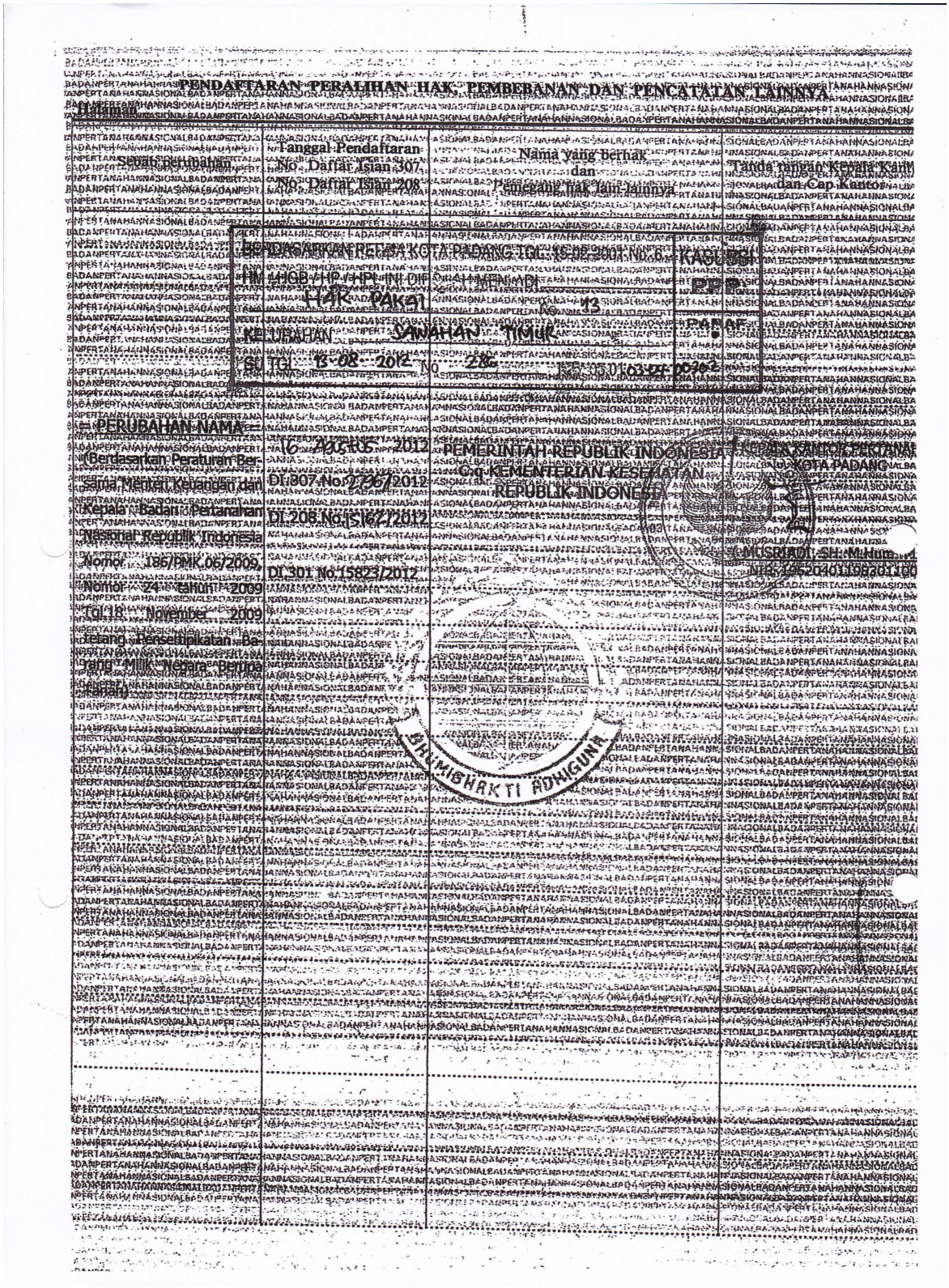

PENDAFTARAN PERALIHAN HAK, PEMBEBANAN DAN PENCATATAN LAINNYA

Halaman

Tanggal Pendaftaran

No. Daftar Isian 307

No. Daftar Isian 208

Nama yang berhak dan

Tanda tangan Kepala Kantor dan Cap Kantor

SURAT PERNYATAAN

PERUBAHAN NAMA

(Berdasarkan Peraturan Bersama Menteri Keuangan dan Kepala Badan Pertanahan Nasional Republik Indonesia Nomor 186/PMK.06/2009, Nomor 24 tahun 2009 Tgl 18 November 2009 tentang Pelaksanaan Pengalihan Hak Atas Tanah dan/atau Bangunan Yang Meliputi Barang Milik Negara/Barang Milik Daerah Kepada Pihak Lain)

PEMERINTAH REPUBLIK INDONESIA

Cq. KEMENTERIAN KESEHATAN

REPUBLIK INDONESIA

KOTA PADANG

MUSRIADI, SH, M.Hum

BHUMIBWAKTI ADHIGUNA

KESEPAKATAN BERSAMA
ANTARA
KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
DAN
KEMENTERIAN PERHUBUNGAN REPUBLIK INDONESIA
DAN
PT KERETA API INDONESIA (Persero)
DAN
RUMAH SAKIT UMUM PUSAT Dr. M. DJAMIL PADANG
NOMOR : KN.02.07/II/7880/2022
NOMOR : PJ.111/2022
NOMOR : KL.703/IX/1/KA-2022
NOMOR : HK.03.01/XVI.I/1857/2022

TENTANG
PENGGUNAAN TANAH UNTUK PENGEMBANGAN PELAYANAN KELAS RAWAT INAP STANDAR (KRIS) PADA RSUP Dr. M. DJAMIL PADANG

Pada hari ini, Senin tanggal 5 (lima) bulan 9 (September) tahun 2022 (dua ribu dua puluh dua) bertempat di Jakarta, kami yang bertanda tangan di bawah ini:

1. Nama : Kunta Wibawa Dasa Nugraha
   Jabatan : Sekretaris Jenderal Kementerian Kesehatan Republik Indonesia
   Kedudukan : Jalan HR Rasuna Said Blok X5 Kavling 4-9 Jakarta Selatan
   Dalam hal ini bertindak untuk dan atas nama jabatannya, dan selanjutnya disebut PIHAK KESATU.

2. Nama : Novie Riyanto Rahardjo
   Jabatan : Sekretaris Jenderal Kementerian Perhubungan Republik Indonesia
   Kedudukan : Jalan Medan Merdeka Barat Nomor 8 Jakarta Pusat
   Dalam hal ini bertindak untuk dan atas nama jabatannya, dan selanjutnya disebut PIHAK KEDUA.
3. Nama : John Robertho
   Jabatan : Direktur Keselamatan dan Keamanan PT Kereta Api Indonesia (Persero)
   Kedudukan : Jalan Perintis Kemerdekaan Nomor 1 Bandung
   Dalam hal ini bertindak untuk dan atas nama jabatannya, dan selanjutnya disebut PIHAK KETIGA.
4. Nama : Yusirwan
   Jabatan : Direktur Utama Rumah Sakit Umum Pusat Dr. M. Djamil Padang
   Kedudukan : Jalan Perintis Kemerdekaan Padang, Sumatera Barat
   Dalam hal ini bertindak untuk dan atas nama jabatannya, dan selanjutnya disebut PIHAK KEEMPAT.

PIHAK KESATU, PIHAK KEDUA, PIHAK KETIGA, dan PIHAK KEEMPAT secara bersama-sama untuk selanjutnya disebut PARA PIHAK dan secara sendiri-sendiri disebut PIHAK, sepakat untuk membuat Kesepakatan Bersama tentang Penggunaan Tanah untuk Pengembangan Pelayanan Kelas Rawat Inap Standar (KRIS) pada RSUP Dr. M. Djamil Padang yang selanjutnya disebut Kesepakatan Bersama dengan ketentuan sebagai berikut:

PASAL 1
MAKSUD DAN TUJUAN

(1) Kesepakatan Bersama ini dimaksudkan sebagai landasan kesepakatan untuk menggunakan sebagian tanah yang berada dalam Hak Pakai atas nama Kementerian Perhubungan dalam rangka meningkatkan pelayanan kesehatan sesuai dengan Program Kelas Rawat Inap Standar (KRIS) Tahun 2023.

(2) Kesepakatan Bersama ini bertujuan untuk melakukan pengembangan pelayanan Kelas Rawat Inap Standar (KRIS) RSUP Dr. M. Djamil pada objek tanah dari Hak Pakai Kementerian Perhubungan untuk memulai proses pembangunan Gedung Pelayanan Kelas Rawat Inap Standar (KRIS) RSUP Dr. M. Djamil pada tanggal 6 September 2022.

PASAL 2
OBJEK

Objek dari Kesepakatan Bersama ini adalah tanah seluas 15.510 m^2 (lima belas ribu lima ratus sepuluh meter persegi) yang terletak di Jalan Perintis Kemerdekaan Kelurahan Jati Tanah Tinggi Padang Timur Padang, Sumatera Barat yang merupakan bagian dari Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama dengan luas total 312.368 m^2 (tiga ratus dua belas ribu tiga ratus enam puluh delapan meter persegi) dengan titik koordinat (185666.5, 1395801.2), dan (185586.0, 1395769.4).

PASAL 3

JANGKA WAKTU

Jangka waktu Kesepakatan Bersama ini berlaku terhitung sejak tanggal ditandatangani Kesepakatan Bersama ini sampai dengan proses pelepasan aset untuk kepentingan umum dari PIHAK KEDUA dan/atau PIHAK KETIGA kepada PIHAK KESATU dan/atau PIHAK KEEMPAT selesai dilaksanakan.

PASAL 4

TANGGUNG JAWAB PARA PIHAK

(1) **PIHAK KESATU** memiliki tanggung jawab:

a. menyelesaikan proses administrasi terkait lahan seluas 15.510 m2 (lima belas ribu lima ratus sepuluh meter persegi) yang akan digunakan untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

b. mengajukan permohonan hak atas tanah seluas 15.510 m^2 (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah yang sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama;

c. mengembangkan sebagian hak atas tanah dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama untuk pelayanan Kelas Rawat Inap Standar (KRIS); dan

d. memerintahkan PIHAK KEEMPAT agar menggunakan, mengoptimalisasikan dan menjaga tanah dengan luas 15.510m^2 (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS).

(2) **PIHAK KEDUA** memiliki tanggung jawab:

a. menyelesaikan proses administrasi terkait lahan seluas 15.510 m2 (lima belas ribu lima ratus sepuluh meter persegi) yang akan digunakan untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

b. memberikan akses kepada PIHAK KESATU dan/atau PIHAK KEEMPAT untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS) pada lahan seluas 15.510 m^2 (lima belas ribu lima ratus sepuluh meter persegi) dengan rincian:

1) 5.304m^2 (lima ribu tiga ratus empat meter persegi) koordinat (185666.5, 1395801.2); dan

2) 10.206m^2 (sepuluh ribu dua ratus enam meter persegi) koordinat (185586.0, 1395769.4).

c. mengalihkan sebagian status hak atas tanah dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama kepada PIHAK KESATU untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS); dan

d. mendukung dan melindungi hak pengembangan pelayanan kesehatan yang dilakukan PIHAK KESATU dan/atau PIHAK KEEMPAT.

(3) **PIHAK KETIGA** memiliki tanggung jawab:

a. menyelesaikan proses administrasi terkait lahan seluas 15.510 m2 (lima belas ribu lima ratus sepuluh meter persegi) yang akan digunakan untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

b. memberikan akses kepada PIHAK KESATU dan/atau PIHAK KEEMPAT untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS) pada lahan seluas 15.510 m^2 (lima belas ribu lima ratus sepuluh meter persegi) dengan rincian:

1) 5.304m^2 (lima ribu tiga ratus empat meter persegi) koordinat (185666.5, 1395801.2); dan

2) 10.206m² (sepuluh ribu dua ratus enam meter persegi) koordinat (185586.0, 1395769.4).

c. mengalihkan sebagian status hak atas tanah dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama kepada PIHAK KESATU untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

d. mendukung dan melindungi hak pengembangan pelayanan kesehatan yang dilakukan PIHAK KESATU dan/atau PIHAK KEEMPAT; dan

(4) **PIHAK KEEMPAT** memiliki tanggung jawab:

a. menyelesaikan proses administrasi terkait lahan seluas 15.510 m2 (lima belas ribu lima ratus sepuluh meter persegi) yang akan digunakan untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

b. menatausahakan tanah seluas 15.510m² (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama ke dalam Aplikasi Sistem Akuntansi Keuangan Tingkat Instansi (SAKTI);

c. mengosongkan tanah dan memanfaatkan lahan seluas 15.510 m² (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama untuk pengembangan pelayanan Kelas Rawat Inap Standar (KRIS);

d. melaporkan kepada PIHAK KESATU secara periodik setiap tahun atas pemanfaatan tanah seluas 15.510m² (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah yang sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama; dan

e. menjaga dan mengamankan batas-batas bangunan dan tanah seluas 15.510m² (lima belas ribu lima ratus sepuluh meter persegi) dari total luas tanah yang sebagaimana dimaksud dalam Sertifikat Hak Pakai Nomor 3 Kelurahan Simpang Haru Utama dengan baik.

f. memberikan ganti rugi atas pelepasan tanah seluas 15.510 m² (lima belas ribu lima ratus sepuluh meter persegi) kepada PIHAK KETIGA sesuai dengan ketentuan peraturan perundang-undangan.

PASAL 5
PEMBIAYAAN

Segala biaya yang timbul sebagai akibat dari pelaksanaan Kesepakatan Bersama ini dibebankan kepada anggaran masing-masing Pihak sesuai dengan tanggung jawab masing-masing dan sesuai dengan ketentuan peraturan perundang-undangan.

PASAL 6
ADENDUM

Hal-hal lain yang belum diatur, belum cukup diatur, atau memerlukan perbaikan secara jelas dalam Kesepakatan Bersama ini akan dituangkan lebih lanjut secara bersama-sama dalam Adendum Kesepakatan Bersama.

PASAL 7
PENUTUP

Kesepakatan Bersama ini dibuat dalam rangkap 4 (empat) asli, dibubuhi cap instansi masing-masing PIHAK dan materai yang cukup yang memiliki kekuatan hukum yang sama.

Demikian Kesepakatan Bersama ini dibuat dengan itikad baik untuk dipatuhi dan dilaksanakan oleh PARA PIHAK.

PIHAK KEDUA,

NOVIE RIYANTO RAHARDJO

PIHAK KESATU,

KUNTA WIBAWA DASA NUGRAHA

PIHAK KEEMPAT,

YUSIRWAN

PIHAK KETIGA,

JOHN ROBERTHO

SAKSI-SAKSI

DEPUTI II

KEPALA STAF KEPRESIDENAN

ABETNEGO PANCA PUTRA TARIGAN

KOMANDO DAERAH MILITER I/BUKIT BARISAN
KOMANDO RESOR MILITER 032/WIRABRAJA

Padang, 17 Januari 2025

Nomor : B / 83 / I / 2025
Klasifikasi : Biasa
Lampiran : Satu bundel
Perihal : Persetujuan penggunaan lahan Asrama Ganting sebagai tempat pembangunan fasilitas dan prasarana pengganti Asrama Sawahan

Kepada :

Yth. Direktur Utama RSUP
M. Djamil

di

Padang

1. Dasar.

a. Peraturan Menteri Keuangan RI Nomor : 83/PMK.06/206 tanggal 16 Mei 2016 tentang tata cara pelaksanaan pemusnahan dan penghapusan Barang Milik Negara;

b. Surat direktur Jenderal Kekayaan Negara Kementerian Keuangan RI pada rapat Koordinasi di Kantor Staf Presiden Nomor S-101/kn.4/2024 tanggal 1 Februari 2024, sesuai dengan hasil rapat yang dimaksud perlu memperhatikan penggantian Rumah Dinas untuk Prajurit TNI;

c. Surat Kementerian Kesehatan RI Nomor : KN.01.06/D.XVI/718/2024 tanggal 25 Maret 2024 tentang penggantian Rumah Dinas Prajurit TNI yang ada di Jl. Sawahan Padang;

d. Surat Kasad Nomor : B/5947/XII/2024 tanggal 17 Desember 2024 tentang persetujuan permohonan penggunaan lahan Asrama Sawahan Padang;dan

e. Surat Pangdam I/BB Nomor: B/47/I/2025 tanggal 7 Januari 2025 tentang menyetujui permohonan penggunaan lahan Asrama Sawahan di Jl. Agus Salim No.72 Kel. Sawahan, Kec. Padang Timur Kota Padang untuk kepentingan pengembangan layanan kesehatan RSUP Dr. M. Djamil Padang.

2. Sehubungan tersebut dasar diatas, dengan ini ***Diberikan Ijin*** kepada RSUP Dr. M. Djamil Padang untuk menggunakan lahan di Asrama TNI AD Ganting Kel. Parak Gadang Kec. Padang Timur Kota Padang sebagai tempat untuk pembangunan fasilitas dan prasarana pengganti Asrama TNI AD Sawahan yang nantinya akan digunakan untuk pengembangan RSUP Dr. M. Djamil Padang.

3. Demikian mohon dimaklumi.

Komandan Korem 032/Wirabraja,

Wahyu Eko Purnomo., S.I.P.
Brigadir Jenderal TNI

Tembusan :

1. Pangdam I/BB
2. Irdam I/BB
3. Asrendam I/BB
4. Kazidam I/BB
5. Dandenzibang 5/I Padang
6. Sekjen Pelayanan Kesehatan Kemenkes RI
7. Dirjen Pelayanan Kesehatan Kemenkes RI
8. Dewan Pengawas RSUP Dr. M. Djamil Padang

Annex L — Livelihood Restoration Plan (LRP)

L.1 Purpose, Project Relevance, and Scope

Under Phase 1 of the RSUP Dr. M. Djamil Padang (RSMDJ) development, the AIIB-financed Project comprises the Central Medical Unit (CMU) Building and the Non-JKN Outpatient Building. The demolition of existing hospital buildings and related enabling works are financed by the Borrower (RSMDJ/Ministry of Health) and are preliminarily screened in Draft V-3.0 as activities linked to the implementation of the AIIB-financed Project.

This project-specific Livelihood Restoration Plan (LRP) establishes the measures to avoid, minimize, and address temporary or permanent economic displacement caused by Project activities. At the current stage, the LRP applies to verified internal hospital tenants, vendors, and other livelihood activities located within hospital-owned or hospital-controlled buildings and areas that may be affected by demolition, temporary relocation, construction access restrictions, or changes to internal circulation. The objective is to restore, or where feasible improve, the income-earning capacity and livelihood conditions of eligible affected persons to at least their pre-Project levels.

Draft V-3.0 identifies approximately 18 tenant, vendor, and informal business groups within and around RSMDJ. This number is an initial inventory and shall not be treated as the final number of eligible Project-Affected Persons (PAPs). Eligibility shall be established through a verified census, livelihood baseline survey, impact-attribution assessment, and confirmation of the location and authority responsible for each business area.

External street vendors (Pedagang Kaki Lima/PKL) operating on public pavements, municipal roadsides, or land controlled by the local government or another third party are not under RSMDJ control and are therefore not automatically part of the Project or this LRP. Draft V-3.0 screens the existing national and municipal roads surrounding RSMDJ as Not Associated Facilities. Accordingly, external PKL and any relocation or enforcement action undertaken independently by the local authority are excluded from the current LRP scope.

External PKL may nevertheless be treated as stakeholders and potentially affected receptors within the Project's Area of Influence for indirect construction impacts, such as temporary traffic congestion, dust, noise, or short-term access disruption. These impacts shall be managed through the ESMP, Stakeholder Engagement Plan (SEP), Traffic Management Plan, and Project-level Grievance Redress Mechanism (GRM). This treatment does not make the external PKL, public roads, or municipal activities part of the Project and does not automatically create eligibility under this LRP.

If future design or implementation arrangements require a local-authority or third-party activity that may cause economic displacement, that activity shall first be screened under AIIB Environmental and Social Standard 1 (ESS2). It may be treated as an Associated Facility only where all three AIIB criteria are met: (i) it is directly and materially related to the Project; (ii) it is carried out, or planned to be carried out, contemporaneously with the Project; and (iii) it is necessary for the Project to be viable and would not be constructed, expanded, or carried out if the Project did not exist. The LRP shall be updated before any such displacement only if the activity is confirmed as an Associated Facility or if the Project itself is verified as directly causing the economic displacement.

L.2 Applicable Standards, Eligibility, and Cut-off Date

This LRP is prepared in accordance with the AIIB Environmental and Social Framework (ESF) 2024. The AIIB ESF comprises three Environmental and Social Standards: ESS1, ESS2, and ESS3. Their relevance to this LRP is summarized below.

Standard Requirement

Standard / Requirement	Relevance to the LRP
AIIB ESS1 - Environmental and Social Assessment and Management	Applies to the assessment and management of environmental and social risks and impacts, the mitigation hierarchy, the Area of Influence, stakeholder engagement, grievance management, and screening of Associated Facilities.
AIIB ESS2 - Land Acquisition and Involuntary Resettlement	Applies where Project activities cause physical or economic displacement, including loss of business space, income, livelihood, or access to livelihood resources. It provides the principal requirements for livelihood restoration and assistance to eligible affected persons, including those without formal tenure where applicable.
AIIB ESS3 - Indigenous Peoples	no Indigenous Peoples, as defined under AIIB ESS3, were identified within the Project area. Therefore, ESS3 is currently not applicable to the Project.
Government Regulation No. 22 of 2021	Provides the national framework for environmental approval and environmental and social impact management through the Project's ESIA and ESMP.
Applicable Indonesian business, tenancy, labour, and compensation requirements	Apply to verified internal tenants, vendors, workers, or other affected persons according to the nature of the impact and their legal relationship with RSMDJ.

Livelihood restoration and economic displacement are addressed under AIIB ESS2. Regulations governing PKL on public land or municipal public-order functions are not included as the basis of this LRP unless a relevant local-authority activity is subsequently confirmed as an Associated Facility or is otherwise directly attributable to the Project.

Eligibility for LRP assistance shall be limited to persons or businesses that: (i) were present and conducting a legitimate livelihood activity within an affected hospital-controlled area on or before the announced cut-off date; (ii) are verified through the census and livelihood baseline; and (iii) experience a direct and attributable loss of business space, income, access, or livelihood opportunity as a result of the Project or a confirmed Associated Facility.

The census shall record each potentially eligible person's identity, business type, operating location, tenure or permission status, baseline income, number of dependent workers and household members, vulnerability status, nature and duration of impact, and preferred restoration measure. Persons commencing business activities in the affected area after the cut-off date shall not be eligible for LRP assistance.

L.3 Scope Screening and Applicability

Affected group or activity	Control and relationship to the Project	Current LRP treatment
Internal hospital tenants and vendors in buildings or areas affected by demolition, relocation, or internal access restrictions	Located within RSMDJ-owned or RSMDJ-controlled areas and potentially affected by hospital enabling works supporting the AIIB-financed CMU and Non-JKN Outpatient Buildings	Included where the census and impact assessment confirm direct economic displacement
Borrower-financed demolition of existing hospital buildings	The Borrower-financed demolition within the hospital compound is considered linked to the AIIB-financed development. Any verified livelihood impacts will be addressed through the LRP, subject to final Associated Facility screening and PAP verification.	Livelihood impacts arising from the demolition shall be covered by this LRP, subject to final AF confirmation and PAP verification.
External PKL on public pavements, municipal roadsides, or third-party land	External PKL located on public or third-party land are outside the Hospital's ownership and control and are therefore excluded from the current LRP. They will be managed as potential receptors through the ESMP, SEP, traffic management measures, and Project GRM for any construction-related impacts directly caused by the Project.	Excluded from the current LRP. Managed as potential receptors under the ESMP, SEP, traffic measures, and Project GRM for impacts directly caused by construction.
Independent municipal PKL relocation, enforcement, or public-space management	Undertaken under local-authority powers and not controlled by RSMDJ	Outside the Project and LRP unless the specific activity is confirmed through documented screening as an Associated Facility.
Future local-authority or third-party activity requested or required for Project implementation	Status not yet determined	Screen against all three AIIB AF criteria before inclusion. If confirmed as an AF and economic displacement is anticipated, update and disclose the LRP before the activity begins.

L.4 Livelihood Restoration Measures

Before demolition, relocation, or a material access restriction affects an eligible internal tenant or vendor, the Project shall:

1. Complete the PAP census, livelihood baseline, eligibility verification, and cut-off-date disclosure;
2. Provide at least 60 days' advance written notice to affected internal tenants, consistent with Draft V-3.0;
3. Consult each affected tenant or vendor on the impact, schedule, entitlement, temporary arrangement, and preferred restoration option;
4. Make suitable temporary trading premises available before the existing location is closed, where continued operation is feasible;
5. Maintain safe customer, supplier, and pedestrian access wherever practicable;

6. Provide reasonable moving, dismantling, transportation, and reinstallation assistance;
7. Provide transitional livelihood support and compensation for verified Project-attributable income loss, where applicable under AIIB ESS2 and Indonesian law;
8. Give eligible displaced internal tenants transparent and fair consideration for equivalent or improved trading space in the completed development; and
9. Provide additional, needs-based assistance to vulnerable PAPs.

No eligible person shall be displaced or required to suspend business operations until the agreed assistance, temporary arrangements, responsible parties, implementation schedule, and required budget have been approved and made available.

These measures do not authorize RSMDJ or the contractor to relocate, regulate, or remove external PKL from public or third-party land. Any such action remains outside the Project unless the applicable activity has been formally confirmed as an Associated Facility and the required environmental and social instruments have been updated before implementation.

L.5 Relocation Plan

ANNEX 6 – RELOCATION PLAN

RSUP DR. M. DJAMIL PADANG

This Relocation Plan has been prepared Environmental and Social Impact Assessment and Environmental and Social Management Plan (ESIA-ESMP) for the development of RSUP Dr. M. Djamil Padang. The plan is intended to maintain continuity of hospital services during demolition, construction, internal service transfer, staff relocation, and transition to the new facilities.

The project is planned in five development phases. Because the detailed service-by-service relocation schedule and final receiving areas depend on the Detailed Engineering Design (DED), hospital operational planning, and field verification, the detailed names and capacities of receiving units shall be confirmed by RSUP Dr. M. Djamil Padang before demolition of any active service area.

Detail Relocation Plan

No	Development Phase / Location	Affected Services / Facilities	Relocation / Management Approach	Timeline
1	Phase 1 Central Medical Unit (CMU)	Existing facilities within the Phase 1 footprint, including: • Part of the Surgery Building • Medical Record Building • Pulmonology Installation Building Service units affected: to be confirmed through	Relocation At Former Dr. Kcu Regional Public Hospital Building • Complete service inventory, affected beds/rooms and patient groups before demolition. • Identify and prepare receiving wards/temporary service areas. • Transfer patients, staff and medical equipment as required. • Verify utilities, medical gas, oxygen, power, ICT, fire protection and emergency backup before transfer. • Maintain ambulance, emergency and pedestrian access.	2025–2027

No	Development Phase / Location	Affected Services / Facilities	Relocation / Management Approach	Timeline
		unit-level verification.	• Complete post-transfer verification before demolition.	
2	Phase 2 Non-JKN Outpatient Building and supporting facilities	Facilities identified for demolition in the ESIA include: • Pulmonology Installation Building • Embun Pagi Building • IPS Medic Warehouse • Prayer Room (Mushola) • Site Office • Staff Housing Specific affected services/functions: to be confirmed before demolition.	Relocation at Former Dr. Kcu Regional Public Hospital Building • Prepare service/function-specific relocation schedule. • Provide temporary or alternative work/service areas before affected facilities are closed. • Coordinate staff work-area reassignment and access arrangements. • Maintain patient, visitor and emergency circulation. • Relocate reusable equipment and assets in accordance with BMN procedures.	2027–2029
3	Phase 3 Additional outpatient, specialty and inpatient facilities	Facilities identified for demolition include: • Boiler Building • Mortuary • Neurology Building • IDT Building • Emergency Room (ER) Additional demolition list in the ESIA table includes inpatient, Sharia inpatient, isolation, ICD and prayer-room functions, final scope to be verified during DED.	Relocation At Former Dr. Kcu Regional Public Hospital Building • High-risk clinical functions shall not be moved until receiving capacity and critical utilities are confirmed. • Emergency and critical-care continuity shall be prioritized. • Apply IPC controls, controlled transfer routes and access restrictions. • Coordinate utility isolation/relocation before demolition. • Maintain emergency access and hospital operational continuity.	2030–2032
4	Phase 4 Further development of hospital service facilities	Administration Building and Emergency Room are identified in the project phasing narrative for demolition. Affected administrative and clinical functions: to be confirmed	Relocation At Former Dr. Kcu Regional Public Hospital Building • Reassign administrative and clinical functions to prepared alternative areas. • Maintain emergency response and patient access throughout transition. • Coordinate staff relocation, ICT, records, utilities and security arrangements. • Complete readiness verification before affected facilities are taken out of service.	2032–2034

No	Development Phase / Location	Affected Services / Facilities	Relocation / Management Approach	Timeline
		through DED and hospital service planning.		
5	Phase 5 Completion of inpatient building and Non-JKN Polyclinic	Facilities identified in the ESIA demolition schedule include: • Installation Building • NAP Inpatient Building • Pediatric Building Affected clinical services and beds: to be confirmed through final service planning.	Relocation At Former Dr. Kcu Regional Public Hospital Building • Prepare final service transfer schedule based on available capacity in the completed/new facilities. • Prioritize safe transfer of inpatient, pediatric and other vulnerable patients. • Verify medical equipment, life-support, utilities and emergency backup systems. • Complete patient/staff transfer records and post-transfer service readiness checks.	2034–2036

Patient and Staff Relocation Mechanism

Where demolition or construction affects active hospital services, RSUP Dr. M. Djamil Padang shall prepare and implement a Patient and Staff Relocation Plan before demolition begins. The relocation plan shall be prepared by hospital management in coordination with affected clinical units, nursing teams, medical support units, K3RS/OHS, PPI/IPC, security, and the contractor.

No	Information Required	Relocation Plan Requirement
1	Affected wards, rooms and services	Identify all affected clinical and supporting functions within the construction/demolition footprint.
2	Affected staff and patient groups	Identify the number and category of affected patients, healthcare workers, supporting staff and other affected persons.
3	Affected beds	Record the number and category of affected beds, including general, isolation, intensive care, pediatric and other specialized beds.
4	Receiving area	Confirm the receiving ward, temporary service area or alternative hospital facility and verify available capacity.
5	Transfer schedule	Define the date, time, sequence and estimated duration of each transfer.
6	Responsible personnel	Assign the hospital relocation coordinator, clinical team, contractor representative and supporting personnel.
7	Patient prioritization	Assess patient condition and care requirements and establish the transfer priority sequence.
8	Medical equipment and life support	Verify required medical equipment, life-support devices, medicines, monitoring systems and readiness of the receiving area.
9	Infection prevention and control	Apply segregation, cleaning/disinfection, PPE, controlled movement and other IPC measures appropriate to the service and patient condition.
10	Utilities and emergency backup	Verify medical gas, oxygen, electricity, water, communications, fire protection and emergency backup systems.

No	Information Required	Relocation Plan Requirement
11	Transfer routes and access control	Define internal/external transfer routes, restricted areas, traffic control and security arrangements.
12	Transfer transportation	Ensure availability of ambulances, stretchers, wheelchairs, porters and other supporting equipment.
13	Communication protocol	Notify and coordinate with patients, families, staff, relevant departments, security and emergency services as applicable.
14	Emergency response	Prepare procedures for patient deterioration, equipment failure, utility disruption, accident, fire or other emergencies during transfer.
15	Documentation and verification	Complete patient records, equipment inventory, transfer checklist, confirmation of arrival and post-transfer service readiness verification.

L.6 Implementation Responsibilities, Budget, Grievance Redress, and Monitoring

The Project Implementation Unit (PIU) and RSMDJ Management shall be responsible for implementing this LRP for eligible internal tenants and vendors. They shall be supported by the Social Safeguards Officer, supervision consultant, and contractor. The contractor shall maintain safe internal access, implement agreed construction and pedestrian controls, prevent unauthorized displacement, and avoid unnecessary disruption to business activities.

Local-government agencies may be consulted regarding traffic, public-space management, and impacts on external receptors. Such coordination does not transfer responsibility for independently managed municipal activities to the Project and does not establish those activities as Associated Facilities. If an activity is confirmed as an Associated Facility, responsibilities, financing, monitoring, and reporting arrangements shall be documented before implementation.

The LRP budget shall form part of the Project's environmental and social management costs and shall cover the census and baseline survey, consultation, temporary premises, relocation assistance, transitional livelihood support, compensation for verified losses where applicable, vulnerable-person assistance, grievance management, monitoring, and corrective actions.

Eligible PAPs shall have access to the Project-level GRM through verbal, written, telephone, WhatsApp, email, and anonymous channels. External PKL and other receptors may also use the Project-level GRM for complaints concerning construction-related traffic, dust, noise, safety, or temporary access impacts; access to the GRM does not by itself establish LRP eligibility.

LRP implementation shall be monitored through the verified PAP register, delivery of entitlements, status of temporary or permanent relocation, grievance records, and income-restoration surveys at 3, 6, and 12 months after relocation or livelihood disruption. Where an eligible PAP's livelihood has not been restored to at least the verified baseline level, the PIU and RSMDJ shall prepare and implement an individual corrective action plan and continue monitoring until restoration has been verified.

L.7 Impact Assessment Methodology

The assessment methodology applies the AIIB ESS1 mitigation hierarchy sequentially to each vendor impact. The overarching goal is not merely to compensate for losses, but to restore and where possible, improve the livelihood conditions of every affected vendor.

L.7.1 Application of the Mitigation Hierarchy

Step	Definition	Internal Vendors	External Vendors (PKL)
1. Avoid	Eliminate the impact entirely through project design.	Retain vendor trading areas outside the demolition footprint where technically feasible.	Reconfigure construction staging to preserve PKL access corridors on at least one side of the commercial frontage.
2. Minimise	Reduce the magnitude, duration, or extent of unavoidable impacts through practical controls.	Provide 60-day advance written notice; hold individual consultations; secure temporary trading premises before demolition begins.	Provide 30-day advance written notice before access restrictions; erect directional signage; maintain at least one unobstructed pedestrian route.
3. Restore	Return affected livelihoods to baseline or better after the impact occurs.	Prioritise displaced tenants for first allocation of equivalent or improved trading space in the new building; provide bridging livelihood support during transition.	Co-develop a temporary relocation and trading facilitation plan; monthly income monitoring via GRM; compensation if income loss exceeds agreed thresholds.
4. Offset	Compensate for residual impacts that persist after Avoid, Minimise, and Restore.	Financial compensation for documented income losses that exceed the agreed transition period; BPJS coordination if applicable.	Compensation procedure documented per AIIB ESS5 and UU 20/2008 if permanent livelihood change is demonstrated.

L.7.2 Assessment Dimensions

Each vendor impact is evaluated across five dimensions that together provide a comprehensive picture of the disruption experienced and the adequacy of the restoration response. These dimensions apply equally to both vendor categories, although the data collection instruments and attribution methods differ.

Dimension	Description and Application
Economic impact	Change in daily/monthly trading revenue compared to the established baseline. For internal vendors, this captures the total income loss during displacement. For external vendors, it isolates the revenue reduction attributable to project-related access disruption, distinguishing it from seasonal or market-driven fluctuations.
Physical access	Degree to which the vendor's customers, suppliers, and the vendor themselves can reach the trading location. This includes pedestrian route availability, signage adequacy, and the presence or absence of construction hoarding that obstructs line of sight.
Psychosocial wellbeing	Stress, uncertainty, and social disruption experienced by affected vendors and their households. Particular attention is given to vendors in vulnerable categories female-headed households, elderly vendors, and vendors with disabilities who may face compounded hardship.
Institutional support	Quality and timeliness of the transitional support provided by the project, including the adequacy of temporary trading premises, the responsiveness of the GRM, and the effectiveness of communication between the PIU and affected vendors.

Dimension	Description and Application
Restoration outcome	Whether the vendor's livelihood has been restored to baseline or better by the agreed milestone: for internal vendors, re-allocation of equivalent or improved trading space in the new building, for external vendors, income recovery within 6 months of construction completion.

L.8 Baseline Data Collection Protocol

A rigorous baseline is the foundation of any credible impact assessment. Without documented pre-displacement conditions, it becomes impossible to determine whether restoration has been achieved. All baseline data must be collected and verified before demolition commences.

L.8.1 Census and Registration

A comprehensive census of all affected vendors is the mandatory first step. The census serves three purposes: it creates a definitive register of eligible persons, it captures baseline livelihood data for each individual, and it establishes the legal and factual foundation for the restoration programme.

Internal Vendor Census Requirements

- Full name, national ID number, and contact details of the vendor and any co-operators.
- Tenancy or usage agreement details: lease duration, rental terms, renewal history.
- Type of business activity and product range.
- Average daily and monthly trading revenue (verified against available records for at least 3 months).
- Operating costs: rent, utilities, supplies, labour.
- Household dependency: number of persons whose income depends on this trading activity.
- Vulnerability classification: female-headed household, elderly vendor (60+), vendor with disability, sole-income household.
- Photographic documentation of current trading premises, including stall layout and condition.

External Vendor (PKL) Census Requirements

- Full name, national ID number, and contact details.
- Trading permit status (if any): issuing authority, validity period.
- Location of trading pitch: GPS coordinates, distance from hospital entrance, side of street.
- Trading hours and days of operation.
- Primary customer base: hospital visitors, staff, pass-by pedestrians, or mixed.

- Average daily and monthly income (self-reported; cross-checked where possible).
- Alternative trading locations, if any, and willingness to relocate temporarily.
- Vulnerability classification: same categories as internal vendors.

L.8.2 Baseline Livelihood Survey Instrument

Beyond the census, a structured livelihood survey captures the qualitative and contextual information needed to design an effective restoration response. The survey should be administered face-to-face in Bahasa Indonesia, with Bahasa Padang (Minang) oral support available on request, and must be completed before any construction-related disruption begins.

Key survey domains include household composition and economic profile, income diversification and alternative livelihood sources, debt and financial obligations, food security status, access to social protection (BPJS, PKH, and similar programmes), prior experience with displacement or business disruption, and the vendor's own preferences and concerns regarding relocation or transitional arrangements.

All survey data is treated as confidential. Individual income and vulnerability information is not disclosed publicly and is accessible only to the ESIA Social Safeguards Officer and designated PIU personnel.

L.8.3 Phased Assessment Framework

The vendor impact assessment is not a one-time exercise. It operates across three project phases, with each phase carrying its own assessment objectives, data collection requirements, and decision points.

L.8.3.1 Phase 1: Pre-Construction (Preparation)

Objective: Establish the baseline, secure informed consent, and put transitional arrangements in place before any vendor is displaced or affected.

The following activities must be completed during Phase 1:

- Complete the vendor census and baseline livelihood survey for all internal and external vendors.
- Hold individual consultations with each internal vendor tenant to explain the demolition timeline, transitional arrangements, and their rights under AIIB ESS5.
- Hold group consultation sessions with external PKL traders, conducted in Bahasa Indonesia with accessible formats, to explain the construction programme, anticipated access changes, and available support.
- Identify and communicate the designated temporary trading location for internal vendors before demolition commences.
- Co-develop a temporary relocation and trading facilitation plan with affected external vendors.

- Provide minimum 60-day advance written notice to internal vendors and minimum 30-day notice to external vendors before any displacement or access restriction.
- Establish the GRM channel and communicate it to all affected vendors; assign a dedicated point of contact for vendor-related grievances.
- Complete the PKL impact assessment and census per ESIA entry C.1.1; obtain legal review sign-off for any PKL displacement decision.

L.8.3.2 Phase 2: Construction (Active Monitoring)

Objective: Monitor ongoing livelihood impacts in real time, respond to emerging issues, and ensure transitional support is functioning as intended.

Phase 2 activities include:

- Monthly income monitoring of all displaced internal vendors, using the baseline as the reference point.
- Monthly income monitoring of external PKL traders via GRM intake and periodic survey; flag cases where revenue decline exceeds agreed thresholds.
- Quarterly review of temporary trading premises adequacy: foot traffic, physical condition, accessibility, and vendor satisfaction.
- Continuous GRM operation: track all vendor grievances by category, ensure acknowledgement within 5 working days and resolution within 30 working days.
- Update the vendor register if any new vendors are identified or if existing vendors change their trading arrangements.
- Maintain at least one unobstructed pedestrian access route along the commercial frontage for external PKL throughout the construction phase.
- Document all support provided (reduced rental, transition assistance, relocation facilitation) and maintain a verifiable record for AIIB reporting.

L.8.3.3 Phase 3: Operation (Re-Integration and Closure)

Objective: Confirm that livelihood restoration has been achieved and close out the RAPF obligations for each vendor.

Phase 3 activities include:

- Re-allocate trading space to internal vendors in the completed new building on terms no less favourable than pre-displacement arrangements; document the allocation process and each vendor's acceptance.
- Adopt a permanent, documented vendor management policy governing trading space allocation, rental terms, food safety compliance, and vendor grievance procedures.

- Conduct post-construction livelihood assessment for all internal vendors at 3, 6, and 12 months after re-allocation, comparing current income to the baseline.
- Conduct post-construction livelihood monitoring for external PKL for a minimum of 12 months after project handover, assessing whether the new pedestrian circulation pattern preserves or enhances commercial frontage access.
- Identify any vendor whose livelihood has not been restored to baseline or better by the 12-month milestone; develop and document an individual corrective action plan for each such case.
- Submit the RAPF closure report as part of the ESMP completion documentation to the AIIB safeguards team.

L.9 Key Performance Indicators and Monitoring

Measurable performance indicators ensure accountability, enable adaptive management, and provide the AIIB safeguards team with the data needed to verify compliance. The following KPIs are tracked throughout the project lifecycle.

KPI	Target	Phase	Responsible	Evidence
Census completion	100% of affected vendors (internal and external) registered with documented baseline before demolition	Pre-construction	PIU / ESIA Social Safeguards Officer	Census register
Advance notice compliance	100% of internal vendors receive 60-day written notice; 100% of external vendors receive 30-day written notice	Pre-construction	RSMDJ Tenancy Officer	Signed receipts
Temporary premises availability	Designated temporary trading location operational before demolition begins	Pre-construction	PIU / RSMDJ Management	Inspection record
Monthly income monitoring	100% of displaced internal vendors surveyed monthly; 80%+ response rate from PKL	Construction	ESIA Social Safeguards Officer	Monthly survey data
GRM responsiveness	95%+ grievances acknowledged within 5 working days; 90%+ resolved within 30 working days	All phases	PIU GRM Manager	GRM log
Pedestrian access	At least one unobstructed pedestrian route maintained along commercial frontage at all times	Construction	Main Contractor	Weekly site inspection
Re-allocation fairness	100% of eligible internal vendors offered equivalent or improved trading space	Operation	RSMDJ Management	Allocation records
Livelihood restoration	100% of internal vendors restored to baseline income within 12 months of re-location; 90%+ of external PKL restored within 6 months post-construction	Operation	ESIA Social Safeguards Officer	Livelihood survey
Corrective action closure	100% of identified non-conformances addressed within agreed timeframe	All phases	PIU / Independent Engineer	NCR register

L.10 Public Consultation Documentation

A. Activity Overview

The Public Consultation Forum (PCF) was conducted as part of the Environmental and Social Impact Assessment (ESIA) process for the proposed development of RSUP Dr. M. Djamil, Padang City. The activity aimed to disseminate project information, collect stakeholder feedback, and identify social and environmental concerns from affected communities.

B. Date and Location

Date: Wednesday, 17 June 2026

Location: RSUP Dr. M. Djamil, Padang City, West Sumatra, Indonesia

Activity Type: Public Consultation Forum / Stakeholder Engagement Meeting

C. Participants / Stakeholders

The consultation was attended by various stakeholders, including:

1. Local community representatives (RT/RW Sawahan Timur and surrounding areas)
2. Community leaders and neighborhood representatives
3. Women representatives
4. Representatives from local government agencies
5. Environmental Agency (Dinas Lingkungan Hidup Kota Padang)
6. Sub-district and village officials
7. Management of RSUP Dr. M. Djamil as the project proponent

D. Consultation Method

The engagement was conducted through a **face-to-face public meeting (Forum Konsultasi Publik)** with the following components:

Presentation of project development plans

1. Interactive discussion session
2. Question and answer forum
3. Documentation of attendance and meeting minutes
4. Photographic documentation of activities

E. Key Issues Raised by Stakeholders

The following main concerns were expressed during the consultation:

Potential impacts of construction activities near residential areas

1. Traffic congestion and access road limitations
2. Parking management issues around residential neighborhoods
3. Drainage conditions and flood risks

4. Noise disturbances from construction activities
5. Need for transparency and communication during project implementation
6. Expectations for local employment opportunities

F. Responses from Project Proponent

RSUP Dr. M. Djamil provided the following responses:

Commitment to comply with safety and environmental standards in all construction activities

1. Strengthening communication and coordination with surrounding communities
2. Development of structured parking systems (including basement and multi-level parking)
3. Implementation of traffic impact assessment (ANDALALIN/TIA study)
4. Improvement of drainage systems to mitigate flooding risks
5. Inclusion of local labor participation in construction and operational phases

G. Supporting Documentation

G.1 Attendance List (Daftar Hadir)

EQUATOR
Safeguarding Sustainable Future

DAFTAR HADIR

Kegiatan : Konsultasi Publik AMDAL dan ESIA Rencana Pengembangan RSUP Dr. M. Djamil
Lokasi : Gedung Putih Rumah Dinas Wali Kota Padang
Tanggal : 17 Juni 2026

No.	Nama	Jabatan/ Instansi	No. HP	Jenis Kelamin (L/P)	Tanda Tangan
1.	RESSY HIRMALA SARI	HRD	085172254462	P	
2.			08136310101	L	
3.				L	
4.	MARJAS		081363948299	L	
5.		RT02/03	0812-6758-73	L	
6.			081286988	L	
7.		RT03/RW03	08137447686	L	
8.	MUSNI	Warga RT03	081374671399	P	
9.	SEPTIMARJULI	Utusan perempuan Kel. Jati	085837869141	P	
10.	MULYADI	Bainsa	081269124112	L	
11.	YUSDAL	RW 03		L	
12.	YATI NOVITA	Warga RT01 RW02	083857227471	P	
13.	Djasniban	RT01/RW01 Sawahan	082169971299	P	
14.	TIA Murniati	RT02/RW01	081363287799	P	
15.	MARLENA	RW 01/KEL JATI	081374459245	P	

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Lokasi : Gedung Putih Rumah Dinas Wali Kota Padang
Tanggal : 17 Juni 2026

No.	Nama	Jabatan/ Instansi	No. HP	Jenis Kelamin (L/P)	Tanda Tangan
16.	Afriyanti	warga		P.	
17.	Yuliana	Warga		P	
18.					
19.	Tik Fanny Gusti	L. Jati		P	
20.	ONI	Warga	081388135032	P	
21.	Ayu	Warga	083182711980	P	
22.	Kasmawat	JATI	081266618515	P	
23.	FITRI OANTI	PKK JATI	081275743635	P	
24.	DEVI	RT.03 RW.01	085274517120	P	
25.	Yogi	BAU	085374037	L	
26.	Syahril Retha	LPM	0811 66 9098	L	
27.	Jhoni Aulia	masyarakat	085356110866	L	
28.	ADE KURNIA	— " —	082287411376	L	
29.	Gusniwati	Ketua RT.03	081374364282	P	
30.	H. ERWIN. R	Ketua RW	0812[illegible]	L	

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G.2 Meeting Minutes / Notulen

No.	Identified Issues	Proposed Recommendations / Improvements
1. Mr. Son – Resident of RT 01 RW 02, Sawahan Timur	**a.** Residents strongly support the proposed development project, but with several concerns. Based on their experience during the construction of the nuclear bunker, which was located only 10–20 meters from residential walls, the project was carried out without prior notification, causing significant disturbance. **b.** Residents hope that the future construction of the CMU and Non-JKN facilities will not repeat the previous mistake of building too close to residential homes without prior notice. They are concerned about potential hazards arising from the nuclear bunker located near their homes. **c.** If any construction activities pose hazardous impacts on residents, the project proponent should provide appropriate compensation. **d.** Another concern is traffic congestion. The neighborhood is located directly adjacent to the project site. If the development utilizes the military (TNI) land, residents' land will become increasingly confined, resulting in heavier traffic.	**a.** The masterplan development will not disrupt access to the area. The bunker referred to is the radiotherapy bunker, which has been constructed in accordance with applicable standards and includes measures that ensure the safety of the surrounding environment. **b.** The project proponent will communicate current and future development activities to the community. Going forward, better communication with local residents will be maintained.
2. Mr. Marjas – Community Leader, RT 03 RW 03, Sawahan Timur	**a.** Vehicle parking around the residential area disturbs the community. **b.** In 2013, the community granted permission to open a rear access road through the neighborhood. However, the road has since become the hospital's main evacuation route, resulting in increased noise for residents. **c.** Residents are highly concerned that the proposed development will negatively affect their comfort and the surrounding environment. One example is the current disorderly parking situation around the residential area. **d.** The existing drainage system is inadequate. Previously, there was a 1.5-meter-wide canal extending from Al-Hidayah Mosque to the downstream canal, but the route has since been closed, resulting in flooding in several neighborhood units (RTs). Therefore, the project's masterplan should carefully consider drainage design and ensure proper monitoring to prevent flooding in residential areas.	**a.** One aspect of the project development includes the construction of a basement and multi-level parking facility, which is expected to resolve parking issues affecting residents. As a short-term measure, parking management will be improved through coordination with parking operators and by regulating vehicle access at each entrance. **b.** Parking and traffic issues will be further studied through the Traffic Impact Analysis (Andalalin).
3. Erman – RW 01 (Residential area directly adjacent to the project site)	**a.** Residents complained that drilling for groundwater wells begins before dawn and the drilling machines generate excessive noise. No prior notification was given to residents. **b.** The residential area is heavily congested because many hospital vehicles are diverted through neighborhood roads, preventing residents from moving their own vehicles due to blocked streets. Residents have even installed "No Parking" banners to address the problem. **c.** Residents hope that road conditions will be properly managed and that appropriate traffic engineering measures will be implemented without diverting traffic into residential streets.	**a.** Groundwater drilling activities will be taken into consideration during project planning. **b.** The project proponent will coordinate with the local neighborhood association (RW) during hospital construction activities. **c.** All community feedback has been acknowledged and will receive serious attention to ensure that residents' concerns are properly addressed.

No.	Identified Issues	Proposed Recommendations / Improvements
4. Mr. Jon Aspriadi – Head of RT 03 RW 03, Sawahan Timur	**a.** Residents strongly support the proposed development, but the project proponent should prioritize the employment of local residents. Previous construction projects did not adequately involve local workers, resulting in unemployment among nearby residents. **b.** Parking remains a problem, particularly with many medical students (KOAS) parking along the rear road near residential areas. **c.** A road originally intended as a hospital evacuation route has become a public road, causing major disruptions during school and work commuting hours.	**a.** The investment will create employment opportunities, with construction jobs becoming available during the development phase. **b.** The project will strengthen community relations between the project proponent and local residents. Any shortcomings in coordination will be improved to better support the construction activities. **c.** Community empowerment will be considered an important input. As investment enters the project, local residents will be empowered and encouraged to participate and contribute to the construction activities.

G.3 Documentation Photos









Annex M - Environmental and Social Management Plan (ESMP)

The Environmental and Social Management Plan (ESMP) Monitoring Matrix is developed as an integral component of the project's Environmental and Social Impact Assessment (ESIA) framework to ensure that all identified environmental, social, and occupational health and safety (OHS) risks are systematically managed throughout the project lifecycle.

This matrix provides a structured and operational tool to translate mitigation commitments into actionable measures, including clear responsibilities, monitoring indicators, implementation timelines, and compliance references. It covers all project phases, namely pre-construction, construction, and operation, ensuring continuity of environmental and social safeguards from design through implementation and facility operation.

The matrix is designed in alignment with internationally recognized standards, including the World Bank Environmental and Social Framework (ESF), Environmental Health and Safety (EHS) Guidelines, as well as relevant national regulations such as Government Regulation No. 22/2021 on Environmental Protection and Management. Special attention is given to sensitive receptors such as patients, healthcare workers, vulnerable groups, and surrounding communities, considering the nature of the project as a major hospital infrastructure development.

In addition, the ESMP Monitoring Matrix incorporates geospatial accuracy through Decimal Degree Minutes Seconds (DMS) coordinates for each activity location, enabling precise monitoring and field verification. Each mitigation measure is accompanied by measurable Key Performance Indicators (KPIs) to ensure effectiveness, accountability, and traceability of implementation.

Overall, this ESMP Monitoring Matrix serves as a practical management and monitoring instrument to ensure that environmental and social risks are minimized, compliance obligations are met, and sustainable development objectives of the project are achieved.

ESMP Monitoring Matrix

No	Aspect	Risk / Impact	Mitigation Measures (Detailed Operational Actions)	Location (DMS)	Implementation Phase	Responsible Party	Monitoring Indicators (Detailed KPI)	Monitoring Frequency	Cost	Reference / Standard
1	Climate Risk	Climate change not integrated	Flood risk mapping (50–100 year return period); building elevation adjustment; drainage redesign for extreme rainfall; heat load simulation for ICU and inpatient wards; use of heat-reflective roofing materials	0°57'00"S, 100°21'30"E (Main Hospital Block)	Pre-construction	FS / Design Team	Approved climate risk assessment report; drainage capacity meets design storm; ICU indoor temperature ≤ 26°C	Once (design stage)	105,462,777	World Bank EHS
2	E&S Integration	Lack of environmental & social integration	ESIA checklist applied at each design revision; mandatory ES clauses in tender documents; contractor ESMP approval prior to mobilization; third-party design audit	0°56'58"S, 100°21'32"E (Design Office Zone)	Pre-construction	FS Team	100% drawings reviewed with ES checklist; ESMP approval certificate issued	Once	50,000,000	ESIA Guideline
3	HSE	Unsafe design	Fire evacuation simulation using BIM; zoning separation for ICU/ER; emergency exit compliance with hospital standards; independent safety audit	0°57'01"S, 100°21'29"E	Pre-construction	PMU / Hospital	Fire safety compliance 100%; safety audit score ≥ 90%	Once	10,000,000	Hospital Safety Code
4	Social	Exclusion of vulnerable groups	Inclusive stakeholder engagement (FGDs with vulnerable groups); disability-friendly consultation materials; grievance redress mechanism (GRM);	0°57'05"S, 100°21'33"E (Hospital Community Hall)	Pre-construction	PMU	≥30% participation of vulnerable groups; ≥90% stakeholder engagement rate	Continuous	Confidential	World Bank ESS10

No	Aspect	Risk / Impact	Mitigation Measures (Detailed Operational Actions)	Location (DMS)	Implementation Phase	Responsible Party	Monitoring Indicators (Detailed KPI)	Monitoring Frequency	Cost	Reference / Standard
			gender inclusion monitoring							
5	Social	Livelihood disruption	GPS-based mapping of street vendors (PKL); 30-day income baseline survey; compensation scheme and transitional allowance; phased relocation strategy	0°57'03"S, 100°21'28"E (Hospital Perimeter North & West)	Pre-construction	PIU / Hospital	100% vendors mapped; ≥80% income recovery after relocation	Continuous	Confidential	ESS5
6	Social	Loss of vendor income	Temporary modular kiosk relocation; daily income monitoring; grievance response within 7 days	0°57'02"S, 100°21'27"E	Pre-construction	PIU / Consultant	≥75% vendors maintain income level	Once	35,000,000	ESS5
7	Social	Business disruption	Pedestrian route signage; safety barriers; controlled access gates; weekly consultation with traders	0°57'01"S, 100°21'30"E	Pre-construction	Contractor / PIU	Zero critical access complaints	Continuous	50,000,000	ESS5
8	Environment	Asbestos risk	Wet demolition method; negative pressure enclosure; double-bag ACM with GHS labeling; fiber air monitoring (PCM method); worker medical check-ups	0°56'59"S, 100°21'31"E (Old Building Block)	Construction	Contractor	Asbestos fiber < 0.01 f/cc; 100% PPE compliance	Continuous	100,000,000	World Bank EHS (ACM)
9	Environment	Noise disturbance	Installation of acoustic barriers (3–5 m); restricted working hours (19:00–07:00 prohibited); real-time noise monitoring system	0°57'00"S, 100°21'30"E	Construction	Contractor	Noise level ≤ 55 dB in hospital zone	Routine	20,000,000	EHS Noise Guideline
10	Environment	Dust & air pollution	Water spraying 4 times/day; wheel washing station; covering of trucks and stockpiles; PM10 real-time monitoring	0°57'00"S, 100°21'30"E	Construction	Contractor	PM10 < 150 µg/m³; zero dust complaints	Routine	20,000,000	Ambient Air Standard
11	Environment	Soil & water contamination	Bunded fuel storage (110% capacity); spill	0°57'00"S, 100°21'30"E	Construction	Contractor	Zero spill incidents;	Routine	30,000,000	EHS Water

No	Aspect	Risk / Impact	Mitigation Measures (Detailed Operational Actions)	Location (DMS)	Implementation Phase	Responsible Party	Monitoring Indicators (Detailed KPI)	Monitoring Frequency	Cost	Reference / Standard
			response kits; monthly spill drills; drainage sediment traps				runoff TSS within standard			
12	Environment	Waste generation	Waste segregation (B3, non-B3, recyclable); digital waste manifest system; licensed waste transporter only	0°57'00"S, 100°21'30"E	Construction	Contractor	100% waste traceability; zero illegal dumping	Continuous	30,000,000	PP 22/2021
13	Social	Child labor risk	National ID (NIK) verification; weekly labor audits; contractual prohibition of child labor	0°57'00"S, 100°21'30"E	Construction	Contractor	Zero underage workers identified	Continuous	10,000,000	ILO Convention
14	Social	Wage inequality	Monthly payroll audit; enforcement of equal wage policy; grievance mechanism for workers	Same	Construction	Contractor	100% wage compliance	Routine	10,000,000	Indonesian Labor Law
15	Social	Vendor influx	RFID access control gates; vendor registration system; coordination with local authorities	Hospital Perimeter	Construction	PMU / Contractor	100% vendors registered	Continuous	10,000,000	ESS2
16	Social	Access disruption to care	Dedicated ambulance priority lane; emergency bypass routes; 24/7 flagman deployment	Emergency Department (0°57'02"S)	Construction	Hospital / PMU	Emergency response time ≤ 5 minutes	Continuous	10,000,000	ESS4
17	Social	Livelihood loss	Vulnerability scoring for vendors; cash assistance tracking system	Hospital Perimeter	Construction	PIU / Hospital	≥80% income recovery	Continuous	100,000,000	ESS5
18	Environment	IPAL expansion	Confined space permit system; sludge handling SOP; pre-commissioning effluent testing	0°57'04"S, 100°21'29"E	Construction	Contractor / PIU	BOD compliance achieved	Routine	6,000,000,000	Wastewater Standard
19	Environment	Hazardous waste (B3) facility	Fire suppression system; secondary containment; hazard labeling and signage	0°57'03"S, 100°21'31"E	Construction	Contractor	Zero leakage events	Continuous	2,000,000,000	PP 22/2021

No	Aspect	Risk / Impact	Mitigation Measures (Detailed Operational Actions)	Location (DMS)	Implementation Phase	Responsible Party	Monitoring Indicators (Detailed KPI)	Monitoring Frequency	Cost	Reference / Standard
20	Environment	Air quality monitoring	Fixed PM monitoring station; calibration program; weekly reporting dashboard	Hospital Boundary	Construction	PMU	100% compliance reporting	Routine	5,000,000	Ambient Air Standard
21	Environment	Asbestos monitoring	Continuous fiber monitoring; clearance certification before re-entry	Demolition Zone	Construction	PMU	Fiber concentration below threshold	Continuous	5,000,000	World Bank EHS
22	Environment	Air quality testing	Accredited laboratory testing (PM10/PM2.5); corrective action triggers	Hospital Area	Construction	PMU / Contractor	No exceedance > 2 times threshold	Periodic	5,000,000/event	National Standard
23	HSE	Nosocomial infection	Infection prevention & control (IPC) program; PPE enforcement; infection surveillance system	All Hospital Units	Operation	Hospital	Infection rate below baseline	Continuous	5,000,000	WHO IPC
24	Environment	Wastewater increase	SCADA-based IPAL monitoring; sludge management procedures	IPAL Area (0°57'04"S)	Operation	Facility Unit	BOD, COD compliance achieved	Routine	OPEX	Wastewater Standard
25	Environment	Hazardous waste increase	Cold storage for B3 waste; barcode tracking system; licensed transporter	TPS B3	Operation	Hospital	100% waste traceability	Continuous	OPEX	PP 22/2021
26	Environment	Bed capacity expansion	Surge capacity management system; staffing optimization plan	Hospital	Operation	Hospital	Occupancy rate ≤ 85%	Continuous	TBD	Hospital Standard
27	Environment	IPAL operation	Preventive maintenance schedule; certified operators	IPAL	Operation	Hospital	Zero downtime > 24 hours	Routine	CAPEX/OPEX	Ministry of Health
28	Environment	TPS B3 operation	Weekly inspection checklist; emergency spill response drills	TPS B3	Operation	Hospital	Audit score ≥ 90%	Continuous	CAPEX/OPEX	PP 22/2021

Annex N - Estimated Wastewater Flow Calculation and WWTP Capacity Requirement

N.1 Background

The wastewater treatment plant (WWTP) capacity requirement is calculated to evaluate whether the treatment capacity is adequate for the hospital's operational needs. The evaluation considers actual water consumption data based on water meter readings, the number of beds, the existing WWTP capacity, and the planned WWTP capacity expansion.

Based on the available information, the hospital's water consumption is recorded at approximately 1,600 m^3/day. Assuming that approximately 80% of clean water use may become wastewater, the daily wastewater flow is estimated at 1,280 m^3/day. This calculation is used as an initial basis for determining an adequate WWTP design capacity while allowing for flow fluctuations and future operational development of the hospital.

N.2 Hospital Wastewater Flow for 1,300 Beds

Parameter	Calculation	Result
Number of beds	–	**1,300 beds**
Minimum water demand	1,300 × 400 L	**520 m^3/day**
Maximum water demand	1,300 × 450 L	**585 m^3/day**
Wastewater, 80% assumption	520–585 × 80%	**416–468 m^3/day**
Wastewater, 90% assumption	520–585 × 90%	**468–526.5 m^3/day**

Therefore, for **1,300 beds**, a practical figure that may be used as an initial estimate is approximately **±470–530 m^3 of wastewater/day**.

For **WWTP capacity planning**, it is recommended not to use an exact average figure of 500 m^3/day, but to include a safety factor for load fluctuations. For example:

Design flow = 526.5 m^3/day × 1.20 = ±632 m^3/day

Accordingly, a reasonably conservative WWTP capacity may be rounded to approximately 600–650 m^3/day.

N.3 Basic Calculation Data Using the Clean Water Consumption Approach

No.	Parameter	Value
1	Water consumption based on meter reading	**1,600 m^3/day**
2	Factor of clean water becoming wastewater	**80%**

No.	Parameter	Value
3	Number of hospital beds	**±1,300 beds**
4	Existing WWTP capacity	**±117 m³/day**
5	Planned capacity after expansion	**±175–180 m³/day**
6	Reserve capacity factor for initial estimate	**±10%**

N.4 Calculation Based on Actual Water Consumption

Actual clean water consumption based on meter readings is assumed to be:

$$Q_{water} = 1{,}600 \text{ m}^3/\text{day}$$

Assuming that 80% of water consumption becomes wastewater:

$$Q_{wastewater} = Q_{water} \times 80\%$$

$$Q_{wastewater} = 1{,}600 \times 0.80$$

$$\mathbf{Q_{wastewater} = 1{,}280 \text{ m}^3/\text{day}}$$

Therefore, the estimated average wastewater flow that needs to be treated is approximately 1,280 m³/day.

Flow Conversion

Average hourly flow:

$$Q_{hour} = 1{,}280 / 24 = 53.33 \text{ m}^3/\text{hour}$$

Average flow per second:

$$Q_{second} = (1{,}280 \times 1{,}000) / 86{,}400 = 14.81 \text{ L/second}$$

Parameter	Value
Water consumption	**1,600 m³/day**
Percentage becoming wastewater	**80%**
Estimated wastewater flow	**1,280 m³/day**
Average hourly flow	**53.33 m³/hour**
Average flow per second	**14.81 L/second**

N.5 Determination of WWTP Design Capacity

The WWTP capacity should not be set exactly equal to the average wastewater flow because hospital operations involve fluctuations in water use and the possibility of increased demand in the future. For this initial estimate, a 10% reserve capacity factor is applied.

$$Q_{design} = Q_{wastewater} \times (1 + 10\%)$$

$$Q_{design} = 1{,}280 \times 1.10$$

$Q_{design} = 1{,}408\ m^3/day$

Accordingly, the indicative minimum design capacity is approximately ±1,410 m³/day. To facilitate design and operation and to provide reserve capacity, this value may be rounded to: **Recommended WWTP design capacity = ±1,400–1,500 m³/day.**

N.6 Cross-Check Based on Number of Beds

In addition to the evaluation based on actual water meter data, a comparison may be made using the number of beds. With approximately 1,300 beds and an assumed water demand of 500 L/bed/day for the initial calculation:

$$Q_{water} = 1{,}300 \times 500\ L/bed/day = 650{,}000\ L/day = 650\ m^3/day$$

Using a wastewater generation factor of 80%:

$Q_{wastewater} = 650 \times 80\% = 520\ m^3/day$

Parameter	Value
Number of beds	**1,300 beds**
Assumed water demand	**500 L/bed/day**
Estimated water demand	**650 m³/day**
Factor becoming wastewater	**80%**
Estimated wastewater	**520 m³/day**

N.7 Comparison of Calculation Results

Evaluation Basis	Estimated Flow / Capacity
Based on 1,300 beds	**±520 m³/day**
Based on water meter reading of 1,600 m³/day	**±1,280 m³/day**
With 10% reserve capacity	**±1,408 m³/day**
Recommended design capacity	**±1,400–1,500 m³/day**
Existing WWTP capacity	**±117 m³/day**
Previous expansion plan	**±175–180 m³/day**

The data indicate a substantial difference between the calculation based on the number of beds and the calculation based on actual water consumption. Therefore, water meter data and the hospital water balance are important elements in determining the final capacity.

N.8 Evaluation of the Planned Capacity of 175–180 m^3/day

If all wastewater generated from water consumption of 1,600 m^3/day is indeed conveyed to the same WWTP, then the planned capacity of 175–180 m^3/day is not commensurate with the estimated wastewater flow of approximately ±1,280 m^3/day.

$$(180 \ / \ 1{,}280) \times 100\% = 14.06\%$$

This means that a WWTP with a capacity of 180 m^3/day is equivalent to only about 14% of the estimated wastewater flow of 1,280 m^3/day.

$$\text{Deficit relative to estimated flow} = 1{,}280 - 180 = 1{,}100 \ \text{m}^3/\text{day}$$

$$\text{Difference relative to design capacity of } 1{,}500 = 1{,}500 - 180 = 1{,}320 \ \text{m}^3/\text{day}$$

N.9 Conclusion

Based on actual water consumption of approximately ±1,600 m^3/day, and assuming that 80% of water consumption becomes wastewater, the estimated wastewater flow is approximately ±1,280 m^3/day, or about 53.33 m^3/hour. Considering a reserve capacity of approximately 10%, the indicative treatment capacity requirement becomes approximately 1,408 m^3/day. For the initial planning stage, this capacity may be rounded to ±1,400–1,500 m^3/day, with 1,500 m^3/day used as an initial conservative design basis.

This capacity is substantially greater than the existing WWTP capacity of approximately ±117 m^3/day and the planned expansion to approximately ±175–180 m^3/day. However, before establishing the final capacity, it is necessary to verify that the reported water consumption of 1,600 m^3/day actually represents daily consumption and to prepare a water balance to identify the portion of water that actually enters the wastewater system.