- Jalan Batang Arau
- Kawasan Kota Lama / Kota Tua Padang
- Areas surrounding old colonial buildings and cultural heritage structures.

- Reason for Selection

- Avoids high pedestrian and heritage-sensitive zones.
- Minimizes vibration and traffic pressure near old buildings.
- Maintains safer logistics flow toward the hospital area.

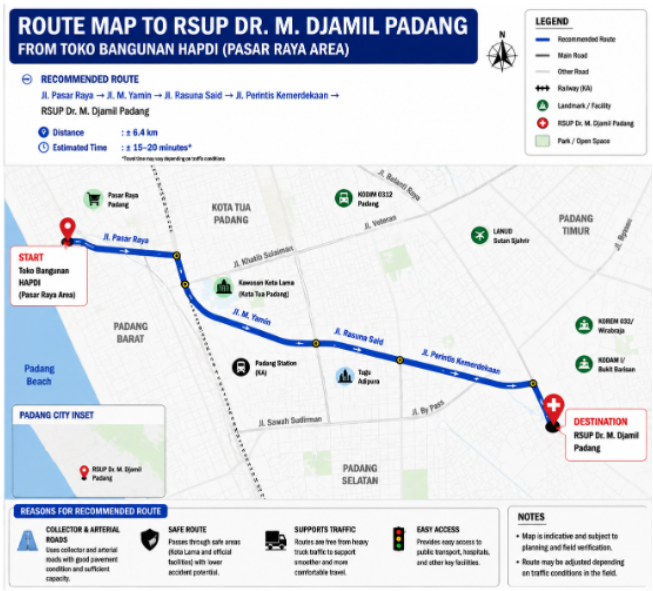


Figure 25 Route from Jl. Pasar Raya to RSMDJ

- **Route from Toko Bangunan MUKRA (Jl. Raya Ampang)**

- Recommended Route:

Jl. Raya Ampang → By-pass / Jl. Khatib Sulaiman corridor → Jl. Rasuna Said → Jl. Perintis Kemerdekaan → RSUP Dr. M. Djamil Padang

- Reason for Selection

- Uses major urban transport corridors with better road capacity.
- Avoids narrow inner-city heritage areas and traditional market congestion.
- Reduces risk of traffic conflict with pedestrian-heavy cultural zones.



Figure 26 Route from Jl. Raya Ampang to RSMDJ

Table 50 Operational Controls for Material Transportation

Control Measure	Description
Truck operating hours	Avoid peak hospital and school hours
Vehicle speed limit	Maximum low-speed operation near hospital and residential zones
Covered trucks	Prevent dust and material spillage
Traffic marshal	Deployed near hospital entrance and sensitive intersections
Emergency access protection	Ambulance routes must remain unobstructed
Driver code of conduct	Restrict horn use, unsafe parking, and idling
GPS/logbook monitoring	Track approved transportation routes
Community coordination	Inform nearby communities regarding temporary logistics movement

The selected transportation routes prioritize major urban roads and avoid cultural heritage areas, dense residential corridors, and sensitive public spaces around central Padang. This approach is intended to minimize vibration, congestion, dust, and safety risks associated with construction logistics activities while maintaining uninterrupted hospital and emergency access. All transportation activities should be implemented under a Traffic Management Plan (TMP) integrated into the project ESMP.

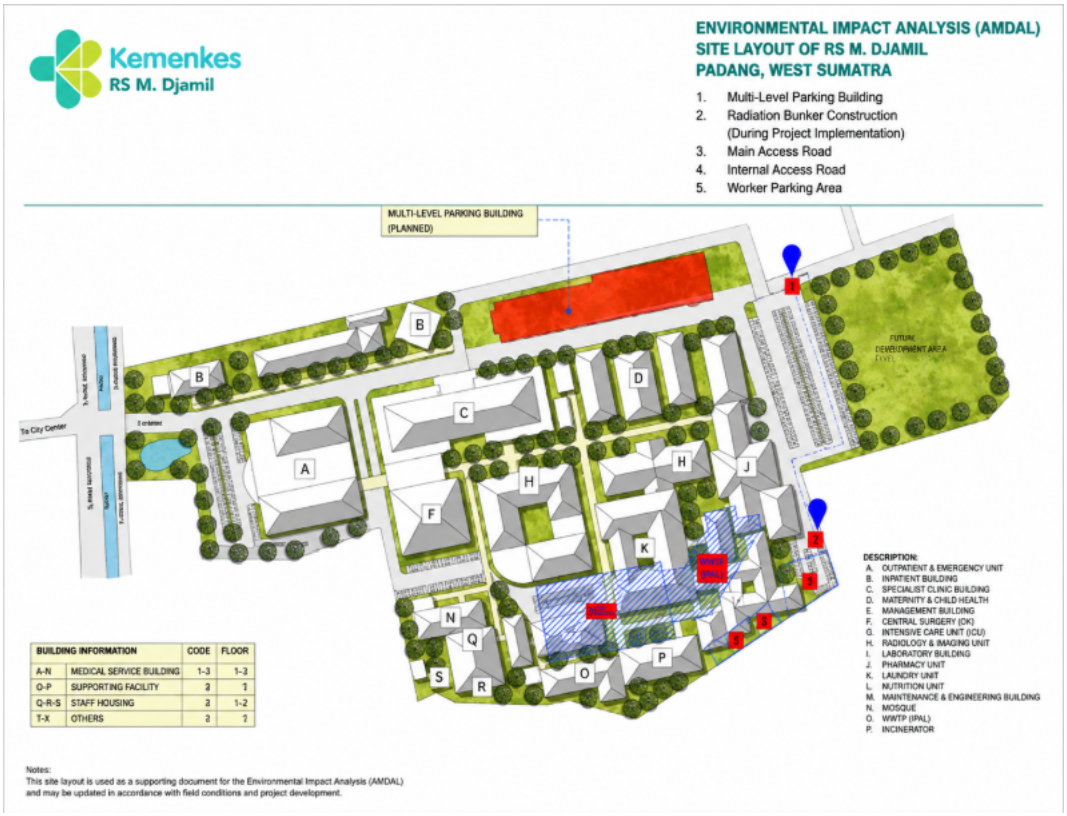


Figure 27 Project Vehicle Movement Layout

The figure illustrates the proposed project vehicle circulation plan for the construction of the CMU and Non-JKN buildings within the RSMDJ hospital complex. The construction traffic route is directed through the eastern side of the hospital area, with designated entry and movement paths separated from the main hospital service zones. This arrangement is intended to minimize interaction and conflict between project vehicles and ongoing hospital activities, including patient movement, visitor circulation, healthcare operations, and ambulance access during the construction period.

Several supporting project facilities have been identified within the construction logistics arrangement, including the PKJA parking area, the rear parking area of the radiology bunker as the proposed project entrance gate, material drop-off areas, the contractor's site office (direksi keet), and worker accommodation facilities. The project vehicle circulation route is indicated by the blue dashed line, while the main construction zone is located around the planned CMU and Non-JKN development area. The placement of these temporary facilities within controlled zones is important to maintain safety, improve construction logistics efficiency, and ensure that hospital services continue operating without major disruption.

This layout forms an important basis for the preparation of the Construction Traffic Management Plan (TMP). The project circulation arrangement must ensure that ambulance routes, emergency services, patient access, and internal hospital circulation remain functional at all times. Additional mitigation measures will include traffic signage, traffic marshals, temporary barriers, scheduling of material delivery during off-peak hours, and regular coordination with hospital management. These measures

are intended to minimize risks related to congestion, accidents, dust generation, noise disturbance, and operational disruption during the construction phase.

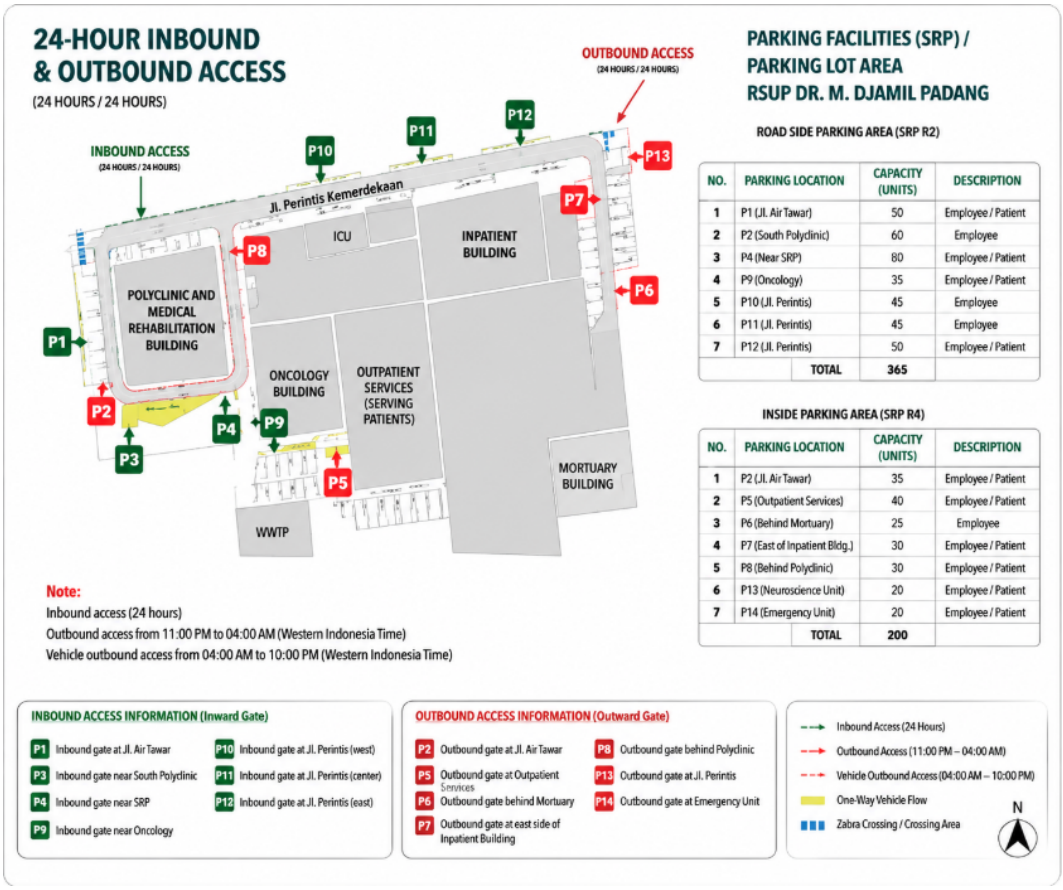


Figure 28 Layout of Vehicle Entry and Exit (Patients, Visitors, Staff, and Ambulances)

The figure presents the parking circulation and access arrangement within the RSMDJ hospital complex, including designated entry and exit routes, parking zones, and parking capacity distribution for both motorcycles and cars. The circulation system is designed to support continuous hospital operations while accommodating patients, visitors, healthcare workers, and emergency service activities within the hospital area.

The layout indicates that the main front entrance remains accessible 24 hours for incoming vehicles, while outbound traffic is regulated through scheduled exit periods to improve circulation efficiency and reduce congestion. Vehicle movement is distributed across several parking zones identified as P1–P12 for motorcycles and P1–P6B for cars. These parking areas are allocated for different user groups, including visitors, employees, doctors, ambulance support, and operational staff. Major parking areas are located near the outpatient clinic, emergency department (IGD), SIMRS building, Islamic Center, inpatient wards, and administrative offices.

The parking inventory data indicate a total motorcycle parking capacity of approximately 607 lots and a total car parking capacity of around 1,790 lots within the RSMDJ area. The largest parking allocations are provided for public visitors and employees, reflecting the hospital's role as a high-traffic tertiary healthcare facility. Several parking zones are also specifically allocated for doctors, hospital staff, and operational units to support efficient hospital circulation and emergency response activities.

This circulation and parking arrangement forms an important baseline for transportation and access management during the hospital development project. Construction activities have the potential to affect internal circulation, parking availability, pedestrian movement, and ambulance accessibility if not properly managed. Therefore, the project will require phased traffic management, temporary parking adjustment, directional signage, pedestrian safety measures, and coordination with hospital operational units to ensure that healthcare services and emergency access remain functional throughout the construction period.

4.8.2 Vehicle Traffic Baseline Data

The traffic baseline data collected at RSMDJ during February–April 2026 indicate that motorcycles and private cars represent the dominant transportation modes accessing the hospital area. The overall traffic volume shows a gradual increase over the monitoring period, reflecting the high intensity of healthcare services, patient mobility, visitor activities, staff movement, and hospital operational functions within the site.

In February 2026, the total recorded vehicle volume reached approximately 209,020 vehicles per month, increasing slightly to around 211,254 vehicles in March 2026, and further increasing significantly to approximately 246,999 vehicles in April 2026. The highest growth was observed in motorcycle traffic, followed by private cars, indicating increasing dependence on personal transportation for hospital access. Heavy vehicles such as trucks and buses were recorded at minimal levels, suggesting that the existing traffic pattern is primarily associated with routine hospital service activities rather than freight or industrial transport.

The average daily traffic volume also increased progressively from approximately 6,967 vehicles/day in February 2026 to around 8,233 vehicles/day in April 2026. This condition demonstrates that RSMDJ functions as a major urban activity center with high transportation demand and continuous circulation throughout operational hours.

Within the ESIA framework, this traffic baseline forms an important component of the transportation and accessibility assessment for the hospital development project. The existing high traffic intensity indicates that the surrounding road network and internal circulation system are already sensitive to additional transportation pressure. During the construction phase, project-related vehicle movements, material transportation, heavy equipment mobilization, and workforce activities may contribute to additional congestion, ambulance access disruption, safety risks, and reduced patient comfort if not properly managed.

Therefore, the traffic baseline data are used as the basis for preparing the Traffic Management Plan (TMP), construction logistics scheduling, emergency access protection measures, and internal circulation management during project implementation. During the operational phase, the planned expansion of healthcare facilities through the CMU and other supporting buildings is expected to further increase patient, visitor, and operational traffic volumes. Consequently, the baseline assessment also supports future planning for parking management, emergency vehicle circulation,

access control, and coordination with local transportation authorities to ensure that the long-term traffic impacts of the hospital development remain manageable and acceptable.

Table 51 Vehicle Traffic Baseline Data at RSMDJ (February–April 2026)

Vehicle Type	Feb-26	Mar-26	Apr-26	Trend
Cars	134,713	134,713	87,816	Fluctuating
Motorcycles	74,307	136,030	159,183	Increasing
Taxi	-	-	-	Stable / insignificant
Box Vehicles	-	-	-	Very limited
Trucks / Buses	-	-	-	Very limited
Total Monthly Vehicles	**209,020**	**211,254**	**246,999**	Increasing
Average Daily Vehicles	**6,967/day**	**7,042/day**	**8,233/day**	Increasing

4.8.3 Material Truck Route Management and Its Socio-Economic Implications for Vendors and Tenants around the Project Area

This material truck route and construction impact management map is prepared to provide a comprehensive overview of material mobilization activities within the RS M. Djamil Hospital construction project. It illustrates the designated inbound and outbound routes for heavy vehicles, material unloading areas, and the spatial arrangement of construction-related activities within the project site. The routing system is designed to ensure the efficient movement of construction materials while minimizing disruption to surrounding environmental and urban activities.

Beyond its technical function, the map also highlights potential interactions between construction logistics and surrounding socio-economic activities, particularly those involving vendors and tenants in the vicinity of the hospital area. The movement of material trucks may influence site accessibility, pedestrian and visitor flow, as well as the operational continuity of both formal and informal economic activities around the project boundary.

Accordingly, this map serves not only as a logistical planning instrument but also as a basis for identifying sensitive receptors that require careful management. It further supports the formulation of mitigation measures to maintain the continuity of local economic activities and to ensure the safety and convenience of vendors and tenants throughout the construction phase.

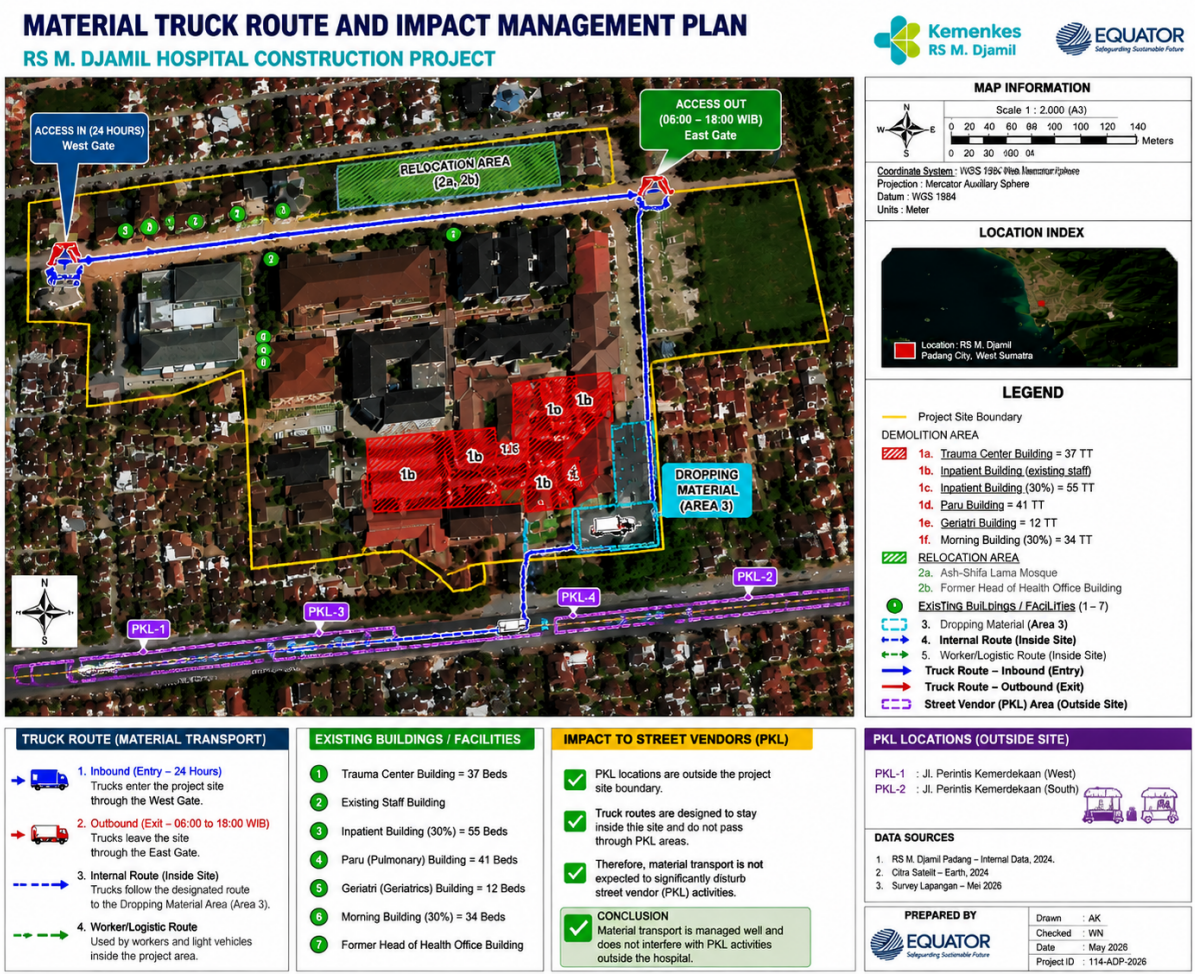


Figure 29 Material Truck Route and Impact Management Map

4.9 Asbestos-Containing Material

Based on the asbestos visual audit conducted at RSUP Dr. M. Djamil Padang, an inspection was carried out on the exterior side of all hospital buildings within the RSMDJ compound. The audit focused on identifying visible building materials that may potentially contain asbestos, particularly roofing materials, exterior panels, ceiling edges, wall cladding, and other accessible external building components.

The audit result indicates that, in general, most of the hospital buildings use non-asbestos roofing materials, predominantly corrugated zinc or metal sheet roofing. These roofing materials were visually observed across the majority of buildings and did not show typical characteristics of asbestos cement roofing sheets. Therefore, based on the exterior visual inspection, the potential presence of asbestos-containing roofing materials across the RSMDJ building complex is considered limited.

However, one building was identified as using roofing material that visually resembles asbestos cement sheet roofing. This finding indicates the potential presence of asbestos-containing material in that specific building and requires further confirmation through detailed inspection and, where necessary, laboratory testing. Until the material is confirmed as non-asbestos, the roofing material

shall be treated as suspected asbestos-containing material and managed using a precautionary approach.



Figure 30 Suspect ACM

Asbestos material content testing was conducted through laboratory observations using a Scanning Electron Microscope (SEM). Based on the results of microscopic observations using a Scanning Electron Microscope (SEM) at 3,000x magnification, the material sample showed a fine, elongated fiber structure, overlapping each other, and forming irregular fiber bundles. The morphology seen in the SEM image shows the presence of small-diameter fibers with an elongated, branched shape and having a high length-to-diameter ratio. These visual characteristics indicate the presence of fibrous material that morphologically has the potential to resemble Asbestos-Containing Materials (ACMs).

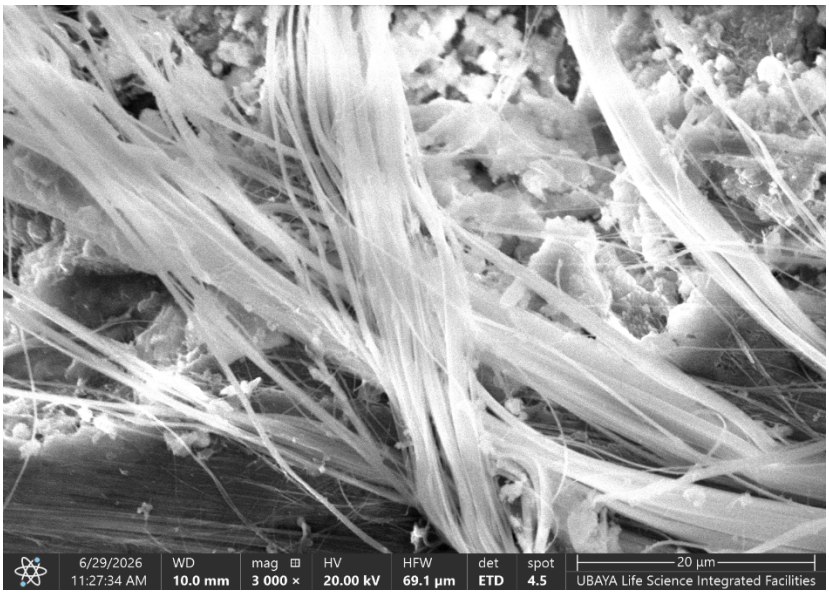


Figure 31 SEM Results of ACM Sample

The appearance of a fiber structure that appears to be decomposed and detached from the material matrix indicates that the material has the potential to undergo physical degradation, especially if exposed to mechanical disturbances such as demolition, drilling, cutting, sanding, ceiling repair, roof replacement, or building renovation activities. When disturbed, fibrous materials such as these have

the potential to release fine fibers into the air and increase the risk of inhalation exposure for maintenance workers, contractors, cleaning staff, patients, and visitors in the affected area.

Table 52 Composition of Elements

Element	Line	At.%	Wt.%	Net Counts	At. % Error	Wt. % Error
C	K	21.0	13.8	5 267	0.3	0.2
O	K	60.4	53.0	35 875	0.4	0.4
Mg	K	5.3	7.0	21 545	0.0	0.1
Al	K	0.6	0.9	3 435	0.0	0.0
Si	K	4.1	6.2	28 282	0.0	0.1
P	K	0.4	0.7	2 835	0.0	0.0
S	K	0.0	0.0	171	0.0	0.0
Ca	K	7.8	17.2	60 066	0.1	0.1
Mn	K	0.1	0.3	494	0.0	0.0
Fe	K	0.3	0.9	1 541	0.0	0.1

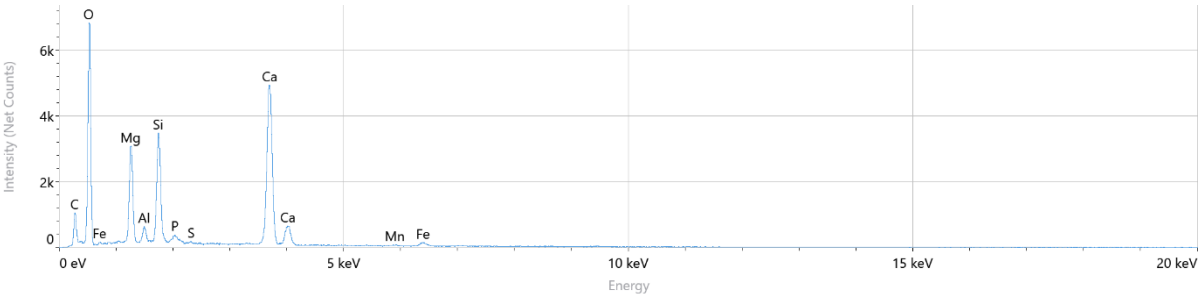


Figure 32 Composition of Elements ACM Sample

Based on the results of SEM-EDS analysis of material samples from Dr. M. Djamil Padang General Hospital, the spectrum indicates the presence of several major elements detected in the observation area. The element with the most dominant intensity was oxygen (O), followed by calcium (Ca), silicon (Si), and magnesium (Mg). In addition, minor elements such as carbon (C), fluorine (F), aluminum (Al), phosphorus (P), sulfur (S), as well as traces of other elements such as manganese (Mn) and iron (Fe) were also detected at low intensities.

The dominance of O indicates that the material has oxide or inorganic mineral characteristics. The significant presence of Ca may indicate the presence of calcium-based components, such as carbonate, cement, or mineral fillers, which are commonly found in building materials. Meanwhile, the presence of Si and Mg is of significant concern in the context of asbestos audits because both elements can associate with silicate minerals, including some fibrous minerals.

Al detected at low levels may indicate the presence of aluminosilicate minerals or additional mineral components in the material matrix. The presence of low-intensity P and S elements may originate from additional components, mineral contaminants, or binding materials present on the sample

surface. The presence of trace elements such as Mn and Fe indicates the presence of minor mineral components, but they are not dominant in material interpretation.

In general, the SEM-EDS results indicate that the Dr. M. Djamil Padang General Hospital sample is composed of mineral/inorganic materials with a complex composition. The combination of O, Ca, Si, and Mg elements supports the indication that the sample is a mineral-based building material, which requires further evaluation if its morphology shows a fibrous structure.

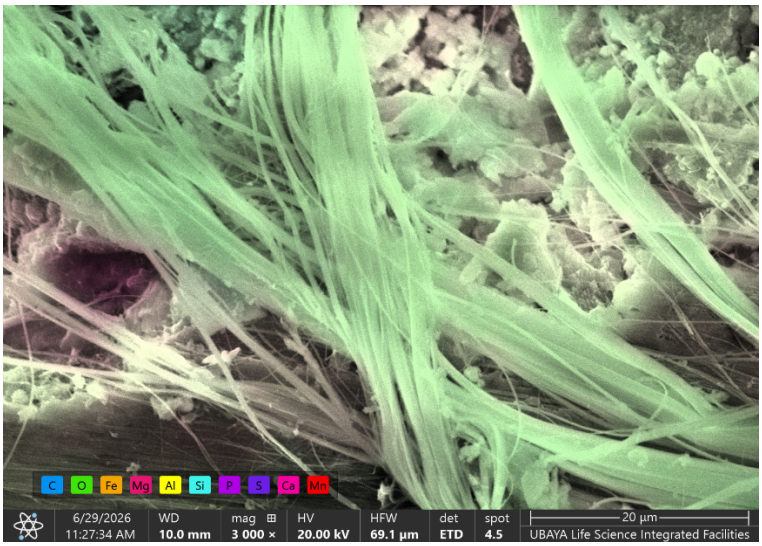


Figure 33 Results of Count Maps

Based on SEM-EDS Mapping observations of the Dr. M. Djamil Padang General Hospital material sample at 3,000x magnification and a 20 µm scale, the sample exhibits a morphology consisting of elongated fibers arranged in bundles, interlayered, and partially broken down into fine fibers. The fibers appear to follow a specific direction, forming a dense network of fibers, and are attached to a rough, inhomogeneous material matrix.

The SEM image shows a fairly dominant and distinct fiber structure. Some sections show long, thin, branched fibers that are intertwined with surrounding fine particles. This indicates the fibrous nature of the material, which, in the context of an asbestos audit, requires attention, especially if the material is brittle, weathered, exposed, broken, or easily disturbed by maintenance, renovation, or demolition activities.

Overall, the audit results indicate that the materials analyzed at Dr. M. Djamil Padang General Hospital strongly indicate they are fibrous materials that potentially contain asbestos. Therefore, follow-up actions are required in the form of further laboratory verification, preparation of an inventory of suspected ACM materials, control of fiber exposure risks, and a regular inspection program to ensure the materials are not damaged or disturbed, which could increase the risk of exposure for workers, patients, visitors, contractors, and the hospital's surrounding environment.

4.10 Five-Year Operational Environmental Trend (AMDAL 2014)

Based on the 2014 AMDAL document of RSMDJ, the hospital has established a basic environmental management system to support its operational activities. The document indicates that environmental aspects already being addressed include wastewater management through the wastewater treatment plant (WWTP/IPAL), emission control from stationary sources, medical and domestic waste management, noise monitoring, and public health risk management.

From the wastewater management perspective, liquid waste at RSMDJ is generated from various hospital service and supporting activities, including inpatient wards, outpatient services, laboratories, laundry, pharmacy, nutrition units, operating rooms, emergency units, and other supporting facilities. The AMDAL document noted that the existing WWTP had previously not operated optimally and required improvement to ensure proper treatment before wastewater discharge into receiving water bodies. Monitoring results from 2011–2012 indicated that several parameters, particularly free ammonia and coliform, exceeded the applicable wastewater quality standards. This suggests that wastewater management has historically been an important environmental issue and requires verification through updated WWTP monitoring data.

Regarding stack emissions, the document identified emissions originating from generators and incinerators. Parameters monitored included particulate matter, carbon monoxide, nitrogen oxides, sulfur dioxide, and several metal and gaseous pollutants. In general, most emission parameters were reported to comply with the applicable standards; however, carbon monoxide emissions from the incinerator were noted to exceed the emission limit at certain periods. Therefore, for AIIB/ESIA purposes, it is necessary to confirm whether the incinerator is still in operation and to obtain updated emission testing data for generators, boilers, and other stationary emission sources.

From the hazardous and medical waste management perspective, the AMDAL document explained that medical waste was generated from activities such as central surgery, anatomical pathology, disposable medical equipment use, and other healthcare services. At the time of the assessment, medical waste was managed using an incinerator, while certain hazardous waste streams, such as radiological waste, were reportedly managed in cooperation with BATAN. The document estimated that medical waste generation after hospital expansion would reach approximately 99 m^3 per month. These findings indicate that RSMDJ had already established a basic medical waste management system; however, updated hazardous waste manifests, temporary storage records, transporter information, and evidence of third-party waste management cooperation are still required for current assessment purposes.

In terms of noise, the document showed that environmental noise levels at RSMDJ were influenced by traffic along Jalan Perintis Kemerdekaan, hospital operational activities, generators, boilers, incinerators, and general service activities. Several monitoring points reportedly exceeded the applicable noise standards for hospital areas, particularly in locations close to operational facilities and traffic sources. This condition highlights noise as an important environmental issue because hospitals are classified as sensitive receptors. Therefore, updated 24-hour noise monitoring at representative locations remains necessary to assess current conditions.

For domestic waste management, the AMDAL document stated that non-medical waste was collected from hospital service areas, transported to temporary storage areas (TPS), and subsequently transferred to the municipal landfill by the Padang City Sanitation Department. Waste collection was conducted routinely several times per day. This indicates that a domestic waste management system was already in place, although updated information regarding waste generation volume, TPS conditions, transportation frequency, and management documentation for the 2020–2025 period is still required.

Meanwhile, regarding occupational health and safety (K3RS) and environmental incidents, the AMDAL document did not provide detailed information on workplace accidents, needle-stick injuries, hazardous waste exposure, or environmental incidents. The document mainly discussed potential impacts on public health associated with wastewater, solid waste, air quality, and traffic-related risks. Therefore, AIIB/ESIA requirements concerning environmental and occupational safety performance still need to be supported by updated K3RS logbooks, incident reports, exposure records, and occupational accident data from relevant hospital units.

Overall, the AMDAL document demonstrates that RSMDJ has established a basic environmental management framework. However, it also identified several historical environmental concerns, including WWTP performance issues, potential exceedances of incinerator emissions, and elevated noise levels at several monitoring points.

Based on the RKL-RPL monitoring reports for Semester II 2024 and Semester I 2025, RSMDJ demonstrates a relatively consistent and generally compliant environmental performance trend. The monitoring records indicate that the hospital has maintained routine environmental management and monitoring activities in accordance with its AMDAL commitments and applicable Indonesian environmental regulations.

For wastewater treatment performance, the operational trend of the WWTP (IPAL) shows stable compliance during the monitoring period. Monthly laboratory analyses conducted by accredited laboratories indicate that key parameters such as pH, BOD, COD, TSS, oil and grease, ammonia, heavy metals, and total coliform at the IPAL outlet generally remained below the applicable wastewater quality standards. Although influent wastewater characteristics fluctuated significantly due to varying hospital activities and patient loads, the outlet quality consistently met the regulatory thresholds, indicating that the IPAL system was functioning effectively. Compared with the historical AMDAL findings from 2011–2012, where ammonia and coliform exceedances had previously occurred, the 2024–2025 monitoring data suggest a positive improvement in wastewater treatment performance and operational control.

The trend for ambient air quality and stationary source emissions also indicates stable environmental performance without evidence of major deterioration. Emission monitoring results for boilers and generators in both reporting periods showed concentrations of particulate matter, sulfur dioxide (SO_2), nitrogen oxides (NO_x), and carbon monoxide (CO) remaining below the applicable emission standards. Ambient air quality measurements around the hospital and nearby residential areas similarly showed that pollutants such as PM_{10}, TSP, CO, NO_2, and SO_2 were within permissible limits. These results indicate that preventive maintenance and operational management for stationary

emission sources are functioning adequately. Importantly, unlike the historical AMDAL record that once identified elevated carbon monoxide emissions from the incinerator, the recent reports do not indicate any emission exceedances or significant air pollution incidents.

Noise monitoring results also demonstrate a relatively controlled trend. Measurements conducted at sensitive locations such as the front gate, rear gate, IPAL area, emergency department (IGD), and operating rooms consistently recorded noise levels below the applicable hospital noise standard of 55 dBA. Although some locations, particularly near traffic corridors and operational zones, showed higher readings approaching the threshold, no exceedances were reported during the 2024–2025 monitoring period. This suggests that existing mitigation measures, including equipment maintenance scheduling and noise control practices, have been reasonably effective in managing operational noise impacts.

From the environmental management system perspective, the reports indicate that RSMDJ has implemented routine monitoring programs with documented sampling frequencies, accredited laboratory testing, and periodic reporting. Environmental monitoring activities include wastewater quality testing, ambient air monitoring, emission testing, receiving water monitoring, and noise measurements. The presence of regular documentation, photographic evidence, and laboratory certificates suggests that the environmental management system is operational and functioning in practice rather than merely existing administratively.

Regarding environmental compliance and violations, the reviewed RKL-RPL reports for Semester II 2024 and Semester I 2025 do not indicate major regulatory violations, significant pollution incidents, or repeated exceedances of environmental quality standards. The monitoring summaries repeatedly state that measured parameters remained “below quality standards” or “within permissible limits.” This indicates that, during the reviewed period, the hospital generally maintained compliance with environmental requirements. However, the reports mainly focus on monitoring outcomes and do not yet provide comprehensive information regarding hazardous waste manifests, transporter records, occupational incidents, spill events, or formal environmental enforcement history. Therefore, additional verification may still be required during the ESIA process to confirm the absence of environmental non-compliance cases or enforcement actions.

Overall, the environmental trend observed from 2024 to 2025 suggests that RSMDJ has maintained a generally stable environmental performance with no clear indication of worsening environmental conditions. In fact, compared to historical issues identified in the 2014 AMDAL document, particularly regarding WWTP performance and incinerator emissions, the recent monitoring results indicate improvements in environmental control and compliance. Nevertheless, because the monitoring reports are largely compliance-oriented and based on periodic sampling, the AIIB/ESIA assessment should still verify long-term operational consistency, hazardous waste traceability, K3RS incident records, and institutional environmental governance to fully assess environmental risk and sustainability performance.

Summary of Environmental Performance Trend

Based on the 2014 AMDAL and the RKL-RPL monitoring reports for Semester II 2024 and Semester I 2025, RSMDJ has an established environmental management system covering wastewater, emissions,

ambient air quality, noise, and waste management. Historical AMDAL findings identified several environmental issues, including suboptimal WWTP performance, ammonia and coliform exceedances, incinerator emission concerns, and elevated noise levels.

Recent monitoring data from 2024–2025 indicate improvement and stable compliance. WWTP outlet quality generally met applicable standards, stationary source emissions from boilers and generators remained within limits, ambient air quality was below thresholds, and noise levels were reported below the hospital standard. This suggests that RSMDJ's environmental controls are functioning more effectively than indicated in the older AMDAL baseline.

Overall, there is no clear evidence of a worsening environmental trend in the reviewed period. Instead, the available data suggest a stable and generally compliant performance. However, the ESIA should still verify hazardous waste manifests, K3RS incident records, transporter documentation, and any enforcement history to confirm long-term compliance.

5. SOCIAL BASELINE

This Chapter establishes the social baseline of the area of influence: the demographic profile centred on the Sawahan Timur Urban Village and Padang Timur District, the healthcare service context within which RSUP Dr. M. Djamil Padang (RSMDJ) operates (referral hierarchy, Puskesmas network, peer hospitals in Padang City and West Sumatra), workforce profile, patient population characteristics, economic and livelihood context, stakeholder mapping, vulnerable groups, dan community health and safety.

5.1 Demographic Profile of the Area of Influence

This section presents the social baseline conditions relevant to the RSMDJ development project. The baseline provides an overview of the demographic, socioeconomic, livelihood, institutional, and community characteristics of the project's area of influence. It is intended to identify the population groups, social receptors, and community conditions that may be affected by project activities during pre-construction, construction, and operation.

The area of influence includes the urban village where the hospital site is located, nearby surrounding urban village, and the broader service catchment covering Padang City and West Sumatra Province. This broader coverage is important because RSMDJ functions as a Class A referral hospital serving not only nearby communities, but also patients, families, visitors, workers, students, vendors, and referral users from outside the immediate hospital area.

The social baseline is used to support the ESIA analysis by identifying receptor sensitivity, potential social impacts, stakeholder engagement needs, mitigation measures, and monitoring requirements. In particular, the baseline helps assess potential impacts related to traffic and access changes,

temporary disruption to hospital services, patient and staff movement, livelihood activities around the hospital, vulnerable groups, community health and safety, and grievance handling.

The final boundary of the project's area of influence will be determined during the scoping stage in 2026, taking into account construction-related impacts such as dust, noise, vibration, traffic, access disruption, as well as the hospital's wider referral service coverage.

Table 53 Population and Population Growth Rate by Subdistrict, 2024 and 2025

No	Districts	Population in 2024 (thousands)	Population in 2025 (thousands)	Annual Population Growth Rate, 2020–2024 (%)	Annual Population Growth Rate, 2020–2025 (%)
1	Bungus Teluk Kabung	29.25	29.70	1.69	1.66
2	Lubuk Kilangan	61.67	62.70	1.81	1.79
3	Lubuk Begalung	130.41	132.32	1.60	1.58
4	Padang Selatan	62.76	63.15	0.76	0.73
5	Padang Timur	78.59	78.73	0.31	0.29
6	Padang Barat	43.26	43.30	0.22	0.20
7	Padang Utara	55.56	55.61	0.22	0.20
8	Nanggalo	59.45	59.63	0.43	0.41
9	Kuranji	155.49	157.78	1.61	1.58
10	Pauh	63.89	64.25	0.70	0.68
11	Koto Tangah	213.85	217.87	2.02	1.99
	Padang	**954.18**	**965.05**	**1.26**	**1.24**

Source: Badan Pusat Statistik (BPS) Kota Padang, Padang Dalam Angka 2024–2025.

Table 54 Sex Ratio by Subdistrict, 2024 and 2025

No	Districts	Sex Ratio, 2024	Interpretation 2024	Sex Ratio, 2025	Interpretation 2025
1	Bungus Teluk Kabung	105.20	Male population higher than female	105.07	Male population higher than female
2	Lubuk Kilangan	101.01	Slight male majority	100.89	Slight male majority
3	Lubuk Begalung	100.10	Nearly balanced (slight male)	99.87	Slight female majority
4	Padang Selatan	100.06	Nearly balanced	99.93	Slight female majority
5	Padang Timur	98.33	Female population higher than male	98.07	Female population higher than male
6	Padang Barat	98.21	Female population higher than male	98.08	Female population higher than male

No	Districts	Sex Ratio, 2024	Interpretation 2024	Sex Ratio, 2025	Interpretation 2025
7	Padang Utara	99.46	Slight female majority	99.34	Slight female majority
8	Nanggalo	99.71	Nearly balanced (slight female)	100.01	Balanced
9	Kuranji	102.44	Male population higher than female	102.61	Male population higher than female
10	Pauh	102.31	Male population higher than female	102.25	Male population higher than female
11	Koto Tangah	100.49	Slight male majority	100.32	Slight male majority
	Padang	**100.62**	Slight male majority	**100.55**	Slight male majority

Source: Badan Pusat Statistik (BPS) Kota Padang, Padang Dalam Angka 2024–2025.

Table 55 Education Distribution by Subdistrict, 2024 and 2025

Education Level	Government Civil Servants			Government Employees with Employment Contracts			Civil Service		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Elementary School (SD)	18	18	36	-	-	-	18	18	36
Junior High School (SMP)	38	2	40	-	-	-	38	2	40
Senior High School (SMA)	407	237	644	-	-	-	407	237	644
Diploma I	1	4	5	-	-	-	1	4	5
Diploma II	15	44	59	-	-	-	15	44	59
Diploma III	139	847	977	-	-	-	139	847	977
Diploma IV / Sarjana	17	117	134	55	226	281	72	343	415
S2 / Magister	994	3,231	4,225	1	13	14	995	3.244	4,239
S3 / Doctoral	287	555	842	569	2,039	2,608	856	2,594	3,450
Specialits/ Profession	3	3	6	10	63	73	13	66	79
Total	**1,907**	**5,057**	**6,979**	**635**	**2,341**	**3,358**	**2,472**	**7,366**	**10,437**

Source: Badan Pusat Statistik (BPS) Kota Padang, Padang Dalam Angka 2024–2025.

Table 56 Household Income in Padang City by Subdistrict

No	Districts	Dominant Economic Characteristics	Estimated Monthly Household Income*
1	Bungus Teluk Kabung	Fisheries, ports, tourism	IDR 4–6 million
2	Lubuk Kilangan	Cement industry, formal sector workers	IDR 6–9 million
3	Lubuk Begalung	Trade & services	IDR 5–8 million
4	Padang Selatan	Old urban areas	IDR 5–7 million
5	Padang Timur	Education & commerce	IDR 5–8 million
6	Padang Barat	Business centers & hotels	IDR 6–10 million
7	Padang Utara	Campuses & commerce	IDR 5–8 million
8	Nanggalo	Urban residential areas	IDR 5–7 million
9	Kuranji	Developing residential areas	IDR 5–8 million
10	Pauh	Education & suburban areas	IDR 5–8 million
11	Koto Tangah	Large residential areas, airports, services	IDR 5–9 million

Source: Badan Pusat Statistik (BPS) Kota Padang, Padang Dalam Angka 2024–2025.

Table 57 Ethnic Composition in Padang City and West Sumatra

No	Ethnics Group	Estimated Composition in Padang City	Description
1	Minangkabau	±90–91%	The majority ethnic group in Padang City
2	Jawa	±3–4%	Many are migrants and urban workers
3	Batak	±2–3%	Dispersed across commercial and educational districts
4	Tionghoa	±1%	Many are concentrated in the Pondok/South Padang area
5	Nias	<1%	A long-established community dating back to the colonial era
6	Mentawai	<1%	Migrants from the Mentawai Islands
7	Melayu	<1%	Generally from the coastal regions of Sumatra
8	Sunda	<1%	Migrants seeking education and employment
9	Tamil/India	Very low	Generally engaged in trade
10	Etnis lain	<1%	Aceh, Bugis, etc.

Source: Badan Pusat Statistik (BPS) Kota Padang, Padang Dalam Angka 2024–2025.

Table 58 Reference Data of RSMDJ

Data Category	Data RSMDJ	Year	Description
Total referrals via SISRUTE	18,902 cases	2023	Integrated referrals, 100% response time under 1 hour achieved (RSMDJ)
COVID referrals	91 cases	2023	From total SISRUTE (RSMDJ)
Non-COVID referrals	18,811 cases	2023	From total SISRUTE (RSMDJ)

Data Category	Data RSMDJ	Year	Description
Accepted COVID referrals	70 cases	2023	According to table SISRUTE (RSMDJ)
Accepted non-COVID referrals	11,445 cases	2023	According to table SISRUTE (RSMDJ)
Rejected COVID referrals	4 cases	2023	According to table SISRUTE (RSMDJ)
Rejected non-COVID referrals	3,914 cases	2023	According to table SISRUTE (RSMDJ)
Non-JKN payment profile	Cash, commercial insurance, office surety, corporate partnerships	2023	Definition of Non-BPJS/Non-JKN (RSMDJ)
Revenue from JKN, non-JKN, and non-operational sources	IDR 744,972,487,680	2023	The report doesn't provide a detailed breakdown of JKN vs Non JKN (RSMDJ)
Hospital status	RS Umum Kelas A, BLU, milik Kemenkes	Terbaru	Data profile RS Online Kemenkes (SIRS Kemenkes)

Table 59 **Composition of RSMDJ Workforce by Type of Staff, 2020–2024**

Type of Workforce	2020 M/F	2021 M/F	2022 M/F	2023 M/F	2024 M/F
General Practitioners	16 / 49	18 / 55	27 / 82	23 / 70	22 / 67
Specialists	62 / 186	64 / 192	67 / 199	63 / 190	64 / 191
Dentists	0 / 1	0 / 1	2 / 4	1 / 4	1 / 4
Nurses	238 / 714	238 / 715	256 / 768	242 / 725	238 / 714
Midwives	14 / 43	14 / 43	15 / 44	17 / 52	17 / 51
Other Healthcare Workers	112 / 334	124 / 372	129 / 387	134 / 402	135 / 403
Non-Healthcare Administrative/Management/Support Staff	169 / 506	194 / 583	200 / 600	178 / 536	176 / 530
Total Employees	**611 / 1.833**	**653 / 1.960**	**695 / 2.085**	**659 / 1.978**	**653 / 1.960**
Total Employees	**2.444**	**2.613**	**2.780**	**2.637**	**2.613**

Source: RSB RSMDJ 2025–2029

Table 60 Composition of RSMDJ Workforce by Recruitment Process, 2020–2024

Employment Status	2020 M/F	2021 M/F	2022 M/F	2023 M/F	2024 M/F
Civil Servants	290 / 868	290 / 871	309 / 925	281 / 841	269 / 808
Contractual Employees (PPPK)	0 / 0	0 / 0	0 / 0	127 / 381	154 / 460
Non-Civil Servant Staff	287 / 861	329 / 985	352 / 1.055	222 / 665	199 / 598
Doctors from the Faculty of Medicine, UNAND	31 / 91	30 / 88	30 / 89	26 / 76	23 / 70

Employment Status	2020 M/F	2021 M/F	2022 M/F	2023 M/F	2024 M/F
Partner Doctors	4 / 12	5 / 15	5 / 15	5 / 13	8 / 24
Total Staff	**611 / 1.833**	**653 / 1.960**	**695 / 2.085**	**659 / 1.978**	**653 / 1.960**
Total Staff	**2.444**	**2.613**	**2.780**	**2.637**	**2.613**

Source: RSB RSMDJ 2025–2029

Table 61 Composition of RSMDJ Workforce in 2024 by Employee Category

Type of Workforce	Civil Servants M/F	PPPK M/F	Permanent Non-Civil Servants M/F	Contract Employees M/F	Dikti M/F	Partners M/F	Total M/F
Midwives	12 / 34	4 / 11	0 / 1	2 / 4	0 / 0	0 / 0	17 / 51
Nurses	113 / 337	95 / 284	0 / 1	30 / 91	0 / 0	0 / 0	238 / 713
Non-Medical Staff	32 / 95	5 / 16	19 / 58	87 / 259	0 / 0	0 / 0	143 / 428
Pharmacists	18 / 52	16 / 46	2 / 4	8 / 25	0 / 0	0 / 0	43 / 128
Sanitation Workers	1 / 4	1 / 1	0 / 1	0 / 0	0 / 0	0 / 0	2 / 6
Dentists	1 / 3	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	1 / 4
General Practitioners	16 / 46	5 / 16	1 / 3	1 / 1	0 / 0	0 / 0	22 / 67
Physical Therapists	2 / 5	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	2 / 6
Radiographers	5 / 13	5 / 13	0 / 1	4 / 10	0 / 0	0 / 0	13 / 38
Specialists	30 / 91	1 / 4	1 / 3	0 / 0	23 / 70	8 / 23	64 / 190
Other Professionals	27 / 80	10 / 31	5 / 16	8 / 25	0 / 0	0 / 0	51 / 152
Laboratory Technicians	8 / 23	12 / 34	0 / 1	1 / 3	0 / 0	0 / 0	21 / 61
Non-Medical Administrative Staff	2 / 7	7 / 21	0 / 0	21 / 63	0 / 0	0 / 0	30 / 91
Total	**266 / 753**	**161 / 478**	**28 / 89**	**162 / 492**	**23 / 70**	**8 / 23**	**653 / 1.958**
Total	**1.076**	**614**	**145**	**652**	**93**	**31**	**2.611**

Source: LAKIP RSMDJ 2024, HR Department Data per Desember 2024.

The RSMDJ development project is situated within an area of influence that includes the urban village hosting the hospital, surrounding neighborhoods, and a broader catchment area encompassing Padang City and West Sumatra Province. This wider coverage is critical because RSMDJ functions as a Class A referral hospital, serving not only local residents but also patients, families, visitors, healthcare workers, students, vendors, and referral users from across the region. Based on the demographic and social baseline data, Padang City has an estimated population of 965,050 in 2025, with annual growth rates ranging from 0.20% to 1.99% across subdistricts such as Bungus Teluk Kabung, Lubuk Kilangan, and Koto Tangah. The population is predominantly Minangkabau (approximately 90–91%), with

minority groups including Javanese (3–4%), Batak (2–3%), and others. The sex ratio across subdistricts ranges from 98 to 105 males per 100 females, reflecting a relatively balanced gender distribution.

Education levels in the area are diverse, with thousands of residents attaining Diploma, Bachelor's, Master's, and Doctoral degrees, alongside specialized professional certifications, indicating a relatively educated population. Household incomes vary by subdistrict, from IDR 4–6 million in fisheries and tourism-focused areas like Bungus Teluk Kabung, to IDR 6–10 million in business and hotel-centered areas such as Padang Barat, demonstrating a range of socioeconomic conditions that may affect local livelihoods. The hospital's operational profile further emphasizes its social and economic importance, handling 18,902 referrals in 2023, including 91 COVID and 18,811 non-COVID cases, with accepted non-COVID referrals reaching 11,445 cases. The workforce comprises 2,611 staff in 2024, including nurses (951), midwives (68), specialists (254), general practitioners (89), pharmacists (171), and non-medical administrative staff (571), highlighting RSMDJ as a significant local employer. For ESIA purposes, these data inform analyses of potential social impacts, including disruptions to hospital services, traffic and access changes, livelihoods of local vendors and employees, vulnerable population groups, community health and safety, and the need for effective grievance mechanisms. Understanding this demographic and institutional context allows for targeted stakeholder engagement, appropriate mitigation measures, and monitoring to ensure that the hospital's development supports positive social outcomes while minimizing adverse impacts.

5.2 Economic and Livelihood Context

RSMDJ operates within the urban economic structure of Padang City and plays an important role not only as a healthcare institution but also as a regional economic driver. Located in East Padang District, RSMDJ is surrounded by service-oriented economic activities, including trade, transportation, accommodation, food services, and small-scale businesses that support hospital operations and visitor needs. As one of the largest employers in the healthcare sector in West Sumatra, RSMDJ contributes to local employment generation, household income, and economic circulation in the surrounding area.

Table 62 Economic and Livelihood Context of RSMDJ

Indicator	Description	Economic Relevance
Economic sector surrounding RSMDJ	Trade, services, transportation, food stalls, lodging, pharmacies	Supports hospital visitors, staff, and patient families
Location context	East Padang District, urban area of Padang City	Integrated with urban commercial activities
RSMDJ workforce	±2,600 employees	Major local employer in healthcare sector
Main employment categories	Doctors, nurses, allied health staff, administration, support staff	Generates stable formal employment
Economic multiplier effect	Visitor spending, food services, accommodation, transport	Stimulates local MSMEs and informal economy
Local procurement potential	Medical supplies, catering, maintenance, logistics	Encourages local supplier participation

Indicator	Description	Economic Relevance
Regional role	National referral and teaching hospital	Attracts patients and economic activity from outside Padang
Supporting businesses around hospital	Boarding houses, pharmacies, restaurants, minimarkets, transportation services	Depend on hospital-generated demand

Source: BPS Padang City, RSMDJ Workforce Data, and contextual economic analysis.

Table 63 Tenant/PKL around RSMDJ

No	Partner / Business Entity	Type of Business / Activity	Location / Operational Area	Economic Role
1	Hoya Bakery	Food and beverage business	Within RSUP Dr. M. Djamil area	Supports patient visitors and staff consumption needs
2	Pengelola Kafe Sudut Manih	Café / food services	Hospital area	Provides supporting hospitality services
3	PT Bank Pembangunan Daerah (BPD) Sumbar – Pasar Raya Branch	Banking services	Hospital area	Financial and transaction services
4	PT Bank Negara Indonesia (BNI) Tbk	ATM/payment point services	Hospital area	Cashless payment and banking access
5	Pengelola Kafe 8b	Café / food services	Hospital area	Food and beverage services
6	Dharma Wanita	Rental of flower shop location	Bundo Kandung business area	Community-based small business support
7	Dharma Wanita	Cafeteria management	RSMDJ cafeteria area	Internal food service operations
8	Dharma Wanita	Photocopy services	Hospital area	Administrative support services
9	PT Kimia Farma	Pharmacy support services	Hospital area	Pharmaceutical and healthcare support
10	KPRI RSMDJ	Coffee shop management	Kopi Djamil area	Cooperative-based business activity
11	KPRI RSMDJ	Mini market rental management	Hospital area	Daily retail services
12	KPRI RSMDJ	KPN shop rental	Hospital area	Employee cooperative commercial services
13	Forethree Coffee – RSUP Dr. M. Djamil Branch	Coffee shop / café	Hospital area	Modern food and beverage services
14	Small food vendors (PKL)	Food and beverages	Inside and outside hospital area	Informal local economic activity
15	Pulse and electricity token sellers	Digital retail services	Front hospital area	Daily transactional support

No	Partner / Business Entity	Type of Business / Activity	Location / Operational Area	Economic Role
16	Tire repair services	Informal transportation support	Front hospital area	Mobility support services
17	Traditional food stalls	Padang cuisine and snacks	Front hospital area	MSME-based food economy
18	Beverage kiosks and snack vendors	Food and beverages	Hospital surroundings	Supports visitors and workers



Figure 34 Tenants at RSMDJ

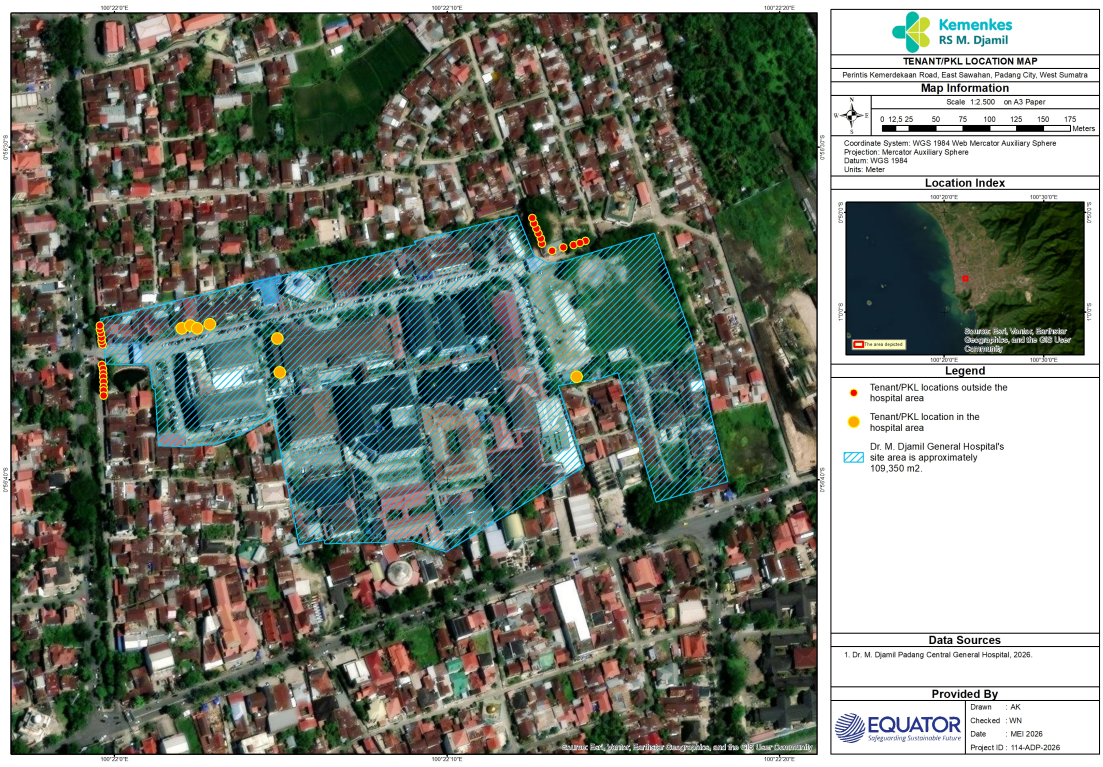


Figure 35 Tenant/PKL Location Map

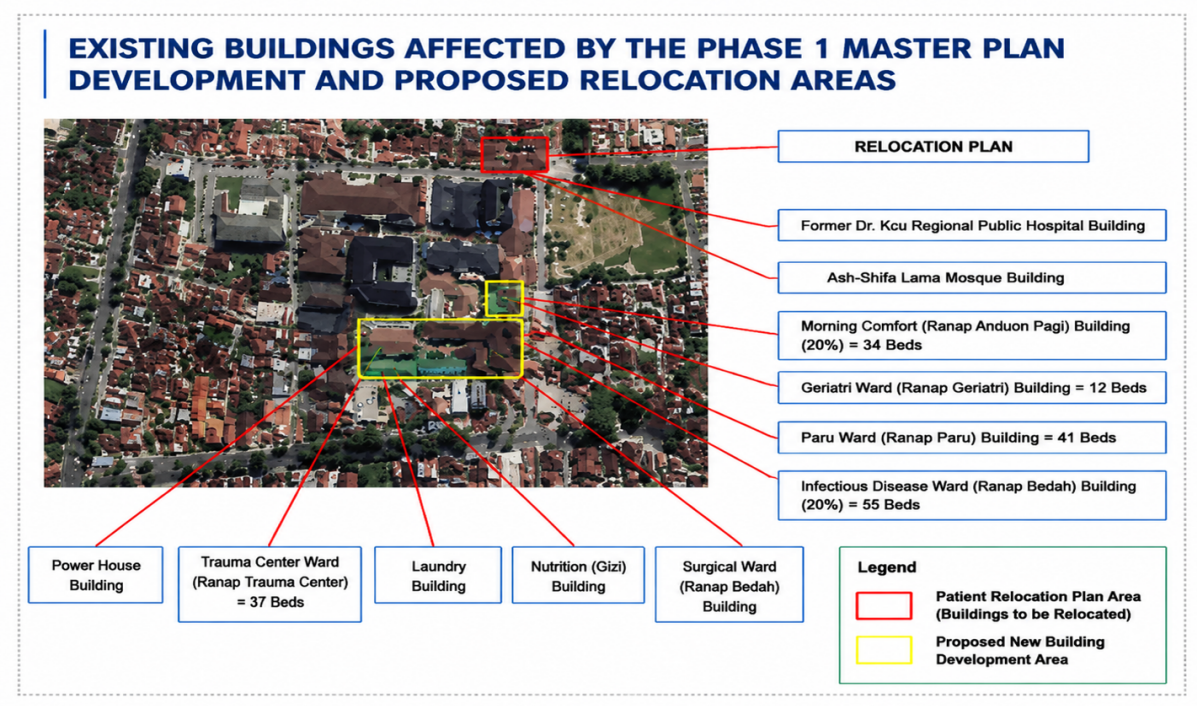


Figure 36 Tenant/PKL Relocation Map

RSMDJ operates as a major healthcare provider in Padang City and plays a critical role in the regional economy. Located in the urban area of East Padang District, the hospital is surrounded by service-oriented economic activities such as trade, transportation, accommodation, food services, and small-scale businesses that support hospital operations and the needs of patients, staff, and visitors. With

approximately 2,600 employees including doctors, nurses, allied health staff, and administrative personnel RSUD is one of the largest employers in the healthcare sector in West Sumatra and contributes to stable formal employment. Temporary Relocation & Construction Logistics a) Old Mosque 0°56'33.09"S 100°22'11.12"E, b) Building 0°56'33.38"S 100°22'10.16"E. The hospital generates significant economic benefits for the surrounding community through multiple channels: visitor spending on accommodation, food, and transportation stimulates local SMEs and the informal economy; procurement of medical supplies, catering, and logistics encourages participation by local suppliers; and its function as a national referral and teaching hospital attracts patients and economic activity from outside Padang. Supporting businesses in the vicinity include Hoya Bakery, which supplies food and beverages for patients and staff; hospital cafés and kiosks, such as the RSUD cafeteria and Dharma Wanita-operated services, which manage internal food operations and community-based support; financial services, including PT Bank Negara Indonesia ATMs and PT Bank Pembangunan Daerah (BPD) branch services, which facilitate cashless transactions and banking access; and traditional food stalls and beverage kiosks, which cater to daily consumption needs and contribute to local livelihoods.

Together, these activities illustrate that RSUD Dr. M. Djamil is not only a healthcare institution but also a central driver of local economic and livelihood activity, creating employment, supporting SMEs, and reinforcing household incomes. For ESIA purposes, these data highlight the importance of assessing potential impacts on employment continuity, local business operations, and economic multipliers, ensuring that any development or construction activities preserve the livelihoods of hospital employees, SMEs (Small and Medium Enterprises), and informal workers in the surrounding area.

5.3 Gender

Gender is an important part of the social baseline assessment because the RSMDJ development project will be implemented in an active hospital environment where women, men, children, older persons, persons with disabilities, patients, caregivers, health workers, administrative staff, support workers, contractors, vendors, and visitors may experience different levels of exposure to project risks. These differences are relevant for the ESIA because access to hospital services, patient mobility, caregiving roles, workplace safety, privacy, sanitation, security, and vulnerability to harassment or violence are not experienced equally by all groups.

The gender baseline is therefore used to identify gender-sensitive receptors, assess whether the project may create or increase gender-specific risks, and define mitigation measures in the ESMP. Particular attention is given to female patients, female caregivers, pregnant women, children, female healthcare workers, female support workers, women working in night shifts, women using parking areas or temporary access routes, and women who may interact with contractor workers during construction.

The gender context in the RSUP Dr. M. Djamil Padang project is also influenced by the Minangkabau matrilineal social system, where women traditionally play a central role in household decision-making, inheritance, and community-level social structures. This cultural context is relevant for stakeholder

engagement, particularly in land-related discussions, community consultation processes, and the identification of affected households.

In this context, women are key stakeholders not only as patients and caregivers but also as influential participants in community decision-making processes. Therefore, gender analysis under this ESIA also considers the implications of matrilineal social structures in stakeholder mapping, engagement strategies, and inclusive consultation processes to ensure equitable participation of both women and men in project-related decision-making.

The RSUP Dr. M. Djamil Padang development project is implemented in an active tertiary hospital environment providing national referral healthcare services. The project involves civil works, operational improvements, and service enhancement that will take place within a fully functioning hospital. Given the nature of the project, environmental and social risks are not limited to physical impacts but extend to **social, gender, safety, and inclusion dimensions**, particularly affecting patients, caregivers, healthcare workers, and contractors interacting within hospital premises.

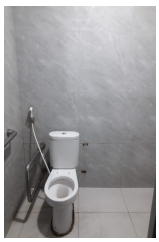
Purpose of Gender and Inclusion Assessment

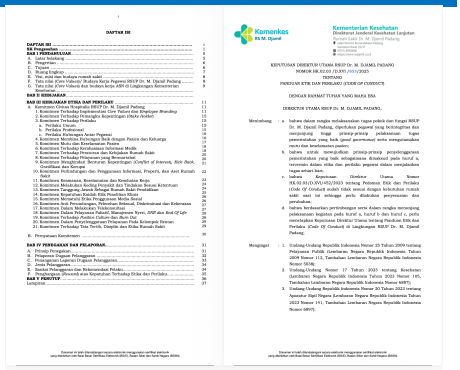
The Gender and Inclusion Assessment is prepared as part of the ESIA to:

- Identify gender-differentiated impacts and vulnerabilities
- Assess risks related to access, safety, privacy, and mobility
- Evaluate exposure to SEAH/GBV risks
- Inform mitigation measures under ESMP and project design
- Ensure compliance with ESF-aligned principles of “Do No Harm” and “Do Better”

Table 64 Gender and Vulnerable Groups Compliance Checklist Based on AIIB ESF Requirements

Aspect	AIIB Standard (ESF/ESS)	Requirement for RSUP Dr. M. Djamil	Compliance Status and Evidence documentation
Women’s access to services	ESS 1 – Social inclusion & non-discrimination	Ensure safe, equal, and non-discriminatory access to healthcare services for women	No
Lactation room	ESF Good International Practice	Provide adequate, private, and hygienic lactation rooms	Yes 

Aspect	AIIB Standard (ESF/ESS)	Requirement for RSUP Dr. M. Djamil	Compliance Status and Evidence documentation
Child-friendly area	Community Health & Safety Standard	Provide safe and accessible child-friendly waiting areas	Yes 
Accessible toilets	ESS 1 – Vulnerable groups	Provide accessible sanitation facilities for elderly and persons with disabilities	Yes  
Accessibility for elderly & persons with disabilities	ESS 1 – Inclusion principles	Ensure ramps, elevators, signage, and priority services	Yes 
Quiet room	ESF best practice	Provide quiet rooms for patients and families experiencing stress	No
GBV/SEAH mitigation	ESS 1 – Gender-based risks	Establish prevention and response mechanisms for GBV/SEAH	No
Grievance Redress Mechanism (GRM)	ESS 10 – Stakeholder engagement	Provide accessible, anonymous, and responsive complaint mechanisms	Yes 
Protection of female workers & patients	Labor & Working Conditions	Prevent exploitation, harassment, and discrimination	Yes

Aspect	AIIB Standard (ESF/ESS)	Requirement for RSUP Dr. M. Djamil	Compliance Status and Evidence documentation
			 https://perundungan.kemkes.go.id/IMK No.HK.02.01-MENKES-1512-2023-ttg-Pencegahan-dan-Penanganan-Perundungan-Terhadap-Peserta-Didik-Pada-RS-Pendidikan-di%20Lingkungan-Kemenkes-signed.pdf
Gender-disaggregated data	ESS 1 – Monitoring & evaluation	Integrate gender-disaggregated data into monitoring systems	No

5.3.1 Gender Baseline and Gender-Sensitive Receptors

The hospital already implements gender-responsive service delivery through differentiated healthcare services and facilities, including maternal and child health services, separate male and female sanitation facilities, privacy provisions in examination and inpatient rooms, disability-accessible infrastructure, and priority services for vulnerable groups. In addition, hospital operations recognize gender-specific needs in patient care, caregiving arrangements, and healthcare worker protection, particularly for female staff working in shift-based and high-risk clinical environments.

From a service utilization perspective, women constitute a significant proportion of hospital users, including patients and caregivers, indicating their high exposure to potential construction-related impacts such as access disruption, waiting area constraints, privacy limitations, and safety risks. Female caregivers, who often remain within hospital premises for extended periods, may also be exposed to environmental and occupational disturbances during construction activities.

The hospital also provides institutional mechanisms that support gender inclusion, including complaint handling systems, patient assistance services, and occupational health and safety procedures that consider gender-specific risks. However, further strengthening is required in areas such as universal accessibility in older facilities, improved lighting, privacy enhancement, and night-time security, particularly during construction and operational transition phases.

This gender assessment therefore provides a stronger foundation for the development of the Gender Action Plan (GAP), ensuring alignment with AIIB requirements and supporting gender-responsive planning, implementation, and monitoring throughout the project lifecycle. The project identifies the following vulnerable groups:

- Female patients (including maternal health cases)
- Female caregivers
- Elderly patients
- Persons with disabilities (PWD)
- Female healthcare workers (including night shift staff)
- Support staff and cleaners

Available hospital baseline data indicate that women represent a significant proportion of hospital users and caregivers at RSMDJ. Based on selected inpatient data, female patients accounted for 1,667 patients, while male patients accounted for 640 patients. This indicates that women are an important receptor group in the assessment of project impacts, particularly in relation to access to healthcare services, patient safety, privacy, waiting areas, sanitation facilities, and communication during construction or service relocation.

The baseline also indicates that most inpatient caregivers are female family members. This is important for the ESIA because caregivers often stay for long hours in hospital areas and may be directly affected by changes in access routes, relocation of wards, construction noise, dust, vibration, congestion, limited resting areas, and temporary changes in sanitation or waiting facilities. Female caregivers may also be more exposed to safety and security risks during nighttime, especially in parking areas, temporary corridors, waiting rooms, and access points affected by construction activities.

RSMDJ already provides several inclusive and gender-responsive facilities, including BPJS/JKN access, wheelchair access, patient lifts, priority services for elderly patients and persons with disabilities, separate male and female toilets, ramps, lifts, CCTV in major hospital areas, and private examination rooms in selected services. However, some older hospital areas still require improvement in universal accessibility, comfort, lighting, privacy, and nighttime security. This means that during construction and future operation, the project must ensure that temporary and permanent facilities do not reduce safe access for women, children, persons with disabilities, elderly patients, and other vulnerable users.

Female healthcare workers also represent a sensitive receptor group. They work under shift systems and may be exposed to fatigue, night-shift safety risks, interaction with patients and visitors, and access changes during construction. Staff rooms and basic PPE are available, but fatigue management, safe circulation, adequate lighting, secure parking, and protection from harassment remain important considerations. These findings are relevant for the ESIA because the project must ensure that construction activities and operational changes do not increase risks for female staff or reduce their ability to work safely.

Table 65 Baseline Gender Data (2025-2026))

Hospital Gender Baseline Component	Existing Condition	Source Data
Patients by gender	Female: 1,667; Male: 640 (selected inpatient data based on hospital records)	SIMRS / Human Resources Data
Access to healthcare services	BPJS/JKN access, wheelchair access, patient lifts, and priority services for elderly and persons with	Hospital Observation / KARS / ESIA Consultation

Hospital Gender Baseline Component	Existing Condition	Source Data
	disabilities are available; however, service congestion during peak hours may still affect vulnerable groups' comfort	
Caregiver / patient companion	Most inpatient caregivers are female family members who require adequate waiting areas, sanitation facilities, and resting spaces	Field Observation / Hospital Interview
Gender-responsive facilities	Separate male/female toilets, limited lactation rooms, lift and ramp access are available; several older hospital areas still require improvement in universal accessibility	RS Facility Assessment / KARS
Safety and privacy	CCTV is available in major hospital areas; private examination rooms are available in selected services; lighting and parking-area security require improvement during nighttime	K3RS / IPSRS / Field Observation
SEAH/GBV	The hospital has employee code of conduct and internal complaint mechanisms; however, project-specific SEAH/GBV procedures need strengthening during contractor ESMP implementation	HR Department / ESMP / Code of Conduct
Female staff working conditions	Shift systems apply to female healthcare workers; staff rooms and basic PPE are available; fatigue management and nighttime workplace security remain important considerations	HR Department / K

The baseline gender data at RSMDJ indicates that female patients constitute the majority of hospital users, with 1,667 female inpatients compared to 640 male inpatients. Most inpatient caregivers are also female family members, highlighting their significant role and potential exposure to project-related disruptions such as changes in access routes, construction noise, dust, or temporary alterations in waiting and sanitation facilities. The hospital provides several gender-responsive facilities, including separate male and female toilets, lactation rooms, ramps, and lifts, while priority services are available for elderly patients and persons with disabilities; however, some older areas still require improvements in universal accessibility, lighting, privacy, and nighttime security. Safety and privacy are supported by CCTV in major areas and private examination rooms, yet the potential risk of gender-based violence, sexual exploitation, or harassment (GBV/SEA/SH) remains, particularly with the introduction of external contractors during construction. Female healthcare workers, who work in shifts including nights, are also identified as a sensitive receptor group requiring adequate fatigue management, secure circulation, and protection from harassment. For ESIA purposes, this data is critical to identify gender-sensitive receptors, assess potential social risks, and guide mitigation measures such as accessible facilities, safe access routes, gender-responsive services, confidential grievance mechanisms, and targeted training to ensure the safety, privacy, and equitable treatment of female patients, caregivers, and staff during construction and hospital operation

5.3.2 Gender-Based Violence, SEA/SH Risk Identification

This section outlines the main social and gender-related risks associated with the RSUP Dr. M. Djamil development project. These risks arise not only from construction activities but also from changes in hospital operations during the project lifecycle.

5.3.2.1 Disruption to Access to Healthcare Services

During the construction phase, some hospital access routes, service areas, or patient flow systems may be temporarily affected. This may result in:

- Longer travel time for patients to reach services
- Congestion in waiting areas and corridors
- Reduced mobility for elderly persons and persons with disabilities
- Increased burden on caregivers, many of whom are women

In summary: health services remain available, but access may become more difficult and less comfortable temporarily.

5.3.2.2 Increased Burden on Caregivers

Most caregivers at RSUP Dr. M. Djamil are female family members who accompany patients for extended periods. They may experience:

- Longer stays inside the hospital environment
- Lack of adequate rest areas
- Exposure to noise, dust, and construction activities
- Reduced safety and comfort, especially during nighttime

In summary: female caregivers are likely to experience higher physical and emotional burdens during construction activities

5.3.2.3 Safety Risks for Women and SEAH (Sexual Exploitation, Abuse, and Harassment)

Although no incidents are recorded at baseline, SEAH risks may increase due to project activities such as:

- Presence of external construction workers within the hospital area
- Mixed-use environments with patients, visitors, and workers
- Temporary access routes and low-visibility areas
- Night-time construction activities or reduced supervision zones
- Potential risks include:
- Verbal harassment or inappropriate behavior
- Unwanted attention or interaction in public areas
- Safety concerns in parking areas, corridors, and waiting zones

In summary: construction activities may increase safety risks for women if not properly managed.

5.3.2.4 Occupational Health and Safety Risks for Healthcare Workers

Female healthcare workers may face increased risks related to:

- Shift work, including night shifts
- Fatigue and workload pressure
- Movement within areas affected by construction
- Reduced security during late working hours

In summary: female staff require enhanced protection for safety, workload management, and secure movement within hospital premises.

5.3.2.5 Accessibility Challenges for Elderly and Persons with Disabilities

Some older hospital facilities may not fully meet universal accessibility standards. During project implementation:

- Access routes may be temporarily disrupted
- Not all areas are fully wheelchair-friendly
- Signage and wayfinding may be limited
- Movement between service areas may become more difficult

In summary: vulnerable groups require special attention to maintain safe and continuous access to services.

5.3.2.6 Reduced Privacy and Patient Comfort

During construction and operational changes:

- Consultation rooms may have reduced privacy
- Waiting areas may become overcrowded
- Female patients in sensitive services may feel less comfortable
- Overall patient experience may be temporarily affected

In summary: privacy and comfort of patients must be protected throughout construction activities.

5.3.3 Indonesian Regulatory Framework and Hospital Response

Indonesian regulations provide the legal basis for preventing and responding to Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH). Law No. 12 of 2022 on Sexual Violence Crimes establishes the main framework for the prevention, handling, protection, and recovery of victims of sexual violence. This law is relevant to the ESIA (Environmental and Social Impact Assessment) because the project must ensure that any complaints related to sexual violence, sexual harassment, exploitation, intimidation, or retaliation are treated seriously and confidentially, with priority on the safety and protection of survivors.

In the healthcare context, Law No. 17 of 2023 on Health and Government Regulation No. 28 of 2024 provide the regulatory framework for safe, accountable, and quality health services. These regulations require hospitals to maintain patient safety, service quality, and protection for hospital users. For RSMDJ, this means construction activities must not create unsafe conditions for patients, caregivers, staff, visitors, or vulnerable groups, including risks related to harassment, privacy, or unsafe access.

In the employment context, Law No. 13 of 2003 on Manpower and related labor regulations provide the legal basis for worker protection, decent working conditions, occupational health and safety (OHS), and employment rights. For the project, these requirements must be applied to contractor and subcontractor workers through labor management procedures, ensuring equal treatment, non-discrimination, worker grievance mechanisms, OHS procedures, and prohibition of harassment, intimidation, child labor, or forced labor.

At the hospital level, RSMDJ already has institutional mechanisms to support GBV, SEA, and SH prevention and response, including an employee Code of Conduct, internal complaint mechanisms, public relations and patient complaint channels, OHS (Occupational Health and Safety) arrangements, security controls, CCTV in major areas, and service-unit reporting channels. These provide the starting point for managing sensitive complaints. However, because construction will involve external contractors and temporary work zones, existing hospital procedures must be strengthened through project-specific safeguards.

The project response should integrate RSMDJ's existing complaint system with a specific Grievance Redress Mechanism (GRM) sensitive to GBV, SEA, and SH. The GRM should allow anonymous complaints, confidential handling, non-retaliation, survivor-centered response, female focal point support, clear escalation procedures, and referral to medical, psychosocial, legal, or protection services as needed. Contractors and subcontractors must also sign and implement a Worker Code of Conduct and receive training before entering the project site.

5.3.4 Gender-Sensitive Mitigation Measures

5.3.4.1 Design Phase Mitigation Measures

At the design stage, mitigation measures focus on preventing gender-related and social risks through early integration of inclusive and safety-oriented planning principles. In the context of the RSUP Dr. M. Djamil Padang development project, the design approach prioritizes gender responsiveness and universal accessibility to ensure equitable use of hospital facilities by all population groups.

Universal design principles are incorporated to accommodate the needs of women, men, children, elderly persons, persons with disabilities, and caregivers, who are predominantly female. This includes the provision of accessible infrastructure such as ramps, elevators, and barrier-free circulation routes to ensure safe and equitable mobility throughout the hospital environment.

Privacy considerations are also embedded in the design, particularly for sensitive healthcare services such as maternal, reproductive, and emergency care. Consultation and treatment spaces are designed to ensure confidentiality, dignity, and patient comfort.

In addition, lighting systems are strengthened in critical areas including corridors, waiting zones, and parking facilities to enhance safety and reduce risk exposure. A clear separation between construction zones and operational hospital areas is also incorporated into the design to minimize interaction risks and operational disruption.

Gender-responsive facilities such as lactation rooms, staff rest areas, and appropriate changing fa

5.3.4.2 Construction Phase Mitigation Measures

During the construction phase, social and gender-related risks are more pronounced due to the presence of external workers, changes in site access, and ongoing hospital operations. Therefore, mitigation measures focus on controlling exposure and managing interactions within the hospital environment.

All contractors and workers are required to comply with a mandatory **Code of Conduct (CoC)** that explicitly prohibits Sexual Exploitation, Abuse, and Harassment (SEAH), discrimination, and inappropriate behavior. Prior to mobilization, all personnel must undergo induction training covering occupational safety, ethical conduct, and SEAH prevention.

Construction zones are physically separated from hospital service areas through fencing, hoarding, signage, and controlled access points. This separation is essential to prevent unnecessary interaction between construction workers and hospital users, particularly patients and caregivers.

Safe pedestrian pathways are maintained to ensure uninterrupted access to healthcare services. These routes are designed with adequate lighting, clear signage, and protective barriers. Security monitoring is strengthened in high-risk areas such as parking facilities, temporary corridors, and nighttime access zones.

5.3.4.3 Occupational Health and Safety (OHS) Measures

Occupational health and safety measures are designed to protect healthcare workers, particularly female staff working in shift-based systems. Key risks include fatigue, night-shift vulnerability, and movement within partially disrupted hospital environments.

To address these risks, internal hospital safety systems are strengthened through improved lighting, CCTV surveillance, and secure staff circulation routes. Rest and recovery facilities are provided to reduce fatigue and support worker well-being.

Personal protective equipment (PPE) is provided in a gender-responsive manner to ensure suitability for both male and female staff. These measures aim to create a safe, inclusive, and supportive working environment for all healthcare personnel.

5.3.4.4 SEAH / GBV Risk Prevention Measures

Although no baseline incidents have been recorded, SEAH risks are considered material due to the introduction of external construction workers and increased interaction within a mixed-use hospital environment.

All project personnel are required to adhere to a strict Code of Conduct that prohibits any form of harassment, abuse, or inappropriate conduct. SEAH prevention training is mandatory for all workers prior to and during construction activities.

Access to sensitive areas such as inpatient wards, consultation rooms, and clinical zones is strictly controlled. Enhanced monitoring is implemented in low-visibility areas, including parking zones, corridors, and nighttime pathways.

A survivor-centered Grievance Redress Mechanism (GRM) is established to ensure safe, confidential, and accessible reporting. A designated female focal point is appointed to support sensitive complaint handling and improve accessibility for affected individuals.

5.3.4.5 Accessibility and Inclusion Measures

Accessibility measures are implemented to ensure equitable access to healthcare services for all users, including elderly persons and persons with disabilities. Universal design principles guide the provision of ramps, elevators, accessible toilets, and clear wayfinding systems.

During construction, alternative access routes are maintained to minimize disruption to hospital operations. These measures ensure that vulnerable groups continue to access essential healthcare services safely and without discrimination.

5.3.4.6 Privacy and Dignity Protection Measures

The protection of patient privacy and dignity is a central consideration in mitigation planning. Clinical spaces are designed to ensure confidentiality, particularly for sensitive services such as maternal and reproductive health care.

Consultation and treatment rooms are equipped with appropriate partitions and enclosed layouts to minimize exposure. Waiting areas are managed to reduce overcrowding and maintain patient comfort during peak operational periods.

These measures aim to preserve patient dignity and ensure a high standard of care experience throughout the project lifecycle.

5.3.4.7 Institutional and Operational Measures

In addition to physical design and construction controls, institutional measures are implemented to ensure effective governance of gender-related risks. All mitigation actions are integrated into the Environmental and Social Management Plan (ESMP) and hospital operational procedures.

A gender-sensitive Grievance Redress Mechanism (GRM) is established to ensure safe, confidential, and efficient complaint handling. The system includes a designated female focal point to enhance accessibility for vulnerable groups and improve responsiveness.

Coordination between hospital management, contractors, and supervision consultants is strengthened to ensure consistent implementation of mitigation measures across all project phases.

Overall, the gender-sensitive mitigation measures for the RSUP Dr. M. Djamil Padang development project are designed to systematically reduce social and gender-related risks across design, construction, and operational phases.

The approach not only focuses on risk prevention but also contributes to improved service quality, safety, and inclusiveness within the hospital environment. These measures are fully aligned with the Environmental and Social Framework (ESF) principles of **Avoid, Minimize, Mitigate, and Manage**, ensuring that the project is both socially responsible and operationally resilient.

5.3.5 Linkage to Gender Action Plan

The findings of this gender and gender assessment baseline and GBV/SEA/SH risk screening will be operationalized through the Gender Action Plan in the Annex. The Gender Action Plan translates the baseline findings into practical actions, gender assessment, indicators, timelines, and institutional responsibilities. It ensures that gender-related risks are not only described in the baseline, but also addressed through concrete measures during pre-construction, construction, and operation.

The Gender Action Plan will be periodically updated based on monitoring data collected during implementation, including sex-disaggregated employment data, stakeholder consultation records, grievance redress mechanism (GRM) statistics, and gender-related impact monitoring results. It will be updated as new data become available, including gender-disaggregated workforce data, complaint statistics, construction workforce data, consultation records, and monitoring results.

Table 66 Gender Action Plan Matrix

No	Key Issue / Risk Area	Mitigation / Action	Performance Indicators	Responsibility	Stage
1	SEAH / GBV risk from construction workforce	Implement Contractor Code of Conduct including strict SEAH prohibition; mandatory induction training for all workers before site access	% of workers signed CoC; % trained on SEAH	Contractor / Supervision Consultant / PIU	Pre-construction & Construction
2	SEAH reporting barriers	Establish confidential, gender-sensitive GRM with female focal point and anonymous reporting channels	GRM established (Y/N); % complaints handled confidentially	Hospital Management / PIU	Pre-construction & Operation
3	Limited safety for female patients and caregivers	Improve lighting, CCTV coverage, and safe circulation routes in hospital and temporary access areas	Number of improved lighting zones; safety audit results	Contractor / Hospital Facility Unit	Construction

No	Key Issue / Risk Area	Mitigation / Action	Performance Indicators	Responsibility	Stage
4	Caregiver burden (majority female)	Provide designated caregiver rest areas, seating zones, and improved waiting facilities	Availability of caregiver rest areas (Y/N); user satisfaction score	Hospital Management	Construction & Operation
5	Accessibility barriers for elderly and PWD	Apply universal design: ramps, lifts, tactile signage, accessible toilets	% facilities compliant with accessibility standards	Contractor / Design Consultant	Design & Construction
6	Privacy risks in clinical and maternal services	Ensure private consultation rooms, partitioning, and controlled patient flow systems	Number of private rooms compliant with standards	Contractor / Hospital Facility Unit	Construction
7	Female healthcare worker safety (night shift risk)	Improve staff security systems, lighting, controlled access, and safe internal mobility	Reduction in safety incidents; % staff reporting safe conditions	Hospital HR / Security Unit	Operation
8	Lack of gender-responsive participation	Conduct sex-disaggregated consultations (women, caregivers, PWD, elderly, female staff)	% consultations with women participation	PIU / Social Specialist	Pre-construction
9	Weak SEAH awareness among workers	Conduct regular SEAH and respectful workplace training (toolbox meetings included)	% workforce trained and refreshed	Contractor / HSE Officer	Construction
10	Ineffective grievance response system	Strengthen GRM integration with hospital system, ensure survivor-centered handling	GRM response time; number of resolved cases	Hospital Management / PIU	Construction & Operation
11	Data gaps in gender monitoring	Use existing hospital administrative data with sex-disaggregated reporting (no new system required)	Availability of gender-disaggregated data reports	Hospital Information Unit	Operation
12	Monitoring and accountability gaps	Quarterly monitoring of GAP implementation and reporting to PIU/AIIB	Quarterly GAP monitoring reports submitted	PIU / Supervision Consultant	Construction & Operation

5.4 Cultural Heritage

The RSMDJ hospital site in Padang City is not officially designated as a protected cultural heritage property. The hospital functions primarily as an active healthcare and teaching facility under the Ministry of Health, and the current master plan does not identify any building or structure within the hospital as a registered heritage asset. Nevertheless, several recognized cultural heritage sites exist within the broader urban area. The nearest significant heritage site is Masjid Raya Ganting (Ganting Grand Mosque), a protected mosque dating back to the early 19th century, located approximately 2–3 km from RSMDJ. Other heritage buildings and historical structures, including colonial-era commercial buildings, railway infrastructure, and public facilities, are mainly concentrated in Padang's old town and coastal areas, generally more than 4–6 km from the hospital. These off-site heritage assets are not expected to be directly affected by the proposed hospital development.

Within the RSMDJ compound, a potential heritage marker structure identified as a triangulation control point has been observed among hospital buildings, utility pipes, pedestrian pathways, and landscaped areas. Although its formal heritage status has not yet been confirmed, the marker's apparent age, fixed location, and possible historical association with the hospital's development suggest it should be treated as a sensitive cultural heritage receptor. Construction activities such as demolition, excavation, utility relocation, or material transport near the marker could create risks of accidental damage, vibration, obstruction, unauthorized removal, or visual and access disturbance. Figure below illustrates the nearby cultural heritage references in Padang City:



(a) Masjid Raya Ganting / Ganting Grand Mosque One of the oldest mosques in Padang and located approximately 2–3 km from RSMDJ



(b) Kota Tua Padang / Padang Old Town Heritage Area A historic colonial-era urban area located approximately 4–6 km from RSMDJ



c. Potential heritage marker structure (Triangulation Control Points) located within the RSMDJ compound, surrounded by existing hospital buildings, utility pipes, pedestrian access, and landscaped vegetation

Figure 37 Culltural Heritage Near RSUP Djamil, Padang

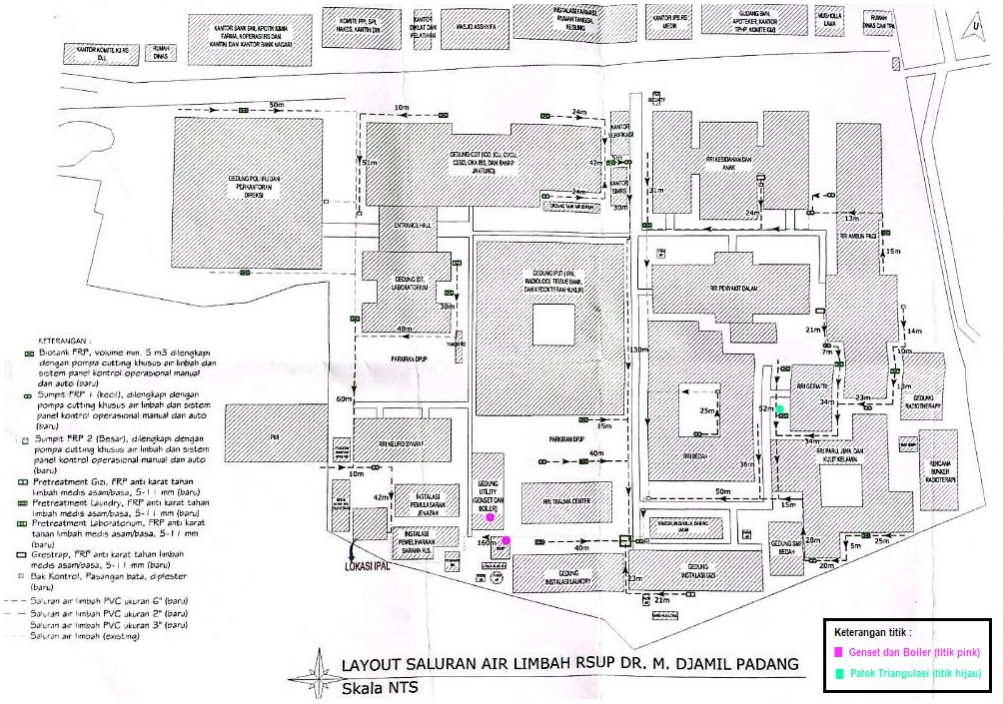


Figure 38 Location of Genset and Boiler Area and Existing Triangulation Control Points within RSMDJ

The RSMDJ hospital site in Padang City is not officially designated as a protected cultural heritage property. However, the surrounding urban area includes several recognized heritage sites. The nearest significant site is Masjid Raya Ganting (Ganting Grand Mosque), one of the oldest mosques in Padang, located approximately 2–3 km from RSMDJ, while the historic Kota Tua Padang (Padang Old Town Heritage Area) lies 4–6 km away. Within the hospital compound, a potential heritage marker structure, identified as a triangulation control point, exists among hospital buildings, utility pipes, pedestrian pathways, and landscaped areas. Although its formal heritage status has not been confirmed, this structure is considered sensitive due to its age, fixed location, and potential historical association with the hospital's development.

For ESIA purposes, this information is critical to assess potential social and cultural impacts during construction and operational activities. Project activities such as excavation, demolition, utility relocation, and material transport could pose risks of accidental damage, vibration, visual obstruction, or unintended removal of this marker. Therefore, the ESIA analysis should include protective measures such as documenting the marker's condition and location, establishing barriers or clear markings, controlling vibration, and implementing a Chance Find Procedure to prevent inadvertent harm. These precautions ensure that the project safeguards potential cultural heritage within the site while minimizing impacts on nearby recognized heritage assets, thereby integrating cultural sensitivity into the hospital's development planning.

5.5 Vulnerable Groups Identification

Vulnerable groups identification is required to ensure that RSUP Dr. M. Djamil Padang's (RSMDJ) development and operation consider groups with higher health, social, economic, or accessibility risks.

These groups may require specific mitigation measures, inclusive facilities, targeted communication, and differentiated engagement during project planning, construction, and hospital service delivery.

Table 67 Vulnerable Groups Identification

No	Vulnerable Group	Key Vulnerability / Risk	Required Consideration / Mitigation
1	Cancer, chronic, and catastrophic illness patients	Long-term treatment, high dependency on continuity of care, financial burden	Ensure service continuity, referral coordination, and patient support systems
2	Patients with special medical conditions	Transplant patients, long-term hemodialysis, ICU patients, and other high-risk cases	Maintain specialized services, priority access, and uninterrupted critical care
3	Elderly patients	Higher risk of chronic disease, mobility limitations, and dependency on caregivers	Provide accessible facilities, clear signage, safe circulation, and elderly-friendly services
4	Pediatric patients	Includes NICU, PICU, and pediatric service users with special protection needs	Ensure child-safe facilities, family waiting areas, and pediatric-sensitive care
5	Pregnant women and maternal-child health patients	Need safe access to maternity, emergency obstetric, and child health services	Provide maternal-friendly access, privacy, lactation space, and emergency pathways
6	Persons with disabilities (PWD)	Barriers to access, communication, mobility, and service navigation	Apply universal design: ramps, accessible toilets, tactile paving, braille, signage, and wheelchair access
7	Low-income patients / JKN-BPJS users	Economic vulnerability and dependence on public insurance schemes	Ensure affordability, clear administrative process, and equitable access to services
8	Construction-phase workers	Exposure to occupational health and safety risks, GBV/SEA-H risks, and labor issues	Implement OHS standards, worker grievance mechanism, and labor management procedures
9	Female staff and female patients	Need for gender-sensitive facilities, privacy, safety, and protection from harassment	Provide lactation rooms, prayer areas, separate toilets, lighting, security, and complaint channels

RSMDJ serves a diverse patient population that includes several vulnerable groups requiring special consideration in project planning and operations. These groups comprise patients with chronic, catastrophic, or complex medical conditions, such as cancer patients, transplant recipients, long-term hemodialysis patients, and ICU users, who are highly dependent on continuity of care and specialized services. Elderly patients face higher risks of chronic diseases and mobility limitations, while pediatric patients, including NICU and PICU users, require child-safe facilities and family support areas. Pregnant women and maternal-child health patients need safe access to emergency obstetric and child health services, and persons with disabilities require barrier-free facilities with ramps, accessible toilets, tactile paving, braille signage, and wheelchair access. Low-income patients, particularly those covered under public insurance schemes such as JKN-BPJS, face economic vulnerability and must be ensured

equitable access and affordability. Additionally, construction-phase workers are exposed to occupational health and safety risks, including labor and gender-based concerns, while female staff and patients need gender-sensitive facilities, privacy, and protection from harassment. The identified social risks, including disruption of critical medical services, accessibility challenges, occupational hazards, and gender-sensitive safety concerns, have been incorporated into the project's Relocation and Service Continuity Plan, with appropriate mitigation measures to ensure safe access, uninterrupted healthcare services, and protection of vulnerable groups during the construction phase. Recommended measures include ensuring service continuity for high-risk patients, applying universal design standards, maintaining occupational health and safety protocols, providing gender-sensitive facilities, and engaging vulnerable groups through inclusive stakeholder consultations and grievance mechanisms.

5.6 Land Use and Spatial Compliance

Prior to evaluating compliance with spatial planning regulations, it is essential to establish the legal and administrative context of the RSUP Dr. M. Djamil Padang (RSMDJ) site. This includes verifying land ownership, existing land use rights, and any applicable permits or approvals that govern the development area. Establishing this baseline ensures that the proposed development is implemented within legally secured boundaries and aligns with urban planning requirements, providing a clear foundation for further technical assessment and decision-making in the Environmental and Social Impact Assessment (ESIA).

The land use and spatial compliance assessment will focus on confirming whether the existing site and proposed development are consistent with the applicable spatial planning regulations, including the Padang City Spatial Plan (RTRW): Padang City Regional Regulation No. 4 of 2012 on the Padang City Spatial Plan for 2010–2030, and Detailed Spatial Plan (RDTR): Padang Mayor's Regulation No. 5 of 2023 on the Padang City Detailed Spatial Plan for 2023–2043, where available. This verification will be conducted through coordination with Bappeda Padang City and confirmation through the OSS-RBA system, particularly in relation to the PKKPR/KKPR requirements.

Further confirmation will be completed in v0.2 to verify land status, spatial conformity, and permitting requirements. The results will provide the basis for determining whether the proposed development can proceed within the existing site without spatial planning or land acquisition constraints.

Table 68 Land Use and Spatial Compliance

No.	Permit / Reference	Document Number / Status Found	Description / Information	Relevant Source / Authority
1	PKKPR / KKPR	**KKPR No. 26062610211371030**	Approval of Spatial Utilization Activity Conformity for the RSMDJ development area at Jl. Perintis Kemerdekaan, Sawahan Timur, Padang Timur, Padang City. The document number should be verified through OSS-RBA, DPMPTSP, Bappeda, or RSMDJ legal/BMN records.	OSS-RBA / DPMPTSP / Bappeda / RSMDJ Legal-BMN

No.	Permit / Reference	Document Number / Status Found	Description / Information	Relevant Source / Authority
2	RTRW Padang City	**Perda Padang City No. 4 Tahun 2012**, amended by **Perda Padang City No. 3 Tahun 2019**	Spatial planning reference for Padang City RTRW 2010–2030. The 2019 regulation amends Perda No. 4 Tahun 2012 on RTRW Padang City 2010–2030. (Database Peraturan | JDIH BPK)	Padang City Government / Bappeda / JDIH / BPK
3	RDTR Padang City	**Perwako Padang City No. 5 Tahun 2023**	Rencana Detail Tata Ruang Padang City Tahun 2023–2043. This can be used as the detailed spatial planning reference for zoning and land-use conformity. (JDIH Padang City)	Padang City Government / Dinas PUPR / Bappeda / JDIH
4	SHB / Land Ownership Certificate	**Sertifikat BPN No 6541/1998. Sertifikat BPN No 9639/1995**	Land certificate or ownership/asset documentation for the RSMDJ hospital area. Public sources confirm the hospital is owned by the Ministry of Health and located on Jl. Perintis Kemerdekaan, but do not provide certificate number. (SIRS Kemenkes)	RSMDJ BMN / Legal Unit / Ministry of Health / ATR-BPN
5	IMB / PBG / SLF	**Persetujuan Bangunan Gedung Nomor : SK-PBG-137102-26092022-003, Tahun Terbit 2022**	Existing hospital building permit and/or building approval documents should be verified from RSMDJ archives, DPMPTSP, PUPR, or SIMBG. If the project uses new buildings, the current terminology should refer to **PBG** and **SLF**, while old buildings may still have **IMB** records.	RSMDJ Legal-BMN / DPMPTSP / Dinas PUPR / SIMBG
6	UKL-UPL / Environmental Permit	**Keputusan Wali Padang City No. 72 Tahun 2014**	Environmental Permit for the Development Plan of Dr. M. Djamil General Hospital in Padang. The Padang City Legal Information System (JDIH) lists it as Mayor's Decree No. 72 of 2014; status: in effect; initiated by the Department of Environmental Affairs. (Padang City Legal Information System)	JDIH Padang City / DLH Padang City
7	Hospital Profile / Ownership / Class	**RS Online ID/Profile: 1371010**	RS Online Kemenkes identifies RSUP Dr. M. Djamil as a Rumah Sakit Umum Kelas A, BLU, owned by Kemkes, with address at Jalan Perintis Kemerdekaan. (SIRS Kemenkes)	Ministry of Health / SIRS RS Online

No.	Permit / Reference	Document Number / Status Found	Description / Information	Relevant Source / Authority
8	Hospital Accreditation	**Akreditasi Paripurna: 31 December 2018; KARS International Accreditation: 9 April 2019**	Kemenkes notes that RSMDJ is a nationally and internationally recognized Class A teaching hospital with Paripurna accreditation and KARS International accreditation. (Keslan Kemenkes)	Ministry of Health / KARS
9	Historical / Institutional Status	**SK Menkes RI No. 134 Tahun 1978; SK Menkes RI No. 542 Tahun 1994; PP No. 123 Tahun 2000; PP No. 23 Tahun 2005**	These references relate to the hospital's naming, institutional status, Perjan status, and BLU financial management status as described in the Kemenkes profile. (Keslan Kemenkes)	Ministry of Health

The Land Use and Spatial Compliance information for RSMDJ is important for ensuring that the hospital's proposed development can proceed safely and legally. RSMDJ is a Class A General Hospital, a Public Service Agency (BLU), and is owned by the Ministry of Health of the Republic of Indonesia. The development will take place within the existing hospital compound, which covers approximately 110,540 m², with additional land documented under Land Use Rights Certificate (Hak Pakai No. 13/1995).

The site and proposed development have been checked against the Padang City Spatial Plan (Perda No. 4 of 2012, amended by Perda No. 3 of 2019) and the Detailed Spatial Plan (Perwako No. 5 of 2023) to ensure that they comply with local zoning and land-use regulations. Supporting documents such as building permits (IMB/PBG/SLF), environmental permits (UKL-UPL, Mayor's Decree No. 72/2014), hospital accreditation records, and historical legal references confirm that the hospital has the right to develop this land and that no additional land acquisition is required at this stage.

For the ESIA, this data is essential because it provides a clear legal and regulatory basis for the project, ensures the development is spatially compliant, and reduces risks related to land use, permitting, and access. It also helps planners integrate the development into the existing site safely and sustainably, supporting both hospital expansion and compliance with Indonesian laws and local regulations.

5.7 Land Status

The RSMDJ site is owned by the Ministry of Health of the Republic of Indonesia. The proposed development is expected to take place within the existing hospital land area of approximately 110,540 m². This land areas comprising: (i) 84,570 m² of existing hospital land under Land Use Rights Certificate (Hak Pakai) on behalf Pemerintah Republik Indonesia Cq. Kementrian Kesehatan Republik Indonesia; (ii) 5,304 m² currently utilized as a parking area and 10,206 m² of shrubland owned by PT KAI; and (iii) 9,270 m² of land currently under the control of the Indonesian Army (TNI-AD). The AIIB-financed Phase I development will be implemented entirely within the existing hospital land covered by Land Use Rights Certificate (Hak Pakai) No. 13 of 1995 (part of the existing Hospital land, 84,570 m²). Therefore, no acquisition of additional land will be required for Phase I implementation.

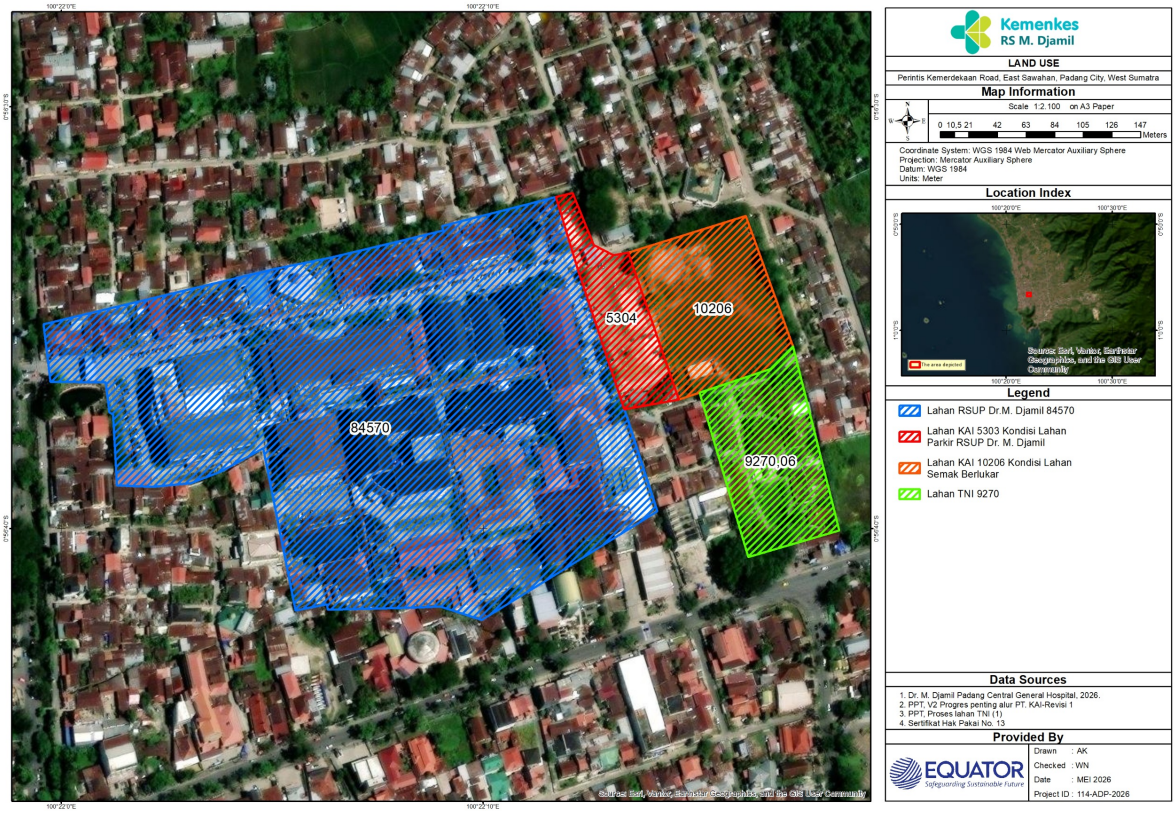


Figure 39 Land Ownership and Existing Conditions of RSMDJ Hospital Compound and Surrounding Areas, Padang City, West Sumatra

Regarding the area 5,304 m² currently utilized as a parking area and 10,206 m² of shrubland, a joint agreement between the Ministry of Health, the Ministry of Transportation, PT Kereta Api Indonesia (Persero), and RSMDJ was established under document numbers KN.02.07/11/7880/2022, PJ.111/2022, KL.703/IX/1/KA-2022, and HK.03.01/XVI.I/1857/2022, confirming the hospital's right to use the land for development and expansion purposes. Meanwhile, the area 9,270 m² of land currently under the control of the Indonesian Army (TNI-AD), the Regional Military Command (KOREM 032/Wirabraja) issued formal approval on 17 January 2025 (document number B/83/I/2025) permitting the use of Asrama Ganting land as a replacement site for the Asrama Sawahan, supporting the hospital's development plan. The green-shaded area represents state-owned land, formerly held by a bank, which was liquidated by the military to construct several residential units for soldiers along with supporting infrastructure (facilities and utilities). The brown-shaded area indicates land still owned by PT KAI. This distinction highlights how different parcels of land in the vicinity have been allocated for military housing and transportation purposes, providing context for spatial planning and potential coordination with hospital development.

However, although these two land parcels owned by PT KAI and currently controlled by the Indonesian Army (TNI-AD) are not included in the scope of the current AIIB-financed project, documenting their historical background, legal status, land tenure arrangements, and administrative context remains important as part of the baseline assessment. Establishing this information provides a clear record of existing conditions and helps ensure that any future hospital expansion undertaken under the long term master plan, including the development of the Standard Inpatient Class (KRIS) building,

supporting facilities, or disaster evacuation routes, can be implemented without legacy land issues, tenure uncertainties, or potential disputes.

Here is why establishing this baseline is essential to mitigate future legacy risks:

- Preventing Regulatory Conflicts and Scheme Reversals Regarding PT KAI Land if RSUP Dr. M. Djamil decides to use the 15,510 m² land owned by the Ministry of Transportation/PT KAI in the future, the management must be aware that the initial 2022–2024 agreement for asset compensation and write-off is no longer relevant.
- Change in Scheme: The scheme has fundamentally changed into a 30-year lease agreement (Hak Guna Bangunan/HGB above Hak Pengelolaan Lahan/HPL), which can be extended.
- New Regulatory Hurdles: This change is driven by new regulations (UU No. 16 of 2025), which mandate that state asset disposal and balance sheet changes must now be approved by the President through the State-Owned Enterprises Regulatory Agency (BP BUMN/Danantara).
- Administrative Complexities: Furthermore, there is an unresolved administrative issue regarding the splitting of the land certificate (Right of Use/Hak Pakai No. 3), as PT KAI cannot directly split a certificate that is still formally registered under the Ministry of Transportation. PT KAI must first relinquish its rights over the 312,368 m² total area, apply for a new HGB, and only then process the name transfer to the Ministry of Health. Knowing this baseline prevents future planners from relying on outdated agreements and getting entangled in obsolete bureaucratic processes.
- Ensuring Budgetary Commitments for the Military (TNI AD) Relocation The 9,270 m² land at the Sawahan Dormitory, which is critical for disaster evacuation routes and facility expansion, has a highly complex status. It is technically an ex-BLBI state property managed by the Ministry of Finance (DJKN) but has been occupied by the Army (TNI AD) since 1959.
- Conditional Release: Although the Army Chief of Staff (KASAD) has agreed in principle to release the asset, it comes with a strict prerequisite: the hospital must provide and construct adequate replacement housing and facilities for the soldiers at the Ganting Army Dormitory.
- Financial Implications: The estimated cost for building this replacement facility is substantial, ranging from approximately Rp 29.8 billion (based on the West Sumatra Public Works Department analysis) to Rp 30.2 billion (based on the Army Engineering Detachment calculations). Documenting this baseline ensures that future master plan developers are fully aware that utilizing this land requires advanced cross-ministerial budget planning (coordinating with the Ministry of Finance's Directorate General of Budget) to fund the soldiers' relocation.

By clearly establishing these facts now, RSUP Dr. M. Djamil Padang is proactively creating a strategic roadmap. Once the AIIB-funded phase is complete, stakeholders will have full visibility into the legal boundaries, financial obligations, and bureaucratic steps required for the next expansion phases, ensuring the master plan can be executed smoothly without unexpected historical roadblocks. The

detail explanation of PT KAI and currently controlled by the Indonesian Army (TNI-AD) presented in Annex I – Land ownership and use.

6. COMMUNITY HEALTH BASELINE

This section presents the community health baseline for the RSUP Dr. M. Djamil Padang (RSMDJ) development project, providing an overview of hospital services, referral systems, patient characteristics, disease patterns, vulnerable patient groups, and community health and safety conditions within the project's area of influence.

RSMDJ is a Class A referral hospital under the Ministry of Health, serving as a primary referral center for Padang City, West Sumatra, and surrounding regions, particularly for complex cases requiring specialist and sub-specialist care. The hospital also functions as a teaching and training hospital, collaborating with medical faculties, specialist education programs, and clinical training institutions. This dual role emphasizes the importance of maintaining service continuity, safe access, and operational reliability during construction and development activities.

The baseline is critical for ESIA because project activities such as construction, demolition, service relocation, traffic adjustments, and utility works may affect patients, families, hospital staff, students, visitors, ambulance users, and nearby communities. Potential impacts include access disruptions, delays in emergency response, disturbances to patient transfers, exposure to noise, dust, vibration, changes in internal circulation, and temporary service interruptions.

These data support the assessment of receptor sensitivity, identification of potential social and environmental impacts, and design of mitigation and monitoring measures, with particular attention to emergency access, patient and staff movement, vulnerable patient groups, infection prevention and control, hospital service continuity, stakeholder engagement, grievance handling, and community health and safety. Further mapping of RSMDJ's referral network including referring Puskesmas, regional hospitals, peer hospitals, and partner universities will be updated in subsequent assessment versions as additional information becomes available.

6.1 Community Health Baseline Data

Table 69 Comprehensive Community Health and Socioeconomic Baseline Data

No	Baseline Domain	Indicator	Key Data Summary	Year / Period	Geographic Scope	Data Source	Relevance to Project
1	Healthcare Network	Referral & teaching hospital network	RSMDJ is Class A national referral & teaching hospital integrated with medical faculties (FKUI, UNAND, UNPRI)	2023–2025	West Sumatra & National	Institutional partnership records (RSMDJ)	Defines RSMDJ as high-sensitivity receptor and service hub

No	Baseline Domain	Indicator	Key Data Summary	Year / Period	Geographic Scope	Data Source	Relevance to Project
2	Primary Care Network	Puskesmas referral system	24 Puskesmas in Padang City referring patients to RSMDJ	Ongoing	Padang City	Padang City Health Office / RSMDJ records	Indicates strong dependency of community on RSMDJ services
3	Secondary & Tertiary Referral Network	Regional hospitals	6+ hospitals including RSUD Dr. M. Djamil network, RSUD Bukittinggi, RSUP Adam Malik, RSUP Hoesin	Ongoing	West Sumatra & Sumatra	MoH referral network data	Shows RSMDJ as highest-level referral hospital
4	Patient Service Utilization	Outpatient visits	621,553–883,682 visits/year (2018–2023 range)	2018–2023	RSMDJ	KMK 1667/2024 & hospital reports	Indicates high service demand and exposure sensitivity
5	Emergency Utilization	IGD visits	2,564–2,900 monthly emergency visits (Jan–Apr 2026)	2026	RSMDJ	Hospital statistics report	Sensitive emergency service receptor
6	Inpatient Utilization	Bed occupancy	BOR 78%–90% (Feb–Apr 2026), 800 beds capacity	2026	RSMDJ	Hospital inpatient statistics	High occupancy indicates critical operational pressure
7	Disease Burden	Top diseases	Cancer, cardiovascular disease, CKD stage 5, respiratory failure dominate outpatient/inpatient cases	2024–2025	RSMDJ	Hospital medical records	Indicates vulnerable patient population
8	Catastrophic Diseases	High-cost diseases	Cancer (up to 60,583 outpatient cases), heart disease (54,186 cases)	2024–2025	RSMDJ	Hospital registry	High sensitivity to service disruption
9	Special Patient Groups	Chronic care patients	Hemodialysis 17,367 patients; ICU long-stay patients >300 cases/year	2024–2025	RSMDJ	Hospital statistics	High vulnerability group
10	Elderly Health Profile	Chronic diseases in elderly	High prevalence of cardiovascular, diabetes, hypertension cases	2024–2025	RSMDJ	Hospital registry	High-risk vulnerable population
11	Public Health Risks	Vector & infectious diseases	395 dengue cases; ISPA up to 1,400 during haze period	2023–2024	Padang City	Local health authority reports	Indicates environmental sensitivity (air & water quality)

No	Baseline Domain	Indicator	Key Data Summary	Year / Period	Geographic Scope	Data Source	Relevance to Project
12	Traffic Safety	Road injuries & fatalities	46 traffic-related deaths reported	2023	Padang City	Local government statistics	Relevant for hospital access safety risk
13	Healthcare System Role	Teaching hospital function	RSMDJ functions as Class A teaching hospital for PPDS programs	2023–2025	National	Ministry of Health / Academic agreements	Confirms institutional capacity & training role

The community health profile within the Area of Influence (AoI) indicates that RSUP Dr. M. Djamil Padang serves a highly sensitive and medically vulnerable population. The hospital functions as a Class A national referral and teaching hospital and is supported by a broad healthcare network, including 24 Puskesmas in Padang City and several regional referral hospitals in West Sumatra.

Baseline service utilization shows high community dependency on RSMDJ. Annual outpatient visits ranged from 621,553 to 883,682 visits during 2018–2023. In January–April 2026, monthly outpatient visits ranged from 22,105 to 30,266 visits, while emergency visits ranged from 2,564 to 2,900 visits per month. Inpatient utilization is also high, with 800 beds and Bed Occupancy Rate (BOR) ranging from 78.06% to 90.58% during February–April 2026.

The patient profile is dominated by chronic, catastrophic, and high-sensitivity diseases, including cardiovascular disease, chronic kidney disease stage 5, cancer, hypertension, diabetes, acute respiratory failure, pneumonia, and anemia. In 2025, major outpatient cases included atherosclerotic heart disease with 15,683 visits, chronic kidney disease stage 5 with 15,360 visits, hypertension with 8,469 visits, and breast cancer with 8,406 visits. Special vulnerable groups include hemodialysis patients, which increased from 16,625 in 2024 to 17,367 in 2025, and long-stay ICU patients, which increased from 311 in 2024 to 325 in 2025.

At the wider community level, Padang City recorded 395 dengue cases during January–September 2024 and ISPA cases increased from 1,063 to approximately 1,400 cases during the haze period in 2023. Traffic safety is also relevant, with 46 traffic-related deaths reported in Padang City in 2023. These baseline conditions indicate that patients, hospital users, surrounding communities, and vulnerable groups within the AoI are direct receptors of potential construction impacts, particularly dust, noise, vibration, traffic disruption, access limitation, and drainage-related risks. Therefore, mitigation measures such as dust suppression, noise control, traffic management, safe pedestrian access, emergency access protection, and continuous grievance monitoring are required during project implementation.

6.2 Infection Prevention And Control (IPC)

Infection Prevention and Control (IPC) is a critical aspect of ensuring the safety of patients, healthcare workers, visitors, and the hospital environment. The implementation of IPC at RSMDJ is carried out through standard precautions, which include hand hygiene, use of personal protective equipment (PPE), decontamination of patient care equipment, environmental control, waste management, and linen/laundry management. Each unit is responsible for ensuring these practices are consistently

followed, including appropriate patient placement according to infection risk, respiratory hygiene, and safe invasive procedures such as injections and lumbar punctures. These measures aim to break the chain of infection transmission within the hospital.

Additionally, transmission-based precautions are applied for infections spread through contact, droplet, and airborne routes, complemented by Infection Control Risk Assessment (ICRA) both for HAIs programs and during construction, renovation, and demolition activities. Routine HAI surveillance monitors the occurrence of infections such as VAP, HAP, UTI, phlebitis, IADP, and virulent pathogens. Monitoring and evaluation of infection prevention bundles, antibiotic stewardship, and outbreak/extraordinary event investigations are conducted to ensure adherence to standards. This strategy emphasizes cross-unit coordination and active participation from all stakeholders, including doctors, nurses, supporting staff, and contractors during construction or renovation work.

Preventive efforts also include the management of medical equipment, consumables, mortuary services, food services, waste handling, and laundry operations. Continuous education and training for staff, patients, families, cleaning personnel, and security staff are integral components to enhance awareness and compliance. By implementing these IPC measures systematically and comprehensively, the hospital can minimize infection risks, maintain healthcare quality, and provide a safe and comfortable environment for all parties involved.

Table 70 Infection Prevention and Control (IPC) Measures

IPC Aspect	Measures / Activities	Frequency / Implementation	Responsible Unit
Standard Precautions	Hand hygiene, use of personal protective equipment (PPE), decontamination of patient care equipment, environmental control, waste management, linen/laundry management, staff protection, patient placement (isolation/cohorting), respiratory hygiene, safe injection techniques, safe lumbar puncture	Daily / as per protocol	All work units, IPC Nurse (IPCN), IPC Link Nurse (IPCLN), CSSD
Transmission-Based Precautions	Contact precautions, droplet precautions, airborne precautions	Continuous; monitored for compliance	IPC Committee, relevant units
Infection Risk Assessment (ICRA)	ICRA for HAIs program, ICRA for building/renovation, risk identification, risk analysis, risk mitigation	Before and during activities; periodic evaluation	IPC Committee, Occupational Safety (K3RS), Technical units
HAI Surveillance	Monitoring VAP, HAP, UTI, phlebitis, IADP, virulent infections	Continuous; monthly reporting	IPC Team, IPSRS
Infection Prevention Bundles	Implementation of prevention bundles for AV, HAP, IADP, UTI, phlebitis, IDO	Daily / periodic monitoring	Care units, IPC Team
Antibiotic Stewardship	Monitoring and evaluation of antibiotic use according to guidelines	Monthly / internal audit	Pharmacy, IPC Committee

IPC Aspect	Measures / Activities	Frequency / Implementation	Responsible Unit
Outbreak / Extraordinary Event Investigation	Incident analysis, ward closure if needed	Event-driven / periodic	IPC Committee, relevant units
Medical Equipment and Consumables Management	Monitoring medical equipment, single-use medical supplies, expired materials, CSSD management	Daily / periodic evaluation	CSSD, Maintenance Unit
Mortuary IPC	Monitoring and evaluation of mortuary procedures, PPE compliance	Daily / monthly evaluation	Mortuary Unit, IPC Team
Food Service IPC	Monitoring food management from receipt to distribution and storage	Daily / periodic evaluation	Nutrition Services, IPC Team
Waste and Liquid Waste Management	Monitoring TPS, IPAL, infectious waste	Daily / periodic evaluation	Environmental Health / Waste Unit
Linen & Laundry Management	Monitoring washing, disinfection, sterilization, storage	Daily / periodic evaluation	Laundry Unit
Education & Training	Staff, patients, families, cleaning, and security staff education on IPC and policies, PPE use	Periodic, at least once per year / new staff orientation	IPC Committee, HR, Hospital Training

The Infection Prevention and Control (IPC) measures at RSUP Dr. M. Djamil Padang (RSMDJ) demonstrate the hospital's systematic and comprehensive approach to minimizing infection risks across all clinical and non-clinical areas. The data in Table above shows that standard precaution including hand hygiene, Personal Protective Equipment (PPE), decontamination of medical equipment, environmental cleaning, waste and linen management, safe patient placement, respiratory hygiene, and safe invasive procedures are applied daily by all hospital units, coordinated by the Infection Prevention and Control Nurse (IPCN) and Infection Prevention and Control Link Nurse (IPCLN). Transmission-based precautions for contact, droplet, and airborne infections, Infection Control Risk Assessments (ICRA) for Healthcare-Associated Infections (HAIs) and construction/renovation activities, routine HAI surveillance (for Ventilator-Associated Pneumonia / VAP, Hospital-Acquired Pneumonia / HAP, Urinary Tract Infection / UTI, phlebitis, Intravascular Device-Associated Bloodstream Infection / IADP, and virulent pathogens), antibiotic stewardship, infection prevention bundles, outbreak investigations, and oversight of medical equipment, mortuary, food, waste, and laundry operations are all monitored systematically and periodically.

This comprehensive IPC framework is essential for the ESIA because the RSMDJ development project will occur in an active hospital environment where patients including high-risk, elderly, ICU, hemodialysis, and chronic disease patients, staff, visitors, contractors, and the surrounding community may be exposed to infection risks. The baseline data provides a reference for designing mitigation measures during construction and operational phases, including maintaining service continuity, controlling dust and airflow, ensuring safe utility and waste handling, managing temporary

relocations, enforcing PPE use, monitoring for outbreaks, and conducting continuous staff and stakeholder education. Collectively, these measures ensure that patient and staff safety, hospital hygiene, and healthcare quality are maintained throughout the project.

6.3 Hospital Occupational Health and Safety Standard Operating Procedure (OHS SOP)

Hospital Occupational Health and Safety (OHS) Standard Operating Procedures (SOPs) at RSUP Dr. M. Djamil Padang (RSMDJ) are designed to ensure the safety of patients, healthcare workers, visitors, and all hospital units during a wide range of emergencies. RSMDJ has established procedures for bomb threats (Code Black), earthquakes (Code Green), patient evacuation (Code Purple), infant abduction (Code Pink), fires (Code Red), the proper use of portable fire extinguishers (Alat Pemadam Api Ringan / APAR), and occupational incidents involving sharp objects or biological exposure such as Hepatitis B/C and HIV.

These SOPs emphasize preparedness, rapid response, and coordination among hospital units. For example, in the event of a bomb threat, personnel are instructed to remain calm, gather detailed information, notify the Occupational Health and Safety Committee (K3RS / Keselamatan dan Kesehatan Kerja Rumah Sakit) and police, and evacuate along designated routes. During earthquakes, staff and patients must seek shelter under sturdy furniture or structural pillars, use emergency stairs, and avoid elevators. Patient evacuation (Code Purple) requires organizing evacuation routes, handling patients according to care needs, and verifying all patients at assembly points. Fire safety procedures and APAR use follow the TATS principle (Tarik, Arahkan, Tekan, Sapu / Pull, Aim, Squeeze, Sweep), with coordinated actions by responsible personnel.

Occupational safety measures include reporting incidents, providing post-exposure prophylaxis (PEP) for exposure to sharps or contaminated materials, administering first aid, identifying the exposure source, monitoring health status, and providing preventive treatment as needed. SOPs are implemented in coordination with the K3RS Committee, inpatient units, hospital security (Satpam), and technical divisions, ensuring continuous monitoring, evaluation, and alignment across all departments.

For ESIA purposes, this baseline information is crucial as it demonstrates the hospital's preparedness and integrated safety system, highlights sensitive areas requiring protection during construction and operational activities, and provides guidance for mitigating risks to patients, staff, and visitors, while maintaining continuity of hospital operations.

Table 71 Hospital Occupational Health and Safety Standard Operating Procedure (OHS SOP)

No.	SOP / Document Title	Emergency Code / Topic	Document Number	Revision	Date Issued	Pages	Main Purpose / Key Content
1	Handling Bomb Threats	Code Black	OT.02.02/D.XVI.4.4/1/2023	1	8 November 2023	1/3	Provides procedures for responding to bomb threats received by phone, message, letter, or suspicious objects. The SOP requires staff to remain calm, record key information, report to security/ K3RS/ PURS, secure the area, avoid touching suspicious objects, and coordinate with police where required.
2	Personal Protection During Earthquakes	Code Green	OT.02.02/D.XVI.4.4/2/2023	1	8 November 2023	½	Provides immediate self-protection procedures during earthquakes, including taking shelter under or beside strong furniture, protecting the head, avoiding glass and falling objects, not using lifts, and moving to assembly points after shaking stops.
3	Patient Evacuation in Emergency Disaster Situations	Code Purple	OT.02.02/D.XVI.4.4/3/2023	Not clearly visible in document	8 November 2023	½	Provides procedures for evacuating patients, staff, and visitors during disasters such as fire, earthquake, bomb threat, unrest, disease outbreak, or other emergencies. Evacuation methods are differentiated for independent, partially assisted, and total-care patients.
4	Infant Kidnapping	Code Pink	OT.02.02/D.XVI.4.4/4/2023	1	8 November 2023	½	Provides procedures for suspected baby or child abduction, including shouting Code Pink, coordinating with security, closing hospital access points, reporting to the responsible unit, collecting incident information, checking CCTV, and conducting internal search and investigation.
5	Firefighting	Code Red	OT.02.02/D.XVI.4.4/5/2023	2	8 November 2023	½	Provides fire emergency response procedures, including shouting Code Red, identifying the fire location, using APAR for initial fire suppression, assigning helmet-based roles for fire response, evacuation, facilities, and security, and escalating to emergency command and local fire department if fire cannot be controlled.

No.	SOP / Document Title	Emergency Code / Topic	Document Number	Revision	Date Issued	Pages	Main Purpose / Key Content
6	Use of Portable Fire Extinguishers (PFEs)	Fire Safety / APAR	OT.02.02/D.XVI.4.4/6/2023	1	8 November 2023	½	Provides guidance on APAR placement and use. APAR must be visible, accessible, unlocked, distributed according to hazard potential, and used with the TATS method: Tarik, Arahkan, Tekan, and Sapukan.
7	Reporting Workplace Accidents	Occupational Accident Reporting	OT.02.02/D.XVI.4.4/7/2023	Not clearly visible in document	8 November 2023	1/1	Provides procedures for reporting work accidents involving staff or third parties. The injured worker or witness reports to the direct supervisor, who informs K3RS. K3RS coordinates medical assistance, investigation, analysis, and follow-up until the worker can return to work.
8	Prophylaxis for Hepatitis in Occupational Accidents Due to Needlesticks and Sharp Objects	Needle Stick / Sharp Injury Prophylaxis	YR.01.03/D.XVI/408/2024	00	30 December 2024	1/3	Provides medical procedures after needle-stick or sharp-object exposure, especially for preventing HIV, Hepatitis B, and Hepatitis C infection. The SOP includes first aid, source-patient identification, laboratory testing, risk assessment, Hepatitis B prophylaxis, documentation, and reporting.

6.4 Hospital Occupational Health and Safety Program (OHS Program)

Hospital Occupational Health and Safety (OHS) Program at RSUP Dr. M. Djamil Padang (RSMDJ) provides a structured framework to ensure the safety of patients, healthcare workers, visitors, and all hospital units during routine operations, construction, and emergency situations. Table 67 summarizes the main areas of occupational health and safety, including utility and facility safety, generator and electrical backup, pre-construction risk assessment (PCRA), fire safety, disaster preparedness, occupational health, staff vaccination, needle-stick and sharps injury management, accident reporting, personal protective equipment (PPE) compliance, and training and capacity building.

Each activity is designed to mitigate specific risks, such as power or utility failures affecting critical services, occupational accidents, infection exposure, fire hazards, and environmental or construction-related hazards. Preventive measures include routine inspections, maintenance, monitoring, vaccination, risk assessment, staff training, disaster drills, and strict adherence to standard operating procedures. These OHS activities are coordinated by specialized units, including the K3RS Committee (Keselamatan dan Kesehatan Kerja Rumah Sakit / Hospital Occupational Health and Safety Committee), IPSRS (Installation of Hospital Support Services), facility and technical units, security personnel (Satpam), and clinical and administrative departments.

Table 72 Summary of Hospital Occupational Health and Safety Activities, Risks, and Preventive Measures

Main Area	Activities / Findings	Risks / Issues	Preventive Measures	Related Units
Utility and Facility Safety	Electricity system, generators, UPS, lifts, oxygen pipelines, lightning protection, clean water reservoirs	Utility failure could disrupt critical hospital services including ICU, OR, ER	Routine maintenance, weekly generator tests, inspections, coordination with PDAM, Fire Department, PMI, BPBD	K3RS, IPSRS, Facility Management, Utility Units
Generator and Electrical Backup	Monitoring battery voltage, fuel, oil pressure, alternator, engine temperature, and function	Backup power failure affecting critical services	Preventive maintenance, oil/filter replacement, load testing, weekly warm-up	IPSRS, K3RS, Technical Unit
Pre-Construction Risk Assessment (PCRA)	Risk identification before renovation, construction, or restoration	Risks to air quality, infection control, utilities, noise, vibration, hazardous materials, service continuity	Mandatory PCRA before work starts, periodic evaluation, 100% compliance in Q4 2025	K3RS, Infection Control Committee, IPSRS, Contractors
Fire Safety	APAR, hydrants, smoke/heat detectors, sprinklers,	Blocked or unchecked APAR, red zone indicators, incomplete fire	Routine APAR inspections, installation of evacuation signs,	K3RS, Security, Environmental Health, IPSRS

Main Area	Activities / Findings	Risks / Issues	Preventive Measures	Related Units
	evacuation signage	protection systems	coordination with Environmental Health	
Disaster Preparedness	Evacuation signs, emergency boards, disaster helmets, daily safety rounds	Fire, earthquake, flood, power outage, mass incidents	Daily rounds, disaster program preparation, installation of 75 evacuation signs, 10 exit signs, 49 helmets, 4 disaster boards	K3RS, Disaster Sub-Committee, Security, All Units
Occupational Health	Initial, periodic, and special medical examinations; disease data collection	Work-related illnesses or general health issues affecting safety	Health monitoring, vaccination, medical follow-up, workplace health promotion	K3RS, Occupational Health Unit, HR, Medical Units
Staff Vaccination	Hepatitis B immunization for at-risk staff	Risk of bloodborne infections	Hepatitis B vaccination, monitoring	K3RS, Occupational Health, Clinical Units
Needle-stick and Sharps Injuries	Management of exposure incidents	Injury due to improper needle handling	First aid, reporting, post-exposure prophylaxis, Hepatitis B vaccination, follow-up monitoring	K3RS, PPIRS, ER, Unit Heads
Accident Reporting	Documentation, evaluation, assistance	Occupational accidents during clinical or utility work	Incident reporting to supervisors, K3RS guidance, evaluation, follow-up	K3RS, Supervisors, ER, HR
PPE Compliance Monitoring	Daily safety rounds monitoring PPE use	Non-compliance increases exposure risk	Daily monitoring, staff education, corrective actions	K3RS, Unit Heads, All Staff
Training and Capacity Building	Webinars, workshops, disaster simulations, psychological first aid	Maintaining readiness and safety culture	Routine training, workshops, competency development	K3RS, HR, Training Unit

RSUP Dr. M. Djamil Padang's (RSMDJ) comprehensive approach to minimizing occupational and environmental risks across all hospital operations. The table highlights critical risk areas, including utility and facility safety, electrical and generator backup, fire safety, disaster preparedness, infection exposure, needle-stick and sharps injuries, PPE compliance, accident reporting, and staff training. Preventive measures, such as routine inspections, pre-construction risk assessments (PCRA), regular maintenance, vaccination programs, staff education, emergency drills, and coordination across specialized units including the **K3RS Committee (Keselamatan dan Kesehatan Kerja Rumah Sakit / Hospital Occupational Health and Safety Committee)**, **IPSRS (Installation of Hospital Support Services)**, security, technical, and clinical units ensure a safe and resilient hospital environment.

For ESIA purposes, this baseline data is essential as it identifies potential hazards that could be exacerbated during **construction, renovation, or operational changes**, and informs the design of

mitigation measures, monitoring programs, and emergency response protocols. It ensures that patient care, staff safety, and operational continuity are maintained, while supporting compliance with national occupational health and safety standards. By documenting these activities and controls, the ESIA can provide a clear framework for assessing and managing **social, environmental, and occupational risks** associated with the RSMDJ development project.

6.5 Vector-Borne Disease Risk

Vector-borne disease risk is an important community health consideration for the RSMDJ development project, particularly because construction activities may temporarily alter drainage conditions, create standing water, disturb existing sanitation arrangements, and increase the number of workers and site activities within the hospital area. These conditions may increase the potential breeding sites for disease vectors, especially mosquitoes, housefly, and cockroach, if not properly managed.

In the context of Padang City, vector-borne disease risk is particularly relevant due to the occurrence of dengue fever and the city's tropical climate, which can support mosquito breeding when water stagnation, poor drainage, and unmanaged waste are present. Construction activities such as excavation, temporary drainage modification, material storage, waste accumulation, and poor housekeeping may contribute to localized vector risks around the project site.

This section therefore assesses the potential for project activities to increase vector-borne disease risks and identifies measures to prevent the creation of vector breeding sites. Key mitigation measures include maintaining proper drainage, preventing standing water, managing construction waste, covering water storage containers, conducting regular housekeeping, coordinating with hospital sanitation/environmental health units, and implementing vector control where needed.

Table 73 Vector and Pest Control Monitoring Activities at RSMDJ

No.	Date / Time	Monitoring Location	Activity / Target	Summary of Activity	Photo Evidence
1	28 May 2026, 09:05	Grease trap, inspection chamber/control box, and IPAL sump pit	Cockroach control	Pest control in grease trap, control box, and IPAL sump pit	

No.	Date / Time	Monitoring Location	Activity / Target	Summary of Activity	Photo Evidence
2	20 Mei 2026, 09.58	Inpatient/ward areas	Ant and American cockroach control	Spraying/treatment for ants and American cockroach in ward areas	
3	25 May 2026, 10:21	Instalasi Gizi, Sawahan Timur, Padang Timur, Padang City	Rodent control	Monitoring and additional installation of rat bait	
4	24 May 2026, 12:31	DIKLAT area, Sawahan Timur, Padang Timur, Padang City	Preventive pest control	Preventive pest spraying in outdoor/landscape area	
5	25 May 2026, 09:45	KARU Lavender 5 IPJT Lt. 2, Sawahan Timur, Padang Timur, Padang City	Mosquito control	Indoor mosquito spraying	