts with the 94% readiness rate achieved among the INPULS-targeted laboratories. This comparison demonstrates that the INPULS program has prioritized and accelerated technical infrastructure support for priority laboratories, positioning them to better meet the required readiness criteria.

The site readiness data update as of the end of June 2026 demonstrates improvements in infrastructure readiness across all tiers of Labkesmas compared with the end of 2025. The number of laboratories meeting the adequacy criteria for power supply, clean water supply, and wastewater treatment plants increased across the assessed tiers, as presented in the table below.

Table 6. Laboratory Readiness Status – InPULS

Parameters Assessed by PMU	Laboratory Tier	Total Number of Laboratories per Tier	Number of Laboratories Ready (End-2025)	Number of Laboratories Ready (End-June 2026)
Power supply	2	338	102	185
	3	29	22	25
	4	21	14	19
	5	2	2	2
Clean water supply	2	338	282	328
	3	29	28	29
	4	21	21	21
	5	2	2	2
Wastewater treatment plant	2	338	250	318
	3	29	26	28
	4	21	21	21
	5	2	2	2

4.3. Integration of E&S Requirements in Procurement Process

The E&S requirements are integrated throughout the vendor procurement process, beginning with vendor conferences, pre-bid meetings, and the SPSE e-procurement system. These processes ensure that prospective vendors understand and are willing to comply with the Project's E&S requirements. Further, vendors are required to prepare Occupational Health and Safety (OHS) procedures, sign SEA/SH Code of Conduct declarations, environmental management measures, and risk assessment instruments such as HIRADC or Job Safety Analysis (JSA). Following contract award, these requirements are incorporated into the contract documents as part of the General Conditions of Contract (GCC), Special Conditions of Contract (SCC), and technical specifications. Step-by-step integration of E&S requirements in the procurement process is presented in the table below.

Table 7. E&S Integration in the Procurement Process

No	Process Stage	Description	Required 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

No	Process Stage	Description	Required Documentation
7	Contract Signing	Finalization of contract (GCC & SCC) including E&S clauses	Signed Code of Conduct; finalized ES implementation plan; worker insurance evidence

Table 8 summarizes the Environmental and Social (E&S) compliance status of SIHREN medical equipment vendors. Overall, the assessed vendors demonstrated satisfactory compliance with contractual E&S requirements, while routine monitoring continues to ensure consistent implementation throughout contract execution. These findings do not represent major non-compliance issues. Minor observations identified during the review have been communicated to the respective vendors and will continue to be monitored by the PMU.

Table 8. Summary of Vendor ES Compliance Status – SIHREN PMU

No	Vendor	Medical Equipment	E & S Review
1	PT Rajawali Nusantara Indonesia (Second Contract)	Lot 1: Infant Incubator (NICU) Equipment for delivery to West Indonesia	In Compliant
2	Xianqin Medica (Third Contract) I	Lot 2: Infant Incubator (NICU) Equipment for delivery to Central Indonesia	In Compliant
3	International SOS	Lot 3: Infant Incubator (NICU) Equipment for delivery to East Indonesia	In Compliant
4	GE Healthcare (Second Contract)	Lot 4: Infant Incubators with Radiant Warmer (NICU)	In Compliant
5	PT Gebang Surya Harapan	Lot 5: Transport Infant Incubator	In Compliant

Table 9 presents the E&S compliance review covered five SOPHI vendors and their respective medical equipment packages. Overall, the vendors demonstrated compliance with the Project's E&S requirements, with some requiring clarification or strengthening. These observations primarily related to the completeness of SOPs, including PPE and transportation safety requirements, and alignment of vendor grievance mechanisms with the Project's requirements. Follow-up actions were communicated to the respective vendors.

Table 9. Summary of Vendor E&S Compliance Status – SOPHI

No	Vendor	Medical Equipment	E&S Review Result
1	Thermo Fisher Scientific	Rotator plate	Reviewed
2	PT Interpharmacy	Spirometer	Reviewed
3	PT Kurnia Sarana Abadi / PT Intisumber Hasil Sempurna Global	Suction pump	Reviewed
4	PT D&V International Makmur Gemilang	Stretcher	Reviewed
5	PT Tawada Healthcare	Infusion pump	Reviewed

The E&S review identified several limited areas requiring follow-up and strengthening in vendor-level implementation. The observations primarily relate to transportation safety, PPE requirements, vendor worker grievance mechanisms, and routine OHS practices. Table 10

summarizes the corresponding corrective actions, responsible parties, and target timelines for follow-up and resolution.

Table 10. SOPHI & SIHREN Vendor E&S Corrective Action Plan (H1 2026)

Vendor / Package	Identified E&S Non-Compliance / Gap	Required Corrective Action	Responsible Party	Target Resolution Date
SOPHI Vendors (Thermo Fisher, PT Interpharmacy, PT Kurnia Sarana Abadi, PT D&V, PT Tawada)	Incomplete Standard Operating Procedures (SOPs) regarding transport safety and driver safety protocols.	Update and submit comprehensive logistics and transport safety SOPs aligned with CDAKB guidelines.	Respective SOPHI Vendors	Q3 2026 (Prior to next delivery batch)
SOPHI Vendors (General)	OHS procedures lack explicit mandatory PPE requirements during equipment unloading and positioning.	Revise Job Safety Analyses (JSA) to mandate mandatory PPE lists and site-level supervisory checks.	Vendor OHS Focal Points / PMU SOPHI	30 September 2026
SOPHI & SIHREN Vendors	Vendor worker grievance mechanisms operate independently without reporting links to the Project FGRM.	Standardize vendor worker grievance channels and establish quarterly reporting back to CPMU.	PMU Safeguard Team / Vendors	15 October 2026
SIHREN Subcontractors	Minor OHS hand cut incident highlighted gaps in routine pre-work safety briefings.	Conduct mandatory daily toolbox talks, enforce strict glove protocol, and heighten field supervision.	SIHREN Vendors & Installation Contractors	Implemented / Continuous Monitoring

As of January–June 2026, procurement under the INPULS component had not commenced. Consequently, vendor E&S compliance reviews had not been undertaken. E&S requirements will be incorporated into procurement documents and vendor contracts once the procurement process advances.

4.4. Medical Equipment Distribution

Distribution activities are monitored by PMU in line with the requirements of ESMF and review of vendor progress reports as described below.

SIHREN. Following the completion of site readiness assessments and approval of the required work permits, medical equipment distribution was carried out in accordance with the Good Distribution Practice for Medical Devices (*Cara Distribusi Alat Kesehatan yang Baik – CDAKB*). Prior to the delivery of high-risk equipment, such as MRI, Cath lab, and CT-Scan units, vendors were required to prepare a project-specific *Way of Work* (WoW) as part of the distribution assessment process. Supported by these pre-distribution control measures, the distribution of medical equipment was implemented in compliance with applicable EHS requirements. As of May 2026, distribution under the SIHREN component focused on priority imaging and diagnostic equipment, including MRI, Mammography, CT-Scan, and Cath lab

units, which were successfully delivered to beneficiary hospitals across 29 provinces. No significant environmental or social issues were reported during transportation and delivery activities.

Figures 3 to 7 present 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., Cathlab, HLM, Digital Mobile X-Ray, Mammography and CT Scan unit.



Figure 3. Delivery of 1.5T MRI Equipment to Oputa Yi Koo Hospital, Kendari



Figure 4. Delivery of Mammography Equipment to Demang Sepulau Raya Hospital, Central Lampung

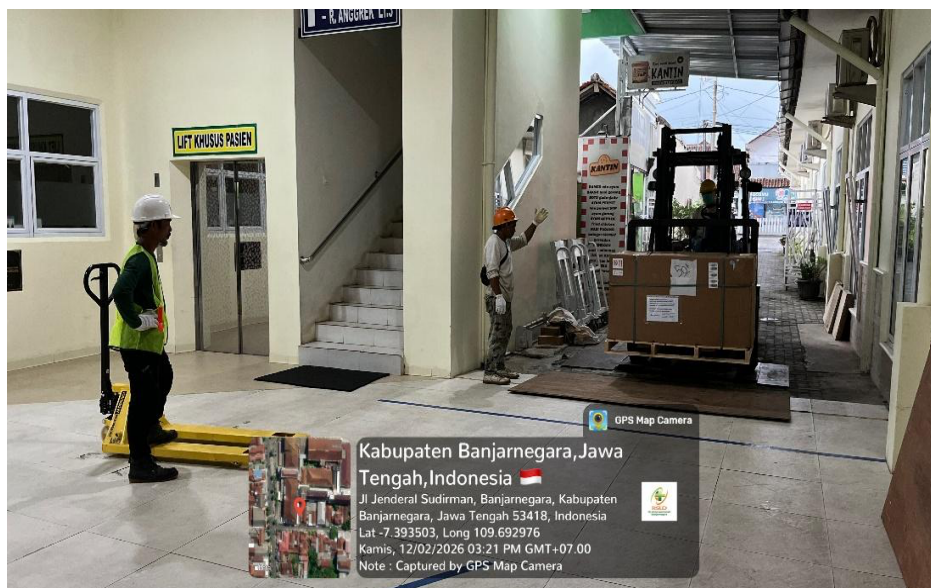


Figure 5. Delivery of CT-Scan Equipment to Hj. Anna Lasmanah Banjarnegara Hospital

SOPHI. This component continued the distribution of priority medical equipment to Puskesmas across Indonesia. Distribution activities were implemented in accordance with applicable environmental, social, occupational health and safety (OHS), and quality assurance requirements to support the safe delivery and handling of medical equipment. As of May 2026, equipment distribution covered provinces across Indonesia, including areas in the eastern and other underserved regions, supporting the strengthening of primary healthcare services, particularly maternal and child health, emergency care, and basic diagnostic services.

The main equipment distributed included ECG devices, Infant T-Piece equipment, Dental Chairs, neonatal laryngoscopes, centrifuges, and 2D ultrasound equipment. The largest allocations were recorded in provinces with broader healthcare service coverage, while selected equipment, including ultrasound systems, was also distributed to provinces in eastern Indonesia and other underserved areas. Detailed province-level information on equipment types and quantities is provided in **Annex A.6**.

During the reporting period, no significant environmental, social, or occupational health and safety (OHS) issues were reported in relation to the transportation, distribution, or installation of medical equipment. Equipment delivery and installation were undertaken in accordance with the E&S requirements stipulated in the procurement contracts, including applicable OHS measures, proper handling and storage procedures, and site-specific safety requirements. Routine supervision by the PMUs and vendor monitoring were undertaken to support compliance during equipment transportation, distribution, and installation.

4.5. Medical Equipment Installation

For SIHREN, the installation of medical equipment was implemented with particular attention to occupational health and safety (OHS), environmental protection, and safe installation procedures. Throughout the installation process, the PMU conducted regular monitoring to verify compliance with the project's E&S requirements of the contract document, including the use of personal protective equipment (PPE), safe equipment handling, and implementation of approved work procedures.

Prior to installation, the beneficiary health facilities were required to demonstrate room readiness and supporting infrastructure through coordinated assessments involving the

hospital Project Implementation Unit (PIU), represented by personnel from the Hospital Occupational Health and Safety Working Group (Pokja K3RS), vendors, and PMU representatives. These assessments confirmed that site conditions, utilities, and safety requirements were adequate before installation activities commenced.

For high-risk medical equipment, including MRI and Cathlab systems, installation was subject to enhanced monitoring through onsite or virtual verification prior to installation and follow-up inspections during commissioning and handover. This verification process assessed compliance with environmental, OHS, and operational requirements, including the availability and functionality of wastewater treatment systems as well as hazardous waste management facilities. Where deficiencies were identified, such as non-operational WWTPs or incomplete hazardous waste management facilities, the PMU worked with the respective healthcare facilities to implement corrective actions and verify that the required improvements had been completed before the equipment declared safe for operation.



Figure 6. Radiation Exposure Testing at Gambiran Hospital

4.6. Stakeholder Engagement

Stakeholder engagement activities were implemented throughout the January–June 2026 reporting period in accordance with the Project’s Stakeholder Engagement Plan (SEP). The activities aimed to ensure timely information disclosure, strengthen coordination among project stakeholders, facilitate meaningful participation, and provide opportunities for stakeholders to raise concerns and the project to provide feedback. The SEP is being updated to include clear requirements and methodologies to engage with vulnerable group of peoples including those living in remote (DTPK) areas.

A total of 37 stakeholder engagement activities were conducted during the reporting period, including 12 activities under SIHREN, 21 under SOPHI, and 8 under INPULS. All activities were conducted through online meetings and consultations, involving a total of up to 5,863 participants from the MoH units, healthcare facilities, public health laboratories, provincial and district health offices, vendors and professional organizations. These activities included:-

- Under SOPHI, stakeholder engagement was conducted with medical equipment vendors, Ministry of Health representatives, Provincial and District Health Offices, beneficiary health facilities, and relevant project staff to strengthen awareness and understanding of E&S requirements, monitoring systems, and the Feedback and Grievance Redress Mechanism (FGRM). The engagements and subsequent vendor reviews confirmed that E&S requirements were generally incorporated and implemented, while a limited number of areas requiring clarification or improvement were identified at the vendor level, particularly regarding the completeness of transportation safety procedures and PPE requirements, as well as the alignment of vendor grievance mechanisms with the Project's requirements. The respective vendors were requested to address these observations through follow-up actions
- Stakeholder engagement under the INPULS component focused on project coordination and consultation on medical equipment procurement. Consultations with Public Health Laboratories (Labkesmas), regional focal points, professional organizations, and technical experts supported the refinement of technical specifications and addressed implementation issues, including equipment distribution planning.
- For the SIHREN component, stakeholder engagement under the SIHREN component focused on integrating environmental and social requirements into equipment distribution and installation. Activities included vendor consultations, pre-construction meetings, kick-off meetings, and coordination with beneficiary healthcare facilities to strengthen understanding of E&S obligations, occupational health and safety, waste management, radiation protection, grievance management, and incident reporting requirements.

Overall, stakeholder engagement activities strengthened coordination among implementing agencies, improved stakeholder awareness of environmental and social requirements, and supported compliance with the Project's Environmental and Social Framework (ESF). Key issues identified during consultations included gaps in facility readiness (such as wastewater treatment systems, hazardous waste management arrangements, and supporting utilities), technical issues related to medical equipment specifications and distribution planning, and the need for closer coordination during equipment delivery, installation, and commissioning..

During the reporting period, one project-related grievance was received through the Project's grievance mechanism, concerning delayed consultant remuneration under SOPHI, and was resolved in accordance with the established procedures. No additional environmental or social grievances were received during the reporting period. Other feedback received through stakeholder engagement was addressed through coordination and technical consultations.

Interim Consultation Protocol for Vulnerable Groups and Remote, Border, and Island (DTPK) Communities

While the project's Stakeholder Engagement Plan (SEP) is undergoing formal revision to embed dedicated methodologies for vulnerable populations, the CPMU and PMUs executed an interim consultation protocol during H1 2026 to guarantee equitable engagement across geographically isolated health facilities (such as those in Papua, Maluku, and East Nusa Tenggara):

1. **Hybrid Communication Framework:** Where internet bandwidth constrained direct virtual participation, PMUs partnered with Provincial and District Health Offices (Dinas Kesehatan) to cascade technical readiness and E&S requirements offline.
2. **Tailored Logistics & Operational Dialogues:** Consultations with DTPK facility managers specifically addressed localized environmental constraints, including hazardous waste containment during extended sea freight transport and off-grid generator power stability.

3. **Localized Grievance Accessibility:** Information regarding the project's FGRM channels (Halo Kemenkes and SP4N-LAPOR!) was distributed alongside designated District Health Office focal point contacts to ensure immediate, low-barrier escalation for local workers and community members.
4. **Inclusive Needs Assessment:** Equipment delivery schedules and site preparation plans for DTPK sites (including Cathlab distribution to remote regional hospitals) were verified with local health personnel to minimize service disruptions

Table 11. Summary of Stakeholder Engagements Conducted

Project Component	No of Engagement	Key Stakeholders Engaged	Number of Participants	Key Outcomes
InPULS	8	Related directorates of MoH Labkesmas Regional focal points Professional organizations including IKATEMI, PATELKI, and PDS PatKLIn	158	Strengthened coordination for medical equipment procurement, validated technical specifications, and improved alignment of procurement planning with operational requirements.
SIHREN	12	Related directorates of MoH Medical equipment vendors Beneficiary hospitals	467	Improved understanding of E&S requirements, site readiness, waste management, radiation protection, grievance management, and contractual compliance during equipment distribution and installation.
SOPHI	21	Related directorates of MoH Medical equipment vendors Provincial and District health offices Healthcare facilities	5,238	Strengthened awareness of environmental and social compliance, monitoring systems, grievance handling, incident reporting, and implementation of corrective actions to improve vendor compliance.
Total	37	-	5,863	-

4.7. Feedback and Grievance Redress Mechanism (FGRM)

The Project's FGRM was operational and maintained throughout the reporting period, providing mechanism for project workers, beneficiaries, and other stakeholders to submit complaints, concerns, inquiries, and feedback through SP4N-LAPOR! platform ~~channel~~ established by the Indonesian Government and 'Halo Kemenkes' channel via telephone, Whatsapp or email with details provided in the Ministry of Health's website.

During the reporting period (January–May 2026), one project-related grievance was received on 10 March 2026 through the SP4N-LAPOR! platform. The complaint concerned delayed consultant remuneration and insufficient information regarding the payment process and supporting documentation. The complaint was classified as a labour-related grievance under

ESS2 (Labor and Working Conditions) and verified as valid by the relevant PMU and CPMU personnel. Following receipt of the complaint, the PMU coordinated with the relevant units to verify the issue, clarify the payment process and required supporting documentation, and facilitate the necessary follow-up. The issue was resolved through coordination with the relevant units and clarification and completion of the required payment-related administrative process, and was formally closed on 17 March 2026. The platforms also received inquiries unrelated to the Project, mainly concerning general health services, health workforce administration, pharmaceutical services, and vaccination.

4.8. Incident Reporting

The Project established the Incident Reporting and Management Procedure in accordance with the ESCP. The procedure provides a framework for the timely identification, reporting, investigation, and management of project-related incidents. During the reporting period, one minor occupational incident was reported under the SIHREN component. The incident occurred on 26 February 2026 during equipment installation activities undertaken by a subcontractor engaged by the medical equipment vendor. The worker sustained a minor hand cut injury requiring first aid treatment. No hospitalization or lost-time injury occurred, and the worker resumed normal duties after treatment.

An assessment by the PMU of SIHREN and CPMU concluded that the above incident does not meet the threshold for ESIRT reporting, as it does not involve lost-time injuries, fatalities or significant environmental and community health and safety impacts. Following the incident, the occupational health and safety measures, including adherence to safe work procedures, hazard awareness, and supervision of field activities was reinforced to the contractor through toolbox talks and the need to implement corrective measures, including the use of appropriate personal protective equipment (PPE) while working. The incident was subsequently closed following internal review and implementation of corrective measures. No incidents were reported under SOPHI and INPULS components during the reporting period.

4.9. Capacity Building

During the reporting period, the Project continued to conduct capacity-building activities under the SIHREN and InPULS. No capacity-building activities under the SOPHI component were reported during the reporting period. The activities covered environmental and social (E&S) requirements, occupational health and safety (OHS), radiation protection, FGRM, gender-based violence (GBV) prevention and response, stakeholder engagement, and laboratory governance. The main beneficiaries included E&S and project staff, healthcare facility personnel, laboratory personnel, and other relevant staff involved in project implementation. The activities provided participants with practical knowledge and guidance to support the implementation of E&S risk management measures in their respective areas of responsibility.

Under the SIHREN component, seven capacity-building sessions were delivered through a structured knowledge-sharing platform involving healthcare facilities, regulatory agencies, project implementation teams, and technical experts. The sessions strengthened participants' understanding of healthcare waste management, radiation protection, occupational health and safety, stakeholder engagement, grievance management, GBV prevention, and regulatory compliance, thereby supporting institutional readiness for medical equipment installation and operation. These activities also promoted peer learning by sharing practical implementation experiences and good practices across participating institutions.

Under the INPULS component, one capacity-building activity was conducted for representatives of Level 4 and Level 5 Public Health Laboratories (Labkesmas), Working Group Leaders, and the PMU. The activity strengthened understanding of institutional roles, responsibilities, and coordination mechanisms, contributing to improved readiness for future laboratory strengthening activities.

Overall, a total of eight capacity-building activities were implemented during the reporting period, reaching 2,064 participants. These activities strengthened institutional capacity, improved awareness of environmental and social requirements, and enhanced the readiness of implementing agencies to comply with Project environmental and social commitments. Capacity-building activities are reported below separate from stakeholder engagement

activities because they represent structured technical learning events rather than consultation or coordination meetings.

Table 12. Summary of Capacity Building Activities components

Component	Number of Activities	Main Topics	Participants	Key Outcomes
SIHREN	7	Healthcare waste management, radioactive waste management, radiation protection, occupational health and safety (OHS), medical device oversight, stakeholder engagement, GBV prevention and response, grievance management, and BAPETEN licensing requirements	2,041	Improved awareness and technical capacity of healthcare facilities and project stakeholders regarding E&S compliance, OHS, radiation safety, GBV prevention, and grievance handling.
INPULS	1	Public Health Laboratory governance, institutional roles and responsibilities, and coordination mechanisms	23	Strengthened institutional coordination and improved understanding of responsibilities across different levels of the Public Health Laboratory network.
Total	8	Environmental and social management, OHS, radiation safety, stakeholder engagement, GBV, grievance management, and laboratory governance	2,064	Enhanced institutional capacity and readiness to implement project activities in compliance with environmental and social requirements.

5. CONCLUSIONS/LESSONS LEARNED AND NEXT STEPS

5.1. Conclusions/Lessons Learned

Conclusion on the results of implementation of the IHSS Project during the January–June 2026 – E&S safeguard requirement are provided below including the lessons learned. Overall, the implementation of the project's ESMF demonstrated that the use of targeted assessment, technical assistance, verification, and continued coordination contributed to continual E&S performance of the project.

Table 13. Lessons Learned During Project Implementation

No.	Component	Conclusions	Lessons Learned
1	SIHREN	Site readiness improved following technical assistance, data verification, and corrective actions, with the number of hospitals assessed as non-compliant with ASPAK criteria decreasing from 174 to 110 by the end of June 2026.	Combining facility-reported data with data verification, technical assistance, and selected site visits provides a stronger basis for assessing actual facility readiness and supporting corrective actions.
2	SIHREN	Vendor E&S compliance assessments were generally completed efficiently, although some vendor-level corrective actions remained under follow-up.	Early review of vendor E&S requirements and continued follow-up during implementation help clarify responsibilities and facilitate timely closure of outstanding actions.
3	SIHREN	One minor occupational incident was reported and managed in accordance with the Project Incident Reporting Procedure.	The established incident reporting and response mechanism enabled timely assessment, response, and preventive actions. The experience also highlighted the importance of continued toolbox talks, PPE compliance, and supervision during equipment installation activities.
4	SIHREN	ECHO Tele-mentoring provided a practical platform for capacity building, including participation from hospitals in disadvantaged, remote, border, and island areas (DTPK).	Virtual capacity-building approaches can expand participation across geographically dispersed facilities and provide an efficient means of delivering E&S and OHS guidance.
5	SOPHI	Site readiness assessment used a risk-based and equipment-specific approach, with ASPAK serving as a supporting source and facility-level assessment/monitoring used to verify relevant readiness conditions.	Combining available administrative data with facility-level assessment provides a more practical basis for determining readiness where database information may not fully reflect current operational conditions.
6	SOPHI	Vendor reviews identified limited areas requiring clarification or strengthening, particularly in operational procedures related to transportation safety, PPE requirements, and alignment of vendor grievance mechanisms with Project requirements.	Early and targeted review of vendor operational procedures helps identify specific areas for improvement without indicating broader deficiencies in the Project's E&S management system.
7	INPULS	Laboratory readiness improved across the assessed tiers, while electricity supply, clean water, and wastewater treatment remain key infrastructure considerations for some laboratories.	Early coordination among the Ministry of Health, relevant infrastructure/service providers, local governments, and health facilities

No.	Component	Conclusions	Lessons Learned
8	Cross-cutting aspects	Stakeholder engagement, FGRM, and capacity-building activities continued during the reporting period, with feedback used to support operational and E&S follow-up.	is important to ensure infrastructure readiness before equipment deployment. Regular stakeholder engagement and accessible grievance mechanisms provide useful channels for identifying implementation issues and strengthening communication and accountability throughout project implementation.

5.2. Updates on Follow-up Actions from Previous Semesters

During the reporting period, the Project continued to implement/update follow-up actions identified in the E&S monitoring report of 2025. The status of these follow-up actions is summarized below.

Table 14. Implementation Status of Previous Semester Follow-up Activity

No.	Area / Component	Previous Follow-up Action	Status	Progress / Remarks
1	SIHREN – Site Readiness	Continue verification and technical assistance for hospitals that did not meet ASPAK readiness criteria.	Ongoing	Follow-up activities, including technical assistance, consultation, and verification, contributed to a reduction in non-compliant hospitals from 174 at the end of 2025 to 110 by the end of June 2026.
2	SIHREN – Vendor E&S Compliance	Continue monitoring vendor compliance with E&S requirements and follow up outstanding actions.	Ongoing	Vendor E&S requirements continued to be monitored, with specific vendor-level observations followed up during implementation.
3	SIHREN – Occupational Health and Safety	Continue strengthening OHS awareness and preventive measures during equipment installation.	Ongoing	OHS requirements continued to be reinforced through supervision, PPE requirements, and preventive measures following the reported minor incident.
4	SOPHI – Site Readiness	Continue assessment and verification of environmental readiness of beneficiary Puskesmas prior to equipment deployment.	Ongoing	Facility-level assessments and monitoring continued using a risk-based and equipment-specific approach, with ASPAK used as a supporting reference and additional assessment/verification used where required.
5	SOPHI – Vendor E&S Management	Follow up vendor-level observations relating to transportation safety, PPE requirements, and grievance mechanisms.	Ongoing	Vendors were requested to address identified areas requiring clarification or strengthening.

6	INPULS – Laboratory Readiness	Continue monitoring infrastructure readiness of targeted Labkesmas, particularly power, clean water, and wastewater treatment.	Ongoing	Readiness improved across the assessed laboratory tiers, although continued monitoring and follow-up remain necessary for facilities that do not yet meet all applicable requirements.
7	Stakeholder Engagement and FGRM	Continue stakeholder engagement and maintain accessible grievance mechanisms.	Implemented / Ongoing	Stakeholder engagement and FGRM remained operational during the reporting period. One project-related grievance was received and resolved, while other feedback was addressed through coordination and technical consultations.
8	Capacity Building	Continue E&S, OHS, FGRM, GBV, and other relevant capacity-building activities.	Ongoing	Capacity-building activities continued under SIHREN and InPULS, with relevant project, health facility, laboratory, and other implementation personnel participating.

5.3. Next Steps

The next steps for July – December 2026 period will be focused on, among others, addressing site-readiness requirements that are outstanding from the previous semester, and use consistently the ASPAK criteria to determine site readiness, implementing stakeholder engagement and grievance mechanisms for vulnerable group of peoples including those living in remote (DTPK areas), and continuing capacity building and monitoring. These are further described in the table below.

Table 15. Next Steps and Corrective Actions

No.	Component	Next Step / Corrective Action	Responsible Party	Schedule
1	SIHREN – Site Readiness	Continue technical assistance, verification, and follow-up with the 110 hospitals that remain non-compliant with one or more applicable ASPAK readiness criteria.	SIHREN PMU / relevant hospital teams	Ongoing throughout project implementation
2	SIHREN – Site Readiness	Follow up outstanding requirements related to functioning WWTP, TPS Limbah B3, and agreements with licensed hazardous/medical waste management providers.	SIHREN PMU / beneficiary hospitals	
3	SIHREN – Vendor E&S Compliance	Continue monitoring vendor implementation of E&S requirements and follow up specific observations related to transportation safety, PPE, and vendor grievance mechanisms.	SIHREN PMU / vendors	
4	SOPHI – Site Readiness	Continue facility-level assessment and verification of beneficiary Puskesmas using the risk-based, equipment-specific approach, with ASPAK used as a supporting reference and facility-level assessment used where required.	SOPHI PMU / beneficiary Puskesmas	Ongoing throughout project implementation

No.	Component	Next Step / Corrective Action	Responsible Party	Schedule
5	SOPHI – Vendor E&S Management	Continue follow-up with vendors on identified areas requiring clarification or strengthening, particularly transportation safety procedures, PPE requirements, and alignment of vendor grievance mechanisms with Project requirements.	SOPHI PMU / vendors	Ongoing throughout project implementation
6	INPULS – Laboratory Readiness	Continue monitoring and follow-up of infrastructure readiness of targeted Labkesmas, particularly electricity, clean water, and functioning WWTP.	INPULS PMU / relevant stakeholders	
7	Stakeholder Engagement and FGRM	Continue stakeholder engagement and maintain accessible FGRM channels, with timely documentation and closure of project-related grievances and feedback.	PMU / CPMU	
8	Capacity Building	Continue targeted E&S, OHS, radiation protection, FGRM, GBV prevention and response, and stakeholder engagement capacity-building activities for relevant project and beneficiary personnel.	PMU / CPMU	
9	Monitoring and Reporting	Continue periodic E&S monitoring and verification and ensure that findings, corrective actions, and closure status are documented and reflected in subsequent monitoring reports.	PMU / CPMU	Each reporting period

ANNEXES

Annex A.1. ESCP Implementation Status

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
MONITORING AND REPORTING				
A	REGULAR REPORTING			
	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).	The first report is due within six months after the Loan Effective Date and then every 6 months throughout the Project implementation.	Each PMU to prepare and submit regular monitoring report to CPMU. CPMU to compile and submit to the Bank and AIIB	Semi-annual Environmental and Social Monitoring Reports were prepared by each PMU and consolidated by the CPMU in accordance with the ESCP reporting requirements. The reports summarize progress on environmental and social commitments, including implementation of the ESMF, stakeholder engagement, contractor management, grievance management, incident reporting, and capacity-building activities.
B	INCIDENTS AND ACCIDENTS			
	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, contractor and/or supervising firm, as appropriate.	Notify and report to the Bank within 48 hours after learning of the incident or accident. 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.	CPMU and each PMU	An Incident Reporting Mechanism (IRM) remained operational across all Project components. During the reporting period, one minor occupational incident was reported under the SIHREN component and managed in accordance with the Project Incident Reporting Procedure and the World Bank Environmental and Social Incident Response Toolkit (ESIRT). No incidents requiring ESIRT escalation were recorded.
	Subsequently, at the Bank and AIIB's request, prepare a report on the incident or accident and			

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
propose any measures to address it and prevent its recurrence.			
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1 ORGANIZATIONAL STRUCTURE 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.	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.	CPMU and each PMU	Environmental and Social Specialists remained assigned within the CPMU and each PMU throughout the reporting period. Environmental and Social focal points from the Directorate of Environmental Health (Kesling) and the Bureau of Communication and Public Services (Rokom) continued to support Project implementation, coordination, and monitoring activities.
1.2 ENVIRONMENTAL AND SOCIAL INSTRUMENTS Adopt, update, and implement the Stakeholder Engagement Plan (SEP) and Environmental and Social Management Framework (ESMF) for the Project, consistent with the relevant ESSs.	Maintained throughout Project implementation.	CPMU and each PMU	The Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP) continued to be implemented across all Project components. Environmental and social requirements were incorporated into procurement documents, vendor contracts, stakeholder engagement activities, equipment distribution, installation, and environmental and social monitoring in accordance with the ESCP.
1.3 MANAGEMENT OF CONTRACTORS 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	As part of the preparation of procurement documents and respective contracts.	CPMU and each PMU	Environmental and social compliance assessments were conducted in accordance with the ESMF and contractual requirements. Five SIHREN vendors were assessed as compliant, while five SOPHI vendors remained under

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
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.			review to complete environmental and social requirements. Procurement under the INPULS component had not commenced during the reporting period; therefore, vendor compliance assessments had not yet been undertaken.
ESS 2: LABOR AND WORKING CONDITIONS			
2.1 OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES 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. Incorporate in the bidding document and vendor/supplier contract on requirements of vendors/suppliers related to safety aspects of distribution, installation, operation, and maintenance of new medical equipment.	Adopt labor and working conditions guidelines in the ESMF and maintain the requirement throughout Project Implementation. As part of the preparation of procurement documents and respective contracts.	CPMU and each PMU	SIHREN - LMP requirements were implemented during the installation and commissioning of MRI, Cath lab, Mobile X-Ray, C-Arm, ECMO, Heart Lung, and ESWL equipment. Compliance with OHS, Code of Conduct, SEA/SH prevention, and worker management procedures was verified through Pre-Construction Meetings, site supervision, and commissioning activities, with no labour-related non-compliance identified. SOPHI - LMP requirements were implemented through vendor contracts for the supply and installation of medical equipment for Puskesmas. Compliance with worker management procedures, including OHS, Code of Conduct, and internal grievance mechanisms, was verified through the Vendor E&S Compliance Review, with follow-up actions for minor documentation gaps. INPULS - As procurement remained at the bid preparation stage, no contractor workers were mobilized. LMP requirements, including OHS, Code of Conduct, SEA/SH prevention, and worker grievance procedures, were incorporated into the bidding documents for subsequent contract implementation.

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
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.	Establish a grievance redress mechanism prior to engaging Project workers and thereafter maintain and operate it throughout Project	CPMU and each PMU	SIHREN - The 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. SOPHI - This requirement has been communicated to vendors as part of the Environmental and Social (E&S) management requirements, including the establishment of procedures and grievance channels for their workers. INPULS - There is no update at this period, as no vendors have been contracted yet.
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
3.1 WASTE MANAGEMENT PROCEDURE Adopt and implement a waste management procedure in the ESMF, to manage hazardous and non-hazardous wastes, consistent with ESS3. The facility readiness criteria on waste management shall be met in accordance with the guidelines in the ESMF.	Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.	CPMU and each PMU	SIHREN - Waste management readiness was assessed using ASPAK, SIKELIM, and onsite verification to confirm compliance with Project waste management requirements before equipment installation. SOPHI - Waste management readiness was assessed through a risk-based approach supported by ASPAK to ensure recipient healthcare facilities met minimum eligibility requirements before equipment deployment. INPULS - Site readiness assessments were conducted to evaluate wastewater treatment systems (WWTP), hazardous waste storage facilities, environmental permits, and other waste management requirements at Public Health Laboratories (Labkesmas)
3.2 RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT		CPMU and each PMU	

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
Incorporate resource efficiency and pollution prevention and management measures in the ESMF, consistent with ESS3.	Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.		SIHREN, SOPHI, and INPULS continued implementing resource efficiency and pollution prevention measures by aligning waste management infrastructure and environmental safeguards with the operational requirements of medical equipment deployed under each Project component.
ESS 4: COMMUNITY HEALTH AND SAFETY			
4.1 COMMUNITY HEALTH AND SAFETY 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.	Adopt a project-specific waste management procedure in the ESMF and maintain it throughout Project implementation.	CPMU and each PMU	SIHREN - Waste management readiness assessments confirmed that recipient hospitals met minimum environmental and social requirements to support the safe installation and operation of medical equipment SOPHI - Recipient facilities requiring waste management readiness for dental chair installation met the established eligibility criteria prior to equipment deployment. INPULS - Site readiness assessments identified remaining gaps related to wastewater treatment facilities, hazardous waste infrastructure, and environmental permits, which continue to be addressed through coordinated follow-up actions.
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			

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
Not Relevant			
ESS 9: FINANCIAL INTERMEDIARIES			
Not Relevant			
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 - Conducted 12 stakeholder engagement activities involving 467 participants, focusing on E&S compliance, site readiness, healthcare waste management, OHS, and incident reporting. SOPHI - Conducted 21 stakeholder engagement activities involving 5,238 participants, focusing on vendor compliance, monitoring systems, grievance management, incident reporting, and waste management. INPULS - Conducted 8 stakeholder engagement activities involving 158 participants, focusing on Labkesmas readiness, procurement planning, and coordination with key stakeholders.
10.2 PROJECT REDRESS GRIEVANCE MECHANISM 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.	The FGRM operational within 30 days after the Effective date including appointing a FGRM focal point and maintained throughout Project implementation.	CPMU and each PMU	The Project Grievance Redress Mechanism (GRM) remained operational throughout the reporting period. One project-related grievance concerning delayed consultant remuneration was received through SP4N-LAPOR! and resolved through the established Project grievance procedures. Additional complaints received through Halo Kemenkes related to general administrative and health service matters and were not associated with Project environmental and social issues.

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY	IMPLEMENTATION/ STATUS
CAPACITY SUPPORT			
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: - Healthcare waste management - Occupational health and safety - GBV, SEA/SH prevention and response - FGRM operationalization - Other topics as identified during project implementation.	Training and refreshers on an annual basis (or more often as required) prior to commencement of Project activities and maintain them throughout Project implementation.	CPMU and each PMU	SIHREN - Conducted 7 capacity-building activities on healthcare waste management, radiation protection, OHS, stakeholder engagement, grievance management, incident reporting, and GBV/SEA/SH prevention, reaching 2,041 participants. SOPHI - No capacity-building activities were conducted during the reporting period. INPULS - Conducted 1 capacity-building activity on environmental compliance, waste management, laboratory governance, environmental permitting, and site readiness, involving 23 participants.

Annex A.2. Hospitals in DTPK Areas Receiving Cathlab Equipment

No	HOSPITAL NAME	PROVINCE/REGION	STATUS
1	RSUD Tora Belo	Central Sulawesi	NTO Obtained
2	RSUD Kabelota, Donggala	Central Sulawesi	NTO Obtained
3	RSUD Tafaeri, North Nias	North Sumatra	NTO Obtained
4	RSUD Kwaingga, Keerom	Papua	NTO Obtained
5	RSUD Reda Bolo, Southwest Sumba	East Nusa Tenggara	In Progress to NTO
6	RSUD Borong, East Manggarai	East Nusa Tenggara	In Progress to NTO
7	RSUD Bobong, Taliabu	Maluku	In Progress to NTO
8	RSUD KH Muh. Thohir Krui, Pesisir Barat	Lampung	In Progress to NTO
9	RSUD Pratama, West Nias	North Sumatra	In Progress to NTO
10	RSUD Dr. M. Thomsen, Nias	North Sumatra	In Progress to NTO
11	RSUD Umbu Rara Meha Waingapu	East Nusa Tenggara	In Progress to NTO
12	RSUD Mgr. Gabriel Manek SVD Atambua	East Nusa Tenggara	In Progress to NTO
13	RSUD Piru, West Seram	Maluku	In Progress to NTO
14	RSUD Bula, East Seram	Maluku	In Progress to NTO
15	RSUD Sanana	North Maluku	In Progress to NTO

Annex A.3. Stakeholder Engagement Activities

A. InPULS Component

No	Activity	Date	Stakeholders Involved	No of Participants	Feedback / Outcome
1	Coordination of InPULS Project Support Staff in the Regions in 2026	29 January 2026	Inspectorate General, CPMU, Kemenkes (Direktorat Fasmut, Takel PKP, Sesdijen Kesprimkom), Head of Labkesmas Tier 4 & 5, PPK, PBJ, Supporting Staffs	48	Briefing on sub-national monitoring mechanisms for INPULS project to make sure each actor understands their roles and responsibility.
2	Confirmation of Technical Specifications for Equipment Procurement under InPULS	24 March 2026	Professional Organizations, Associations, Research Institutions, Public Health Laboratories, Ministry of Health	52	Public Health Laboratories expressed concerns regarding delays in the distribution of InPULS equipment.
3	Confirmation of Proposed Technical Specifications for Equipment under the InPULS Project	26 March, 31 March, 8 April, 13 April, 16 April 2026	Professional Organizations, Associations and Research Institutions, Labkesmas, MOH	35	Clarification and confirmation of technical specifications for equipment procured under the InPULS Project.
4	Labkesmas Mentorship Meeting (Pengampuan)	23 April 2026	UPT Labkesmas Tier 4 dan 5, Ketua Tim Kerja UPT Labkesmas & Katimker Labkesmas, PMU INPULS	23	Enhanced capacity was achieved in line with the roles and responsibilities of each level of Public Health Laboratory.

B. SIHREN Component

No	Activity	Date	Stakeholders Involved	Participants	Feedback / Outcome
1	E&S Requirement and Contract Compliance Review, E&S Management and Site Implementation, Incident Management, GBV and GRM	7 & 21 May 2026	International SOS (Infant Warmer Lot 3)	7	Review of SOP compliance, distribution arrangements, and implementation of E&S requirements.
2	E&S Requirement and Contract Compliance Review, E&S Management and Site Implementation, Incident Management, GBV and GRM	31 March 2026	PT Gebang Surya Harapan	6	Review of SOP compliance and distribution processes to ensure adherence to E&S requirements.
3	Pre-Construction Meeting for Cathlab NTO 3	21 January 2026	PT Philips Indonesia	37	Discussion of E&S management arrangements, implementation procedures, and monitoring requirements.
4	Pre-Construction Meeting for Cathlab NTO 4	4 February 2026	PT Philips Indonesia	45	Alignment of E&S implementation requirements and monitoring responsibilities.
5	Pre-Construction Meeting for Cathlab NTO 5 & 6	30 March 2026	PT Philips Indonesia	63	Review of E&S management plans and implementation readiness.
6	Pre-Construction Meeting for Cathlab NTO 7 & 8	20 May 2026	PT Philips Indonesia	53	Strengthened understanding of E&S compliance obligations during implementation.

No	Activity	Date	Stakeholders Involved	Participants	Feedback / Outcome
7	Pre-Construction Meeting for MRI 1.5T NTO 2	9 February 2026	PT GE Healthcare	21	Discussion of E&S requirements, monitoring arrangements, and implementation responsibilities.
8	Kick-Off Meeting for HLM NTO 1	6 March 2026	PT IDS Med	32	Orientation on E&S obligations and implementation arrangements.
9	Kick-Off Meeting for C-Arm NTO 1	5 March 2026	PT Rajawali Nusantara Indonesia	27	Confirmation of E&S commitments and implementation responsibilities.
10	Kick-Off Meeting for ECMO Set NTO 1, 2 & 3 and ECMO KIA	1 April 2026	PT Indosopha	42	Review of E&S implementation requirements and monitoring mechanisms.
11	Dissemination on Healthcare Waste Management Requirements (Readiness Criteria)	26 January 2026	Hospitals	56	Dissemination of waste management criteria and readiness requirements, including ASPAK data updates.
12	Integrated Desk Monitoring and Evaluation on Site Readiness, Radiation Safety, and Environmental Management for Cathlab Distribution	January– May 2026	Hospitals	78	Encouraged healthcare facilities to complete environmental management and radiation protection requirements prior to equipment deployment.

C. SOPHI Component

No	Activity	Date	Stakeholders Involved	Participants	Feedback / Outcome
1	Socialization of Monitoring System for Neonatal Straight Blade Laryngoscope	20 February 2026	Vendors, MoH, PMU SOPHI, Provincial and District Health Offices, Target Health Facilities, Supporting Staff	1,000	Dissemination of monitoring procedures, incident reporting mechanisms, and complaint handling processes.
2	Review of Incident and Complaint Monitoring System – Centrifuge	5 November 2025–27 January 2026	Vendors, MoH, PMU SOPHI	18	Verification of incident and complaint monitoring mechanisms and identification of improvement opportunities.
3	Socialization of Monitoring System for Centrifuge	13 January 2026	Vendors, MoH, PMU SOPHI, Provincial and District Health Offices, Target Health Facilities, Supporting Staff	1,000	Improved stakeholder awareness of monitoring and reporting requirements.
4	Socialization of Monitoring System for ECG	12 February 2026	Vendors, MoH, PMU SOPHI, Provincial and District Health Offices, Target Health Facilities, Supporting Staff	1,000	Dissemination of monitoring procedures and reporting responsibilities.
5	Review of Environmental and Social Documentation – Binocular Microscope	10 November 2025–6 February 2026	Vendors, MoH, PMU SOPHI	13	Review of compliance with environmental and social documentation requirements.
6	Review of Environmental and Social Documentation – Micropipette	10 November 2025–3 February 2026	Vendors, MoH, PMU SOPHI	13	Verification of compliance with project E&S requirements.
7	Socialization of Monitoring System for Electrocautery	18 February 2026	Vendors, MoH, PMU SOPHI, Provincial and District Health Offices, Target Health	1,000	Dissemination of monitoring and incident reporting procedures.

No	Activity	Date	Stakeholders Involved	Participants	Feedback / Outcome
			Facilities, Supporting Staff		
8	Safeguards Socialization – Rotator Plate	12 March 2026	Vendors, MoH, PMU SOPHI	21	Dissemination of E&S requirements, occupational safety measures, and grievance mechanisms.
9	Review of Environmental and Social Documentation – Rotator Plate	25 March 2026	Vendors, MoH, PMU SOPHI	15	Minor gaps identified in SOPs, particularly regarding PPE and transportation safety provisions.
10	Review of Incident and Complaint Monitoring System – Rotator Plate	31 March–18 May 2026	Vendors, MoH, PMU SOPHI	15	Recommendations provided to strengthen grievance and incident reporting systems.
11	Socialization of Monitoring System for Rotator Plate	20 May 2026	Vendors, MoH, PMU SOPHI, Provincial and District Health Offices, Target Health Facilities, Supporting Staff	1,000	Increased awareness of monitoring, reporting, and grievance management mechanisms.
12	Safeguards Socialization – Spirometer	27 February 2026	Vendors, MoH, PMU SOPHI	21	Dissemination of safeguard requirements and E&S obligations.
13	Review of Environmental and Social Documentation – Spirometer	23 February 2026	Vendors, MoH, PMU SOPHI	14	Identification of improvements needed in SOPs and safety documentation.
14	Review of Incident and Complaint Monitoring System – Spirometer	11 March 2026	Vendors, MoH, PMU SOPHI	14	Recommendations provided to improve monitoring and complaint handling procedures.
15	Safeguards Socialization – Suction Pump	16 March 2026	Vendors, MoH, PMU SOPHI	15	Increased understanding of E&S requirements and worker safety obligations.
16	Review of Environmental and Social Documentation – Suction Pump	26 March 2026	Vendors, MoH, PMU SOPHI	10	Minor documentation gaps identified and

No	Activity	Date	Stakeholders Involved	Participants	Feedback / Outcome
					corrective actions communicated.
17	Review of Incident and Complaint Monitoring System – Suction Pump	10 April 2026	Vendors, MoH, PMU SOPHI	10	Monitoring arrangements reviewed and recommendations provided.
18	Safeguards Socialization – Stretcher	7 April 2026	Vendors, MoH, PMU SOPHI	15	Dissemination of safeguard obligations and incident reporting requirements.
19	Review of Environmental and Social Documentation – Stretcher	30 April 2026	Vendors, MoH, PMU SOPHI	12	Recommendations provided to strengthen SOPs related to PPE and transportation safety.
20	Review of Incident and Complaint Monitoring System – Stretcher	12 May 2026	Vendors, MoH, PMU SOPHI	12	Review of incident monitoring and grievance management arrangements.
21	Safeguards Socialization – Infusion Pump	30 April 2026	Vendors, MoH, PMU SOPHI	10	Dissemination of E&S requirements, worker protection measures, and incident reporting procedures.

Annex A.4. Capacity Building Activities

A. SIHREN Component

Session	Date	Topic	Resource Person	Presenters	Discussants	Participants
1	7 April 2026	Wastewater and Medical Waste Management Systems (including Hazardous and Toxic Waste/B3) in Healthcare Facilities	Directorate of Environmental Health, Ministry of Health	1. Banten Regional Hospital (RSUD Banten) 2. Dr. Kariadi Central General Hospital (RSUP Kariadi)	1. Bagas Waras Regional Hospital 2. Trikora Selatan Regional Hospital	310
2	14 April 2026	Radioactive Waste Management Systems and Radiation Protection in Hospitals	National Cardiovascular Center Harapan Kita Hospital	1. Dr. Mohammad Hoesin Hospital 2. Panyabung an Regional Hospital	1. Bendan Regional Hospital 2. Sanjiwani Regional Hospital	304
3	21 April 2026	Medical Device and Household Health Supplies (PKRT) Regulatory Oversight, Hospital OHS Systems, and Occupational Accident Reporting and Investigation	Directorate of Medical Device Supervision, Directorate General of Pharmaceuticals and Medical Devices	1. Batara Siang Regional Hospital 2. West Nusa Tenggara Provincial Hospital	1. Kendari City Regional Hospital 2. Ade M. Djoen Sintang Regional Hospital	293
4	28 April 2026	Inclusive Healthcare Services and Stakeholder Engagement	Directorate of Referral Healthcare Governance	1. Ibnu Sina Regional Hospital 2. Wonosari Regional Hospital	1. Torabelo Regional Hospital 2. Klungkung Regional Hospital	302
5	5 May 2026	Gender-Based Violence (GBV) and	Gender Consultant, PMU SIHREN	1. Bob Bazar Regional Hospital 2.	1. Penyangga Perbatasan Betun Regional	278

Session	Date	Topic	Resource Person	Presenters	Discussants	Participants
		Case Management		Mgr. Gabriel Manek Regional Hospital	Hospital 2. Ibnu Sina Regional Hospital	
6	12 May 2026	Grievance Mechanism and Complaint Handling	Bureau of Communication and Public Services, Ministry of Health	1. Dr. H. Jusuf Kalla Regional Hospital 2. Welas Asih Regional Hospital	1. Dr. Moh. Saleh Regional Hospital 2. Dr. M. Ashari Regional Hospital	276
7	19 May 2026	BAPETEN Licensing Requirements and Radiation Safety	Nuclear Energy Regulatory Agency (BAPETEN)	1. Dr. Sardjito Central General Hospital 2. Dr. Hasri Ainun Habibie Regional Hospital	1. Dr. Kariadi Central General Hospital 2. Banggai Regional Hospital	278

B. INPULS Component

Activity	Date	Stakeholders Involved	Participants	Outcome
Public Health Laboratory Mentorship Meeting	23 April 2026	Level 4 and Level 5 Public Health Laboratories (Labkesmas), Working Group Leaders, PMU InPULS	23	Improved understanding of roles, responsibilities, and coordination mechanisms among Public Health Laboratories at different levels, contributing to strengthened institutional readiness and collaboration.

Annex A.5. Site Readiness Analysis

a. SIHREN Waste Management Aspect based on ASPAK

Medical Equipment Procured	Number of Health Facilities Assessed	Status (ASPAK/SIKELIM data available only up to Dec 2025)
SIHREN - WB/AIIB		
Cathlab (419 units)	209	Only 2 health facilities do not meet ASPAK criteria
MRI 1.5 T (10 units)	10	Meet Criteria ASPAK and SIKELIM
Mobile X-Ray (2 units)	2	Meet Criteria ASPAK and SIKELIM
C-Arm (7 unit)	7	Meet Criteria ASPAK and SIKELIM
Heart-Lung bypass unit	19	Meet Criteria ASPAK and SIKELIM
Extracorporeal membrane oxygenation (ECMO)	36	Meet Criteria ASPAK and SIKELIM
ECMO for Neonatal Intensive Care Unit (NICU)	2	Meet Criteria ASPAK and SIKELIM
Fractional Flow Reserve (FFR)	21	Meet Criteria ASPAK and SIKELIM
ESWL	13	Meet Criteria ASPAK and SIKELIM
Infant warmer	366	Meet Criteria ASPAK and SIKELIM
SIHREN-IsDB		
Mammography (361 units)	150	Meet Criteria ASPAK and SIKELIM
CT Scan (320 units)	127	Meet Criteria ASPAK and SIKELIM
Brachytherapy	7	Meet Criteria ASPAK and SIKELIM
Cyclotron	2	Meet Criteria ASPAK and SIKELIM
CDSC	34	Meet Criteria ASPAK and SIKELIM
PET CT	5	Meet Criteria ASPAK and SIKELIM
CT Simulator	4	Meet Criteria ASPAK and SIKELIM

SOPHI

Dental Chair Unit	813*	Partially 799 meet criteria ASPAK, all meet criteria SIKELIM
Neonatal Straight Blade Laryngoscopes	2.962*	2.801 meet criteria ASPAK, all meet criteria SIKELIM
Infant T Piece	2.349*	2.274 meet criteria ASPAK, all meet criteria SIKELIM
Electrocautery	5.050*	4.804 meet criteria ASPAK, all meet criteria SIKELIM
Centrifuge	721*	694 meet criteria ASPAK, all meet criteria SIKELIM
Microscope Binocular	721*	650 meet criteria ASPAK, all meet criteria SIKELIM
Micropipette	1.070*	970 meet criteria ASPAK, all meet criteria SIKELIM
ECG	1.712*	1.604 meet criteria ASPAK, all meet criteria SIKELIM
Rotator Plate	2,054	1,597 meet criteria ASPAK
Infusion Pump	3,785	3,224 meet criteria ASPAK
Spirometer	2,025	1,821 meet criteria ASPAK
Suction Pump Portable	4,706	4,019 meet criteria ASPAK
Stretcher	1,419	All meet criteria

b. Results of ASPAK Technical Assistance for Waste Management Readiness

No.	Hospital	ASPAK Assessment Result	Follow-up Action
1	RSUD Borong	Compliant (Green Status)	–
2	RSUD Bobong	Not Yet Compliant	WWTP will become operational once the hospital becomes fully operational.
3	RSUD Bolaang Mongondow Selatan	Compliant (Green Status)	–
4	RSUD Kabupaten Konawe Kepulauan	Compliant (Green Status)	–
5	RSUD Kabupaten Buru	Compliant (Green Status)	–
6	RSUD Kabupaten Buton Utara	Compliant (Green Status)	–
7	RSUD Raja Ampat	Inadequate Hazardous Waste Storage Facility	Planned relocation of the hazardous waste storage facility (TPS) to the new PHTC hospital site.
8	RSUD Bima	Compliant (Green Status)	–
9	RSUD Jailolo	Did Not Attend	To be rescheduled for follow-up technical assistance.
10	RSUD Yowari Sentani	Compliant (Green Status)	–
11	RSUD Aeramo Kabupaten Nagekeo	Did Not Attend	To be rescheduled for follow-up technical assistance.
12	RSUD Alimuddin Umar	Compliant (Green Status)	–
13	RSUD Ampana	Compliant (Green Status)	–
14	RSUD Amurang	Did Not Attend	To be rescheduled for follow-up technical assistance.
15	RSUD Anugerah	Compliant (Green Status)	–
16	RSUD Asy-Syifa Sumbawa Barat	Compliant (Green Status)	–
17	RSUD Blambangan	Compliant (Green Status)	–
18	RSUD Caruban	Compliant (Green Status)	–

No.	Hospital	ASPAK Assessment Result	Follow-up Action
19	RSUD Dabo Kabupaten Lingga	Did Not Attend	To be rescheduled for follow-up technical assistance.
20	RSUD Depati Hamzah	Compliant (Green Status)	–
21	RSUD Kab. Bangka Selatan	Compliant (Green Status)	–
22	RSUD Kab. Ciamis	Compliant (Green Status)	–
23	RSUD Dr. H. Yulidin Away	Attended but Did Not Participate	To be rescheduled for follow-up technical assistance.
24	RSUD Dr. Hadrianus Sinaga	Compliant (Green Status)	–
25	RSUD dr. M. Mohammad Dunda	Compliant (Green Status)	–
26	RSUD Kabupaten Aceh Besar	Compliant (Green Status)	–
27	RSUD dr. Soekardjo	Did Not Attend	To be rescheduled for follow-up technical assistance.
28	RSUD H. Hanafie	Did Not Attend	To be rescheduled for follow-up technical assistance.
29	RSUD Kabupaten Bintan	Compliant (Green Status)	–
30	RSUD Kabupaten Buton	Compliant (Green Status)	–
31	RSUD Mulia	Not Yet Compliant	Upgrade the WWTP system and establish a formal agreement with a licensed third-party hazardous waste management service provider.

Annex A.6. Distribution of Medical Equipment - SOPHI (as of May 2026)

Province	Type of Medical Equipment	Total Unit Delivered
Aceh	ECG	55
	Infant T Piece	72
	Dental Chair	60
Bali	ECG	17
	Infant T Piece	43
	Dental Chair	7
Banten	ECG	48
	Infant T Piece	55
	Dental Chair	9
	Laringoskop neonatus	67
Bengkulu	Sentrifus	1
	ECG	26
	Infant T Piece	18
DI Yogyakarta	Kursi Gigi	17
	ECG	39
	Infant T Piece	13
	Dental Chair	24
Gorontalo	Sentrifus	12
	ECG	5
	Infant T Piece	8
Jambi	Kursi Gigi	1
	ECG	56
	Infant T Piece	62
	Dental Chair	26
Jawa Barat	Laringoskop neonatus	52
	ECG	296
	Infant T Piece	391
	Dental Chair	65
Jawa Tengah	Laringoskop neonatus	196
	Sentrifus	87
	ECG	237
	Infant T Piece	367
Jawa Timur	Dental Chair	76
	Sentrifus	132
	ECG	77
	Infant T Piece	273
Kalimantan Barat	Dental Chair	53
	Sentrifus	50
	ECG	47
Kalimantan Selatan	Infant T Piece	60
	Dental Chair	35
	ECG	64
	Infant T Piece	108

Province	Type of Medical Equipment	Total Unit Delivered
Kalimantan Tengah	Dental Chair	41
	ECG	21
	Infant T Piece	29
Kalimantan Timur	Kursi Gigi	18
	ECG	27
	Infant T Piece	39
Kalimantan Utara	Dental Chair	5
	ECG	2
	Infant T Piece	8
Kepulauan Babel	Dental Chair	11
	ECG	9
	Infant T Piece	8
Kepulauan Riau	Dental Chair	9
	ECG	12
	Infant T Piece	14
Lampung	Kursi Gigi	5
	Laringoskop neonatus	19
	ECG	41
Maluku	Infant T Piece	40
	Kursi Gigi	23
	ECG	47
Maluku Utara	Infant T Piece	24
	Dental Chair	14
	ECG	36
Nusa Tenggara Barat	Infant T Piece	22
	Dental Chair	15
	ECG	18
Nusa Tenggara Timur	Infant T Piece	35
	Dental Chair	13
	ECG	33
Papua	Infant T Piece	30
	Dental Chair	18
	ECG	10
Papua Barat Daya	USG 2D	6
	ECG	6
	Infant T Piece	6
Papua Pegunungan	Dental Chair	2
	USG 2D	15
	USG 2D	11
Papua Selatan	USG 2D	37
	Infant T Piece	1
	Dental Chair	1

Province	Type of Medical Equipment	Total Unit Delivered
Papua Tengah	USG 2D	17
Riau	ECG	49
	Infant T Piece	97
	Dental Chair	38
	Sentrifus	32
Sulawesi Barat	ECG	6
	Infant T Piece	18
	Dental Chair	12
Sulawesi Selatan	ECG	94
	Infant T Piece	113
	Dental Chair	86
Sulawesi Tengah	ECG	38
	Infant T Piece	46
	Dental Chair	19
Sulawesi Tenggara	ECG	87
	Infant T Piece	68
	Dental Chair	29
Sulawesi Utara	ECG	15
	Infant T Piece	19
	Dental Chair	11
Sumatera Barat	ECG	37
	Infant T Piece	76
	Dental Chair	48
	Sentrifus	19
Sumatera Selatan	ECG	82
	Infant T Piece	88
	Dental Chair	32
Sumatera Utara	ECG	101
	Infant T Piece	64
	Dental Chair	37
	Sentrifus	23