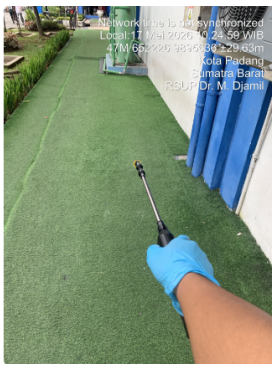
No.	Date / Time	Monitoring Location	Activity / Target	Summary of Activity	Photo Evidence
6	24 May 2026, 09:24	IDT area, RSUP Dr. M. Djamil, Sawahan Timur, Padang Timur, Padang City	Mosquito and ant control	Preventive spraying around potential mosquito and ant breeding areas	
7	16 May 2026, 13:53	Kantor Pelayanan Penunjang IRJ Lt. 4, Sawahan Timur, Padang Timur, Padang City	Mosquito control	Mosquito misting in office/service support area	
8	22 May 2026, 08:56	Tulip 2 IPJT Lt. 2, Sawahan Timur, Padang Timur, Padang City	Rodent control	Installation of rat bait and rat trap	
9	18 May 2026, 16:35	Rumah Dirut area, Sawahan Timur, Padang Timur, Padang City	Rodent and lizard monitoring	Monitoring/checking of rat bait and lizard presence	
10	18 May 2026, 10:02	Jerigen HD area, Sawahan Timur, Padang Timur, Padang City	Monitor Lizard control	Monitor Lizard issue reported as handled	

No.	Date / Time	Monitoring Location	Activity / Target	Summary of Activity	Photo Evidence
11	11 May 2026, 15:26	Front of PPHP, Sawahan Timur, Padang Timur, Padang City	Stray animal control	One stray cat captured/removed from hospital area	
12	12 April 2026, 09:27	Outdoor hospital area, Sawahan Timur, Padang Timur, Padang City	Mosquito/vector control	Outdoor fogging activity	

This summary presents documented pest and vector control activities at RSMDJ based on available photo evidence and field captions. The activities include cockroach control, ant control, mosquito spraying/fogging, rat baiting and trapping, monitor lizard control, and stray animal management in hospital service areas, utility areas, inpatient/ward areas, support offices, outdoor areas, and potential vector breeding locations. These activities are relevant for community health and hospital sanitation management because they help reduce vector-borne disease risks, pest infestation, and nuisance risks within an active healthcare facility.

The identification of vectors and nuisance animals is relevant to the ESIA because it provides baseline information on community health, hospital sanitation, and environmental health risks within the RSMDJ area. The presence of sewer rats, shrews, monitor lizards, cobra snakes, ants, cockroaches, flies, termites, mosquitoes, and cats indicates that areas such as drainage channels, grease traps, wastewater control chambers, food service areas, waste storage areas, landscaped areas, and utility corridors may function as potential habitats, food sources, access routes, or breeding sites.

This baseline supports the ESIA by helping identify receptor sensitivity and potential health and safety risks for patients, staff, visitors, workers, sanitation personnel, food handlers, and nearby communities. It also informs ESMP mitigation and monitoring measures, including drainage maintenance, housekeeping, waste management, grease trap cleaning, stagnant water removal, baiting, trapping, spraying, fogging where justified, routine inspection, and documentation of vector or pest type, location, date, control method, responsible party, and follow-up action.

7. RISK/ IMPACT ASSESSMENT

This Chapter presents the environmental and social impact assessment for the project. It begins with the assessment methodology, then characterises construction-phase impacts across nine impact pathways (excluding heritage per AIIB direction), summarises operational-phase impacts, and concludes with the cumulative impact assessment that AIIB ESS1 requires.

7.1 Project's Area of Influence

This chapter presents the Environmental and Social Impact Assessment (ESIA) for the RSUP Dr. M. Djamil Padang (RSMDJ) development project. The assessment begins by describing the methodology used to evaluate potential environmental and social impacts, followed by a detailed analysis of construction-phase impacts across nine impact pathways (excluding heritage impacts as per AIIB guidance), a summary of operational-phase impacts, and a cumulative impact assessment in accordance with the requirements of AIIB Environmental and Social Standard 1 (ESS1).

The Area of Influence (AoI) for the project defines the physical, environmental, social, and operational areas that may be directly or indirectly affected during the pre-construction, construction, and operational phases. Because the project is located within an active hospital complex, the AoI is not limited to the construction footprint alone. It also includes hospital service areas, internal circulation routes, adjacent communities, access roads, utility systems, and third-party waste and logistics routes connected to hospital operations.

The primary AoI encompasses the direct project footprint within the RSMDJ compound, including the planned sites for the Central Medical Unit (CMU) Building, Non-JKN Outpatient Building, supporting facilities, temporary construction zones, laydown areas, internal roads, parking areas, utility corridors, and any existing buildings or facilities that may be demolished, relocated, or temporarily disturbed. This area is expected to experience the most direct construction impacts, such as dust generation, noise, vibration, construction waste, temporary access restrictions, worker mobilization, and changes in hospital circulation patterns.

The secondary AoI includes areas immediately surrounding the hospital boundary, particularly residential neighborhoods, commercial shops, informal vendors (PKL), pedestrian routes, public road access points, and other sensitive receptors such as patients, visitors, healthcare workers, nearby households, and local businesses. Indirect impacts in this area may include traffic congestion, noise and dust dispersion, temporary disruption of livelihoods, restricted access, safety risks, and community concerns arising from construction activities.

The operational AoI extends beyond the hospital compound to the hospital's service catchment area and all systems affected by the expanded healthcare function of RSMDJ after development. This includes increased patient and visitor traffic, ambulance circulation, healthcare waste generation, wastewater discharge, utility demands, traffic volume, parking demand, and emergency response routes. Because RSMDJ functions as a national referral and teaching hospital, the operational AoI covers a broad geographic area, including the city of Padang, surrounding districts in West Sumatra

Province, and other referral regions, highlighting the importance of assessing both direct and indirect operational impacts on communities, hospital users, and local infrastructure

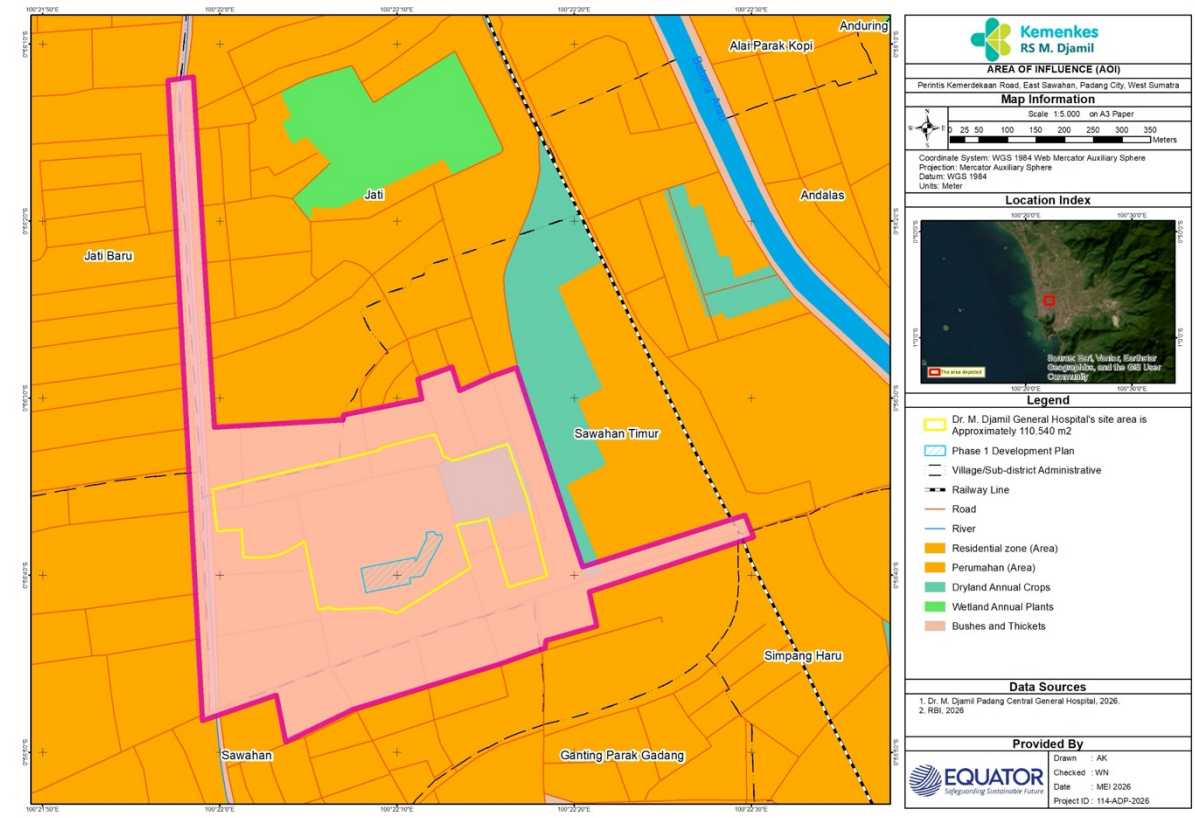


Figure 40 AOI Map

The Area of Influence (AoI) of the RSUP Dr. M. Djamil Padang development project encompasses both the immediate project footprint and the broader hospital operational environment that may be directly or indirectly affected by construction and operational activities. The AoI is defined to ensure that all potentially affected environmental and social receptors are adequately identified, assessed, and managed in accordance with the AIIB Environmental and Social Framework (ESF), particularly ESS1, ESS4, and ESS10.

Direct impacts are expected to occur within the project site boundary, including demolition areas, construction zones, material storage areas, internal circulation routes, and utility service corridors. These areas represent the primary zone of environmental disturbance, where impacts such as noise, dust, vibration, waste generation, traffic disruption, and occupational health and safety risks are most significant during the construction phase.

The AoI also extends to surrounding hospital access roads, pedestrian pathways, and adjacent public spaces where secondary impacts may occur. These include traffic congestion, temporary access limitations, dust dispersion, noise propagation, and changes in mobility patterns affecting hospital users, including patients, healthcare workers, visitors, and emergency service vehicles. Informal economic actors, particularly street vendors (Pedagang Kaki Lima/PKLs) located along the hospital entrance road and surrounding access points, are explicitly included within the AoI due to their

potential exposure to temporary disruption of business activities, reduced customer flow, and access restrictions during construction works.

Sensitive receptors within the AoI include hospital wards, intensive care units (ICU/NICU), operating theatres, outpatient facilities, emergency departments, patients, healthcare workers, nearby residents, ambulatory users, and informal vendors. These receptors are considered highly sensitive due to their dependence on uninterrupted access, environmental quality, and operational continuity of healthcare services.

During the construction phase, potential impacts within the AoI include temporary disruption of access routes, increased traffic congestion, dust and noise emissions, vibration impacts, and localized disturbance to both formal and informal economic activities. With the implementation of the Environmental and Social Management Plan (ESMP), including traffic management, dust suppression, noise control measures, stakeholder engagement, and grievance redress mechanisms (GRM), these impacts are expected to remain localized, temporary, and manageable.

During the operational phase, the AoI will be influenced by increased healthcare service capacity, higher patient and visitor flows, increased utility demand, and greater generation of medical waste and wastewater. However, these impacts will be managed through improved infrastructure systems, including wastewater treatment facilities (IPAL), hazardous waste management systems (TPS LB3), and enhanced hospital operational management systems.

Overall, while short-term impacts during construction may affect both formal and informal receptors within the AoI, these impacts are anticipated to be mitigated effectively through ESMP implementation. In the long term, the project is expected to generate positive impacts through improved healthcare service delivery, enhanced hospital infrastructure, improved traffic circulation, and better accessibility and safety conditions within the surrounding urban environment

7.2 Assessment Methodology

7.2.1 Nature & Duration of Risks/Impacts

The Nature & Duration of Risks/Impacts parameter evaluates the intrinsic characteristics of an environmental or social impact and assesses how long the impact will persist over time. This parameter is one of the most important determinants of impact magnitude because it reflects the severity, permanence, and recoverability of the change caused by The Hospital activity. Table below shows the scoring, description and typical characteristics for Nature & Duration of Risks/Impacts.

Table 74 The Scoring, Description and Typical Characteristics for Nature & Duration of Risks/Impacts

Score	Description	Typical Characteristics
1	Very Short-Term / Fully Reversible	Impact lasts days to weeks with rapid recovery and no lasting change.
2	Short-Term / Reversible	Impact lasts weeks to months and recovery occurs naturally within a short period.
3	Medium-Term / Partially Reversible	Impact persists for months to several years with moderate recovery effort required.

Score	Description	Typical Characteristics
4	Long-Term / Difficult to Reverse	Impact continues for several years and significantly alters environmental or social conditions.
5	Permanent / Irreversible	Impact causes permanent change or irreversible loss of environmental/social function.

7.2.2 Risks/Impacts Likelihood

Risk/Impact Likelihood refers to the probability that a predicted environmental or social impact will occur as a result of project activities. In ESIA practice, likelihood is a fundamental component of risk assessment because it evaluates how probable it is that a receptor will actually experience the predicted impact.

Table 75 The Scoring, Description and Probability Interpretation for Risks/Impacts Likelihood

Score	Description	Probability Interpretation
1	Rare	Highly unlikely to occur under normal conditions.
2	Unlikely	Could occur occasionally but not expected.
3	Possible	May occur under certain operational conditions.
4	Likely	Expected to occur regularly during project activities.
5	Almost Certain	Expected to occur frequently or continuously.

7.2.3 Risks/Impacts Scope

Risk/impact Scope refers to the extent or breadth of receptors affected by a project-related impact. It evaluates how many people/ecosystems/habitats/resources, or stakeholder groups experience the impact and how broadly the consequences are distributed across the receiving environment.

Table 76 The Scoring, Description and Typical Scale of Affected Receptors for Risks/Impacts Scope

Score	Description	Typical Scale of Affected Receptors
1	Very Limited	Affects isolated individuals or a very small area.
2	Limited	Affects a small group or localized habitat.
3	Moderate	Affects several communities, habitats, or receptor groups.
4	Extensive	Affects large populations or multiple ecosystems.
5	Widespread	Affects regional-scale receptors or extensive populations/ecosystems.

7.2.4 Spatial Scale

Spatial Scale refers to the geographical extent or physical area over which an environmental or social impact occurs. It evaluates how far the impact spreads from The Hospital source and the size of the area influenced by The Hospital activity. Table below shows the scoring, description and geographic extent for spatial scale.

Table 77 The Scoring, Description and Geographic Extent for Spatial Scale

Score	Description	Geographic Extent

1	Site-Specific	Restricted entirely within project footprint.
2	Immediate Local Area	Limited to adjacent project surroundings.
3	Local Area	Affecting nearby villages, waterways, or ecosystems.
4	Regional Scale	Affecting districts, watersheds, or multiple administrative areas.
5	National / Transboundary	Affecting national-scale systems or crossing international boundaries.

7.3 Environmental and Social Risks, Impacts, and Mitigation Considerations

This section summarizes the key environmental and social risks and impacts associated with the RSMDJ development project and presents the corresponding mitigation considerations. The assessment is based on the project activities identified for the pre-construction, construction, and operation stages, including design finalization, site preparation, demolition, excavation, building construction, utility works, traffic movement, service relocation, and operation of the new hospital facilities.

The risk and impact assessment considers the likelihood, spatial scale, magnitude, receptor sensitivity, and significance of each potential impact. Particular attention is given to sensitive receptors within and around the hospital, including patients, emergency users, inpatients, ICU and isolation patients, hospital staff, visitors, ambulance users, nearby residents, local businesses, road users, and construction workers.

The purpose of this section is to identify which project activities may create environmental, social, health, and safety risks, and to define the mitigation measures required to avoid, minimize, manage, or monitor those risks. The findings presented in this section provide the basis for the ESMP matrix, monitoring plan, contractor requirements, stakeholder engagement, and grievance handling during project implementation.

Table 78 Summary of Environmental and Social Risks, Impacts, and Mitigation Considerations

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
Pre-construction	Detailed site survey, DED finalization, and verification of affected buildings	Temporary and intermittent; mainly planning-related disturbance	Possible	Limited to project footprint and nearby hospital units	Local	Minor	Medium; hospital is an active healthcare facility	Minor to moderate
Pre-construction	Establishment of construction/demolition supervision team	Temporary; institutional and coordination-related risk	Possible	Hospital management, clinical units, technical units, contractor	Local	Minor	Medium	Minor
Pre-construction	Patient, staff, and service relocation planning	Temporary but critical if poorly managed	Likely	Affected wards, patients, staff, medical equipment, service routes	Local	Moderate	High; patients, vulnerable groups, and critical care users may be affected	Moderate to major
Pre-construction	BMN inventory, asset clearance, auction/disposal preparation	Temporary administrative and legal-compliance risk	Possible	Affected buildings, fixed assets, medical equipment, furniture, utilities	Site-specific	Minor to moderate	Medium; government-owned hospital assets require formal procedure	Moderate
Pre-construction	Utility identification, isolation planning, and temporary utility arrangement	Temporary; risk occurs during transition and shutdown planning	Possible	Electricity, water, wastewater, drainage, medical gas, HVAC, ICT, fire protection systems	Site-specific to local	Moderate	High; hospital utilities support critical services	Moderate to major
Pre-construction	Preparation of C-ESMP, Traffic Management Plan, OHS Plan, Waste Management Plan, and Emergency Response Plan	Temporary planning-stage risk; long-term benefit if properly prepared	Possible	Contractor, workers, hospital users, surrounding community	Local	Minor to moderate	Medium to high	Moderate

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
Pre-Construction	Detailed site survey, DED finalization, temporary access adjustment, utility relocation, early site mobilization	Minor temporary disruption of vendor operations, slight changes in pedestrian flow, potential short-term inconvenience for PKL/tenants. No permanent displacement expected.	Possible	Limited to affected vendors / tenants near construction zones	Local	Minor	Medium	Minor
Pre-Construction	Consultation and notification for tenants/PKL	Minimal temporary impact; ensures awareness and voluntary preparation	Likely	Limited to informed tenants	Local	Minor	Medium	Minor
Construction	Worker, equipment, and material mobilization	Temporary and intermittent during mobilization period	Likely	Internal roads, access gates, parking areas, staff/patient circulation	Local	Moderate	High; hospital users include patients, ambulance, staff, and visitors	Moderate
Construction	Construction or preparation of patient relocation building / temporary service facility	Temporary during construction; supports continuity of service	Likely	Relocation site, adjacent hospital units, internal access roads	Local	Moderate	High; hospital operations remain active	Moderate
Construction	Temporary relocation/migration of patients, staff, equipment, and services	Temporary but highly sensitive	Likely	Affected clinical units, receiving wards, transfer routes, vulnerable patients	Local	Moderate to major	Very high; includes patients requiring continuous care	Major
Construction	Demolition preparation, including fencing, hoarding, signage, dust/noise barrier, and access restriction	Temporary and intermittent	Likely	Demolition area and adjacent hospital zones	Site-specific to local	Moderate	High; nearby receptors may include patients and hospital staff	Moderate
Construction	Demolition of affected buildings and structures	Temporary but potentially intensive during active demolition	Likely	Demolition footprint, nearby wards, access roads, workers, patients, staff	Local	Moderate to major	High; active hospital environment and sensitive receptors	Major
Construction	Demolition waste handling, debris	Temporary and intermittent	Likely	Demolition area, internal roads,	Local to regional	High	High	High

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
	loading, hauling, and disposal			temporary waste storage, disposal route	depending on disposal route			
Construction	Possible handling of hazardous materials or asbestos-containing materials, if identified	Temporary but potentially hazardous	Possible	Demolition area, workers, waste handlers, nearby hospital users	Site-specific to local	Major	High	Major
Construction	Traffic management during demolition and construction	Temporary but may recur throughout construction	Likely	Internal access roads, ambulance route, patient/visitor access, surrounding roads	Local	Moderate	High; ambulance and emergency access are critical	Moderate to major
Construction	Excavation, foundation works, and structural construction	Temporary and continuous during civil works	Likely	Project footprint, adjacent hospital buildings, workers, nearby receptors	Local	Moderate	High	Moderate to major
Construction	Operation of heavy equipment and construction machinery	Temporary and intermittent	Likely	Construction area and nearby hospital units	Local	Moderate	High; patients may be sensitive to noise/vibration	Moderate
Construction	Dust generation from demolition, excavation, material handling, and vehicle movement	Temporary and intermittent	Likely	Construction site, adjacent wards, roads, pedestrians, visitors	Local	Moderate	High; hospital patients are sensitive receptors	Moderate to major
Construction	Noise and vibration from demolition, machinery, excavation, and structural works	Temporary and intermittent	Likely	Adjacent hospital buildings, patient areas, staff areas, surrounding receptors	Local	Moderate to major	High	Major
Construction	Temporary access restriction and changes to pedestrian/patient/staff circulation	Temporary but recurrent	Likely	Hospital users, pedestrians, patients with limited mobility, staff	Local	Moderate	High	Moderate to major
Construction	Mechanical, electrical, plumbing, medical gas, HVAC, fire protection,	Temporary; risk increases during tie-in and shutdown periods	Possible to likely	Existing and new utility systems, active hospital units	Site-specific to local	Moderate to major	High	Moderate to major

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
	ICT, and utility connection works							
Construction	Tie-in works to existing WWTP/IPAL system, temporary wastewater diversion, construction of additional/upgrade WWTP capacity, and increased wastewater generation from construction workforce and facilities	Temporary, mainly during construction phase and commissioning; potential short-term disruption during tie-in and upgrading activities	Possible to likely	Temporary disruption of wastewater flow management, risk of untreated discharge if mitigation fails	Site-specific (hospital and surrounding utility network)	Moderate to major (if unmanaged), but reduced with phased works and controls	High (active hospital operation requiring continuous sanitation service)	Moderate
Construction	Construction activities generating wastewater and domestic effluent from workers, equipment cleaning, and temporary facilities	Temporary throughout construction period with fluctuating load depending on workforce size	Likely	Increased load on existing WWTP/IPAL system	Local to regional (hospital service catchment and connected drainage system)	Moderate	Medium	Moderate
Construction	Occupational health and safety risks from construction activities including demolition works, excavation and trenching, working at height, operation of heavy machinery and cranes, electrical works, exposure to dust and hazardous materials (e.g., asbestos if present), hot works (welding/cutting), confined space entry, and fire hazards	Temporary but continuous throughout construction phase; risks occur intermittently depending on activity type and construction stage	Likely	Potential for injuries or fatalities if controls are not applied; includes physical, chemical, and ergonomic hazards	Site-specific (construction site, workers' camp, adjacent hospital operations)	Moderate to major	Medium to high (construction workers, subcontractors, supervisors)	Moderate to major

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
Construction	Community health and safety risks from construction traffic, movement of heavy vehicles, material transport, noise, dust, and potential accidents involving pedestrians near hospital access roads	Temporary and intermittent during construction activities and peak transport periods	Possible to likely	Disturbance and accident risk affecting surrounding community, patients, visitors, and hospital staff	Local (hospital access roads and surrounding community)	Moderate	High (patients, visitors, staff, pedestrians, nearby communities)	Moderate to major
Construction	Community health and safety risks from construction traffic, restricted access areas, dust, noise, vibration, open excavation areas, and interaction between public movement and construction zones	Temporary and intermittent throughout construction phase depending on activity location and traffic intensity	Possible to likely	Risk of accidents (collision, slips/trips/falls), exposure to dust/noise, and unauthorized entry into work zones	Local (hospital boundary, access roads, surrounding community)	Moderate	High (patients, visitors, staff, pedestrians, nearby communities)	Moderate to major
Construction	Labour influx and worker–hospital interface risks including interaction with hospital staff, patients, and visitors, and presence of temporary workforce in sensitive hospital environment	Temporary during construction; continuous presence of workers during active works	Possible	Disturbance to hospital environment, safety risks from human interaction, and potential operational disruption	Local (hospital premises and immediate surroundings)	Minor to moderate	Medium to high (workers, hospital staff, patients, visitors, nearby communities)	Moderate
Construction	Emergency access disruption due to construction traffic, temporary road blockage, material storage, and internal circulation constraints affecting ambulance	Temporary but critical during peak construction activities and material deliveries	Possible	Delay or obstruction of emergency response routes (ambulance and ED access)	Local (hospital access roads and internal circulation network)	Major	Very high (emergency patients, hospital emergency department)	Major

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
	routes and hospital access roads							
Construction	Material delivery truck movement causing congestion, temporary obstruction, and safety risks at hospital access points and surrounding roads	Temporary and intermittent depending on delivery schedule	Possible	Local traffic disturbance and increased accident risk during loading/unloading activities	Local	Minor	Medium (road users, hospital visitors, staff, vendors)	Minor
Construction	Labour influx and worker interaction with hospital users/community	Temporary during construction	Possible	Workers, hospital staff, patients, visitors, nearby communities	Local	Minor to moderate	Medium to high	Moderate
Construction	Emergency access disruption if construction traffic is not controlled	Temporary but critical	Possible	Ambulance route, emergency department access, internal roads	Local	Major	Very high	Major
Construction	Material delivery, truck movement, installation of hoarding/barriers, excavation, earthworks, heavy machinery operation near vendor areas	Temporary reduction in customer access and minor disruption to vendor operations; short-term inconvenience; PKL can continue operating with managed access	Possible	Limited to vendors along construction interface	Local	Minor	Medium	Minor
Construction	Construction noise, dust, and vibration	Minor nuisance to vendors and customers; may temporarily reduce sales attractiveness	Possible	Local vendor area	Local	Minor	Medium	Minor
Operation	Testing, commissioning, and handover of new buildings and systems	Temporary during transition to operation	Possible	New buildings, technical units, clinical units, facility management	Site-specific	Moderate	High	Moderate
Operation	Operational transition into CMU Building and Non-JKN Outpatient Building	Temporary during service migration	Likely	Patients, staff, visitors, clinical services, outpatient/inpatient flow	Local	Moderate	High	Moderate to major

Project Stage	Project Activities that Cause Risks/Impacts	Nature & Duration of Risks/Impacts	Impact Likelihood	Impact Scope	Spatial Scale	Impact Magnitude	Receptor Sensitivity	Significant Impact
Operation	Full operation of expanded hospital services	Long-term and continuous	Likely	Patients, staff, visitors, surrounding community, utilities	Local to regional	Moderate	High	Moderate
Operation	Increased healthcare waste generation	Long-term and continuous	Likely	Healthcare workers, sanitation workers, TPS B3, licensed transporter, disposal facility	Local to regional	Moderate to major	High	Moderate to major
Operation	Increased wastewater generation and IPAL loading	Long-term and continuous	Likely	IPAL, drainage, receiving environment, hospital sanitation unit	Local	Moderate	Medium to high	Moderate
Operation	Increased electricity, water, and utility demand	Long-term and continuous	Likely	Hospital utility systems, energy supply, water supply	Local	Moderate	Medium	Moderate
Operation	Increased traffic, parking demand, patient/visitor movement, and logistics movement	Long-term and recurrent	Likely	Hospital entrances, parking, internal roads, surrounding roads	Local	Moderate	Medium to high	Moderate
Operation	Operation of medical gas, HVAC, fire protection, lifts, ICT, and smart hospital systems	Long-term and continuous	Possible	Patients, staff, technical operators, clinical units	Site-specific	Moderate	High	Moderate
Operation	Emergency preparedness and response in new facilities	Long-term operational requirement	Possible	Patients, staff, visitors, emergency teams	Site-specific to local	Major if not managed	High	Moderate to major
Operation	Post-construction monitoring, grievance management, and restoration of temporary construction areas	Temporary to medium-term after construction	Possible	Hospital users, workers, nearby communities, affected access areas	Local	Minor to moderate	Medium	Minor to moderate

7.4 Cumulative Impact Assessment

The Cumulative Impact Assessment (CIA) for the RSUP Dr. M. Djamil Padang (RSMDJ) development project evaluates whether the environmental and social impacts of the project could interact with other existing, planned, or reasonably foreseeable activities in the surrounding area. At this stage, the assessment is qualitative because detailed information on nearby projects including construction schedules, scale, and contractor arrangements, is still limited.

The CIA uses a four-step qualitative screening approach:

- Identification of valued environmental and social components (VECs) that may be affected cumulatively. This includes aspects such as traffic flow, access to hospital and public facilities, air quality, noise, drainage, waste and wastewater management, and hospital service continuity.
- Identification of other existing or planned activities around the RSMDJ area that could overlap with the project.
- Assessment of spatial and temporal overlap, determining whether impacts from RSMDJ construction and operational activities could coincide with other activities in the same locations or time periods.
- Identification of mitigation measures to avoid, reduce, or manage cumulative impacts on the environment, community, and hospital operations.

The Area of Influence (AoI) for the cumulative assessment extends beyond the hospital compound to include internal hospital access roads, main access roads surrounding the hospital, nearby residential and commercial areas, public facilities, drainage channels, and municipal waste and wastewater systems that may receive additional loads from hospital activities and construction.

Currently, the cumulative impact risk is assessed as moderate and manageable, subject to further confirmation in ESIA v0.2. RSMDJ is located in an active urban area of Padang City, where existing pressures include traffic congestion, hospital-related mobility, commercial activities, drainage constraints, noise, and air emissions from road transport. Understanding the cumulative interactions is essential for ESIA because it helps identify potential compounded effects on community health, environmental quality, and hospital operations, and informs the development of mitigation and monitoring measures to manage combined risks effectively.

Table 79 Cumulative Impact Assessment

Other Existing / Planned Activities Around the Project Area	Potential Interaction with RSMDJ Project	Potential Cumulative Impacts	Qualitative Significance	Proposed Mitigation Measures
Existing daily operation of RSMDJ as a	RSMDJ redevelopment will occur while	Increased internal circulation pressure, patient/visitor	Moderate to Major if not managed	Prepare and implement Hospital Service Continuity Plan; maintain ambulance and emergency access at all

Other Existing / Planned Activities Around the Project Area	Potential Interaction with RSMDJ Project	Potential Cumulative Impacts	Qualitative Significance	Proposed Mitigation Measures
tertiary referral hospital	hospital services remain active	movement, ambulance access constraints, and temporary disturbance to hospital service continuity		times; coordinate construction schedule with hospital units; provide clear temporary signage and patient/staff circulation routes
Existing traffic on roads surrounding RSMDJ	Construction vehicles, material delivery, and demolition debris transport may add to existing traffic volume	Increased congestion, longer travel time, reduced road safety, and possible delay to ambulance or emergency access	Moderate	Prepare Traffic Management Plan; schedule heavy vehicle movement outside peak hospital and road traffic hours where feasible; assign traffic marshals; separate construction and hospital-user access; coordinate with local traffic authority if required
Tenant / PKL (informal vendor)	Construction activities, temporary access adjustments, material deliveries, pedestrian rerouting	Temporary disruption to vendor operations, minor reduction in customer access, slight inconvenience for hospital users and nearby businesses. No permanent displacement expected.	Minor	Provide advance notice of access changes; maintain safe pedestrian pathways; install clear directional signage; ensure temporary access is maintained to affected vendor areas; coordinate construction schedule to minimize disruption during peak business hours; maintain grievance mechanism for tenants.
Other possible infrastructure, road, drainage, or public facility works by local government	If implemented at the same time as RSMDJ construction, impacts may overlap	Increased traffic diversion, temporary road bottlenecks, drainage disturbance, and construction noise/dust accumulation	Moderate, subject to confirmation	Coordinate with Padang City government and relevant agencies regarding planned works; update construction schedule if overlapping works are identified; integrate traffic and drainage management measures
Existing drainage conditions and urban runoff around the hospital	Site clearing, excavation, and temporary drainage changes may add sediment or runoff to existing drainage system	Localized ponding, sedimentation, reduced drainage capacity, and increased flood/runoff risk during heavy rain	Moderate	Maintain temporary drainage; install silt traps and sediment barriers; keep drains clear; avoid blocking drainage channels; conduct housekeeping before and after rainfall events

Other Existing / Planned Activities Around the Project Area	Potential Interaction with RSMDJ Project	Potential Cumulative Impacts	Qualitative Significance	Proposed Mitigation Measures
Existing municipal solid waste and hospital waste management systems	Construction waste, demolition debris, and future operational healthcare waste may increase waste load	Increased pressure on temporary storage, transport, and final disposal systems	Moderate	Segregate construction, domestic, recyclable, hazardous, and healthcare waste; use licensed waste transporters and disposal facilities; maintain waste manifest records; ensure TPS B3 and healthcare waste systems remain adequate; preventing conflicts with the social community, especially during the mobilization of materials to and from RSMDJ hospital
Existing wastewater generation from hospital operations	Expanded hospital services may increase wastewater load during operation	Increased pressure on IPAL capacity and effluent quality management	Moderate	Verify IPAL capacity against projected wastewater generation; conduct routine effluent monitoring; maintain IPAL operation and sludge management; upgrade treatment capacity if required
Existing road traffic emissions and urban air quality pressure	Dust and emissions from demolition, excavation, material handling, and construction vehicles may add to existing emissions	Temporary increase in dust and air pollutant concentration around sensitive receptors	Moderate	Apply water spraying, cover trucks and stockpiles, clean access roads, limit vehicle idling, maintain equipment, and monitor dust/air quality during construction
Existing ambient noise from traffic and hospital activity	Construction equipment, demolition, excavation, and vehicle movement may add to existing noise levels	Increased noise disturbance for patients, staff, visitors, and nearby communities	Moderate to Major near sensitive hospital units	Restrict high-noise activities to approved hours; use noise barriers where feasible; maintain equipment; provide advance notice to hospital units; monitor noise near sensitive receptors
Existing emergency and referral functions of RSMDJ	Construction may affect ambulance movement, emergency access, and internal patient transfer routes	Potential delay in emergency response if access is not managed properly	Major if not managed	Protect emergency access routes; prohibit obstruction of ambulance lanes; assign traffic/security personnel; prepare emergency access contingency plan; coordinate daily with emergency and security units
Future operation of new CMU and	Expanded capacity may	Long-term increase in	Moderate	Integrate operational ESMP; strengthen waste and

Other Existing / Planned Activities Around the Project Area	Potential Interaction with RSMDJ Project	Potential Cumulative Impacts	Qualitative Significance	Proposed Mitigation Measures
Non-JKN Outpatient Building	increase patient visits, staff movement, logistics, water, energy, waste, and wastewater demand	resource demand and operational environmental load		wastewater management; optimize energy and water use; improve internal circulation; monitor operational environmental performance
Proximity to Minangkabau International Airport (PDG)	Construction and operation of RSUP Dr. M. Djamil could intersect with aviation safety zones (OLS / KKOP)	Minimal risk of obstruction to aircraft due to hospital being ~8–10 km from airport and outside critical OLS boundaries	Low to Moderate, as building heights and temporary structures could pose hazards if not controlled	Maintain all building heights below OLS limit (≤150 m above aerodrome).2. Coordinate with airport authorities (DGCA / BKK) for approvals.3. Control cranes, antennas, and other tall equipment.4. Implement noise mitigation for patient comfort.5. Ensure compliance with KKONP / PANS-OPS navigation procedures. 6.I implemented, with acoustic façades, sound-insulated windows, and landscaping to protect sensitive areas such as ICU, NICU, and perinatology wards
Existing wastewater generation / existing IPAL	Expansion of hospital services may increase wastewater load	Potential exceedance of current IPAL capacity; risk of untreated wastewater discharge	Moderate	Verify IPAL capacity against projected wastewater; conduct routine effluent monitoring; upgrade IPAL capacity if required; ensure continuous operation; assign responsible unit for monitoring and corrective actions

The Cumulative Impact Assessment (CIA) for the RSUP Dr. M. Djamil Padang (RSMDJ) development project evaluates how construction and operational activities may interact with existing, planned, or foreseeable developments in a densely populated urban environment. The hospital operates as a major tertiary referral and teaching hospital, serving patients from Padang City, West Sumatra Province, and surrounding regions. During construction, activities such as demolition, excavation, material transport, heavy equipment operation, utility relocation, and building works will occur simultaneously with ongoing hospital operations, including emergency services, outpatient visits, inpatient care, ambulance movements, staff commuting, and delivery of medical logistics and waste.

Key cumulative impact pathways include traffic congestion, where construction vehicles share the same road network used by ambulances, patients, staff, and visitors; access and mobility disruption for vulnerable groups such as elderly, pregnant women, persons with disabilities, and emergency patients; noise and vibration affecting sensitive hospital areas including ICU, wards, operating

theatres, and consultation rooms; air quality reduction from dust and emissions combining with traffic and hospital operations; drainage and stormwater management pressure during earthworks or rainfall; and waste and wastewater loading, which may temporarily exceed the capacity of municipal treatment systems.

During operation, the new Central Medical Unit (CMU) and Non-JKN Outpatient Building will increase patient capacity and service accessibility, but also raise demands on water, energy, waste management, parking, and traffic circulation. While operational impacts are generally positive for healthcare delivery, they must be considered in combination with existing pressures to ensure infrastructure and hospital services remain sustainable.

The assessment concludes that cumulative risks are moderate and manageable, provided that robust mitigation measures are implemented. These include a Hospital Service Continuity Plan, Traffic Management Plan, Emergency Access Plan, Construction Environmental Management Plan covering dust, noise, vibration, drainage, and waste, regular wastewater treatment monitoring, stormwater and drainage management, stakeholder engagement and grievance mechanisms, and occupational and community health and safety programs. Integration of these measures into the Environmental and Social Management Plan (ESMP) is essential to minimize impacts on patients, staff, visitors, and nearby communities while maintaining uninterrupted hospital operation

Overall, the cumulative impact assessment demonstrates that the most significant risks arise from the interaction between construction activities and the ongoing operation of a major tertiary referral hospital within a densely populated urban environment. Potential cumulative impacts may occur in several areas, including: air quality and dust dispersion from construction combined with existing vehicle emissions, noise and vibration affecting patients, staff, and nearby residents, traffic congestion on hospital access roads compounded by city traffic, interruption of hospital utilities (water, electricity, oxygen pipelines) alongside routine maintenance or outages, waste and wastewater management pressures, and temporary disruption to hospital services and patient access.

Although these cumulative impacts have the potential to affect environmental quality, hospital operations, community health and safety, and stakeholder convenience, they are expected to remain localized, temporary, and manageable provided that robust mitigation measures, proactive coordination, continuous monitoring, and adaptive management practices are implemented throughout both the construction and operational phases of the project. This includes careful scheduling of construction works, separation of construction zones from clinical areas, dust suppression, noise control, traffic management, emergency route protection, and active stakeholder communication to minimize overlap with existing urban activities.

The development of RSUP Dr. M. Djamil Padang, occupying a land area of 114,433 m^2 with a total building area of 188,510 m^2, is fully compliant with aviation safety and local spatial planning regulations. Situated approximately 8–10 km from Minangkabau International Airport, the site lies outside the 15 km Outer Horizontal Surface (OHS) defined under ICAO Obstacle Limitation Surfaces (OLS), ensuring that the tallest buildings, up to 8 floors plus basement, remain well below the 150-meter maximum height for safe flight operations. In accordance with Peraturan Walikota Padang Nomor 22 Tahun 2015 on building intensity, the hospital adheres to limits for KDB, KLB, building

height, and GSB according to its street classification and density zone, with technical studies including environmental assessments, structural calculations, traffic analysis, and KKOP recommendations required for any exceptions beyond these limits. Mitigation for the Airport Noise Zone is also implemented, with acoustic façades, sound-insulated windows, and landscaping to protect sensitive areas such as ICU, NICU, and perinatology wards. Furthermore, coordination with Air Navigation Safety Operations (KKONP / PANS-OPS) ensures that building placement and heights do not interfere with standard instrument flight paths or safe altitudes. Therefore, the RSUP Dr. M. Djamil Padang construction is safe for aviation operations, while remaining fully compliant with local spatial planning regulations and providing high-quality healthcare facilities.

Expansion feasibility waste-water treatment

Based on the current IPAL layout (16.50 m × 13.00 m) and its existing capacity of approximately 117–118 m^3/day, a 50% capacity increase to around 175–180 m^3/day is possible. **Space Requirements:**

- Each existing treatment tank (9 × 3 m) handles about 25–30 m^3/day.
- To add 50% more capacity (≈60 m^3/day), **2–3 additional tanks** of the same size are needed.
- Area per tank = 9 × 3 m = 27 m^2 → total for 3 tanks ≈ 81 m^2.
- Including access channels and equipment space, an additional **120–130 m^2** is needed in total.

8 MITIGATION MEASURES

This chapter presents the mitigation framework for managing the environmental and social risks and impacts identified in Chapter 7 of the ESIA for the RSUP Dr. M. Djamil Padang (RSMDJ) development project. The mitigation measures are structured according to the mitigation hierarchy under Asian Infrastructure Investment Bank (AIIB) Environmental and Social Standard 1 (ESS1), which prioritizes avoiding impacts where possible, followed by minimizing impacts, restoring affected areas, and offsetting or compensating for residual impacts only as a last resort.

The chapter also introduces an impact-mitigation matrix, which links each identified impact with relevant mitigation measures, responsible implementing units, monitoring requirements, and reference documents. This matrix is designed to guide project implementation during the pre-construction, construction, and operational phases, ensuring that environmental, social, health, and safety risks are managed in a structured, transparent, and accountable manner.

For the RSMDJ project, mitigation measures are particularly critical because the project will be implemented within an active Class A tertiary referral and teaching hospital. Therefore, the mitigation approach places special emphasis on hospital service continuity, emergency access for patients and staff, infection prevention and control (IPC), traffic management, careful planning of demolition and construction works, waste management, stakeholder engagement and communication, and grievance handling mechanisms. These measures ensure that the hospital can continue to provide safe, high-

quality care to patients while minimizing negative impacts on staff, visitors, and surrounding communities during both construction and operational activities.

8.1 Mitigation Hierarchy Application

All potential environmental and social impacts identified in this ESIA will be managed by applying the mitigation hierarchy. This approach requires the project to first avoid impacts where possible, then minimize impacts that cannot be fully avoided, restore affected areas where impacts have occurred, and apply offset or compensation only as a last resort.

The mitigation hierarchy will be applied throughout the project cycle, starting from design, procurement, contractor planning, construction, operation, and monitoring. The application of this hierarchy will be reflected in the ESMP, C-ESMP, technical design, construction method, supervision requirements, and monitoring arrangements.

The hierarchy will be applied as follows:

- Avoidance means preventing impacts before they occur, for example by selecting building locations and construction layouts that reduce interference with active hospital services, emergency access, sensitive hospital units, existing utilities, and nearby communities.
- Minimization means reducing the intensity, duration, or extent of impacts that cannot be fully avoided, for example through dust suppression, noise barriers, traffic management, restricted working hours, safe demolition methods, waste segregation, infection prevention controls, and contractor environmental and social management procedures.
- Restoration means rehabilitating areas affected by project activities, for example by restoring temporary work areas, repairing disturbed drainage channels, reinstating access routes, replanting affected vegetation, and restoring any public or hospital facilities damaged during construction.
- Offset or compensation means addressing residual impacts that cannot be avoided, minimized, or restored, and will only be applied where necessary and as a last resort, particularly for residual community, livelihood, or environmental impacts that remain after mitigation has been implemented.

For the RSMDJ project, the mitigation hierarchy is especially important because construction and demolition activities will be carried out within an active Class A referral hospital. Therefore, mitigation measures must prioritize patient safety, hospital service continuity, emergency access, staff and visitor safety, infection prevention, and protection of sensitive hospital receptors. The detailed application of the mitigation hierarchy is presented in the ESMP matrix.

8.2 Impact-Mitigation Matrix Summary

The summary matrix below sets out the principal impact-mitigation pairings; the full matrix with monitoring parameters, indicators, responsibilities, and frequencies is provided in Annex M (ESMP).

Table 80 Summary of Mitigation Measures

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
1	Enviro	Climate change not integrated	Hospital design	Long-term infrastructure vulnerability	Patients, staff, visitors	• Conduct flood risk modelling (50, 100, 200-year return period scenarios) • Determine Finished Floor Level (FFL) based on worst-case flood elevation • Elevate critical facilities (ICU, ER, electrical rooms, generator rooms) • Apply climate-resilient hospital design standards (WHO + EHS) • Integrate heat stress analysis into HVAC system design • Use reflective roofing and thermal insulation materials • Design high-capacity stormwater drainage system with safety factor • Install retention pond and infiltration wells for runoff control	FS/Design Team	Pre-construction	105,462,777
2	Enviro	Lack of E&S integration	Engineering design	Construction/operation inefficiency	Patients, staff	• Integrate ESIA findings into all engineering drawings (100% compliance) • Apply environmental & social screening at each design stage (30%, 60%, 90%) • Include ESMP requirements in tender and contract documents	FS/Design Team	Pre-construction	50,000,000

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Require Contractor ESMP (C-ESMP) approval prior to mobilization • Conduct third-party ES compliance audit during DED phase • Ensure redesign triggers re-screening of environmental risks			
3	HSE	Unsafe design	Architectural design	Patient safety risk	Patients (ICU, emergency), staff	• Conduct BIM-based fire evacuation simulation for all buildings • Ensure ICU, ER, isolation wards follow safety zoning principles • Apply minimum fire safety standards (exit width, evacuation time) • Provide redundant emergency evacuation routes • Conduct independent structural and safety design review • Validate ambulance access and disaster response routes • Ensure compliance with hospital safety standards (national + WHO)	PMU/Hospital	Pre-construction	10,000,000
4	Social	Exclusion of vulnerable groups	Stakeholder consultation	Social exclusion risk	Elderly, disabled, low-income patients	• Conduct inclusive stakeholder engagement (elderly, disabled, women, low-income) • Organize FGDs with vulnerable groups (minimum 3 rounds) • Provide accessible consultation formats (large print, assisted sessions) • Establish multi-channel GRM (online, hotline, onsite box) • Ensure grievance tracking system with documented response logs	PMU	Pre-construction	Confidential

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Integrate gender-sensitive indicators in SEP monitoring			
5	Social	Livelihood disruption	Vendor relocation	Income loss	PKL, informal workers	• Conduct GPS-based mapping of all affected vendors (100% census) • Conduct socio-economic baseline survey (income, dependency) • Develop Livelihood Restoration Plan (LRP) • Provide compensation and transitional allowance • Implement phased relocation strategy per construction zone • Monitor income recovery for 6–12 months post-relocation • Provide alternative business locations (temporary/permanent kiosks)	PIU/Hospital	Pre-construction	Confidential
6	Social	Loss of income PKL	Site preparation	Temporary income reduction	Informal vendors	• Construct modular temporary kiosks with electricity & sanitation • Maintain access pathways during construction • Implement daily income monitoring system • Establish grievance mechanism (≤7 days resolution) • Provide targeted assistance for highly vulnerable vendors • Conduct periodic livelihood recovery evaluation	PIU/Consultant	Pre-construction	35,000,000
7	Social	Business disruption	Relocation/site access	Temporary closure	Small traders	• Develop pedestrian continuity plan during construction • Install physical barriers separating public and construction zones	Contractor/PIU	Pre-construction	50,000,000

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Provide directional signage and access information boards • Maintain emergency access routes at all times • Conduct weekly consultation with traders • Implement phased construction zoning			
8	Enviro	Asbestos (ACM) risk	Demolition	High health risk	Workers, hospital users	• Conduct pre-demolition ACM survey and mapping • Apply wet demolition technique to reduce fiber release • Use negative pressure containment systems • Double-seal ACM waste with GHS labelling • Conduct continuous asbestos fiber air monitoring • Use licensed asbestos handling contractor only • Provide PPE (respirator, coverall, gloves) for all workers • Conduct medical surveillance program	Contractor	Construction	100,000,000
9	Enviro	Noise disturbance	Construction	Disturbance to hospital	Patients, staff	• Install acoustic barriers (3–5 meters height) • Restrict construction to daytime hours only • Use low-noise equipment with mufflers • Conduct regular noise monitoring near receptors • Install real-time noise monitoring system • Implement corrective action when threshold exceeded	Contractor	Construction	20,000,000

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
10	Enviro	Air pollution & dust	Excavation/demolition	Air quality degradation	Patients, elderly, children	• Implement continuous water spraying system • Install wheel washing stations at exit points • Cover all trucks transporting materials • Control stockpile with tarpaulin covers • Monitor PM10/PM2.5 levels continuously • Restrict dusty works during high wind conditions	Contractor	Construction	20,000,000
11	Enviro	Soil & water contamination	Excavation/spill	Environmental pollution	Hospital environment	• Use bunded storage tanks (110% capacity) • Install spill prevention and response kits • Conduct monthly spill response drills • Install sediment traps in drainage system • Prevent direct discharge of hazardous materials • Maintain impermeable storage areas	Contractor	Construction	30,000,000
12	Enviro	Waste generation	Construction waste	Solid & hazardous waste	Staff, environment	• Apply waste segregation system (B3, non-B3, recyclable) • Maintain digital waste tracking system • Use licensed waste transporters only • Prohibit open burning and illegal dumping • Provide temporary waste storage facilities • Conduct periodic waste audits	Contractor	Construction	30,000,000
13	Social	Child labor risk	Recruitment	Illegal labor risk	Local community	• Verify worker identity using national ID (NIK)	Contractor	Construction	10,000,000

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Enforce minimum age requirement (≥18 years) • Conduct weekly labor inspections • Include zero child labor clause in contracts • Monitor subcontractor compliance			
14	Social	Wage inequality	Labor	Worker welfare issue	Construction workers	• Implement written employment contracts • Conduct monthly payroll audits • Ensure equal pay for equal work • Provide grievance mechanism for workers • Monitor subcontractor labor practices	Contractor	Construction	10,000,000
15	Social	Vendor influx	Local hiring	Informal economy pressure	Local community	• Implement RFID-based access control system • Maintain vendor registration database • Restrict unauthorized entry into construction zones • Coordinate access with hospital security	Contractor/PMU	Construction	10,000,000
16	Social	Delayed access to care	Construction near hospital	Service disruption	Emergency patients	• Maintain dedicated ambulance priority lane • Provide emergency bypass routes during construction • Assign traffic marshals 24/7 • Coordinate daily with emergency department • Ensure no blockage of emergency exits	Hospital/PMU	Construction	10,000,000
17	Social	Livelihood loss PKL	Relocation	Medium-term income loss	Vendors	• Apply vulnerability classification system • Provide cash/in-kind assistance • Monitor post-relocation recovery	PIU/Hospital	Construction	100,000,000

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Establish grievance response mechanism • Conduct periodic livelihood verification			
18	Enviro	IPAL expansion	Wastewater system	Increased effluent capacity	Downstream environment	• Implement confined space entry permit system • Conduct gas hazard monitoring before entry • Apply sludge handling SOP • Ensure PPE compliance • Conduct pre-commissioning effluent testing	Contractor/PIU	Construction	6,000,000,000
19	Enviro	TPS B3 expansion	Hazardous waste storage	Increased medical waste	Workers, staff	• Install secondary containment system • Provide fire suppression system • Apply hazardous labeling system • Segregate incompatible waste types • Ensure licensed transport chain	Contractor	Construction	2,000,000,000
20	Enviro	Air monitoring	Construction phase	Compliance monitoring	Hospital users	• Install fixed ambient air monitoring station • Calibrate monitoring instruments periodically • Maintain real-time data logging system • Publish compliance reports regularly • Trigger corrective actions when exceedance occurs	PMU/Consultant	Construction	5,000,000
21	Enviro	Asbestos monitoring	Demolition	ACM exposure control	Workers	• Conduct continuous fiber monitoring during demolition • Establish exclusion zones • Issue clearance certificate before re-entry • Maintain exposure records	PMU	Construction	5,000,000
22	Enviro	Air quality testing	Construction	Regulatory compliance	Hospital users	• Conduct accredited laboratory testing (monthly)	Contractor/PMU	Construction	5,000,000/event

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Monitor PM10, PM2.5, NO2, SO2 • Implement corrective actions when exceedance occurs • Validate field monitoring with lab results			
23	HSE	Nosocomial infection	Hospital operation	Infection risk	Patients, staff	• Implement IPC (Infection Prevention Control) program • Enforce PPE compliance • Conduct infection surveillance system • Improve sanitation and hygiene facilities • Monitor infection rate trends	Hospital	Operation	5,000,000
24	Enviro	Wastewater increase	Operation	Higher effluent load	Public health receptors	• Operate SCADA-based IPAL monitoring system • Ensure compliance with BOD, COD, TSS standards • Implement sludge management SOP • Conduct routine effluent testing • Maintain backup system	Hospital Facility Unit	Operation	Included in OPEX
25	Enviro	Hazardous waste increase	Operation	Medical waste increase	Waste handlers	• Apply color-coded waste segregation • Use barcode tracking system • Store in cold B3 storage facility • Ensure licensed transport & disposal • Maintain full traceability system	Hospital	Operation	Included in OPEX
26	Enviro	Bed capacity expansion	Operation	Resource demand increase	Patients, staff	• Implement surge capacity management system • Optimize staffing ratios • Maintain emergency preparedness protocol • Monitor bed occupancy rates • Conduct capacity stress testing	Hospital	Operation	TBD
27	Enviro	IPAL operation	Operation	Continuous treatment	Environment	• Implement preventive maintenance schedule	Hospital	Operation	CAPEX/OPEX

No	Category	E&S Risks and Impacts	Project activities that cause Risks/Impacts	Nature & duration of risks and impacts	Receptor Sensitivity	Proposed Mitigation Measures	Responsibility	Project Stage	Estimated Cost (IDR)
						• Use certified wastewater operators • Maintain continuous effluent monitoring • Provide backup operational system • Conduct performance audits			
28	Enviro	TPS B3 operation	Operation	Continuous hazardous waste	Waste handlers	• Conduct weekly inspection checklist • Perform emergency spill response drills • Ensure compliance with PP 22/2021 • Maintain emergency readiness system • Audit hazardous waste handling regularly	Hospital	Operation	CAPEX/OPEX

8.3 Wastewater and IPAL Management Strategy

The RSMDJ development project will be implemented within an active hospital environment and may increase wastewater generation during the construction, commissioning, and operational phases. Wastewater may originate from inpatient wards, outpatient services, emergency units, operating rooms, laboratories, laundry, nutrition facilities, pharmacy, sanitation facilities, temporary construction facilities, and other hospital support activities. Therefore, a specific Wastewater and IPAL Management Strategy shall be implemented to ensure that all wastewater generated by the hospital is properly collected, treated, monitored, and discharged in compliance with applicable Indonesian wastewater quality standards and ESMP requirements.

Based on available baseline data, the existing IPAL monitoring shows an inlet flow of approximately 117.27 m^3/day and an outlet flow of approximately 117.56 m^3/day. The treatment performance indicates significant pollutant reduction, including BOD reduction from 118 mg/L to 27.8 mg/L, COD reduction from 295 mg/L to 69.5 mg/L, TSS reduction from 29 mg/L to below 10 mg/L, oil and grease reduction from 3 mg/L to below 2 mg/L, ammonia reduction from 9.7 mg/L to 0.15 mg/L, and total coliform reduction from more than 16,000 MPN/100 mL to 390 MPN/100 mL. These results indicate that the IPAL is functioning; however, additional verification of hydraulic capacity, treatment reserve capacity, peak-flow condition, and future load projection is required before the new hospital facilities are fully connected to the wastewater system.

During the pre-construction phase, RSMDJ shall verify the existing IPAL design capacity, actual average daily flow, peak flow, hydraulic retention time, unit process condition, sludge handling system, disinfection system, discharge point, monitoring point, and compliance history. The verification shall also confirm whether the effective operational capacity remains adequate to accommodate wastewater from the Central Medical Unit Building, Non-JKN Outpatient Building, temporary relocation facilities, and other supporting infrastructure.

During the construction phase, wastewater generated from temporary toilets, worker facilities, washing areas, and construction-support activities shall not be discharged directly into drainage channels or receiving water bodies. Temporary sanitation facilities shall be connected to the hospital wastewater system where technically feasible, or managed through portable toilets and approved wastewater service providers. Contractors shall be prohibited from discharging cement slurry, oil-contaminated water, paint residue, chemical wash water, solvent residue, or hazardous liquid waste into the drainage system or IPAL.

During the operational phase, new buildings and supporting facilities shall be connected to the hospital wastewater collection system only after the IPAL capacity and treatment performance have been confirmed. The connection design shall ensure proper separation between domestic wastewater, clinical wastewater, laboratory wastewater, stormwater drainage, and hazardous liquid waste streams. Laboratory wastewater, chemical wastewater, pharmaceutical residue, and other potentially hazardous liquid waste shall be pre-treated or managed separately where required before entering the IPAL.

If future wastewater generation exceeds the confirmed IPAL capacity, RSMDJ shall implement IPAL upgrading or expansion prior to full operation of the new facilities. Indicative upgrading may include additional equalization capacity, additional biological treatment units, improved aeration system, upgraded pumps and blowers, improved disinfection system, additional sludge handling capacity, flow meters, online monitoring instruments, and improved emergency storage capacity. The final upgrading requirement shall be confirmed during the DED stage through hydraulic load calculation, wastewater generation projection, process design, and regulatory compliance review.

The IPAL management strategy shall include preventive maintenance, routine operational control, emergency response, and compliance monitoring. Preventive maintenance shall cover regular inspection of pumps, blowers, aeration systems, equalization tanks, biological treatment units, sedimentation units, filtration units, disinfection systems, sludge storage, piping, valves, flow meters, and electrical control panels. Operational control shall include daily flow recording, pH monitoring, visual inspection, sludge level control, chemical dosing control, odor inspection, and verification of any abnormal condition such as overflow, leakage, bypass, foaming, or equipment malfunction.

In the event of IPAL malfunction, overloading, overflow, leakage, or non-compliant effluent quality, RSMDJ shall immediately implement corrective actions. These may include temporary flow reduction, load balancing, isolation of affected wastewater streams, repair of malfunctioning equipment, temporary wastewater storage, use of licensed wastewater transport services, additional disinfection, intensified monitoring, and reporting to relevant authorities where required. Emergency wastewater bypass shall not be allowed unless there is a documented emergency condition and prior control measures have been implemented to prevent environmental pollution.

Monitoring shall be conducted at the IPAL inlet, outlet, and final discharge point. Minimum monitoring parameters shall include flow rate, pH, BOD, COD, TSS, oil and grease, ammonia, total coliform, dissolved iron, dissolved manganese, and other parameters required under applicable wastewater standards or technical approval. Monitoring frequency shall follow regulatory requirements and ESMP commitments, with additional monitoring during commissioning of new buildings, major service relocation, IPAL upgrading, abnormal operation, or complaint events.

Overall, the Wastewater and IPAL Management Strategy shall ensure that hospital wastewater is managed in a controlled, compliant, traceable, and resilient manner. The strategy shall be updated during the DED and ESIA revision stage to incorporate final building design, projected wastewater load, confirmed IPAL capacity, required treatment upgrades, wastewater connection drawings, operational SOPs, monitoring plan, emergency response procedures, and institutional responsibilities.

8.4 Labor Management Strategy

The RSMDJ development project will involve multiple categories of workers during the pre-construction, construction, commissioning, and operational phases. These include RSMDJ management and hospital staff, Project Implementation Unit personnel, consultants, design engineers, civil works contractors, subcontractors, skilled and unskilled workers, security personnel, logistics workers, waste handlers, cleaning personnel, facility management teams, and other service providers. As the project will be implemented within an active hospital environment, labor

management shall be planned and implemented in a structured manner to protect workers' rights, occupational health and safety, service continuity, patient safety, and the integrity of hospital operations.

RSMDJ has a large existing workforce baseline, with approximately 2,398 staff recorded in 2023 and approximately 2,457 staff recorded in 2024. These include doctors, specialist doctors, nurses, midwives, pharmacists, allied health personnel, administrative personnel, and non-medical support staff. The interaction between the existing hospital workforce and incoming construction workers requires clear labor management arrangements, access control, work-zone separation, communication protocols, and occupational health and safety controls.

The Labor Management Strategy shall apply to all workers engaged in the project, regardless of employment category, contractual arrangement, employer, gender, skill level, or work location. This includes direct workers, contracted workers, subcontracted workers, primary supply workers where applicable, and operational workers affected by the project. Each contractor and subcontractor shall be required to comply with the project Labor Management Plan, Indonesian labor regulations, occupational health and safety requirements, AIIB Environmental and Social Framework requirements, and relevant international good practices for healthcare facility development.

All workers shall be employed under clear and documented employment terms. Contractors and subcontractors shall provide written employment contracts, define job descriptions, working hours, wage rates, overtime arrangements, rest periods, leave entitlements, benefits, and termination procedures. The standard working arrangement shall follow applicable Indonesian labor requirements, including an 8-hour working day where applicable, minimum wage compliance, lawful overtime management, and registration in BPJS Health and BPJS Employment. Payroll records, attendance records, employment contracts, and BPJS registration shall be maintained and made available for inspection by the PIU or authorized monitoring personnel.

The project shall apply a strict prohibition on child labor and forced labor. The minimum age for project workers shall be 18 years. Contractors shall verify worker identity documents before employment and maintain an updated worker register. Forced labor, debt bondage, document retention, coercion, intimidation, involuntary overtime, or restriction of worker movement shall not be permitted. Any violation shall trigger corrective action, contract enforcement, and reporting through the project labor monitoring mechanism.

Occupational Health and Safety shall be a core requirement of labor management. Each contractor shall prepare and implement a site-specific OHS Plan before mobilization. The OHS Plan shall cover hazard identification, risk assessment, method statements, permit-to-work procedures, emergency response, fire safety, work at height, excavation, lifting operations, electrical safety, hot works, confined space entry, demolition safety, asbestos-related precautions where relevant, traffic interface, hazardous material handling, infection prevention controls, and protection of hospital users. All workers shall receive OHS induction before entering the worksite and refresher training during the construction period.

Personal Protective Equipment shall be provided by contractors at no cost to workers and shall be appropriate to the work activity. Minimum PPE shall include safety helmets, safety shoes, reflective vests, gloves, eye protection, respiratory protection, hearing protection, fall protection equipment, and other task-specific PPE. PPE compliance shall be monitored through daily supervision and routine inspection. Workers shall not be allowed to perform high-risk activities without proper training, authorization, supervision, and PPE.

Given that the project is located within an operating hospital, special controls shall be implemented to manage worker interaction with patients, caregivers, visitors, medical personnel, and hospital operational areas. Construction workers shall use designated access routes, work zones, toilets, rest areas, material storage areas, and entry-exit points. Unauthorized access to clinical areas, patient areas, laboratories, pharmacies, operating rooms, isolation areas, and emergency facilities shall be prohibited. Work areas shall be secured through fencing, signage, access control, and coordination with hospital security.

The project shall implement a Worker Code of Conduct for all workers, contractors, and subcontractors. The Code of Conduct shall cover respectful behavior, non-discrimination, zero tolerance for sexual exploitation, abuse, and harassment, prohibition of violence and intimidation, respect for hospital patients and staff, confidentiality of patient-related information, compliance with safety instructions, prohibition of alcohol and drugs at work, proper waste disposal, and compliance with site access rules. All workers shall sign the Code of Conduct before starting work and shall receive awareness training on SEAH prevention and ethical behavior.

A dedicated Workers Grievance Redress Mechanism shall be established and communicated to all workers. This mechanism shall be separate from the community grievance mechanism and shall allow workers to submit complaints safely, confidentially, and without retaliation. Grievance channels shall include verbal reporting to the Site Grievance Focal Point or OHS Officer, written grievance forms, suggestion boxes, hotline or WhatsApp, and email. The grievance mechanism shall be accessible to permanent workers, temporary workers, daily workers, subcontractor workers, female workers, security staff, cleaners, and other workers with limited bargaining position.

Worker grievances shall be handled according to defined timeframes. Receipt and registration shall be completed within 2 working days, acknowledgement within 3 working days, investigation and assessment within 7 working days, and resolution and response within 14 working days. Serious issues, including fatalities, permanent disability, hospitalization, severe OHS incidents, or SEAH-related complaints, shall be reported through the relevant escalation mechanism and to AIIB within 48 hours where required.

Contractors shall submit monthly labor reports to the PIU. These reports shall include the number of workers by employer, work category, gender, employment status, and work location; number of workers with valid contracts; BPJS registration status; working hours and overtime records; OHS induction and training records; PPE compliance; incident statistics; near-miss reports; worker grievances; SEAH complaints; corrective actions; and outstanding issues. The PIU shall consolidate labor performance into quarterly environmental and social progress reports.

Monitoring of labor management shall be conducted through regular site inspections, review of contractor records, worker interviews, training records, grievance logs, incident reports, and corrective action tracking. Key Performance Indicators shall include the percentage of workers with valid employment contracts, percentage of workers registered in BPJS, percentage of workers receiving OHS induction, number and type of OHS incidents per month, PPE compliance rate, number of grievances received and resolved, number of SEAH complaints and resolution status, gender-disaggregated workforce data, and number of child labor or forced labor violations identified and remediated.

All labor management records shall be retained for at least 5 years after project completion. These records shall include employment contracts, payroll documents, attendance sheets, BPJS registration, worker identity verification, OHS training records, toolbox meeting records, incident reports, grievance registers, Code of Conduct acknowledgements, evaluation reports, and corrective action records. The Labor Management Strategy shall be reviewed and updated during the DED stage, contractor procurement stage, construction mobilization, and before operation of the new facilities.

9 CLIMATE CHANGE ASSESSMENT

This chapter presents the climate change assessment for the RSUP Dr. M. Djamil Padang (RSMDJ) development project. The assessment describes the climate and natural hazard context of the project area, identifies relevant climate-related risks to hospital infrastructure and operations, and sets out potential practical adaptation and mitigation measures to strengthen resilience throughout the project lifecycle.

The assessment has been prepared applying climate models and information from the Swiss RE data base, and refined using the AIIB sector-specific technical note on integrating climate resilience and adaptation into lending operations. The technical note emphasizes that long-lived infrastructure must be designed for future climate conditions, not only historical climate baselines. For a referral hospital operating as critical infrastructure, this means that climate and disaster risks must be integrated into engineering design, utility planning, emergency preparedness, operational continuity, and maintenance systems.

9.1 Climate Risk Analysis

9.1.1 Assessment Approach

The climate assessment applies a risk-based approach consistent with AIIB Environmental and Social Framework requirements and relevant climate-resilient infrastructure guidance. The assessment considers both current natural hazard exposure and future climate risk projections, with particular attention to the continuity of healthcare services, patient safety, emergency response, and utility reliability.

The assessment focuses on the main hazards relevant to the project location and hospital function: earthquake risk, extreme rainfall flooding and associated drainage stress, river flooding, increasing temperature, heat wave exposure, drought and water availability, storm surge and sea level rise, windstorm, landslide, and wildfire. Although some hazards are currently classified as low, future climate projections indicate that drought, heat wave, and storm surge risks may increase over time under higher-emission scenarios.

In line with AIIB guidance, the assessment distinguishes between climate-resilient design measures within the project boundary, such as structural resilience, drainage, backup power, cooling, and water systems, and enabling adaptation non-structural measures, such as emergency planning, monitoring, maintenance protocols, training, and institutional coordination.

9.1.2 Current Natural Hazard Risk

The Swiss Re CatNet Risk Assessment Report prepared for the RSMDJ area in Padang Timur, West Sumatra, evaluates earthquake, flooding, windstorm, landslide, and wildfire exposures. The results indicate that earthquake hazard is the dominant current natural hazard affecting the project area, while fluvial flood, pluvial flood, storm surge, windstorm, landslide, and wildfire exposures are generally low to negligible.

Table 81 Hazard Assessment

Hazard Type	Risk Level	Key Findings
Fluvial flood	Outside / Low	Site not located within a major river flood hazard zone.
Pluvial flood	Outside / Low	Low urban surface flooding exposure.
Storm surge	Outside / Low	No significant coastal storm surge exposure under current baseline.
Earthquake - bedrock conditions	High	PGA approximately 0.398g; MMI VIII.
Earthquake - local soil conditions	Very High	PGA approximately 0.511g; MMI VIII+, indicating potential local soil amplification.
Windstorm	Low	Peak gust approximately 22 m/s.
Landslide	Negligible	Very low landslide susceptibility.
Wildfire	Negligible	No significant wildfire exposure.
Tsunami	Low to Medium / High emergency-response relevance	The site is not located directly on the coastline and direct inundation exposure is expected to be lower than coastal areas. However, Padang City is exposed to earthquake-tsunami hazards, and RSUP Dr. M. Djamil has an important role in emergency health response. Tsunami preparedness should therefore be included in the hospital's emergency response planning

Source : Swiss Re CatNet® Future Climate Risk Assessment Report for RSMDJ

The high to very high earthquake rating is significant for the ESIA because hospitals are critical facilities that must remain operational during and after disaster events. The project therefore requires earthquake-resistant structural design, seismic detailing for non-structural components, protection of critical medical equipment, emergency evacuation routes, resilient lifeline utilities, and operational continuity measures.

Although current flood-related hazards are classified as low, the hospital site remains exposed to urban drainage stress during intense rainfall events. Drainage capacity, stormwater management, safe access routes, basement or ground-floor utility protection, and emergency response procedures should therefore be incorporated into project design and operation.

9.1.3 Future Climate Risk

The future climate risk assessment prepared using the Swiss Re CatNet platform data base evaluates long-term climate-related risks affecting the RSUP Dr. M. Djamil Padang development area under multiple IPCC Shared Socioeconomic Pathway scenarios through 2030-2085. The assessment focuses on drought, heat wave, heat stress, and storm surge associated with sea level rise.

Future climate risks are projected to increase progressively under medium- and high-emission scenarios, particularly for drought and heat wave hazards. Under SSP3-7.0 and SSP5-8.5, drought risk increases significantly over time and may reach extreme levels by 2070-2085. Heat wave risk also intensifies from minor to moderate levels in earlier decades toward significant or extreme levels in higher-emission scenarios.

Heat stress remains negligible across the assessed scenarios, indicating that projected wet-bulb globe temperature thresholds associated with severe occupational heat stress are not expected to exceed critical levels at the project location. However, increasing ambient temperature and heat wave frequency can still raise cooling demand, affect indoor thermal comfort, increase energy consumption, and create additional operational pressure on hospital systems.

Storm surge and sea level rise risks remain relatively low during early projection periods but may increase toward 2085 under high-emission scenarios. This reinforces the need for long-term adaptive planning, especially for drainage, access, utility redundancy, emergency access, and protection of critical hospital systems.

Table 82 Future Climate Scenarios Applied in the Assessment

SSP Scenario	Global Warming Projection	General Scenario Description
SSP1-2.6	+/-1.8 C	Risks remain relatively manageable; however, long-term adaptation measures are required, including enhancement of HVAC cooling capacity, passive cooling strategies, building envelope improvements, backup power systems, water demand management, and implementation of heat-health operational protocols to ensure patient and infrastructure resilience under increasing heat stress conditions.

SSP Scenario	Global Warming Projection	General Scenario Description
SSP2-4.5	+/-2.7 C	Moderate development pathway with partial mitigation and medium greenhouse gas emissions.
SSP3-7.0	+/-3.6 C	Fragmented development with weak cooperation, high emissions, environmental degradation, and limited adaptation.
SSP5-8.5	+/-4.4 C	Worst-case fossil-fuel intensive pathway with very high greenhouse gas emissions and minimal mitigation.

Source : Swiss Re CatNet® Future Climate Risk Assessment Report for RSMDJ

Table 83 Future Risk Exposure and Implications for RSMDJ

SSP Scenario	Projected Risk Exposure	Implication for Hospital Infrastructure and Operations
SSP1-2.6	Drought mostly negligible; heat wave increases minor to moderate; heat stress negligible; storm surge negligible to minor by 2085.	Risks remain relatively manageable, but standard long-term adaptation remains required.
SSP2-4.5	Drought increases from low to significant or extreme by 2070-2085; heat wave becomes moderate to significant; storm surge minor to moderate toward 2085.	Increasing pressure on cooling, utilities, drainage, and water management.
SSP3-7.0	Drought is extreme across most projection periods; heat wave increases significant to extreme; storm surge increases significantly toward 2085.	High long-term vulnerability, including water stress, extreme heat, infrastructure pressure, and service disruption risk.
SSP5-8.5	Drought increases from moderate to extreme by 2050-2085; heat wave becomes extreme by 2070-2085; storm surge becomes moderate to extreme by 2085.	Worst-case condition requiring major resilience planning, adaptive infrastructure, emergency preparedness, and utility redundancy.

Source : Swiss Re CatNet® Future Climate Risk Assessment Report for RSMDJ

Table 84 Future Climate Risk Trend by Year

Year	Drought Trend	Heat Wave Trend	Storm Surge Trend	Overall Climate Risk	Risk Color Code
2030	Mostly negligible except under SSP3	Minor	Negligible	Low	Green
2035	Slight increase	Minor–Moderate	Negligible	Low–Moderate	Yellow
2040	Increasing under SSP3 and SSP5	Moderate	Negligible	Moderate	Orange
2045	Significant increase begins	Moderate–Significant	Low	Moderate–Significant	Orange
2050	Higher drought and heat wave risk	Significant	Low–Minor	Significant	Red
2055	Strong increase under SSP3 and SSP5	Significant–Extreme	Minor	Significant	Red

Year	Drought Trend	Heat Wave Trend	Storm Surge Trend	Overall Climate Risk	Risk Color Code
2060	Extreme drought begins under high-emission scenarios	Significant–Extreme	Minor–Moderate	High	Red
2070	Extreme climate risk under SSP3 and SSP5	Extreme	Moderate	High–Extreme	Dark Red
2085	Highest projected climate risk	Extreme	Significant–Extreme	Extreme	Dark Red

Source: Swiss Re CatNet® Future Climate Risk Assessment Report for RSMDJ

9.1.4 Climate-Related Risks to Hospital Infrastructure and Operations

The project will be implemented within an active referral hospital. Climate and disaster risk assessment must therefore address not only the physical durability of buildings, but also the ability of hospital services to continue during extreme events. Key operational dependencies include electricity, water supply, wastewater management, medical gas systems, cooling and ventilation, access roads, communications, emergency generators, information systems, and staff and patient movement.

AIIB guidance emphasizes that infrastructure designed using only historical climate baselines may operate outside its tolerance range under future climate conditions. For the RSMDJ project, this means that engineering design and operational systems should account for higher temperatures, more intense heat waves, possible drought and water stress, short-duration intense rainfall, long-term sea level rise uncertainty, and seismic hazard.

Table 85 Main Climate and Disaster Risk Pathways for Hospital Infrastructure

Hazard / Stressor	Potentially Affected Hospital Systems	Potential Impact	Recommended Risk Management Focus
Earthquake	Structural frame, non-structural elements, medical equipment, utility connections, emergency access.	High to very high seismic risk may damage critical hospital components and disrupt emergency response.	Apply earthquake-resistant structural design, seismic bracing for equipment and utilities, protected evacuation routes, emergency drills, and post-event rapid assessment procedures.
Extreme rainfall / drainage stress	Site drainage, access roads, ground-floor facilities, electrical rooms, wastewater systems.	Intense rainfall may overload local drainage, cause ponding, restrict access, or disrupt utilities.	Provide adequate drainage capacity, raised or protected critical equipment, regular drainage maintenance, emergency pumping, and stormwater management.
Heat wave / rising temperature	Cooling systems, HVAC, patient comfort, energy demand, staff working conditions.	Higher temperature may increase cooling load, electricity demand, heat exposure, and operational cost.	Use efficient HVAC, passive cooling, insulation, reflective materials, shaded outdoor areas, heat-health protocols, and energy management.

Hazard / Stressor	Potentially Affected Hospital Systems	Potential Impact	Recommended Risk Management Focus
Drought / water availability	Water supply, sanitation, sterilization, cooling, hygiene, emergency reserves.	Water stress may affect hospital sanitation, infection prevention, and service continuity.	Implement water-efficient fixtures, leakage control, rainwater or non-potable reuse where feasible, storage redundancy, and emergency water supply plans.
Storm surge / sea level rise	Access routes, drainage outfalls, low-lying utilities, long-term emergency access.	Long-term risk may increase under high-emission scenarios toward 2085.	Maintain adaptive planning, avoid placing critical systems in vulnerable low areas, protect drainage and access routes, and periodically review risk projections.
Power disruption	Grid connection, emergency generators, UPS, cold chain, operating rooms, ICU, IT systems.	Climate and disaster events can interrupt power supply and affect critical care.	Provide backup generators, UPS for critical loads, protected fuel storage, redundant electrical routes, and scheduled testing.

9.1.5 Climate Adaptation and Resilience Measures

The adaptation strategy should combine physical design measures and non-structural operational measures. Physical measures are needed to protect buildings, utilities, access, drainage, and critical systems. Non-structural measures are needed to ensure emergency preparedness, monitoring, maintenance, staff capacity, and service continuity.

The measures below are aligned with the AIIB technical note, which recommends redundancy, flexible and adaptable design, monitoring and maintenance systems, and safe-to-fail emergency management approaches for climate-resilient infrastructure under uncertainty.

Table 86 Recommended Climate Adaptation and Resilience Measures

Measure Category	Recommended Actions	Resilience Benefit
Structural and seismic resilience	Design hospital buildings and critical non-structural components according to applicable seismic codes; brace medical equipment, ceilings, piping, electrical systems, tanks, and emergency generators.	Reduces life-safety risk and supports post-disaster functionality.
Drainage and flood protection	Provide site drainage sized for intense rainfall, maintain positive grading away from buildings, protect electrical and mechanical rooms, and include emergency pumping or temporary barriers where needed.	Reduces service disruption from pluvial flooding and drainage stress.
Cooling and heat resilience	Use high-efficiency HVAC, passive cooling, reflective or heat-resistant materials, insulation, shaded waiting areas, and heat-health response procedures.	Maintains thermal comfort and reduces pressure on electricity systems during heat waves.
Water resilience	Install water-efficient fixtures, leakage monitoring, storage capacity for emergency operation, water	Supports sanitation, hygiene, infection

Measure Category	Recommended Actions	Resilience Benefit
	quality monitoring, and alternative water supply arrangements where feasible.	prevention, and continuity of hospital services under drought or supply interruptions.
Energy redundancy	Provide emergency generators, UPS for critical areas, protected fuel storage, periodic testing, and load prioritization for ICU, operating rooms, emergency department, laboratories, pharmacy, cold chain, and IT systems.	Ensures critical care can continue during outages.
Flexible and adaptable design	Reserve space and connection points for future capacity upgrades to drainage, HVAC, power, and water systems; periodically review climate projections and update operational procedures.	Allows future adaptation without costly retrofits.
Monitoring and maintenance	Use routine inspection, drainage cleaning, generator testing, HVAC performance monitoring, and preventive maintenance schedules; consider sensors for critical equipment and water levels.	Improves early detection and reduces failure probability.
Emergency preparedness	Develop emergency response plans, evacuation procedures, communication protocols, staff training, contingency budgets, and coordination with local disaster management agencies.	Improves recovery and reduces operational disruption during extreme events.

9.1.6 Climate Mitigation and Low-Carbon Design Measures

In addition to adaptation, the project should integrate practical mitigation measures to reduce greenhouse gas emissions and operational energy demand. Hospitals are energy-intensive facilities because of continuous operation, cooling demand, lighting, sterilization, medical equipment, laboratories, and ventilation requirements.

Recommended mitigation measures include high-efficiency HVAC systems, efficient lighting, building energy management systems, passive cooling design, high-performance building envelope, solar photovoltaic readiness where feasible, efficient pumps and motors, water conservation, waste segregation, and procurement of durable low-maintenance equipment. These measures can reduce long-term operating costs while improving resilience during heat waves and energy supply constraints.

Mitigation measures should not compromise hospital safety or infection control. Energy efficiency should be integrated with health facility standards, ventilation requirements, emergency power needs, and patient comfort requirements.

9.1.7 Implementation, Monitoring, and Institutional Responsibilities

Climate resilience measures should be incorporated into detailed engineering design, procurement specifications, construction supervision, commissioning, and operation and maintenance procedures. The project owner, design consultant, contractor, hospital management, facility management team, and emergency response stakeholders should coordinate to ensure that resilience commitments are implemented and maintained.

During design, the project should confirm seismic design parameters, drainage capacity, location of critical utilities, backup power requirements, water storage needs, and HVAC performance under higher temperature conditions. During construction, quality assurance should verify that resilience-related specifications are properly installed. During operation, the hospital should maintain inspection checklists, emergency drills, generator testing records, drainage maintenance logs, and periodic climate risk reviews.

Climate risk monitoring should be treated as an adaptive management process. As projections, standards, and local conditions change, the hospital should review whether additional measures are required, particularly for drought, heat wave, stormwater drainage, and long-term sea level rise exposure.

9.2 Conclusion

The current natural hazard assessment indicates that earthquake risk is the most significant immediate hazard for the RSMDJ development project, with high risk under bedrock conditions and very high risk under local soil conditions. Flood, windstorm, landslide, and wildfire risks are currently classified as low to negligible; however, drainage stress and operational continuity still require attention because the project is located within an active urban hospital environment.

Future climate projections indicate that drought and heat wave risks may increase substantially over time, especially under SSP3-7.0 and SSP5-8.5 scenarios. Storm surge and sea level rise risks remain low in the near term but may increase toward 2085 under higher-emission scenarios. These findings support the need for climate-resilient hospital design, energy-efficient cooling, resilient utilities, water conservation, emergency preparedness, backup power, drainage management, and adaptive monitoring.

9.3 Greenhouse Gas Inventory

9.3.1 Greenhouse Gas from Electricity and Fuel

This section presents the preliminary greenhouse gas (GHG) inventory for RSMDJ, developed to provide an overview of the hospital's operational carbon footprint and to support the climate assessment component of the ESIA. The inventory includes indicative emissions associated with purchased electricity consumption (Scope 2), stationary fuel combustion from boilers and generators (Scope 1), and operational vehicle activities.

As a Class A National Referral Hospital, RSMDJ operates continuously with high energy demand driven by medical equipment, inpatient and outpatient services, HVAC systems, laboratories, intensive care units, utility infrastructure, and supporting operational facilities. Consequently, electricity consumption represents one of the largest contributors to operational greenhouse gas emissions within the hospital environment.

The preliminary GHG estimation presented in this section is based on available operational data, including PLN electricity consumption records, diesel fuel use, and vehicle operational activities for the 2023–2026 period. Emission calculations use indicative emission factors commonly applied in

preliminary ESIA and climate screening assessments. The results are intended to provide an initial baseline for identifying major emission sources, understanding emission trends, and supporting the development of future climate mitigation and energy efficiency strategies within the RSMDJ development project.

Table 87 Greenhouse Gas Inventory from electricity and fuel

Scope	Emission Source	Period	Activity Data	Emission Factor	Estimated Emissions
Scope 1	Boiler diesel consumption	2023	148,715 L	2.68 $kgCO_2e/L$	398.56 tCO_2e
Scope 1	Boiler diesel consumption	2024	143,581 L	2.68 $kgCO_2e/L$	384.80 tCO_2e
Scope 1	Boiler diesel consumption	2025	146,593 L	2.68 $kgCO_2e/L$	392.87 tCO_2e
Scope 1	Operational vehicles	2025	89,275 km	0.192 $kgCO_2e/km$	17.14 tCO_2e
Scope 2	PLN electricity consumption	2023	11,771,181 kWh	0.85 $kgCO_2e/kWh$	10,005.50 tCO_2e
Scope 2	PLN electricity consumption	2024	12,691,175 kWh	0.85 $kgCO_2e/kWh$	10,787.50 tCO_2e
Scope 2	PLN electricity consumption	2025	13,102,703 kWh	0.85 $kgCO_2e/kWh$	11,137.30 tCO_2e
Scope 2	PLN electricity consumption	Jan–Apr 2026	5,159,020 kWh	0.85 $kgCO_2e/kWh$	4,385.17 tCO_2e

Table 88 Emission Factors Used for Greenhouse Gas Emission Estimation

Emission Source in Table	Emission Factor Used	Source / Literature
Boiler diesel consumption	2.68 $kgCO_2e/L$	IPCC 2006 Guidelines for National Greenhouse Gas Inventories; IPCC Emission Factor Database; Indonesia Ministry of Energy and Mineral Resources fuel emission factor reference
Operational vehicles	0.192 $kgCO_2e/km$	GHG Protocol Scope 3 / Business Travel guidance; IPCC Mobile Combustion Guidelines; EPA GHG Emission Factors Hub
PLN electricity consumption	0.85 $kgCO_2e/kWh$	Directorate General of Electricity, Ministry of Energy and Mineral Resources Indonesia; IEA Emissions Factors Database

The preliminary greenhouse gas inventory for RSMDJ indicates that electricity consumption from PLN is the dominant emission source. Scope 2 emissions increased from approximately 10,005.50 tCO_2e in 2023 to 11,137.30 tCO_2e in 2025, reflecting growing electricity demand from hospital operations, medical equipment, HVAC systems, inpatient services, laboratories, and supporting facilities. Scope 1 emissions from boiler diesel consumption were relatively stable during 2023–2025, ranging from approximately 384.80 to 398.56 tCO_2e per year. Operational vehicle emissions in 2025 were comparatively small, estimated at 17.14 tCO_2e, based on recorded vehicle travel distance. Overall, RSMDJ's carbon footprint is mainly driven by purchased electricity. Therefore, the main mitigation

priorities should include energy-efficient HVAC systems, LED lighting, building energy management systems, efficient medical equipment, improved operational control, and future assessment of rooftop solar PV feasibility.

The estimated greenhouse gas emissions indicate that RSMDJ has a relatively high operational carbon footprint, primarily driven by electricity consumption associated with continuous hospital operations, medical equipment, HVAC systems, and supporting healthcare infrastructure.

However, the emission levels remain generally consistent with the operational profile of a Class A National Referral Hospital with 24-hour healthcare services. The current emission profile does not indicate abnormal operational conditions but highlights the importance of implementing energy efficiency and climate mitigation measures as part of the hospital development program.

The main emission contribution originates from purchased electricity (Scope 2), while direct fuel combustion from boilers and generators (Scope 1) contributes a smaller proportion. Opportunities for emission reduction may include energy-efficient building systems, LED lighting, HVAC optimization, improved operational control, preventive maintenance, and future consideration of renewable energy such as rooftop solar photovoltaic systems.

From an ESIA and AIIB perspective, the results emphasize the need for continuous environmental management, climate resilience planning, and low-carbon operational strategies rather than indicating a significant environmental compliance issue.

9.3.2 Greenhouse Gas According to Master Plan/Design

This section presents the preliminary greenhouse gas (GHG) emission estimation based on the available RSMDJ master plan and design information. The calculation provides an early indication of potential emissions from future hospital operations, mainly electricity consumption, and from key construction-related sources where data are available. The assessment compares the existing operational condition with the planned masterplan scenario, including a green building efficiency scenario, to identify opportunities for reducing long-term emissions through energy-efficient design, efficient building systems, and improved operational management. The estimation remains preliminary and will be updated once detailed design data, final building specifications, material quantities, energy modelling, equipment schedules, and contractor construction methods are available.

Table 89 Emission Factors and Literature Sources for Construction Material GHG Estimation

Material / Source	Factor Used in Table	Literature Source
Concrete / structural concrete	0.13 tCO_2e/m^3	ICE Database / Inventory of Carbon and Energy; RICS Whole Life Carbon Assessment guidance; concrete embodied carbon databases
Steel material	1.9 tCO_2e/ton	ICE Database / Inventory of Carbon and Energy; RICS WLCA; Environmental Product Declaration (EPD) databases

Heavy equipment and transportation	Estimated 1,500–2,500 tCO_2e	IPCC Guidelines for fuel combustion; GHG Protocol; RICS WLCA transport and construction-stage assessment guidance
Construction material calculation method	Quantity × Emission Factor	RICS Whole Life Carbon Assessment for the Built Environment

Table 90 Greenhouse gas according to master plan/design

Parameter	Value
Existing hospital site area	±110,540 m²
Planned total development/masterplan floor area	±188,510 m²
Additional developed floor area	±74,077 m²
Main development components	CMU Building, Non-JKN Building, Cardiac Block, Parking, Research, Training, Commercial, Supporting Facilities
Development period	2025–2029 (Phase 1–2)
CMU Building	21 storeys + basement
Non-JKN Building	21 storeys
Cardiac Intensive Block	±9 storeys
Additional facilities	Parking building, training center, research center, apartment, hotel, convention building

Table 91 GHG Estimation

Parameter	Assumption
Hospital electricity intensity	250 kWh/m²/year
PLN emission factor (Sumatera)	0.82 kg CO_2e/kWh

Source: energy intensity benchmark, emission factor PLN Indonesia.

A. Existing Operational Emission

Formula GHG = Floor Area × Energy Intensity × EF

Calculation

$$110{,}540 \times 250 = 27{,}635{,}000 \frac{kWh}{year}$$

$$27{,}337{,}500 \times 0.82 = 22{,}660{,}700\ kg \frac{\mathrm{CO^2e}}{\mathrm{year}} = 22{,}660\ \mathrm{tCO_2e/year} \quad (1)$$

- **Future Operational Emission (Masterplan with green building Scenario)**

This assumption is considered conservative because an IFC and Green Building Council Indonesia study found that nine certified green buildings in Jakarta and surrounding areas achieved 30–80% lower annual utility costs compared with standard buildings.

Calculation

250 kWh/m²/year × (1 − 30%) = 175 kWh/m²/year

188,510 m² × 175 kWh/m²/year = 32,989,250 kWh/year

32,989,250 kWh/year × 0.82 kg CO_2e/kWh = 27,051,185 kg CO_2e/year

27,051,185 kg CO_2e/year ÷ 1,000 = 27,051 tCO_2e/year (2)

Table 92 GHG According Design Estimation

Description	Emission
Existing operation	22,660 tCO_2e/year
Future operation (without green building mitigation Scenario)	38,645 tCO_2e/year
Future operation (with green building mitigation Scenario)	27,051 tCO_2e/year

Table 93 Construction Phase GHG Estimation

Material	Parameter	Assumption
Concrete & Structural Material	Concrete intensity	0.8 m^3/m^2
	Concrete EF	0.13 tCO_2e/m^3
	Emission	7,704 tCO_2e
Steel Material	Steel intensity	80 kg/m^2
	Steel EF	1.9 tCO_2e/ton
	Emission	11,259 tCO_2e
Heavy Equipment and Transportation	Estimated ≈1,500–2,500 tCO_2e	
	Emission	2,000 tCO_2e
	Total GHG	20,963 tCO_2e

Table 94 Overall GHG Summary

Phase	Estimated GHG
Existing operation	22,660 tCO_2e/year
Future operation (green building)	27,051 tCO_2e/year
Incremental increase	4,391 tCO_2e/year
Construction phase (one-time)	20,963 tCO_2e

Based on the preliminary greenhouse gas (GHG) assessment, the RSMDJ development is expected to increase operational emissions due to the expansion of hospital facilities, higher electricity demand, additional HVAC systems, medical equipment, vertical transportation, and supporting utilities. The existing operational emission is estimated at approximately 22,660 tCO_2e/year. Under the future

masterplan green building scenario, operational emissions are estimated at approximately 27,051 tCO_2e/year, resulting in an incremental increase of around 4,391 tCO_2e/year.

Construction-related GHG emissions are expected to occur as one-time emissions during the construction period. The main sources include concrete use, steel materials, heavy equipment operation, material transportation, and temporary utility use. Preliminary estimates indicate that total construction-phase emissions may reach approximately 20,963 tCO_2e.

Although the project is expected to generate higher greenhouse gas (GHG) emissions during the construction phase compared to existing conditions, these emissions are considered temporary and one-off in nature. In contrast, the integration of green building principles is designed to substantially reduce long-term operational carbon intensity over the building lifecycle. Key mitigation strategies include energy-efficient building design, high-performance HVAC systems, smart building management systems, optimized utility consumption, and climate-resilient infrastructure design. In addition, gradual integration of renewable energy sources is expected to further reduce operational emissions over time as the energy mix becomes cleaner. Overall, these measures are intended to ensure that while short-term emissions increase due to construction activities, the long-term operational emissions trajectory is significantly reduced, thereby improving the sustainability performance of RSUP Dr. M. Djamil Padang.

9.4 Adaptation and Mitigation Strategy

Future climate projections indicate that climate-related risks in the RSMDJ area are expected to increase gradually over the coming decades, particularly under medium- and high-emission scenarios. The assessment highlights growing risks associated with heat waves, drought, sea level rise, and other climate-related pressures that may affect hospital infrastructure, utility systems, operational reliability, and healthcare service continuity. As a critical healthcare facility, the hospital must remain functional during both routine operations and emergency situations, including extreme weather and disaster events.

Considering the long operational lifespan of hospital infrastructure, the development project requires the integration of climate resilience, environmental sustainability, and adaptive infrastructure planning into both the design and operational phases. The implementation of climate resilient design, green hospital principles, adaptive infrastructure systems, and long-term sustainability planning is therefore essential to reduce vulnerability, improve operational efficiency, strengthen disaster preparedness, and ensure the long-term continuity of healthcare services under future climate conditions.

Table 95 Adaptation and Mitigation Strategy

Item	Main Risk Addressed	Recommended Solutions for Hospital Continuity	Recommended Materials / Systems Available in Indonesia
Climate-resilient design	Increasing heat waves, drought, storm surge, and earthquake risk	Apply earthquake-resistant structural design, elevated critical utilities, improved drainage, flood-safe basement	SNI-compliant reinforced concrete, high-strength rebar, waterproofing membrane, concrete admixture,

Item	Main Risk Addressed	Recommended Solutions for Hospital Continuity	Recommended Materials / Systems Available in Indonesia
		design, and passive cooling strategies	seismic joints, roof insulation, low-E glass
Green hospital concept	Higher energy and water demand during future climate change	Reduce energy and water use through efficient HVAC, LED lighting, solar PV, rainwater harvesting, wastewater reuse, and green open space	Solar panels, LED lamps, VRV/VRF HVAC, solar water heater, rainwater harvesting tank, bioswale, permeable paving, native shade trees
Adaptive infrastructure	Future climate risks becoming more severe over time	Design systems that can be upgraded later, including modular utilities, backup power, backup water supply, expandable IPAL, and flexible emergency access	Modular IPAL units, HDPE drainage pipes, backup gensets, battery storage, elevated pump systems, smart building management system
Long-term sustainability planning	Increasing operational costs and service disruption risk	Establish long-term energy, water, waste, emergency, and climate monitoring programs; conduct periodic climate risk review every 5 years	Energy meters, water meters, BMS sensors, waste tracking system, environmental monitoring equipment, digital maintenance system
Heat wave protection	Increasing cooling demand and patient discomfort	Improve indoor thermal comfort, reduce heat gain, provide shaded pedestrian routes, and protect outdoor workers	Cool roof coating, roof insulation, low-E laminated glass, aluminum composite panel with insulation, shading canopy, vertical garden
Water resilience	Future drought and clean water pressure	Reduce dependence on PDAM through rainwater harvesting, groundwater monitoring, water recycling, and water-efficient fixtures	Rainwater tanks, dual plumbing system, low-flow faucets, water-efficient toilets, treated wastewater reuse system, groundwater monitoring wells
Flood and drainage resilience	Extreme rainfall and possible future sea level/storm surge pressure	Increase drainage capacity, prevent backflow, protect basement and utility rooms, and provide emergency pumps	HDPE drainage pipe, non-return valve, submersible pump, sump pit, waterproofing membrane, permeable pavement
Seismic resilience	High to very high earthquake hazard	Ensure all new hospital buildings follow earthquake-resistant standards and protect critical medical equipment and utilities	SNI 1726-compliant structure, base isolation if feasible, seismic bracing for MEP, flexible pipe joints, anchor bolts for equipment

10. STAKEHOLDER ENGAGEMENT

Information disclosure for the RSUP Dr. M. Djamil Padang (RSMDJ) development project is conducted in accordance with the AIIB Environmental and Social Framework (ESF) and the Bank's Public Information Policy. The objective is to ensure that all affected and interested stakeholders have timely, meaningful, and accessible access to project-related information throughout the project lifecycle.

Disclosure applies across all phases of the project, including preparation, design, Environmental and Social Impact Assessment (ESIA), Environmental and Social Management Plan (ESMP) development, construction, and operation. Information will be disclosed in a manner that is appropriate, transparent, and understandable to both technical and non-technical stakeholders.

During project preparation and ESIA development, information will be shared through multiple channels, including hospital information boards, stakeholder coordination meetings, official correspondence, hospital website and social media platforms, and community engagement activities. Disclosed information will include project description, construction and demolition activities, environmental and social impacts, occupational and community health and safety risks, traffic and access management, service relocation plans, grievance mechanisms, and mitigation measures.

The draft ESIA and ESMP documents, including executive summaries and technical annexes, will be made available for public review and consultation prior to project approval. Any updates during project implementation will also be disclosed in accordance with AIIB requirements.

Final ESIA and ESMP documents will be publicly accessible through the official AIIB project disclosure platform (Project Summary Information page) at link ESIA ESMP v0.3 : https://drive.google.com/drive/folders/1eDLkyH1g2Mz7__2KCpeef22JPqHgQ8FJ?usp=share_link. Where applicable, updated versions of ESIA/ESMP documents will be disclosed on the same platform to reflect material changes during project implementation.

10.1 Purposes of the Stakeholder Consultation

The stakeholder consultation for the RSMDJ development project is intended to:

- Identify stakeholder groups who may be affected by or have an interest in the project, including patients, caregivers, hospital staff, outsourced workers, surrounding communities, local businesses, construction workers, government agencies, and vulnerable groups such as elderly patients, persons with disabilities, women, children, and patients requiring continuous medical care.
- Provide clear, timely, and accessible information on the ESIA-ESMP, project scope, construction and demolition activities, potential environmental and social impacts, occupational and community health and safety risks, service relocation, traffic changes, emergency access arrangements, and proposed mitigation measures.

- Obtain feedback, local knowledge, concerns, and recommendations from stakeholders to improve the relevance and practicality of the ESMP, including mitigation measures, monitoring arrangements, traffic management, hospital service continuity, patient and staff relocation, and grievance handling.
- Ensure that vulnerable and high-risk groups have meaningful opportunities to participate and that their specific needs are reflected in project planning, particularly in relation to accessibility, patient safety, service continuity, emergency access, infection prevention, SEA/SH risk prevention, and complaint mechanisms.
- Strengthen transparency, trust, and ongoing communication between RSMDJ, project implementing parties, hospital users, surrounding communities, and other relevant stakeholders by documenting consultation results and integrating stakeholder feedback into the ESIA-ESMP and future engagement activities.

10.2 Methods of Stakeholder Consultation

Stakeholder consultation for the RSMDJ development project will be conducted through several methods to ensure that different stakeholder groups can access project information and provide feedback according to their role, level of interest, and potential exposure to project impacts. The consultation methods will be adjusted to the type of stakeholder, the sensitivity of the issue discussed, and the stage of project implementation.

The main stakeholder consultation methods include:

- Coordination meetings with RSMDJ management, PIU, technical units, clinical units, non-clinical units, and relevant government agencies to discuss project scope, construction phasing, ESIA-ESMP requirements, permits, demolition planning, service continuity, and institutional responsibilities.
- Internal hospital consultations with medical services, nursing units, IPSRS, K3RS, PPI, environmental health/sanitation, security, BMN/asset management, public relations, and other affected units to identify operational risks, affected services, utility issues, patient/staff relocation needs, emergency access requirements, and mitigation measures.
- Focus group discussions or technical discussions with specific stakeholder groups, such as affected hospital units, sanitation workers, security personnel, outsourced workers, contractors, and nearby business operators, to obtain more detailed information on specific risks and practical mitigation measures.
- Public information disclosure for patients, patient families, visitors, nearby communities, local businesses, and road users through posters, banners, information boards, hospital website or social media, help desks, and service-unit announcements.

- Direct communication and briefings for hospital staff, patients, visitors, and affected units before construction activities, access changes, demolition works, utility shutdowns, or service relocation are implemented.
- Site walkdowns and field verification with relevant hospital units, consultants, and contractors to confirm affected buildings, sensitive receptors, access routes, emergency routes, utilities, drainage, waste facilities, and areas requiring specific controls.
- Interviews and data requests with RSMDJ units and relevant authorities to collect baseline data, institutional information, complaint records, land/BMN data, traffic information, environmental health data, and operational records needed for the ESIA.
- Grievance and feedback channels through the existing hospital complaint mechanism and project-level GRM to receive, record, respond to, and follow up on concerns raised by patients, staff, workers, communities, and other stakeholders.

All consultation activities should be documented through attendance lists, meeting minutes, photographs, issue logs, feedback records, and follow-up actions. The results of stakeholder consultation will be used to strengthen the ESIA-ESMP, including impact identification, mitigation measures, monitoring requirements, stakeholder engagement planning, and grievance handling arrangements.

10.3 Stakeholder Identification

Stakeholder Identification for the RSUP Dr. M. Djamil Padang (RSMDJ) development project is conducted to determine all individuals, groups, institutions, and organizations that may be affected by, interested in, or involved in the project. This process considers the project's location within an active Class A tertiary referral and teaching hospital, ongoing construction and demolition activities, potential patient and staff relocation, and possible impacts on hospital access, services, utilities, traffic, community health and safety, and local livelihoods.

The identified stakeholder groups include internal hospital stakeholders, external affected stakeholders, government and regulatory stakeholders, project implementation stakeholders, and vulnerable groups.

- Internal hospital stakeholders consist of RSMDJ management, medical service units, nursing units, Installation of Hospital Support Services (IPSRS), Hospital Occupational Health and Safety Committee (K3RS / Keselamatan dan Kesehatan Kerja Rumah Sakit), Infection Prevention and Control (PPI), environmental health and sanitation units, security (Satpam), public relations and Grievance Redress Mechanism (GRM) team, state-owned asset management (BMN), procurement, finance, legal and compliance, and other hospital units affected by construction or operational changes.
- External affected stakeholders include patients, patient families, hospital visitors, ambulance users, nearby residents, local businesses, vendors, transport providers, road users, and surrounding communities who may experience changes in access, traffic congestion, dust, noise,

vibration, safety risks, or temporary service relocation during construction and operational activities.

- Project implementation stakeholders include the Project Implementation Unit (PIU), Project Management Unit (PMU), consultants, contractors, subcontractors, construction workers, construction management consultants, and suppliers.
- Government and institutional stakeholders include the Ministry of Health, Padang City Government, Environmental Agency (Dinas Lingkungan Hidup), Transportation Agency (Dinas Perhubungan), land and asset authorities, cultural heritage authorities where relevant, and other agencies involved in environmental permitting, traffic management, land status, BMN oversight, public safety, and local coordination. In addition, medical education partners and referral network institutions are relevant because RSMDJ functions as a teaching hospital and regional referral center.
- Vulnerable groups include elderly patients, children, pregnant women, persons with disabilities, critical care patients, psychiatric patients, isolation patients, hemodialysis patients, oncology patients, low-income patients, patients requiring continuous medical support, female staff, caregivers, and other hospital users who may face greater difficulty in responding to changes in access, service relocation, noise, dust, waiting time, or emergency disruptions.

Stakeholder identification is critical for ESIA because it helps determine receptor sensitivity, potential impact pathways, consultation and engagement needs, information disclosure methods, mitigation priorities, and monitoring requirements. The stakeholder list will be updated throughout project preparation and implementation as additional stakeholders are identified or as the project design, construction schedule, and affected areas are further confirmed.

Table 96 Identified Stakeholders

No	Category	Stakeholders
1	Project owner and financier	Ministry of Health; Asian Infrastructure Investment Bank (AIIB); PMU TRUST Project; Project Implementation Unit (PIU)
2	Hospital management & internal decision makers	RSMDJ Director / Hospital Management; Board of Directors; Medical Services Division; Nursing Division; Non-Medical and Supporting Services Division; Planning and Development Unit
3	Hospital technical and safeguards units	IPSRS (Installation of Hospital Support Services / Engineering and Facility Maintenance Unit); K3RS (Occupational Health and Safety Committee); PPI (Infection Prevention and Control Unit); Environmental Health / Sanitation Unit; Security and Traffic Management Unit; Public Relations / Stakeholder Engagement / Grievance Redress Mechanism (GRM) Team
4	Administrative, asset, and legal units	BMN (Asset Management Unit); Finance Unit; Procurement Unit; Legal and Compliance Unit; Hospital administrative units affected by the project
5	Directly affected hospital users	Patients; Inpatients; Outpatients; Emergency patients; Patient families and caregivers; Visitors; Ambulance users
6	Vulnerable groups	Elderly patients; Children; Pregnant women; Persons with disabilities; Critical care patients; Psychiatric patients; Isolation patients; Hemodialysis patients;

No	Category	Stakeholders
		Oncology patients; Low-income patients; Patients requiring continuous medical support
7	Hospital workforce	Doctors; Nurses; Midwives; Allied health workers; Pharmacists; Laboratory staff; Radiology staff; Sanitation workers; Security personnel; Administrative staff; Outsourced workers; PPDS / Resident doctors and medical trainees
8	Project implementation parties	Main contractor; Subcontractors; Construction workers; Construction Management Consultant; ESIA-ESMP Consultant; Supervision Consultant; Suppliers and logistics providers
9	Local government and regulatory authorities	Padang City Government; West Sumatra Provincial Government; Environmental Agency (Dinas Lingkungan Hidup / DLH); Transportation Agency (Dinas Perhubungan); Health Office; Land Office (ATR-BPN) if required; Culture Office if required; Cultural Heritage Preservation Agency Region III of West Sumatra if required
10	Referral and medical education institutions	Puskesmas referring patients to RSMDJ; Regional hospitals in West Sumatra; Peer hospitals / vertical hospitals; Faculty of Medicine, Andalas University; Faculty of Medicine, Indonesia University / RSCM; Faculty of Medicine, Prima Indonesia University; PPDS partner institutions
11	Nearby communities and public users	Nearby residents around RSMDJ; Road users around hospital access roads; Public transport operators; Pedestrians; Local community leaders; Surrounding kelurahan and kecamatan representatives
12	Local businesses and livelihood groups	Food vendors and small stalls; Cafés and restaurants around the hospital; Pharmacies and health support services; Cooperatives and minimarkets; Parking and transport providers; Photocopy and administrative support services; Other micro, small, and medium enterprises (MSMEs) around RSMDJ
13	Non-government organizations and civil society	Local community organizations; Patient advocacy groups (if any); Disability organizations (if any); Environmental or public health NGOs (if relevant); Professional associations (if relevant)

Table 97 Summary of Engagement

No.	Affected Stakeholder	Date of Consultation	Venue	Participants	Key Topic Discussed	Feedback and Questions	Response from Facilitating Meeting
1	RSMDJ Management	To be confirmed / during ESIA preparation	RSMDJ / online meeting	RSMDJ Management; PIU; PMU if relevant; ESIA-ESMP Consultant	Project scope, project components, construction phasing, ESIA-ESMP requirements, hospital service continuity, and required baseline data	Need to clarify affected buildings, implementation schedule, demolition requirements, and potential disruption to hospital operations	The ESIA-ESMP will be prepared as a living document and updated based on AMDAL, DED, Andalalin, demolition plan, relocation plan, and final construction method
2	Medical Services and Nursing Units	To be confirmed / during ESIA preparation	RSMDJ meeting room / unit-level discussion	Medical Services Division; Nursing Division; affected wards/units; ESIA-ESMP Consultant	Patient care continuity, affected wards, patient transfer, vulnerable patients, temporary relocation, and emergency access	Concern on patient safety, service disruption, safe transfer routes, dust, noise, vibration, and access changes	The ESMP will include Hospital Service Continuity Plan, Patient and Staff Relocation Plan, temporary access routes, dust/noise control, and unit-level coordination before high-impact works
3	IPSRS / Engineering and Facility Maintenance Unit	To be confirmed / during ESIA preparation	RSMDJ technical unit / site walkdown	IPSRS; utility team; PIU; ESIA-ESMP Consultant; technical consultant if available	Existing utilities, utility relocation, utility isolation, electricity, water, wastewater, drainage, medical gas, HVAC, ICT, and fire protection systems	Need to ensure that critical utilities remain functional during demolition, construction, and tie-in works	Utility mapping, backup arrangements, shutdown planning, permit-to-work, and utility protection measures will be included in the ESMP and C-ESMP
4	K3RS / OHS Unit	To be confirmed / during ESIA preparation	RSMDJ / online or offline meeting	K3RS; PIU; contractor if available; ESIA-ESMP Consultant	OHS risks, demolition safety, construction safety, emergency preparedness, high-risk works, and safety of hospital users	Concern on worker accidents, restricted access, emergency response, fire safety, and interaction between	Contractor will be required to prepare OHS Plan, Emergency Response Plan, Permit-to-Work system, traffic control, safety signage,

No.	Affected Stakeholder	Date of Consultation	Venue	Participants	Key Topic Discussed	Feedback and Questions	Response from Facilitating Meeting
						construction workers and hospital users	PPE, toolbox meetings, and incident reporting
5	PPI / Infection Prevention and Control Unit	To be confirmed / during ESIA preparation	RSMDJ / unit consultation	PPI Unit; K3RS; clinical units; ESIA-ESMP Consultant	Infection prevention during demolition, dusty works, renovation, service relocation, and operation of new clinical areas	Concern on dust migration into clinical areas, infection risk, cleaning protocols, and worker movement near sensitive units	The ESMP will include ICRA, dust barriers, restricted access, cleaning protocol, PPI coordination, and IPC monitoring during dusty or intrusive works
6	Environmental Health / Sanitation Unit	To be confirmed / during ESIA preparation	RSMDJ / site inspection	Kesling/Sanitation Unit; IPSRS; ESIA-ESMP Consultant	Healthcare waste, B3 waste, IPAL performance, wastewater, drainage, pest and vector control, and environmental monitoring	Need to prevent increased waste, poor drainage, pest/vector risks, wastewater overload, and TPS B3 non-compliance	The ESMP will include waste management, wastewater monitoring, drainage maintenance, vector control, B3 waste management, and environmental monitoring requirements
7	Security and Traffic Management Unit	To be confirmed / during ESIA preparation	RSMDJ / site walkdown	Security Unit; traffic personnel; PIU; ESIA-ESMP Consultant	Construction traffic, ambulance routes, emergency access, patient/visitor access, staff access, parking, and logistics movement	Concern on congestion, blocked ambulance access, unsafe pedestrian routes, and confusion due to access changes	A Traffic Management Plan will be prepared, including separated routes, traffic marshals, signage, ambulance priority, vehicle scheduling, and coordination with relevant authorities if needed
8	BMN / Asset, Finance, Procurement, and Legal Units	To be confirmed / during ESIA preparation	RSMDJ administrative office	BMN/Asset Unit; Finance Unit; Procurement Unit;	Land status, BMN inventory, affected assets, asset clearance, demolition approval,	Need to confirm land ownership/status, asset registration, affected BMN, and	The ESIA will include land status baseline and BMN requirements, and demolition will only

No.	Affected Stakeholder	Date of Consultation	Venue	Participants	Key Topic Discussed	Feedback and Questions	Response from Facilitating Meeting
				Legal/Compliance Unit; ESIA-ESMP Consultant	auction/disposal procedure, and documentation	required clearance before demolition	proceed after asset inventory, clearance, approval, and disposal/auction procedures are completed
9	Public Relations / Stakeholder Engagement / GRM Team	To be confirmed / during ESIA preparation	RSMDJ / online meeting	Humas; GRM focal point; PIU; ESIA-ESMP Consultant	Existing complaint mechanism, stakeholder engagement, information disclosure, project GRM, and complaint reporting	Need to clarify how patients, visitors, staff, workers, vendors, and communities can submit project-related complaints	The project GRM will build on the existing hospital complaint mechanism and include project-specific channels, response timelines, complaint register, escalation, confidentiality, and reporting
10	Patients, Patient Families, and Visitors	Planned before construction and during construction	Hospital lobby, service areas, information desk, or disclosure media	Patients; patient families; visitors; Humas; relevant service units	Construction schedule, access changes, service relocation, safety restrictions, temporary routes, and GRM channels	Potential concern on route changes, waiting time, service relocation, dust, noise, safety, and access to services	Information will be disclosed through signage, posters, help desk, hospital website/social media, and service-unit announcements before access or service changes occur
11	Nearby Communities and Local Businesses	Planned before construction and during construction	Community meeting / hospital surroundings / disclosure point	Nearby residents; local business operators; vendors; transport providers; Humas; PIU; ESIA-ESMP Consultant	Construction schedule, traffic management, dust/noise control, access changes, livelihood concerns, and complaint mechanism	Concern on reduced access, congestion, construction nuisance, and disruption to local business activities	The project will provide advance notice, maintain reasonable access where feasible, implement traffic and dust/noise controls, and operate a GRM for community and

No.	Affected Stakeholder	Date of Consultation	Venue	Participants	Key Topic Discussed	Feedback and Questions	Response from Facilitating Meeting
							livelihood-related complaints
12	Contractor and Construction Management Consultant	Before mobilization and throughout construction	Contractor office / project site	Contractor; subcontractors; construction management consultant; PIU; RSMDJ technical units	C-ESMP, OHS, worker management, traffic, waste, demolition, IPC, emergency response, reporting, and site rules	Need for clear responsibilities, reporting format, approval process, and coordination before mobilization	Contractor will prepare and implement C-ESMP, OHS Plan, Traffic Management Plan, Waste Management Plan, Demolition Method Statement, Emergency Response Plan, and regular monitoring reports
13	Local Government and Relevant Authorities	To be confirmed / as required	Government office / formal coordination meeting	Padang City Government; DLH; Dinas Perhubungan; Health Office; land/asset authorities if required; PIU; RSMDJ; ESIA-ESMP Consultant	Environmental permits, traffic management, drainage, public access, land status, local coordination, and regulatory compliance	Need to ensure consistency with local requirements and avoid overlapping public infrastructure works	The project will coordinate with relevant local authorities and update the ESIA-ESMP based on regulatory feedback, permitting requirements, and local infrastructure coordination
14	Cultural Heritage Authority / Culture Office	To be confirmed during ESIA v0.2 if required	Site visit / coordination meeting	Padang City Culture Office; Cultural Heritage Preservation Agency Region III of West Sumatra if required; RSMDJ; ESIA-ESMP Consultant	Cultural heritage screening, potential heritage marker structure inside RSMDJ, nearby cultural heritage assets, and Chance Find Procedure	Need to verify whether any structure within or near the hospital compound has cultural heritage value or protection status	The project will document potential heritage receptors, verify status with relevant authorities, apply avoidance/protection measures where needed, and include a Chance Find Procedure

10.4 Consultation Programme

The consultation programme is structured in two phases consistent with the AIIB ESF expectation of meaningful, ongoing, two-way engagement.

Table 98 Consultation Programme

Phase	Tentative Schedule	Activities
Phase 1 – ESIA Preparation and Initial Consultation	19 May 2026	Institutional interviews with Ministry of Health, Bappeda, DLH, BPBD, and RSMDJ management; FGDs with affected communities in Sawahan Timur Urban Village and surrounding RT/RW; vulnerable group consultation (elderly, disabled persons, caregivers, and TB patients); initial workforce and hospital staff consultation; baseline verification and issue identification.
Phase 2 – Public Disclosure and Stakeholder Feedback	Week 3 of June 2026 (17 June 2026)	Public disclosure of ESIA findings at RSMDJ and local government offices; stakeholder workshop and public consultation meeting; feedback collection from community representatives, patients, NGOs, and institutions; documentation of comments, grievances, and recommendations for incorporation into ESIA v0.5.

- Phase 1 Output: Stakeholder Engagement Log (institutional + community + vulnerable groups), preliminary issues register, recommendations folded into v0.5.
- Phase 2 Output: formal disclosure record, public hearing minutes, written feedback summary, EGI response log, and updated Stakeholder Engagement Plan reflecting agreed amendments disclosed via website RSMDJ dan website EGI.

10.5 Public Consultation

10.5.1 Stakeholders Consulted

The Public Consultation Forum conducted for the development plan of RSUP Dr. M. Djamil involved a range of stakeholders who are directly and indirectly affected by the proposed hospital expansion. These stakeholders included local communities residing around the project site, particularly residents of RT 01/RW 02 Sawahan Timur, community leaders from RT 03/RW 03, representatives of RW 01, and women representatives. In addition, local government representatives were also present, including sub-district (Camat) officials, village (Lurah) authorities, the Environmental Agency (Dinas Lingkungan Hidup) of Padang City, as well as the management of RSUP Dr. M. Djamil as the project proponent.

10.5.2 Consultation Methods

Stakeholder engagement was conducted through a Public Consultation Forum (PCF) held as a face-to-face public meeting. The forum adopted a participatory discussion approach, allowing stakeholders to express their opinions, concerns, and suggestions openly. The consultation process also included a

question-and-answer session, presentation of project information, and documentation through attendance lists and official meeting minutes as evidence of public participation.

10.5.3 Date and Location of Activities

The Public Consultation Forum was held on:

- **Date:** Wednesday, 17 June 2026
- **Location:** Padang City, surrounding area of RSUP Dr. M. Djamil
- **Activity:** Presentation of the hospital development plan and stakeholder discussion

10.5.4 Issues, Concerns, and Community Inputs

The consultation process identified several key issues raised by the community, including:

a) **Concerns regarding construction impacts**, particularly the proximity of planned infrastructure (including a radiotherapy bunker) to residential areas and perceived safety risks, as well as lack of prior notification in previous developments.

b) **Traffic congestion and road access concerns**, where residents expressed worries about increased traffic volume and potential diversion of access roads into residential areas.

c) **Parking management issues**, including uncontrolled parking activities around residential neighborhoods and increased vehicle presence from hospital staff and visitors.

d) **Environmental drainage and flooding concerns**, where the community highlighted inadequate drainage systems that may contribute to flooding in residential areas.

e) **Noise disturbances**, particularly from construction activities such as drilling operations conducted during early hours without prior communication to residents.

f) **Local employment and community participation**, where stakeholders emphasized the importance of involving local communities in construction activities and project-related employment opportunities.

10.5.5 Responses and Follow-Up Actions by the Project Proponent

The management of RSUP Dr. M. Djamil provided responses to the issues raised by stakeholders, including:

a) Clarification that the development is designed in accordance with applicable safety and technical standards, including the radiotherapy bunker which complies with environmental safety requirements.

b) Commitment to improve communication and public disclosure during all stages of development to ensure better coordination with surrounding communities.

c) Commitment to address parking issues through the development of structured parking facilities, including basement and multi-level parking areas, as well as temporary parking control measures in coordination with relevant authorities.

d) Agreement that traffic impacts will be further assessed through a Traffic Impact Analysis (TIA/ANDALALIN) to ensure proper traffic management.

e) Consideration of improvements to drainage systems to prevent flooding impacts in surrounding residential areas.

f) Incorporation of local employment considerations as part of the project's social responsibility and socio-economic benefit enhancement strategy.

Overall, the project proponent reaffirmed its commitment to integrating all stakeholder inputs into project planning and implementation, and to maintaining continuous engagement and monitoring with the affected communities throughout the project lifecycle.



Figure 41 Public Consultation Forum for the Development Plan of RSUP Dr. M. Djamil, Padang City

10.6 Information Disclosure

Information Disclosure for the RSUP Dr. M. Djamil Padang (RSMDJ) development project ensures that all affected and interested stakeholders receive timely, accurate, and accessible information throughout the project lifecycle. Disclosure covers all phases, including project preparation, design, Environmental and Social Impact Assessment and Environmental and Social Management Plan (ESIA-ESMP) development, construction, and operation.

During the preparation and ESIA-ESMP development phases, information will be shared with relevant stakeholders through hospital information boards, coordination meetings, official correspondence, hospital websites or social media, community meetings, and other accessible channels. Disclosed information will include the project description, planned construction and demolition activities, potential environmental and social impacts, occupational and community health and safety risks, changes in traffic and hospital access, service relocation, grievance channels, and proposed mitigation measures. Draft ESIA-ESMP documents, including the executive summary and supporting materials, will be made available for stakeholder review and feedback. Information will be presented in a format understandable to non-technical audiences while also providing detailed technical data for hospital units, government agencies, and civil society organizations. Feedback collected will be documented and incorporated into revised ESIA-ESMP versions.

During construction and operational phases, information disclosure will continue through regular updates to hospital users, staff, nearby communities, local businesses, government agencies, and other stakeholders. This will include construction and demolition schedules, temporary access arrangements, changes in hospital service locations, traffic management measures, environmental and social monitoring results, grievance redress mechanism (GRM) channels, and any corrective actions.

For vulnerable groups, including elderly patients, persons with disabilities, children, pregnant women, critical care patients, and patients requiring continuous medical support, information will be provided in a simple, visible, and easily accessible format to ensure full awareness and understanding.

Overall, consistent information disclosure is essential for the ESIA because it promotes transparency, stakeholder participation, informed decision-making, effective grievance handling, and adaptive management throughout the project. It ensures that all stakeholders are aware of project risks, mitigation measures, temporary changes, and available channels to raise concerns or complaints, supporting safe and sustainable project implementation.

11. GRIEVANCE REDRESS MECHANISM

The Project Grievance Redress Mechanism (GRM) for the RSUP Dr. M. Djamil Padang (RSMDJ) development project provides a structured and accessible process for receiving, recording, assessing, resolving, and reporting grievances submitted by project-affected persons (PAPs), hospital users, workers, surrounding communities, and other interested stakeholders.

The GRM will be integrated with the existing complaint handling system of RSMDJ, particularly through the Public Relations Unit (Bagian Humas), while also providing additional dedicated channels for environmental, social, occupational health and safety, community health and safety, labour and working conditions, access disruption, traffic management, and construction-related impacts. The GRM will be implemented in accordance with AIIB Environmental and Social Standard 10 (ESS10) on Information Disclosure and Stakeholder Engagement.

The mechanism is designed to be accessible, transparent, timely, and culturally appropriate, and allows grievances to be submitted without cost and without retaliation. Multiple entry points will be available, including on-site complaint boxes, telephone hotlines, email, hospital website channels, and in-person submission through designated staff.

The GRM does not replace formal judicial or administrative remedies. Complainants retain the right to access other legal or administrative mechanisms at any time. However, the project-level GRM provides an early-stage, accessible, and non-adversarial mechanism to address concerns before they escalate into formal disputes or external escalation.

11.1 Objectives and Principles

The main objective of the GRM is to ensure that concerns and complaints related to project activities are handled promptly, fairly, transparently, and effectively. The mechanism will support early identification of issues, reduce the risk of unresolved disputes, improve communication with affected stakeholders, and strengthen accountability during project preparation, construction, and operation.

The specific objectives of the GRM are to provide accessible complaint channels for project-affected persons and interested parties; ensure that grievances are recorded and tracked systematically; assign clear responsibilities for investigation and resolution; provide timely feedback to complainants; identify recurring issues and corrective actions; and ensure that serious or sensitive complaints are escalated appropriately to the PIU, PMU, and relevant authorities where required.

Table 99 The Grievance Redress Mechanism Principles

Principle	Description
Accessibility	The GRM will be available through multiple channels, including in-person submission, telephone, WhatsApp, email, written letters, hospital complaint desks, and project liaison channels. No fee or technical barrier will be imposed on complainants.
Responsiveness	Each grievance will be acknowledged, assessed, investigated, and responded to within defined timeframes. Urgent complaints related to safety, access, or service disruption will be prioritized.
Transparency	The GRM procedure, contact points, complaint flow, and expected response timelines will be disclosed to stakeholders. GRM performance will be reported regularly through project monitoring reports.
Fairness	Complaints will be reviewed objectively by personnel who are not directly involved in the issue being complained about. Complainants will have access to an appeal or escalation pathway.
Predictability	The GRM will follow clear stages, from receipt and registration to screening, investigation, resolution, feedback, closure, and monitoring. Complainants will be informed of the next steps and expected timing.
Confidentiality and Safety	Personal data and sensitive complaints will be handled confidentially. Anonymous complaints will be accepted. Complaints related to SEA/SH, GBV, harassment, intimidation, or retaliation will be handled through survivor-centered and confidential procedures.
Non-retaliation	No complainant, worker, patient, community member, or stakeholder shall be subject to retaliation, discrimination, or intimidation for submitting a grievance.

Principle	Description
Documentation and Learning	All complaints, actions taken, timelines, and closure status will be documented in a GRM log. Recurring issues will be analyzed to improve ESMP implementation and project management.

11.2 Existing Baseline at RSMDJ

RSMDJ already has an existing communication and complaint-handling mechanism managed mainly through the Public Relations Unit (Bagian Humas) and relevant service units. The existing mechanism is intended to receive, record, and respond to complaints, suggestions, and feedback from patients, families, visitors, staff, and other hospital users. Existing channels may include direct complaints through the hospital information desk or Public Relations Unit, telephone/hotline, written complaint boxes, online forms, official social media channels, and direct reporting through hospital service units. These channels provide an initial institutional basis for the project-level Grievance Redress Mechanism (GRM).

However, for the purpose of the ESIA and AIIB ESS1 compliance, the existing hospital complaint mechanism needs to be assessed against project-level GRM requirements. The project GRM must be accessible not only to patients and visitors, but also to project-affected communities, construction workers, contractors, informal vendors, road users, and other stakeholders potentially affected by construction and operational activities. It must also cover non-clinical complaints related to environmental impacts, social impacts, occupational health and safety, community health and safety, traffic disruption, access restriction, dust, noise, vibration, worker behavior, and construction-related incidents.

At this stage, detailed grievance statistics from RSMDJ have not yet been fully obtained. For ESIA v0.2, RSMDJ will be requested to provide available complaint data for the 2023–2025 period, including number of complaints, complaint categories, average resolution time, unresolved cases, recurring issues, and breakdown between patient-related and non-patient-related complaints. These data will be used to assess the effectiveness of the existing system and to determine additional project-specific GRM requirements.

Table 100 Assessment of Existing RSMDJ GRM Against AIIB / International GRM Principles

GRM Principle	Existing RSMDJ Mechanism	Preliminary Assessment	Gap / Additional Requirement for Project GRM
Accessibility	Complaints can be submitted through hospital public relations/service units, hotline, written channels, and digital/social media channels.	Existing channels are accessible for hospital users, especially patients, families, and visitors.	Additional project-specific channels are needed for surrounding communities, contractors, construction workers, informal vendors, and road users affected by construction activities.
Transparency	Complaint channels are available through hospital communication systems.	Basic transparency exists, but project-specific GRM flow and response	GRM procedure, contact points, complaint flow, response timeline, escalation pathway, and appeal

GRM Principle	Existing RSMDJ Mechanism	Preliminary Assessment	Gap / Additional Requirement for Project GRM
		timelines need to be disclosed clearly.	mechanism should be publicly disclosed.
Responsiveness	Complaints are handled by relevant hospital units depending on the issue.	Mechanism exists, but response time and resolution performance need to be verified through grievance statistics.	Defined response timelines should be applied: registration, acknowledgement, screening, investigation, resolution, appeal, and reporting.
Documentation	Existing complaints may be documented by Humas or service units.	Documentation practice needs confirmation and standardization.	A project GRM register should be maintained, including complaint date, channel, category, responsible unit, action taken, closure status, and follow-up.
Confidentiality	Patient-related complaints are expected to follow hospital confidentiality principles.	Relevant for clinical complaints, but safeguards-related confidentiality procedures need to be made explicit.	Sensitive complaints, including GBV/SEA-SH, harassment, retaliation, medical confidentiality, and vulnerable patient complaints, must be handled confidentially.
Non-retaliation	Not yet clearly described in the existing mechanism.	Needs strengthening for workers, contractors, patients, and community complainants.	GRM must explicitly state that no complainant may be subject to retaliation, discrimination, intimidation, or service disadvantage.
Inclusiveness	Existing channels mainly serve hospital users.	Vulnerable groups may face barriers if information is not accessible.	GRM should include accessible channels for elderly patients, persons with disabilities, low-income patients, BPJS/JKN patients, women, children, and patients requiring continuous medical care.
Escalation	Complaints may be escalated internally depending on severity.	Escalation pathway needs to be formalized for project-related complaints.	Serious complaints should be escalated to RSMDJ management, PIU, PMU/MoH, and AIIB where relevant.
Reporting and learning	Existing reporting format needs confirmation.	Periodic analysis of complaint trends is required for ESMP implementation.	Monthly GRM summary and quarterly trend analysis should be prepared, including unresolved cases and corrective actions.

Although RSMDJ has existing complaint channels for hospital staff and users, these mechanisms are not specifically designed for project workers. Therefore, a dedicated Workers' Grievance Redress Mechanism shall be established separately from the community and patient GRM. The mechanism will be accessible to direct, contracted, subcontracted, temporary, and daily workers, allowing confidential or anonymous complaints without retaliation on matters such as employment conditions,

wages, occupational health and safety, discrimination, harassment, and SEA/SH. The mechanism shall be communicated during worker induction and managed by the contractors under PIU and RSMDJ oversight.

11.3 Proposed Project-Level GRM

The proposed project-level GRM will build on the existing RSMDJ complaint-handling mechanism while adding dedicated safeguards-related channels for project implementation. The GRM will be available during pre-construction, construction, and operation, and will cover complaints from patients, patient families, visitors, hospital staff, contractors, construction workers, surrounding communities, informal vendors, road users, and other affected or interested parties.

The project GRM will receive, and address complaints related to environmental impacts, social impacts, occupational health and safety, community health and safety, labor and working conditions, access disruption, traffic management, dust, noise, vibration, waste management, service relocation, patient safety, construction worker behavior, and other project-related issues. Clinical complaints will continue to be handled through the hospital's clinical governance pathway, while project-related and safeguards-related complaints will be recorded and monitored through the project GRM. Where concerns cannot be satisfactorily resolved through the Project-level GRM or AIIB Management processes, Project-affected people may access AIIB's independent accountability mechanism, as further described in Section 11.8.

The proposed GRM will follow seven stages: receipt and registration; acknowledgement; screening and categorization; investigation; resolution and response; appeal or escalation if the complainant is not satisfied; and reporting and learning. The draft already provides target timelines, including registration within one working day, acknowledgement within three working days, categorization within five working days, and resolution for straightforward complaints within 21 working days.

Table 101 Proposed GRM for RSMDJ Development Project

GRM Component	Proposed Arrangement
Eligible complainants	Patients, patient families, visitors, hospital staff, surrounding communities, informal vendors, construction workers, contractors, road users, and other affected/interested stakeholders.
Complaint scope	Environmental impacts, social impacts, access disruption, traffic, dust, noise, vibration, waste, OHS, community safety, labor issues, worker behavior, patient/service relocation, and hospital service continuity.
Channels	In-person complaint desk/Humas, project liaison officer, hotline/telephone, WhatsApp, email, website/social media, written complaint box, contractor worker GRM, and community liaison channel.
Registration	All complaints recorded in GRM register, including anonymous complaints where submitted.
Categorization	Clinical, environmental, social, OHS, labor, access/traffic, community health and safety, GBV/SEA-SH, and urgent/emergency complaints.

GRM Component	Proposed Arrangement
Timeline	Registration within 1 working day; acknowledgement within 3 working days; screening within 5 working days; resolution within 21 working days for simple cases; complex cases may take up to 30 working days with complainant notification.
Responsible units	Humas, PIU safeguards officer, project liaison officer, contractor/site manager, K3RS, PPI, environmental health/sanitation unit, security, and relevant hospital units.
Escalation	Unresolved or serious complaints escalated to RSMDJ management, PIU, PMU/MoH, and AIIB where relevant.
Confidentiality	Personal data and sensitive complaints handled confidentially; GBV/SEA-SH complaints handled through survivor-centered procedures.
Reporting	Monthly GRM summary and quarterly trend analysis prepared for ESMP reporting.
Monitoring indicators	Number of complaints received, complaint categories, average response time, number of resolved/unresolved cases, repeated complaints, serious incidents, and corrective actions completed.

11.4 GRM Channels and Procedures

Multiple grievance channels are provided to ensure accessibility for stakeholders with different communication preferences and capacities. The grievance mechanism is intended to receive and respond to complaints, suggestions, and concerns from patients, visitors, surrounding communities, workers, contractors, and other affected stakeholders in a transparent and timely manner.

Table 102 GRM Channels and Procedures

Channel	Detail	Contact / Notes
In-person	RSMDJ Public Relations Unit (Bagian Humas), Information Desk, Project Liaison Officer, and on-site GRM Officer during construction	RSMDJ, Jl. Perintis Kemerdekaan, Padang
Telephone / Hotline	Main hospital hotline and public information contact managed by RSMDJ	Tel: **(0751) 8956666** / **(0751) 37030** (RSMDJ)
WhatsApp	WhatsApp complaint and information service	To be confirmed by RSMDJ Public Relations in v0.2
Digital	Official website, email, and social media channels	Website: RSMDJ Official Website Email: **contact@rsdjamil.co.id** (RSMDJ)
Written	Complaint boxes located at hospital entrance, service units, kelurahan office, and kecamatan office	Complaint forms recorded in grievance logbook
Anonymous	Locked complaint box and anonymous online submission option	Particularly relevant for sensitive complaints, including GBV/SEAH-related concerns
Workforce	Worker grievance procedure through contractor management, toolbox meetings, and HR channels	Applicable for contractors, subcontractors, and project workers

All grievances should be documented, screened, assigned to the responsible unit, and resolved within an agreed timeframe. Sensitive complaints should be handled confidentially and in accordance with survivor-centered principles where relevant. The GRM system will support transparency, accountability, and stakeholder engagement throughout the project lifecycle.

11.5 Complaint Handling Stages

Complaint handling progresses through seven defined stages with target timelines for each. Tier 1 (straightforward) complaints close within 21 working days; complex complaints may extend to 30 days with appropriate complainant communication. Each stage is recorded in the GRM Register (Excel template in Annex D).

Table 103 Complaint Handling Stages

Stage	Action	Timeline (target)
1. Receipt and registration	Complaint logged in GRM register (date, channel, complainant or anonymous, summary, category)	Within 1 working day
2. Acknowledgement to complainant	Acknowledgement (where contactable); reference number issued	Within 3 working days
3. Triage and routing	Categorise (clinical / safeguards / labour / community / GBV-SEAH); route to responsible officer	Within 5 working days
4. Investigation	Documented investigation; site visit if needed; consult complainant	Within 14 working days for Tier 1; 30 days for complex
5. Resolution and response	Action taken; written or verbal response to complainant; complainant satisfaction recorded	Within 21 working days for Tier 1
6. Appeal (if dissatisfied)	Appeal to RSMDJ Direksi or AIIB safeguards channel	Within 14 working days of original response
7. Reporting and learning	Quarterly GRM report; trend analysis; corrective system actions	Quarterly

11.6 Roles and KPIs

The implementation of the Grievance Redress Mechanism (GRM) will involve clear roles and responsibilities across RSMDJ, the PIU, the safeguards team, and the contractor. Each party will be responsible for receiving, recording, assessing, responding to, and escalating grievances in accordance with the project GRM procedure. The roles and KPIs will be formalized in the ESMP Annex and Contractor ESMP prior to construction.

Table 104 Roles and KPIs

Institution / Position	Main Roles and Responsibilities	Key Performance Indicators
RSMDJ Public Relations / Humas	Receive and register grievances from patients, visitors, hospital staff, and the surrounding community; coordinate initial communication with complainants.	All grievances recorded in the GRM logbook within 1 working day.
RSMDJ Environmental Health / K3 / PPI Units	Investigate complaints related to environmental issues, occupational health and safety, infection prevention, sanitation, healthcare waste, noise, dust, and hospital service disruption.	Technical assessment completed within 5 working days after complaint registration.
Project Liaison Officer	Act as the first point of contact during construction; communicate with affected communities; handle complaints related to dust, noise, traffic, access disruption, worker behavior, and community safety.	On-site availability during construction working hours; initial response provided within 2 working days.
Contractor / Site Manager	Implement corrective actions for construction-related complaints; ensure workers comply with the code of conduct, traffic rules, OHS requirements, and environmental mitigation measures.	Corrective actions implemented within agreed timeframe; repeated complaints minimized.
E&S / Safeguards Team	Monitor GRM implementation, review complaint trends, verify corrective actions, and prepare periodic GRM performance reports.	Monthly GRM summary prepared; quarterly trend analysis completed.
PIU Safeguards Officer	Oversee project-level GRM performance, ensure unresolved complaints are escalated, and coordinate reporting to PMU/AIIB where required.	Monthly GRM dashboard updated; unresolved cases escalated within agreed timeline.
PMU / Ministry of Health	Provide oversight for serious, unresolved, or sensitive complaints and ensure compliance with lender and national safeguard requirements.	Serious complaints reviewed and followed up at project management level.

In general, grievances should be acknowledged promptly, recorded transparently, investigated by the relevant technical unit, and closed only after corrective actions are implemented and communicated to the complainant. Complaints related to serious incidents, community safety, SEA/SH, occupational accidents, or unresolved disputes must be escalated to the PIU and PMU immediately.

11.7 RS-Specific Adaptations

The grievance redress mechanism (GRM) for RSMDJ should reflect the specific characteristics of healthcare services and the sensitive nature of patient–hospital interactions in a Class A National Referral Hospital. Special attention is required for clinical confidentiality, vulnerable patient groups, serious medical incidents, and culturally appropriate communication approaches.

Patient complaints related to clinical services should be handled through an internal clinical governance pathway while maintaining patient confidentiality and complaint anonymization where necessary. Sensitive complaints involving oncology, transplantation, pediatric care, maternal services, TB patients, HIV/AIDS patients, and other vulnerable groups should be managed using a trauma-informed and confidential approach.

To improve accessibility and inclusiveness, grievance communication should support Bahasa Indonesia and local language assistance where required, including Minang language support for surrounding communities. Disability-inclusive access should also be incorporated through universal access principles, including accessible complaint desks, clear signage, wheelchair access, and support for persons with hearing or visual impairments where feasible.

Special grievance procedures should also be available for cases involving death, severe medical incidents, or serious patient harm. These complaints should follow a dedicated escalation pathway involving hospital management, family liaison personnel, and appropriate documentation procedures to ensure transparent and respectful handling of sensitive cases.

Overall, the RS-specific adaptation of the GRM is intended to ensure that complaint handling remains accessible, confidential, culturally appropriate, and responsive to the needs of patients, families, workers, and vulnerable groups within the hospital environment.

11.8 AIIB Independent Accountability Mechanism: Project-affected People's Mechanism (PPM)

In addition to the Project-level GRM and the separate Workers' GRM, Project-affected people may access the Asian Infrastructure Investment Bank's independent accountability mechanism, known as the Project-affected People's Mechanism (PPM). The PPM is independent of AIIB Management and reports directly to AIIB's Board of Directors.

The PPM provides an opportunity for the independent and impartial review of submissions from Project-affected people who believe that they have been, or are likely to be, adversely affected by AIIB's failure to implement its Environmental and Social Policy. The PPM may be accessed when concerns cannot be addressed satisfactorily through the Project-level GRM or AIIB Management processes. The PPM does not replace the Project-level GRM but provides an additional accountability and recourse mechanism for eligible environmental and social concerns associated with AIIB-financed projects.

Information on eligibility requirements, submission procedures, confidentiality arrangements, and available PPM functions is provided on AIIB's official Project-affected People's Mechanism webpage. Submissions may be made through AIIB's online submission form, by email to the PPM Secretariat, or by post in accordance with the applicable PPM Policy and Rules of Procedure. Information regarding the PPM and its submission process shall be disclosed to Project-affected people through stakeholder consultations, Project information materials, the Project website, and GRM communication channels.

12 IMPLEMENTATION ARRANGEMENTS FOR ESMP

This chapter describes the institutional arrangements, implementation structure, estimated ESMP budget, and responsibility allocation for the RSUP Dr. M. Djamil Padang (RSMDJ) development project. The implementation framework defines roles, coordination mechanisms, reporting lines, and financial provisions among government institutions, project management units, consultants, contractors, and hospital operational units to ensure effective implementation of environmental and social safeguards throughout the project lifecycle.

Because the development will be implemented within an active tertiary referral hospital environment, strong institutional coordination is required to maintain hospital operational continuity while ensuring compliance with national regulations and the AIIB Environmental and Social Framework (ESF). The implementation structure integrates environmental management, occupational health and safety, infection prevention and control, stakeholder engagement, traffic management, and construction supervision into the overall project governance system.

12.1 Indicative ESMP Budget Allocation

An indicative budget will be allocated to support ESMP implementation throughout the project phases. The estimated cost covers mitigation measures, monitoring activities, capacity building, occupational health and safety implementation, stakeholder engagement activities, and environmental management systems.

A preliminary ESMP budget of approximately IDR 7.9 billion has been allocated for the construction and initial operational transition phases. The estimate covers environmental mitigation, occupational health and safety, environmental and social monitoring, traffic management, infection prevention and control, stakeholder engagement, grievance management, and capacity building. The estimate is indicative and will be refined during detailed engineering design, preparation of the Bill of Quantities, and contractor procurement. Mitigation and OHS costs shall be incorporated into the construction contract, while monitoring, stakeholder engagement, and hospital-interface measures shall be financed through the supervision, project management, and RSMDJ operational budgets.

Table 105 Indicative ESMP Budget Allocation

ESMP Component	Indicative Cost Allocation	Responsible Party
Environmental mitigation measures (dust, noise, waste management)	IDR 2.50 billion	Contractor
Occupational Health & Safety (OHS) implementation	IDR 1.50 billion	Contractor
Environmental & social monitoring and supervision	IDR 1.20 billion	Supervision Consultant / PIU
Traffic and access management measures	IDR 600 million	Contractor
Infection prevention & control measures (hospital interface)	IDR 750 million	RSMDJ Hospital Management

ESMP Component	Indicative Cost Allocation	Responsible Party
Stakeholder engagement and GRM implementation	IDR 300 million	PIU / Hospital PR Unit
Capacity building and training on ESMP/ESF	IDR 300 million	PIU with Consultant support
Contingency, approximately 10%	IDR 715 million	PIU
Total indicative ESMP budget	DR 7.865 billion	

12.2 Institutional Responsibilities

Implementation responsibilities are assigned as follows:

- **Project Owner / Implementing Agency (RSMDJ / MoH):** Overall responsibility for ESMP implementation, compliance with national regulations and AIIB ESF requirements, and coordination with relevant stakeholders.
- **Project Implementation Unit (PIU):** Responsible for day-to-day coordination, ESMP monitoring oversight, reporting, and integration of safeguard requirements into project execution.
- **Supervision Consultant:** Responsible for environmental and social monitoring, compliance verification, reporting, and advisory support to PIU.
- **Contractor:** Responsible for implementation of on-site ESMP measures, including environmental mitigation, occupational health and safety, waste management, and traffic control during construction.
- **Hospital Operational Units:** Responsible for ensuring continuity of medical services, infection prevention and control, internal coordination during construction, and interface management between hospital operations and project activities.

12.3 Relevant Project Stakeholder and Responsibilities

Effective implementation of the Environmental and Social Management Plan (ESMP) requires clear institutional arrangements, defined responsibilities, and regular coordination among all parties involved in the RSMDJ development project. These arrangements ensure that environmental, social, health, safety, labour, and community-related risks are properly managed throughout project preparation, construction, and operation.

At the national level, the Ministry of Health provides overall policy direction and oversight to ensure that environmental and social considerations are integrated into healthcare infrastructure development. The Ministry also coordinates with relevant government agencies and supports institutional capacity for ESMP implementation. Environmental regulatory oversight is provided by the Ministry of Environment and Forestry (KLHK) and the relevant Environmental Agency (DLH), while local

government agencies support coordination on environmental management, traffic, public access, community issues, and grievance resolution.

At the project level, the Project Management Unit (PMU) is responsible for overall project coordination and supervision. The PMU ensures that environmental and social requirements are incorporated into project planning, procurement, contracts, supervision arrangements, and reporting systems. The PMU also reviews implementation progress and ensures that significant issues are addressed through appropriate corrective actions.

The Project Implementation Unit (PIU) is responsible for day-to-day implementation of the ESMP at the hospital level. Working closely with hospital management, contractors, supervision consultants, government agencies, and other stakeholders, the PIU oversees the implementation of mitigation measures, monitoring activities, reporting, stakeholder engagement, and grievance management.

To support implementation, the PIU includes Environmental and Social Officers. The Environmental Officer oversees environmental risk management, including issues related to dust, noise, vibration, waste, wastewater, hazardous materials, drainage, traffic-related environmental impacts, and environmental compliance. The Social Officer manages social aspects of the project, including occupational and community health and safety, labour management, stakeholder engagement, grievance handling, gender-related risks, and SEA/SH prevention. Both officers ensure that safeguard requirements are incorporated into procurement documents, contractor management plans, monitoring programmes, and project reporting.

The Contractor is responsible for preparing and implementing a Contractor Environmental and Social Management Plan (C-ESMP) consistent with the approved ESIA and ESMP. The Contractor is required to implement all site-specific mitigation measures, maintain compliance records, conduct worker training, manage incidents, respond to grievances, and submit regular safeguard performance reports.

The Construction Supervision Consultant (CSC) provides independent supervision of the Contractor's technical, environmental, and social performance. Through qualified environmental and social specialists, the CSC monitors compliance with the ESIA/ESMP, C-ESMP, occupational health and safety requirements, labour management procedures, stakeholder engagement commitments, and grievance mechanisms. The CSC also conducts inspections, identifies non-compliance, recommends corrective actions, and reports implementation performance to the PIU and PMU.

Overall, the ESMP implementation framework is designed to ensure that responsibilities are clearly defined, coordination is effective, and environmental and social risks are managed in a timely, accountable, and transparent manner throughout the project lifecycle.

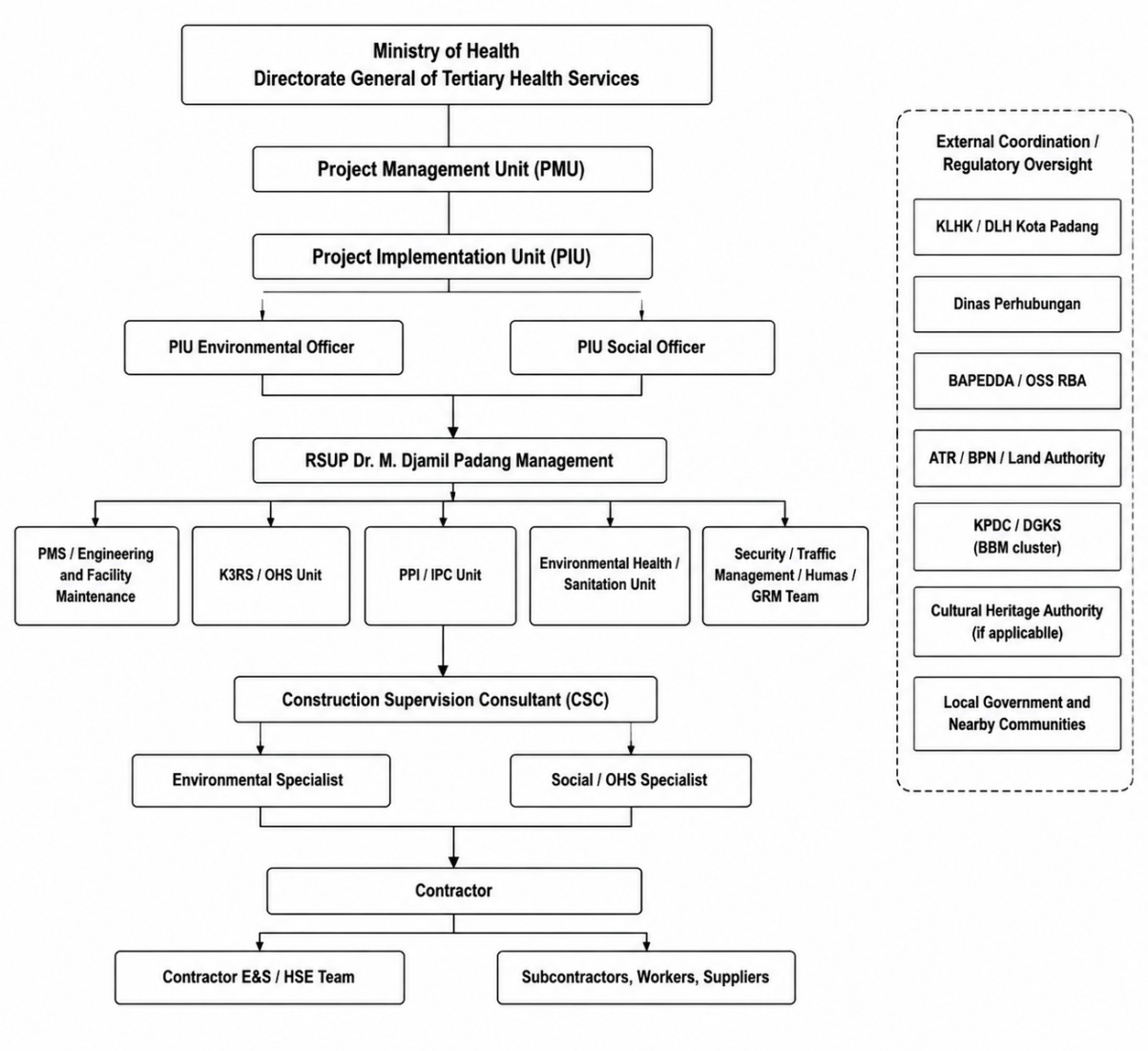


Figure 42 Institutional Arrangement for ESMP Implementation

The figure presents the institutional arrangement for ESMP implementation under the RSMDJ development project, showing that overall direction and oversight are provided by the Ministry of Health through the Directorate General of Tertiary Health Services and the Project Management Unit (PMU), while day-to-day implementation is coordinated by the Project Implementation Unit (PIU) with support from the PIU Environmental Officer and PIU Social Officer. At the hospital level, RSMDJ management coordinates relevant technical units, including IPSRS/engineering and facility maintenance, K3RS/OHS, PPI/IPC, environmental health and sanitation, security, traffic management, public relations, and the GRM team, to support mitigation, monitoring, hospital service continuity, emergency access, OHS, infection prevention, stakeholder communication, and complaint handling. The Construction Supervision Consultant (CSC) supervises contractor performance through environmental and social/OHS specialists, while the contractor implements site-level environmental, social, health, and safety measures through its E&S/HSE team, subcontractors, workers, and suppliers. External coordination will also be maintained with relevant authorities, including KLHK/DLH Padang City, Dinas Perhubungan, DPMPTSP/OSS-RBA, ATR-BPN, KPKNL/DJKN for BMN matters, cultural heritage authorities where required, local government, and nearby communities, to ensure that

responsibilities, reporting lines, regulatory coordination, and corrective actions are clearly managed throughout pre-construction, construction, and operation.

12.4 Project Implementation Arrangements

Effective implementation of the Environmental and Social Management Plan (ESMP) requires clear institutional coordination and well-defined responsibilities among all parties involved in the RSMDJ development project. This arrangement is needed to ensure that environmental, social, health, safety, labour, and community-related risks are properly managed during project planning, pre-construction, construction, and operation.

The implementation structure involves the Ministry of Health, the Project Management Unit (PMU), the Project Implementation Unit (PIU), RSMDJ management, hospital technical units, contractors, supervision consultants, and relevant government agencies. Each party has a specific role in implementing mitigation measures, conducting monitoring, preparing reports, managing grievances, and taking corrective actions when required.

At the Directorate General of Tertiary Health Services level, project coordination will be managed by the Project Management Unit (PMU). The PMU is responsible for overall project coordination, technical direction, procurement oversight, environmental and social safeguard supervision, and reporting to the Ministry of Health and relevant authorities.

At the hospital level, day-to-day ESMP implementation will be carried out by the Project Implementation Unit (PIU) established within RSMDJ. The PIU will coordinate hospital-level implementation, including environmental and social safeguards, construction supervision, hospital operational coordination, stakeholder engagement, grievance handling, and reporting to the PMU.

This coordination arrangement is particularly important because the project will be implemented within an active hospital environment. Construction and demolition activities may affect patients, staff, visitors, emergency access, hospital utilities, service continuity, workers, and nearby communities. Therefore, clear reporting lines and strong coordination are required to ensure that mitigation measures are implemented consistently and that potential impacts are addressed in a timely manner.

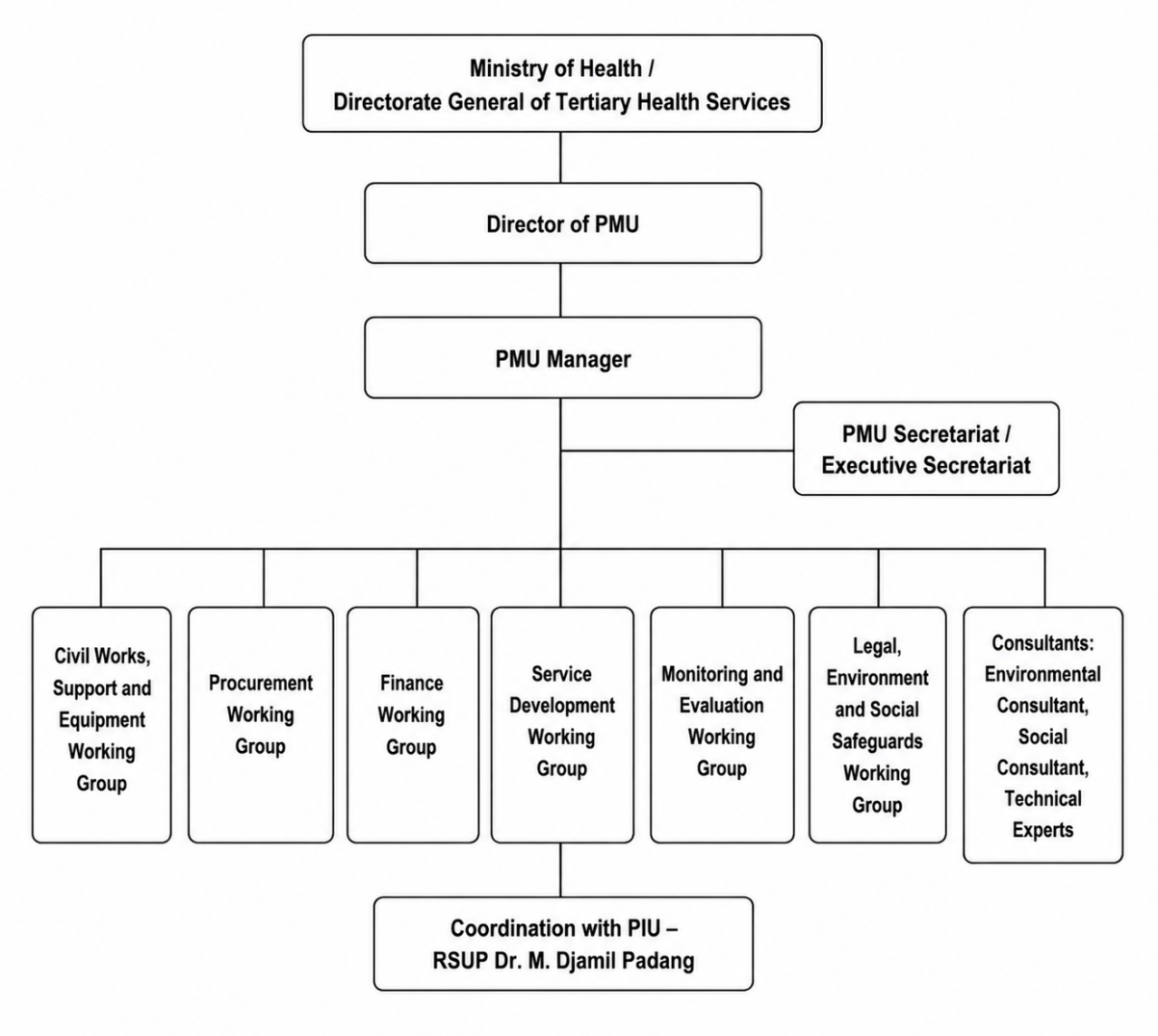


Figure 43 PMU Organization Chart

The figure shows the PMU organizational structure for the RSMDJ project, where overall project direction is placed under the Ministry of Health through the Directorate General of Tertiary Health Services, followed by the Director of PMU and PMU Manager as the main coordination and management levels. The PMU Secretariat/Executive Secretariat supports administrative coordination, documentation, and communication, while the technical implementation is divided into several working groups, including civil works, support and equipment, procurement, finance, service development, monitoring and evaluation, legal, environmental and social safeguards, and consultants covering environmental, social, and technical expertise. The structure also shows that the PMU maintains direct coordination with the PIU at RSMDJ to ensure that planning, procurement, technical design, safeguards requirements, monitoring, reporting, and project implementation are aligned between the central project management level and the hospital implementation level.

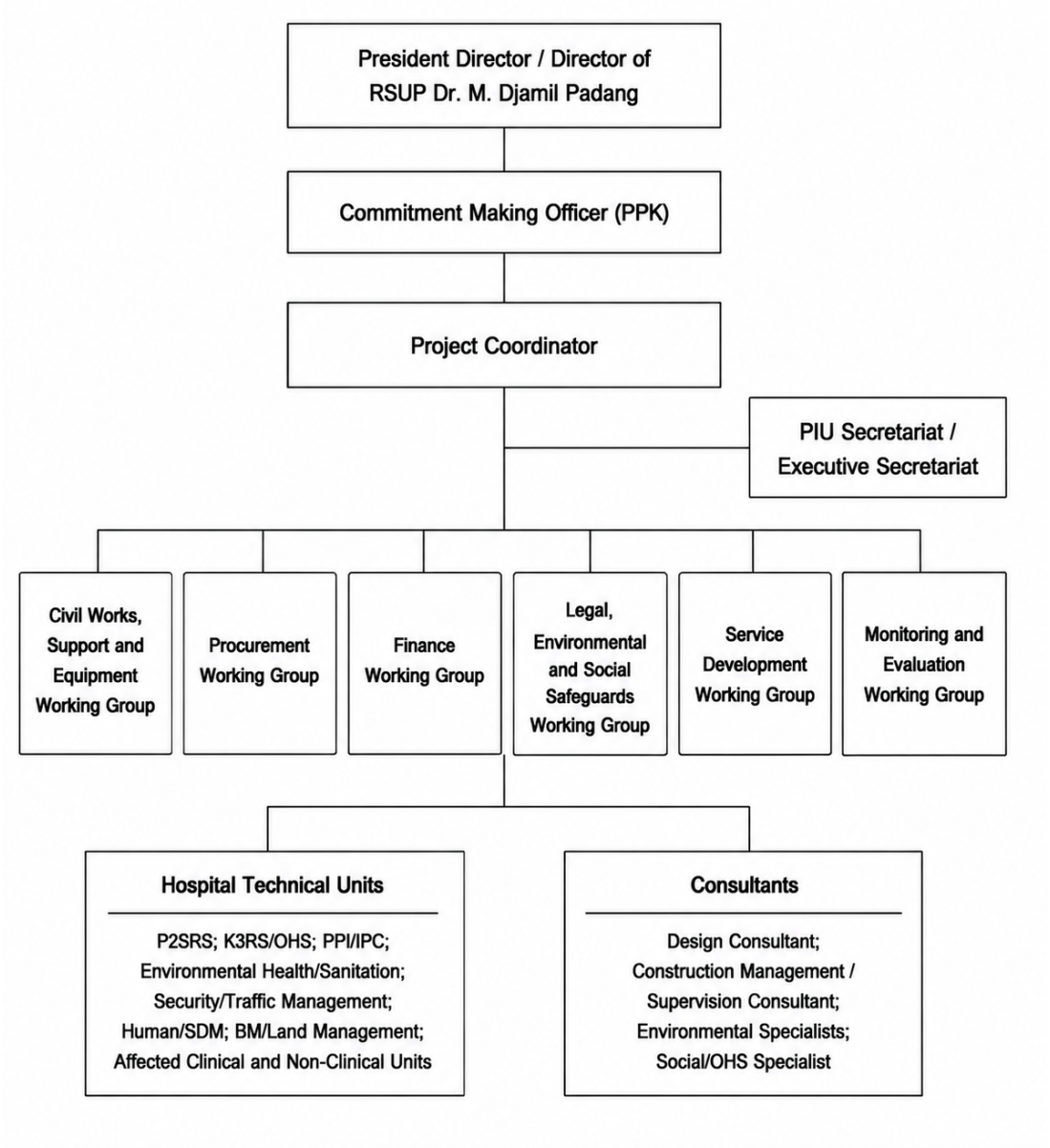


Figure 44 PIU Organization Chart RSMDJ

The PIU will be responsible for ensuring that the ESMP is implemented at the hospital level. This includes coordinating with contractors and supervision consultants, confirming construction readiness, protecting hospital service continuity, maintaining emergency access, supervising environmental and social mitigation measures, monitoring contractor compliance, managing stakeholder communication, and ensuring that complaints are recorded and followed up through the project GRM.

12.5 Capacity Building

The Capacity building will be implemented to ensure that all parties involved in the RSMDJ development understand their environmental and social responsibilities during project preparation, construction, and operation. The programme will target RSMDJ management, technical units, contractors, workers, and local stakeholders. Training will cover AIIB ESF requirements, ESMP implementation, environmental monitoring, occupational health and safety, grievance handling,

community engagement, and hospital-specific risks such as wastewater, hazardous waste, infection prevention, and emergency response.

Table 106 Training and Awareness Program for ESMP Implementation

Target Audience	Training Topics	Indicative Coverage
PMU and RSMDJ Directors	AIIB ESF, ESS1 implementation, ESMP supervision, reporting obligations, project governance	2-day workshop, repeated annually
RSMDJ Environmental Health / K3 / PPI Units	BMAL/BMUE/B3 compliance, IPAL monitoring, stack emission monitoring, hazardous waste management, infection prevention	Half-day technical briefing, quarterly
RSMDJ Public Relations / GRM Team	GRM procedures, complaint handling, stakeholder communication, trauma-informed response, escalation criteria	1-day training, repeated annually
RSMDJ HR / Training Unit	Workforce planning, gender-sensitive workplace management, vulnerable group awareness, worker welfare	Half-day briefing, every semester
Contractor Management	C-ESMP implementation, SMK3, traffic management, chance-find procedure, GBV/SEA-H code of conduct	Mandatory before mobilization, quarterly refresher
Contractor Workforce	Daily safety induction, PPE use, waste segregation, dust/noise control, community interaction protocol	Daily toolbox meeting / weekly briefing
Security and Traffic Personnel	Ambulance access protection, pedestrian safety, traffic marshaling, emergency response coordination	Before mobilization and monthly refresher
Local Community / Kelurahan	Project briefing, construction schedule, GRM access, traffic changes, public safety during construction	Pre-mobilization and ongoing engagement

This capacity-building programme will help ensure that ESMP requirements are consistently implemented and understood by all responsible parties. Training records, attendance lists, and evaluation results should be maintained as part of the project's environmental and social reporting system.

13 MONITORING MEASURES

Monitoring Measures are designed to verify that all environmental, social, and health and safety mitigation measures outlined in the Environmental and Social Management Plan (ESMP) are properly implemented throughout the project cycle of RSUP Dr. M. Djamil Padang (RSMDJ). The monitoring program covers pre-construction, construction, and operational phases, with particular attention to activities that could affect hospital service continuity, patient and staff safety, traffic access, air quality, noise and vibration, waste and wastewater management, occupational health and safety, infection prevention, and community health and safety.

The monitoring framework is structured to ensure clarity and accountability. It defines for each activity: project stage, impact category, source of impact, monitoring parameters and indicators, monitoring locations and methods, frequency, applicable standards or reference criteria, threshold or action levels, responsible parties, and reporting/documentation requirements. This approach ensures that corrective actions can be implemented promptly whenever non-compliance or significant impacts are observed.

During the pre-construction stage, monitoring focuses on readiness verification, including baseline data completion, consultation records, contractor ESMP documents, traffic management plans, patient and staff relocation planning, and overall Health, Safety, and Environment (HSE) preparedness.

During the construction stage, monitoring emphasizes the implementation of mitigation measures for demolition, excavation, construction works, material transport, waste handling, traffic and access management, occupational health and safety, infection prevention, and grievance handling.

During the operational stage, monitoring focuses on wastewater treatment, healthcare and hazardous waste management (B3 waste), traffic and access, patient flow, emergency preparedness, infection prevention, and the performance of new hospital facilities.

Monitoring results are documented through site inspection records, laboratory reports, incident reports, grievance logs, meeting minutes, contractor reports, and periodic ESMP implementation reports. Any exceedance of standards, repeated complaints, unsafe conditions, or disruption to hospital operations triggers immediate corrective actions by the responsible party. A detailed summary of the monitoring framework, including sampling locations, technical monitoring methods, laboratory requirements, and reporting templates, is presented in the table below.

Table 107 Environmental monitoring plan during construction and operation phase

No	Category	Project Stage	E&S Risks and Impacts	Monitoring Parameters	Monitoring Locations	Measurements & Methods	Monitoring Frequency	Responsibility	Estimated Cost (IDR)
1	ENVIRONMENTAL	Pre-construction	Structural and operational vulnerability due to failure to incorporate climate change risks	CRVA completion, design climate compliance, flood elevation, drainage capacity	Design docs, ML-01	Checklist review, engineer sign-off, SNI comparison	Each design milestone	PMU/Design Consultant/E&S Specialist	35,000,000
2	ENVIRONMENTAL	Pre-construction	Failure to incorporate environmental and social considerations in design	ESIA compliance, green building, accessibility, IPAL/TPS design	Design docs ML-01	Checklist review & sign-off	Each design milestone	PMU/E&S Specialist	30,000,000
3	ENVIRONMENTAL	Pre-construction	Compliance with OLS/KKOP height limits	OLS verification	Site plan	Authority checklist	Each milestone	PMU/Design Consultant	35,000,000
4	ENVIRONMENTAL	Pre-construction	Noise assessment & mitigation planning	Noise study, acoustic design	ICU/NICU	Report review	Design completion	Environmental Consultant	25,000,000
5	HSE	Construction	Asbestos Containing Materials (ACM) risk	Airborne fibers, PPE, waste manifest	ML-03 ML-04 ML-05	Air sampling, inspection	Daily & baseline	Contractor/PMU	75,000,000
6	ENVIRONMENTAL	Construction	Dust PM10/PM2.5	PM10 PM2.5 complaints	Site boundary ML-04 ML-05	Monitoring & lab test	Daily/monthly	PMU/Contractor	60,000,000

No	Category	Project Stage	E&S Risks and Impacts	Monitoring Parameters	Monitoring Locations	Measurements & Methods	Monitoring Frequency	Responsibility	Estimated Cost (IDR)
7	HSE	Construction	Exhaust emissions diesel machinery	CO NOx SOx	ML-24 ML-04	Ambient sampling	Quarterly	PMU/Contractor	25,000,000
8	HSE	Construction	Noise impacts	LAeq dB(A) complaints	ML-11 ML-12 ML-25	Sound meter	Daily	PMU/Contractor	20,000,000
9	HSE	Construction	Vibration impacts	PPV structural cracks	ML-12 ML-13	Vibration meter	During heavy works	PMU/Contractor	30,000,000
10	ENVIRONMENTAL	Construction	Soil contamination	TPH BTEX spills	ML-24 ML-17	Sampling if spill	Weekly	PMU/Contractor	15,000,000
11	HSE	Construction	Waste generation	Waste logs B3 manifest	ML-20 ML-21	Audit logs	Daily/monthly	PMU/Contractor	15,000,000
12	ENVIRONMENTAL	Construction	Vegetation loss	Cleared area survival rate	ML-02 ML-03	GPS/drone	Monthly	PMU/Contractor	10,000,000
13	HSE	Construction	Natural disaster vulnerability	ERP drills training	Site wide	Drills	Semi-annual	PMU/Contractor	10,000,000
14	SOCIAL	Construction	Community Health & Safety	Access disruption emergency response complaints	Gate ML-08 ML-25	Traffic observation	Daily/weekly	PMU/Contractor	Included
15	SOCIAL	Construction	Labour & Working Conditions	PPE incidents working hours	Site ML-22 ML-23	OHS audit	Daily/monthly	Contractor/PMU	Included
16	SOCIAL	Construction	Traffic & Access Disruption	Ambulance delay congestion	Access roads ML-08	Traffic counts	Daily/weekly	Contractor	Included
17	SOCIAL	Construction	Stakeholder Engagement & GRM	Grievances response time	Humas GRM channels	GRM database	Monthly	PMU/Hospital	Included
18	ENVIRONMENTAL	Operation	Air emissions generator	PM NOx CO SOx	ML-31	Stack testing	Bi-annual	Hospital/DLH	40,000,000/year
19	ENVIRONMENTAL	Operation	Healthcare waste	B3 manifest waste logs	Hospital units ML-20	Audit	Monthly	Hospital/K3RS	25,000,000/year

No	Category	Project Stage	E&S Risks and Impacts	Monitoring Parameters	Monitoring Locations	Measurements & Methods	Monitoring Frequency	Responsibility	Estimated Cost (IDR)
20	ENVIRONMENTAL	Operation	Wastewater effluent	BOD COD TSS	ML-19 ML-18	Lab testing	Monthly	WWTP	60,000,000/year
21	ENVIRONMENTAL	Operation	ESMS governance	audit training GRM	Facility wide	audit	Annual	Hospital/PMU	35,000,000/year
22	ENVIRONMENTAL	Operation	Rooftop OLS	height safety	Roof	inspection	Monthly	Facility	15,000,000
23	ENVIRONMENTAL	Operation	Noise aviation impact	LAeq	ICU NICU	monitoring	Quarterly	Facility	10,000,000

Information

1. **ML-01** = Main project reference point (baseline location of RSUP Dr. M. Djamil)
2. **ML-03** = Demolition area (asbestos monitoring location)
3. **ML-04 & ML-05** = Air quality boundary points (upwind & downwind site limits)
4. **ML-11** = Sensitive hospital wards (patient care areas)
5. **ML-12** = ICU/NICU critical care areas
6. **ML-13** = Operating theatre / surgical area
7. **ML-17** = Site drainage outfall point
8. **ML-18** = Downstream drainage monitoring point
9. **ML-19** = Wastewater treatment plant (effluent discharge point)
10. **ML-20** = Hazardous waste storage area (TPS LB3)
11. **ML-21** = Solid waste storage area
12. **ML-22** = Contractor site office
13. **ML-23** = Worker facilities / accommodation area
14. **ML-24** = Fuel storage & machinery area
15. **ML-25/26** = Surrounding community receptors
16. **ML-30** = Emergency assembly & evacuation point
17. **ML-31** = Generator / emission source area

BIBLIOGRAPHY AND REFERENCES

The Bibliography compiles the legal, regulatory, framework, project-specific, and methodological sources cited in this ESIA-ESMP. It is organised by category to facilitate cross-reference from the body chapters, and updated synchronously with each Living Document version.

National Regulations of the Republic of Indonesia

The Indonesian regulatory floor for hospital projects spans health, environmental, spatial, labour, and traffic disciplines. The principal instruments cited in this ESIA are listed below in roughly hierarchical order. Cultural heritage instruments are omitted from the operative list per AIIB direction that no Cultural Heritage Management Plan is required for this project; UU 11/2010 remains noted for general national context.

- Law Number 17 of 2023 concerning Health (Health Law)
- Law Number 32 of 2009 concerning Environmental Protection and Management (Environmental Protection and Management Law / EPL Law)
- Law Number 6 of 2023 concerning the Enactment of Government Regulation in Lieu of Law Number 2 of 2022 concerning Job Creation into Law
- Law Number 44 of 2009 concerning Hospitals (Hospital Law applicable to matters not yet superseded by Law No. 17 of 2023)
- Law Number 26 of 2007 concerning Spatial Planning (Spatial Planning Law)
- Law Number 11 of 2010 concerning Cultural Heritage (cited for general national context only; no project-specific application per AIIB direction)
- Law Number 13 of 2003 concerning Manpower (Manpower Law)
- Government Regulation Number 22 of 2021 concerning the Implementation of Environmental Protection and Management
- Government Regulation Number 28 of 2024 concerning Implementing Regulations of Law Number 17 of 2023 concerning Health
- Government Regulation Number 21 of 2021 concerning the Implementation of Spatial Planning
- Government Regulation Number 50 of 2012 concerning the Implementation of Occupational Health and Safety Management System (OHSMS/SMK3)
- Government Regulation Number 16 of 2021 concerning Implementing Regulations of Law Number 28 of 2002 concerning Buildings

- Padang City Regional Regulation and/or West Sumatra Governor Regulation related to the Regional Spatial Plan (RTRW), namely Padang City Regional Regulation Number 4 of 2012 concerning the Padang City Spatial Plan for 2010–2030
- Detailed Spatial Plan (RDTR), namely Padang Mayor Regulation Number 5 of 2023 concerning the Detailed Spatial Plan of Padang City for 2023–2043
- Minister of Environment and Forestry Regulation Number 4 of 2021 concerning the List of Businesses and/or Activities Required to Have an AMDAL, UKL-UPL, or SPPL
- Minister of Environment and Forestry Regulation Number 18 of 2021 concerning Procedures for Issuance of Environmental Approval
- Minister of Environment and Forestry Regulation Number 6 of 2021 concerning Procedures and Requirements for the Management of Hazardous and Toxic Waste
- Minister of Environment and Forestry Regulation Number 68 of 2016 concerning Domestic Wastewater Quality Standards
- Minister of Environment Decree Number 48 of 1996 concerning Noise Level Standards
- Minister of Health Regulation Number 7 of 2019 concerning Hospital Environmental Health
- Minister of Health Regulation Number 40 of 2022 concerning Technical Requirements for Hospital Buildings, Infrastructure, and Medical Equipment
- Minister of Health Regulation Number 26 of 2022 concerning Organization and Work Procedures of Hospitals within the Ministry of Health
- Minister of Health Regulation Number 27 of 2017 concerning Guidelines for Infection Prevention and Control in Healthcare Facilities
- Minister of Health Regulation Number 66 of 2016 concerning Hospital Occupational Health and Safety
- Minister of Health Regulation Number 11 of 2017 concerning Patient Safety
- Minister of Health Regulation Number 12 of 2025 concerning the Ministry of Health Strategic Plan for 2025–2029
- Minister of Transportation Regulation Number PM 17 of 2021 concerning the Implementation of Traffic Impact Analysis
- Minister of Health Decree Number HK.01.07/MENKES/1667/2024 concerning the Master Plan for the Development of Buildings of Dr. M. Djamil Central General Hospital (RSUP Dr. M. Djamil) Padang (Beauty Contest TOR p. 2)
- Master Plan for the Building Development of RSMDJ, HK.01.07/MENKES/1667/2024. Basis for the hospital building development and transformation master plan of RSMDJ

- Determination of the Vision, Mission, and Objectives of RSMDJ for 2025–2029, HK.02.03/D.XVI/9/2025. Basis for the strategic direction of RSMDJ for 2025–2029
- Determination of the Hospital's Centers of Excellence, HK.02.03/D.XVI/62/2024. Establishes five flagship services: cardiovascular and neurovascular services, integrated oncology, maternal and child health, organ transplantation, and regenerative medicine/cell therapy
- Determination/notification of regionalization for priority referral service mentorship, YR.03.03/D/7330/2023. Establishes RSMDJ as the regional referral/mentoring hospital for West Sumatra, Riau, Jambi, Bengkulu, and Riau Islands Provinces for priority services with a target of achieving plenary-level standards
- Organizational Structure and Work Procedures. The organizational structure of RSMDJ refers to Minister of Health Regulation Number 26 of 2022 as last amended by Minister of Health Regulation Number 9 of 2024. The internal organizational structure of RSMDJ is established through the Decree of the Hospital Director Number OT.001/D.XVI/313/2024 concerning the Establishment of the Hospital Organizational Structure. The date of the internal decree will be confirmed based on the official copy from the Legal & Organization Division of RSMDJ.
- Determination of RSMDJ under the TRUST Project. RSMDJ is designated as a recipient of TRUST Project support based on Directorate General of Advanced Health Services Letters Number KS.01.02/D/139/2026 and KS.01.02/D/211/2026 concerning the determination of foreign loan recipients and instructions for the preparation of Readiness Criteria/FS/DED. The dates and complete subject matters of each letter will be confirmed with the TRUST PMU/Ministry of Health
- Referral service transformation policy. The role of RSMDJ in the transformation of referral services is supported by Minister of Health Decree Number HK.01.07/MENKES/1667/2024 concerning the Master Plan for the Development of Buildings of RSMDJ, Director's Decree Number HK.02.03/D.XVI/9/2025 concerning the Determination of the Vision, Mission, and Objectives of RSMDJ for 2025–2029, Director's Decree Number HK.02.03/D.XVI/62/2024 concerning the Determination of Hospital Centers of Excellence, Directorate General of Health Services Decree Number YR.03.03/D/7330/2023 dated 16 May 2023 concerning the regionalization/mentorship of priority services, and Minister of Health Decree Number HK.01.07/Menkes/1277/2024 concerning the KJSU-KIA service mentorship network
- Secondary data (BPS, BMKG, DLH, DPMPTSP) and primary M1 / M2 data once collected. Each dataset is presented with its source citation, collection date, methodology, KAN accreditation reference (where applicable), and any limitations.

  Demographic and socio-economic baseline data

  Source: BPS West Sumatra Province and BPS Padang City.
- References include the latest editions of West Sumatra Province in Figures and Padang City in Figures.

Existing UKL-UPL / AMDAL and Environmental Approval documents

Source: RSMDJ and Department of Environment Padang City.

- Documents include existing environmental approvals and environmental management documentation related to hospital operations.

Historical UKL-UPL / AMDAL semester monitoring reports (2020–2025)

Source: Environmental Health Division of RSMDJ.

- Data include environmental monitoring and management implementation reports.

IPAL operational logbook and wastewater monitoring data (2020–2025)
Source: Instalasi IPAL / Bagian Kesling RSMDJ.

Data include wastewater flowrate, operational performance, and effluent quality monitoring trends.

Stack emission monitoring reports (2020–2025)

Source: Environmental Health/OHS Division of RSMDJ.

- Data include boiler, genset, and stationary-source air emission monitoring records.

Water quality baseline data (groundwater and surface water)

Source: TA Sipil-Hidrologi and accredited environmental laboratory.

- Includes M1 and M2 sampling data for groundwater and nearby surface water baseline quality.

Biodiversity walkover / ecological screening

Source: ESIA Consultant Team and field surveys.

- Includes preliminary biodiversity inventory and urban ecological assessment where required.

Patient statistics and hospital service indicators

Source: Rekam Medik RSMDJ.

- Includes BOR, ALOS, patient volume, disease trends, and healthcare service statistics.

Spatial planning and permitting documents

Source: OSS-RBA, DPMPTSP Padang City, and Bappeda Padang City.

- Includes PKKPR/KKPR, RTRW/RDTR conformity, IMB/PBG, KRK, and land-use compliance documents.

Traffic and transportation baseline data

Source: Padang City Transportation Agency and RSUP Dr. M. Djamil security/logistics unit.

- Includes vehicle count, ambulance circulation, parking utilization, and access management data.

Hazardous waste management records

Source: TPS B3 Unit / Bagian Kesling RSMDJ.

- Includes manifests, transporter agreements, storage capacity, and hazardous waste generation records.

Occupational Health and Safety records

Source: K3RS Unit and HR Department RSMDJ.

- Includes incident records, PPE management, and worker health and safety monitoring documentation.

Stakeholder consultation records

Source: ESIA Consultant Team and RSMDJ.

- Includes consultation attendance lists, meeting minutes, grievances, and stakeholder feedback documentation.

Climate and disaster risk references

Source: Swiss Re CatNet®, BNPB, and BMKG.

Used for climate hazard screening, earthquake risk assessment, flood risk analysis, and future climate risk projections.

AIIB Environmental and Social Framework

The AIIB ESF and its supporting standards form the principal external safeguards reference for this project. The principal documents in the framework are listed below.

- Asian Infrastructure Investment Bank. (2022). Environmental and Social Framework - Environmental and Social Policy and Standards
- Asian Infrastructure Investment Bank. (2022). Environmental and Social Standard 1 - Environmental and Social Assessment and Management
- Asian Infrastructure Investment Bank. (2022). Environmental and Social Standard 2 - Involuntary Resettlement
- Asian Infrastructure Investment Bank. (2022). Environmental and Social Standard 3 - Indigenous Peoples
- Asian Infrastructure Investment Bank. (2022). Environmental and Social Exclusion List (ESEL)

- Asian Infrastructure Investment Bank. (Various). Sector and thematic guidance notes - Healthcare, Stakeholder Engagement, GRM, Climate Change Risk Assessment

International Standards and Good Industry Practice

Beyond AIIB and Indonesian national instruments, this ESIA references international standards and Good Industry Practice that AIIB ESS1 expects projects to apply.

- World Health Organization. (2019). WHO Guidelines on Tuberculosis Infection Prevention and Control (general TB IPC standard, applied to TB cases admitted across the Class A general hospital)
- World Health Organization. (2015). Safe Hospitals in Emergencies and Disasters: Structural, Non-structural and Functional Indicators
- World Health Organization. (2010). WHO Guidelines on Indoor Air Quality: Selected Pollutants
- World Health Organization. (2017). Guidelines for Drinking-water Quality, 4th edition incorporating the first addendum
- World Bank Group. (2007, with updates). Environmental, Health, and Safety Guidelines for Healthcare Facilities
- World Bank Group. (2007). Environmental, Health, and Safety General Guidelines
- International Finance Corporation. (2012). IFC Performance Standards on Environmental and Social Sustainability - referenced as supplementary
- International Labour Organization. ILO core conventions ratified by Indonesia (C087, C098, C100, C111, C138, C182, C190 GBV/SEAH)
- Centers for Disease Control and Prevention (US). (2005). Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings
- UNFCCC Paris Agreement and Government of Indonesia Enhanced Nationally Determined Contribution (ENDC, 2022 update)
- UNDRR. (2015). Sendai Framework for Disaster Risk Reduction 2015–2030
- GHG Protocol Corporate Accounting and Reporting Standard (revised edition)
- Indonesian National Standard (SNI) 1726:2019 - Guidelines for Seismic Design of Building and Non-Building Structures
- Asian Infrastructure Investment Bank (AIIB). Gender Action Plan (GAP), ensuring gender equality mainstreaming in project design and implementation, including equal access to project benefits, inclusive stakeholder engagement, prevention of gender-based violence and harassment (GBVH), and equal employment opportunities during construction and operation phases.

Project Documents and Primary Data Sources

The project-specific document corpus comprises the KAK Beauty Contest (Terms of Reference konsultan AMDAL RSMDJ T.A. 2026, 41 pages) dan (to be acquired) the Master Plan, OSS-confirmed permits, profile of RSMDJ, and the related documents listed below. A complete inventory will be included in v0.2.

- Dr. M. Djamil Hospital Profile 2025, signed in Padang in January 2026 by the President Director, Dr. dr. Dovy Djanas, SpOG(K), MARS.
- Minister of Health of the Republic of Indonesia Regulation Number 26 of 2022 concerning Organization and Work Procedures of Hospitals within the Ministry of Health
- Building Approval Decree (SK-PBG) SK-PBG-137102-26092022-003, dated 26 September 2022.
- Decree of the President Director of RSUP Dr. M. Djamil Number OT.001/D.XVI/313/2024 concerning the Establishment of the Hospital Organizational Structure
- Bussiness Identification Number (NIB) 1271000552459
- Padang Mayor Decree Number 72 of 2014 concerning the Environmental Permit for the Development Plan of RSMDJ
- Terms of Reference (TOR/KAK) for the Beauty Contest of the AMDAL Consultant for RSMDJ Fiscal Year 2026, established in Padang on 8 May 2026.
- Minister of Health of the Republic of Indonesia Decree Number 861/Menkes/VI/2005 concerning “Change in Hospital Status/Type”
- Building Permit SK-PBG-137102-26092022-003 Tanggal 26-09-2022
- Ministry of Finance of the Republic of Indonesia, Directorate General of Taxes, Taxpayer Identification Number (NPWP): 00.144.777.0-205.000, Dr. M. Djamil General Hospital Padang, Directorate General of Health Services, Jl. Perintis Kemerdekaan, Padang, West Sumatra, Sawahan Timur, Padang Timur, KPP Pratama Padang Dua
- Padang Mayor Regulation Number 54 of 2017 concerning City Planning Information (KRK) as Guidelines on Spatial Utilization, Building Planning Requirements, and Technical Provisions for the Issuance of KRK in Padang City

Comparable ESIA References and Methodological Sources

Comparable ESIA precedents under the TRUST Project portfolio inform the structural and methodological choices of this RSMDJ ESIA-ESMP. The ESIA drafts for sister teaching hospitals under TRUST share the same skeleton (13-chapter structure + Annexes A-J) and the same AIIB ESF reference framework.

- ESIA-ESMP Draft v0.1 RSDK rev - RSUP Dr. Kariadi Semarang (TRUST Project, EGI 2026) - methodological and structural reference
- ESIA-ESMP Draft v0.1 RSJRW - (TRUST Project) - comparable structure
- ESIA-ESMP Draft v0.1 RSST - (TRUST Project) - comparable structure
- Central Bureau of Statistics of West Sumatra Province. 2025. West Sumatra Province in Figures 2025. Central Bureau of Statistics of West Sumatra Province
- Central Bureau of Statistics, Padang City. 2025. Padang City in Figures 2025. BPS Padang City.
- BMKG / West Sumatra Climatological Station. Climate data and climate information services for West Sumatra
- Central Statistics Agency (BPS) of West Sumatra Province “Average Temperature, Humidity, Atmospheric Pressure and Wind Velocity by Month at Padang Pariaman Climatology Station
- BMKG Data Online. Directorate of Data and Computation, BMKG

APPENDICES

The Appendices below operationalise specific safeguards instruments referenced in the body chapters. Each Annex stands as its own deliverable instrument and will be updated synchronously with each Living Document version. Note: Annex I Cultural Heritage Management Plan is omitted per AIIB direction that no CHMP is required for this project.

Annex A — Asbestos Handling Procedure

A.1 Purpose

This Annex provides the procedure for identifying, handling, removing, transporting, and disposing of asbestos-containing materials (ACM), if such materials are found during demolition, renovation, or construction activities at RSMDJ. The procedure is intended to protect workers, hospital staff, patients, visitors, surrounding communities, and the environment from potential exposure to asbestos fibers.

A.2 Scope

This procedure applies to all project activities that may involve disturbance of old building materials, including demolition, partial demolition, renovation, utility relocation, ceiling removal, wall dismantling, roof removal, pipe insulation removal, floor tile removal, and other works that may disturb suspected asbestos-containing materials.

Potential ACM may include, but is not limited to, asbestos cement roofing sheets, ceiling boards, wall panels, pipe insulation, fireproofing materials, vinyl floor tiles, adhesives, gaskets, and other old construction materials. The presence or absence of ACM shall be confirmed through pre-demolition inspection and, where necessary, laboratory testing.

A.3 General Principles

No demolition or renovation activity shall begin in areas with suspected ACM until an asbestos survey has been completed. If suspected ACM is found, the material shall be treated as hazardous until proven otherwise by competent assessment or laboratory analysis. ACM shall not be broken, cut, drilled, crushed, swept, or handled in a dry condition because these activities may release asbestos fibers into the air.

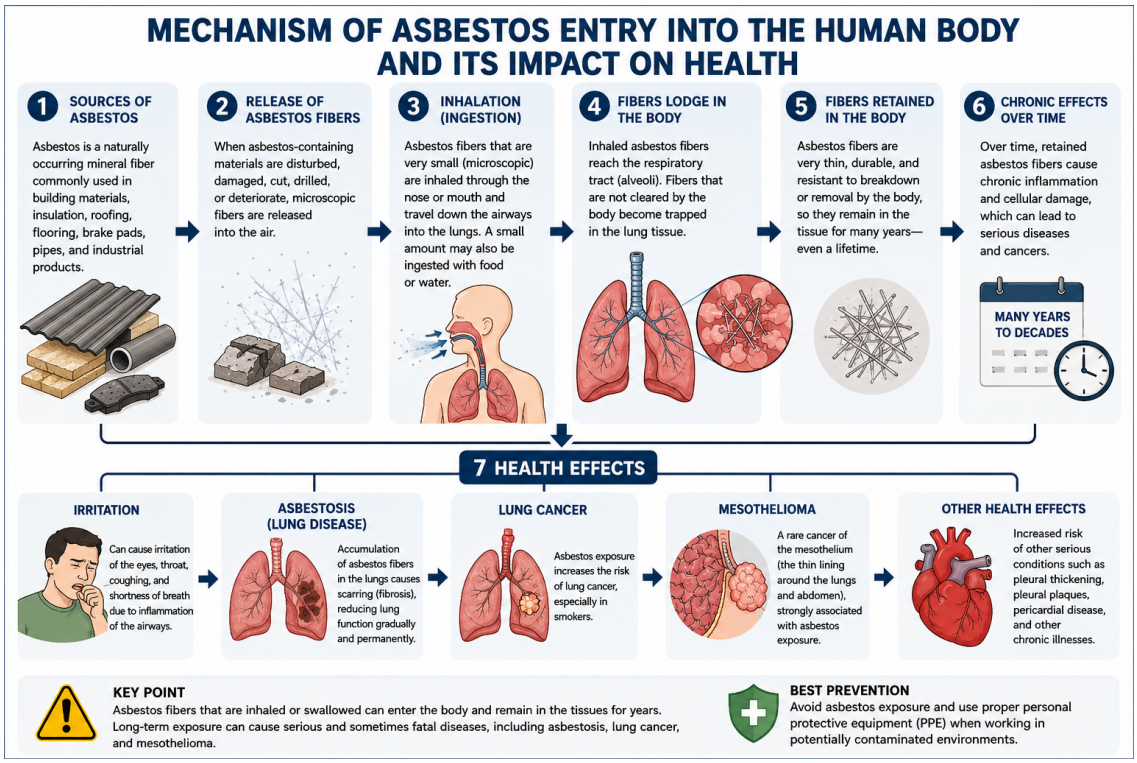
All asbestos-related work shall be carried out by trained and competent personnel using appropriate personal protective equipment, containment measures, wet methods, safe packaging, labeling, temporary storage, transportation, and disposal procedures. Access to asbestos work areas shall be restricted to authorized personnel only.

A.4 Mechanism of Asbestos Exposure and its Impact on Human Health

Asbestos is a material commonly used in buildings, including roofing, insulation, pipes, and other construction materials. When asbestos-containing materials are damaged, cut, demolished, or deteriorated, tiny asbestos fibers can be released into the air. These microscopic fibers may be inhaled through the nose and mouth and enter the respiratory system, eventually reaching the lungs.

Asbestos fibers are extremely small and highly durable, making them difficult for the human body to break down or remove. As a result, the fibers can remain trapped in lung tissue for many years and gradually cause inflammation and tissue damage. Long-term exposure to asbestos may lead to serious health problems such as respiratory irritation, asbestosis, lung cancer, and mesothelioma.

Therefore, controlling asbestos exposure is essential, particularly during demolition and construction activities. The use of personal protective equipment (PPE), proper waste management, and strict workplace monitoring are important measures to prevent health impacts associated with asbestos exposure.



Mechanism of Asbestos Exposure and its Impact on Human Health

A.5 Pre-Demolition Asbestos Survey

Before demolition or renovation begins, the contractor shall conduct a pre-demolition asbestos survey of all buildings or structures to be affected by the project. The survey shall be conducted by competent personnel and shall identify the location, type, condition, quantity, and risk level of suspected ACM.

The survey shall cover visible and accessible building materials, including roofing, ceilings, walls, pipe insulation, ducts, flooring, adhesives, panels, service rooms, and other areas where asbestos may have

been used. If the survey identifies suspected ACM, samples shall be collected safely and tested by an accredited laboratory where required.

The results of the asbestos survey shall be documented in an Asbestos Survey Report. The report shall include site photos, material descriptions, sampling locations, laboratory results where applicable, risk classification, recommended handling method, and required control measures. Demolition shall not proceed in affected areas until the survey findings have been reviewed and approved by the project management team.

A.6 Asbestos Management Plan

If ACM is confirmed or strongly suspected, the contractor shall prepare an Asbestos Management Plan before any work begins. The plan shall include the location and quantity of ACM, removal method, work sequence, containment method, worker protection measures, air monitoring requirements where applicable, waste packaging and labeling procedures, temporary storage arrangement, transport and disposal method, emergency response procedure, and documentation requirements.

The Asbestos Management Plan shall be reviewed by the supervision consultant, RSMDJ management, K3RS/OHS unit, environmental health/sanitation unit, and PIU before implementation.

A.7 Work Area Preparation

Before ACM removal begins, the work area shall be isolated from hospital operations and public access. Warning signs shall be installed at all entry points, and only authorized workers with proper PPE shall be allowed to enter the area.

The contractor shall install barriers, plastic sheeting, temporary enclosure, or other containment measures as needed to prevent the spread of asbestos fibers. Nearby air intakes, doors, windows, vents, corridors, and sensitive hospital areas shall be protected. Where asbestos work is conducted near active hospital services, coordination with the hospital shall be carried out to prevent exposure to patients, staff, and visitors.

A.8 Personal Protective Equipment

Workers handling ACM shall use appropriate PPE, including disposable coveralls, gloves, safety boots, eye protection, and suitable respiratory protection. Disposable PPE shall be treated as asbestos-contaminated waste after use.

Workers shall be trained on the proper use, removal, and disposal of PPE to prevent secondary contamination. Eating, drinking, smoking, and storing personal items inside the asbestos work area shall be prohibited.

A.9 Safe Removal Procedure

ACM shall be removed carefully using methods that minimize dust and fiber release. Wet methods shall be applied where feasible to keep materials damp during removal. Power tools, dry sweeping,

compressed air, uncontrolled cutting, and breaking of ACM shall be prohibited unless specifically controlled under an approved method statement.

ACM shall be removed in whole pieces as much as possible. The material shall be handled gently, lowered carefully, and immediately placed into suitable packaging. Debris and dust shall be cleaned using wet wiping or HEPA-filtered vacuum equipment where available. Dry sweeping shall not be allowed.

A.10 Packaging and Labeling

Removed ACM shall be double-wrapped or double-bagged using strong, leak-tight plastic material. Packages shall be sealed securely and labeled as asbestos-containing hazardous waste. The packaging shall prevent fiber release during handling, temporary storage, loading, transport, and disposal.

Damaged packaging shall be repaired or replaced immediately. Asbestos waste shall not be mixed with general construction waste, domestic waste, medical waste, or recyclable materials.

A.11 Temporary Storage

Packaged ACM waste shall be stored in a secure and designated temporary storage area before transport. The storage area shall be protected from damage, unauthorized access, rainwater, wind, and vehicle impact. The area shall be marked clearly as asbestos-containing hazardous waste storage.

The storage duration shall comply with applicable regulatory requirements and project procedures. Records of the quantity, packaging condition, storage date, and destination of asbestos waste shall be maintained.

A.12 Transportation and Final Disposal

Asbestos waste shall be transported only by a licensed and authorized hazardous waste transporter where required by applicable regulations. Transport vehicles shall be suitable for hazardous waste transport and shall prevent damage to asbestos packaging during loading, transport, and unloading.

Final disposal shall be conducted only at an authorized facility permitted to receive asbestos-containing hazardous waste. The contractor shall maintain documentation such as waste manifests, transport records, disposal certificates, handover records, and photographs where appropriate.

A.13 Decontamination and Housekeeping

After ACM removal, the work area shall be cleaned thoroughly using wet methods or HEPA-filtered vacuum equipment where available. Disposable PPE, cleaning materials, plastic sheeting, and contaminated materials shall be disposed of as asbestos waste.

The work area shall be inspected before barriers are removed and before the area is released for further demolition or construction activities. If visible dust, debris, or suspected contamination remains, additional cleaning shall be conducted.

A.14 Emergency Procedure

If accidental breakage, uncontrolled release, damaged packaging, or suspected asbestos exposure occurs, work shall stop immediately. The area shall be isolated, access shall be restricted, and the incident shall be reported to the contractor's HSE officer, supervision consultant, RSMDJ K3RS/OHS unit, and PIU.

Corrective actions shall be implemented before work resumes. These may include re-cleaning, re-packaging, additional containment, worker health review, additional training, and revision of the work method statement.

A.15 Training and Awareness

All workers involved in demolition, renovation, waste handling, and asbestos-related activities shall receive asbestos awareness training before starting work. The training shall cover asbestos hazards, identification of suspected ACM, prohibited practices, PPE use, safe handling, emergency response, waste packaging, and reporting procedures.

Hospital staff working near demolition or renovation areas shall also be informed about asbestos-related precautions, restricted areas, and reporting channels if suspected materials or unsafe practices are observed.

A.16 Roles and Responsibilities

The contractor shall be responsible for conducting asbestos surveys, preparing the Asbestos Management Plan, implementing control measures, providing PPE, training workers, managing asbestos waste, and maintaining all required records.

The supervision consultant shall review the contractor's asbestos-related documents, supervise implementation, verify compliance, and report non-compliance to the PIU.

RSMDJ management, K3RS/OHS unit, environmental health/sanitation unit, and IPSRS shall coordinate with the contractor to protect hospital operations, sensitive receptors, utilities, staff, patients, and visitors.

The PIU shall oversee implementation and ensure that asbestos handling is consistent with the ESMP and applicable regulatory requirements.

A.17 Monitoring and Documentation

The following documents shall be maintained as part of asbestos handling records:

a) Asbestos Survey Report;
b) laboratory test results, if sampling is conducted;
c) Asbestos Management Plan;
d) worker training records;

e) PPE and equipment inspection records;
f) asbestos waste packaging and storage records;
g) waste manifests and transport records;
h) disposal certificates or handover records;
i) incident reports, if any;
j) final clearance or area handover record.

These records shall be retained by the contractor and submitted to the supervision consultant, RSMDJ, and PIU as part of ESMP implementation reporting.

A.18 Minimum Control Measures

At minimum, the project shall implement the following asbestos control measures:

a) conduct pre-demolition asbestos screening before disturbing old building materials;
b) stop work immediately if suspected ACM is discovered unexpectedly;
c) restrict access to asbestos work areas;
d) apply wet methods to prevent fiber release;
e) prohibit dry sweeping, compressed air cleaning, and uncontrolled breaking of ACM;
f) provide appropriate PPE and respiratory protection;
g) package asbestos waste securely and label it clearly;
h) store asbestos waste separately from other waste;
i) use licensed transport and disposal where required;
j) document all asbestos handling, transport, and disposal activities.

Annex B — Monitoring Plan

B.1 Purpose of the Monitoring Plan

This Monitoring Plan presents the environmental, social, health, and safety monitoring requirements to support the implementation of the Environmental and Social Impact Assessment (ESIA) and the Environmental and Social Management Plan (ESMP). The plan is intended to verify that mitigation measures are implemented effectively, regulatory requirements are complied with, and potential impacts during the construction and operational phases are properly controlled.

The monitoring plan provides guidance on:

a) Monitoring parameters and indicators;
b) Monitoring locations;
c) Monitoring methods;
d) Monitoring frequency;
e) Applicable standards or reference criteria;
f) Thresholds for corrective action;
g) Responsible parties;
h) Reporting requirements; and
i) Record keeping and documentation.

Monitoring shall be conducted during both the construction phase and operational phase of the project.

B.2 Monitoring Principles

The monitoring program shall be implemented based on the following principles:

a) Monitoring shall be conducted regularly and consistently throughout the project lifecycle.
b) Sampling and laboratory analysis shall be carried out by competent personnel and, where required, by accredited laboratories.
c) Monitoring locations shall represent potentially affected areas, including project boundaries, work areas, access roads, drainage channels, wastewater discharge points, waste storage areas, and nearby sensitive receptors.
d) Results shall be compared against applicable national regulations, project standards, and relevant international good practice.
e) Any exceedance of applicable standards shall trigger corrective actions.
f) Monitoring results shall be properly documented, reviewed, reported, and retained as part of the project environmental and social management records.

B.3 Monitoring Responsibilities

Party	Responsibility
Project Owner / Proponent	Ensure overall implementation of the ESIA, ESMP, and monitoring plan.

Party	Responsibility
HSE / Environmental Team	Conduct routine monitoring, inspections, documentation, and reporting.
Contractor	Implement mitigation measures and conduct monitoring related to construction activities.
Independent Laboratory	Conduct sampling and laboratory analysis where required.
Supervising Consultant	Review monitoring implementation and verify compliance.
Relevant Authorities	Review reports and conduct supervision where applicable.

B.4 Construction Phase Monitoring Plan

No.	Monitoring Aspect	Parameters / Indicators	Monitoring Location	Method	Frequency	Reference Standard / Criteria	Corrective Action Trigger	Responsible Party
1	Ambient Air Quality	Dust, PM_{10}, $PM_{2.5}$, NO_2, SO_2, CO	Project boundary, demolition area, nearby receptors	Field measurement and/or laboratory analysis	Monthly or as required	Applicable national ambient air quality standards	Exceedance of standard or community complaint	Contractor / HSE Team
2	Noise	Noise level, Leq dB(A)	Project boundary, hospital areas, nearby sensitive receptors	Sound level meter	Weekly or during high-noise activities	Applicable noise standard	Exceedance of standard or complaint	Contractor / HSE Team
3	Vibration	Vibration level from demolition, piling, heavy equipment	Demolition area, nearby buildings, sensitive structures	Vibration meter / inspection	During vibration-generating activities	Applicable vibration guideline	Visible damage, complaint, or exceedance	Contractor / HSE Team
4	Surface Water / Drainage	Turbidity, sediment, oil and grease, blockage	Drainage channels, runoff outlets	Visual inspection and sampling if required	Weekly and after heavy rain	Drainage performance and water quality criteria	Sediment accumulation, flooding, contamination	Contractor
5	Wastewater	pH, BOD, COD, TSS, oil and grease	Temporary wastewater discharge points	Sampling and laboratory analysis	Monthly or as required	Applicable wastewater quality standard	Exceedance of discharge standard	Contractor / Laboratory
6	Solid Waste	Waste segregation, storage condition,	Waste collection points, temporary	Inspection and document review	Weekly	Waste management procedure	Improper storage, unmanaged	Contractor

No.	Monitoring Aspect	Parameters / Indicators	Monitoring Location	Method	Frequency	Reference Standard / Criteria	Corrective Action Trigger	Responsible Party
		disposal record	storage area				waste, illegal disposal	
7	Hazardous Waste	Type, quantity, labeling, storage, manifest	TPS B3 / hazardous waste storage	Inspection and manifest review	Weekly / Monthly	Hazardous waste regulation	Leakage, missing label, expired storage period	Contractor / HSE Team
8	Traffic and Access	Traffic flow, access obstruction, ambulance route availability	Site access roads, hospital entrance, ambulance route	Observation and traffic inspection	Daily during peak construction	Traffic management plan	Blocked access, traffic congestion, complaint	Contractor
9	Occupational Health and Safety	PPE use, work permits, incidents, unsafe acts	Construction area	Site inspection and incident review	Daily	Project HSE plan and applicable OHS regulation	Accident, unsafe condition, non-compliance	Contractor / HSE Team
10	Emergency Preparedness	Emergency access, fire extinguisher, evacuation route, drill	Construction site and temporary facilities	Inspection and drill evaluation	Monthly	Emergency response plan	Incomplete equipment, blocked evacuation route	Contractor / HSE Team
11	Community Health and Safety	Public access control, signage, complaints, safety barriers	Project boundary and public access areas	Inspection and grievance review	Weekly	Community health and safety plan	Accident risk, complaint, unauthorized access	Contractor / HSE Team
12	Stakeholder Engagement and GRM	Complaints received, response time, resolution status	Project affected community and hospital users	Grievance log review	Monthly	Stakeholder engagement plan	Unresolved complaint or repeated grievance	Project Owner / Contractor

B.5 Operational Phase Monitoring Plan

No.	Monitoring Aspect	Parameters / Indicators	Monitoring Location	Method	Frequency	Reference Standard / Criteria	Corrective Action Trigger	Responsible Party
1	Ambient Air Quality	PM_{10}, $PM_{2.5}$, NO_2, SO_2, CO	Project boundary, hospital area, nearby receptors	Field measurement / laboratory analysis	Semi-annually or as required	Applicable ambient air quality standard	Exceedance of standard or complaint	Hospital Management / HSE Team
2	Noise	Leq dB(A)	Hospital boundary, generator area, sensitive receptors	Sound level meter	Quarterly or as required	Applicable noise standard	Exceedance of standard or complaint	HSE Team
3	Wastewater Treatment	pH, BOD, COD, TSS, ammonia, oil and grease, coliform if relevant	IPAL inlet and outlet	Sampling and laboratory analysis	Monthly	Applicable wastewater discharge standard	Exceedance of discharge standard	Hospital Management / Laboratory
4	Drainage and Stormwater	Flow condition, sediment, flooding, blockage	Drainage channels and discharge points	Visual inspection	Monthly and after heavy rain	Drainage management requirement	Flooding, blockage, contamination	Facility Team
5	Medical Waste	Segregation, storage, transport, treatment/disposal record	Medical waste storage area	Inspection and document review	Weekly / Monthly	Medical waste regulation	Improper segregation, leakage, incomplete record	Hospital HSE / Waste Officer
6	Hazardous Waste	Type, volume, labeling, storage period, manifest	TPS B3	Inspection and manifest review	Weekly / Monthly	Hazardous waste regulation	Leakage, missing label, storage exceedance	Hospital HSE / Waste Officer
7	General Solid Waste	Segregation, collection, housekeeping, disposal record	Waste collection points	Inspection	Weekly	Waste management procedure	Overflow, odor, pest, poor segregation	Facility Team
8	Infection Prevention and Control	Cleanliness, disinfection, isolation procedures, healthcare waste handling	Wards, ICU, emergency unit, outpatient area	Inspection and audit	Monthly	Hospital IPC procedure	Non-compliance, infection risk, incident	Hospital IPC Team

No.	Monitoring Aspect	Parameters / Indicators	Monitoring Location	Method	Frequency	Reference Standard / Criteria	Corrective Action Trigger	Responsible Party
9	Fire Safety	Fire extinguisher, alarm, hydrant, evacuation route, emergency lighting	Hospital building and service areas	Inspection and drill	Monthly / Semi-annually	Fire safety standard and emergency plan	Damaged equipment, blocked route, failed drill	Facility / HSE Team
10	Occupational Health and Safety	Incident rate, PPE compliance, training, unsafe conditions	Hospital operational areas	Inspection, incident review, training record	Monthly	OHS management plan	Incident, unsafe condition, repeated non-compliance	HSE Team
11	Traffic and Ambulance Access	Ambulance route, parking management, access obstruction	Hospital entrance, access roads, parking area	Observation and inspection	Monthly or during peak periods	Traffic and access management plan	Blocked ambulance route, congestion, complaint	Hospital Management
12	Social Performance and Grievance	Stakeholder complaints, response time, resolution, information disclosure	Hospital users, nearby community	Grievance log and stakeholder record review	Monthly / Quarterly	Stakeholder engagement and GRM procedure	Unresolved grievance or repeated complaint	Hospital Management

B.6 Laboratory and Sampling Requirements

All laboratory analysis shall be conducted by laboratories accredited by the relevant national accreditation body, where applicable. Sampling shall be conducted using recognized methods and shall follow proper procedures for sample preservation, transportation, chain of custody, and documentation.

Minimum requirements include:

a) Sampling personnel shall be competent and trained.
b) Sampling equipment shall be calibrated.
c) Samples shall be properly labeled and preserved.
d) Chain-of-custody forms shall be completed.
e) Laboratory certificates shall be attached to monitoring reports.
f) Monitoring results shall be compared with applicable regulatory standards.

B.7 Reporting and Record Keeping

Monitoring results shall be compiled in periodic monitoring reports. Each report shall include:

a) Monitoring date and location;

b) Parameters monitored;
c) Methods used;
d) Monitoring results;
e) Applicable standards;
f) Compliance status;
g) Identified non-compliances;
h) Corrective actions taken or required;
i) Responsible party; and
j) Supporting documentation, including laboratory certificates, photos, inspection forms, and grievance records.

B.8 Corrective Action Procedure

Where monitoring results indicate non-compliance or potential risk, the following corrective action process shall be implemented:

a) Identify the non-compliance or exceedance.
b) Record the issue in the monitoring report or inspection log.
c) Determine the root cause.
d) Assign corrective action and responsible party.
e) Set a completion timeline.
f) Verify completion of corrective action.
g) Report the status to project management and relevant stakeholders where necessary

B.9 Minimum Monitoring Locations

Monitoring locations shall include, but not be limited to:

a) Project boundary;
b) Demolition and construction areas;
c) Hospital access roads;
d) Ambulance routes;
e) Inpatient wards;
f) ICU and emergency unit;
g) Outpatient area;
h) Drainage channels;
i) Wastewater treatment plant / IPAL;
j) Hazardous waste temporary storage / TPS B3;
k) General waste storage area;
l) Nearby sensitive receptors, including residential areas, schools, health facilities, or public facilities where relevant.

Annex C — Stakeholder Engagement Plan (SEP)

C.1 Purpose of Stakeholder Engagement Plan

The purpose of this Stakeholder Engagement Plan (SEP) is to provide a clear framework for engaging stakeholders throughout the implementation of the RSMDJ development project. The SEP is intended to ensure that all relevant stakeholders, particularly those who may be directly or indirectly affected by the project, are identified, informed, consulted, and provided with opportunities to give feedback during project planning, pre-construction, construction, and operation.

The SEP helps ensure that project stakeholders understand the project objectives, location, scope, implementation schedule, potential environmental and social risks, proposed mitigation measures, grievance redress mechanism, and the roles of different parties involved in project implementation. The engagement process will support the project in identifying concerns, expectations, and recommendations from stakeholders so that potential risks can be avoided, minimized, or properly managed.

The SEP also establishes institutional arrangements for stakeholder engagement during the project. It recognizes the importance of inclusive participation, especially for affected hospital users and vulnerable groups, including patients, elderly patients, persons with disabilities, women, children, caregivers, low-income patients, hospital workers, outsourced workers, and nearby communities. These groups may have specific needs related to access, safety, information, service continuity, privacy, and complaint handling.

This SEP is a living document and may be updated during project implementation, particularly if there are changes in project design, construction method, affected stakeholders, project schedule, or emerging environmental and social risks.

To achieve its purpose, this SEP will:

a) Identify all relevant project stakeholders, including directly affected parties, interested parties, and vulnerable groups;
b) Provide clear and accessible project information to stakeholders in a timely manner;
c) Consult stakeholders to understand their concerns, expectations, needs, and recommendations;
d) Ensure that vulnerable groups are meaningfully included in consultation activities;
e) Identify stakeholder interests, influence, concerns, and potential impacts related to project activities;
f) Define appropriate stakeholder engagement methods for each project phase, including design, pre-construction, construction, operation, and monitoring;
g) Establish methods for information disclosure and feedback collection;
h) Ensure that stakeholder feedback is recorded, reviewed, and considered in project planning and implementation;
i) Provide an accessible, responsive, confidential, and culturally appropriate grievance redress mechanism;

j) Support continuous communication between RSMDJ, the PMU, PIU, contractors, affected hospital users, workers, and nearby communities.

C.2 Stakeholder Identification and Analysis

2.1 Affected Parties

Affected parties are stakeholders who may be directly or indirectly affected by the project activities. For the RSMDJ development project, affected parties may include:

a) Target project beneficiaries, including patients, hospital staff, visitors, caregivers, service providers, and hospital users;
b) Patients and hospital users who may be affected by temporary changes in access, circulation, waiting areas, service relocation, noise, dust, vibration, construction traffic, or temporary disruption to hospital services;
c) Hospital staff, medical personnel, nurses, administrative staff, outsourced workers, security personnel, sanitation workers, and maintenance staff who may be affected by changes in work areas, access, safety risks, or operational arrangements;
d) Nearby communities, residents, road users, and local businesses around the hospital area that may be affected by construction-related traffic, noise, dust, access restriction, or worker movement;
e) Construction workers, subcontractors, suppliers, and service providers involved in the project implementation.

2.2 Other Interested Parties

Other interested parties are stakeholders who may not be directly affected but have an interest, authority, or role in the project. These may include:

a) Government authorities, including the Ministry of Health, local government, regulatory agencies, technical agencies, and licensing authorities;
b) Environmental and health-related agencies, including KLHK, DLH Padang City, Dinas Kesehatan, Dinas Perhubungan, DPMPTSP/OSS-RBA, ATR-BPN, and other relevant agencies;
c) Hospital management and internal technical units, including K3RS, PPI/IPC, IPSRS, Environmental Health/Sanitation, Humas/GRM, Security/Traffic Management, and BMN/Asset Management;
d) Non-governmental organizations, community groups, professional associations, and civil society organizations concerned with health services, environmental protection, disability inclusion, labour protection, patient safety, or community welfare;
e) Academic institutions, health education institutions, and other stakeholders linked to hospital services and teaching hospital functions.

2.3 Vulnerable Groups

Vulnerable groups are stakeholders who may experience greater difficulty accessing information, participating in consultation, or raising concerns. For this project, vulnerable groups may include:

a) Elderly patients;
b) Patients with disabilities;
c) Patients with chronic illness, cancer, catastrophic illness, or long-term treatment needs;
d) Pregnant women and maternal-child health patients;
e) Pediatric patients and children;
f) Low-income patients or patients dependent on JKN/BPJS services;
g) Psychiatric patients or patients requiring psychosocial support;
h) Caregivers and patient companions;
i) Female staff and female patients;
j) Outsourced workers, daily workers, cleaning staff, security staff, and other workers with limited bargaining position.

Specific attention will be given to these groups to ensure that project information is delivered in a clear, accessible, and understandable format. Consultation activities should also consider accessibility, timing, privacy, safety, and the need for separate or targeted engagement where appropriate.

2.4 Summary of Project Stakeholder Needs

Stakeholders require clear, timely, and understandable information about the project. Information should cover the project scope, construction schedule, affected areas, access changes, service relocation, emergency access arrangements, potential environmental and social impacts, mitigation measures, grievance channels, and responsible contact persons.

Hospital users, particularly patients and caregivers, need practical information related to service continuity, patient access, wayfinding, parking, waiting areas, temporary relocation, emergency access, and safety around construction areas. Hospital workers need information on work-zone safety, access restrictions, OHS requirements, infection prevention measures, and complaint channels. Nearby communities need information on construction traffic, dust, noise, working hours, access restrictions, and grievance procedures.

C.3 Stakeholder Engagement Program

3.1 Proposed Strategy for Information Disclosure

Information disclosure is intended to ensure that stakeholders receive accurate, relevant, and timely information about the project. Disclosure will be carried out in a format and language that can be easily understood by affected stakeholders.

For the RSMDJ project, information disclosure may include:

a) Project information boards placed at strategic hospital locations;

b) Written notices and announcements in affected hospital units;
c) Information through RSMDJ's official communication channels, including website, social media, and public relations channels where applicable;
d) Briefing sessions with hospital management, staff, service units, and contractors;
e) Consultation meetings with affected hospital users, nearby communities, and local government;
f) Distribution of summary project information, including construction schedule, access arrangements, potential impacts, mitigation measures, and grievance channels;
g) Disclosure of relevant ESIA/ESMP, SEP, GRM, and environmental and social management information in Bahasa Indonesia.

Project information will be updated when there are significant changes in construction activities, access routes, hospital service arrangements, or mitigation measures. Disclosure should be carried out before major construction activities begin and continued throughout project implementation.

3.2 Proposed Strategy for Public Consultation

Consultation is a two-way communication process between the project and stakeholders. It provides an opportunity for stakeholders to receive information, ask questions, raise concerns, and provide feedback. Consultation will be conducted in a manner that is inclusive, respectful, accessible, and appropriate to the needs of different stakeholder groups.

Consultation activities for this project will include affected hospital users, hospital staff, medical and non-medical workers, vulnerable groups, contractors, nearby communities, local government, and other relevant stakeholders. Particular attention will be given to patients, caregivers, elderly persons, persons with disabilities, women, children, and other vulnerable groups who may be more affected by project activities.

Key consultation principles include:

a) Consultation will be conducted before and during project activities that may affect stakeholders, including demolition, construction, service relocation, access changes, and operational transition;
b) Consultation will include affected parties and interested parties, as well as vulnerable groups where relevant;
c) Household or group discussions may be conducted when specific issues affect nearby communities or vulnerable stakeholders;
d) Stakeholders will receive information in advance, including project description, schedule, expected impacts, mitigation measures, and grievance channels;
e) Consultation will be conducted in Bahasa Indonesia and in a format that is easy to understand;
f) Feedback, questions, concerns, and recommendations from stakeholders will be documented and considered in project planning and implementation;
g) Follow-up information will be provided when stakeholder concerns require clarification or corrective action.

C.4 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

4.1 Resources

The PMU and RSMDJ will oversee the implementation of stakeholder engagement activities. The PMU will coordinate overall SEP implementation, while the PIU and RSMDJ management will coordinate stakeholder engagement at the hospital level.

The project will assign relevant personnel to manage communication and engagement, including the PMU Project Manager, PIU representatives, PMU/PIU Social Officer, PMU/PIU Environmental Officer, RSMDJ Humas/GRM focal point, and other relevant hospital units. Contractors and supervision consultants will also be required to support stakeholder engagement related to construction activities, worker behavior, access changes, safety, and grievance handling.

The table below provides the contact information format for stakeholder engagement and grievance communication.

Contact Information	PMU Project Manager	PMU Social Officer	PMU Environmental Officer	GRM Focal Point
Name	To be confirmed	To be confirmed	To be confirmed	To be confirmed
Postal address	To be confirmed	To be confirmed	To be confirmed	RSMDJ, Jl. Perintis Kemerdekaan, Sawahan Timur, Padang Timur, Padang City, West Sumatra
Email	To be confirmed	To be confirmed	To be confirmed	To be confirmed
Phone number	To be confirmed	To be confirmed	To be confirmed	To be confirmed

The table above will be updated once the responsible personnel and contact details are officially confirmed. Any changes to contact persons, email addresses, phone numbers, or grievance channels will be disclosed through the same communication channels used for project information disclosure.

4.2 Management Functions and Responsibilities

The Ministry of Health, through the PMU, will provide overall direction and oversight for stakeholder engagement implementation. The PMU will ensure that the SEP is implemented consistently and that stakeholder engagement results are recorded and reported as part of project implementation.

At the hospital level, the PIU and RSMDJ management will coordinate day-to-day stakeholder engagement activities. The hospital's Humas/GRM focal point will support communication with patients, visitors, hospital staff, workers, nearby communities, and other stakeholders. The Environmental Officer and Social Officer will support engagement related to environmental and social risks, mitigation measures, monitoring results, labour issues, community health and safety, SEA/SH prevention, and grievance handling.

The PMU, PIU, RSMDJ management, contractors, and supervision consultants will be responsible for:

a) Organizing and supporting stakeholder consultation activities;

b) Disclosing project information in a timely and understandable manner;
c) Recording attendance, meeting minutes, issues raised, and responses provided;
d) Maintaining and updating the project grievance logbook;
e) Reviewing and responding to stakeholder feedback and complaints;
f) Ensuring that contractors comply with stakeholder engagement and community communication requirements;
g) Reporting stakeholder engagement activities and unresolved issues to the PMU;
h) Ensuring that vulnerable groups are considered in consultation and information disclosure activities;
i) Monitoring whether stakeholder concerns have been addressed through mitigation or corrective actions.

Stakeholder engagement activities will be periodically reviewed by the PMU and PIU to ensure that the engagement process remains effective throughout project implementation. Feedback received from stakeholders will be used to improve project design, construction planning, mitigation measures, service continuity arrangements, and grievance handling.

Annex D — Grievance Redress Mechanism

D.1 Principles of the Project GRM

The Grievance Redress Mechanism (GRM) for the RSMDJ development project is established to provide an accessible, transparent, timely, and fair process for receiving and resolving complaints from affected stakeholders. The GRM will be available throughout project preparation, construction, and operation, and will cover environmental, social, health, safety, labour, service continuity, access, and community-related concerns.

The GRM will apply the following principles:

a) Channels. Several complaint channels will be provided so that affected persons can submit grievances easily. These may include the PIU/RSMDJ GRM focal point, RSMDJ Humas/Public Relations, complaint desk, telephone or WhatsApp, email, written complaint form, complaint box, project information board, consultation meetings, and direct submission to project representatives.

b) Forms. Complaints may be submitted verbally or in writing. Complaints may be submitted directly by the affected person, by a family member, caregiver, community representative, worker representative, or another person trusted by the complainant. Anonymous complaints will also be accepted, especially for sensitive issues.

c) Accessibility. The GRM will be open to all project-affected stakeholders, including patients, caregivers, visitors, hospital staff, outsourced workers, construction workers, subcontractor workers, nearby communities, road users, service providers, vulnerable groups, and other affected persons.

d) Representation. A complainant may appoint another person to submit or follow up a grievance on their behalf. The appointed representative may be a family member, caregiver, community representative, worker representative, or another trusted person.

e) Disclosure. The GRM procedure will be disclosed through appropriate channels, including project consultations, hospital information boards, public notices, RSMDJ communication channels, contractor briefings, and stakeholder meetings. The disclosure will explain how to submit complaints, how complaints will be handled, expected timelines, and appeal options.

f) Documentation. All complaints will be recorded in a grievance logbook managed by the PIU/RSMDJ GRM focal point. The logbook will include complaint registration number, date received, complainant information where available, type of grievance, responsible unit, actions taken, response date, status, and closure evidence.

g) Transparency. The GRM procedure will include clear steps for complaint receipt, registration, assessment, response, corrective action, closure, and appeal. Complainants will be informed of the process and expected timeline, where their contact information is available.

h) Timeframe. Each complaint handling stage will have an indicative timeframe. Complaints should normally be acknowledged within five calendar days after receipt, where contact details are available.

i) Acknowledgement. The responsible unit will acknowledge receipt of the complaint and begin the complaint resolution process. For urgent cases, especially those related to health, safety, emergency access, SEA/SH, violence, or serious worker issues, action should be taken as soon as possible.

j) Appeal. If the complainant is not satisfied with the proposed resolution, the complaint may be escalated to a higher level, including RSMDJ Management, PIU, PMU, Ministry of Health, local government authority, manpower office, or other relevant authority, depending on the nature of the complaint.

k) Monitoring. All grievances will be monitored by the PIU/RSMDJ GRM focal point. Complaint trends, unresolved issues, repeated complaints, and corrective actions will be summarized in regular GRM monitoring reports.

l) No cost to complainants. The project GRM will be free of charge. If a complainant chooses to bring the case to court or other formal legal mechanisms, the costs associated with such legal process will follow the applicable legal procedures.

D.2 Project's Redress Procedures

D.2.1 Redress Procedure for General Complaints

General complaints may include concerns from patients, caregivers, visitors, hospital staff, nearby residents, road users, local businesses, and other affected stakeholders. These complaints may relate to dust, noise, vibration, traffic disruption, restricted access, drainage disturbance, waste management, worker behavior, service relocation, hospital service disruption, patient safety, or community health and safety.

Step	Responsible Party	Procedure	Indicative Timeline
Step 1	PIU / RSMDJ GRM Focal Point / RSMDJ Humas	Complaints may be submitted through the PIU or RSMDJ GRM focal point using available channels such as telephone, WhatsApp, email, written complaint form, complaint desk, RSMDJ Humas, project information board, complaint box, or direct submission during consultation. The complaint will be registered in the grievance logbook and reviewed by the relevant unit.	Complaint acknowledged within 5 calendar days and resolved, where possible, within 14 calendar days
Step 2	RSMDJ Management / PIU	If the complainant is not satisfied with the response at Step 1, the complaint may be escalated to RSMDJ Management and the PIU. Further verification may be conducted with contractors, supervision consultants, hospital units, or other relevant parties.	Response provided within 14 calendar days after escalation

Step	Responsible Party	Procedure	Indicative Timeline
Step 3	PMU / Ministry of Health / Relevant Government Authority	If the complainant remains dissatisfied after Step 2, the complaint may be escalated to the PMU, Ministry of Health, or other relevant authority. This step applies to complex complaints requiring higher-level review or inter-agency coordination.	Response provided within 14 calendar days, or longer if further verification is required
Step 4	Formal Legal or Administrative Mechanism	If the complaint cannot be resolved through the project GRM, the complainant may pursue available legal, administrative, or regulatory mechanisms in accordance with Indonesian laws and regulations.	In accordance with applicable legal or administrative procedures

D.2.2 Redress Procedure for Complaints Related to Labour and Working Conditions

Labour-related complaints may be submitted by construction workers, subcontractor workers, outsourced workers, service workers, or other project-related workers. These complaints may include issues related to wages, working hours, employment contracts, discrimination, harassment, unsafe working conditions, lack of PPE, delayed payment, worker facilities, unfair dismissal, or other labour and occupational health and safety matters.

If a complaint concerns the safety or health of workers, the complaint should be handled as soon as possible depending on the urgency and seriousness of the issue. Serious incidents, workplace accidents, harassment, intimidation, discrimination, SEA/SH-related cases, or other sensitive complaints must be handled confidentially and with priority.

Step	Responsible Party	Procedure	Indicative Timeline
Step 1	Employer / Contractor / Subcontractor	Workers may submit complaints to their employer, contractor, subcontractor, site supervisor, worker grievance focal point, or contractor HSE/social officer. Complaints may be submitted verbally, in writing, anonymously, or through a representative. The employer or contractor will register the complaint, review the case, and propose corrective action.	Complaint acknowledged within 5 calendar days; resolution targeted within 14 calendar days
Step 2	PIU / RSMDJ GRM Focal Point / Contractor Management / Supervision Consultant	If the worker is not satisfied with the response at Step 1, the complaint may be escalated to the PIU, RSMDJ GRM focal point, contractor management, or supervision consultant. The case will be reviewed, previous actions will be checked, and further corrective action may be required from the contractor or employer.	Complaint acknowledged within 7 calendar days; response or proposed resolution provided within 30 calendar days
Step 3	Local Manpower Office / Disnaker	If the complaint remains unresolved, the worker may submit the case to the relevant local manpower office for mediation or further handling in accordance with Indonesian labour regulations.	In accordance with the procedure and timeline of the relevant manpower authority
Step 4	Industrial Relations Court	If the complaint cannot be resolved through the employer, project GRM, or manpower mediation, the affected worker may pursue	In accordance with applicable legal procedures

Step	Responsible Party	Procedure	Indicative Timeline
		formal dispute settlement through the Industrial Relations Court.	

The project GRM does not limit workers' rights to access formal labour dispute mechanisms or other legal remedies. GRM requirements shall be included in tender documents, contractor contracts, and the Contractor's ESMP. Contractors and subcontractors shall inform workers about available grievance channels, complaint procedures, confidentiality arrangements, and protection against retaliation.

D.2.3 Redress Procedure for Submitting Written Grievances through AIIB

In addition to the project-level GRM, project-affected persons may submit concerns through the AIIB Project-affected People's Mechanism (PPM), where applicable. The AIIB PPM provides an independent and impartial review process for submissions from project-affected people who believe they have been or may be adversely affected by AIIB's failure to implement its Environmental and Social Policy, after their concerns have first been raised through project-level grievance mechanisms or AIIB Management, where appropriate.

The Complaints-resolution, Evaluation and Integrity Unit (CEIU) is responsible for administering the Project-affected People's Mechanism. This mechanism does not replace the project GRM, but provides an additional channel when concerns cannot be resolved satisfactorily through the project-level process.

Template for Documentation of Consultations

This template shall be used to document stakeholder consultation activities conducted for the RSMDJ development project. The documentation should record the consultation objective, participants, issues discussed, feedback received, responses provided, and supporting evidence such as attendance lists and photos.

Consultation Documentation Item	Information to be Completed
Title of Consultation	
Location and Date	Name of place and date
Objective and Agenda	Explain the objectives and agenda of the consultation
Participants	Explain the stakeholders targeted, stakeholders invited, number of participants who attended, and their gender. Note the information on vulnerable groups, where relevant.
Summary of the Consultation	Describe the format or style of the consultation, who facilitated it, the language used, a brief summary of information presented, and key discussion points.
Questions / Comments and Responses	Summarize the main questions, comments, concerns, suggestions, and responses provided.
Photos	Insert consultation photos and supporting documentation.

Date	Time	Participants – Male	Participants – Female	Purposes	Remarks

Summary by Consultative Topics

No.	Topics	Information Disseminated	Feedback – Positive	Feedback – Adverse	Feedback – Suggestions	Responses	Remarks
1							
2							
3							
4							
5							

Guidance for Establishing Project Grievance Logbook

The PMU, PIU, and RSMDJ, supported by the Social Officer and GRM Focal Point, shall establish and maintain a Project Grievance Logbook. The logbook will be used to record, monitor, and track all grievances received during project implementation.

The grievance logbook should include environmental complaints, social complaints, health and safety complaints, labour complaints, SEA/SH-related complaints, service disruption complaints, access-related complaints, and other project-related concerns. Each case should be assigned a unique registration number and tracked from receipt to final resolution.

The grievance logbook may be maintained electronically or in hard copy, provided that information can be easily retrieved, updated, and reported. Supporting documents may include letters, emails, written complaint forms, photos, meeting notes, call records, WhatsApp screenshots, or other relevant evidence.

The logbook should include at least:

a) Name and contact details of the complainant, or “anonymous” if the complainant does not wish to disclose their identity;
b) Sex, where voluntarily provided;
c) Date the complaint was received;
d) Details and category of the grievance;
e) Method of submission;
f) Responsible person or unit for follow-up;
g) Corrective action or response provided;
h) Date of response and closure;

i) Whether the complainant accepted the resolution;
j) Any further escalation or appeal.

Grievances may be submitted anonymously, and complainants may request that their identity be kept confidential.

Project Grievance Logbook Template

Name of Complainant or "Anonymous"	Sex	Contact Information	Date Received	Details of the Nature of the Grievance	To Whom Was the Grievance Submitted	Action to Resolve Grievance	Date Grievance Was Settled / Final Step	How Was the Response Provided?
				Environmental impacts, social impacts, labour, health, safety, access, SEA/SH, service disruption, etc.				

Annex E — Labor Management Plan

E.1. Introduction

RSUP Dr. M. Djamil Padang (RSMDJ) is currently undergoing a major development program to enhance its facilities and healthcare services. The project involves multiple categories of workers, including hospital staff, contractors, subcontractors, and other support personnel. This plan ensures that all workers are managed in accordance with Indonesian labor regulations and international best practices, safeguarding their rights, health, and safety throughout the project.

E.2. Purpose

This Labor Management Plan (LMP) aims to:

a) Establish clear standards and responsibilities for workforce management.
b) Ensure compliance with Indonesian labor law and international standards.
c) Protect the health, safety, and dignity of all workers.
d) Prevent and address occupational hazards and SEAH (Sexual Exploitation, Abuse, and Harassment) risks.
e) Provide accessible and confidential grievance mechanisms.
f) Monitor and report labor management performance across all project phases.

E.3. Scope

The LMP applies to all workers involved in the project:

a) **Pre-Construction Phase:** environmental and social consultants, survey teams, land and asset officers, community engagement facilitators, design engineers, and hospital/PIU officials.
b) **Construction Phase:** civil works contractors, skilled and unskilled labor, supervisors, logistics staff, medical waste handlers, and site security personnel.
c) **Operation Phase:** permanent hospital staff (doctors, nurses, pharmacists, laboratory personnel), administrative and support staff, facility management teams, security, and service contractors (catering, cleaning, laundry), including temporary staff as needed.

E.4. Legal Framework

The plan follows:

a) **National Laws:** Indonesian labor law (Law No. 13/2003), Occupational Safety (Law No. 1/1970), Social Security (Law No. 24/2011), OHS regulations (Government Regulation No. 50/2012), SEAH protection, and related health regulations.
b) **International Standards:** AIIB Environmental and Social Framework, World Bank Environmental and Social Standards, IFC Performance Standards, ILO Core Labor Standards, and international Health, Safety, and Environmental Guidelines for healthcare facilities.

E.5. Key Labor Risks and Mitigation

Area	Hospital/PIU	Contractors/Subcontractors
LMP Preparation	Lead preparation, ensure compliance	Implement LMP in operations
Recruitment	Oversee non-discriminatory hiring	Conduct recruitment per LMP, submit worker lists
Contracts & Wages	Verify contracts, monitor wages	Issue contracts, pay on time, maintain payroll records
OHS Management	Approve plans, monitor performance	Implement OHS plan, provide PPE, conduct training
SEAH Prevention	Adopt policy, oversee implementation	Enforce Code of Conduct, conduct training, report incidents
Grievance Redress	Establish GRM, communicate to workers	Inform workers, assist submissions, participate in process
Monitoring & Reporting	Track contractor compliance, prepare reports	Submit monthly reports, maintain worker records

E.6 Policies and Procedures

a) **Employment Terms:** contracts in writing, 8-hour workdays, minimum wage compliance, leave and benefits, BPJS registration.
b) **Child Labor & Forced Labor:** minimum age 18, no forced labor, audit compliance.
c) **OHS:** site-specific OHS plan, induction and refresher training, clear signage, mandatory incident reporting, safety data sheets.
d) **SEAH Prevention:** mandatory Code of Conduct, regular awareness training, confidential reporting, support for victims.
e) **Freedom of Association:** workers can form/join unions, collective bargaining rights respected, representatives can voice workplace concerns.

E.7 Workers Grievance Redress Mechanism (GRM)

A dedicated Workers GRM is established to allow all workers to raise concerns safely and confidentially. This mechanism is separate from community GRMs and is designed specifically for project staff.

Principles of the Workers GRM:

a) **Accessibility:** Open to all workers regardless of literacy, gender, or employment status.
b) **Confidentiality:** Complainant identity is protected unless consented for disclosure.
c) **Non-Retaliation:** Workers submitting grievances in good faith are protected from retaliation.
d) **Transparency:** Workers are informed of the outcome at each stage.
e) **Timely Resolution:** All grievances are addressed within established timeframes.

Grievance Submission Channels:

a) Verbal: to site Grievance Focal Point (GFP) or OHS officer.
b) Written: grievance forms at site office or welfare facilities.
c) Suggestion boxes: placed in accessible locations on site.
d) Hotline: phone or WhatsApp managed by PIU.
e) Email: dedicated PIU grievance email address.

Resolution Steps and Responsible Parties:

Step	Action	Responsible	Timeframe
1	Grievance receipt and registration	Site GFP / PIU Environmental & Social Officer	Within 2 working days
2	Acknowledgement	Site GFP with Contractor Coordination	Within 3 working days
3	Investigation and assessment	PIU Environmental & Social Officer + Dept Heads	Within 7 working days
4	Resolution and response	PIU Project Manager + Contractor	Within 14 working days
5	Escalation / external referral	AIIB Accountability Mechanism or Ministry of Manpower	As required

E.8 Evaluation

Regular evaluation ensures LMP effectiveness:

a) **Monthly internal monitoring:** PIU Environmental & Social Officer inspects construction sites, documents compliance.
b) **Semi-annual evaluation:** Covers all risk areas including OHS, labor rights, SEAH, and GRM.
c) **Annual performance review:** Joint review by PIU, hospital management, and key contractors to measure progress and revise plans.
d) **Incident review:** Analyze all OHS, SEAH, and grievance cases for corrective action.
e) **Worker feedback surveys:** Anonymous surveys at least annually on working conditions and grievance handling.

Key Performance Indicators (KPIs):

a) Number and type of OHS incidents per month.
b) % of workers trained in OHS induction.
c) % of workers with valid employment contracts.
d) % enrolled in BPJS Health & Employment.
e) Number of grievances received, resolved, pending.
f) Number of SEAH complaints and % resolved.
g) Gender-disaggregated workforce data.
h) Number of child labor or forced labor violations identified and remediated.

E.9 Reporting

Reporting ensures accountability and AIIB compliance:

a) **Contractor Monthly Labor Report:** Number of workers by type and gender, OHS incidents, grievances, training, wage status.
b) **PIU Quarterly ES Progress Report:** Summary of LMP monitoring, KPI performance, grievance statistics, corrective actions.
c) **Incident and Emergency Report:** Serious incidents (fatalities, permanent disability, hospitalization) or SEAH complaints reported to AIIB within 48 hours.
d) **Annual LMP Review Report:** Performance summary, lessons learned, and plan updates.
e) **Phase Completion Report:** At the end of each project phase, documents labor management activities and outstanding issues.

Record Keeping:

a) Maintain all labor records for at least 5 years post-project.
b) Records include contracts, payroll, BPJS registration, OHS training sheets, incident reports, grievance register, evaluation reports.
c) Ensure secure storage with appropriate data protection.

E.10 Worker Code of Conduct & Self-Assessment

Self-Assessment Checklist on OHS and SEAH

This self-assessment checklist is to be completed by every worker at RSJRW Project prior to commencing work and reviewed periodically. Please tick the appropriate response for each statement. This checklist serves as your personal commitment to uphold safe, respectful, and ethical conduct at all times during your engagement with this project.

Worker Name: _____
Position or Role: _____
Employer or Contractor: _____
Date: _____

PART A: Occupational Health and Safety (OHS)For each statement below, please mark: Y = Yes (I comply) | N = No (I do not comply yet) | NA = Not Applicable to my role

No.	Statement	Y	N	NA
1	I always wear the required PPE (helmet, safety shoes, vest, gloves, mask) when working in the project site			
2	I have attended and understood the OHS induction training before starting work			
3	I know the location of the nearest first aid kit, fire extinguisher, and emergency exit			
4	I report unsafe conditions, near misses, or accidents to my supervisor immediately			

No.	Statement	Y	N	NA
5	I do not perform work activities while under the influence of alcohol or drugs			
6	I follow all site safety rules and procedures as instructed by my supervisor and safety officer			
7	I use tools and equipment only for their intended purpose and ensure they are in good working condition			
8	I participate in all mandatory OHS trainings and toolbox meetings			
9	I keep my work area clean and orderly to prevent accidents (housekeeping)			
10	I understand the emergency procedures and the evacuation assembly point			

PART B: Sexual Exploitation, Abuse, and Harassment (SEAH)Please read and self-assess against each statement below:

No.	Statement	Y	N	NA
1	I have read and signed the Worker Code of Conduct and I understand its requirements			
2	I understand that sexual harassment, sexual exploitation, and sexual abuse are strictly prohibited and will result in disciplinary action			
3	I treat all colleagues, patients, community members, and stakeholders with dignity and respect regardless of gender, ethnicity, religion, or disability			
4	I will report any incident of sexual harassment, exploitation, or abuse that I witness or am subjected to through the available grievance channel			
5	I understand the confidential reporting channels available to me and know how to access them			
6	I will not engage in or condone discriminatory or offensive language, gestures, or behavior in the workplace			
7	I will not use my position to coerce, demand, or receive sexual favors in exchange for employment benefits or preferential treatment			
8	I commit to supporting and not retaliating against any worker who reports a SEAH incident in good faith			

Declaration and Signature

I, the undersigned, declare that I have read, understood, and committed to uphold the Worker Code of Conduct as stated in this document. I understand that any violation of this Code may result in disciplinary action, including immediate termination of employment and, where applicable, referral to law enforcement authorities.

Worker Signature: _____ Date: _____

Supervisor or GFP Signature: _____ Date: _____

Witness Name and Signature: _____ Date: _____

Declaration: Workers sign to confirm commitment to uphold the Code; violations may result in disciplinary action including termination or legal referral.

E.11 Personal Protective Equipment (PPE)

The following PPE is provided free of charge and must always be used in designated area

Category	PPE Items	Function
Head	Safety helmet	Protects from falling objects and impact
Foot	Safety boots/shoes	Protects feet from crushing, punctures, slips
Eye/Face	Goggles, face shield	Protects eyes/face from debris, chemicals, sparks
Hand	Gloves (construction, chemical, cut-resistant, latex)	Protects hands from cuts, chemicals, heat, infection
Hearing	Earplugs, earmuffs	Protects against high noise levels (>85 dB)
Respiratory	Dust mask, respirator, surgical mask	Protects lungs from dust, fumes, biohazards
Body/Visibility	Hi-vis vest, coveralls, chemical suit	Visibility and body protection from chemicals/contamination
Fall	Harness, lanyard, lifeline	Prevents falls from heights (>1.8m)
Electrical	Insulated gloves/tools, arc flash clothing	Protects from shocks, burns
Medical/Biological	Gown, gloves, mask, shoe cover, head cover, goggles	Protects staff from infectious agents and contaminated waste

Annex F — Gender Action Plan & Vulnerable Group Assessment

F.1 Introduction

Gender equality and social inclusion are key considerations in the RSUP Dr. M. Djamil Padang (RSMDJ) development project. This Gender Action Plan (GAP) and Vulnerable Group Assessment has been prepared in alignment with AIIB's Gender Action Plan and relevant health-sector gender integration guidance to ensure that gender considerations are systematically incorporated into project preparation, design, construction, operation, monitoring, and reporting.

The project recognizes that women, men, persons with disabilities, elderly patients, low-income groups, caregivers, and other vulnerable stakeholders may experience different levels of access, exposure, and benefit from hospital infrastructure development. Therefore, this framework aims to promote equitable access to project benefits, inclusive stakeholder engagement, safe and non-discriminatory working conditions, prevention of gender-based violence, sexual exploitation and abuse, and sexual harassment (GBV/SEA-SH), and gender-responsive grievance redress mechanisms.

In the health sector context, gender considerations are particularly relevant because hospital infrastructure affects access to maternal, reproductive, emergency, outpatient, inpatient, and referral services. The project therefore integrates gender-sensitive design and operational measures, including safe access routes, inclusive consultation processes, gender-sensitive facilities, protection of patients and caregivers, and participation of women in project-related employment and decision-making processes.

F.2 Purpose

The purpose of this Gender Framework is to guide the integration of gender considerations into all aspects of the project. It aims to:

a) Promote equal opportunities and fair treatment for all workers and stakeholders.
b) Prevent gender-based discrimination and exclusion.
c) Enhance the participation of women in the workforce and in project decision-making.
d) Minimize risks related to sexual exploitation, abuse, harassment (SEAH), and gender-based violence (GBV).
e) Ensure that hospital services and facilities are inclusive and responsive to the needs of both men and women.
f) Provide mechanisms for monitoring, evaluation, and reporting of gender-related issues and interventions.

F.3 Scope

This framework applies to all project phases and stakeholders affected by the project, including:

a) Project workers (hospital staff, contractors, subcontractors, and temporary staff).

b) Patients, visitors, and caregivers accessing hospital services.
c) Nearby communities affected by construction and operational activities.
d) Vulnerable groups who may experience disproportionate impacts due to gender, age, disability, or social status.

The framework is designed to ensure that gender considerations are embedded in workforce management, workplace safety, facility design, and community engagement.

F.4 Legal and Policy Framework

National Legal Framework

1. **Constitution of Indonesia (UUD 1945)** – Guarantees equality between men and women in all areas including employment and public services.
2. **Law No. 13 of 2003 on Manpower** – Prohibits gender-based discrimination in employment, including recruitment, promotion, wages, and termination.
3. **Law No. 1 of 1970 on Occupational Safety** – Applies equally to all employees, ensuring workplace safety for both genders.
4. **Law No. 21 of 2007 on Eradication of Trafficking in Persons** – Protects vulnerable workers from exploitation, including women and girls.
5. **Law No. 12 of 2022 on Sexual Violence Crimes (TPKS)** – Provides comprehensive protection against sexual harassment, exploitation, and abuse, including in the workplace.
6. **Government Regulation on Protection of Working Women** – Ensures maternity protection, safe working conditions, and breastfeeding facilities at the workplace.
7. **Ministerial Regulations on Non-Discrimination** – Require gender equality in hiring, promotion, and access to training.

International Standards and Best Practices

- **AIIB Environmental and Social Framework (ESF)**

1. ESS1: Governance and management systems, including gender considerations in workforce and project planning.
2. ESS2: Labor and Working Conditions with emphasis on equal opportunity and non-discrimination.
3. ESS4: Community Health, Safety, and Security, including gender-based risks and SEA/SH mitigation.
4. **ILO Core Conventions**
5. Convention No. 100: Equal remuneration for men and women.
6. Convention No. 111: Non-discrimination in employment and occupation.
7. **World Bank Environmental and Social Standards**
8. ESS2: Gender-sensitive labor policies, grievance redress mechanisms.
9. ESS4: Protects women and vulnerable groups in project-affected communities.
10. **UN Women Guidelines and WHO Health Facility Gender Standards**
11. Guidelines for gender-sensitive health services, workplace equality, and safe working environments for female employees.

12. **IFC Performance Standard 2 (PS2)**
13. Ensures gender equality, prevents sexual harassment, and integrates gender inclusion in labor management systems.
14. **Asian Infrastructure Investment Bank (AIIB). Gender Action Plan (GAP).** The GAP provides guidance for integrating gender considerations throughout project identification, preparation, implementation, monitoring, and reporting, including risk management and opportunities to improve gender equality and women's empowerment.
15. **Asian Infrastructure Investment Bank (AIIB). Health Strategy.** The strategy recognizes that gender plays an important role in determining health outcomes and equity, including access to health services and gender-sensitive healthcare infrastructure

F.5 Gender Baseline and Key Issues

A baseline assessment identifies existing gender dynamics and potential gaps, including:

1. Workforce composition by gender across different roles and levels.
2. Representation of women in decision-making and technical positions.
3. Access to hospital services and facilities for male and female patients.
4. Existing gender-specific challenges in the workplace and surrounding community.
5. Risks related to SEA/SH and GBV in project-affected areas.

Understanding these baseline conditions allows for targeted interventions to address gender disparities and enhance inclusion.

F.6 Key Gender Risks and Impacts

The project may pose several gender-related risks across all phases. Unequal access to employment opportunities could occur if recruitment and promotion practices do not consider gender equity. Women may face barriers to technical or decision-making roles, while men and women may encounter differing safety risks on construction sites or within hospital operations. Gender-specific facility inadequacies, such as insufficient toilets, rest areas, or breastfeeding rooms, could limit comfort and participation. Additionally, the influx of construction workers and increased activity around the hospital may increase the risk of sexual harassment, exploitation, and gender-based violence for both workers and community members. Limited access to services, particularly for female patients and caregivers, is another potential impact. Recognizing these risks early allows the project to plan effective mitigation strategies.

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	% of workers signed CoC; % trained on SEAH	Contractor / Supervision Consultant / PIU	Pre-construction & Construction

No	Key Issue / Risk Area	Mitigation / Action	Performance Indicators	Responsibility	Stage
		training for all workers before site access			
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
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

No	Key Issue / Risk Area	Mitigation / Action	Performance Indicators	Responsibility	Stage
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

F.7. Gender Mitigation and Action Measures

To address these risks, the project implements a set of mitigation measures. Recruitment and workforce management are guided by non-discrimination policies to ensure equal opportunities for all genders. Gender-sensitive facilities are provided, including separate toilets, restrooms, and breastfeeding areas where needed. All staff and contractors undergo gender awareness and inclusion training to strengthen understanding and responsiveness. A worker Code of Conduct enforces zero tolerance for sexual harassment, exploitation, and abuse, and community consultation processes include women's perspectives to ensure inclusivity. Gender considerations are integrated into hospital design, operational planning, and workforce policies to create a safe, equitable, and supportive environment for all employees and patients.

F.8. Gender-Responsive Grievance Mechanism

A dedicated gender-responsive grievance mechanism allows workers and affected community members to report concerns safely and confidentially. All channels are accessible regardless of literacy or employment status and protect complainants from retaliation. Workers can submit grievances verbally, in writing, via suggestion boxes, through a dedicated hotline, or by email. Reported issues, particularly those involving sexual exploitation, abuse, or harassment (SEAH), are handled promptly, confidentially, and escalated when necessary to higher authorities, including the AIIB Accountability Mechanism or government labor authorities. This ensures accountability and supports a culture of respect and safety across the project.

F.9. Monitoring and Evaluation

Monitoring and evaluation are critical to assess the effectiveness of gender measures. The project collects gender-disaggregated data on workforce participation, training completion, and utilization of gender-sensitive facilities. Grievances related to gender or SEAH are recorded, analyzed, and addressed. Feedback from workers and community members is gathered periodically to identify gaps and improve interventions. Semi-annual and annual evaluations review gender integration, including the effectiveness of mitigation measures, grievance handling, and inclusion in operational and community engagement activities. This iterative monitoring ensures continuous improvement and strengthens project accountability.

F.10. Capacity Building

Capacity limitations among project personnel pose a significant risk to the effective implementation of the Gender Action Plan (GAP). Successfully integrating gender considerations into construction and healthcare projects requires tailored, role-specific capacity building that extends beyond basic gender awareness.

All training activities will be formally documented, with attendance records maintained by the PIU / social specialist. Any absence of mandatory participants shall be reported to the PIU within five working days, followed by appropriate corrective measures within the subsequent ten working days. Training materials will be provided in Bahasa Indonesia and customized to accommodate the literacy levels and language requirements of the intended participants.

F.11. Reporting

Gender-related reporting ensures transparency and accountability for all stakeholders. Contractors submit monthly reports to the Project Implementation Unit (PIU), including gender-disaggregated workforce data, training activities, and grievance statistics. The PIU compiles quarterly progress reports for submission to AIIB, summarizing monitoring findings, key performance indicators, and corrective actions. Serious incidents, including SEAH cases or gender-related grievances, are reported immediately, and annual reviews document lessons learned and update gender action measures. All reports maintain confidentiality and support evidence-based decision-making to strengthen gender integration throughout the project.

Data Requirements for Gender and Vulnerable Group Assessment – Questionnaire Template

Section A: Identification of Vulnerable Groups and Social Baseline

Instructions: Tick or fill in data according to each category.

1. Elderly (≥60 years old)
   Yes
   Number: _____
   Special needs: _____
2. Women
   Number: _____
   Status: [ ] Housewife [ ] Worker [ ] Student [ ] Other: _____
3. Children (<18 years old)
   Number: _____
   Notes: _____
4. Persons with Disabilities
   Type: [ ] Physical [ ] Sensory [ ] Mental [ ] Other: _____
   Facility access: [ ] Adequate [ ] Limited [ ] None
5. Low-income Households
   Number: _____
   Indicators: [ ] Food insecurity [ ] Limited education access [ ] Limited healthcare access
6. Chronic Disease Patients
   Disease type: _____
   Number: _____
7. Caregivers
   Number: _____
   Support needs: _____
8. Communities with Limited Access to Healthcare
   Nearest health facility: _____
   Distance (km): _____

Section B: Gender-disaggregated Demographics and Healthcare Access

Indicator	Male	Female	Notes / Source
Population	_____	_____	_____
Healthcare access (%)	_____	_____	_____
Vulnerable patient groups	_____	_____	_____
Disability prevalence	_____	_____	_____
Social vulnerability characteristics	_____	_____	_____

Section C: Patient Trends and Healthcare Access

9. Focus Group Discussion (FGD):
   Topic: _____
   Number of participants: _____
   Vulnerable groups present: [ ] Yes [ ] No
10. Individual Interviews:
   Respondent Name / ID: _____
   Vulnerable group: _____
   Inputs / concerns: _____
11. Attendance List:
   Total participants: _____
   Special notes: _____
12. Grievances / Feedback from Vulnerable Groups:
   Type of grievance: _____
   Addressed: [ ] Yes [ ] No

Section D: Accessibility and Universal Design

Facility	Accessible / Yes	Notes
Wheelchair access	[ ] Yes [ ] No	_____
Elevator	[ ] Yes [ ] No	_____
Ramp	[ ] Yes [ ] No	_____
Pedestrian circulation	[ ] Adequate [ ] Limited	_____
Accessible toilets	[ ] Yes [ ] No	_____
Lactation room	[ ] Yes [ ] No	_____
Waiting area	[ ] Adequate [ ] Limited	_____
Emergency evacuation route	[ ] Adequate [ ] Limited	_____

Section E: Gender-Responsive Facilities and Services

Facility	Available / Yes	Notes
Gender-sensitive facilities	[ ] Yes [ ] No	_____
Separate sanitation facilities	[ ] Yes [ ] No	_____

Facility	Available / Yes	Notes
Workplace safety for women	[ ] Adequate [ ] Limited	_____
Privacy protection	[ ] Maintained [ ] Not maintained	_____
Access to healthcare services for female patients/caregivers	[ ] Adequate [ ] Limited	_____

Section F: GRM and Complaint Mechanisms

Mechanism	Available	Notes
Accessible complaint channels	[ ] Yes [ ] No	_____
Confidential reporting procedures	[ ] Yes [ ] No	_____
Language accessibility	[ ] Yes [ ] No	_____
Support for persons with disabilities	[ ] Yes [ ] No	_____
Survivor-centered SEA/SH mechanism	[ ] Yes [ ] No	_____

Annex G — Economic and Livelihood Context

G.1 Purpose

The purpose of the Economic and Livelihood Context analysis is to provide a clear understanding of the local socio-economic environment surrounding RSUP Dr. M. Djamil Padang. It seeks to identify key sources of income, employment patterns, and livelihood activities among affected populations, as well as to assess potential impacts of the project on these activities. The framework guides mitigation measures to prevent negative economic outcomes and identifies opportunities to enhance positive effects, including promoting local employment, business participation, and equitable distribution of project benefits.

G.2 Scope

This assessment covers all stakeholders and communities that may be directly or indirectly affected by the project, including residents living near the hospital, local business operators, informal workers, and vulnerable groups. The analysis addresses both direct impacts, such as employment opportunities for local workers, and indirect impacts, such as changes in access to markets, services, or household income. The scope also includes the full project lifecycle: pre-construction, construction, and operational phases

G.3 Legal and Policy Framework

The project's approach to economic and livelihood considerations is guided by national and local regulations related to labor, local economic development, small and medium enterprises, and social protection programs. International standards, including the AIIB Environmental and Social Framework (ESF), provide guidance for assessing livelihood risks, promoting inclusive economic benefits, and protecting vulnerable populations. Best practices on responsible procurement, local hiring, and community engagement further support the project's economic and livelihood strategy, ensuring compliance and sustainable outcomes

G.4 Economic Baseline and Key Indicators

The baseline assessment establishes a profile of the local economy, including household income levels, employment patterns, sources of livelihood, and the structure of local businesses. It identifies the key livelihood activities of the affected population, including formal employment, informal trade, agriculture, and service provision. Other critical indicators include access to markets, skill levels, financial services, and social safety nets. Gender-disaggregated data and information on vulnerable groups are also considered to ensure inclusivity and equitable benefits.

G.5 Key Economic Risks and Impacts

Potential economic risks associated with the project include temporary or permanent disruption to local livelihoods due to construction or operational activities. Access to local markets and essential

services may be reduced, and informal economic activities may be displaced. There is a risk that economic benefits from the project could be unequally distributed, with women, youth, and marginalized groups excluded from employment or business opportunities. Increased economic competition and perceived inequities could also create social tension. Recognizing these risks enables the project to plan appropriate mitigation and enhancement measures.

G.6 Livelihood Mitigation and Enhancement Measures

To mitigate potential negative impacts and enhance positive outcomes, the project implements several measures. Priority is given to local hiring, ensuring that community members have access to construction and operational employment opportunities. Skills development and training programs are provided to increase employability. Local businesses are encouraged to participate in procurement, and consultation processes are inclusive to capture community needs. The project also implements measures to support small and informal enterprises affected by construction activities and ensures that women and vulnerable groups have equitable access to economic opportunities

G.7 Grievance Mechanism for Economic and Livelihood Concerns

A dedicated grievance mechanism allows community members and workers to raise concerns regarding economic impacts or livelihood disruptions. Channels include verbal, written, suggestion boxes, hotline, and email. All grievances are addressed promptly, confidentially, and without retaliation. Unresolved issues can be escalated to the Project Implementation Unit (PIU) or relevant authorities. This mechanism ensures accountability, builds trust with communities, and provides a structured process for addressing livelihood concerns

G.8 Monitoring and Evaluation

Monitoring and evaluation activities track the effectiveness of economic and livelihood interventions. Indicators include the number of local people employed, participation of local businesses in procurement, trends in household income, and the resolution of grievances. Feedback from communities and workers is periodically collected to identify gaps or emerging risks. Semi-annual and annual evaluations assess whether mitigation measures are effective and recommend adjustments as needed to enhance local economic benefits and minimize adverse impacts.

G.9 Reporting

Reporting ensures transparency and accountability in the project's economic and livelihood management. Contractors submit monthly reports on local employment, business participation, and livelihood support activities. The PIU consolidates these into quarterly progress reports for submission to AIIB and relevant stakeholders, including an overview of monitoring results, grievance resolution, and performance against key indicators. Annual reviews summarize overall progress, lessons learned, and recommendations for further improvements. Reporting ensures that the project's economic benefits are documented, measurable, and aligned with best practices for social and environmental responsibility.

This questionnaire collects voluntary and confidential information on informal vendors' business activities and livelihoods within RSMDJ to support socio-economic assessment and management planning.

Section A: Vendor / Tenant Information

No	Question	Response
1	Name of vendor / business	_____
2	Type of vendor	[ ] Food & Beverage [ ] Medical Equipment [ ] Pharmacy [ ] Others: _____
3	Type of tenant	[ ] Permanent [ ] Temporary / Rotating [ ] Seasonal
4	Location in hospital	[ ] Lobby [ ] Canteen [ ] Corridor [ ] Parking area [ ] Other: _____
5	Length of operation	[ ] <1 year [ ] 1–3 years [ ] 3–5 years [ ] >5 years
6	Number of employees / helpers	_____

Section B: Economic Profile

No	Question	Response
1	Average monthly income (IDR)	_____
2	Average daily sales (IDR)	_____
3	Peak hours of operation	[ ] Morning [ ] Afternoon [ ] Evening [ ] Night
4	Customer type	[ ] Patients [ ] Visitors [ ] Hospital Staff [ ] Others: _____
5	Average number of customers per day	_____
6	Payment method accepted	[ ] Cash [ ] Mobile Payment [ ] Credit Card [ ] Other: _____

Section C: Business Operations & Challenges

No	Question	Response
1	Do you have a license or permit to operate?	[ ] Yes [ ] No
2	Is your business affected by hospital regulations / restrictions?	[ ] Yes [ ] No, Explain: _____
3	Main challenges in daily operation	[ ] Space limitation [ ] Competition [ ] Security [ ] Waste management [ ] Others: _____
4	Support or assistance received from the hospital	[ ] Yes, Describe: _____ [ ] No
5	Hours of operation per day	_____
6	Any seasonal changes in sales or customers?	[ ] Yes, Describe: _____ [ ] No

Section D: Socioeconomic and Household Context

No	Question	Response
1	Age of vendor / tenant owner	_____

No	Question	Response
2	Gender	[ ] Male [ ] Female
3	Education level	[ ] None [ ] Primary [ ] Secondary [ ] Tertiary
4	Household size	_____
5	Dependents relying on business income	_____
6	Any additional sources of income	[ ] Yes, Describe: _____ [ ] No

Section E: Health & Safety Considerations (Optional)

No	Question	Response
1	Do you have access to handwashing / sanitation facilities?	[ ] Yes [ ] No
2	Is personal protective equipment (PPE) used during service?	[ ] Yes [ ] No
3	Any impact on business due to COVID-19 or health regulations?	[ ] Yes, Describe: _____ [ ] No

Annex H — Traffic Management Plan

H.1 Purpose

This Traffic Management Plan (TMP) provides a structured approach for assessing, monitoring, and mitigating traffic impacts arising from the construction and operation of RSMDJ. It aligns with the Andalalin (Traffic Impact Analysis) requirements and KAK Beauty Contest directives. The TMP ensures:

1. Safe and efficient access to the hospital during construction and operational phases.
2. Minimal disruption to surrounding roads, communities, and hospital users.
3. Coordination with Padang City Transportation Agency (Dinas Perhubungan).

H.2 Andalalin Deliverable Requirements

The Andalalin report serves as a formal consultant deliverable and must include:

1. Assessment of existing road network and hospital access.
2. Analysis of construction-phase and operational-phase traffic.
3. Mitigation recommendations for potential traffic disruptions.
4. Parking and internal circulation management.
5. Coordination with local transport authorities.

H.3 Framework Components

H.3.1 Existing Road Network and Hospital Access

Source: Dinas Perhubungan Padang City, RSMDJ site access data, field traffic survey

Data Required:

1. Road hierarchy (arterial, collector, local roads)
2. Access gates and entry/exit points
3. Ambulance routes and priority lanes
4. Pedestrian access
5. Parking access and internal circulation
6. Surrounding road conditions

H.3.2 Construction Traffic Movement

Source: Contractor Traffic Management Plan, PIU, ESIA / Andalalin field assessment

Data Required:

1. Truck movement schedule and delivery routes
2. Construction haulage roads
3. Vehicle entry and exit points
4. Peak-hour restrictions

5. Separation between project traffic and hospital / ambulance traffic

H.3.3 Operational Traffic Forecast

Source: RSMDJ Master Plan, DED, hospital service projections, Andalalin traffic modelling

Data Required:

1. Projected patient visits, staff, and visitor trips
2. Parking demand forecast
3. Ambulance circulation
4. Drop-off area capacity
5. Additional traffic from CMU and Non-JKN buildings

H.3.4 Parking Capacity and Circulation Baseline

Source: RSMDJ parking inventory, security/logistics unit, Andalalin survey

Data Required:

1. Existing parking capacity (cars & motorcycles)
2. Occupancy and utilization
3. Drop-off areas
4. Internal circulation routes
5. Future parking adequacy after hospital development

H.3.5 Traffic Count and Peak-Hour Survey

Source: Andalalin Consultant, Transport Expert, Dinas Perhubungan Padang City

Data Required:

1. Weekday and weekend traffic volumes
2. Morning and afternoon peak hours
3. Vehicle turning movement counts
4. Vehicle classification
5. Pedestrian movement and queue length

H.3.6 Road Performance and Level of Service

Source: Andalalin Consultant, Indonesian Road Capacity Manual (PKJI), Dinas Perhubungan Padang City

Data Required:

1. Road capacity and degree of saturation
2. Travel speed and delay
3. Queue length
4. Intersection performance
5. Level of service before and after project

H.3.7 Coordination with Transport Authorities

Source: Dinas Perhubungan Padang City & Sumatera Barat Province

Data Required:

1. Review comments and recommendations
2. Approval process for traffic management
3. Construction traffic control requirements
4. Operational traffic mitigation measures

H.3.8 Construction-Phase Traffic Mitigation

Source: Contractor Traffic Management Plan, ESMP, Andalalin recommendations

Data Required / Measures:

1. Traffic marshal deployment
2. Signage and temporary barriers
3. Access control points
4. Material delivery scheduling
5. Wheel washing (if needed)
6. Emergency vehicle access protection

H.3.9 Operational-Phase Traffic Mitigation

Source: Andalalin recommendations, RSMDJ operational management, Dinas Perhubungan

Data Required / Measures:

1. Traffic signal optimization
2. Intersection improvements
3. Provision of turning lanes
4. Parking management
5. Drop-off area redesign
6. Pedestrian safety measures
7. Ambulance priority access

H.3.10 Emergency and Ambulance Access Management

Source: RSMDJ Emergency Department / IGD, hospital security, Andalalin assessment

Data Required / Measures:

1. Dedicated ambulance access routes
2. Emergency vehicle priority lanes
3. Alternative routes during construction
4. Access control
5. Continuity of emergency circulation

H.3.11 Community and Road-User Safety Records

Source: ESIA consultation records, hospital complaint system, Dinas Perhubungan, local community feedback

Data Required:

1. Complaints regarding congestion, access disruption
2. Road safety and pedestrian safety issues
3. Construction vehicle movement impacts
4. Public transport disturbance

H.4 Implementation and Monitoring

1. **Monitoring Frequency:** Weekly during construction, monthly during operation, peak-hour surveys semi-annually.
2. **Reporting:** TMP compliance reports submitted to Project Owner and Dinas Perhubungan.
3. **Responsibility:** Contractor (construction), Hospital Management (operation), Andalalin Consultant (verification), Dinas Perhubungan (supervision).
4. **Corrective Actions:** Triggered by traffic incidents, congestion, or safety complaints; documented and communicated to relevant parties.

Summary of the Traffic Impact Assessment Data Collection Matrix based on primary sampling

No	Data Category	Data Required	Source	Location / Notes	Latitude	Longitude
1	Existing road network & hospital access	Road hierarchy, access gates, ambulance routes, pedestrian access, parking access, internal circulation, surrounding road conditions	Department of Transportation of Padang City, RSMDJ site access data, field survey	Hospital entrances, corridors, perimeter roads, surrounding main roads	-0.9437875	100.3672058
2	Construction traffic & haulage routes	Truck movement schedule, material delivery routes, haulage roads, construction vehicle entry/exit points, peak-hour restrictions, separation between project traffic and patient/ambulance access	Contractor Construction Traffic Management Plan, PIU, ESIA / Andalalin field assessment	Construction staging areas, delivery points, main haulage roads, entry/exit gates	To be recorded	To be recorded

No	Data Category	Data Required	Source	Location / Notes	Latitude	Longitude
3	Operational traffic forecast	Projected patient visits, staff movement, visitor trips, parking demand, ambulance circulation, drop-off capacity, increased traffic from CMU and Non-JKN buildings	RSMDJ Master Plan, DED documents, hospital service projections, Andalalin traffic modeling	CMU & Non-JKN buildings, hospital entry/exit points, main internal circulation roads	To be recorded	To be recorded
4	Parking capacity & circulation baseline	Existing parking capacity, parking occupancy, motorcycle/car zones, drop-off areas, circulation routes, future parking adequacy after development	RSMDJ parking inventory, security/logistics unit, Andalalin survey	All parking lots, drop-off areas, internal circulation routes	To be recorded	To be recorded
5	Traffic count & peak-hour survey	Weekday and weekend traffic counts, morning/afternoon peak-hour volume, turning movement counts, vehicle classification, pedestrian movement, queue length observation	Andalalin Consultant / Transport Expert, Department of Transportation Padang City	Main surrounding roads, hospital access points, intersections	To be recorded	To be recorded
6	Road performance & level of service	Road capacity, degree of saturation, travel speed, delay, queue length, intersection performance, LOS before and after project development	Andalalin Consultant, Indonesian Road Capacity Manual, Dinas Perhubungan Padang City	Intersections, key access roads around hospital	To be recorded	To be recorded
7	Coordination with transport authorities	Review comments, traffic engineering recommendations, approval process, construction traffic control requirements, operational traffic	Department of Transportation Perhubungan Padang City & Provinsi Sumatera Barat	Meetings, coordination offices	Office coordinates	Office coordinates

No	Data Category	Data Required	Source	Location / Notes	Latitude	Longitude
		mitigation measures				
8	Construction-phase traffic mitigation measures	Traffic marshal deployment, signage, temporary barriers, access control, material delivery scheduling, wheel washing if required, emergency access protection	Contractor Traffic Management Plan, ESMP, Andalalin recommendations	Construction zones, entry/exit points, delivery routes	To be recorded	To be recorded
9	Operational-phase traffic mitigation measures	Signal optimization, intersection improvement, turning lane provision, parking management, drop-off redesign, pedestrian safety measures, ambulance priority access	Andalalin recommendations, RSMDJ operational management, Department of Transportation Padang City	Main intersections, drop-off areas, parking lots, pedestrian crossings	To be recorded	To be recorded
10	Emergency & ambulance access management	Ambulance access routes, priority lanes, alternative routes during construction, access control, emergency circulation continuity	RSMDJ Emergency Dept / IGD, hospital security unit, Andalalin assessment	Emergency lanes, ambulance entry/exit points, priority corridors	To be recorded	To be recorded
11	Community & road-user safety records	Complaints related to congestion, access disruption, road safety, pedestrian safety, construction vehicle movement, public transport disturbance	ESIA consultation records, hospital complaint system, Department of Transportation Padang City, local community feedback	Surrounding roads, patient and visitor circulation areas	To be recorded	To be recorded

Annex I — List of Hospital SOPs

I.1 SOP of Handling Bomb Threats SOP

I.2 SOP of Personal Protection During Earthquakes

I.3 SOP of Patient Evacuation in Emergency Disaster Situations

I.4 SOP of Infant Kidnapping

I.5 SOP of Fire Handling

I.6 SOP of Use of Light Fire Extinguishers (APAR)

I.7 SOP of Reporting Workplace Accidents

I.8 SOP of Prophylaxis for Hepatitis in Occupational Accidents Due to Needlesticks and Sharp Objects

SOP Implementation & Compliance Monitoring Matrix

No	SOP	Implementation Mechanism	Monitoring Method	Frequency	Responsible Unit	Compliance Evidence	Corrective Action (if non-compliance)
1	Bomb Threat SOP	Security response protocol integrated with hospital emergency system	Simulation drill, incident log review	Annual + incident-based	Hospital Security Unit	Drill reports, incident records	Refresher training, security reinforcement
2	Earthquake Protection SOP	Evacuation & structural safety procedures	Emergency drill, evacuation time assessment	Bi-annual	K3RS / Disaster Team	Drill documentation, attendance log	Procedure revision, retraining
3	Patient Evacuation SOP	Emergency patient relocation system (ICU, ward, ER)	Table-top exercise & full drill	Bi-annual	Nursing + Emergency Unit	Evacuation records, drill report	Improvement of evacuation route & staffing
4	Infant Kidnapping SOP	Access control & identification system	Security audit, access control review	Quarterly	Security Unit	CCTV log, access records	Strengthening access control system
5	Fire Handling SOP	Fire response & suppression system	Fire drill, extinguisher inspection	Quarterly	K3RS / Fire Safety Team	Drill report, inspection checklist	Equipment replacement, retraining
6	Use of Fire Extinguisher (APAR) SOP	APAR placement and usage training	Inspection & competency test	Monthly inspection + annual training	K3RS	APAR checklist, training log	Replacement of expired APAR, retraining
7	Workplace Accident Reporting SOP	Incident reporting & investigation system	Incident reporting audit	Monthly	HR + K3RS	Incident log, investigation report	CAPA implementation, safety briefing

No	SOP	Implementation Mechanism	Monitoring Method	Frequency	Responsible Unit	Compliance Evidence	Corrective Action (if non-compliance)
8	Needle-stick Injury SOP	Infection control & post-exposure prophylaxis	Clinical surveillance system	Continuous + monthly review	Infection Control Unit	Medical records, surveillance report	Training reinforcement, protocol update

The hospital implements a continuous monitoring and improvement cycle for SOP compliance through internal audits, emergency drills, and incident reporting systems. Non-compliance cases are systematically addressed through corrective and preventive actions (CAPA), including retraining, procedural updates, and management review.

Annex J — Personal Protective Equipment (PPE)

Category	PPE Item	Function	Image
Head Protection	Helmet (Hard Hat)	Protects against falling objects and impacts.	
	Bump Cap	Prevents minor head injuries in confined spaces.	
Eye and Face Protection	Safety Glasses	Shields eyes from flying debris.	
	Goggles	Sealed fit for chemical splash protection.	
	Face Shield	Protects against sparks, splashes, and impacts.	
Hearing Protection	Earplugs	Reduces exposure to excessive noise.	
	Earmuffs	Covers ears to minimize loud noise exposure.	
Respiratory Protection	Dust Mask	Filters out non-toxic particles.	
	Respirator (Half/Full Face)	Protects against toxic gases and fumes.	
	SCBA (Self-Contained Breathing Apparatus)	Supplies clean air in hazardous areas.	

Category	PPE Item	Function	Image
Hand Protection	Cut-Resistant Gloves	Protects against sharp objects.	
	Chemical-Resistant Gloves	Shields hands from hazardous chemicals.	
	Heat-Resistant Gloves	Protects against extreme temperatures.	
Body Protection	High-Visibility Vest	Enhances visibility in high-risk areas.	
	Flame-Resistant Coveralls	Shields against fire and high heat.	
	Chemical-Resistant Suits	Full-body protection from chemicals.	
Foot Protection	Steel-Toe Boots	Prevents injury from falling objects.	
	Rubber Boots	Protects against liquids and chemicals.	
	Anti-Slip Shoes	Reduces the risk of slipping in wet areas.	
Fall Protection	Safety Harness & Lanyard	Prevents falls from heights.	
	Lifeline & Anchor Points	Secure attachment in high-risk areas.	

Annex K — Land Ownership and Use

K.1 Background & Context

This Baseline Report serves as the primary legal and administrative instrument for the expansion of RSUP Dr. M. Djamil Padang (RSMDJ). It provides a formal record of land tenure, asset valuation, and the inter-departmental transfer processes required to facilitate strategic infrastructure development. The expansion is necessitated by the national mandate for the implementation of Standard Inpatient Class (KRIS) facilities and the urgent requirement for dedicated disaster evacuation routes. These objectives are reinforced by high-level directives from the Executive Office of the President (KSP) and the Ministry of Health (Kemenkes), classifying this project as a high-priority public interest initiative.

The RSMDJ site consists of 110,540 m² of legally secured land, including the main hospital compound (84,570 m²), KAI parking and additional parcels (15,510 m²), and TNI land (9,270 m²). The hospital land is owned by the Ministry of Health of the Republic of Indonesia and is covered by Land Use Rights Certificate (Hak Pakai No. 13/1995), with additional approvals from KAI and KOREM (2022–2025). This confirms that the proposed development can proceed within the existing site without additional land acquisition, providing a clear legal and spatial basis for the ESIA.

Monitoring of land ownership and use agreements will be conducted to ensure that all legal, administrative, and institutional arrangements are fully implemented. Any pending issues related to land documentation, inter-agency coordination, or asset utilization will be systematically tracked through a follow-up mechanism until resolution. This includes coordination between relevant government entities to ensure compliance and timely completion of all outstanding matter

Land Parcel/Area and Ownership

No	Land Parcel / Area	Area (m²)	Ownership	Legal Document / Certificate	Document Number	Date	Notes / Status
1	Main RSMDJ hospital land	84,570	Ministry of Health, Republic of Indonesia	Land Use Rights (Hak Pakai)	No. 13	1995	Existing hospital compound; main development area
2	KAI parking area	5,304	PT Kereta Api Indonesia (Persero)	Agreement / Joint Approval	KN.02.07/11/7880/2022, PJ.111/2022	2022	Used as parking; included in Phase I development
3	KAI land (semak / undeveloped)	10,206	PT Kereta Api Indonesia (Persero)	Agreement / Joint Approval	KN.02.07/11/7880/2022, PJ.111/2022	2022	Needs verification for inclusion in development plan

No	Land Parcel / Area	Area (m^2)	Ownership	Legal Document / Certificate	Document Number	Date	Notes / Status
4	TNI land	9,270	Indonesian Army (TNI-AD)	Agreement / Joint Approval	KN.02.07/11/7880/2022, PJ.111/2022	2022	Under TNI control; currently not developed

1. PT. Kereta Api Indonesia (Persero) Land Profile: Simpang Haru

The acquisition target involves a specific portion of a larger land parcel managed by PT KAI. Administrative precision is required to distinguish the acquisition plot from the parent certificate.

Technical Specifications: PT KAI Land.

PT KAI Administrative Data

Feature	Description
Location	Kelurahan Simpang Haru, Kecamatan Padang Timur, Kota Padang.
Parent Asset Area	312,368 m^2 (as per SHP No. 3/1994).
Target Acquisition Area	15,510 m^2.
Legal Basis	Sertifikat Hak Pakai (SHP) No. 3/1994, issued on 8 December 1993.
Current Usage	Football field and parking area.
Asset Recording	Recorded in PT KAI's Fixed Asset Register (Aktiva Tetap) with a Nilai Buku (Book Value) of Rp1,263,485. Not recorded within the Directorate General of Railways (DJKA).

K.2 Administrative and Financial Status of PT KAI Land Transfer

The transfer process follows the "Penghapusbukuan" (deregistration) and "Pemindahtanganan" (transfer) protocols for State-Owned Enterprise (BUMN) assets. Based on the RUPS directives from the Minister of BUMN in letters S-521/MBU/10/2023 and S-488/MBU/10/2024, the following conditions apply:

- Agreed Compensation (Ganti Rugi): Rp31,229,000,000.
- Payment Mechanism: A three-year installment plan (January 2025 to December 2027) as per the Ministry of Health's budgeting capacity.
- Administrative Validity: The current approval for transfer is valid for one year from the date of the change-approval letter (9 October 2024). Execution must occur within this window to avoid administrative expiration.
- Legal Finalization: Rights will be formally released (Pelepasan Hak) before the local Land Office (BPN) only upon receipt of full payment.

5. Notarial Requirement: A Notarial Agreement is mandatory, containing an explicit commitment from the Ministry of Health regarding multi-year budgetary availability.

K.3 TNI AD Military Grant Land Profile: Asrama Sawahan

The parcel currently occupied by the TNI AD involves complex land tenure history involving ex-banking assets and colonial-era measurements.

Legal History Timeline:

- 1938: Surveyed under Surat Ukur No. 43/1938 dated 30 July 1938.
- Pre-1980: Originating from Eks. Eigendom Verponding Bo. 4285 (expired 24 September 1980).
- 1959–Present: Occupation by TNI AD (Asrama Sawahan/DENZIBANG).
- Current Asset Origin: Identified as an ex-BPPN/BLBI property originating from Bank Umum Servitia.
- Current Status: Managed by the Ministry of Finance (DJKN) via the Director of State Property Management (PKN).
- Documented Area: SHGB No. 143, covering 9,270 m².

K.4 Administrative Dynamics and Inter-Agency Coordination

The transition of the Sawahan asset from the Ministry of Finance (BMN) to the Ministry of Health (PSP) requires high-level synchronization across several agencies.

Stakeholder Directive Matrix

- Executive Office of the President (Chief of Staff Moeldoko): Directing the tripartite coordination between DJKN, TNI AD, and Kemenkes to ensure the asset release supports hospital modernization.
- TNI AD (Kasad/Aslog): Approval in principle granted via Letter B/5947/XII/2024, contingent upon the provision of replacement facilities that do not disadvantage military personnel.
- DJKN (Kanwil DJKN Riau, Sumatera Barat, dan Kepulauan Riau): Under the "Melayu" Service Principle (Melayani dengan elok, akrab, yakin, dan unggul), DJKN has confirmed the asset's BMN status and will process the Status Transfer (PSP) once the housing replacement settlement is finalized.

K.5 Legacy Risk Mitigation and Social Management

Strategic risks have been identified regarding personnel relocation and valuation discrepancies that could impact the audit trail. Social Management Plan The relocation of 50 families (KK) from Asrama Sawahan to the proposed replacement site at Asrama Ganting is authorized under the Surat Persetujuan Korem 032/Wirabraja No. B/83/I/2025. This ensures the continuity of military housing and prevents social friction.

Financial Risk Mitigation A valuation discrepancy of Rp 464,816,000 exists between the military's internal estimate and the provincial benchmark. To mitigate audit risks, the Dinas BMCKTR Province valuation shall serve as the official benchmark for state budgeting purposes.

Estimated Costs for Replacement Housing.

Estimating Body	Estimated Total Cost
TNI AD (RAB Estimate)	Rp30,294,516,000
Dinas BMCKTR Province (Benchmark)	Rp29,829,700,000

K.6 Strategic Progress and Finalization Requirements

The following actions are mandatory to secure legal finality:

1. Approval Window Monitoring: Closely monitor the one-year administrative validity of the BUMN Minister's approval (expiring October 2025) to ensure the PT KAI transfer remains valid.
2. Budgetary Synchronization: Secure Ministry of Finance (DJA/DJPB) approval for the specific funding mechanism of the TNI replacement housing (Maisonettes, Kindergarten, and Infrastructure).
3. Notarial Execution: Finalize the Notarial Agreement for the PT KAI acquisition, incorporating the installment schedule.
6. Final Valuation Agreement: Formalize the adoption of the Dinas BMCKTR valuation to resolve the Rp464M discrepancy.
7. Status Transfer (PSP): Finalize the "Penetapan Status Penggunaan" for the Sawahan land once the housing replacement contract is signed.

K.7 Reference Documents

1. Surat Menteri BUMN S-521/MBU/10/2023 (17 Oct 2023): Initial Approval for PT KAI Asset Transfer.
2. Surat Menteri BUMN S-488/MBU/10/2024 (9 Oct 2024): Approval for Installment Mechanism and Time Extension.

3. Surat DJKN S-101/KN/KN.4/2024 (1 Feb 2024): Status of ex-BPPN Assets (Bank Umum Servitia).
4. Surat Kanwil DJKN RSK S-7/WKN.03/2024 (12 Jan 2024): Inter-agency coordination guidance.
5. Surat Kasad B/5947/XII/2024 (17 Dec 2024): Principle Approval for Sawahan Land Release.
6. Surat Korem 032/Wirabraja B/83/I/2025 (17 Jan 2025): Approval for Ganting Relocation Site.
7. Rekomendasi Dinas BMCKTR 600.1.15.2/2204-P2BG/2025 (28 Feb 2025): Official Housing Valuation.
8. Surat Kemenhub PL.301/10/6PHB2022 (10 Aug 2022): Confirmation of SHP 3/1994 status.



PROP. SUM.BAR/

18/PBH/III/9

BADAN PERTANAHAN NASIONAL

BHINNEKA TUNGGAL IKA

BADAN PERTANAHAN NASIONAL REPUBLIK INDONESIA

SERTIPIKAT

(TANDA BUKTI HAK)

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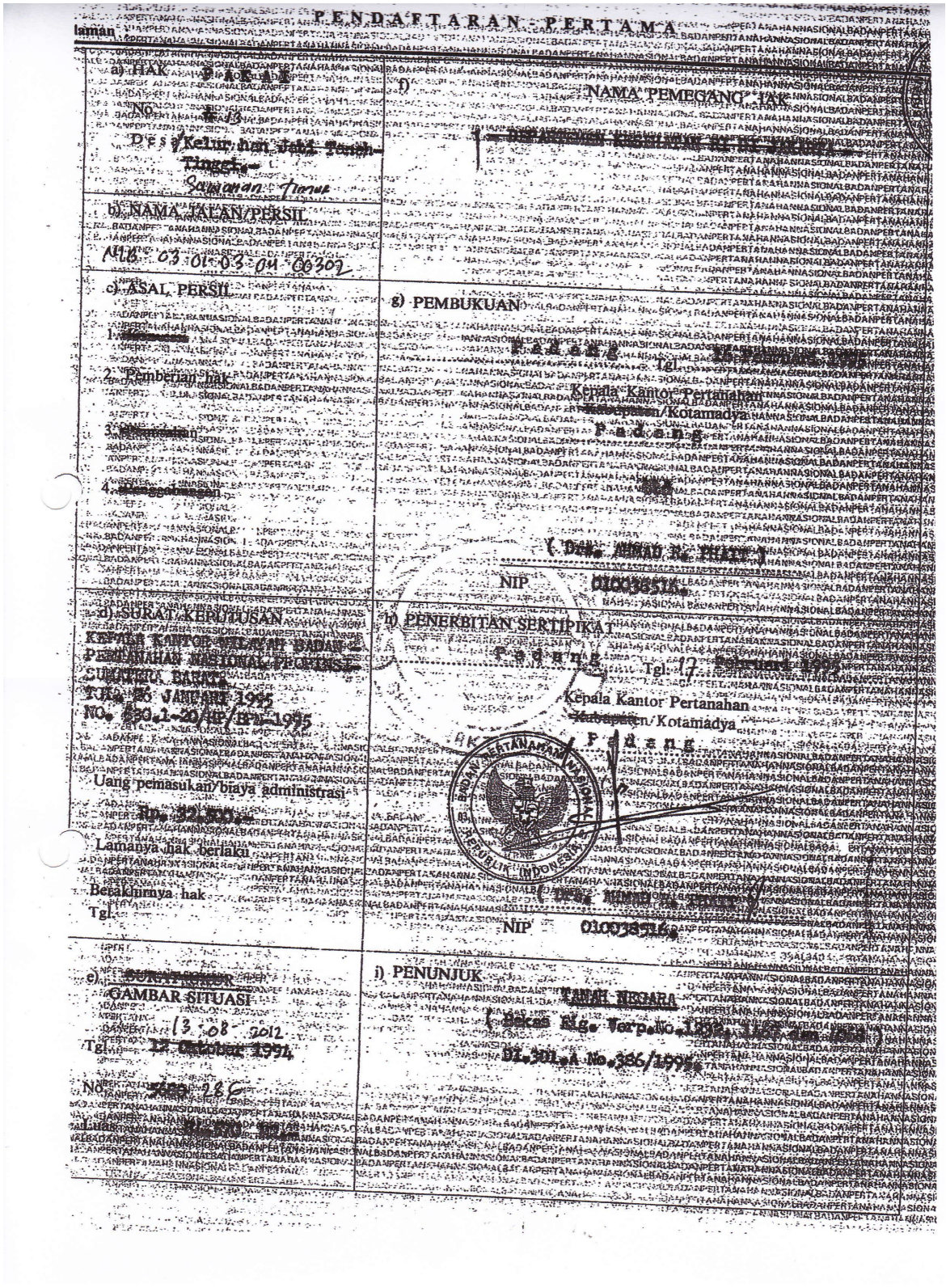
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HAK PAKAI No. 4 13
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PENDAFTARAN PERTAMA

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a) HAK

NO.

Desa/Kelur. dan Jalan Tanah Tinggi

Seaman Timur

b) NAMA JALAN/PERSIL

H/B 03.01.03.04.00302

c) ASAL PERSIL

1.

2. Pemberian hak

3.

4.

d) SURAT KEPUTUSAN

KEPALA KANTOR WILAYAH BADAN PERTANAHAN NASIONAL PROPINSI SUMATERA BARAT

TGL. 26 JANUARI 1995

NO. 630.1-20/HP/BPN-1995

Uang pemasukan/biaya administrasi

Rp.

Lamanya hak berlaku

Berakhirnya hak

Tgl.

e) SURAT UKUR

GAMBAR SITUASI

13-08-2012

Tgl. 12 Oktober 1994

No. 286

Luas

g) PEMBUKUAN

Tgl.

Kepala Kantor Pertanahan

Kabupaten/Kotamadya

Padang

(Drs. AMAD M. HARY)

NIP

h) PENERBITAN SERTIPIKAT

Padang Tgl. 17 Februari 1995

Kepala Kantor Pertanahan

Kabupaten/Kotamadya

Padang

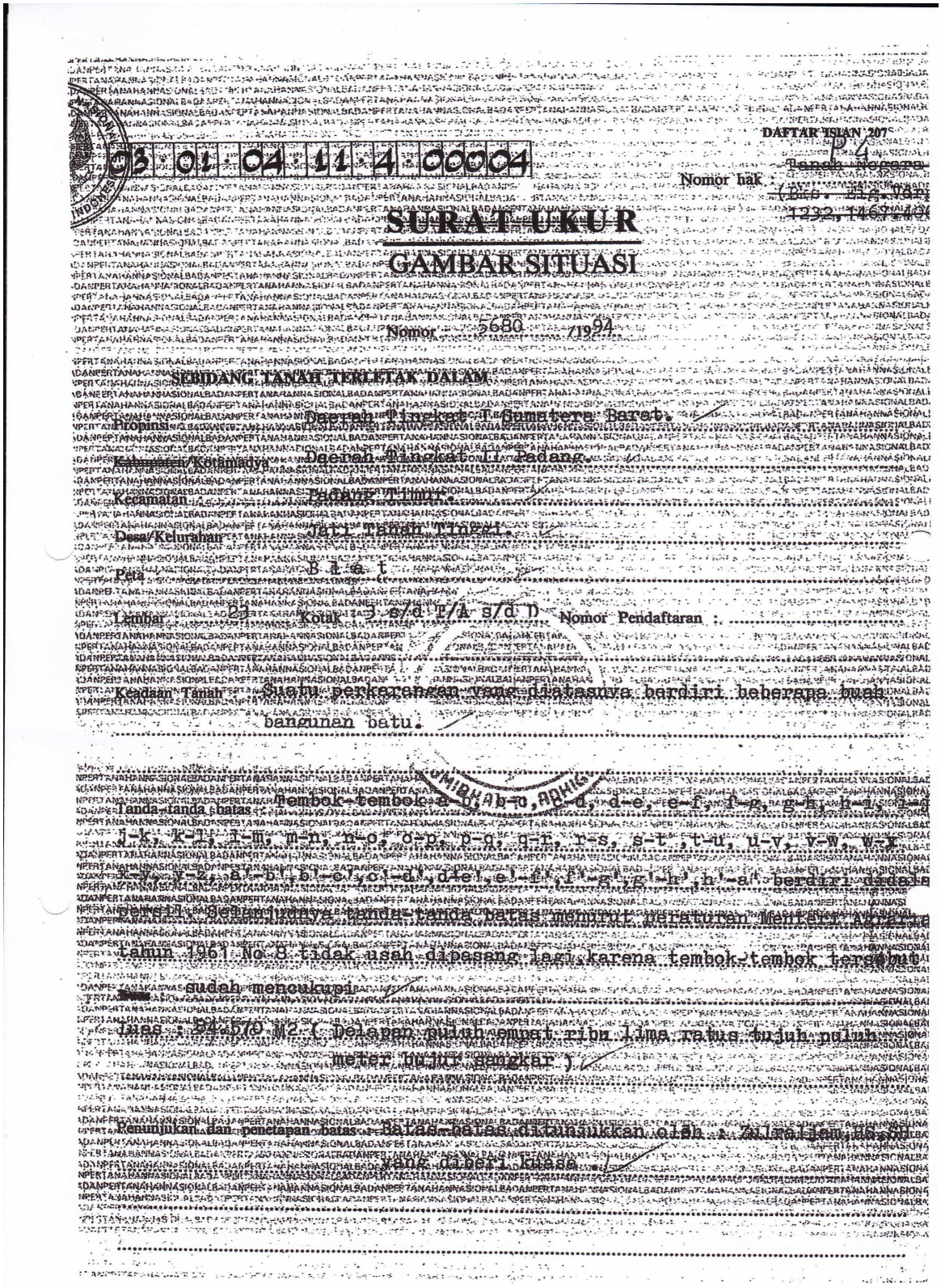
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i) PENUNJUK

TANAH NEGARA

(Bekas Hak Verp. No. 1305)

DI. 301.a No. 386/1995



DAFTAR ISIAN 207

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Nomor hak : Tanah Negara

SURAT UKUR

GAMBAR SITUASI

Nomor : 3680 / 1994

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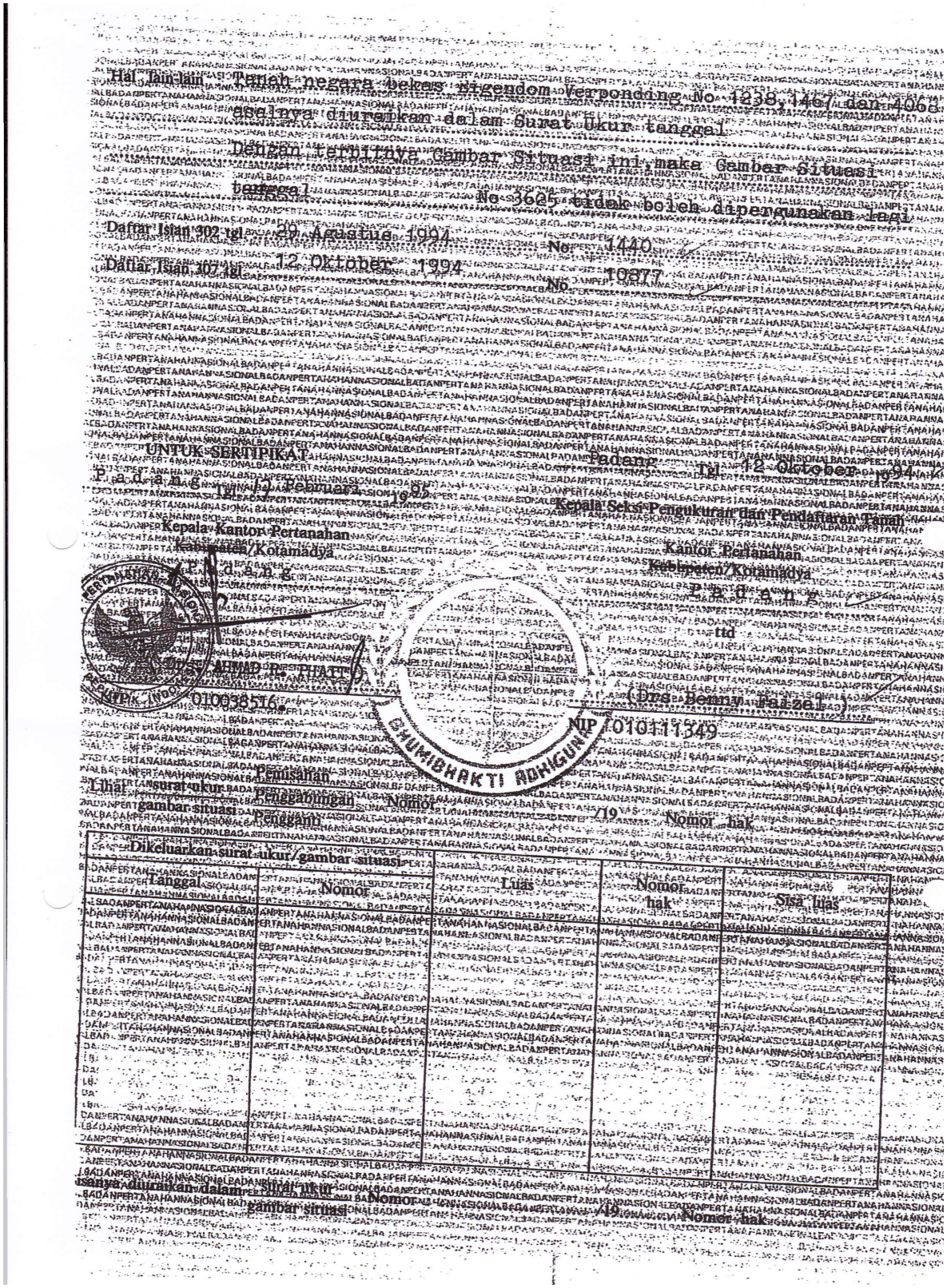
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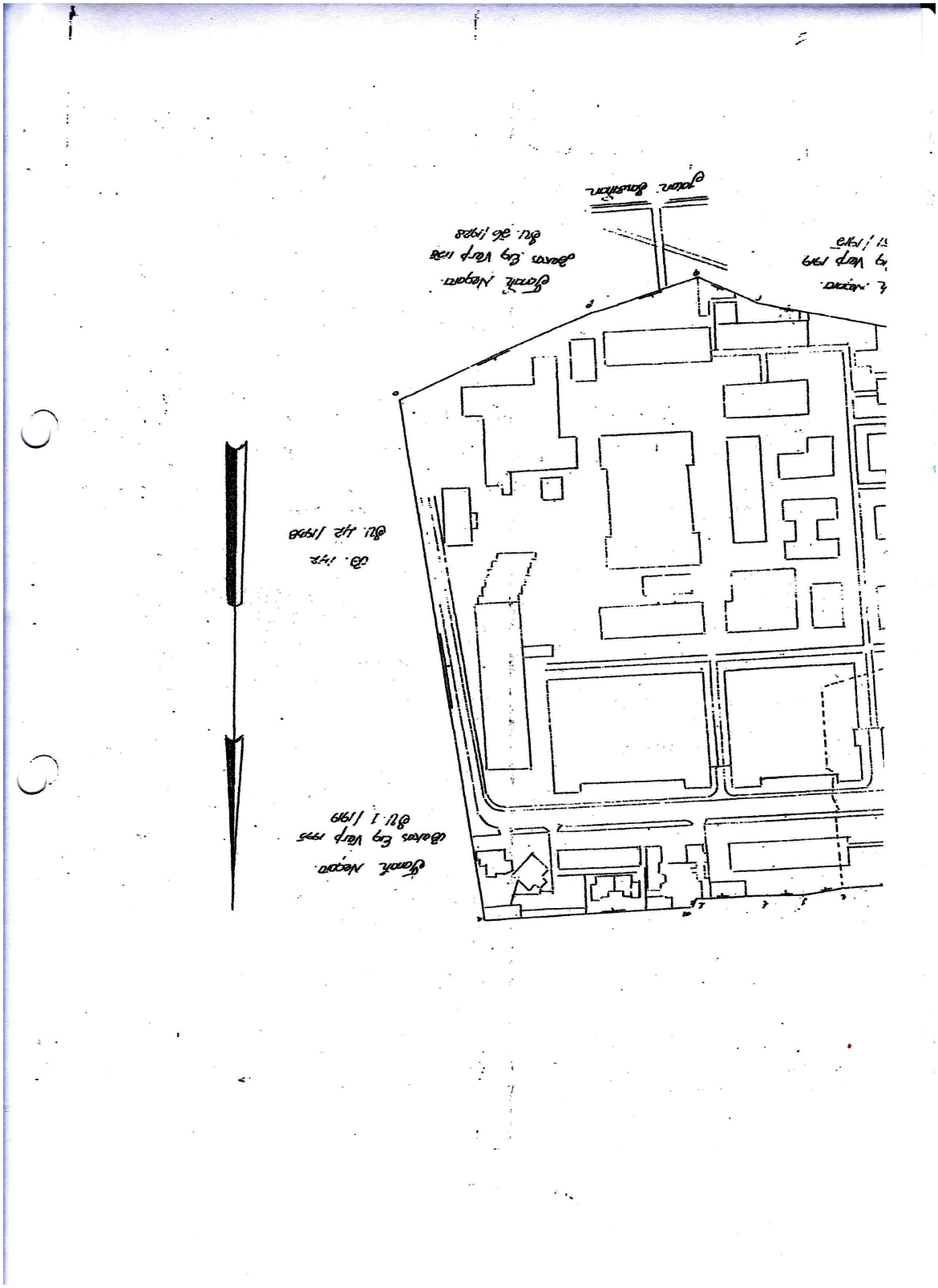
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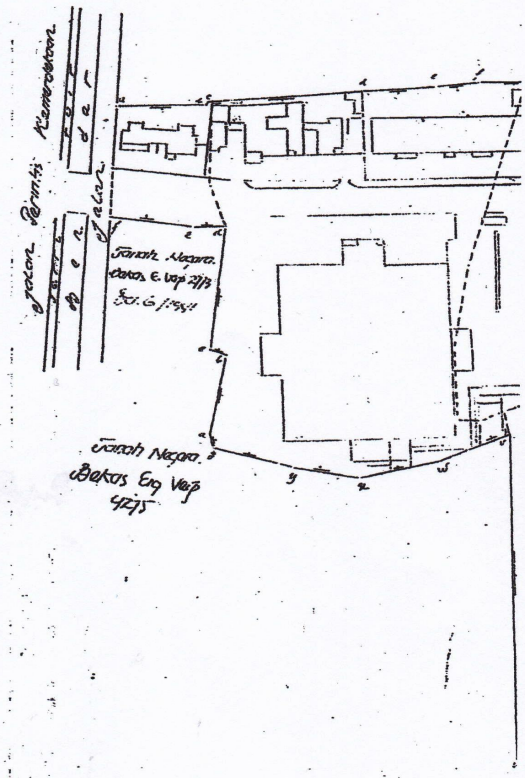
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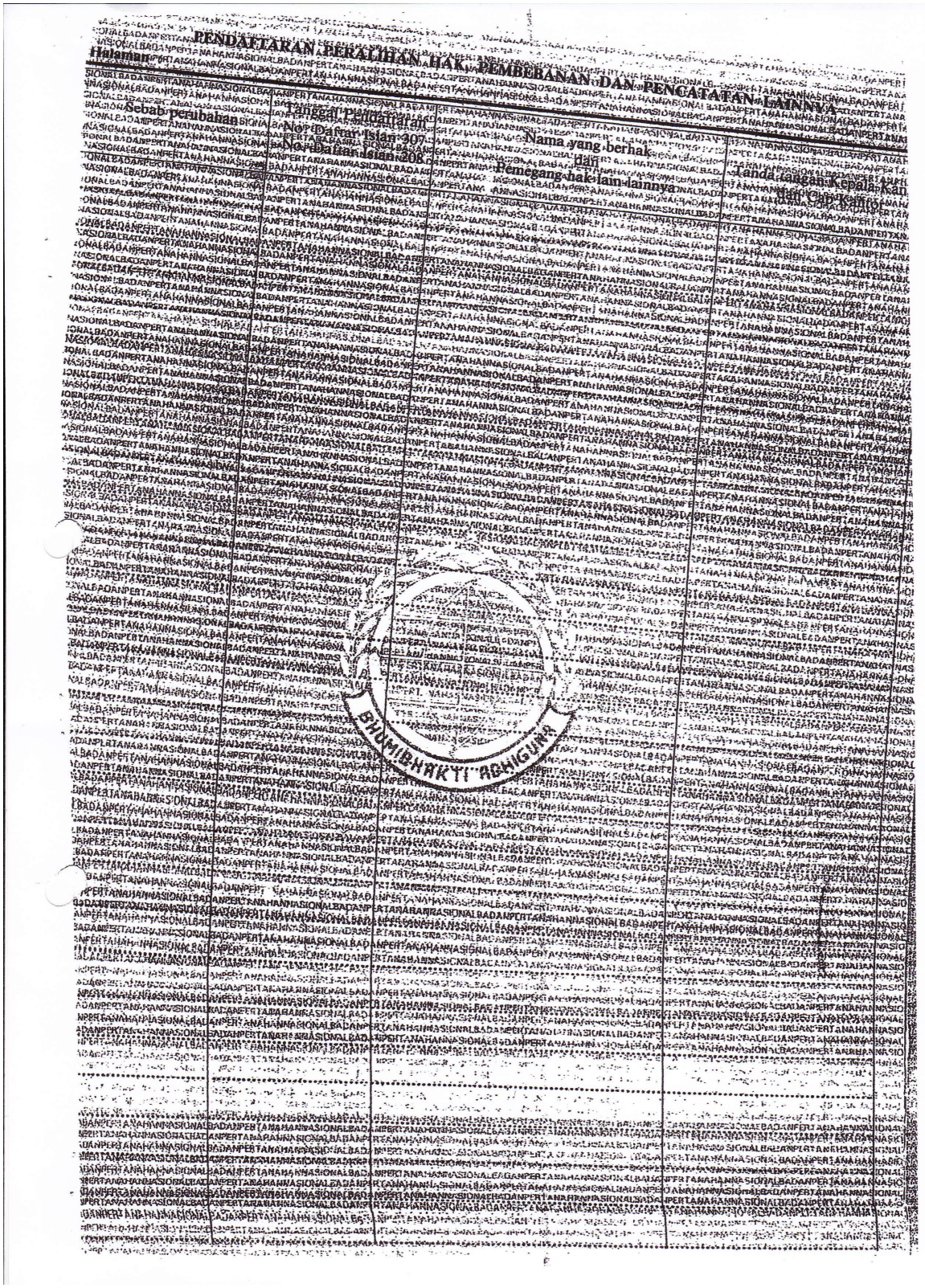

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Daftar Isian 307 tgl 12 Oktober 1994 No 10877
UNTUK SERTIPIKAT
Padang tgl 12 Oktober 1994
Padang tgl 2 Februari 1972
Kepala Kantor Pertanahan Kabupaten/Kotamadya
Kepala Seksi Pengukuran dan Pendaftaran Tanah
Kantor Pertanahan Kabupaten/Kotamadya
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PENDAFTARAN PERALIHAN HAK, PEMBEBANAN DAN PENCATATAN LAINNYA
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No. pelayan Isian 208
Nama yang berhak
dan
Pemegang hak lain-lainnya
Tanda tangan Kepala Kantor
BHUMIBHAKTI ADHIGUNA