

Environmental and Social Management Framework and Resettlement Policy Framework

Khyber Pakhtunkhwa (KP) Human Capital Investment Project (KPHCIP)



**Government of Khyber Pakhtunkhwa (KP)
Planning and Development Department,
Health Department,
Secondary Education Department**

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Acronyms

ADE	Associate Degree Program in Education
ANC	Antenatal Care
AQI	Air Quality Index
ASER	Annual Status of Education Report
BHUs	Basic Health Units
BOQs	Bill of Quantities
CAR	Commissionerate for Afghan Refugees
CBD	Convention on Biological Diversity
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CITES	Convention on International Trade in Endangered Species
CMS	Conservation of Migratory Species
CMW	Community Midwives
CPS	Country Partnership Strategy
CRC	Complaint Redressal Cell
CVD	Cardio-Vascular Diseases
DCs	Deputy Commissioners
DCTE	Directorate of Curriculum and Teachers Education
DDWP	Department Development Working Party
DEO	District Education Officer
DEP	District Education Plans
DESE	Directorate of Elementary and Secondary Education
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Officers
DHQ	District Headquarter Hospitals
DOH	Department of Health
DP	Development Partners
DRC	District Recruitment Committee
DRR	Disaster Risk Reduction
EAC	Experts Advisory Committee
ECOP	Environmental Code of Practice
EEF	Elementary Education Foundation
EHS	Environment, Health and Safety
EIA	Environmental Impact Assessment
EMIS	Education Management Information System
EPI	Environmental Performance Index
EPO	Environmental Protection Ordinance
EQS	Environmental Quality Standard
ESC	Environmental Standards Committee
ESEF	Elementary and Secondary Education Foundation
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan

ESP	Education Sector Plan
ESRU	Education Sector Reforms Unit
ESS	Environmental and Social Safeguard
FATA	Federally Administered Tribal Areas
FP	Family Planning
FY	Fiscal Year
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoP	Government of Pakistan
GER	Gross Enrolment Ratio
GIS	Global Imaging System
GLOFs	Glacial Lake Outburst Floods
GNI	Gross National Income
GPI	Gender Parity Index
GRC	Grievance Redressal Committees
GRM	Grievance Redress Mechanism
HCF	Health Care Facilities
HCWMP/F	Health Care Waste Management Plan/ Framework
HCWMS	Health Care Waste Management System
HDI	Human Development Index
HNP	Health, Nutrition and Population
HRH	Human Resources for Health
IDA	International Development Association
IDS	Integrated Development Strategy
IEE	Initial Environmental Examination
IFC	International Finance Corporation
IMF	International Monetary Fund
IMU	Independent Monitoring Unit
IUCN	International Union for Conservation of Nature
KESP	KP Education Sector Program
Km	Kilometre
KP	Khyber Pakhtunkhwa
KPCAR	KP Commissionerate of Afghan Refugees
KPEPA	KP Environmental Protection Agency
KPHCIP	Khyber Pakhtunkhwa Human Capital Investment Project
LCM	Larger Community Meeting
LHV	Lady Health Visitor
LHW	Lady Health Worker
LMO	Living Modified Organisms
MCH	Mother Child Health
MDGs	Millennium Development Goals
MHSDP	Minimum Health Services Delivery Package
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MTI	Medical Training/Teaching Institutions
NCD	Non-Communicable Disease

NDMA	National Disaster Management Authority
NEMIS	National Education Management Information System
NEQS	National Environmental Quality Standards
NER	Net Enrolment Ratio
NFC	National Finance Commission
NGO	Non-governmental Organization
NOC	No Objection Certificate
NWFP	North-West Frontier Province
OHS	Occupational health and Safety
OOSC	Out of School Children
PAD	Project Appraisal Document
PAP	Project Affected Persons
PC	Planning Commission
PD	Project Director
PDHS	Pakistan Demographic and Health Survey
PDO	Project Development Objective
PEACE	Provincial Education Assessment Centre
PEPA	Pakistan Environmental Protection Agency
PEPC	Pakistan Environmental Protection Council
PFC	Provincial Finance Commission
PGA	Peak Ground Acceleration
PHC	Primary Health Care
PITE	Provincial Institute for Teacher's Education
PKR	Pakistani Rupee
PM	Particulate Matter
PMD	Pakistan Meteorological Department
PMU	Project Management Unit
PNC	Post Natal Care
POM	Project Operation Manual
PPE	Personal Protective Equipment
PSC	Project Steering Committee
PSRA	Private Schools Regulatory Authority
PTC	Parent Teacher Council
PTSMC	Parent Teacher School Management Committees
PWD	Person with Disability
RAA	Refugee Affected Areas
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
RHC	Rural Healthcare Center
RITE	Regional Institutes for Teacher Education
RMNCHN	Reproductive Maternal Newborn and Child Health and Nutrition
RSW	Regional Sub-window
RV	Refugee Villages
SAR	South Asia Region
SDGs	Sustainable Development Goals
SED	Secondary Education Department

SEF	Secondary Education Foundation
SG	Safeguard
SSAR	Solutions Strategy for Afghan Refugees
TB	Tuberculosis
TEMIS	Teacher Education Management System
THQ	Tehsil Headquarter
TMI	Teaching Medical Institutions
TOR	Terms of Reference
TPM	Third Party Monitoring
TPV	Third Party Validation
UNCCD	United Nations Convention to Combat Desertification
UNDP	United Nation Development Program
UNFCCC	United Nations Framework Convention on Climate Change
UNHCR	United Nations High Commissioner for Refugees
US	United States
VAW	Violence Against Women
VLD	Voluntary Land Donation
VSBK	Vertical Shaft Brick Kiln
WASH	Water, Sanitation and Hygiene
WBG	World Bank Group
WHO	World Health Organization

Executive Summary

Introduction: The Government of Khyber Pakhtunkhwa (GoKP) is preparing the KP Human Capital Investment Project (KPHCIP) with support from the World Bank (WB). The project will be implemented by provincial Planning and Development Department through Health Department and Elementary and Secondary Education Department. In line with the national/provincial laws as well as WB safeguard requirements; and to address potentially negative environmental and social impacts of the Project, the GoKP has conducted an environmental and social assessment of the proposed activities. As an outcome of this assessment, this Environmental and Social Management Framework (ESMF) has been prepared.

Context and Rationale: Pakistan is facing economic challenges amid long-standing policy and structural weaknesses. Over the last five years, the economy has accelerated with a gross domestic product (GDP) growth of almost 5 percent, but unbalanced policies and limited progress in structural reforms has led to a fiscal deficit of 6.5 percent of GDP in fiscal year (FY) 2018. KP is confronted with a number of serious issues. The economy of the province has been jolted by external and internal security shocks. The influx of large numbers of refugees (around 822,429 Afghan registered and non-registered refugees¹ in late 70's has severely affected access to and utilization of quality health and education services for both host communities and refugees.²

The Project: KPHCIP aims to improve utilization of quality health and education services in selected refugee hosting districts of Khyber Pakhtunkhwa by directly investing to fill supply- and demand- side gaps and strengthening service delivery systems through improved management and governance.

Project Development Objective (PDO): The proposed Project Development Objective (PDO) is to improve availability, utilization and quality of primary healthcare and elementary education services in selected districts in Khyber Pakhtunkhwa.

Project Area and Beneficiaries: The project will be implemented in four target districts which tentatively are Peshawar, Nowshera, Haripur and Swabi. These districts cover close to half of the KP population and host two-thirds of the Afghan refugee population in KP (63 percent). The districts have been selected based on size of refugee population and/or availability of funding from provincial government Annual Development Plan or developmental partners. Given the high concentration of population, these districts have been very much affected by the COVID-19 pandemic.-The direct project beneficiaries will be children, adolescents, and women of reproductive age with a focus on refugees and host communities living in Refugee Affected Areas (RAAs) in these districts. Health and Education departments will achieve stronger and more effective governance and management capacities as a result of this project. Further, support to deal with the COVID-19 pandemic will also be included in the criteria. Given that the Pandemic Response Effectiveness Project (PREP) also supports the province of KP, all interventions under the proposed operation and related to COVID-19 will be carried out in a complementary manner with those covered by PREP.

¹ UNHCR website

² UNHCR, GoP, and United Nations Development Programme (UNDP). 2018. Needs Assessment for Refugee Affected Areas – Phase II. April 2008.

Project Components: Project has three components which focus on strengthening system and improving services in both education and health sector ultimately supporting the demand creation for the utilization of the services. **Component 1:** aims to improve primary health care service delivery by strengthening the delivery of quality Primary Health Care (PHC) in the selected districts of KP including supporting those districts in dealing with the COVID-19 pandemic aligned with the GoKP COVID-19 response plan. **Component 2:** aims to contribute to improved availability and quality of educational opportunities to all children, especially girls and refugees, in selected host districts of KP and take into account the need to cater for the current school disruptions resulting from COVID-19. **Component 3:** aims to strengthen community engagement and accountability to support demand creation which will lead to an increase in utilization of PHC and education services and includes activities which will be important to help communities in COVID-19 prevention.

Methodology: The data for the framework was collected on the variables of interest in an established and systematic manner. Primary data was collected through interviews with key informants, stakeholder consultations in institutions and communities with the relevant stakeholders and through the baseline data on environment and social condition in the districts. The interviews were designed to ask questions that were likely to yield as much information as possible and was also able to address the aims and objectives of the research. The primary information was supplemented and substantiated by the review of international, national and provincial legal obligation.

Regulatory Review: Khyber Pakhtunkhwa Environmental Protection Act 2014 being principle legislation of environmental protection in the province envisages protection, improvement, conservation and rehabilitation with the help of legal action against polluters and ensure green awakening of communities. The discharge or emission of any effluent, waste, air pollutant or noise in an amount, concentration or level in excess of the Environmental Quality Standards (EQS) specified by the KP Environmental Protection Agency (EPAKP) has been prohibited under the Act. Hospital Waste Management (HWM) Rules 2005 developed under Pakistan Environment Protection Act, 1997 and applicable on all the provinces. HWM Rules, 2005 require each healthcare facility to constitute a waste management team, and responsible for the proper management of the waste generated by it till final disposal with the provision of act and its rules. Since the hospital waste management under KPHCIP will be outsourced to a licensed private firm under public private partnerships, these rules may not be directly applicable to this project, however the licenced partnered firm needs to manage the hospital waste management as per the HWM Rules, 2005. According to OP 4.01, the World Bank requires environmental assessment (EA) of projects proposed for Bank financing to help ensure that they are environmentally sound and sustainable, and thus to improve decision making. Depending on the project, a range EA of instruments are available to fulfil their requirements.

For KPHCIP, specific construction sites, and level of development has not been finalised; therefore, a framework approach has been adopted and Environmental and Social Management Framework (ESMF) has been prepared. Environmental and Social Management Framework (ESMF) outlines the prerequisite environmental and social screening and, assessments of proposed project activities. As the project is not proposing major infrastructure and industrial development, it has been **assigned Category B** due to its low scale, localized, and reversible environmental and social impacts. This ESMF identifies the potential negative environmental and social impacts, proposes generic mitigation measures, provides basic screening criteria, list the type of safeguard instruments to be developed and formulates institutional, monitoring, reporting and documentation measures for environmental and social safeguards compliance.

Based on available information, World Bank Policies on **Environmental Assessment OP/BP 4.01 and Involuntary Resettlement OP/BP 4.12 have been triggered.**

Baseline: According to the national population census conducted in 2017, the population of the KP province has increased to 30.52 million as compared to 17.74 million in 1998 recording an increase of 58% of over the last 19 years. The total population of the project districts is 7,309,448 with 2,544,156 people residing in urban areas and around 4,765,292 in rural areas. The most updated figure by UNHCR shows that as of January 1, 2020 there are around 822,429 Afghan Refugees in KP spread across rural and urban areas, as well as in ‘refugee villages’ or camps making KP a host to the largest number of refugees in Pakistan.³

The overall terrain of Khyber Pakhtunkhwa consists of mountain ranges, undulating sub-mountain areas, and plains surrounded by hills. The climatic profile of the Khyber Pakhtunkhwa province is extremely diverse due to various altitudes and vegetation cover, mountain barriers and topography. Its climate varies from the dry and hot rocky zones in south to the cool and lavish green forests in the north.⁴ In KP, water stress has been exacerbated by reckless dumping of chemical waste into surface water bodies, exploitation of underground water and water intensive manufacturing processes, with increasing pressure generated by population growth, agriculture, deforestation and impacts of climate change. With losses to storage capacity of water and increasing water stress per capita, surface water availability in KP is likely to fall.⁵ Groundwater in project districts is a major source of potable water, however it is also used for industrial and irrigation purposes. The water table in the project districts ranges from 50ft leading up to 250 ft in some areas. The predominant source of drinking water in Khyber Pakhtunkhwa is groundwater. However, due to persistent withdrawal and dwindling re-charge processes, the groundwater is depleting rapidly at many places.⁶ There are 25 protected sites in project districts which include 3 wildlife parks, 10 game reserves, 3 community game reserves, 8 private game reserves and 1 unclassified, covering an area of 49,034 ha.⁷

The project districts have 40 government hospitals, 77 Dispensaries, 21 Rural Health Centres (RHCs), 155 Basic Health Units (BHUs), 11 Mother and Child Health Centres (MCH) and 8 TB clinics. The total number of schools in the province are 27514. The project interventions are planned within the premises of existing health care and school facilities and are not likely to be carried out in protected areas of Khyber Pakhtunkhwa.

Stakeholder Consultation: The communities and relevant stakeholders within and around the project area were consulted during the fieldwork. The objectives of the consultation were to brief the community about the proposed development and to note down their views and concerns regarding social and environmental impacts due to the project during construction and operation phases. Consultations with relevant Institutional stakeholders were also conducted to understand institutional arrangements for ESMF, mechanisms to be adapted for monitoring environmental and social safeguards, grievance and redressal, and resettlement policies. These consultations revealed that the proposed project is considered to have a positive social impact by improving livelihoods through creation of income generation activities.

³ <https://data2.unhcr.org/en/country/pak#category-7>

⁴ Environmental Protection Agency. (2016). KHYBER PAKHTUNKHWA CLIMATE CHANGE POLICY. Forestry, Environment & Wildlife Department, GoKP

⁵ Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). Khyber Pakhtunkhwa Climate Change Policy

⁶ Khyber Pakhtunkhwa Drinking Water Policy, 2015

⁷ PPAF. (2014). Environmental and Social Management Framework .

Respondents were of opinion that any activity that has potential to harm the natural environment shall be managed through proper mitigation measures.

Impact Assessment: As a part of this study an impact assessment has been carried out to provide a guidance on anticipated environmental and social impacts to suggest generic mitigation measures. The overall environmental and social impacts of each can be mitigated with the implementation arrangement focusing on measures that reduce the impact to as low as possible. *The associated environmental and social impacts include air and water pollution, noise generation, drainage and safety hazards, and water contamination especially surface water.* Generic mitigation and management measures are proposed in the Environmental and Social Mitigation and Management Framework for construction sites. Potential environmental impacts to be generated during the construction and operations stage include dust and air emissions, water quality impacts due to discharge of untreated sewage, solid waste management impacts related to the construction materials and noise impacts due to the construction activities. *The social impacts during both construction and operation stages include community and workers' health and safety, social conflicts, possibility of Gender-based Violence (GBV) and nuisance. However, the potential negative impacts of the construction are localized and short-term and only for the duration of construction. Similarly, some negative impacts expected during the operations stages of the project are localized and of low impact scale.* Specific environmental and social impacts and mitigation measures are proposed for both education and health care facilities. Special procedures required for handling medical waste including infectious and toxic waste are provided in the Health Care Waste Management Framework.

Construction activities of both component 1 and 2 will have moderate environmental and social impacts. According to the assessment conducted, **Component 1** is expected to have medium scale negative environmental impact due to civil works for rehabilitation of health care facilities and generation of hospital waste. However, the Project is anticipated to have large scale positive socioeconomic impact to improvement in health care service delivery. The subcomponent under Component -1 of the Project would also support contracting/outsourcing of health care waste management system which would help in treatment of the hospital waste from the source to the final disposal. **Component 2** is expected to have low to medium scale negative environmental impact during construction/rehabilitation of education facilities. During operations, the project is likely to have health and safety risks associated with generation of waste and its disposal and provision of safe drinking water in schools. **Overall the Project will have positive socioeconomic impact through improving access to education for children especially girls.** **Component 3** is not likely to cause any negative social or environmental impacts. It is expected to have a positive impact through effective community engagement, participation and grievance redressal.

The cumulative impact of all 3 components is **moderate**. If the environmental impact of component 1 is not addressed through proposed mitigation measures then the operations of component 1 are likely to cause adverse environmental and social impact by polluting water ways, soil, air and impacting residing human population. Environment Health Care Waste Management Framework (EHCWMF) provides guidance/mechanism for the outsourcing/contracting firms to address adverse environmental and social impacts related to waste generation from health care facilities. Similarly, component 2 will also have minor environmental impact, however, if not mitigated according to ESMF, it can cause temporary damage to the environment and social lives.

Institutional Arrangements: The ESMF will be implemented under the overall supervision of health and education PMUs. While designated project directors will be the overall in-charges of their respective components, ESS specialists will be deployed in both PMUs to plan, implement, manage, monitor and supervise all ESS related activities and measures. Monitoring and reporting (M&R) system will be established with continuous process of collecting, collating and analysing information about the progress of ESMF and RPF implementation. The external monitoring, system is also proposed through Third Party Validation firm to act as a tool for identifying strengths and weaknesses of the process. Periodic evaluation of the process and the outcomes will enable the two PMUs to identify deficiencies and implement corrective measures to achieve the desired goals and objectives of the ESMF.

The Project will be implemented by two departments in line with the government mandates through the existing governance structures. At the provincial level, Health Department and Elementary and Secondary Education Department (E&SED) will implement and manage activities under Component 1-health and Component 2-education, respectively. Both departments will be responsible for implementation of Component 3 which is cross cutting. Each department will have a PMU to a) plan and manage the implementation of project activities, b) monitor and report periodically the progress including fiduciary and safeguards requirements, and c) liaise with the WB and other DPs supporting the GoKP. ***The overall responsibility for ESMF implementation will be with two PMUs in Health and Secondary Education departments.***

Resettlement Policy Framework: The Resettlement Policy Framework (RPF) addresses issues related to land acquisition and resettlement (if any), as required by World Bank (WB) Operational Policy/Bank Policy (OP/BP) 4.12 Involuntary Resettlement and local laws. The Project will not finance any activities or construction of new facilities (e.g. hospitals, schools) that will require medium or large-scale land acquisition. Components 1 and 2 of the Project include small-scale civil works (e.g. extension of existing health and education facilities) that may require small parcels of land. All efforts will be taken by the Project to ensure that small scale land requirements for expansion of schools and upgrading of health facilities follow these criteria in order of preference:

1. Preference 1: Use of existing land owned by the target school or health facility
2. Preference 2: Use of land voluntarily donated by an individual, a group of individuals or the community as a whole (Voluntary Land Donation, VLD)
3. Preference 3: Small scale land acquisition

This ESMF provides a framework for Voluntary Land Donation (VLD) in addition to the Resettlement Policy Framework (RPF). Land Acquisition and Resettlement Screening Checklist, VLD Due Diligence/Screening Checklist, and Sample Agreement for VLD are provided to guide each sub-project in identifying and applying the relevant framework.

Voluntary Land Donation Framework: Voluntary Land Donation (VLD) Framework must be followed to ensure that due diligence is conducted by the project in case of VLD. VLD must be obtained by free and informed decision-making through meaningful consultations conducted in good faith with all potential land donors. Project affected persons (PAPs) will be fully informed of their rights and access to grievance mechanisms described in this RPF. Due diligence for VLD will be conducted and documented during the screening phase of each sub-project/intervention requiring land and will be carried out by the social safeguards specialist of

the Project Management Unit (PMU). Due diligence will ensure that the land to be donated is free from any dispute; it will not result in any adverse social or environmental impacts; titleholder/s donating land cannot claim for any priority treatment; the donated land/assets are no more than 10% of the total land assets of the individual and that consent of 90% of land owners is obtained through a consultative process. PMU must also ensure that land titleholder/s do not belong to vulnerable sections of society, unless he/she is a direct beneficiary of the sub-project. The VLD Due Diligence/Screening Checklist and Sample Agreement for VLD must be used by the project.

Requirements of RPF: Land acquisition and involuntary resettlement will be avoided where feasible, or minimized, by identifying possible alternative project designs that have the least adverse impact on the communities in the project area. Where displacement of households is unavoidable, all Project Affected Peoples (PAPs) losing assets, livelihoods or resources will be fully compensated and assisted so that they can improve, or at least restore, their former economic and social conditions.

Eligibility for Compensation: All PAPs will be eligible for compensation and rehabilitation assistance, irrespective of tenure status, social or economic standing. As per OP 4.12 displaced persons include; i) those who have formal legal rights to land; ii) those who have a claim to land or assets as recognized under the laws of the country or are identified during resettlement planning; and iii) those who have no recognizable legal right or claim to the land they are occupying. Persons covered under the first two categories are provided compensation for the land they lose, and other assistance in accordance with OP4.12. Persons in the third category are entitled to compensation for loss of livelihoods, assets and other assistance in accordance with OP4.12.

Compensation and Rehabilitation: The RPF provides guidelines on compensation for land and non-land assets, livelihoods restoration and resettlement assistance. The eligibility and entitlements will follow the approved Entitlement Matrix which covers a wide range of losses. Resettlement plan must also ensure that the needs of those most vulnerable to the adverse impacts of resettlement including the poor, those without legal title to land, ethnic minorities, women, children, elderly and disabled are adequately considered and adverse impacts are mitigated. All rights and options for resettlement will be made available to the communities through consultations.

Organization and Administration Arrangements: Supervision, consultation and monitoring of VLD, land acquisition, rehabilitation activities, and management of the Grievance Redress Mechanism (GRM) will be done by the Social Safeguards Specialist at the PMU. Appropriate reporting (including auditing and redress functions), monitoring and evaluation mechanisms, will be identified and set in place as part of the VLD and resettlement management system. These will be reviewed periodically by the World Bank. The RAP implementation will be monitored internally as well as externally. Anticipated grievances related to VLD or resettlement will go to the grievance redress mechanism (GRM) established for the project.

Resettlement Action Plans will be prepared for each sub-project where it is identified that small scale acquisition of land is required. The RPF provides an outline of the process to be followed and contents of a RAP.

Grievance Redressal Mechanism: A complaints mechanism will be developed; and the complaints will be forwarded to the respective PMUs, to ensure that the people affected by project activities are able to lodge complaints or share their concerns without cost, with the

assurance of a timely and satisfactory resolution of the issue. The proposed structure will have two tiers; Tier 1 will be Project Level (GRC-1) while Tier 2 will be at the District Level (GRC-2). There will be a Public Complaints Cell (PCC) working directly under the Project Director, that will be responsible to receive, log, and resolve complaints; Section Officer Complaint, the Social Expert, Environment Safeguards and Gender Officer in both the PMUs would be designated as the key officers in charge of Grievance Redressal and will constitute the PCC.

Budget and Disclosure: A total amount of PKR 27,278,360 has been allocated for ESMP implementation of all components of the project. Additionally, some of the budget is allocated in the PC1 related to the construction, third party monitoring contracts and supplies costs. The budget will be spent on mitigation, trainings, awareness and communication material, staffing, third party validation and monitoring and, ESMPs and RAPs formulation, implementation and monitoring. Once finalized, the safeguard documents including ESMF and RPF along with Urdu translation of Executive Summaries, will be disclosed on the official websites of Planning and Development Department, Government of Khyber Pakhtunkhwa, Health and Secondary Education Departments; and on the World Bank Info Shop. Hard copies of this SG documents will also be shared with the provincial EPA, project stakeholders, contractors and civil society organizations. A Copy of each SG document will be placed in the Project Management Unit, and P&DD for public access. The Urdu translation of the Executive Summary of the SG documents will also be distributed to all relevant stakeholders, especially to the beneficiary communities in the project areas. The purpose will be to inform them about the project activities, negative environmental and social impacts expected from the project and proposed mitigation measures.

نفاذ سے متعلقہ خلاصہ

تعارف: خیبر پختونخواہ کی حکومت (جی او کے پی) کی حکومت عالمی بینک کے تعاون سے پی میں ہیومن کپیٹل انویسٹمنٹ پروجیکٹ (کے پی ایچ سی آئی پی) کی تیار کر رہا ہے۔ اس منصوبے کو صوبائی پلاننگ اینڈ ڈویلپمنٹ ڈیپارٹمنٹ، ہیلتھ سیکٹر ریفرمز یونٹ (ایچ ایس آر یو) اور ایلمنٹری اور سیکنڈری ایجوکیشن کے محکمے کے ذریعے نافذ کرے گا۔ قومی / صوبائی قوانین کو مد نظر رکھنے کے ساتھ ساتھ عالمی بینک کے تحفظاتی مطالبات اور منصوبے کے ممکنہ منفی ماحولیاتی اور معاشرتی اثرات کو دور کرنے کے لئے کے پی کی حکومت نے مجوزہ سرگرمیوں کا ماحولیاتی اور معاشرتی جائزہ لیا ہے اور اس جائزے کے نتائج پر یہ ماحولیاتی اور سماجی انتظام کا عملی ڈھانچہ/ فریم ورک (ای ایس ایم ایف) تیار کیا گیا ہے۔

سیاق و سباق اور دلیل: دیرینہ پالیسی اور ساختی کمزوریوں کے بیچ پاکستان معاشی دشواریوں کا سامنا کر رہا ہے۔ پچھلے پانچ سالوں میں مجموعی گھریلو پیداوار (جی ڈی پی) میں تقریباً پانچ فیصد اضافے کے ساتھ معیشت میں تیزی آئی ہے۔ لیکن غیر متوازن پالیسیوں اور ساختی اصلاحات میں محدود پیش رفت کی وجہ سے مالی سال (ایف وائے) 2018 میں جی ڈی پی کا 6.5 فیصد مالی خسارہ ہوا ہے۔ کے پی متعدد سنگین مسائل سے دوچار ہے۔ بیرونی اور داخلی سلامتی کے جھٹکوں سے صوبے کی معیشت کو دھچکا لگا ہے۔ 70 ء کی دہائی کے آخر میں پناہ گزینوں کی بڑی تعداد (تقریباً 822,429 رجسٹرڈ افغان اور باقی غیر رجسٹرڈ پناہ گزین⁸) کی آمد کی وجہ سے میزبان برادریوں اور پناہ گزینوں دونوں کے لئے معیاری صحت اور تعلیم کی سہولیات تک رسائی اور استعمال کا عمل بہت زیادہ متاثر ہوا ہے۔⁹

منصوبہ :- کے پی ایچ سی آئی پی کا مقصد خیبر پختونخوا میں مہاجرین کی میزبانی کرنے والے مخصوص اضلاع میں معیاری صحت اور تعلیم کی سہولیات کے استعمال کو بہتر بنانا ہے اور منصوبہ کے اس مقصد کو بہتر منتظمین اور انتظامیہ کے ذریعے سپلائی اور طلب کے فرق کو پورا کرنے کے لئے براہ راست سرمایہ کاری اور سہولیات کی فراہمی کے نظام کو مضبوط بنا کر کیا جائے گا۔

منصوبہ کا ترقیاتی مقصد (پی ڈی او) :- مجوزہ ترقیاتی منصوبہ (پی ڈی او) کا مقصد خیبر پختونخوا کے منتخب اضلاع میں بنیادی صحت کی دیکھ بھال کی سہولیات اور ابتدائی تعلیم کی خدمات کی دستیابی، استعمال اور معیار کو بہتر بنانا ہے۔

منصوبہ کا علاقہ اور مستحقین :- یہ منصوبہ چار منتخب اضلاع میں نافذ کیا جائے گا جو عارضی طور پر پشاور، نوشہرہ، ہری پور اور صوابی ہیں۔ پناہ گزینوں کی آبادی کے حجم اور سالانہ صوبائی ترقیاتی منصوبے یا ترقیاتی شراکت داروں کی طرف سے دستیاب فنڈز کی بنیاد پر بنائے گئے معیار کے مطابق ان اضلاع کو منتخب کیا گیا ہے۔ اس منصوبہ سے براہ راست مستفید ہونے والوں میں بچے، نو عمر اور تولیدی عمر کی خواتین ہوں گی اور توجہ کا مرکز ان اضلاع کے متاثرہ علاقوں (آر اے ایس) میں موجود پناہ گزین اور

⁸ UNHCR website

⁹ UNHCR, GoP, and United Nations Development Programme (UNDP). 2018. Needs Assessment for Refugee Affected Areas – Phase II. April 2008.

میزبان برادریاں ہوں گی۔ اس کے علاوہ محکمہ صحت اور تعلیم کے شعبوں پر توجہ مرکوز ہو گی جو کہ مضبوط اور زیادہ انتظامی صلاحیتوں حاصل کریں گے۔

منصوبہ کے اجزاء:- منصوبہ کے تین اجزاء ہیں جنہیں ذیل میں مختصراً بیان کیا گیا ہے۔
جزو 1:- اس کا مقصد کے پی کے منتخب اضلاع میں صحت کی معیاری سہولیات (پی ایچ سی) کی فراہمی کو مستحکم کر کے بنیادی صحت کی سہولیات کی فراہمی کو بہتر بنانا ہے۔

جزو 2:- اس کا مقصد کے پی کے منتخب میزبان اضلاع میں تمام بچوں خصوصاً لڑکیوں اور پناہ گزین بچوں کے لئے تعلیمی مواقعوں کی بہتر فراہمی اور ان کے معیار کو بہتر کرنے میں معاونت کرنا ہے۔

جزو 3:- اس کا مقصد لوگوں کی مشغولیت اور احتساب کے ذریعے مطالبہ پیدا کرنے کی حمایت کرنا ہے جس سے پی ایچ سی اور تعلیمی خدمات کے استعمال میں اضافہ ہو گا۔

طریقہ کار:- عملی ڈھانچہ کے لئے معلومات، اطلاع کاروں کی رسائی، اہم اداریاتی اطلاع کاروں اور منتخب برادریوں کے ساتھ شراکتی مشاورت، ماحولیاتی اور معاشرتی حالات سے متعلق بنیادی سطح کے اعداد و شمار کا اکٹھا کرنے اور بین الاقوامی، قومی اور صوبائی قانونی ذمہ داریوں سے متعلق معلومات کا جائزہ لے کر حاصل کی جائیں گی۔

انضباطی جائزہ: خیبر پختونخواہ ماحولیاتی تحفظ ایکٹ 2014 صوبے میں ماحولیاتی تحفظ کی اصولی قانون سازی کے تحت ماحول کو آلودہ کرنے والوں کے خلاف قانونی کارروائی اور لوگوں کو ماحول کو سرسبز بنانے سے متعلقہ بیداری اجاگر کر کے صوبے میں تحفظ، بہتری اور بحالی کے تصور کو قائم کرنا پر غور کرتا ہے۔ اس ایکٹ کے تحت کے پی کی ماحولیاتی تحفظ ایجنسی (ای پی اے کے پی) کے مخصوص کردہ ماحولیاتی معیار کے پیمانے سے زیادہ مقدار کے کسی بھی فضلہ کے بہاؤ، اثرات، ہوائی آلود کار یا حد سے زیادہ شور پر پابندی عائد کر دی گئی ہے۔ پاکستان ماحولیاتی تحفظ ایکٹ 1997ء کے تحت ہسپتال کے فضلے کے انتظامی قواعد (ایچ ڈبلیو ایم) 2005 میں بنائے گئے اور یہ تمام صوبوں پر قابل اطلاق ہیں۔ ایچ ڈبلیو ایم رولز 2005 کے تحت صحت کی دیکھ بھال کی ہر سہولت فضلہ کے حتمی تصرف کے لئے مناسب انتظام کرنے کے لئے ذمہ دار ہے۔ چونکہ کے پی ایچ آئی پی کے تحت ہسپتال کے فضلے کے انتظامات کے لئے سرکاری نجی شراکت داری کے تحت کسی بھی لائسنس یافتہ کمپی کو بیرونی ذرائع سے ٹھکے پر حاصل کیا جائے گا لہذا یہ قواعد اس منصوبے پر براہ راست لاگو نہیں ہوسکتے ہیں۔ تاہم لائسنس یافتہ شراکت دار فرم کو ایچ ڈبلیو ایم کے رولز 2005 کے مطابق ہسپتال کے فضلے کے انتظامی امور کے انتظام کرنے کی ضرورت ہے۔

او پی او 4.01 کے مطابق عالمی بینک کو بینک فنانشنگ کے لئے تجویز کردہ منصوبوں کی ماحولیاتی تشخص کی ضرورت ہے تاکہ یہ امر یقینی بنانے میں مدد ملے کہ منصوبے ماحولیاتی لحاظ سے مستحکم اور پائیدار ہیں اور اس طرح سے فیصلہ سازی کو بہتر کرنا ہے۔ ای اے کے آلات کی ایک حد ان کی ضروریات کو پورا کرنے کے لئے دستیاب ہے یہ امر منصوبے پر منحصر ہے۔

کے پی ایچ سی آئی پی کے لئے مخصوص تعمیراتی مقامات اور ترقیاتی درجہ کو حتمی شکل نہیں دی گئی ہے۔ لہذا عملی ڈھانچہ کا نقطہ نظر اپنایا گیا ہے اور اس کے لیے ماحولیاتی اور سماجی انتظام کا عملی ڈھانچہ (ای ایس ایم ایم) تیار کیا گیا ہے۔ ماحولیاتی اور سماجی انتظام

کا عملی ڈھانچہ پیشگی ماحولیاتی اور معاشرتی جانچ پڑتال اور منصوبہ کی مجوزہ سرگرمیوں کا خاکہ پیش کرتا ہے۔ چونکہ منصوبہ بڑے ڈھانچے اور صنعتی ترقی تجویز نہیں کر رہا لہذا اس کے مقامی اور کم پیمانے کے ہونے اور معاشرتی اور ماحولیاتی اثرات کے پلٹنے کی وجہ سے اس کو درجہ بی تفویض کیا گیا ہے۔

یہ ای ایس ایم ایف ممکنہ منفی ماحولیاتی اور معاشرتی اثرات کی نشاندہی کرتا ہے۔ عمومی تخفیف کے اقدامات تجویز کرتا ہے اور جانچ پڑتال کے لئے بنیادی معیار فراہم کرتا ہے۔ تیار کئے جانے والے حفاظتی آلات کی فہرست دیتا ہے اور ماحولیاتی اور سماجی تحفظات کی تعمیل کے لئے ادارہ، نگرانی، رپورٹنگ اور دستاویزی اقدامات تشکیل کرتا ہے۔ دستیاب معلومات کی بنیاد پر ماحولیاتی تشخص سے متعلق عالمی بینک کی پالیسیاں او پی / بی پی 4.01 او پی / بی پی کے 4.12 کو متحرک کیا گیا ہے۔

بنیادی اعداد و شمار:- خیبر پختونخوا (کے پی) پاکستان کا سب سے چھوٹا صوبہ ہے جو رقبے کے لحاظ سے 74,521 مربع کلو میٹر پر پھیلا ہوا ہے۔ اس کی مجموعی آبادی 2017 میں 30 ملین سے زیادہ ہے اور اس کو ماضی میں شمال مغربی سرحدی صوبہ کے نام سے جانا جاتا تھا۔¹⁰ اس کی سرحد شمال مغرب میں افغانستان، شمال مشرق میں گلگت بلتستان، مشرق میں آزاد جموں و کشمیر اور جنوب مشرق میں پنجاب اور دارالحکومت اسلام آباد کے علاقہ سے جا ملتی ہے۔¹¹

اس منصوبے کو خیبر پختونخوا کے چار اضلاع جن کے نام پشاور، ہری پوری، نوشہرہ اور صوابی ہیں میں نافذ کرنے کی تجویز ہے۔ منصوبے کی مدت کے دوران مزید اضلاع کا اضافہ کیا جا سکتا ہے۔ خیبر پختونخوا کا علاقہ پہاڑی سلسلوں، غیر منسلک ذیلی پہاڑی علاقوں اور پہاڑوں سے گھرے ہوئے میدانی علاقوں پر مشتمل ہے۔ صوبہ خیبر پختونخوا کی آب و ہوا کا خاکہ مختلف بلندیوں، نباتاتی احاطے، پہاڑی رکاوٹوں اور جغرافیائی ہئیت کی وجہ سے انتہائی تنوع ہے۔ اس کی آب و ہوا جنوب کی طرف کے خشک اور گرم پتھریلے علاقوں سے لے کر شمال میں ٹھنڈے اور سرسبز و شاداب جنگلات تک مختلف ہوتی ہے۔¹²

کے پی میں سطحی آبی ذخائر میں کیمیائی فضلہ کو لاپرواہی سے پھینکنے، زیر زمین پانی کے ذخائر کے استحصال، پانی کی صنعتی تیاری کے بڑھتے عمل، تیزی سے بڑھتی ہوئی آبادی سے متعلقہ بڑھتے ہوئے آبی دباؤ، زراعت، جنگلات کی کٹائی اور موسمی تغیرات نے پانی سے متعلقہ تناؤ کو بڑھا دیا ہے۔ پانی کو ذخیرہ کرنے کی گنجائش کم ہونے اور بڑھتے ہوئے فی کس پانی کے دباؤ کے باعث کے پی میں سطحی پانی کی دستیابی میں کمی کا امکان ہے۔¹³ منصوبے کے متعلقہ اضلاع میں پینے کے پانی کا بڑا ذریعہ زیر زمین پانی ہے۔ تاہم یہ صنعتی اور آبپاشی کے لئے بھی استعمال ہوتا ہے۔ منصوبے کے متعلقہ اضلاع میں کچھ علاقوں میں زیر زمین پانی 50 فٹ سے 250 فٹ تک موجود ہے۔ خیبر پختونخوا میں پینے کے پانی کا بنیادی وسیلہ زمینی پانی ہے۔ تاہم مسلسل انخلاء اور دوبارہ بھرنے کے عمل میں کمی کے باعث متعدد مقامات پر زمینی پانی تیزی سے کم ہو رہا ہے¹⁴

¹⁰ Pakistan Bureau of Statistics, Government of Pakistan

¹¹ Planning and Development Department of Khyber Pakhtunkhwa

¹² Environmental Protection Agency. (2016). KHYBER PAKHTUNKHWA CLIMATE CHANGE POLICY. Forestry, Environment & Wildlife Department, GoKP

¹³ Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). Khyber Pakhtunkhwa Climate Change Policy

¹⁴ Khyber Pakhtunkhwa Drinking Water Policy, 2015

منصوبے سے متعلقہ اضلاع میں 25 محفوظ مقامات ہیں جن میں 3 جنگلی حیات کے پارکس، 10 کھیلوں کے لئے، 3 کمیونٹی کھیلوں کے لئے، 8 نجی کھیلوں کے لئے اور ایک غیر درجہ بندی کے لیے مختص شامل ہیں اور ان سب کا رقبہ 49,034 ہیکٹر پر محیط ہے۔¹⁵ منصوبے کے اقدامات کی موجودہ بنیادی صحت کی دیکھ بھال اور سکول کی سہولیات کو مدنظر رکھتے ہوئے منصوبہ بندی کی گئی ہے اور اسے خیبرپختونخوا کے محفوظ علاقوں میں کئے جانے کا امکان نہیں ہے۔ 2014-

15 میں محکمہ جنگلات خیبر پختونخوا کے پاس کل 5,058,795 ایکڑ رقبہ تھا جس میں سے 599,101 ایکڑ منصوبے والے اضلاع میں آتا ہے۔¹⁶ سن 2017 میں ہونے والی قومی آبادی کی مردم شماری کے مطابق صوبے میں آبادی بڑھ کر 30.52 ملین ہو گئی ہے جبکہ 1998 میں 17.74 ملین تھی پچھلے 19 سالوں میں 58 فیصد کا اضافہ ریکارڈ کیا جا رہا ہے۔ منصوبے سے متعلقہ اضلاع کی مجموعی آبادی 7,309,448 ہے، جس میں سے 2544,156 شہری علاقوں میں اور تقریباً 4,765,292 دیہی علاقوں میں رہائش پذیر ہیں۔ یو این ایچ سی آر کے تازہ ترین اعداد و شمار سے پتہ چلتا ہے کہ یکم جنوری 2020 تک کے پی میں تقریباً 822,429 افغان پناہ گزین دیہی اور شہری علاقوں میں رہائش پذیر ہیں اور اس کے ساتھ ساتھ ”پناہ گزین دیہات یا کیمپوں کی موجودگی کی وجہ سے کے پی پاکستان میں پناہ گزینوں کی سب سے بڑی تعداد کا میزبان علاقہ بنا۔¹⁷ منصوبے سے متعلقہ اضلاع میں 40 سرکاری ہسپتال، 77 ڈسپنسریاں، 21 دیہی مراکز صحت (آر ایچ سی)، 155 بنیادی صحت کے مراکز (بی ایچ یو) موجود ہیں۔ ماں اور بچے کی صحت (ایم سی ایچ) کے 11 مراکز اور 8 ٹی بی کلینک بھی ہیں۔ صوبے میں سکولوں کی کل تعداد 27514 ہے۔

شراکت داروں سے مشاورت:- مقامی برادریاں جو کہ اس منصوبے کے اقدامات سے براہ راست مستفید ہونے والی ہیں اور جو ادارے منصوبے کے اقدامات کے نفاذ میں اہم کردار ادا کرتے ہیں ان سب کے ساتھ شراکت داری مشاورت کی گئی۔ ان مشاورتوں سے پتہ چلا ہے مجوزہ منصوبہ آمدنی پیدا کرنے والی سرگرمیوں کی وجہ سے ذریعہ معاش کو بہتر کرنے کی وجہ سے مثبت معاشی اثر رکھنے والا منصوبہ مانا گیا ہے۔ جواب دہندگان کی رائے تھی کہ کوئی بھی ایسی سرگرمی جو کہ قدرتی ماحول کو نقصان پہنچانے کی صلاحیت رکھتی ہو اس کا انتظام مناسب تخفیفی اقدامات کے ذریعے کیا جانا چاہیے۔

اثرات کی تشخیص:- اس کے مطالعے کے طور پر اثر کی تشخیص کی گئی تاکہ عام تخفیفی اقدامات تجویز کرنے کے لئے متوقع ماحولیاتی اور معاشرتی اثرات کے بارے میں رہنمائی فراہم ہو سکے۔ مجموعی طور پر ہر ایک کے ماحولیاتی اور معاشرتی اثرات کو عمل درآمد کے انتظام کے ساتھ کم کیا جا سکتا ہے جس میں ایسے اقدامات پر توجہ کی گئی ہے جو اثر کو ہر ممکن حد تک کم کر سکتے ہیں۔ اس سے وابستہ ماحولیاتی اور معاشرتی اثرات میں ہوائی اور آبی آلودگی، شور پیدا کرنا، نکاسی آب اور حفاظتی خطرات، اور خصوصاً سطح آب کی آلودگی شامل ہیں۔ تعمیراتی مقامات کے لئے ماحولیاتی اور سماجی تخفیف اور نظم و نسق کے ڈھانچے میں عمومی تخفیف اور انتظامی اقدامات تجویز کئے گئے ہیں۔

تعمیراتی اور عملی کارروائیوں کے مرحلے کے دوران پیدا ہونے والے ممکنہ ماحولیاتی اثرات میں دھول اور ہوا کا اخراج، ناقابل علاج نکاسی آب سے پانی کے معیار پر پڑنے والے

¹⁵ PPAF. (2014). Environmental and Social Management Framework

¹⁶ Development Statistics, KP, 2014 – 2015

¹⁷ <https://data2.unhcr.org/en/country/pak#category-7>

اثرات، تعمیراتی مواد سے متعلق ٹھوس فضلہ کے انتظامات اور تعمیراتی سرگرمیوں کی وجہ سے شور کے اثرات شامل ہیں۔ تعمیراتی اور عملی دونوں مراحل کے دوران پڑنے والے اثرات میں برادری اور کارکنوں کی صحت و حفاظت معاشرتی تنازعات، صنف پر مبنی تشدد (جی پی وی) اور مضمرات شامل ہیں۔ تاہم تعمیرات سے متعلقہ ممکنہ منفی اثرات مقامی اور قلیل مدتی ہیں اور صرف تعمیر کے دورانیے کے لئے ہیں۔ اسی طرح منصوبے کے عملی مراحل کے دوران متوقع کچھ منفی اثرات مقامی اور کم اثر پیمانے کے ہیں۔ تعلیم اور صحت کی دیکھ بھال کی سہولیات کے لئے مخصوص ماحولیاتی اور معاشرتی اثرات اور تخفیفی اقدامات تجویز کئے گئے ہیں۔ طبعی فضلے جس میں متعدد زہریلا فضلہ بھی شامل ہیں سے نمٹنے کے لئے درکار طریقہ ہیلتھ کیئر ویسٹ مینجمنٹ فریم ورک میں فراہم کئے گئے ہیں۔

جزو 1 اور 2 دونوں کی تعمیراتی سرگرمیوں کے درمیانے درجے کے ماحولیاتی اور معاشرتی اثرات مرتب ہوں گے۔ لگائے گئے اندازے کے مطابق جزو 1 سے توقع کی جاتی ہے کہ صحت کی دیکھ بھال کی سہولیات کی بحالی کے سول ورک اور ہسپتال سے نکلنے والے طبی فضلہ کی وجہ سے درمیانے درجے کے منفی ماحولیاتی اثرات مرتب ہوں گے تاہم اس منصوبے سے صحت کی دیکھ بھال کی سہولیات کی خدمات کی فراہمی میں بہتری لانے کے لئے بڑے پیمانے پر مثبت معاشرتی و اقتصادی اثرات متوقع ہیں۔ منصوبے کے جزو 1 کے ذیلی اجزاء کے تحت ہیلتھ کیئر ویسٹ مینجمنٹ سسٹم کے معاہدے / بیرونی ٹھیکوں کی حمایت کی جائے گی جو کہ ہسپتال کے فضلے کو منبع سے لے کر حتمی تصرف تک تلف کرنے میں معاون ثابت ہو گا۔

توقع کی جاتی ہے کہ جزو 2 سے تعلیم کی سہولیات کی تعمیر / بحالی کے دوران کم سے درمیانے درجے کے منفی ماحولیاتی اثرات مرتب ہوں گے۔ عملی اقدامات کے دوران منصوبے سے صحت و حفاظت کے خطرات پیدا ہونے کا امکان ہے اور یہ خطرات فضلہ کی پیداوار اور اس کی تلفی اور سکولوں میں پیسے کے صاف پانی کی فراہمی سے منسلک ہیں۔ مجموعی طور پر اس منصوبے کے بچوں خاص طور پر لڑکیوں کی تعلیم تک رسائی کو بہتر بنانے سے مثبت معاشرتی اثرات مرتب ہوں گے۔ جزو 3 سے کسی بھی قسم کے معاشرتی یا ماحولیاتی اثرات مرتب ہونے کا امکان نہیں ہے۔ توقع کی جاتی ہے کہ لوگوں کی مؤثر شمولیت، شراکت اور شکایت کے ازالے کے ذریعے اس کے مثبت اثرات مرتب ہوں گے۔ تینوں اجزاء کا مجموعی اثر معتدل ہے اگر تجویز کردہ تخفیفی اقدامات کے ذریعے جزو 1 کے ماحولیاتی اثرات پر توجہ نہیں دی گئی تب امکان ہے کہ جزو 1 کے تحت کئی گئیں کاروائیاں آبی گزر گاہوں مٹی، ہوا کو آلودہ کر کے اور رہائش پذیر انسانی آبادی کو متاثر کر کے منفی ماحولیاتی اور معاشرتی اثرات مرتب کریں گے۔

ماحولیاتی صحت کی دیکھ بھال کے لئے فضلے کے انتظام کا فریم ورک (اج ایچ سی ڈبلیو ایم ایف) بیرونی ٹھیکے داروں اور کنٹریکٹ والی فرموں کو صحت کی دیکھ بھال فراہم کرنے والی سہولیات سے نکلنے والے فضلہ سے متعلقہ ماحولیاتی اور معاشرتی اثرات دور کرنے کے لئے رہنمائی اور طریقہ کار مہیا کرتا ہے۔ اسی طرح جزو 2 کے معمولی درجے کے ماحولیاتی اثرات مرتب ہوں گے تاہم اگر ای ایس ایم ایف کے مطابق ان اثرات کو کم نہ کیا گیا تو یہ ماحولیاتی اور معاشرتی زندگی کو عارضی نقصان پہنچا سکتے ہیں۔

اداراتی انتظامات:- ای ایس ایم ایف صحت اور تعلیم کے پی ایم یوز کی مجموعی نگرانی میں نافذ کیا جائے گا۔ اگر چہ نامزد پروجیکٹ ڈائریکٹر اپنے متعلقہ اجزاء کے مجموعی طور پر انچارج ہوں گے۔ ای ایس ایم سے وابستہ تمام سرگرمیوں اور اقدامات کی منصوبہ بندی کے عملدرآمد، انتظام، نگرانی اور دیکھ بھال کے لئے دونوں پی ایم یوز میں ای ایس ایم

ماہرین تعینات کئے جائیں گے۔ ای ایس ایم ایف اور آر پی ایف کے عملدرآمد کی پیشرفت کے بارے میں معلومات اکٹھا کرنے، مطابقت اور تجزیہ کرنے کے مستقل عمل کے ساتھ نگرانی اور رپورٹنگ (ایم اینڈ آر) کا نظام بنایا جائے گا۔ طریقہ کار کے استحکام اور کمزوریوں کی نشاندہی کے لئے بیرونی نگرانی کے نظام کے لئے تھرڈ پارٹی ویڈیلیڈیشن فرم ورک کو ایک آلہ کے طور پر کام کرنے کے لئے بھی تجویز کیا گیا ہے۔ عملی طریقہ کار کی متواتر جانچ پڑتال اور حاصل کردہ نتائج سے دونوں پی ایم یوز نقصان کی نشاندہی کرنے اور ای ایس ایم ایف کے مطلوبہ اہداف اور مقاصد کے حصول کے لئے اصلاحی اقدامات پر عملدرآمد کرنے کے اہل ہوں گے۔

اس منصوبے کو دو محکمے حکومتی مینڈیٹ کے مطابق موجودہ انتظام ڈھانچے کے ذریعے نافذ کریں گے۔ صوبائی سطح پر ہیلتھ ڈپارٹمنٹ اور ایلیمینٹری اینڈ سکینڈری ایجوکیشن ڈیپارٹمنٹ (ای اینڈ ایس ای ڈی) بالترتیب جزو 1 صحت اور جزو 2 تعلیم کے تحت نافذ اور سرگرمیوں کو منظم کرے گا۔ یہ دونوں محکمے جزو 3 کے اطلاق کے ذمہ دار ہوں گے جو کہ اس کٹنگ ہے ہر محکمے میں پی ایم یو ہو گا جو

(a) منصوبہ کی سرگرمیوں کے نفاذ کی منصوبہ بندی اور انتظام کرے
(b) نگرانی اور پیش رفت بشمول امانتداری اور پیشگی حفاظتی ضروریات کو رپورٹ کرے

(c) عالمی بینک اور کے پی حکومت سے تعاون کرنے والے دوسرے ڈی پیز کے ساتھ رابطہ کرے۔ ای ایس ایم ایف کے نفاذ کی مجموعی ذمہ داری محکمہ صحت اور ثانوی تعلیم کے دو پی ایم یوز پر ہو گی۔

دوبارہ آباد کاری کی پالیسی فرم ورک:- ورلڈ بینک (ڈبلیو بی) آپریشنل پالیسی / بینک پالیسی (او پی / بی پی) 4.12 برائے غیر رضاکارانہ آباد کاری اور مقامی قوانین کی ضرورت کے مطابق آباد کاری پالیسی فریم ورک (آر پی ایف) اراضی کے حصول اور دوبارہ آباد کاری سے متعلقہ درپیش مسائل (اگر کوئی ہے) کو حل کرتا ہے۔ منصوبہ کسی طرح کی ایسی سرگرمیوں یا نئی سہولیات (جیسے ہسپتالوں، اسکولوں) کی تعمیر کے لئے مالی اعانت نہیں کرے گا، جس میں درمیانے یا بڑے پیمانے پر اراضی کے حصول کی ضرورت ہو گی۔ منصوبے کے عنصر 1 اور 2 میں چھوٹے پیمانے کے شہری کاموں (جیسے موجودہ صحت اور تعلیم کی سہولیات میں توسیع) شامل ہیں جن میں اراضی کے چھوٹے حصوں کو لینے کی ضرورت ہو سکتی ہے۔ منصوبے کے ذریعے صحت کی سہولیات کو اپ گریڈ کرنے اور اسکولوں کی توسیع کے لئے چھوٹے پیمانے پر اراضی کی ضروریات کے حصول کو یقینی بنانے کے لئے تمام کوششیں کی جائیں گے۔ ترجیح کی ترتیب کے لئے مندرجہ ذیل معیار پر عمل کریں۔

- 1 ترجیح 1: متعلقہ اسکول یا صحت کی سہولت کے زیر ملکیت میسر اراضی کا استعمال۔
- 2 ترجیح 2: کسی فرد، افراد کے گروہ یا مجموعی طور پر برادری کی طرف سے عطیہ کردہ اراضی کا استعمال (رضاکارانہ اراضی کا عطیہ، وی ایل ڈی)
- 3 ترجیح 3: چھوٹے پیمانے پر اراضی کا حصول

یہ ای ایس ایم ایف دوبارہ آباد کاری پالیسی فریم ورک (آر پی ایف) کے علاوہ رضاکارانہ اراضی کے عطیہ (وی ایل ڈی) کے لئے ایک فریم ورک مہیا کرتا ہے۔ متعلقہ فریم ورک کی شناخت اور اطلاق میں ہر ذیلی منصوبے کی رہنمائی کے لئے اراضی کے حصول اور دوبارہ آباد کاری کی اسکریننگ، فہرست، وی ایل ڈی کے لئے جامع کوشش / اسکریننگ فرسٹ اور وی ایل ڈی کے لئے معاہدہ کا نمونہ فراہم کیا گیا ہے۔

رضاکارانہ اراضی عطیہ کرنے کا فریم ورک:

اس بات کو یقینی بنانے کے لئے رضاکارانہ اراضی عطیہ کرنے کے فریم ورک (وی ایل ڈی) پر عمل کرنا ضروری ہے کہ منصوبے کے ذریعہ ویل ایل ڈی کے معاملے میں جامع کوشش کی گئی ہے۔ اراضی عطیہ دہندگان کے ساتھ نیک نیتی کے ساتھ بامقصد مشاورت کے ذریعے مفت اور باخبر فیصلہ سازی کر کے وی ایل ڈی حاصل کرنا ضروری ہے۔ منصوبے سے متاثرہ افراد (پی اے پیز) کو ان کے حقوق سے پوری طرح آگاہ کیا جائے گا اور انہیں آر بی ایف میں بیان کردہ شکایت کے ازالے کے طریقہ کار تک رسائی حاصل ہو گی۔ ہر ذیلی منصوبے کی اسکریننگ مرحلے کے دوران / اراضی حاصل کرنے کے اقدام کے دوران وی ایل ڈی کے لئے مستعدی کوشش اور اسے دستاویزی شکل بھی دی جائے گی اور منصوبے کے انتظامی یونٹ (پی ایم یو) کے سماجی تحفظ کے ماہر ارکان یہ کام سر انجام دیں گے۔ اس جامع کوشش میں اس بات کو یقینی بنایا جائے گا کہ بغیر معاوضہ دی جانے والی اراضی کسی بھی تنازع سے پاک ہے؛ اس کے نتیجے میں ناموافق معاشرتی یا ماحولیاتی اثرات مرتب نہیں ہوں گے، عنوان دار / یا اراضی کا عطیہ دینے والے کسی ترجیحی سلوک کا دعویٰ نہیں کر سکتے ہیں، عطیہ کی گئی اراضی / اثاثے کسی فرد کے کل اراضی اثاثوں میں سے 10 فیصد سے زیادہ نہیں ہیں اور یہ کہ 90 فیصد اراضی مالکان کی رضا مندی، مشاورتی عمل کے ذریعے حاصل کی جاتی ہے۔ پی ایم یو کو یہ بھی یقینی بنانا ہو گا کہ اراضی کا عنوان دار معاشرے کے ذہن پزیر طبقات سے تعلق نہیں رکھتا ہے، جب تک وہ ذیلی منصوبے سے براہ راست مستفید نہ ہو۔ وی ایل ڈی کے لئے مستعدی کوششیں / اسکریننگ فہرست اور وی ایل ڈی کے لئے معاہدے کے نمونے منصوبے میں استعمال کئے جانے چاہئیں۔

آر پی ایف کے تقاضے:

ممکنہ متبادل منصوبے کے ایسے ڈیزائن جن سے منصوبے کے متعلقہ علاقے میں موجود برادریوں پر انتہائی کم منفی اثرات مرتب ہوتے ہیں، ان کی شناخت کر کے جہاں ممکن ہو وہاں اراضی کے حصول اور غیر رضاکارانہ آباد کاری سے بچا جائے گا یا اسے کم سے کم کیا جائے۔ جہاں گھرانوں کی نقل مکانی ناگزیر ہے، وہاں منصوبے سے متاثرہ وہ تمام افراد جو اپنے اثاثے، روزگار اور وسائل کھو رہے ہیں ان کو پوری طرح معاوضہ اور معاونت فراہم کی جائے گی تاکہ وہ اپنی سابقہ معاشی و معاشرتی حالات بہتر یا کم از کم بحال کر سکیں۔

معاوضے کے لئے اہلیت:

معاشرتی و معاشرتی حالات اور معیار کی حیثیت سے قطع نظر تمام پی اے پیز معاوضہ اور بحالی امداد کے اہل ہوں گے۔

او پی 4.12 کے مطابق بے گھر افراد میں شامل ہیں

- (i) جن لوگوں کو اراضی پر باضابطہ قانونی حق حاصل ہے
- (ii) وہ لوگ جن کا دعویٰ ہے کہ وہ ملک کے قوانین کے تحت اراضی یا اثاثوں کے مالک تسلیم کئے گئے ہیں یا پھر آباد کاری کی منصوبہ بندی کے دوران ان کی نشاندہی کی گئی ہے اور

(iii) وہ لوگ جو اراضی پر قابض تو ہیں لیکن اس اراضی پر قابل تسلیم کوئی قانونی حق یا دعویٰ نہیں رکھتے ہیں۔

اوپر والی دو اقسام کے تحت آنے والے افراد کو او پی 4.12 کے مطابق اپنی کھوئی ہوئی اراضی کا معاوضہ اور دوسری امداد فراہم کی گئی ہے۔ تیسری قسم کے تحت آنے والے افراد

او پی 4.12 کے مطابق روزگار، اثاثوں کے ضائع ہونے کے معاوضے اور دیگر امداد کے مستحق ہیں۔

معاوضہ اور بحالی:

اراضی اور غیر اراضی اثاثوں کے معاوضے، روزگاری کی بحالی اور دوبارہ آباد کاری سے متعلق معاونت کے بارے میں آر پی ایف رہنما اصول فراہم کرتا ہے۔ اہلیت اور حقداری منظور شدہ انٹیٹلمنٹ میٹرکس کی پیروی کریں گے جس میں نقصانات کا احاطہ وسیع پیمانے پر کیا گیا ہے۔ دوبارہ آباد کاری کے منفی اثرات سے سب سے زیادہ متاثر کرزد پزیر جس میں غریب، وہ لوگ جن کا اراضی پر قانونی حق نہیں، نسلی اقلیتیں، خواتین، بچے، بوڑھے اور معذور شامل ہیں ان کی ضروریات کو مناسب طور پر قابل غور رکھا گیا ہے اور ان پر منفی اثرات کو کم کیا گیا ہے، دوبارہ آباد کاری کے تمام حقوق اور اختیارات مشاورت کے ذریعے برادریوں کو فراہم کئے جائیں گے۔

تنظیم اور انتظامی امور:

وی ایل ڈی کی نگرانی، مشاورت اور جانچ، اراضی کے حصول، بحالی کی سرگرمیوں اور شکایات کے ازالے کے طریقہ کار (جی آر ایم) کے نظام پی ایم یو میں موجود سماجی تحفظ کے ماہرین کریں گے۔ مناسب رپورٹنگ (بشمول آڈٹ اور ازالہ سے متعلقہ کام) کی نگرانی اور تشخیص کے طریقہ کار کی نشاندہی کی جائے گی اور اسے دوبارہ آباد کاری کے انتظام کے نظام میں ایک حصے کے طور پر رکھا جائے گا۔ عالمی بینک ان کا وقتاً فوقتاً جائزہ لے گا۔ آر اے پی کے نفاذ کی اندرونی اور بیرونی سطح پر نگرانی کی جائے گی۔ وی ایل ڈی یا دوبارہ آباد کاری سے متعلق متوقع شکایات منصوبے کے لئے قائم کردہ شکایات کے ازالے کے طریقہ کار (جی آر ایم) میں جائیں گی۔

دوبارہ آباد کاری کا عملی پلان ہر اس ذیلی منصوبے کے لئے تیار کیا جائے گا جس میں چھوٹے پیمانے پر اراضی کے حصول کی نشاندہی کی گئی ہے۔

شکایت کے ازالے کا طریقہ کار: شکایات کے لیے طریقہ کار تیار کئے جائیں گے اور شکایات متعلقہ پی ایم یوز کو ارسال کر دی جائیں گی تاکہ اس بات کو یقینی بنایا جائے کہ منصوبے کی سرگرمیوں سے متاثر افراد درپیش مسئلے کے بروقت اور اطمینان بخش حل کی یقین دہانی کے ساتھ بغیر کسی قیمت کے شکایات درج کرانے یا اپنے خدشات بتانے کے اہل ہیں۔ مجوزہ ڈھانچے کے دو درجے ہوں گے

درجہ 1 صوبے کی سطح پر (جی آر سی) جبکہ درجہ 2 ضلع کی سطح پر (جی آر سی 2) ہو گا۔ منصوبے کے ڈائریکٹر کے ماتحت ایک عوامی شکایات سیل (پی سی سی) کام کرے گا جو شکایات وصول، درج اور حل کرنے کا ذمہ دار ہو گا۔ دونوں پی ایم یوز میں سیکشن افسر شکایات، سوشل ایکسپرٹ، انوائزمنٹ سیف گارڈ اور جینڈر آفیسر کو شکایت کے ازالے کے لئے اہم افسران کے طور پر نامزد کیا جائے گا اور یہ لوگ پی سی سی تشکیل دیں گے۔

بجٹ اور تشہیر: منصوبے کے تمام عناصر پر عملدرآمد کے لئے مجموعی طور پر 27278370 کی پاکستانی رقم مختص کی گئی ہے۔ مزید برآں تعمیراتی کام، تھرڈ پارٹی ویلیڈیشن کے معاہدوں اور فراہمی کے اخراجات سے متعلق پی سی 1 میں کچھ بجٹ مختص کیا گیا ہے۔ تخفیف، تربیت، آگاہی اور مواصلاتی مواد، عملہ رکھنے، تھرڈ پارٹی ویلیڈیشن اور نگرانی کے عمل اور ای ایس ایم پیوز اور آر اے پیوز کی تشکیل، عملدرآمد اور نگرانی کے عمل پر یہ بجٹ خرچ کیا جائے گا۔

ایک بار حتمی شکل دیئے جانے کے بعد حفاظتی دستاویزات بشمول ای ایس ایم ایف اور آر پی ایف کے ساتھ ساتھ انتظامی خلاصہ کا اردو ترجمہ محکمہ پلاننگ اینڈ ڈویلپمنٹ، حکومت خیبر پختونخوا، صحت اور ثانوی تعلیم کے محکموں کی سرکاری ویب سائٹس اور عالمی بینک کی انفارمیشن شاپ پر تشہیر کر دیا جائے گا۔ اس ایس جی دستاویزات کی فوٹو کاپیاں صوبائی ای پی اے، منصوبے کے شراکت داروں، ٹھیکیداروں اور سول سوسائٹی کی تنظیموں کے ساتھ بھی بانٹی جائیں گی۔ ہر ایس جی دستاویز کی کاپی پراجیکٹ مینجمنٹ یونٹ اور پی اینڈ ڈی ڈی میں عوام کی رسائی کے لئے رکھی جائیں گی۔ ایس جی دستاویزات کے انتظامی خلاصہ کا اردو ترجمہ تمام متعلقہ شراکت داروں خصوصاً منصوبے سے متعلقہ علاقوں میں مستفید طبقات میں بھی تقسیم کیا جائے گا۔ اس کا مقصد انہیں اس منصوبے کی سرگرمیوں، منصوبے سے متوقع ماحولیاتی اور معاشرتی اثرات اور تخفیف کے لئے تجویز کردہ اقدامات سے آگاہ کرنا ہو گا۔

1 Introduction

1.1 Background

Pakistan is facing economic challenges amid long-standing policy and structural weaknesses, leading to the implementation of a macroeconomic adjustment program. Over the last five years, the economy had accelerated with a gross domestic product (GDP) growth of almost five percent, but unbalanced policies and limited progress in structural reforms led to a fiscal deficit of 6.5 percent of GDP in fiscal year (FY) 2018. As fiscal and external imbalances emerged, the growth slowed down to 3.3 percent in FY2019 and is expected to further decline to 2.4 percent in the FY2020. In order to address these macroeconomic vulnerabilities, the Government of Pakistan (GoP) signed a program with the International Monetary Fund (IMF) under the US\$6 billion, 39-month Extended Fund Facility in July 2019¹⁸ aiming at restoring the macroeconomic stability.

While Pakistan has reduced poverty substantially over the last two decades¹⁹, yet Pakistan ranks at 150th out of 189 countries under the Human Development Index (HDI) based on Health (life expectancy at birth), Education (Expected years of schooling) and Gross National Income (GNI) per capita²⁰. Pakistan's HDI value is 0.562 out of 1 as against South Asia's average HDI value of 0.638 and World's average HDI value of 0.728. According to the educational indicators, only Afghanistan lags behind Pakistan in the context of regional comparison. All other regional countries have shown improvement in HDI in comparison to Pakistan. Within Pakistan, cross provincial comparison indicates that the Khyber Pakhtunkhwa (KP) ranks third in HDI among the four provinces. District wise, only 6 districts fall in the medium HDI category (non in the high HDI ranking). All the remaining districts fall in the low HDI ranking covering 66% of the population of the province²¹. Education and health indicators show a significant negative performance in KP (See Chapter 4 for the baseline situation).

KP has been making important strides in poverty reduction with positive impacts in HC accumulation despite being impacted by fragility. The economy has been driven by services, agriculture and remittances, however, episodes of militancy and violence have severely affected areas across the northwest of the country. These areas have now been integrated into the province of KP, increasing the competition for the limited resources for social services. The province has also been impacted by the COVID-19 pandemic, with 3,712²² cases as of 7th May, 2020.

Pakistan has had a protracted refugee situation since the 1970s, hosting five million Afghans at its peak in the 1990s. Currently, Pakistan is hosting 1.4 million Afghan refugees, of which nearly half are women. Since 2006, the Government of Pakistan (GoP) has issued Afghan refugees Proof of Registration (PoR) cards. These cards enable their temporary stay in the country and are renewed periodically. The country has a unique context with regard to refugees. While refugees initially lived in special villages, since the mid-1990s they have been relatively free to move out to urban areas and access social services. They are mainly employed in the informal sector and recently have been allowed to open bank accounts. KP is the province hosting the highest number of refugees (822,429 Afghan refugees; 38 percent of which are children between the ages of 5-18). Refugees have free access to education and health services. As other children in the province, refugee children are presently deprived of education due to school closures; as any other resident of KP refugees have full access to health services, including those that are COVID-19 related. Estimates from the United Nations High

¹⁸ International Monetary Fund. 2019. "Pakistan: Request for an Extended Arrangement Under the Extended Fund Facility-Press Release; Staff Report; and Statement by the Executive Director for Pakistan." IMF country Report No. 19/212. Retrieved from: <https://www.imf.org/en/Publications/CR/Issues/2019/07/08/Pakistan-Request-for-an-Extended-Arrangement-Under-the-Extended-Fund-Facility-Press-Release-47092>. Accessed on August 26, 2019

¹⁹ The poverty rate has been more than halved from 64.3 percent in 2001 to 24.3 percent in 2015/16 (source: World Bank 2019. World Development Indicators (WDI). Retrieved from: <https://databank.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/1f4a498/Popular-Indicators#>. Accessed on August 26, 2019.

²⁰ United Nations Development Program (UNDP)'s Human Development Report, 2018

²¹ Pasha Hafeez A (2018), "Growth and Inequality in Pakistan Volume – I January 2018, Friedrich Ebert Stiftung Publisher <https://library.fes.de/pdf-files/bueros/pakistan/14113.pdf>

²² <http://covid.gov.pk/stats/kpk>

Commissioner for Refugees (UNHCR) indicate that approximately 35 percent of the total number of refugee households in Pakistan will be severely impacted by the pandemic. These households include daily wagers who would have lost all pre-COVID-19 sources of income, and that have no assets to draw upon and/or other available form of social support. Such households have been identified by UNHCR and are expected to be supported with a monthly stipend for a period of four months, delivered under the Ehsaas umbrella.

1.2 Project Overview

The Government of Khyber Pakhtunkhwa (GoKP) is preparing the KP Human Capital Investment Project (KPHCIP) with support from the World Bank (WB). The project aims to improve utilization of quality health and education services in selected refugee hosting districts of KP including support to deal with the COVID-19 pandemic. The project aims to achieve this by directly investing to fill supply and demand side gaps and strengthening service delivery systems through improved management and governance.

1.3 Project Duration

The proposed Project is expected to be implemented over a five-year period from FY 2021 through FY 2025.

1.4 Project Target Districts

The targeted districts are Peshawar, Nowshera, Haripur and Swabi. These districts have been selected based on refugee population size and funding available from the provincial Annual Development Plan or developmental partners.

1.5 Project Beneficiaries

Direct project beneficiaries are refugees and host communities in the project districts. Specific activities will focus particularly on school age children especially girls and women in reproductive age from both refugee and host communities. The proposed project will also support interventions to strengthen the capacity of education and health systems, and capacities of health and education officers, managers and other staff involved in delivery of education and health services. Indirect beneficiaries include those hired to carry out civil works, which will be benefiting from income in a time of severe economic crisis as a result of the COVID-19 pandemic.

1.6 Project Implementation Arrangements

The project will be implemented by the KP Planning and Development Department through Health, and Secondary Education Departments. A Project Steering Committee will be constituted which will provide strategic guidance and review performance. It will be headed by the Additional Chief Secretary (ACS) KP and will include representatives from the Departments of Finance, P&DD, Education and Health. Two lean PMUs – housed within Education and Health departments – will be responsible for project implementation. Additional support may be provided by the recently established Shared Services Unit by the GoKP. The provincial Department of Communication and Works (C&W) will carry out civil works under the project, however C&W is not an implementing agency for the project. The C&W will manage the requisitioned works procurements through its dedicated project management team (PMT) who would be responsible for undertaking works procurement, construction supervision, quality assurance and contract management.

1.7 Project Development Objectives

The proposed Project Development Objective (PDO) is to improve availability, utilization and quality of primary healthcare services and elementary education services in selected districts in Khyber Pakhtunkhwa.

PDO Level Indicators

- Additional classrooms constructed – disaggregated by gender (availability)
- Children benefitting from direct interventions to enhance learning – disaggregated by gender (utilization)
- Children’s literacy as measured by provincial assessment– disaggregated by gender (quality)
- Children’s numeracy as measured by provincial assessment – disaggregated by gender (quality)
- Facilities providing 24/7 delivery services in target districts (availability)
- Pregnant women delivering in health facilities in target districts (utilization)
- Facilities in target districts which had no stock-outs of unexpired essential medicines (quality)

The project has three major components (detail description of the project components is provided in the Chapter 3). **Component 1:** Improving primary health care service delivery (US\$77.2 million equivalent) **Component 2:** Improving availability and quality of education services (US\$109 million equivalent) **Component 3:** Strengthening community engagement and accountability (US\$13.8 million equivalent)

1.8 Need for Environmental and Social Management Framework and Resettlement Policy Framework

KPHCIP plans to finance rehabilitation and upgradation of selected health and education facilities starting with four districts of KP, with additional districts potentially being added as the project unfolds, which may have potential negative environmental and social impacts. The World Bank Policy on Environmental and Social Assessment OP/BP 4.01 and policy on Involuntary Resettlement OP 4.12 have been triggered for the Project. Since the exact location of the healthcare and education facilities are not known at this stage, a framework approach has been adopted to assess the potential environment and social impacts associated with the project and an Environment and Social Management Framework (ESMF) has been prepared which includes a Resettlement Policy Framework (RPF) chapter.

1.8.1 Purpose and Objectives of ESMF

The ESMF helps to assess the environmental and social impacts of the KPHCIP at an early stage and provides a framework for environmental and social safeguards implementation. The framework elaborates the existing environmental and socioeconomic conditions of the areas targeted by the project; identifies potential impacts of the proposed project on the natural and human environments; proposes generic mitigation measures that should be integrated in the design of the project to minimize the negative impacts; verifies the project’s compliance with national and provincial legislations as well as

the World Bank's Operational Policies and recommends institutional arrangements for effective implementation of the mitigation measures. It also describes environmental and social training and reporting mechanisms required during project implementation.

The RPF outlines policies, procedures, roles, and responsibilities for managing involuntary resettlement impacts and risks, and effects on Project Affected Persons (PAPs). It requires the preparation of Resettlement Action Plan (s) before initiation of civil works in situations where the project causes involuntary resettlement or impacts on livelihoods as a result of land taking.

1.8.2 Structure of the Report

The ESMF consists of 13 chapters. **Chapter 1** briefly describes background information about the socio-economic and environmental conditions of the KP and the need for ESMF; **Chapter 2** presents a review of national regulatory frameworks, World Bank Safeguards policies and standards, environmental codes of practice and international conventions and agreements; **Chapter 3** provides a detailed description of the project and its sub components with analysis of project alternatives; **Chapter 4** describes baseline on environmental and social settings of the project area; **Chapter 5** presents results of institutional and community consultations conducted for ESMF; **Chapter 6** describes the potential environmental and social impacts assessment by components of the project; **Chapter 7** formulates Environmental and Social Management Framework (ESMF) guidelines for implementation and proposes potential generic mitigation measures both at construction and operational stages of the project; **Chapter 8** reflects Resettlement Policy Framework (RPF), **Chapter 9** provides outline of the environmental and health care waste management framework along with compliance criteria and monitoring requirements; **Chapter 10** provides the institutional arrangements of the project along with those required for ESMF implementation. Capacity development and training of the project implementation teams and contractors is also detailed in this Chapter. **Chapter 11** elaborates the Citizen Engagement (CE) including Grievance Redress Mechanism (GRM) for stakeholders and communities; **Chapter 12** provides the implementation budget for ESMF; and finally, **Chapter 13** defines disclosure requirements. Annexures referred in this document are provided at the end of the report.

1.8.3 Methodology

The Environmental and Social Management Framework (ESMF) uses a framework approach as the site-specific details of project activities and exact locations of the facilities are not final at this stage. The information for the framework was obtained through scoping of informants, stakeholder consultations with key institutional informants and selected communities, collection of baseline data on environmental and social conditions and review of information on international, national and provincial legal obligations. Based on the above, environmental and social impacts have been assessed and mitigation measures have been proposed. The methodology is outlined below:

Desk Review/Information collection

All information/data relating on baseline situation natural conditions bio-physical and social environment) about the project area were studied. Simultaneously, the national legislation, international agreements and all relevant social and environmental guidelines (including WB guidelines) were reviewed to set the environmental standards that should be adhere to during the execution of the project.

Stakeholder's consultations

The communities and relevant stakeholders within and around the project area were consulted during the fieldwork. The objectives of the consultation were to brief the community about the proposed development and to note down their views and concerns regarding social and environmental impacts due to the project during construction and operation phases. Consultations with relevant Institutional stakeholders were also conducted to understand institutional arrangements for ESMF, mechanisms to

be adapted for monitoring environmental and social safeguards, grievance and redressal, and resettlement policies.

Screening and assessment of impacts and mitigation measures

Potential impacts of the project and mitigation measures during construction and operation phase were identified, screened and assessed using the following criteria:

- Environmental problems due to Project location (i.e. location of different components of the Project).
- Environmental problems related with design.
- Environmental problems associated with the construction stage.
- Environmental problems resulting from project operations.

Based on the above, Environmental and Social Management Framework (ESMF) was prepared. The ESMF provides a framework for implementing and managing the mitigation and monitoring measures.

2 Review of Policy, Legal and Regulatory Framework in KP

This chapter outlines the institutional set-up for environmental management in Pakistan and KP, and discusses policy, legal and administrative framework relevant to the environmental and social assessment of the proposed Project. The chapter also includes review of environmental and social guidelines from the national agencies and international donors and other organizations.

2.1 Institutional Setup for Environmental Management in Pakistan and KP

The apex environmental body in the country is the Pakistan Environmental Protection Council (PEPC), which is presided by the Chief Executive of Pakistan. Other bodies include the Pakistan Environmental Protection Agency (PEPA), provincial Environment Protection Agencies (EPAs), and environmental tribunals. The Environment Protection Agency of KP was established under the Environmental Protection Ordinance 1983, whose authority was strengthened by the Pakistan Environment Protection Act 1997 and the Khyber Pakhtunkhwa Environment Protection Act 2014. The provincial EPA has been empowered to receive and review the environmental assessment reports of the proposed projects and subprojects and provide approval. The Khyber Pakhtunkhwa EPA's other functions are:

- Administer and implement the PEPA Act 1997, its rules and regulations, review of IEE/EIA, preparation of procedures and guidelines.
- Prepare, revise and enforce National Environment Quality Standards (NEQS) (industries, municipalities, vehicular emission).
- Establish and maintain laboratories, certification of laboratories for conducting "tests and analysis".
- Assist local councils/authorities, and other government agencies in execution of projects.
- Establish a system for surveys, monitoring, examination and inspection to combat pollution.
- Conduct trainings for government functionaries and industrial management.
- Provide information and education to the public on environmental issues.
- Publish the Annual State of the Environment report.
- Survey and provide qualitative and quantitative data on air, soil, water, industrial, municipal and traffic emissions.
- Take measures to promote environment related research and development activities.

The EPA is led by the Director General, and the remaining staff consists of a Director, three Deputy Directors, and Zonal Assistant Directors.

2.2 Key National and Provincial Laws and Regulations

Pakistan is one of the first few countries to issue laws and policies to protect the environment. A number of laws concerned with the regulation and control of the environmental and social aspects exist. However, the enactment of comprehensive legislation on environment, in the form of an act of parliament, is a relatively new phenomenon. The laws relevant to the project are briefly reviewed below.

2.2.1 Pakistan Environmental Protection Ordinance (EPO) - 1983

The first major consolidated environmental legislation, the Pakistan Environmental Protection Ordinance (EPO), was promulgated in 1983.²³ It created a high-level policy making forum called the Pakistan Environmental Protection Council (PEPC) under the chairmanship of the Prime Minister. The law also created one Environmental Protection Agency (PEPA) at the federal level and four Environmental Protection Agencies (EPAs) at the provincial levels. While these institutions remained inactive for a long time, two subcommittees - the Environmental Standards Committee (ESC) and the Experts Advisory Committee (EAC) were constituted by the PEPC in 1996, which have done very useful work for developing guidelines and regulations to implement environmental standards.

The updated legislative framework is based on four principles: decentralization of environmental management in the form of delegation of monitoring and enforcement powers at the provincial level; prevention in the form of specific regulations for EIA to govern new economic activities; ‘polluters payment’ in the form of a pollution charge; and environmental improvement plans to be negotiated with major polluters.²⁴

2.2.2 Pakistan Environmental Protection Act 1997

The EPO 1983 was improved after an extensive and prolonged consultative process with all stakeholders and a new law, the Pakistan Environmental Protection Act (PEPA), was promulgated in December 1997. This law has included several provisions to enhance the enforcement powers of the government. It also empowers all affected citizens to approach the courts for any environmental damage. Special tribunals at the provincial levels were constituted to hear such cases.

PEPA is applicable to a broad range of issues, including socioeconomic aspects: for example, land acquisition, air, water, soil, marine and noise pollution, and the handling of hazardous waste. **The requirement for environmental assessment is laid out in Section 12 (1) of the Act and is relevant to the current project.** Under this section, no project involving construction activities or any change in the physical environment can be undertaken unless an initial environmental examination (IEE) or an environmental impact assessment (EIA) is conducted, and approval is received from the federal or relevant provincial Environmental Protection Agency.²⁵ Section 12 (6) of the Act states that the provision is applicable only to such categories of projects as may be prescribed.

The categories were later defined in the **Pakistan Environmental Protection Agency Review of IEE and EIA Regulations 2000**. This Act obliges the project to conduct IEE or EIA in case construction activities or changes in the physical environment are planned. It also provides the foundation for environmental regulations that the project must abide by. The regulations developed by the PEPA

²³ <https://sdpi.org/publications/files/Pb7-Brief%20on%20Environmental%20Legislation%20in%20Pakistan.pdf>

²⁴ *ibid*

²⁵ Provincial EPAs have been empowered under the 18th Amendment of the Constitution of Pakistan (passed by the National Assembly of Pakistan on April 8, 2010) in which through devolution of powers provinces are required by law to establish local government systems, devolve political, administrative and financial responsibility, and allows the provincial government to plan and implement the project independent of the national government (including environmental impact assessment regulations).

provide the necessary details on preparation, submission and review of the IEE and the EIA. Categorization of projects for IEE and EIA is one of the main components of the Regulations. The Regulations stipulate the nature of a project which obliges it to conduct IEE or EIA depending upon the expected degree of adverse environmental impacts. Project types listed in Schedule I are designated as potentially less damaging to the environment, and those listed in Schedule II as having potentially serious adverse effects. Schedule I projects require an IEE to be conducted, provided they are not located in environmentally sensitive areas. For Schedule II projects, conducting an EIA is necessary.

2.2.3 Khyber Pakhtunkhwa Environment Protection Act 2014

The Khyber Pakhtunkhwa Environmental Protection Act 2014 empowers the provincial Environmental Protection Agency to ensure environmental compliance. Section 13 of the Act states that “no proponent of a project shall commence construction and operation unless he has filed with the Agency an initial environmental examination or where the project is likely to cause an adverse environmental effect, an environmental impact assessment, and has obtained from the Agency, environmental approval in respect thereof.” In the same section, it continues that the provisions of the main subsections “shall apply to such categories of projects and in such manner as may be prescribed.” In addition, depending on the details of the project, it may be required to file an IEE or EIA and obtain an approval from the provincial EPA (See **Annexure 1** for IEE/EIA regulations).

The Act has following provisions and regulations:

- Administer and implement the provisions of the Act and the rules and regulations made thereunder to comply with the environmental policies approved by the Council;
- Enforce the provisions of the Act through environmental protection orders and environmental tribunals headed by magistrates with wide-ranging powers, including the right to fine violators of the Act;
- Prepare or revise, and establish the Environmental Quality Standards (EQS) with the approval of the Council;
- Develop environmental emission standards for parameters such as air, water and land;
- Identify categories of projects to which IEE or EIA will apply;
- Develop guidelines for conducting IEE and EIA as well as procedures for the submission, review and approval of the same;
- Review IEE or EIA with the objectives that these meet the requirements of the Act; and
- Public participation shall be ensured during review process of IEE or EIA reports.

The Pakistan Environmental Protection Regulations 2000 together with the Khyber Pakhtunkhwa Environmental Protection Act 2014 provide reference for the screening of facilities for IEE and EIA. If an IEE or EIA is conducted, it will be submitted to the Khyber Pakhtunkhwa EPA for approval and shared with public by virtue of law. Therefore, disclosure requirements of both the Bank and the province will be fulfilled.

In addition, The Pakistan Environment Protection Agency has established **National Environmental Quality Standards** as specified under the Pakistan Environment Protection Act 1997 (see **Annexure 2**) which are also followed by Environment Protection Agency of the Khyber Pakhtunkhwa. These are listed below and will be followed:

- Maximum allowable concentration of pollutants in gaseous emissions from industrial sources;
- Maximum allowable concentration of pollutants in municipal and liquid industrial effluents discharged to inland waters, sewage treatment and Sea;
- Maximum allowable emissions from motor vehicles;
- Ambient air quality standards;
- Drinking water standards; and
- Noise standards.

The project will also follow the national and provincial guidelines for IEE/EIA. KPHCIP involves minor construction and rehabilitation activities in health care facilities and schools' premises which is expected to be causing less environmental damages. The project therefore falls in Schedule 1 as per PEPA 1997 under which an IEE will be prepared according to provisions and regulations prescribed in Khyber Pakhtunkhwa Environmental Protection Act 2014, and necessary approval will be obtained from the KP EPA. The project will also follow National Environmental Quality Standards as specified under the Pakistan Environment Protection Act 1997.

Article 15 of the Khyber Pakhtunkhwa Act 2014 regarding "Handling of hazardous substances" stipulates that subject to the provisions of this Act, no person shall generate, collect, consign, transport, treat, dispose of, store, handle, deal in and use or import any hazardous substance except: (a) under a license issued by the Agency and in such manner as may be prescribed; or (b) in accordance with the provisions of any other law for the time being in force, or of any International Treaty, Convention, Protocol, Code, Standard, Agreement or other instrument to which Pakistan or the Province of the Khyber Pakhtunkhwa is a party.

National Resettlement Policy 2002 was drafted by the Pakistan Environmental Protection Agency in 2002 and is not yet approved by the parliament. In the absence of a specific resettlement policy, the **Land Acquisition Act 1894** has been the policy governing resettlement and compensation to the persons affected by a project. The Act amended from time to time is the most commonly used law for acquisition of land and other properties for development projects. It comprises of 55 sections pertaining to: area notifications and surveys; land acquisition; compensation and apportionment of awards; disputes resolution; penalties; and exemptions. The Act allows the acquisition of private land by a government agency, after the government pays a pre-determined compensation to cover the losses incurred by landowners from surrendering their land. If the project necessitates land acquisition, the Act lays out the necessary conditions that need to be met with respect to land acquisition and compensation. However, the provisions of Land Acquisition Act 1894 do not take into account the changes that have taken place with respect to social, cultural, economic and environmental landscapes in which they operate. Since the Land Acquisition Act is a national law that is implemented on a provincial basis, dispensations in compensation and resettlement packages can differ from province to province for similar cases of resettlement. Given the above, the project resorts to the World Bank Policy

on this matter. The KPHCIP will respect Land Acquisition Act and in essence follow the WB safeguard policy (Involuntary Resettlement OP/BP 4.12) and the IFC performance standard 5.

2.2.4 Hospital Waste Management Rules 2005

Under these Rules, every hospital is responsible for proper management of waste generated by the facility till its final disposal in accordance with provisions given in these Rules. The Rules require each healthcare facility to constitute a waste management team, and to prepare and implement a waste management plan. The Rules also include guidelines for waste segregation, collection, transportation, storage, and disposal. KPHCIP will support outsourcing/contracting of firms for Health Care Waste Management System to be implemented under the project from source to final disposal. The Project will assist in development of TORs of these contracting firms, guidance in establishing guidelines to be in place for the Health Care Waste Management System by the Contracting firms under Hospital Waste Management Rules, 2005. KPHCIP will not be directly handling the health care waste, however the management shall be outsourced to a Private licensed firm who will provide the health care waste management services from collection to final disposal in accordance to Hospital Waste Management Rules, 2005.

2.2.5 National Action Plan for COVID-19 Pakistan

The National Action Plan, prepared by Ministry of National Health Services, Regulations and Coordination (MoNHSRC) serves as a policy document for ensuring that all guiding principles for outbreak preparedness, containment and mitigation are followed. It also provides a set of short, medium- and long-term goals for attaining a health care system which could satisfactorily cater to the health sector with specific focus on emergency situations.

2.3 The NAP aims to:

- (i) Contain and respond to the outbreak in a timely and efficient manner;
- (ii) Prioritize financial resources and increase the domestic and international investment for country emergency preparedness; and
- (iii) Implement emergency preparedness actions by strengthening inter-sectoral collaboration with government sectors, private sector and civil society at the provincial level. The plan covers planning and coordination mechanisms, laboratory support, food security, logistics, communication, infection prevention and control at PoEs and health facilities, trainings for health workers, human resource management, quarantine preparedness, isolation hospitals, surveillance, reduced community exposure, and monitoring and evaluation. A National Emergency Coordination Committee and an Emergency Core Group has been established at the national level with provincial representation and relevant stakeholders (Ministry of Interior, Foreign Affairs, Pakistan Army, National Disaster Management Authority, National Institute of Health etc.) to monitor the response. Other Relevant National and Provincial Policies and Acts

The project will be obliged to comply with the following policies and acts, where relevant.

National Climate Change Policy 2012 which ensures that climate change is mainstreamed in the economically and socially vulnerable sectors, to steer Pakistan towards climate resilient development. The Policy encourages the project to take climate change into account in all areas, including gender and disaster risk mitigation, and clean energy. In line with the National Climate Change Policy (NCCP) of Pakistan, **Khyber Pakhtunkhwa Climate Change Policy 2016** exist (2012) which is more specific and focused to the ecosystems of the Province. KPHCIP will respect the above policies and ensure the introduction of renewable energy (solar energy), environment friendly technologies in construction and rehabilitation and flood protection measures where possible in the budget limit (as provided in chapter 7).

Khyber Pakhtunkhwa Drinking Water Policy 2015 envisions a better quality of life for the people of the province through universal access to adequate quantities of potable water. The overall goal of the policy is to streamline the sector and ensure that the entire population of the province has access to sufficient drinking water at affordable costs through equitable, efficient and sustainable services by 2025. The Policy urges the project to consider the shared origins of irrigation water and drinking water. This policy has relevance to KPHCIP and the project will ensure safe drinking water in health and education facilities.

Antiquity Act 1975 calls for protection of cultural resources in Pakistan. Antiquities have been defined in the Act as: ancient products of human activity; historical sites; sites of anthropological or cultural interest; and national monuments. The law prohibits new construction in the proximity of a protected antiquity and empowers the Government of Pakistan to prohibit excavation in any area that may contain articles of archeological significance.

Under this Act, the project proponents are obligated to:

- Protect antiquities from destruction, theft, negligence, unlawful excavation, trade and export;
- If an archeological discovery is made during the course of the project, it should be protected and reported to the Department of Archeology, Government of Pakistan, for further action.

More relevant to the project is the **Khyber Pakhtunkhwa Antiquities Act 2016** that aims to protect, preserve, develop and maintain antiquities in the province of Khyber Pakhtunkhwa. Antiquities have been defined as ancient products of human activity, historical sites, sites of archaeological or cultural interest, and national monuments. The objectives of the Act are to preserve ancient archaeological sites and historic buildings as well as to discourage illegal excavation and smuggling of antiques and objects. After the 18th amendment, the Department of Archaeology along with a sizeable number of archaeological sites were devolved to the province. Consequently, the Khyber Pakhtunkhwa Antiquities Act was passed to address the need for implementing rules and regulations at the provincial level. Under the new law, a penalty of PKR 2.0 million has been proposed against demolishing of historic buildings, illegal construction on archaeological sites, and smuggling of ancient objects. The Act stipulates how the project should protect antiquities in the province in case any is found in the target area.

Forest Act 1927 seeks to consolidate the laws relating to: forests; transit of forest produce; and duty that can be levied on timber and other forest products. It also allows provincial governments to declare state-owned forest lands to be reserved forests or protected forests and to assume control of privately-owned forest land. The Act establishes three categories of forests: Reserve Forests; Protected Forests; and Village Forests. The Act prohibits any person to: set fire in a forest; quarry stone; remove any forest-product; or cause any damage to a forest by cutting trees or clearing up the area for cultivation

or any other purpose. **Khyber Pakhtunkhwa Forest Ordinance 2002** has authorized the Department of Forest Khyber Pakhtunkhwa to perform certain functions related to protection of forests, including development, protection, management, and sustainable development of forests. It has established a Forest Settlement Board, which is concerned with reserved forests and performs functions related to settlement of rights and claims. The Ordinance supports the project in legal aspects if its diversification activities are forest related, such as promotion of non-timber forest products. KPHCIP has less direct relevance but where required will avoid unnecessary cutting of trees and/or encourage planting of additional trees (to be ensured as an obligation of the contractor).

Khyber Pakhtunkhwa Wildlife and Biodiversity Act 2015 was enacted to protect the province's wildlife resources directly and other natural resources indirectly. It classifies wildlife by degree of protection: animals that may be hunted on a permit or special license; and species that are protected and cannot be hunted under any circumstances. For the first type of animals, the Act restricts hunting and trade in live animals or as trophies or meat. The Act also defines various categories of wildlife protected areas: National Parks; Wildlife Sanctuaries; and Game Reserves. No human activities besides wildlife protection should be conducted inside any protected areas defined under the Act. The Act specifies the wildlife that should not be threatened and habitats that should not be encroached upon by the project implementation. As the Project activities are taken place within the already existing health care and education facilities, the act is not directly relevant. But where necessary encroachment of threatened habitats and species will be avoided.

Pakistan Penal Code 1860 deals with the offences where public or private property or human lives are affected due to intentional or accidental misconduct of an individual or organization. The Code also addresses control of noise, noxious emissions and disposal of effluents. Most of the environmental aspects of the Code have been superseded by the Pakistan Environmental Protection Act 1997. Noise, noxious emissions and disposal of effluents caused by the project must be within the limits permitted by the Code. KPHCIP ensures to include mitigation measures for safety hazards and will address control of noise, noxious emissions and disposal of effluents within the limits permitted by the Code.

Constitution, Acts and Rules on Labor: The Constitution of Pakistan defines labor rights in the following articles: Article 11 prohibits all forms of slavery, forced labour and child labour; Article 17 stipulates the rights to exercise freedom of association and to form unions; article 18 establishes the right to enter upon any lawful profession or occupation and to conduct any lawful trade or business; article 25 affirms the right to equality before the law and prohibition of discrimination on the grounds of sex alone; and article 37(e) makes provision for securing just and humane conditions of work, ensuring that children and women are not employed in vocations unsuited to their age or sex, and for maternity benefits for women in employment. In addition to Article 18 of the Constitution, Industrial Relations Ordinance 2002 articulates conditions of termination of contracts. Maximum working hours are determined in Factories Act 1934; West Pakistan Shops and Establishments Ordinance 1969 and Mines Act 1923. Factories Act 1934 makes provisions for paid leave, while work conditions related to maternity are defined by Article 37 of the Constitution, Maternity Benefit Ordinance 1958 and Mines Maternity Benefit Act 1941. Employment of children is governed by Article 11(3) of the Constitution, Factories Act 1934 and Employment of Children Rules 1995. The project may create wage labor, and if it does, the working conditions will respect the above listed laws. KPHCIP will respect the constitution, act and rules of labor rights including child labor under Article 11.

2.4 Applicable World Bank Operational Policies

The development objectives of the World Bank safeguard policies are based on sustainability, transparency, fairness, accountability, governance, informed decision making, rights, participation and meaningful consultation for investment projects financed by the World Bank. Among a total of twelve safeguard policies, there are six environmental, two social, and two legal policies. These along with detailed Bank procedures can be found on the World Bank website. The disclosure and access to information policy is applicable to all investment projects and programs funded by the World Bank. Additional guidance is provided in:

- Environment, Health, and Safety General Guidelines (2007).
- Pollution Prevention and Abatement Handbook: Towards Cleaner Production (1999).
- Environmental Assessment Sourcebook, Volume I: Policies, Procedures, and Cross-Sectoral Issues (1991).
- Environmental Assessment Sourcebook, Volume II: Policies, Procedures, and Cross-Sectoral Guidelines (1991).
- Social Analysis Sourcebook (2003).

The WB safeguard policies triggered for KPHCIP are the OP/BP 4.01 Environmental Assessment and OP 4.12 Involuntary Resettlement. OP 4.01 requires project activities to be environmentally sound and sustainable and to achieve the objective of the policy an ESMF has been prepared for the Project OP 4.12 is applicable since the project may include small scale civil works to add classrooms to primary schools and upgrade health facilities, which may, in some cases, require small scale land acquisition for extension works. Though every effort will be taken to prioritize use of existing government land or VLD (explained in forthcoming section), there is a chance that private land acquisition may be required. It is also noted that rehabilitation of such facilities may require small scale, permanent economic displacement and/or involuntary resettlement if there are encroachments or encumbrances on the school or health facility property. Operational Policy 4.10: Indigenous Peoples is not triggered as the only recognized Indigenous People of Pakistan, the Kalash, reside in the Chitral District which is outside the project’s geographical area.”

Since the proposed project is not likely to finance large scale infrastructure development, most of these impacts are likely to be small scale, localized, and reversible in nature. The project proposes rehabilitation and construction in schools and health facilities that may cause some negative environmental and social impacts during construction and operation phase for which mitigation measures have to be proposed. This project is classified as “Category B” with partial assessment as per WB safeguards category.

Table 2.1: WB Safeguard Policies

#	Safeguard Policies Triggered by the Project	Yes	No
1.	Environmental Assessment OP/BP 4.01	✓	
1.	Performance Standards for Private Sector Activities OP/BP 4.03		✓

#	Safeguard Policies Triggered by the Project	Yes	No
2.	Natural Habitats OP/BP 4.04		✓
3.	Forests OP/BP 4.36		✓
4.	Pest Management OP 4.09		✓
5.	Physical Cultural Resources OP/BP 4.11		✓
6.	Indigenous Peoples OP/BP 4.10		✓
7.	Involuntary Resettlement OP/BP 4.12	✓	
8.	Safety of Dams OP/BP 4.37		✓
9.	Projects on International Waterways OP/BP 7.50		✓
10.	Projects in Disputed Areas OP/BP 7.60		✓

2.4.1 Environmental Health and Safety Guidelines

In addition to EHS guidelines, IFC/World Bank sector specific EHS guidelines will also be used for proposed sub-project interventions, in case where national legislations guidelines are not available. Available IFC/World Bank General Guidelines and Sector specific guidelines for education and health sector are included in Table 2.2 that may also be used for reference in case national legislations/guidelines are not available.

Table 2.2: IFC/ World Bank Applicable EHS Guidelines

#	Project component	IFC/ World Bank Applicable EHS Guidelines ²⁶	Weblink
1	Education	General EHS Guidelines	https://www.ifc.org/wps/wcm/connect/29f5137d-6e17-4660-b1f9-02bf561935e5/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES&CVID=jqOWim3p
2	Health	General EHS Guidelines	
		Environmental, Health, and Safety Guidelines for Health Care Facilities	https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169
		Environmental, Health, and Safety Guidelines for Waste Management Facilities (incinerator)	https://www.ifc.org/wps/wcm/connect/5b05bf0e-1726-42b1-b7c9-33c7b46dda8/Final%2B-%2BWaste%2BManagement%2BFacilities.pdf?MOD=AJPERES&CVID=jqeDbH3&id=1323162538174
<p>Note: Sector specific guidelines will be used in combination with the general EHS Guidelines. Any additional EHS guidelines required by the project will be identified at the stage of business enterprise development</p>			

2.5 WHO Guidelines

World Health Organization (WHO) has updated operational planning guidelines in balancing the demands of responding directly to COVID-19 while maintaining essential health service delivery, and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all. While all the COVID-19 guidelines are very comprehensive and could be directly referred to for the project for explicit details and guidance for project implementation, the referred documents and tools are as follows:

- i. WHO interim guidance on rational use of PPE for coronavirus disease 2019
- ii. WHO Safe management of wastes from health-care activities, Second Edition
- iii. WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected
- iv. Interim practical manual supporting implementation of the WHO Guidelines on Core Components of Infection Prevention and Control Programs
- v. WHO Technical brief on Water, sanitation, hygiene and waste management for COVID-19

²⁶ https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines

- vi. WHO- Operational considerations for case management of COVID-19 in health facility and community
- vii. WHO in Home care for patients with suspected novel coronavirus (COVID-19)
- viii. WHO, Hospital emergency response checklist for all-hazards tool for hospital administrators and emergency managers.
- ix. WHO “COVID-19 Strategic Preparedness and Response Plan, Operational Planning Guidelines to Support Country Preparedness and Response” (2020)

2.6 Obligations under International Treaties

The international treaties that are most relevant to the project are briefly described below. While the international conventions complement/fill the gap left by national and provincial legislation, the inefficient resources for enforcement remain an issue across the board.

Pakistan has ratified a number of international treaties on environment, human health and human rights which the project is obliged to respect. Their primary goals and relevance to the Khyber Pakhtunkhwa province are summarized in Table 2.3.

Table 2.3: Relevant International Treaties to which Pakistan is Signatory

Category	Convention	Objectives of the Convention
Chemicals and hazardous wastes conventions	Stockholm Convention on Persistent Organic Pollutants April 2008	Protect human health and the environment from chemicals that do not degrade easily.
	Rotterdam Convention on the Prior Informed Consent procedures for Certain Hazardous Chemicals and Pesticides in International Trade July 2005	Promote shared responsibility and cooperative efforts among Parties in the international trade of certain hazardous chemicals for the ultimate purpose of protecting human health and the environment from potential harm.
	Basel Convention on the control of Trans-boundary Movement of Hazardous Wastes and their Disposal July 1994	Protect human health and the environment from negative impacts of hazardous wastes by managing transboundary movements of hazardous wastes.
Atmosphere conventions/protocols	United Nations Framework Convention on Climate Change (UNFCCC) June 1994	Stabilize greenhouse gas concentrations in the atmosphere at a level that would prevent dangerous anthropogenic interference with the climate system
	Kyoto Protocol to UNFCCC Jan 2005	Set targets for the emissions by country
	Vienna Convention for the protection of the Ozone Layer Dec 1992	Promote cooperation among nations by exchanging information on the effects of human activities on the ozone layer

Category	Convention	Objectives of the Convention
	Montreal Protocol on Substances that Deplete the Ozone Layer Dec 1992	Protect the ozone layer by controlling global emissions of substances that deplete it and by precautionary measures to do so.
Land / environmental cooperation conventions	United Nations Convention to Combat Desertification (UNCCD) in those Countries Experiencing Serious Drought and / or Desertification, Particularly in Africa Feb 1997	Combat desertification and mitigate the effects of drought in countries experiencing serious drought and/or desertification, with a view to contributing to the achievement of sustainable development and with special attention to arid, semi-arid and dry sub-humid areas.
Biodiversity related conventions/protocols	Convention on Biological Diversity (CBD) July 1994.	Conserve biological diversity; promote the sustainable use of its components; and encourage equitable sharing of the benefits arising out of the utilization of genetic resources.
	Cartagena Protocol on Bio-safety to the Convention on Biological Diversity March 2009.	Ensure the safe handling, transport and use of living modified organisms (LMOs) resulting from modern biotechnology that may have adverse effects on biological diversity.
	Convention on Wetlands of International Importance especially as Waterfowl Habitat (Ramsar Convention) Nov 1976	Halt the progressive encroachment on and loss of wetlands, which are among the most diverse and productive ecosystems and indispensable for sustainable management of freshwater and biodiversity.
	Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) April 1976	Ensure that international trade in specimens of wild animals and plants does not threaten their survival.
	Convention on the Conservation of Migratory Species of Wild Animals (CMS) Dec 1987	Conserve migratory species within their migratory ranges.
Social Protection	International Convention on Economic, Social and Cultural Rights (Guarantee human rights related to economics, society and culture)	Guarantee human rights related to economics, society and culture.
	Convention on the Rights of the Child	Guarantee human rights of indigenous and other tribal and semi-tribal peoples.
	Convention on the Elimination of all Forms of Discrimination against Women	Eliminate discrimination against women in political and public life and to promote equal rights for women and men.
Cultural and natural heritage	Convention Concerning the Protection of World Cultural and	Safeguard the intangible cultural heritage; ensure respect for the intangible cultural heritage of the communities, groups and

Category	Convention	Objectives of the Convention
	Natural Heritage (World Heritage Convention July 1976)	individuals concerned; raise awareness at the local, national and international levels of the importance of the intangible cultural heritage, and of ensuring mutual appreciation thereof; and provide for international cooperation and assistance.
Refugees	Solutions Strategy for Afghan Refugees to Support Voluntary Repatriation, Sustainable Reintegration and Assistance to Host Countries (SSAR), UNHCR May 2012	Aimed at facilitating voluntary return and sustainable reintegration, while at the same time providing assistance to refugees, host communities and countries.
	Comprehensive Refugee Response Framework, UNHCR 2017	Allowing refugees to benefit from national services and integrating them into national development plans.

2.7 Summary of Environmental and Social guidelines to be followed for the Project

Since the activities under the project would be small-scale construction, the environmental and social impacts are likely to be low to moderate both in case of schools and health care facilities.

Following national/provincial and WB guidelines will be followed and complied with:

2.7.1 National/provincial guidelines

- An IEE will be conducted for the project in line with the PEPA 1997 act and Khyber Pakhtunkhwa Environment Protection Act 2014
- Health Care Waste Management (HCWM) will be outsourced to a company where the project will provide necessary backstopping. The HCWM may still require an EIA (to be conducted by the outsourcing company) under the above Acts (KP EPA may be consulted for advice) and needs to manage the HCW in accordance to HCWM Rules, 2005.
- The project will follow the National Environment Quality Standards on air pollutant emissions under PEPA 1997. The KP EPA has the following guidelines which will be specifically followed:
 - o Environmental guidelines for the establishment and operation of municipal solid waste landfills.
 - o Municipal solid waste guidelines.

2.7.2 World Bank Guidelines

- The WB safeguard policy triggered for KPHCIP is the Environmental Assessment OP/BP 4.01 (This ESMF has been prepared for the Project to achieve the objective).

- The project triggers Involuntary Resettlement OP/BP 4.12 given the possibility of private land acquisition where public land is not available for upgrading of health and education facilities.

2.8 Gap Analysis of Land Acquisition Act & World Bank Policies

The Land Acquisition Act (1894) and the World Bank Involuntary Resettlement policy OP 4.12 principles specifically related to land acquisition and resettlement aspects are compared below. The objective of this exercise is to identify if and where the two sets of procedures are in conformity with each other and more importantly where there are differences and gaps.

World Bank Involuntary Resettlement Policy Principles	Pakistan’s Land Acquisition Act	Approaches to Address the GAPS
Screen the project early on to identify past, present, and future involuntary resettlement impacts and risks. Determine the scope of resettlement planning through a survey and/or census of displaced persons, including a gender analysis, specifically related to resettlement impacts and risks.	No equivalent requirements	Screened and categorized. Scope defined, social assessment and gender analysis undertaken.
Carry out meaningful consultations with affected persons, host communities, and concerned nongovernment organizations. Inform all displaced persons of their entitlements and resettlement options. Ensure their participation in planning, implementation, and monitoring and evaluation of settlement programs. Pay particular attention to the needs of vulnerable groups, especially those below the poverty line, the landless, the elderly, women and children, and Indigenous peoples, and those without legal title to land, and ensure their participation in consultations. Establish a grievance redress mechanism to receive and facilitate resolution of the affected persons’ concerns. Support the social and cultural institutions of displaced persons and their host population. Where involuntary resettlement impacts and risks are highly complex and sensitive, compensation and resettlement decisions should be preceded by a social preparation phase.	LAC or District Judge (in Case of the Telegraph Act) Are the final authorities to decide disputes and address complaints regarding quantification and assessment of compensation for the affected lands and other assets?	Complaints and grievances are resolved informally through project grievance redress mechanisms. Consultations conducted, vulnerable groups identified and supported as relevant.
Improve, or at least restore, the livelihoods of all displaced persons through (i) land-based resettlement strategies when affected livelihoods are land based where possible or cash compensation at replacement value for land when the loss of land does not undermine livelihoods,(ii) prompt replacement of assets with access to assets of equal or higher value,	No equivalent requirements.	Livelihoods restoration is required and allowances are provided as relevant.

World Bank Involuntary Resettlement Policy Principles	Pakistan’s Land Acquisition Act	Approaches to Address the GAPS
(iii) prompt compensation at full replacement cost for assets that cannot be restored, and (iv) additional revenues and services through benefit sharing schemes where possible.		
Provide physically and economically displaced persons with needed support	No equivalent requirements.	Support provided to be commensurate with impacts

3 Project Description²⁷

The proposed Project Development Objective (PDO) is to improve availability, utilization and quality of primary healthcare services and education services in selected districts of KP.

The proposed project will tentatively target 4 districts of KP: Peshawar, Haripur, Nowshera and Swabi. These districts cover close to half of the KP population and include a large number of people from vulnerable groups, such as registered Afghan refugees. In fact, the 4 districts host two-thirds of the Afghan refugee population in KP (63 percent). Selection of the facilities to benefit from project interventions will be conducted based on availability and quality of existing education and health care infrastructure. Further, support to deal with the COVID-19 pandemic will also be included in the criteria. Given that the WB-financed Pandemic Response Effectiveness Project (PREP) also supports the province of KP, all interventions under the proposed operation and related to COVID-19 will be carried out in a complementary manner with those covered by PREP.

The project has three main components as explained below:

3.1 Component 1: Improving Primary Health Care Service Delivery (PHCSD) (US\$77.2 million equivalent).

This component supports strengthening the delivery of quality primary health care (PHC) services by contributing to improved efficiency and resilience of the health system in selected districts of KP, including supporting those districts in dealing with the COVID-19 pandemic. The proposed interventions focus on improving utilization of PHC as a first point of entry in close proximity to where people live and work. COVID-19 pandemic related interventions will be aligned with the GoKP COVID-19 response plan. It has following sub-components:

Sub-component 1.1: Support to Basic Health Units and Rural Health Centers (US\$61.2 million equivalent).

The sub-component would support carrying out of minor works and provision of technical assistance as well as essential health equipment and supplies to support delivery of primary health services at basic health units (BHUs) and rural health centers (RHCs), including antenatal care, delivery care, postnatal care, immunization, nutrition and FP services as well as prevention, screening, and management of non-communicable diseases (NCDs). The sub-component will also support the establishment of make-shift hospitals for mild cases of COVID-19 and upgrading of intensive care units (ICUs) at selected Category A and B hospitals.

Strengthening of infrastructure, equipment and healthcare commodities at BHUs and RHCs () will be carried out according to the KP MHSDP and Infrastructure Standards. Infrastructure development will include adoption of climate resilient and environmentally friendly designs, such as solar panel systems to promote energy efficiency. The upgradation will also include disabled-friendly access to the best extent possible. Further, special attention will be given to gender-related matters, such as including separate toilets for men and women. Standardized signage and branding templates will be used for improved visibility and accountability of the facilities. Opening hours, lists of available services and fee charges together with names of all key staff on duty will be clearly displayed. Throughout the PHC facilities, informational posters for health promotion will be displayed in an appropriate form. At RHCs, television screens will be installed in the waiting areas for patients to learn about how to protect from COVID-19, including importance of handwashing and social distancing, the benefits of a healthy

²⁷ Source: PAD

lifestyle, including healthy diets, physical activity, and tobacco cessation. Biometrics will be installed for improved tracking of health care workers.

In order to ensure the continuum of care for Maternal, Newborn and Child Health (MNCH) services, the sub-component will also support the creation of a network of facilities based on geographic distribution, strengthening referral systems and transportation arrangements for obstetric complications where 24/7 Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) is available including life-saving health services such as caesarean sections and blood transfusions. In addition, the sub-component would support prevention, screening and management of NCDs through provision of essential examinations, diagnostic and pharmaceutical services for NCDs, and promotion of healthy lifestyles at health facilities. The improved availability of essential diagnostic services will enable early detection of NCDs, while the improved availability of pharmaceutical services will facilitate the management of NCDs at these facilities.

The sub-component would support contracting and/or outsourcing of clinical and non-clinical services. These include: (i) contracting the private sector for operating ICUs and labs to increase capacity to deal with COVID-19; (ii) other diagnostic, laboratory, pharmaceutical, and ambulance services, health care waste management (HCWM), as well as some renovation work and security and janitorial services. The project will also support building the capacity of the Department of Health to manage contracts of this nature including the HCWM system, which would be strengthened through the sub-component to reduce the environmental and health risks and ensure adherence to safety protocols and procedures.

Table 3.1: Minimum Health Services Delivery Package (MHSDP) at PHC level in KP Primary Health Care Facility Type in KP and Services Provided

Civil Dispensaries	Basic Health Units	Rural Health Centers
<ul style="list-style-type: none"> ▪ 6-hours opening ▪ General treatment services ▪ ANC, PNC), FP ▪ Integrated Management of Newborn and Childhood Illnesses ▪ Immunization services ▪ Nutrition: Assessments, Prevention, Treatment of Malnutrition ▪ NCDs: Partial no laboratory or imaging, no mental health, no oral health ▪ Communicable Diseases: 	<ul style="list-style-type: none"> ▪ 6-hours opening ▪ General treatment services ▪ ANC, PNC), FP ▪ Delivery services-refer complications ▪ Integrated Management of Newborn and Childhood Illnesses ▪ Adolescent health ▪ Sexual and Reproductive Health services ▪ Immunization services ▪ Nutrition: Assessments, Prevention, Treatment of Malnutrition ▪ NCDs: partial laboratory and imaging, some mental 	<ul style="list-style-type: none"> ▪ 24 hours delivery and new-borne care ▪ 24-hour inpatient (20 beds) ▪ 24-hour emergency services ▪ 24-hour referral ▪ 6- hour selected surgical services ▪ 6 hours opening for planned health education ▪ ANC, PNC, FP ▪ Delivery services-refer complications ▪ Integrated Management of Newborn and Childhood Illnesses ▪ Adolescent Health ▪ Sexual and Reproductive Health services ▪ Immunization services

<p>Management & Referral</p> <ul style="list-style-type: none"> ▪ Referral services ▪ Health education services 	<p>health referral, no oral health</p> <ul style="list-style-type: none"> ▪ Communicable Diseases: Management & Referral ▪ Limited Laboratory services ▪ Referral service ▪ Health education services 	<ul style="list-style-type: none"> ▪ Nutrition: Assessments, Prevention, Treatment of Malnutrition ▪ NCDs: laboratory and imaging, ECG services, some mental health and refer, oral health and dental services ▪ Communicable Diseases: Management & Referral ▪ Laboratory services ▪ Referral service ▪ Health education services
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The sub-component would support contracting/outsourcing of clinical and non-clinical services such as diagnostic, pharmaceutical, ambulatory, and health care waste management (HCWM), as well as some renovation, security and janitorial services, while building the capacity of the Department of Health to manage contracts of this nature. Especially with regard to the HCWM system, this would be strengthened through the sub-component to reduce the environmental and health risks and ensure adherence to safety protocols and procedures.

Sub-component 1.2: Human Resource for Health (HRH) Capacity Building (US\$4.3 million equivalent).

The subcomponent would support (i) providing training and development of a distance learning system as well as online refresher courses for selected primary health care service providers to strengthen their competencies; and (ii) hiring of healthcare workers, to fill vacancies of crucial positions as a temporary measure, and hiring of temporary staff for COVID-19 emergency response activities. By improving providers’ clinical knowledge and competencies, improved quality of health services provided in PHC facilities is expected. Refresher training for relevant health providers would entail on-the-job training through preceptorship and mentorship at PHC facilities to ensure staff has sufficient hands-on experience. The distance learning system would focus on continuous medical education for targeted cadres of health care professionals. Health workers will be trained for effective administration of essential COVID-19 critical care. The project will promote coordinated care by multidisciplinary teams, as well as the delivery of people-centered care. It will support capacity building of facility managers in order to facilitate the transition. In order to facilitate more integrated care and community engagement the training curriculum of Lady Health Workers may be reviewed and updated. Supplementary training of Lady Health Workers is expected to be conducted.

Sub-component 1.3: Strengthening Governance and Management (US\$11.7 million equivalent).

The sub-component would provide necessary support to the government of KP to adopt/implement appropriate policies, standards, guidelines and clinical protocols for service delivery as well as performance monitoring and evaluation. The support would include: (i) developing/updating guidelines for essential critical care and emergency ICU for COVID-19 patients; (ii) developing/updating clinical

protocols for PHC service delivery, including the management of common NCDs such as diabetes and cardiovascular disease; (iii) enhancing its capacity in financial management, supply chain management, performance management, human resource management, contract management, and patient record systems; and (iv) introducing a standard flowsheet and a cascaded quality strategy and establishing quality checklists and a quality improvement team, as well as supportive supervision visits. The sub-component would also support the operational costs of implementing overall Component 1 and Sub-component 3.1 activities.

This sub-component will support developing organizational, structural and coordination mechanisms, including disease surveillance system for provincial health security and preparedness for other outbreaks and future pandemics. The KP Health Care Commission will be supported with the development of a website and health management information systems to facilitate on-line registration and information sharing. Exchange of experiences with other health care commissions in the country will also be supported. Finally, the capacity of the KP Health Foundation to structure, negotiate, monitor performance and enforce contracts for public-private partnerships/outsourcing will also be built.

3.2 Component 2: Improving Availability and Quality of Education Services (US\$109 million equivalent).

This component aims to contribute to improved availability and quality of educational opportunities to all children, especially refugees and girls, in selected refugee hosting districts of KP. The proposed interventions would benefit both in- and out-of-school children and take into account the need to cater to for the current school disruptions resulting from COVID-19.

Sub-Component 2.1: Improve access to elementary and secondary education (US\$82.5 million equivalent). 13. This sub-component would support (i) a reduction of overcrowded schools through the provision of additional classrooms; (ii) upgrading public primary schools (Grades 1-5) in selected districts to middle schools (Grades 6-8) and middle to high schools (Grades 9-10), including adding and equipping additional classrooms and facilities as necessary; and (iii) providing technical assistance to E&SED for: (i) reviewing and updating school construction standards with guidelines for, inter alia, climate smart solutions and improved school hygiene and safety; and (ii) scaling up alternative models of service delivery, including distance education, and developing as well as piloting models for operating double-shift schools.

Special attention will be given to decreasing the gender gap in access to education by focusing on increasing the number of schools available to girls at short distance and creating a safe environment for girls in schools. Further, the E&SED has committed to allocate the required additional teachers resulting from the increase classrooms and schools, including female teachers for girls' schools. Activities to motivate girls' school attendance are also included in community engagement activities under sub-component 3.2. The expansion of classrooms in primary schools will be accompanied by an increase in the number of preschool classrooms as well. The schools will be selected based on several criteria including: whether they are boys or girls' schools (with preference given as far as possible to girls' schools), level of overcrowding, distance to the next available middle/secondary school, enrollment projections, and quality of existing physical infrastructure, concentration of refugees in the area. A prioritized list of schools in targeted locations is being finalized based on data from the

Independent Monitoring Unit (IMU) of E&SED, as well as recently completed mapping exercises conducted by UNHCR.

Technical assistance will be provided to ensure school infrastructure improvements follow emerging guidelines for improved school hygiene, safety, and accessibility, and hand washing units will be included in various locations within the school facilities. To the best extent possible adoption of climate resilient, environmentally friendly and universal designs, including solar power systems to promote energy efficiency will also be supported. Preferably physical infrastructure related activities will be carried out in existing schools with sufficient land or space for expansion. Existing models on double-shift schools such as those developed with the United Kingdom's Department for International Development (DfID) support will be piloted in selected schools and assessed before a wider roll-out. Other models of low-cost expansion of education services, as well as new innovative models to increase access to elementary education, especially for out-of-school girls, including Girls Community Schools and the Accelerated Learning Pathways (ALP) program for primary and middle schools developed by the United Nations Children's Fund (UNICEF) would be piloted and expanded if successful. Special attention will be given to the potential of using distance education through the Teleschool to reach out girls in their homes and refugee children. For this, an assessment of community acceptance of this delivery method will be conducted, and additional activities will be developed according to the results.

Sub-component 2.2: Enhance the quality of teaching and learning in elementary and secondary education (US\$12.5 million equivalent).

This sub-component would support (i) carrying out a functional review of student assessment systems and examination policy for primary education; (ii) carrying out a functional review of PITE and developing an action plan to address recommendations thereof; (iii) carrying out of works for improving the infrastructure in PITE and RITE; and (iv) developing school score cards and strengthening E&SED's capacity in data utilization and management.

PITE's functional review would look at how PITE addresses teacher training needs and the relevance and quality of in-service teacher training programs. This review will also assess PITE's ability to train teachers to deliver distance learning via emergency response teaching in response to COVID-19, as well as during any future schooling disruptions. Based on the findings, the sub-component would support the development of a plan to (i) improve the technical capacity of PITE to develop and deliver effective in-service teacher training; (ii) support the expansion of the in-service training programs to include both face to face and distance modalities; and (iii) support and scale-up the training and functions of school leaders. One function that school leaders will be well-placed to perform is to provide additional coaching to students who are at greatest risk of dropping out as a result of the economic and social shocks stemming from the COVID-19 crisis.

To inform curriculum improvements and quality of teaching, a classroom observation tool (such as TEACH) and a direct assessment tool such as the Service Delivery Indicators would be introduced. Basic improvements in infrastructure required by PITE and RITE would be supported, including but not limited to provision of training materials, equipment necessary to deliver distance education and teacher training and minor rehabilitations of existing training rooms. The review of the student assessments and examination policy for primary education would entail looking at alignment with the existing curriculum and learning goals; identifying institutional constraints in designing and using student assessment data; and providing recommendations on strengthening the student assessments system and strengthening E&SED institutional capacity to implement the system. To strengthen accountability, the project would also support the development of school scorecards using data from student assessments. This activity would build on the work of the DfID-funded KP Education Sector Program (KESP) that identifies areas for institutional capacity improvements, especially around the use of assessment data by the Department of Curriculum and Teacher Education (DCTE) and PITE.

Sub-component 2.3: Strengthening contract management and support to implementation (US\$14 million equivalent).

This sub-component would support technical assistance to, and building capacity of, E&SED to negotiate, monitor, and enforce contracts for public private partnerships including those necessary to maintain schooling during shutdowns necessitated by pandemics or emergencies. The sub-component would also support the operational costs of implementing overall Component 2 and Sub-component 3.2 activities, including the Project Management Unit.

3.3 Component 3: Strengthening Community Engagement and Accountability (US\$13.8 million equivalent).

This component supports carrying out a program of activities to strengthen community engagement and grievance redress mechanisms of the health and education sector in Selected Districts and includes activities which will be important to help communities in COVID-19 prevention.

Sub-component 3.1: Enhancing community engagement and accountability in health (US\$7.8 million equivalent)

This sub-component would support (i) community-based advocacy and awareness-raising activities/interventions towards further demand creation, thus contributing to increased utilization of PHC services, particularly among the target populations of refugees, women, and children; (ii) a Health Promoting Schools program; and (iii) the roll-out of Innovation and Health Promotion Grants.

The community-based advocacy will include the development of a communication strategy for people in the community to adopt and sustain positive healthy behaviors especially with regards to hygiene practices, healthy lifestyles and disease prevention. Installation of hand washing units within the communities will also be included. This will be particularly important as COVID-19 induced school closures come to an end and schools reopen. These will be implemented by a variety of communication channels including radio, internet, mobile phones, social and traditional media, and community-level dissemination of key messages. The component will also support community engagement and feedback systems such as grievance redressal mechanisms (GRM) for increased accountability and transparency through receiving and responding to public feedback/complaints on health services. Existing community groups such as the Benazir Income Support Program (BISP) beneficiary committees, may also be mobilized.

Health Promoting Schools (HPSs) would include: (i) building institutional capacity through health and educational policies and strategies that support the development and implementation of programs on personal hygiene, physical activity, prevention of NCDs, reduced tobacco and substance abuse, nutrition and healthy eating, and dental care in schools; (ii) increasing access to promotive and curative school health services with linkages between school health services and PHC facilities through strong referral systems; (iii) regular visits of PHC health professionals to elementary and secondary schools and schools human resources capacity building for delivering health and life-skills education with a special focus on improving hygiene and health promoting practices when schools reopen after the COVID-19 shutdown; and (iv) supporting community engagement towards sustainable school health initiatives at local level (e.g. Through participation in student health clubs and parent-teacher associations); whilst establishing strong links to parents and the broader community.

The Innovation and Health Promotion Grants would support innovation in areas such as: (i) outreach and empowerment of vulnerable groups particularly with an eye to limit the spread of communicable

diseases; (ii) people-friendly service delivery improvements; (iii) community engagement for increased accountability and transparency; and (iv) technological innovations in health service delivery, including telemedicine which is particularly important during the COVID-19 shutdown. Organizations eligible to apply for the grants under this project would include: non-governmental organizations registered in KP, universities and research institutions, health care providers, and civil society associations. High quality proposals are expected, and a project review committee will be constituted to assess the grant applications and the project management unit will be responsible for program management, financial administration, and monitoring and evaluation. The overall maximum implementation timeframe of the grant should not exceed 24 months. A detailed operations manual will be prepared during the first year of project implementation; this will detail the eligibility criteria, application and selection procedures and types of activities eligible for the Innovation and Health Promotion Grants.

Sub-component 3.2: Enhancing community engagement and accountability in education (US\$6 million equivalent).

This sub-component would aim to increase the demand for higher quality education services and would support (i) demand-side interventions through community engagement, support to Parent Teacher Councils (PTCs) and the enhancement of a grievance redress mechanism for increased accountability and transparency; and (ii) enhance the capacity of the E&SED and the district level units to use data for better planning and decision-making.

To enhance community engagement with education service delivery, two approaches will be used: (i) engagement with local NGOs to run mass awareness campaigns on the importance of education with a special focus on girls, the services being offered under the project, the ways in which communities can hold the education system accountable as well as hygiene promotion sessions in schools to increase awareness around prevention of epidemics by practicing social distancing and improving personal hygiene; (ii) leveraging PTCs through technical and financial assistance to build demand for accountability in education. Support to PTCs will be provided to (i) aid schools in providing the basic facilities needed to ensure good WASH practices; (ii) help poor households defray out-of-pocket costs associated with enrolling children in school (such as the cost of uniforms); (iii) encourage active parent participation in school events, parent teacher meetings and community gatherings; (iv) provide PTCs with discretionary funds for better delivery of education; and (v) support the delivery of awareness raising services, school health services and school health education that will be designed and delivered by the health department. A detailed operational manual will be developed in the first year of the project. In addition, support will also be provided to the design, development and running of an education hotline for parents and communities to enter complaints and also learn about the E&SED's work. The hotline will be managed through a professional call center and include a management system to ensure complaints are relayed to the relevant managers.

To enhance the capacity of the E&SED and the district level units to use of data for decision-making, the following activities are included: (i) integration of various existing databases to facilitate data analysis required for decision making; (ii) incentivize the increased use of data through introduction of user-friendly and easily accessible dashboards; and (iii) complementing the current system with additional modules, such as the human resources information systems. This activity would initially undertake a rapid review of the existing Education Management and Information System (EMIS) and databases to assess constraints, both technical and technological, and identify and propose solutions to enhance the use and functionality of EMIS.

4 Environmental and Social Baseline of Project Districts

4.1 Project Area

Khyber Pakhtunkhwa (KP) spread over 101,741 Km² is the smallest in terms of area among the four provinces, and has a largely mountainous terrain with only 30 percent cultivable land. According to 2017 Census, total population of the province is 35.5 million (including FATA districts) of which 80% is rural, and 49% are females.²⁸ The province lies between 34° 1' north latitudes and 71° 33' east longitudes. It borders Afghanistan to the north-west, Gilgit-Baltistan to the north-east, Azad Jammu and Kashmir to the east, the Federally Administered Tribal Areas (FATA) to the west and south and Punjab and the Islamabad Capital Territory to the south-east.²⁹ The project is proposed to be implemented in four districts of Khyber Pakhtunkhwa namely Peshawar, Haripur, Nowshera and Swabi. The total area of the project districts (**Figure 4.1**) is about 6,273 square kilometers. Also see district maps in **Figures 4.2-4.5**.

District Peshawar: District Peshawar is the provincial capital and largest city of the Khyber Pakhtunkhwa province. Peshawar lies between 33° 44' and 34° 15' north latitudes and 71° 22' and 71° 42' east longitudes. It is bounded on the north by Charsadda district, on the east by Nowshera district, on the south by the tribal area adjoining Peshawar and Kohat districts and on the west by Mohmand and Khyber agencies. The total area of the district is 1,257 square kilometers.³¹ The total population of Peshawar according to the 2017 Population Census is 4,269,079.

District Nowshera: Nowshera district lies between 33° 41' and 34° 10' north latitudes and 71° 39' to 72° 16' east longitudes. It is bounded on the east by district Attock of Punjab province, on the west and to the north-west side lie districts of Peshawar and Charsadda. On the northern side are the districts Mardan and Swabi and on the south by Kohat district. Total area of the district is 1,748 square kilometers.³² The total population of Nowshera according to the 2017 Population Census is 1,518,540.

District Haripur: Haripur district is situated at latitude 33° 44' to 34° 22' and longitude 72° 35' to 73° 15' and about 610 meters above the sea level. Geographical significance of the district lies in the fact that its boundaries touch Mardan, a center of ancient Gandhara civilization in the north-west. Abbottabad in the north east, Mansehra district in the north, Margallah hills range in the south-east. Swat valley in the north-west. Buner and Swabi districts in the west. Besides Swabi, Mansehra and Abbottabad districts of NWFP two districts of Punjab province i.e. Attock and Rawalpindi lie on the south-west and south-east respectively in the neighborhood of district Haripur. Federal Capital Islamabad is also adjacent to the district in the south. The total area of the district is 1,725 square kilometers.³³ The total population of Haripur according to the 2017 Population Census is 1,003,031.

District Swabi: Swabi district lies between 33° 55' and 34° 23' north latitudes and 72° 13' and 72° 49' east longitudes. It is bounded on the north by Buner district, on the east by Haripur district, on the south by Attock district of the Punjab province and on the west by Nowshera and Mardan districts. The total

²⁸ Computed from http://www.pbscensus.gov.pk/sites/default/files/DISTRICT_WISE_CENSUS_RESULTS_CENSUS_2017.pdf

²⁹ Planning and Development Department of Khyber Pakhtunkhwa

³⁰ Bokhar, S. (2015). Pakistan Emergency Situational Analysis - District Peshawar. Peshawar: ALHASAN SYSTEMS PRIVATE LIMITED

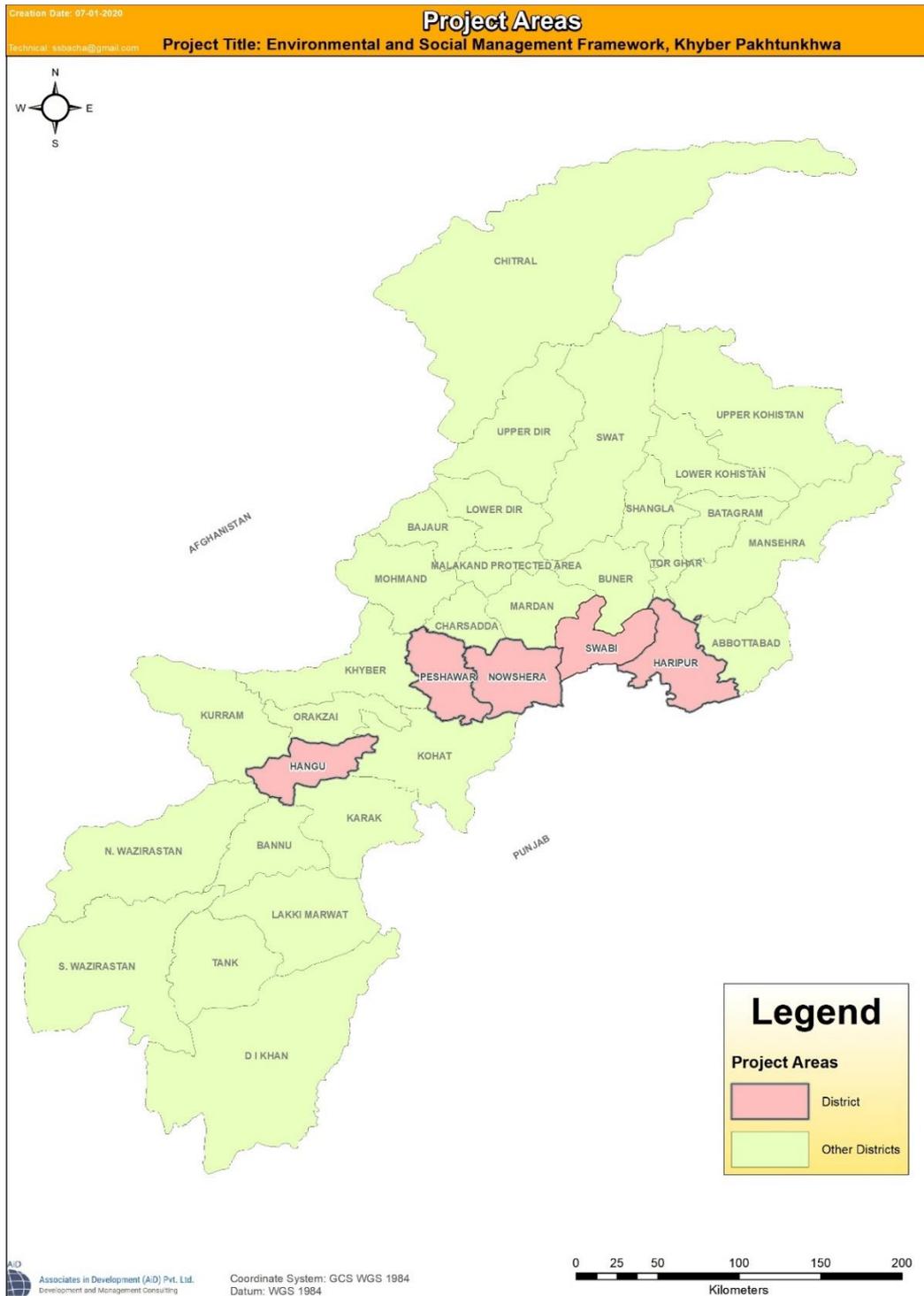
³¹ 1998 District Census Report of Peshawar, Aug 1999, Population Census Organization, Statistics Division, GoP.

³² 1998 District Census Report of Nowshera, Dec 1999, Population Census Organization, Statistics Division, GoP.

³³ 1998 District Census Report of Haripur, May 2000, Population Census Organization, Statistics Division, GoP.

area of the district is 1,543 square kilometers.³⁴ The total population of Swabi according to 2017 Population Census is 1,624,616.

Figure 4.1: Map of Khyber Pakhtunkhwa



³⁴ 1998 District Census Report of Swabi, April 2000, Population Census Organization, Statistics Division, GoP.

Figure 4.2: Map of Peshawar District

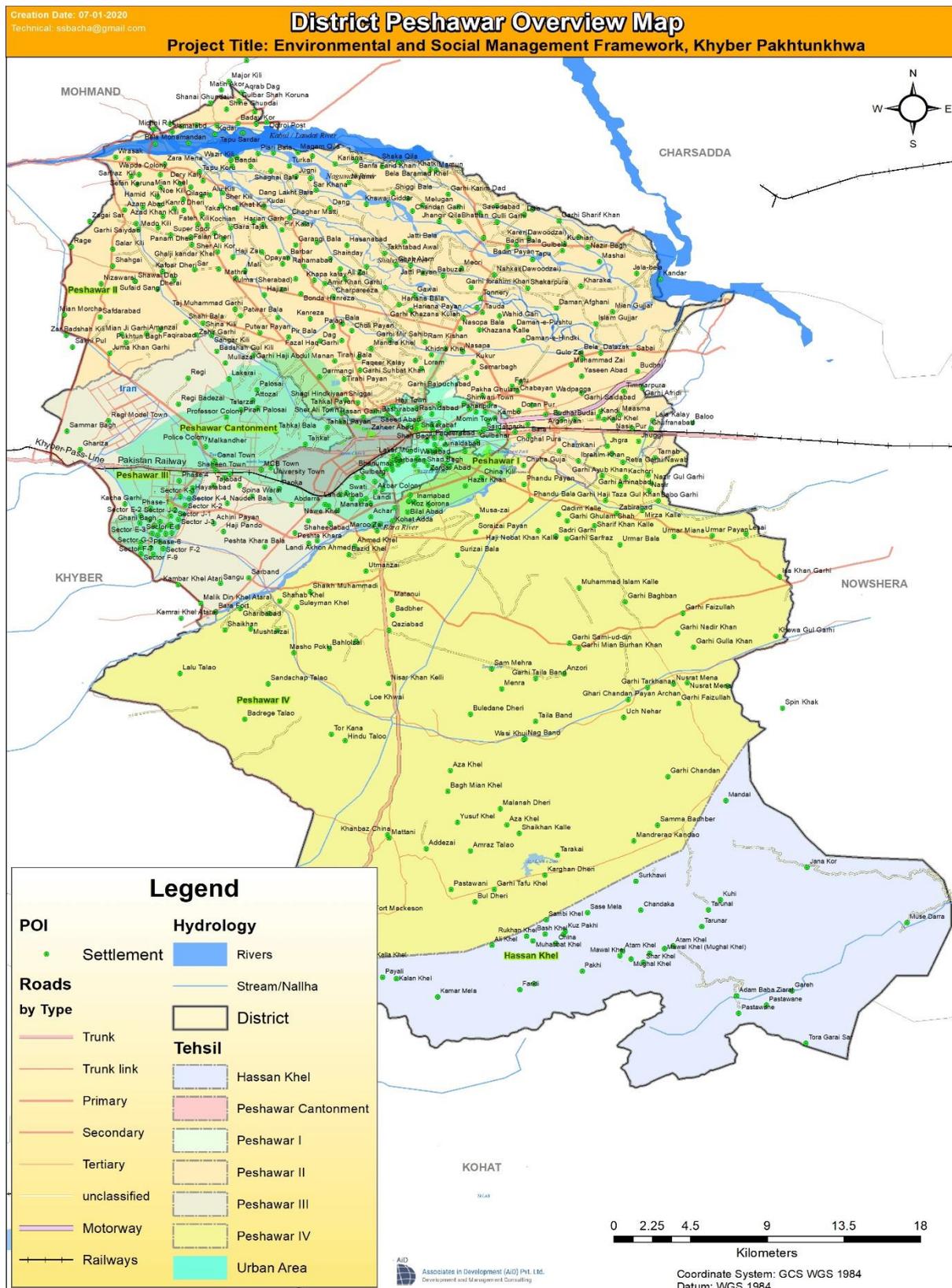


Figure 4.3: Map of Nowshera District

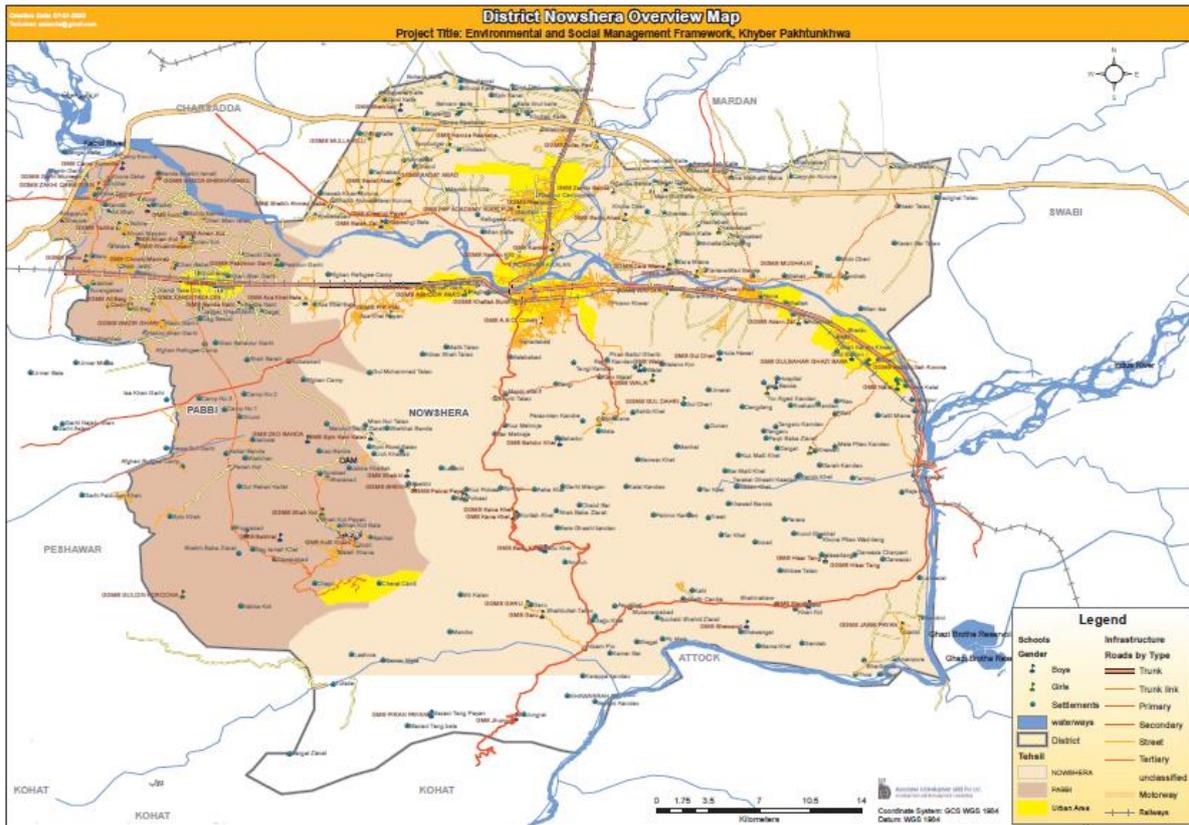


Figure 4.4: Map of Haripur District

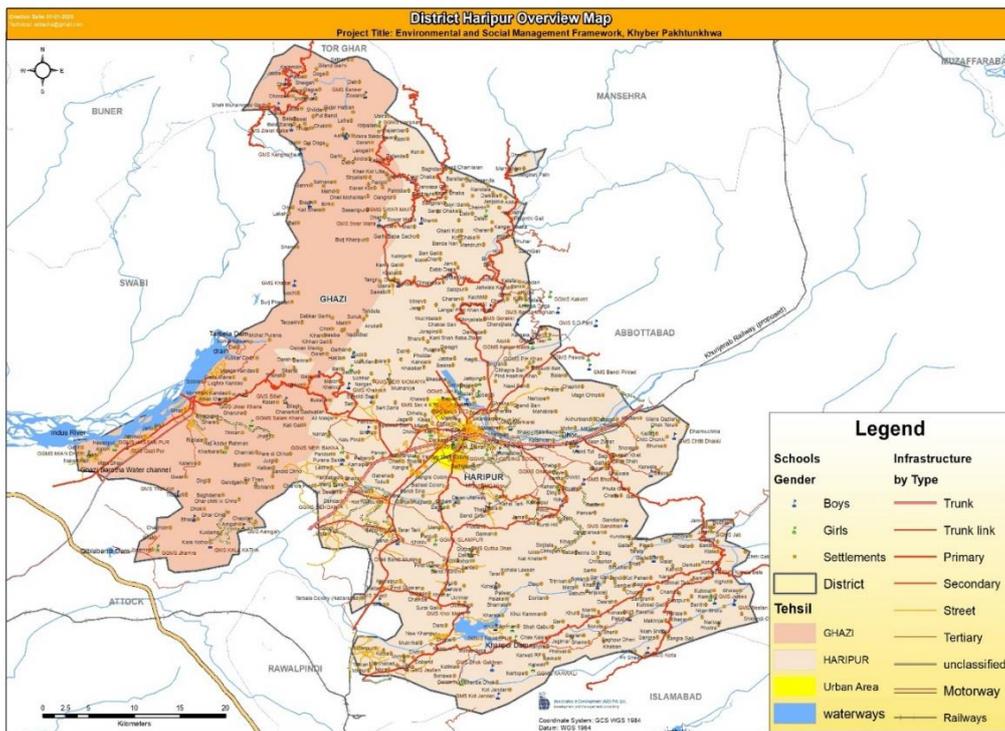
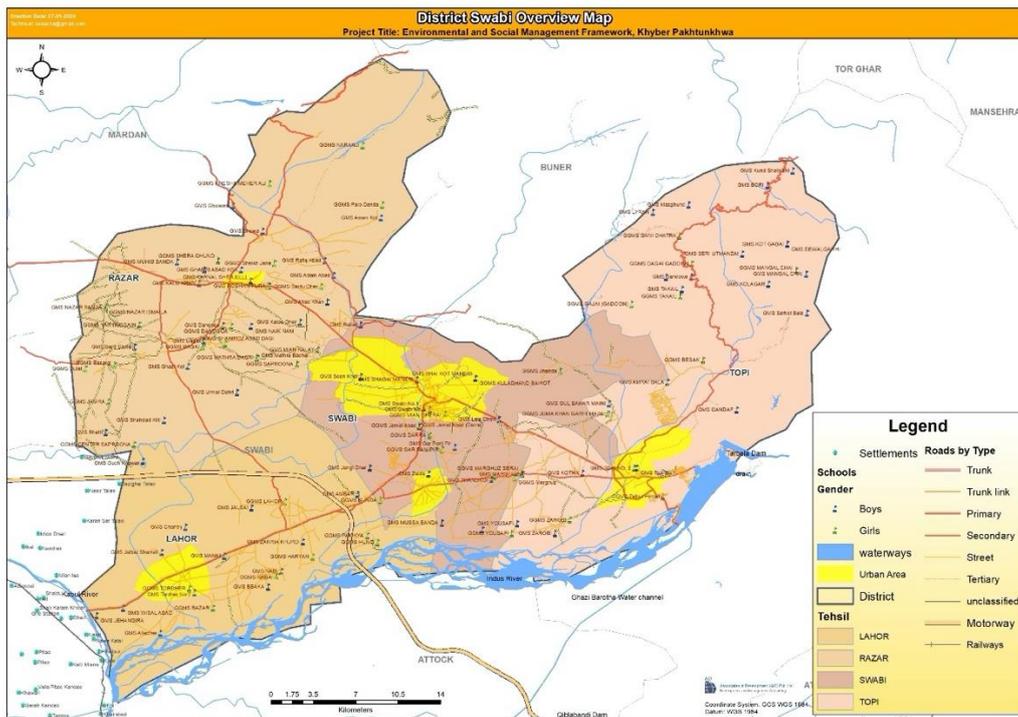


Figure 4.5: Map of Swabi District



4.2 Physical Environment

4.2.1 Topography and Soil

The terrain of Khyber Pakhtunkhwa consists of mountain ranges, undulating sub-mountain areas, and plains surrounded by hills. In the north the mountain ranges generally run north-south; south of the Kabul River, which bisects the province from east to west, the ranges generally run east-west. The Hindu Kush region in the north, is divided by the Kunar River into two distinct ranges, the northern Hindu Kush and the Hindu Raj. The Lesser Himalayas and the Sub-Himalayas are situated in the eastern part of the province. Topography of project districts is given below.

Peshawar: The Peshawar district is almost a fertile plain. The highest point is at Tarakai with a height of about 700 meters. It is approximately 1173 feet (358 meters) above sea level. The central part of the district consists of fine alluvial deposits. The cultivated tracts consist of a rich, light and porous soil, composed of a pretty even mixture of clay and sand, which is good for cultivation of wheat, sugarcane and tobacco.³⁵

Nowshera: The district is largely barren with distant range of mountains in the background. Spin Khak is a Barani area where soil is prevalently sandy with gravel with clay on top. This makes it very suitable for ground water retention. The area has a rolling topography.³⁶

Haripur: Geographically Haripur district is divisible into four regions. The first Maidan-e-Hazara consists of plain area of Haripur district surrounded by the mountains of Tanawal, in north, Koh- e -

³⁵ 1998 District Census Report of Peshawar, Aug 1999, Population Census Organization, Statistics Division, GoP.

³⁶ 1998 District Census Report of Nowshera, Dec 1999, Population Census Organization, Statistics Division, GoP.

Gandgar in the west and Khanpur in the south. The second region Tanawal which is mainly mountainous is sub-divided into Upper Tanawal and Lower Tanawal which lies in the north of Maidan-e-Hazara. The third region is Khanpur Punjkahta which is a well-watered plain lying in the south-eastern corner of the Haripur district where the Harroh emerges from the Khanpur hills. The last and fourth region is Chhachh (Maidan-e-Khari) in the west of Haripur city. This entire tract is sub-merged under the reservoir of the Tarbela Dam. The soil of the district is dissected loess plain or dissected piedmont plains having silty loam, silty clay loam texture respectively.³⁷

Swabi: The district is divided into two parts, the northern hilly areas and the southern plain. The major part of these hills is in Gadoon area in the north-east. The other important hills are situated in north-western corner of the district. These are locally called as the Naranji hills. The height of these hills varies between 750 to 1400 meters above sea level. From the foot of the hills, the plain runs down, at first with a steep slope, and then gently to the lower levels, towards the Kabul river. The lower southern half of the district has its slope towards the river Indus. The plain area of the district is intersected by numerous streams and many smaller ravines. The important stream is the Naranji Khawar, which flows from Naranji hills in a south-western direction joining the Kalapani stream in Mardan district. Another important stream is Badri Khawar which flows from the north, close to Swabi town and joins the Indus river near village Hund. The Indus river flows along the southern boundary of the district.³⁸

4.2.2 Climate

The climatic profile of the Khyber Pakhtunkhwa province is extremely diverse due to various altitudes and vegetation cover, mountain barriers and topography. Its climate varies from the dry and hot rocky zones in south to the cool and lavish green forests in the north. It can be divided into three climate regions i.e. the southern hottest region, the central moderate and the northern cooler regions. Extreme climate conditions range throughout the province. The northern region of KP experiences extremely cold and snowy winters, with heavy rainfall and pleasant summers, whereas the southern parts of KP experience less severe winters, moderate rainfall and hotter summers.³⁹

Table 4.1 gives an overview of weather of project districts.⁴⁰

Table 4.1: Rainfall (mm) and Temperature (°C)

City	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean	Total
Peshawar														
Rainfall	33	42	65	48	23	8	40	57	22	11	13	22	32	384
Max Temp	17.7	19.4	24	30	35.9	40.5	38	36.1	35.1	31.3	25.3	19.9	29.4	-
MinTemp	3.8	6.5	11.3	16.3	21.4	25.9	26.7	25.8	22.8	16.3	9.5	4.9	15.9	-
Nowshera														
Rainfall	42	48	65	42	24	16	84	112	44	13	14	28	44.3	532
Max Temp	18	19	24.1	30.3	36.7	41.6	38.6	36.5	35.4	31.7	25.5	19.8	29.7	-

³⁷ 1998 District Census Report of Haripur, May 2000, Population Census Organization, Statistics Division, GoP.

³⁸ 1998 District Census Report of Swabi, April 2000, Population Census Organization, Statistics Division, GoP.

³⁹ Environmental Protection Agency. (2016). KHYBER PAKHTUNKHWA CLIMATE CHANGE POLICY. Forestry, Environment & Wildlife Department, Government of Khyber Pakhtunkhwa.

⁴⁰ Climate-Data.org (accessed on 2 January, 2020)

City	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean	Total
Min Temp	2.3	5.5	10.5	15.6	20.6	25.6	26.6	25.9	22.7	15.2	7.7	2.8	15.1	-
Haripur														
Rainfall	63	69	78	58	32	41	163	175	78	22	15	38	69.3	832
Max Temp	17.2	18.7	23.9	28.8	34.6	39.7	36.8	34.5	33.7	30.8	24.8	19.5	28.5	-
Min Temp	3.1	5.8	10.3	14.5	19	24.4	24.8	23.4	20.9	14.8	8.9	4.8	14.5	-
Swabi														
Rainfall	55	58	69	47	23	25	110	137	58	14	12	31	53.2	639
Max Temp	17.7	19.4	24.4	30.1	36.1	41	38	36	35	31.7	25.5	19.7	29.5	-
Min Temp	2.8	6	10.6	15.3	20	24.9	25.7	24.8	21.9	15.1	8.3	3.8	14.9	-

Peshawar: Peshawar lies on 331m above sea level. The average temperature and total precipitation are 22.7 °C and 384 mm respectively. The least amount of rainfall occurs in June, with an average of 8 mm. In March, the precipitation reaches its peak, with an average of 65 mm. The temperature is highest in June around 40.5 °C. At 10.7 °C on average, January is the coldest month of the year.

Haripur: Haripur lies on 537m above sea level. The climate is warm and temperate in Haripur. In winter, there is much less rainfall in Haripur than in summer. The average annual temperature and precipitation is 21.5 °C and 832 mm respectively. The driest month is November, with 15 mm of rainfall. With an average of 175 mm, the most precipitation falls in August. The warmest month of the year is June, with an average temperature of 32.0 °C. January has the lowest average temperature of the year reaching 10.1 °C.

Nowshera: Nowshera lies on 292m above sea level. The average temperature and precipitation is 22.4 °C and 532 mm respectively. The driest month is October, with 13 mm of precipitation. Most precipitation falls in August, with an average of 112 mm. With an average of 33.6 °C, June is the warmest month. In January, the average temperature is 10.1 °C. It is the lowest average temperature of the whole year.

Swabi: Swabi lies on 340m above sea level. The average annual temperature and precipitation is 22.2 °C and 639 mm respectively. The least amount of rainfall occurs in November, with an average of 12 mm. Most precipitation falls in August, with an average of 137 mm. The temperature is highest in June, at around 41 °C. In January, the average temperature is 10.25 °C. It is the lowest average temperature of the whole year.

4.2.3 Water Resources

Khyber Pakhtunkhwa (KP) water resources are used for agriculture, domestic households, industries and power generation. Tarbela, Warsak and Dargai-Jaban dams, situated in KP, are vital for hydro-electric power generation. In KP, surface water is found in the form of springs, precipitation, lakes, streams and rivers. Ground water can be found as aquifers and alluvial deposits. In KP, water stress has been exacerbated by reckless dumping of chemical waste into surface water bodies, exploitation of underground water and water intensive manufacturing processes, with increasing pressure generated by population growth, agriculture, deforestation and impacts of climate change. With losses to storage capacity of water and increasing water stress per capita, surface water availability in KP is likely to fall.⁴¹

⁴¹ Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). Khyber Pakhtunkhwa Climate Change Policy

Surface Water Resources: Surface water resources of project districts is given below.

Peshawar: The Kabul River, enters the district at Warsak and flows in a south-eastern direction in the upper northern half of the district. On entering the Peshawar plain, it is divided into several channels. The two main channels are the Adezai or Hajizai in the north and the Naguman in the south. The Adezai River flows in the district along the boundary with Charsadda district. Another channel, branching from the right bank of the Naguman river, is the Shah Alam which flows parallel to it and again merges with Naguman river further in the east. The Bara River enters the district south of Jamrud fort and flows in the south-eastern direction through the district into Nowshera district, where it joins the Kabul river. From south and west the country slope towards Kabul river which takes practically whole drainage of the tract. The plain of Peshawar district is very fertile and famous for agricultural crops.⁴²

Haripur: The important rivers of the district are river Indus, Sirin, Dauor and Haro. River Indus enters the district Haripur at Darband in the north- west taking its course along the western boundary of Haripur, makes its exit from the district at Ghazi. River Indus is the main source of Tarbela Lake. River Sirin being a tributary to Indus River enters the district at Bir and it merges with Tarbela Lake in the vicinity of Bir. The Dauor contains much less water and has a shorter and more rapid course than the Sirin River. It originates at the northern end of Daunga Gali range flows through the plains of district and joins the Sirin near the north- eastern of Gandger range 8 kilometres above Tarbela. It irrigates a large area in Haripur district. The Haro River emanates from the southern end of Dunga Gali range where it has two main branches. The eastern known as Dhund and the western is known as Karral Haro. The two streams unite at the head of the Khanpur tract and the river after flowing for some distance debauches on the Khanpur Panjkatha. The water supply is usually adequate.⁴³

Nowshera: The Rivers in the district are the Kabul River and Indus River. The Kabul River enters the district at its western side and runs through plain and joins Indus River at Kund near Khairabad. In Nowshera district the streams are not so large but are much more numerous, and it is hardly possible to travel for half a kilometre on the south bank of the Kabul River without crossing the broad bed of one of these torrents. The chief stream is the Chipla Khwar, which with its numerous effluents carries the drainage of the Cherat hills. Jaba and Jalozei, carry a more or less constant supply for irrigation, so that on the whole they are beneficial in their action. To the north of the Kabul river the Sir-i-Maira bridge comes down so close to the stream that these torrents are unimportant with the exception of the Gurga, which joins the Kalpani in Pirsabak. The Kalpani is a perennial stream which carries the drainage of the Yusafzai Maira and enters this tract at Katarpan, and after a course of about nine kilometres flows into the Kabul river just to the east of the Nowshera Cantonment.⁴⁴

Swabi: The famous river Indus rises from the north-east mountains of Gadoon area at Satkhaiteer flowing with the eastern and southern boundary of the district and entering the Nowshera and Attock districts at Khund. The important Nullahs of the district are Badrai Nullah, Narangi Nullah and Shagai Nullah. Badrai Nullah flows from the north close to Swabi town and joins the Indus river near Hund. Narangi Nullah enter the district at Narangi from the north-east mountains passes through Nawa Killi, Turlandi villages and leaving the district at Ismaila village enters the Mardan district. Shagai Nullah enters at Chack Nodeh of Swabi district flowing through Dagai, Yar Hussain villages and leaving the district at village Dobian.

Ground Water Resources: Groundwater in district Peshawar is a major source of potable water, however it is also used for industrial and irrigational purposes. In Peshawar, groundwater is the sole source of fresh water supply with 1,400 public tube wells operated by the government agencies. However, a number of community/private tube wells, hand pumps and dug wells also supply fresh water to the citizens. Besides recharging from the major rivers and irrigation canals, precipitation is an important contributor to the process. The depth of water table varies from 1.5 meters (5 feet) in the

⁴² 1998 District Census Report of Peshawar, Aug 1999, Population Census Organization, Statistics Division, GoP.

⁴³ 1998 District Census Report of Haripur, May 2000, Population Census Organization, Statistics Division, GoP.

⁴⁴ 1998 District Census Report of Nowshera, Dec 1999, Population Census Organization, Statistics Division, GoP.

north up to more than 76 meters (250 feet) in the southwest. Similarly, groundwater depth (Aquifer's depth) in the Peshawar varies from 210 meters (690 feet) up to 515 meters (1690 feet).⁴⁵

In Nowshera, water table depth generally varies from 13 to 50 meters below ground level in barani areas whereas it is within 10 m in canal irrigated areas. The occurrence of groundwater particularly in barani areas is controlled by hydro-geologic and climatic conditions. Rainfall is the main source of groundwater recharge. Deep percolation from fields and stream losses at various stages of flow coupled with varying properties of the upper soil strata and the underground aquifer are responsible for varied availability of groundwater across the district Nowshera.⁴⁶ In Haripur district, water table varies from 150- 250 feet. The predominant source of drinking water in Khyber Pakhtunkhwa is groundwater. However, due to persistent withdrawal and dwindling re-charge processes, the groundwater is depleting rapidly at many places.⁴⁷

4.2.4 Natural Hazard Vulnerability

Geological survey of Pakistan has divided Pakistan into five seismic zones. The seismic hazard in Peshawar is aggravated by increasing vulnerability due to populated growth and expansion in infrastructure due to its political and regional importance. It is located in the western Himalayan region characterized by high seismicity rates due to its vicinity to the active plate boundary between the Indian and Eurasian plates. According to MOHW-PEC-NEPAK (2007), Peshawar is placed in Zone 2B. The Zone 2B has Peak Ground Acceleration (PGA) in the range of 0.16g to 0.24g for a return period of 475 years and is considered to be at 'Moderate' risk of a major earthquake event.⁴⁸ Nowshera district lies in seismic Zone 2B which is Moderate hazard zone. Normally, the earthquake ranges between 3-5 on Richter scale. Moreover, Swabi and Haripur district also lies in moderate damage 2B zone.⁴⁹ **Table 4.2** below shows vulnerability of project districts in Khyber Pakhtunkhwa to climate hazards based on National Disaster Management Authority (NDMA) multi-hazard vulnerability assessment.

Table 4.2: Natural Hazard Vulnerability Assessment by NDMA

District	Flood	Landslide	Avalanche	Drought	GLOF	Multi-hazard
Peshawar	VH	L	VL	VL	-	M
Haripur	M	VH	H	VL	-	M
Nowshera	VH	L	VL	VL	-	L
Swabi	VH	L	VL	L	-	M

VH: Very High; H: High; M: Medium; L: Low; VL: Very Low

⁴⁵ Khan et al., (2019). Impact of Built environment on groundwater depletion in Peshawar, Pakistan. *Journal of Himalayan Earth Sciences*, 86-105.

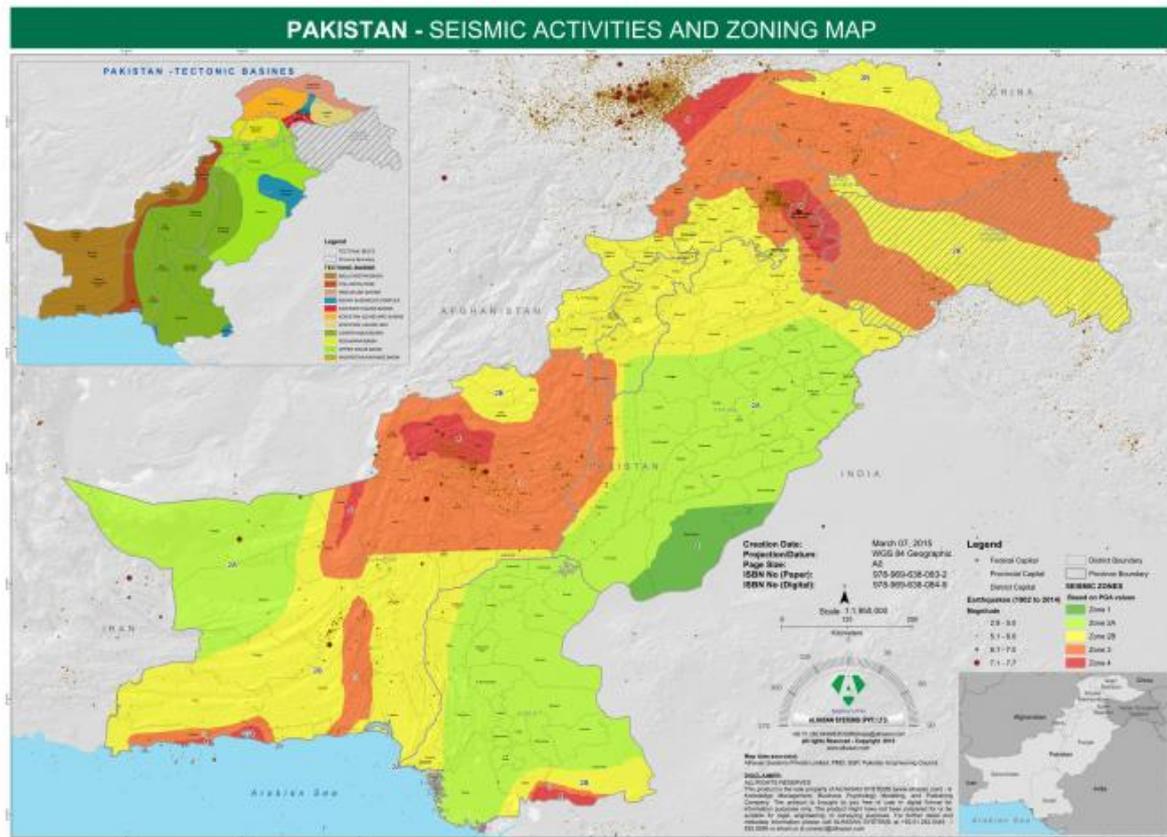
⁴⁶ National Transmission and Despatch Company . (2016). PAK: MFF Power Transmission Enhancement Investment Program Tranche 4-220 KV Nowshera Grid Station and Allied Transmission Line . Nowshera : Asian Development Bank .

⁴⁷ Khyber Pakhtunkhwa Drinking Water Policy, 2015

⁴⁸ Planning and Development Department, Government of Khyber Pakhtunkhwa . (2017). Final Land Use Plan of District Peshawar .

⁴⁹ Building code of Pakistan, Seismic Provisions (2007)

Figure 4.6: Map of Seismic Zones of Pakistan



4.2.5 Ambient Air Quality

The air quality baseline will be conducted in project districts at implementation stage to assess the pollution concentrations in ambient air according to EQS Khyber Pakhtunkhwa. **Table 4.3** shows concentration of P.M_{2.5} and Air Quality Index in Project Districts. Peshawar, Haripur and Nowshera air quality remained “unhealthy” with an air quality ranking of 159, 159 and 172 respectively, according to Air Visual’s Air Quality Index (AQI). AQI recorded between 151 - 200 is classified as ‘unhealthy’ and the air quality may cause the entire population to experience adverse effects. Swabi district with an AQI of 97 is classified as ‘moderate’ i.e. air quality is acceptable and poses little health risk.

Table 4.3: Air Quality Index of Project Districts

Districts	PM _{2.5}		AQI	
	PM _{2.5} Concentration	WHO Standard	AQI Concentration	Color
Peshawar	70.2 ug/m ³	25.0 ug/m ³	159	Unhealthy
Haripur	70.2 ug/m ³	25.0 ug/m ³	159	Unhealthy
Nowshera	95.3 ug/m ³	25.0 ug/m ³	172	Unhealthy
Swabi	34.2 ug/m ³	25.0 ug/m ³	97	Moderate

A cross sectional study was done in Peshawar to determine the concentration of air pollutants between January 2017 to May 2017. ⁵⁰ **Table 4.4** shows that concentration of different air pollutants. Concentration of CO and SO₂ was within normal range. NO is also within normal range except in air samples from Kohat Road. NO₂ concentration is elevated tremendously in all places except Army Stadium area. Concentration of Particulate matter is also elevated well beyond the normal range in all sampled areas. Keeping in view the high level of pollutants it is concluded that air pollution is a major issue in Peshawar. Therefore, monitoring of air quality is important for sub-project districts to evaluate the baseline conditions.

Table 4.4: Concentration of different pollutant gases in different sites of Peshawar City

S. No.	Location	Parameter				
		CO (mg/m ³)	NO (µg/m ³)	NO ₂ (µg/m ³)	SO ₂ (µg/m ³)	PM _{2.5} (µg/m ³)
	Normal value	<10	<40	<80	<120	<15
1	Karkhano Market	7.8	19.7	133.5	52.4	80
2	Hayatabad Phase III Chowk	6.1	23.4	142.9	56.3	90
3	University of Peshawar	4.8	25.8	154.2	62.9	40
4	GT Road University Town	4.5	36.9	173	55	48
5	Army Stadium Chowk	9.3	25.8	35.4	44.5	58
6	Mufti Mehmood Flyover	5.1	38.1	161.7	41.9	86
7	Bacha Khan Chowk	4.5	36.9	167.3	36.7	76
8	Governor House Chowk	6.5	19.7	118.4	23.6	40
9	Qayyum Stadium Chowk	4.8	39.4	169.2	70.7	42
10	Pishtakhara Chowk	6.3	23.4	116.6	47.2	58
11	Kohat Rd Ring Road Junction	7.0	49.2	203	78.6	60
12	Lahori Gate	7.7	27.1	142.9	39.3	48
13	Khyber Bazar Chowk	7.0	24.3	146.6	38	46
14	Charsadda Road	8.2	22.1	142.9	49.8	54
15	Pindi Bus Stand	6.7	14.8	116.6	45.9	51

4.3 Ecological Environment

Khyber Pakhtunkhwa’s biodiversity includes a diverse array of ecosystems and species, and provides a wide range of ecosystem services, such as providing fresh water, regulating the climate, inhibiting soil erosion, regulating surface runoff and providing bio-resources. Khyber Pakhtunkhwa is divided into four agro-ecological zones based on climate, rainfall, temperature, altitude and topography (**Table 4.5 and Figure 4.7**). Peshawar, Nowshera and Swabi district comprise of central valley plain (Zone C), whereas Haripur district falls in sub humid eastern mountain zone (Zone B). Zone C and D comprising of Central Valley Plains and Piedmonts are used for agriculture and livestock grazing purposes. Livelihood is majorly based on agriculture and livestock in KP, with over 80% of the population dependent on agriculture for income. Major crops include wheat, rice and sugarcane. ⁵¹

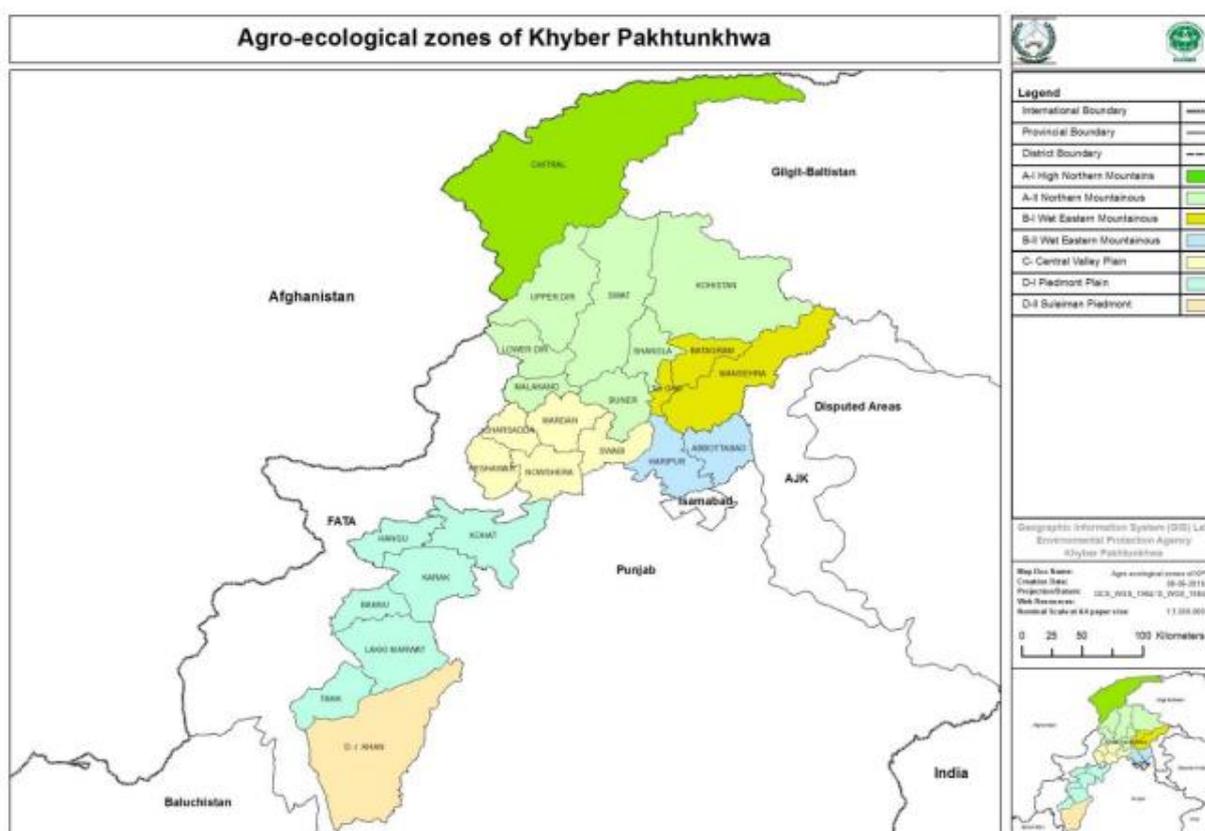
⁵⁰ *Ifitikhar et al., Concentration of air pollutants and their health effects on residence of Peshawar, Pakistan. J Med Sci 2018; 26: (1) 33-36.*

⁵¹ *Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). Khyber Pakhtunkhwa Climate Change Policy .*

Table 4.5: Agro-Ecological Zones of Khyber Pakhtunkhwa

Zone	Description	Districts
A	Higher northern mountains, northern mountains	Buner, Shangla, Dir/Lower and Upper, Swat and Chitral
B	Sub humid eastern mountains and wet mountains	Haripur , Batagram, Mansehra, Abbottabad, Kohistan, Torghar
C	Central Valley Plain	Peshawar , Mardan, Charsadda, Nowshera , Swabi , Kohat
D	Piedmont plain, Suleiman piedmont	Hangu, Bannu, Karak, Lakki Marwat, Tank, D.I.Khan

Figure 4.7: Agro-ecological Zones of Khyber Pakhtunkhwa



4.3.1 Protected Areas

The protected areas in Khyber Pakhtunkhwa cover 14% of its landmass, consist of 163 sites of all categories of protected areas and spread across all climatic zones of the province. In addition to these sites, there are 38 public game reserves and 106 community/private game reserves in the province.^{52 53} The details of protected areas of project sites are included in Table 4.6. There are 25 protected sites in project districts which include 3 wildlife parks, 8 game reserves, 5 community game reserves, 8 private game reserve and 1 unclassified, covers an area of 36,184 ha. The project interventions are not likely to

⁵² Directorate of On-Farm Water Management . (2019). ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK - Khyber Pakhtunkhwa Irrigated Agriculture Improvement Project.

⁵³PPAF. (2014). Environmental and Social Management Framework .

be carried out in protected areas of Khyber Pakhtunkhwa, however management plan will be prepared if there is an indirect impact on any protected area.

Table 4.6: Protected Areas of Project Districts

Name	Area (ha)	District
Wildlife Parks		
Cherat	2,688	Nowshera
Manglot	715	Nowshera
Nizampur	2,612	Nowshera
Game Reserve		
Bagra	2560	Haripur
Kalinjar	2000	Haripur
Mang	4350	Haripur
Maroba	3520	Nowshera
Nizam Pur	780	Nowshera
Pind Hashim Khan	3130	Haripur
Rakh Sardaran	4200	Haripur
Shamshtoo	3490	Nowshera
Community Game Reserve		
Mohib Banda	27	Nowshera
Baga Hills	61	Swabi
Besak	530	Swabi
Punjpir	55	Swabi
Shewa Karmar	627	Swabi
Unclassified		
Kheshki Reservoir	263	Nowshera
Private Game Reserve		
Rakh Malik Banaras Khan	55	Haripur
Rakh Nadir Khan	47	Haripur
Rakh Rifaqat Shah	50	Haripur
Rakh Raja Gustasap Khan	130	Haripur
Rakh Saeed Taj Muhammad	23	Haripur
Rakh Sardaran	4200	Haripur
Rakh Sultan Mohammad Khan	45	Haripur
Rakh Syed Ali Shah	26	Haripur
Total		36,184

4.3.2 Forests

The total area under the Khyber Pakhtunkhwa Forest Department in 2014-15 was 5,058,795 acres including Reserved Forest (232,157 acres), Protected Forest (1,163,276 acres), Resumed land (90,271 acres), Unclassed Forest (259,960 acres), section 38 (19,183 acres), Communal (122,944 acres), Guzara Forest (648,992 acres), Private Plantation (1,767,567 acres) and Miscellaneous (754,445 acres). Out of which 488,696 acres fall in the project districts.⁵⁴ NOC will be obtained from forest department (if required) for interventions near or inside the protected forest. The list of forests in project districts is included as **Table 4.7**.

Table 4.7: Forests in Project Districts

Forest Type	Area (in acres)			
	Peshawar	Nowshera	Haripur	Swabi
Reserved Forest	0	12936	34394	0
Protected Forest	0	0	0	0
Resumed Land	0	0	841	537
Unclassed Forest	0	0	0	0
Section 38	52	0	349	0
Communal	0	800	0	0
Guzara Forest	0	0	59960	0
Private Plantation	53027	159081	88378	70703
Miscellaneous	1964	5325	349	0
Total	55043	178142	184271	71240

Source: Development Statistics, KP, 2014 – 2015

4.4 Biological Environment

This section describes the biotic factors in the project area.

4.4.1 Flora

Flora of Khyber Pakhtunkhwa is quite diverse. About nine distinct vegetation types exist in the province. These include Riverain forest, Tropical thorn forest, Mazri palm scrub, and subtropical sub humid forest, subtropical humid Chir pine forest, moist temperate conifer forest, temperate Conifer forest, sub alpine scrubs and alpine meadows.⁵⁵

In Haripur District, the common trees are Shisham (*Dalbergia sissoo*), Toot (*Morusable*), Phulai (*Acacimadesta*), Beri (*Zizyphus Jujaba*) and Kiker (*Acacia arabica*). The most famous flowers are roses, jasmine gul- e-dawoodi etc. In Peshawar district, the common trees are mesquite, *ber*, acacia and *jhand*. The common shrubs are spynda, *akk*, small red poppy, spera, camel thorn, paighambari gul and drab grass. All kind of roses, *gul-e-dawoodi*, *chamba* (white and yellow), rambel, *nargis*, *kasmalo*, *gander*, mori and other seasonal flowers are planted and sown in the district. The Swabi district is rich in medicinal herbs⁵⁶.

⁵⁴ Development Statistics, KP, 2014 – 2015

⁵⁶ Abdul Waheed et.al. "Survey of medicinal plants and patterns of knowledge in district Swabi/ Khyber Pakhtunkhwa, Pakistan", International Journal of Phytomedicine 10(2):100, July 2018

4.4.2 Fauna

Khyber Pakhtunkhwa is one of the most diverse landscapes in the country that possesses every component of the natural environment, snow covered peaks, green mountains, painted landscape, a variety of agro-ecological zones, rivers and streams, and a variety of cultures closely knitted with the available natural elements. All ecological zones, from temperate to arid and sandy, are full of resources to host a number of wildlife species. Despite anthropogenic and habitat loss pressures on wildlife, and resultant decrease of population in some species, still a few species have recovered because of preservation efforts. Socioeconomic Environment

This section describes the socioeconomic profile of the project districts and gives a summary of the prevailing socio-economic conditions in the project area and the population that will be potentially affected by the Project. To ascertain the socioeconomic conditions of the project area, secondary data was used.

4.4.3 Demography and population

According to the national population census conducted in 2017, the population of the province has increased to 30.52 million as compared to 17.74 million according to 1998 Census recording an increase of 58% of over the last 19 years. The percentage of population in rural and urban areas in 2017 was 81.2% and 18.8% respectively. (Table 4.8).

Table 4.8 Demographic Statistics ⁵⁷

Province/ District	Growth Rate 1998-2017 (%)	Rural Population (2017)	Urban Population (2017)	Total Population (2017)
Peshawar	3.99	2,299,037	1,970,042	4,269,079
Nowshera	2.94	1,179,890	338,650	1,518,540
Haripur	1.97	870,007	133,024	1,003,031
Swabi	2.41	1,348,691	275,925	1,624,616
KP	2.89	24,793,737	5,729,634	30,523,371

4.4.4 Health

The provincial Department of Health (DOH) KP, headed by the secretary health, is responsible for the design of health policies and strategies as well as M&E. It oversees three main units: (i) the health secretariat under the DOH, supervises the sector coordination and delivery of tertiary and some secondary District Health Quater (DHQs) health care services including teaching medical institutions (TMIs); (ii) the director general of health services coordinates various programs and district health service delivery and directs their implementation; and (iii) the health services academy manages in service and pre-service training. The district health officers (DHOs) organize and deliver primary and secondary health services, except for the DHQ hospitals. The DHQs are monitored by the medical superintendents, reporting directly to the director general of health services. Newly established units or bodies are in charge of policy and oversight functions: health sector reforms unit (reform strategies and

⁵⁷ http://www.pbs.gov.pk/sites/default/files/PAKISTAN%20TEHSIL%20WISE%20FOR%20WEB%20CENSUS_2017.pdf

initiatives), health financing (health insurance scheme), HCC (regulation and quality assurance), and IMU (M&E).⁵⁸

Public sector facilities in KP are composed of hospitals ranging from MTIs to DHQ hospitals and public hospitals and supported by RHCs. These facility types have inpatient bed capacities and are further supported by a range of un-bedded facilities: BHUs, government rural dispensaries, mother and child health centres, and tuberculosis clinics. See **Table 4.9** for KP health facilities types and capacity.

Table 4.9: KP Health Care Facilities Network⁵⁹

Type of Facility	No. of Facilities	No. of Beds	Average size
Tertiary and secondary care			
Category A hospitals, MTIs and non-MTIs	14	9,200	657
Specialized hospitals	24	1,604	67
District headquarter (DHQ) hospitals	19		
Tehsil headquarter (THQ) hospitals	78		
Category B	13	3,104	239
Category C	26	3,061	117
Category D	63		
Other (police)		150	
Primary care			
Rural health centers (RHCs)	111	1,324	12
Basic health units (BHUs)	776		
Civil dispensaries	446		
Mother and child health centers	49		
Sub-health centers, TB and leprosy clinics	89		
All facilities	1,708	18,433	

Peshawar: In Peshawar, there are 17 Hospitals (with cumulative total of 5131 beds capacity), 37 dispensaries, 3 rural health centres (B=54), 47 Basic Health Units (BHUs), 4 Mother Child Health (MCH) Centres and 4 TB Clinic (B=52).⁶⁰ Also, there are 1,046 doctors, 176 dispensers, 708 nurses, 60 Lady Health Workers (LHW) and 1,888 other paramedical staff posted by the government in the district.⁶¹

Nowshera: In Nowshera, there are 7 Hospitals (with cumulative total of 474 beds capacity), 16 dispensaries (B= 12), 7 rural health centres (B=56), 30 Basic Health Units (BHUs), 2 Mother Child Health (MCH) Centres and 1 TB Clinic.⁶²

Haripur: In Haripur, there are 10 public hospitals, 11 dispensaries, 5 RHCs, 40 BHUs, 2 MCH centres and 6 Sub health centres.⁶³ In terms of public medical practitioners, overall there are 164 practicing

⁵⁸ Khyber Pakhtunkhwa HEALTH SECTOR REVIEW - Hospital Care October 2019

⁵⁹ Government of Khyber Pakhtunkhwa, Department of Health. 2017. Khyber Pakhtunkhwa HEALTH SECTOR REVIEW - Hospital Care October 2019

⁶⁰ District Health Information System, Khyber Pakhtunkhwa, 2018

⁶¹ DISTRICT PROFILE – PESHAWAR DISTRICT PAKISTAN EMERGENCY SITUATIONAL ANALYSIS 2015

⁶² District Health Information System, Khyber Pakhtunkhwa, 2018

⁶³ District Health Information System, Khyber Pakhtunkhwa, 2018

doctors, 9 dental surgeons, 59 nurses, 30 Nurse midwives, 77 midwives and 40 LHV. Apart from this there are a total of 127 private medical practitioners.⁶⁴

Swabi: Swabi has 6 hospitals, the number of dispensaries is 13, while 6 Rural Health Centers (RHCs) are currently serving the community in rural areas and 38 Basic Health Units (BHUs) operate across the district. There are 2 TB and 1 leprosy clinics available. The number of Maternal and Child Health (M.C.H) centers is 3.⁶⁵

Table 4.10: District/Tehsil Wise Number of Govt. Health Institutions & their Bed Strength in Khyber Pakhtunkhwa⁶⁶

District/Tehsil	Hospitals		Dispensaries		R.H.Cs		T.B Clinics		MCH Centre	Sub Health Centres	BHU	Leprosy Clinic
	Nos	Beds	Nos	Beds	Nos	Beds	Nos	Beds				
Peshawar	17	5131	37	0	3	54	4	52	4	0	47	1
Nowshera	7	474	16	12	7	98	1	0	2	1	30	0
Haripur	10	651	11	0	5	54	1	0	2	6	40	1
Swabi	6	530	13	0	6	90	2	0	3	0	38	1

The health outcome situation analysis reveals that infant mortality and under-5 mortality rates are 53 and 64 per 1,000 live births in KP compared to 62 and 74 per 1,000 live births at the national level. The Neonatal and post neonatal mortality rate is 42 and 11 for 10-year period preceding the Pakistan Demographic and Health Survey (PDHS). In terms of service utilization by women; the 2017-18 PDHS results shows KP to be second lowest in terms of maternal and antenatal care coverage. The results show that 80.1% of women who gave birth in the 5 years preceding the survey received antenatal care from a skilled provider at least once for their last birth with 44.6% having received 4 or more Antenatal Care visits. Urban women were more likely than rural women to have received ANC from a skilled provider (93% and 77% respectively). Similarly, for KP, the trends for birth having occurred in health facility shows 62% of women in KP having used a health facility for delivery.⁶⁷

Table 4.11: Women using Antenatal Care in Project Districts

District	Avg. Women Using Antenatal Care (2018)
Peshawar	5061
Haripur	5513
Nowshera	2601
Swabi	3266

The District Health Information System (DHIS) for KP report for 2018 shows Antenatal care services (ANC-1) in government health facilities with Nowshera showing the worst performance in terms of average antenatal coverage for year 2018.⁶⁸ As for immunization, children under 12 months receiving 3rd Pentavalent vaccine shows that only around 66% of expected children have been immunized through pentavalent vaccine and only 58% children under 12 months in Peshawar having received 1st Measles vaccine. The table below shows the situation for immunization for all 4 project districts.

⁶⁴ District Profile Haripur - Small and Medium Enterprise Development Authority 2013

⁶⁵ District Health Information System, Khyber Pakhtunkhwa, 2018

⁶⁶ District Health Information System, Khyber Pakhtunkhwa, 2018

⁶⁷ National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. Pakistan Demographic and Health Survey (PDHS) 2017-18. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

⁶⁸ <https://www.dhiskp.gov.pk/reports/1st%20Quarter%20Report%202019.pdf>

Table 4.12: Situation for immunization in Project Districts (2018)

District	Population	Expected Children	Children under 12 m received 1st Measles vaccine	%	Children under 12 m received 3rd Pentavalent vaccine	%
Peshawar	4269079	123803	71660	58	81281	66
Haripur	1003031	29088	29018	100	28651	98
Nowshera	1518540	44038	27205	62	30429	69
Swabi	1624616	47114	40151	85	42465	90

Overall for KP, about 73.5 percent of the children receive vitamin A supplementation (versus 75 percent nationally). The use of modern contraceptives is very low both at the provincial level (23 percent) and at the national level (25 percent), while the proportion of children immunized against measles is at 63 percent in the province versus 73 percent nationally. The table below shows KP performance in terms of health outcomes and service utilization in comparison to the national average and average of its peers in the South Asia Region (SAR).⁶⁹

Table 4.13 Key Health Outcomes and Service Utilization Indicators in KP vis a vis National and SAR⁷⁰

	KP (PDHS 2017/18)	Pakistan (PDHS 2017/18)	SAR average [#] (2015-2017)
Key RMNCHN outcomes			
Infant mortality rate (per 1,000 live births)	53	62.0	31.9
Under-5 mortality rate (per 1,000 live births)	64	74.0	39.7
TFR (births per woman)	4.0	3.6	2.6
Stunting rate (% of children under 5)	40%	37.6	35.0*
Key RMNCHN service utilization indicators			
Skilled birth deliveries (% of pregnant women)	62%	69.3	--
Any ANC from a skilled provider (% of pregnant women)	80.1%	86.2	--
Use of modern contraception (% of currently married women)	23%	25.0	50.3**
Vitamin A supplementation (% of children ages 6-59 months)	73.5%	75.2	82.9
Immunization, measles (% of children ages 12-23 months)	63.3	73.0	85.4

4.4.5 COVID-19 Situation Analysis in Pakistan

The current situation analysis of COVID-19 in KP reveals 3712 cases reported and 203 deaths as of 7th May, 2020, making it the highest number of cases as compared to other provinces. The countrywide case fatality rate (CFR) is 1.43 percent with the highest being reported in KP (3.5 percent) followed by Sindh (1.7pc), GB (1.3pc), Punjab (0.8pc) and Balochistan (0.5pc). The government of Pakistan provided the COVID-19 mitigation strategies such as early case detection and Tracing and tracking of contacts, Risk communication, Social Distancing, Quarantine and Isolation to avoid the spread of COVID-19.

Designated Hospitals: In the capital territory Islamabad, there are two government hospitals functional for COVID. While in the Baluchistan, there were 10 hospitals for COVID-19. In Khyber Pakhtunkhwa (KP) 7, Punjab (PJB) 6, Sindh (SD) 4, Gilgit-Baltistan (GB) 4, and Azad Jammu and Kashmir (AJK) 3 hospitals are functional. Specific hospitals have been approved for admission and management of

⁶⁹ http://nips.org.pk/abstract_files/PDHS%202017-18%20-%20key%20%20findings.pdf

⁷⁰ Sources: [#]WBG. Find my Friends using data from the Health Nutrition and Population statistics (unless otherwise specified). ^{*}United Nations Children's Fund (UNICEF). 2017. <http://www.unicef.org/progressreport/stopstunting.html>. ^{**}UN 2015. Estimated. https://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptive_Use2015Report.pdf

suspected and confirmed based upon availability of quality isolation wards at Federal, provincial and regional level. Each institute and hospital are expected to conduct need and availability assessment of supplies (equipment, personal protective equipment, laboratory diagnostics) and including identification of sources to ensure provision and availability of PPEs and other equipment. The recently drafted National IPC guidelines/SOPs (Standard operational procedure) will be distributed and implemented which are following;

1. Standard Operating Procedures (SOPs) have been developed and disseminated for waste management at hospitals and airports. Local SOPs should be established and available in all HCFs with appropriate training of the staff assigned to handle the waste.
2. Disinfection and Environmental decontamination SOPs were developed.

Quarantine Facilities: The Quarantines being used to restrict the activities or separation of persons (in a non-health care facility) who were not ill yet, but who might have been exposed to an infectious agent or disease such as COVID 19 with the objective of monitoring symptoms and early detection of cases. The places use for Quarantine of COVID-19 people are widely disturbed in provinces. In Islamabad the capital of the country, have allotted the two quarantine facilities. In the Baluchistan, there were 10, Khyber Pakhtunkhwa 52, Punjab 6, Sindh 2, while Gilgit-Baltistan 63 quarantine facilities were being functional.

Testing Facilities: Globally PCR is used for COVID-19 test which are the best and easy method, so Pakistan's government also recommends PCR method. In different cities across the country 15 (ICT-01, Balochistan-01, KP-01, Punjab-04, Sindh-05, AJK-01, GB-01 and NIH mobile testing lab deployed in Taftan) laboratories have been equipped with free PCR system facilities for COVID-19 test. Pakistan's testing capacity has been increased from 30,000 to 280,000 and would be further enhanced to 900,000⁷¹.

4.4.6 Education

In 2010, introduction of 18th Constitutional Amendment led to the devolution of all administrative and legislative functions relating to education to the provinces⁷². As a result, education policy, planning, governance and management processes were reconfigured across all provinces. In KP, the Khyber Pakhtunkhwa Elementary and Secondary Education Department (E&SED) is the key provincial entity that is mandated to manage both formal and non-formal education functions. The E&SED has adopted National Education Policy 2009 as the guiding framework for education sector in the province. In order to be compliant with the constitutional obligation under Article 25-A, Khyber Pakhtunkhwa Free Compulsory Primary and Secondary Education Act was enacted in 2017. The law provides for free and compulsory education for all children in the province.

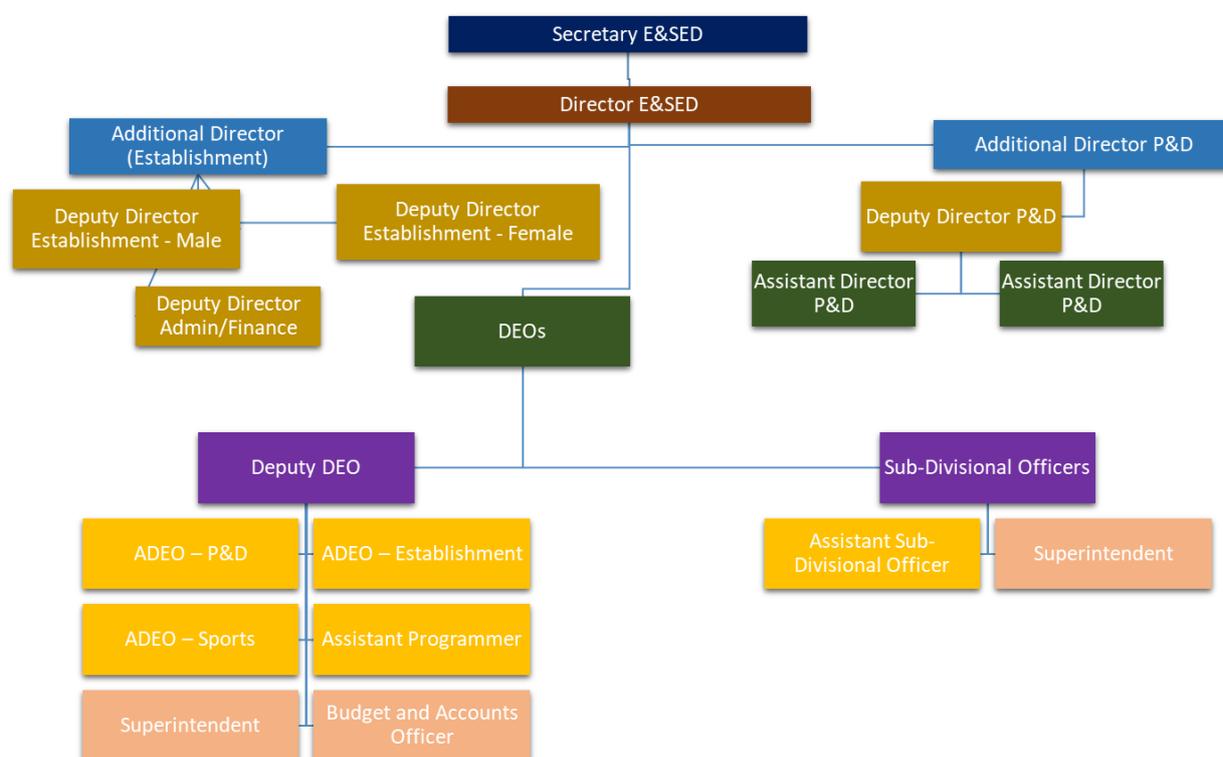
At the policy level, the Khyber Pakhtunkhwa's Education Sector Plan (ESP) 2015-20 provides comprehensive and all-encompassing policy guidance to deal with the challenges related to access, quality and governance of education. ESP vision and targets indicate that the Elementary and Secondary Education Department (E&SED) is strategically planning and carefully prioritizing actions for sustainable transformation of the sector ultimately leading to provision of quality education to all children in KP. Besides providing policy guidance, ESP also points towards the need to address management, planning and implementation capacity gaps at all governance tiers for successful implementation of the plan and its targets.

⁷¹ <https://www.sciencedirect.com/science/article/pii/S2052297520300330>

⁷² The Gazette of Pakistan, Extr. Pt. 1, Constitution (Eighteenth Amendment) Act 2010, Act No X of 2010, P 267, 20th April 2010.

Education Management and Service Delivery Structure: Province, Districts and Schools: The education management and service delivery structure in KP consists of provincial, district and school tiers. The key actors in education service delivery and their operational relations at province, district and school levels. At the provincial level, E&SED is the key provincial department in KP that is responsible for education policy, planning, service delivery and monitoring. Directorate of Elementary and Secondary Education (DESE) is the key provincial entity that manages the planning, budgeting, human resource management and monitoring functions under the policy guidance of E&SED. DESE directly manages the district education management and it also acts as a bridge between Secretariat of E&SE and district management. The allied institutions of E&SED at provincial level, which can be seen below in Figure 16, include Directorate of Curriculum and Teachers Education (DCTE), Provincial Institute for Teacher Education (PITE), Regional Institutes for Teacher Education (RITEs), Planning Cell, Provincial Education Assessment Centre (PEACE), Elementary and Secondary Education Foundation (ESEF), Education Sector Reforms Unit (ESRU), Education Management Information System (EMIS) and Independent Monitoring Unit (IMU). Their role and responsibilities are provided in detail in Annexure 3.

Figure 4.8: Mapping Education Administration- KP



The provincial government of Khyber Pakhtunkhwa has devolved the subject of education to the district governments⁷³. The KP Local Government Act, 2013, authorizes the District Government for operation, management and control of devolved offices⁷⁴, education being one of them. District governments are responsible for the provision of education services but the linkages between elected local governments and district education management are not effective. The KP Local Government Act, 2013, requires allocation of development grant for local governments by the Provincial Finance Commission (PFC) which is to be not less than thirty percent (30%) of the total development budget of the province. The grant shall be in addition to the establishment charges budgeted for the devolved functions and transfers in Lieu of Octroi and Zilla taxes⁷⁵. District education management in KP owing to its weak linkages and administrative relations with local governments is not effectively benefitting from the finances

⁷³ First Schedule, Part A, The Khyber Pakhtunkhwa Local Government Act 2013

⁷⁴ Section 13, KP Local Government Act 2013

⁷⁵ Section 53-1(a) & 4, The Khyber Pakhtunkhwa Local Government Act 2013

available with devolved elected governments. These additional development financing can help improve education service delivery in each district. The district education management works under the administrative control of DESE and it comprises District Education Officer (DEO) male, DEO female, Deputy DEOs, Sub DEOs and Assistant SDEOs.

Besides provincial ESP, KP has also developed district education plans (DEP) for each district in the province. KP DEPs have been developed using district specific data and are responsive to unique needs of each district. KP has employed bottom-up planning approach to make sure that each DEP responds to the needs of entire school age population in that district. The unique features of KP DEPs are that they are not only costed but also aligned to the policy priorities and goals set in provincial ESP. Implementation of DEPs and delivery of key education services require that district education management establishes effective operational relations with the province, local governments and schools.

The education outcome situation analysis reveals that while the Millennium Development Goals (MDGs) focused the world's attention on ensuring every child gained access to basic education, KP along with other provinces in Pakistan, has struggled to deliver this. Overall, Pakistan's HDI value for 2018 is 0.560— which put the country in the medium human development category—positioning it at 152 out of 189 countries and territories. Despite repeated national and international commitments, the MDG targets for net primary enrolment (5-9 years), completion rates (grade 1-5) as well as literacy rates (10 years and above) have been widely missed. As per the latest Pakistan Social and Living Standards Measurement (PSLM) survey, Pakistan's overall literacy rate is at 58 percent, with literacy rate of males 70 percent and 48 percent of females. The national Net Enrolment Rate (NER) at primary level stood at 54 percent while Punjab leading the rest with 59 percent, followed by Khyber Pakhtunkhwa with 53, Sindh by 48 percent and Balochistan 33 percent. Similarly, the Gross Enrolment Rate (GER) for Pakistan is 87 percent; again Punjab with 93 percent, Khyber Pakhtunkhwa 88 percent, Sindh 78 percent and Balochistan 60 percent. The data on national learning achievements shows an equally bleak picture. A recent Annual Status of Education Report (ASER) suggests that barely 50% of the children in Grade 5 can read Urdu and only 40% can read English or do 3-digit divisions.

One of the most concerning indicators is the number of Out of School Children (OOSC) and high dropout rate. The latest report on Pakistan Education Statistics (PES) (2015-16), by the National Education Management Information System (NEMIS), has estimated that there are currently 51.17 million out of school children in Pakistan between the ages of 5 and 16. Of these, 5.03 million children are of primary-school-going age out of school. At the middle, high and higher secondary level the out of school children are 6.40 million, 4.88 million and 6.33 million respectively. Similarly, the retention or survival rate is also presenting a very bleak picture. From the same report, the current survival rate at primary level is only 65%, down from the 69% reported in 2014-15.

Khyber Pakhtunkhwa also faces challenges of inequitable educational access and quality as around 2.38 million children of 5-16 years of age are out of school in the province.⁷⁶ The survival rate at primary level matches the national survival and is reported to be around 64.3 percent. Alif Ailan also suggested that the dropout rate in KP, for children between the age of 5-16, is around 34.5%. As per recent data KP province has 27,514 thousand primary, middle and higher secondary public sector schools with 4.49 million students and 131,610 thousand school teachers.⁷⁷ The Net Enrolment Rate (NER) at primary level for boys in KP is 58 percent compared with 47 percent for girls. There is a huge decline in NERs at the middle and matric levels in KP as only 21 percent and 10 percent of the age-appropriate population is enrolled at middle and matric levels, respectively.⁷⁸ The Gender Parity Index (GPI) in enrolment stands at 0.74 in KP, the GPI at primary level is 0.84 while at secondary level it significantly drops to 0.60. The overall literacy rate (10 years and above) of the province is 53 percent in 2015-16, which is

⁷⁶ NEMIS (2018).

⁷⁷ NEMIS. (2018).

⁷⁸ PSLM, 2016

below the national average (58 percent). There is a marked difference in male (72 percent) and female (36 percent) literacy rates in the province.⁷⁹

The following statistics provide some of the key provincial statistics,

- Out of the 27,514 total schools, 21,180 (61% boys and 39% girls) are government primary schools, 791 are mosque/maktab schools and 255 are community primary schools. Out of the total primary schools, 1369 schools are located in urban areas and 19,811 are located in rural areas. There are 5,543 schools at the secondary level (61% boys and 39% girls), out of which there are 2,673 middle schools, 2,227 high schools and 643 higher secondary schools (**Table 4.14**).

Table 4.14: Total Number of Schools in Khyber Pakhtunkhwa

All level institutions	Primary	Mosque	Middle	High	Higher Secondary	Total
Boys Schools	12586	791	1475	1422	411	16685
Girl Schools	8594	0	1198	805	232	10829
Total	21180	791	2673	2227	643	27514
Percentage	77%	3%	10%	8%	2%	100%

- In terms of missing facilities, statistics on provision of basic facilities reveals that 8% of the schools lack boundary walls, 18% of the schools lack drinking water supply, 26% schools lack electricity and 8% schools lack toilets facilities. (**Table 4.15**)

Table 4.15: Percentage of Government Schools without Basic Facilities

All level Institutions	Boundary Wall			Water			Electricity			Toilet		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
High	3.38%	0.12%	2.20%	7.31%	4.22%	6.20%	8.02%	5.47%	7.09%	1.97%	0.37%	1.39%
Higher Secondary	1.22%	0.00%	0.78%	4.87%	0.86%	3.42%	4.14%	1.72%	3.27%	0.49%	0.00%	0.31%
Middle	6.31%	1.75%	4.26%	17.42%	12.85%	15.38%	25.08%	20.45%	23.01%	5.69%	1.59%	3.85%
Primary	12.79%	3.77%	9.26%	25.18%	12.89%	20.37%	32.93%	23.07%	29.07%	13.01%	4.11%	9.53%
Total	11.13%	3.20%	8.01%	22.47%	11.99%	18.34%	29.40%	21.02%	26.10%	11.11%	3.46%	8.10%

- Overall enrollment in government schools is 4.381 million with 3.116 million (71.14%) students enrolled at primary level, 1.264 million (28.86%) students enrolled at middle and secondary level. Further breakup of enrollment percentage at secondary level includes 18.58% at middle, 8.49% at high and 1.79% at higher secondary level. Implying that the average number

⁷⁹ Government of Pakistan. (2018). Op. cit. Chapter 10.

of students in government primary schools is 142 while it is 228 in secondary schools (**Table 4.16**).

Table 4.16: Gender Wise Enrolment in Khyber Pakhtunkhwa

All level Institutions	Boys Schools	Girls Schools	Total Enrollment	Percentage
Primary (Katchi to 5)	1690347	1425972	3116319	71%
Middle (6-8)	492708	321190	813898	19%
High (8- 10)	233304	139045	372349	8%
Higher Secondary (11 -12)	50313	27737	78050	2%
Total	2466672	1913944	4380616	100%

- The total number of sanctioned posts of teachers in government schools is 162,553 (102,941 male and 59,612 female). From the total sanctioned posts of teachers in government schools, 81,822 posts are in primary schools (51,309 male and 30,513 female), 18,731 posts are in middle schools (10,881 male and 7,850 female), 38,658 posts are in high schools (25,520 male and 13,38 female) while 23,342 posts in higher secondary schools (15,231 male and 8,111 female).
- Total number of working teachers in government schools is 142,623 (91,606 male and 51,017 female). From the total teachers, 75,603 teachers are in primary schools, 873 are in mosque schools, 15,666 are in middle schools, 33,259 are in high schools and 17,222 are in higher secondary schools. The teacher student ratio in government primary schools level is 1:41 while it is 1:19 in secondary schools (**Table 4.17**).

Table 4.17: Number of Working Teachers in Govt. Schools

All level Institutions	Male	Female	Total	Percentage
Primary	48,345 63%	28,131 37%	76,476	54%
Middle	9406 60%	6260 40%	15,666	11%
High	22280 67%	10979 33%	33,259	23%
Higher Secondary	11575 67%	5647 33%	17,222	12%
Total	91,606 64%	51,017 36%	142,623	100%

The overall Gross Enrolment Ratio (GER)⁸⁰ (based on population 5-9 years projected from 1998 population census, BoS) in government primary schools, non-government schools and deeni madaris (an institution primarily in control of religious educational intitution) in Khyber Pakhtunkhwa is 89% while GER in only government primary schools is 60%. Similarly, the overall GER (based on population 10-14 years projected from 1998 population census, BoS) in government secondary schools and non-government schools in Khyber Pakhtunkhwa is 44% while GER in only government secondary schools is 30%.

⁸⁰ Dividing the total number of students at a particular level of education regardless of age by the population of age group corresponding to the official age of that level and converting the result in to a percentage is called GER.

The overall Net Enrollment Ratio (NER)⁸¹ at primary level is 68%, while it is 32% at Secondary Level. The transition rate from Class-5 to Class-6 in government schools is 87.45% (86.5% for boys and 88.91% for girls). The most discouraging numbers however are of gender parity where the Gender Parity Index⁸² (GPI) is 74.51% at primary level while at secondary level it is 58.18% in the year 2017-18.

Peshawar District: In Peshawar District, the Gross Enrolment Ratio (GER) (based on population 5-9 years projected from 1998 population census, Bureau of Statistics (BoS) in government primary schools, non-government schools and deeni madaris is 82% while GER in only government primary schools is 40%. Similarly, the overall GER (based on population 10-14 years projected from 1998 population census, BoS) in government secondary schools and non-government schools is 37% while GER in only government secondary schools is 18%. (**Table 4.18**)

Table 4.18: Gross Enrolment Ratio (GER) in Peshawar District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
40%	39%	40%	52%	29%	41%	2%	0%	1%	20%	16%	18%	27%	12%	19%

The overall Net Enrollment Ratio (NER) at primary level is 68%, while it is 32% at Secondary Level. The transition rate from Class-5 to Class-6 in government schools is 93.48% (86.50% for boys and 105.76% for girls). The most discouraging numbers however are of gender parity where the Gender Parity Index (GPI) is 73.40% at primary level while at secondary level it is 57.45% in the year 2017-18. (**Table 4.19**)

Table 4.19: Net Enrolment Ratio (NER) in Peshawar District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
30%	26%	28%	43%	24%	33%	1%	0%	1%	20%	16%	18%	27%	12%	19%

Out of 1384 government schools, 1039 are govt. primary schools, 157 are govt. middle schools, 141 are govt. high schools and 47 are govt. higher secondary schools. In terms of missing facilities in government primary schools, statistics on provision of basic facilities reveals that 9 of the schools lack boundary walls, 79 of the schools lack drinking water supply, 402 schools lack electricity and 31 schools lack toilets facilities (Table 4.20).

Table 4.20: Number of Government Primary Schools with/without Basic Facilities in Peshawar District

Gender	Boundary Wall		Water		Electricity		Toilet	
	Total with	Total without	Total with	Total without	Total with	Total without	Total with	Total without
Boys	766	7	735	42	533	244	753	24
Girls	605	2	570	37	449	158	600	7

⁸¹ Dividing the number of students enrolled at a particular level of education of official age group by the population of age group corresponding to the official age of that level and converting the result into a percentage is called NER.

⁸² Ratio of female to male values of Gross Enrolment Ratios is called GPI in gross enrolment.

Nowshera District: In Nowshera District, the Gross Enrolment Ratio (GER) (based on population 5-9 years projected from 1998 population census, BoS) in government primary schools, non-government schools and deeni madaris is 90% while GER in only government primary schools is 56%. Similarly, the overall GER (based on population 10-14 years projected from 1998 population census, BoS) in government secondary schools and non-government schools is 44% while GER in only government secondary schools is 30% (**Table 4.21**).

Table 4.21: Gross Enrolment Ratio (GER) in Nowshera District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
56%	57%	56%	39%	24%	32%	3%	1%	2%	33%	26%	30%	18%	9%	14%

The overall Net Enrollment Ratio (NER) at primary level is 69%, while it is 31% at Secondary Level. The transition rate from Class-5 to Class-6 in government schools is 94.33% (92.88% for boys and 96.38% for girls). The Gender Parity Index (GPI) is 84.54% at primary level while at secondary level it is 68.63% in the year 2017-18 (**Table 4.22**).

Table 4.22: Net Enrolment Ratio (NER) in Nowshera District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
42%	38%	40%	33%	20%	27%	2%	1%	2%	22%	15%	19%	15%	8%	12%

Out of 1015 government schools, 771 are govt. primary schools, 101 are govt. middle schools, 106 are govt. high schools and 37 are govt. higher secondary schools. In terms of missing facilities in government primary schools, statistics on provision of basic facilities reveals that 15 of the schools lack boundary walls, 51 of the schools lack drinking water supply, 92 schools lack electricity and 17 schools lack toilets facilities (**Table 4.23**).

Table 4.23: Number of Government Primary Schools with/without Basic Facilities in Nowshera District

Gender	Boundary Wall		Water		Electricity		Toilet	
	Total with	Total without	Total with	Total without	Total with	Total without	Total with	Total without
Boys	538	10	521	30	509	42	539	11
Girls	446	5	435	21	405	50	450	6

Haripur District: In Haripur District, the Gross Enrolment Ratio (GER) (based on population 5-9 years projected from 1998 population census, BoS) in government primary schools, non-government schools and deeni madaris is 112% while GER in only government primary schools is 64%. Similarly, the overall GER (based on population 10-14 years projected from 1998 population census, BoS) in government secondary schools and non-government schools is 62% while GER in only government secondary schools is 41% (**Table 4.24**).

Table 4.24: Gross Enrolment Ratio (GER) in Haripur District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
62%	65%	64%	51%	42%	47%	2%	0%	1%	43%	39%	41%	23%	19%	21%

The overall Net Enrollment Ratio (NER) at primary level is 81%, while it is 43% at Secondary Level. The transition rate from Class-5 to Class-6 in government schools is 100.53% (99.25% for boys and 101.91% for girls). The Gender Parity Index (GPI) is 93.04% at primary level while at secondary level it is 87.88% in the year 2017-18 (**Table 4.25**).

Table 4.25: Net Enrolment Ratio (NER) in Haripur District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
40%	41%	40%	44%	35%	40%	1%	0%	1%	25%	24%	25%	20%	16%	18%

Out of 1130 government schools, 854 are govt. primary schools, 128 are govt. middle schools, 121 are govt. high schools and 27 are govt. higher secondary schools. In terms of missing facilities in government primary schools, statistics on provision of basic facilities reveals that 47 of the schools lack boundary walls, 197 of the schools lack drinking water supply, 228 schools lack electricity and 48 schools lack toilets facilities (**Table 4.26**).

Table 4.26: Number of Government Primary Schools with/without Basic Facilities in Haripur District

Gender	Boundary Wall		Water		Electricity		Toilet	
	Total with	Total without	Total With	Total without	Total with	Total without	Total with	Total without
Boys	636	45	507	175	491	191	638	44
Girls	479	2	459	22	444	37	477	4

Swabi District: In Swabi, the Gross Enrolment Ratio (GER) (based on population 5-9 years projected from 1998 population census, BoS) in government primary schools, non-government schools and deeni madaris is 99% while GER in only government primary schools is 66%. Similarly, the overall GER (based on population 10-14 years projected from 1998 population census, BoS) in government

secondary schools and non-government schools is 55% while GER in only government secondary schools is 40% (Table 4.27).

Table 4.27: Gross Enrolment Ratio (GER) in Swabi District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
67%	66%	66%	40%	22%	32%	1%	0%	1%	45%	34%	40%	22%	7%	15%

The overall Net Enrollment Ratio (NER) at primary level is 76%, while it is 40% at Secondary Level. The transition rate from Class-5 to Class-6 in government schools is 92.76% (88.42% for boys and 98.85% for girls). The Gender Parity Index (GPI) is 81.48% at primary level while at secondary level it is 63.64% in the year 2017-18 (Table 4.28).

Table 4.28: Net Enrolment Ratio (NER) in Swabi District

Primary Level									Middle, High and Higher Secondary					
Govt. Schools			Private Schools			Deeni Madaris			Govt. School			Private Schools		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
50%	48%	49%	34%	19%	27%	1%	0%	1%	30%	23%	27%	19%	6%	13%

Out of 391 government schools, 1010 are govt. primary schools, 130 are govt. middle schools, 130 are govt. high schools and 35 are govt. higher secondary schools. In terms of missing facilities in government primary schools, statistics on provision of basic facilities reveals that 18 of the schools lack boundary walls, 72 of the schools lack drinking water supply, 67 schools lack electricity and 26 schools lack toilets facilities (Table 4.29).

Table 4.29: Number of Government Primary Schools with/without Basic Facilities in Swabi District

Gender	Boundary Wall		Water		Electricity		Toilet	
	Total with	Total without	Total With	Total without	Total with	Total without	Total with	Total without
Boys	722	16	693	45	700	39	711	26
Girls	567	2	542	27	541	28	569	0

4.4.7 Education in the Context of COVID-19

During the COVID-19 pandemic crisis, the dispensation of formal education is something that should not be halted. The COVID-19 pandemic has had an immediate effect on the education system. The GoP has ordered a nationwide closure of all educational institutions and postponed

all examinations until 15th July, 2020. This decision has left more than 50 million students out of school.

The COVID-19 pandemic will disproportionately affect disadvantaged and unreached children, including girls and young women. Low-income households will be immediately affected as most distance learning opportunities that are technology-based are inaccessible to families from lower socio-economic background. The pandemic also will reduce both the demand and supply of education through at least the following channels:

- School closures that stalled the learning of children and with limited alternative channels available inequity in learning will increase
- a negative shock to household income that would make children in those households less likely to attend school once schools reopen, particularly for girls and young women
- a negative effect on households' perceptions and attitudes towards sending children to school due to fears of contagion and a general perceived sense of insecurity; and
- a negative impact to the supply of education via a reduction of public funding for education and the effect of closures on the capacity of low-fee private schools to continue operating.

Pakistan launch its first Tele School Channel which is a joint project of Pakistan Television Ltd and the Ministry of Education. The channel will be available on satellite, terrestrial and cable. The educational channel will beam programs from 8am to 5pm every day and deliver content for grades 1 to 12.

4.4.8 Gender Based Violence

Gender based violence against women is highly prevalent but remains mostly underreported where majority of the literature suggests lower number of reported cases of rape, abuse, harassment and even killings in KP. A scoping study conducted by the Gender Equality Programme (GEP) funded by USAID and implemented in Pakistan by The Asia Foundation (TAF) and Aurat Foundation identified that a total of 8,548 cases of GBV were reported across Pakistan during 2010 out of which only 655 cases were reported in KP. Similarly, police registered 4870 cases of Violence Against Women (VAW) during 2010, out of which 998 cases were reported to authorities in KP.⁸³ The number of cases was lower in Khyber Pakhtunkhwa because of a strong tribal culture and lack of access to media. Although no formal studies have taken place, it is clear that gender-based violence is grossly under-reported, particularly in Khyber Pukhtunkhwa and Balochistan, both of which have seen conflict, unrest, or displacement.

There are many NGOs and programmes working on women rights in KP. Khushal welfare Organization works in Peshawar with other NGOs in the Tribal NGO Consortium on raising awareness about women's rights and awareness. Life and Hope works in KP and erstwhile FATA to raise awareness about traditional harmful practices such as honor killing and dowry related violence.⁸⁴

An immediate impact of COVID-19 has been the suspension of emergency and protective services for women and girls, and a reprioritization of efforts towards combating violence against women and girls which are highly likely to surge during the crisis. Lockdown policies are not only creating the conditions in which domestic and sexual violence is more likely to occur, it has concurrently reduced women and girls' ability to report and access support services.

In terms of reproductive health and family planning (RHFP), as resources are pulled towards emergency health response to combat COVID-19, women and girls of reproductive age are at an increased risk of unwanted pregnancies, unsafe deliveries and abortions; reduced ante-natal and post-natal visits and

⁸³ *Gender-Based Violence - in Pakistan Aurat Foundation A Scoping Study 2011*
<https://www.humanitarianlibrary.org/sites/default/files/2014/02/GENDER%20BASED%20VIOLENCE%20-%20R%20PARVEEN%20%28%29.pdf>

⁸⁴ *ibid*

facility-based deliveries by expecting mothers due to closure of facilities and grounding of community health workers; reduced routine immunization due to interruption in the supply of vaccines; and infection transmission between healthcare providers and patients seeking reproductive care.

4.4.9 Afghan Refugees

The Commissioner-ate for Afghan Refugees (CAR) for KP shows a population of 391,670 in 43 camps in KP. Approximately 256,320 registered afghan refugees reside outside of CAR camps. The most updated figure by UNHCR shows that as of January 1, 2020 there are around 822,429 Afghan Refugees in KP making KP a host to the largest number of refugees in Pakistan.⁸⁵ Districts with the highest presence include Peshawar, Swabi, Kohat, Hangu, Nowshera and Haripur. Only a small proportion of the refugees in KP live in urban Peshawar (74,646), whereas the remaining live in rural settlements. There are approximately 195,605 registered Afghan refugees in the project districts (**Table 4.30**).

Table 4.30: Number of Afghan Refugees by District⁸⁶

District	Name of admin camp	Number of Afghan refugees (families)	Number of Afghan Refugees (individuals)
Peshawar	Kababian	794	4390
	Badaber	2840	14438
	Khazana	921	4434
	Naguman	410	2437
	Khurasan	376	2259
	Mera Kachori	2690	13170
	Shamshatoo	3631	18817
	Sub-Total Peshawar	11662	59945
Haripur	Panian	10392	58063
	Basu Mera	-	-
	Padhana	1339x	7659
	Sub-Total Haripur	11731	65722
Nowshera	Akora Khattak	4719	24316
	Khairabad	1926	9239
	Turkaman	410	2820
	Sub-Total Nowshera	7055	36375
Swabi	☞ Barakai	☞ 2823	☞ 15337
	☞ Gandaf	☞ 2823	☞ 18226
	Sub-Total Swabi	5646	33563
Total		36094	195605

The GoP established a Commissionerate of Afghan Refugees (CAR) in each province to oversee the management of refugee camps and other refugee related activities and granted refugees the rights to access education and health services as acknowledged in the Solutions Strategy for Afghan Refugees (SSAR). KPCAR has the mandate for Camp Management/Administration and Coordination of the official Camps. Currently the CAR is managing 43 camps in KP.

⁸⁵ <https://data2.unhcr.org/en/country/pak#category-7>

⁸⁶ Source : **Commissionerate** of Afghan Refugees Khyber Pakhtunkhwa -m [Afghan Refugees Camp Population in KP March 2018 \(PDF\)](#).

Though the Government of Pakistan has maintained a clear policy on allowing Afghan refugees access to basic services including primary and secondary education, a significant number of Afghan refugee children continue to access education in schools inside Refugee Villages (RVs) run by refugee communities, with support from United Nations High Commissioner for Refugees (UNHCR). In order to ensure that their access to basic education is sustained so that they acquire essential years of schooling and are able to contribute positively, the GoKP will have to take over this responsibility both inside the RVs and in host communities. In the backdrop of diminishing funding for refugees, refugee children's participation in education may decline, particularly if the GoKP doesn't step in.

So far UNHCR has been directly providing health and education services through facilities located in or nearby RVs. Due to decreasing funding by development partners (DPs) for refugees and host communities in Pakistan and a desire to better integrate refugees into public service delivery, UNHCR is now changing its strategy which involves support to community-based approaches and linking of refugees to nearest public facilities. Also, with migration of refugees from RVs to other areas, refugees are largely dependent on access to social services provided by the government.

5 Stakeholder Consultations

5.1 Overview

One of the key steps in the process of ESMF preparation was stakeholder consultations which were held in all the four project districts. The objectives of these consultations were to;

- Share information about the Project and get stakeholders’ input in project design, planning and implementation;
- Obtain views and opinions of stakeholders about the likely social and environmental impacts of the Project;
- Ascertain the most acceptable solutions and mitigation measures for issues which could arise during implementation of the Project activities;
- Ensure transparency and build trust among stakeholders to gain cooperation and partnership from the communities, local leadership, and NGOs.

5.2 Consultation Process and Outcome

- A transparent and effective process was adopted to ensure that the objectives of the stakeholder consultations are met. Key stakeholders consulted for the preparation of this ESMF included the following; Primary Stakeholders: Communities residing in the proposed project areas;

Health

Separate consultation sessions were held with communities about health and education. Health related consultations were held with the help of a consultation questionnaire attached as **Annexure 4a**. At the end of each consultation session, participants were also given the option to provide their additional feedback through email or letters. A total of 8 community consultation sessions focusing on the topic of health were held as detailed in **Table 5.1** below.

Table 5.1: List of Communities Consulted for Health (Afghan Refugees and Host Communities)

#	Village	District	Tehsil	Date of consultations	Number of Participants
1.	Pirpiyai	Nowshera	Pirpiyai	13 th Jan 2020	8
2.	Mohalla sadi khale	Swabi	Topi	14 th Jan 2020	10
3.	Khazana, Charsadda road	Peshawar	Peshawar	15 th Jan 2020	7
4.	Behra	Haripur	Panyan	17 th Jan 2020	10
5.	Pirpiyai	Nowshera	Pirpiyai	13 th Jan 2020	8
6.	Behra	Haripur	Haripur	14 th Jan 2020	12
7.	Khazana payan	Peshawar	Khazana payan	15 th Jan 2020	9
8.	Topi	Swabi	Topi	17 th Jan 2020	7

A summary of major issues, opinions, and views shared by communities in health-related consultations is presented in **Table 5.2** below.

Table 5.2: Summary of Consultations with Primary Stakeholders on Health (Afghan Refugees and Host Communities)

Issues	Summary of responses
Section1: Environmental and Social safeguards	
Improvement in the utilization of health services	All the respondents expressed that the project would improve the existing health services which do not cater to their needs and results in poor trust of communities towards the state. Improvement of health care facilities will lead to more local doctors, improved facilities in hospitals and BHUs which will lead to better health conditions in their respective districts. They all believe that the improvement in health care especially with a focus on women and maternal care would have a positive impact in women and children’s health.
Environmental Impacts	<p>In terms of impacts during construction activities, the communities think that the project activities may result in causing noise and dust pollution however these will be temporary and this is a small cost to pay for the greater good of the community. They also hold an opinion that the heavy machinery should not be operated during the night to avoid dust, water should be regularly sprinkled on construction sites.</p> <p>The main concerns during the construction phase were generation and improper dumping of construction waste such as sand and gravel which are usually dumped on the road close to the construction site which creates problems for people. There are no sites of archeological or cultural importance which may be impacted due to project’s activities.</p>
Social Impacts	The concerns about social impacts caused by the project’s activities, will not result in any damage to livelihoods, crops or businesses and instead the project may result in creating temporary or permanent employment for local men and women.
Suggestions regarding project interventions	For health care, the upgradation should care for trained hospital staff, more doctors, heating and cooling facilities, improved equipment, more beds, improvement in available medicines, cleaning and waste management and improved drinking water facilities in hospitals.
Section 2 : Gender Based Violence/harassment and other social issues	
Risk of GBV/harassment	All of the respondents reported that there has never been any harassment in past during construction nor is it expected during the project.
Mobility of hospital staff and patients	Almost all the respondents mentioned that there will be no restriction on mobility of hospital staff and patients as many constructions have taken place in the past with no restriction on the mobility will be encountered. One respondent, however, said that the construction may limit the mobility of hospital staff and patients.
Disturbance	91% of the respondents were of the view that the construction activities will not cause any disturbance to patients and staff, however, 9% said that the noise generated during construction and movement of construction workers could cause some disturbance.
Risk Mitigating Measures	Majority of the respondents mentioned that deployment of security guards, suitable scheduling of construction activities will be needed so that these do not interfere with delivery of health services and ensuring protection of medical equipment, machinery and medicine.
Conflict Resolution (Afghan and Host communities)	Afghan Refugees were interviewed both in mixed group discussions and separately in camps. All the refugees mentioned little to no issues with respect to accessing health facilities. The host communities and the hospital/health facilities’ administration have reported that any conflicts among the host community and/or host and refugees are resolved locally through traditional Jirga system.

Education

Education related consultations were also held with the help of a consultation questionnaire attached as **Annexure 4a**. At the end of each consultation session, participants were given the option to provide their additional feedback through email or letters. A total of 8 community consultation sessions focusing on the topic of education were held as detailed in **Table 5.3** below.

Table 5.3: List of Communities Consulted for Education (Afghan Refugees and Host Communities)

#	Village	District	Tehsil	Date of consultations	Number of Participants
1	Pirpiai	Nowshera	Pirpiai	13 th Jan 2020	8
2.	Mohalla sadi khale	Swabi	Topi	14 th Jan 2020	10
3.	Khazana, Charsadda road	Peshawar	Peshawar	15 th Jan 2020	7
4.	Behra	Haripur	Panyan	17 th Jan 2020	10
5.	Pirpiai	Nowshera	Pirpiai	13 th Jan 2020	8
6.	Behra	Haripur	Haripur	14 th Jan 2020	12
7.	Khazana payan	Peshawar	Khazana payan	15 th Jan 2020	9
8.	Topi	Swabi	Topi	17 th Jan 2020	7

A summary of major issues, opinions, and views shared by communities in education related consultations is presented in **Table 5.4** below.

Table 5.4: Summary of Consultations with Primary Stakeholders on Education (Afghan Refugees and Host Communities)

Issues	Summary of responses
Section 1 : Environment & Social Safeguard	
Improvement in the utilization of Education services	All the respondents expressed that the project would help improve the utilization of quality education services. The provision of basic necessities like drinking water, WASH facilities, electricity and boundary walls will improve enrolment and reduce dropout. Proper infrastructure of schools with required number of classrooms will facilitate students as well as teachers.
Environmental and Social Impacts	Majority of the respondents mentioned that there will be no environmental and social impacts during construction and rehabilitation of facilities since the community members are supportive enough and the schools have sufficient vacant land available for expansion. Majority of the respondents proposed that the construction activities in schools should be done during the summer vacations. Where the construction work will be longer, the school management should take the responsibility of putting restriction on children to the construction sites. Labour and construction workers should also not be allowed to mingle with children.
Suggestions regarding project interventions	Key suggestions made by the community members included upgradation of education facilities including provision of more class rooms, labs, libraries, washrooms, furniture and play ground, presence of teaching staff, and provision of electricity. According to the community members, there is a lot of land available for construction. Schools should have proper boundary walls.
Section 2 : Gender Based Violence/harassment and other social issues	

Issues	Summary of responses
Risk of GBV/harassment	All the respondents thought that there is no risk of gender-based violence or harassment during construction but measures need to be taken to avoid any incidence of GBV.
Mobility of students and teachers	63.6% of the respondents thought that there will be disturbance and restriction on mobility of students and teachers during school hours. However, 36.4% said that since schools have enough space available for construction, restriction to mobility of students and teachers can be minimized through appropriate scheduling and management of construction activities.
Disturbance	36.4% of the respondents mentioned that there will be no disturbance caused to teachers and students during construction because of availability of excess land. Whereas, 63.6% highlighted that labours and noise produced due to construction will cause disturbance. The latter group suggested that major construction activities should be carried out after school hours.
Risk Mitigating Measures	Majority of the respondents suggested that the above identified issues and risks could be mitigated through appropriate scheduling and management of construction activities.
Conflict Resolution (Afghan and Host communities)	Afghan Refugees were interviewed both in mixed group discussions and separately in camps. All the refugees mentioned little to no issues with respect to accessing school facilities for their children. The host communities and the school administration have reported that any conflicts among the host community and/or host and refugees are resolved locally through traditional Jirga system.

5.2.1 Consultations with Secondary Stakeholders

Secondary stakeholders were invited for consultation sessions in Peshawar on 21 and 22 January 2020. Checklist was used for the consultation attached as Annex 4b. A list of institutions that attended these sessions is given in the minutes of the meeting attached as **Annexure 5**. A summary of major issues, opinions, and views shared by secondary stakeholders in health and education related consultations is presented in **Table 5.5** below.

Table 5.5: Summary of Consultations with Secondary Stakeholders

Sectors/Phase	Issues Raised	Response Provided	Addressed in ESMF
Education Session			
Environment	Due to up gradation and rehabilitation activities, during construction stage, there are water, noise and security issues. As the construction activities are carried out within the school premises, it causes disturbance to the students and affect the learning and teaching activities. Due to dust emissions, students fell sick and attendance drops.	Noted.	Section 7 and 8 Environmental and social managment framework
	People living in surrounding areas also register complaint to stop the construction work as it causes disturbance.	Noted.	
	Construction activities cause distraction to the students and they don't focus on studies.	Noted.	
	It is preferred to carry out construction activities in summer break when school is off and students are on break so it will reduce the impact on students	Noted.	
Solid Waste Management	There is no sweeper in primary schools. In schools, waste is collected daily and dumped in community dumping site. In few areas, where Water and Sanitation Services Peshawar (WSSP) is available, they pick up the waste. In few schools, security guard picks up. In rural schools, children collect and pick up the waste and it is burned at the end.	Noted.	Section 7 Environmental and social managment framework
	In schools there is no segregation of waste. Paper and plastic waste is collected in one waste bins.	Noted.	
Water Availability	In schools, major source of water is piping system from dam, tankers, bore water, tap water and few students bring from their own home.	Noted	Section 7 Environmental and social managment framework
	There are no filtration plants installed in any school however, in few schools, where filtration plant has been installed, it is not in functional state.	Noted.	
WASH	WASH facilities are available in majority of schools	Noted	Section 7 Environmental and social managment framework
	In schools, there are few washrooms in which facilities like soap, dustbins are present however they are missing in majority of schools. It depends on head of the school whether they keep soap in washrooms or not.	Noted	

Sectors/Phase	Issues Raised	Response Provided	Addressed in ESMF
Refugee Population	For enrolment of Afghan refugee in the government education system, Afghan refugee council sends recommendation letter to school for admission of Afghan Refugee. In few cases, NOC letter is required from ministry of education for admission of Afghan Refugee.	Noted.	N/A
Institutional Arrangements	There should be a separate Project Management Unit for Health sector and Education Sector. As there is no existing PMU for education so there is a need to establish new PMU.	Noted	Section 9 Institutional Arrangements
	It was proposed that for infrastructure related activities, Engineer should be proposed for quality assurance. For learning outcomes and improving assessment, there should be an Education officer who is a technical person. As there is extensive reporting required, for monitoring there should be a provincial coordinator/ project coordinator. It is preferred that provincial coordinator is from planning service government department.	Where possible existing staff will be used for project implementation	
	There should be education focal person at district level in each Project district.	Noted.	
Grievance Redressal Mechanism (GRM)	In Education Department, at present, people register complaints on Pakistan Citizen Portal. Complaint is then forwarded to the relevant department and concerned department resolve the complaint.	Noted.	Section 11 GRM provides three tiered mechanism for project
	For this project, new grievance redressal committee should be formed. Provincial coordinator should be a part of this committee and district focal person (Education Officers) should resolve the complaints at district level.	GRM will be formed under this project.	
	Students should be given awareness on how to register complaint	GRM will be formed in schools and students will be given awareness about the GRM.	
	GRM already exists in schools in the form of Parents Teacher School Management Committee PTSMC. Teachers are given trainings on how to resolve conflicts among themselves, children and parents.	Parent-teacher meeting is one of the aspects of the project. PTMSCs will get further training.	
	In order to lodge complaints, there is a section officer complaint in education department for registering and addressing complaints related to education sector and PMRU. Complaint is then forwarded to the relevant section and that concerned section officer resolves it. Mostly 7 – 10 days are given for complaint resolution.	Citizen Engagement and GRM mechanisms will be strengthened under the project.	

Sectors/Phase	Issues Raised	Response Provided	Adressed in ESMF
	Satisfactory level of the complainant is recorded after complaint is being resolved.		
Cultural and Local Issues	In recent years, there is an improvement in enrolment rate and reduction in dropout rate as accessibility and different facilities are being provided in schools.	Noted	N/A
	As an outcome of this project, it will improve the learning environment for students and will increase the enrolment rate and reduce the drop out rate.	Noted	N/A
	Tree plantation campaign is being done twice a year and forest department provides free plants.	Noted	Section 7 Environmental and Social Management Framework
Health Session			
Hospital Waste Management	In health care facilities, for hospital waste management, health and safety of workers should be considered/incorporated in the budget. For example, provision of proper Personal Protective Equipment (PPE).	Staff will be trained on use of PPE's	Section 9 training and capacity building
	The practical and localized waste disposal practices should be proposed in ESMF	Noted.	
	There is no cleanliness as there is no waste management system present. Currently, there is no waste management system present in any health facility in Project districts. In Nowshera district, hospital waste is disposed of in nearby river/stream.	Noted.	
	Scavengers should be provided with proper PPEs to avoid transmission of hazardous infections	Noted	Section 8 HCWMF
	The residual of the incinerator should be recycled rather than disposed of. Sharps and plastic should be recycled into useful products.	Noted.	
	There is a need to introduce waste collection, segregation (Colour coded bins), transportation and disposal practices in each health facility. It will also separate hazardous and non-hazardous waste.	Noted.	
	There is need to outsource waste management services, for provision and management of dumping site and installation of incinerator.	Noted	

Sectors/Phase	Issues Raised	Response Provided	Addressed in ESMF
	There should be a budget allocated for waste disposal practices.	Noted.	
Water Availability	In few health facilities, drinking water is available however, there is no provision of drinking water in other remaining facilities	Will be provided in the upgraded health facilities	Section 7 Environmental and social management framework
	In Health facilities, Quality of drinking water is not good. Water quality is being tested at individual facility level by different companies	The proposed project will consider measures to ensure water quality at schools.	
	There is no filtration plant installed in any health facility.	Noted.	
WASH	There is no provision of WASH facilities for disabled patients in Health Facilities	Noted	Section 7 Environmental and social management framework
	In DHQs, wards are in poor condition as they lack bedding facilities, no sanitation and no waste management. There is no personal hygiene of workers in Operation Theater (OT).	Noted.	
Refugee Population	There is no policy for treatment of Afghan Refugees in government hospitals. There is no registration required for Refugees. In BHUs and RHCs, Afghan refugees visit government hospitals and they are treated like host communities. In DHQs, card is being issued to Afghan Refugees for treatment of hepatitis. Almost 2.5 years ago, a notification has been issued to the Health care facilities situated adjacent to the refugee camps to allow the afghan refugees to access and utilize those Health Facilities.	Noted.	N/A
	Health Management Information System (HMIS) take national identity card from patients and then they are treated. It is now known as Hospital Management Information System. In RHC, HMIS will be introduced in which afghan refugees need to register and proper card will be issued to Afghan Refugees to maintain a record of the number of patients treated in Health Facilities.	Noted.	
Institutional Arrangement	There should be 2 PMUs and one DMU on provincial levels to implement Environmental Plan. There should also be an Environmental Specialist, and then a Safeguard Specialist and finally District officers / District focal persons to implement environmental plan.	The team hierarchy is noted and will be advised.	Section 9 Institutional arrangements

Sectors/Phase	Issues Raised	Response Provided	Adressed in ESMF
	There should be District Health Officer (DHO) for each district in PMU and a health specialist at provincial level for Health PMU	Noted	
	There should be a monitoring plan and budget should be allocated for monitoring of health waste management system.	Noted.	
Grievance Redress Mechanism (GRM)	In Health Department, at present, people register complaints on Pakistan Citizen Portal. Complaint is then forwarded to the relevant department and concerned department resolve the complaint.	Noted	
	There is a need to establish Grievances Redress Mechanism for health sector. Moreover, there should be a way of litigation within the department	Noted	Section 11 GRM provides three tiered for project
	In health department, there is a complaint cell of every department on provincial level. There is no proper complaint system. Complaints can be lodged by writing a letter to DHO.	Noted. The complaints system of the health department will be strengthened to not only ensure that the project's needs are met but also to address long-term grievance redress needs.	
Cultural & Local Issues	Females get affected as there is no arrangement for parda (partition) for females and no boundary wall. Security for females is a major issue. Parents also stop sending students to schools and as a result attendance drops.	Awareness would be raised in the communities and necessary arrangement or alternative should be made.	Section 7 Social Impact
	There is no waiting area for female patients in health facilities and no privacy for females.	Noted	Section 7 Social Impact
	In hospitals, safety, warning, direction signs etc. should be posted in all local languages.	Noted	
	Training sessions should be conducted for training of workers/ staff/doctors etc. There is a need to organize sessions in schools and hospitals to focus on behavioural change at demand side for example on proper usage of waste bins.	Noted.	
	There are no ramps for disabled patients in hospitals.	Noted	
	There are only 2 ambulances present that has a ventilator in it.	Properly equipped ambulances are included in the project.	

6 Project Screening and Impact Assessment

This chapter analyzes the potential impacts that may be associated with the project activities and delineates proposed mitigation measures. Before the analysis of impacts, it would be necessary to understand screening criteria to be followed based on environmental and social safeguard policies and regulations.

6.1 Environment and Social Screening criteria

Screening of project activities (sub-projects) has to follow the World Bank policies and national/provincial guidelines. The following screening criteria as given in **Table 6.1**, will be followed in the to determine the safeguards instrument required for the sub project activities. Since the KPHCIP Project is including activities having localized environmental impacts of reversible nature, the Project is categorized as B requiring ESMPs to be prepared for the subproject activities.

Table 6.1: Subcomponent Screening Criteria

Category	Description	Requirement	Applicability
A	Proposed project with significant adverse social and/or environmental impacts that are sensitive, diverse, or unprecedented. These impacts may affect an area broader than the sites or facilities subject to physical works.	Full ESIA and NOC from respective Environment Protection Department required.	Not Applicable. However, for the Private firms outsourced for Hospital Waste Management needs to conduct EIA and get NOCs from respective Environment Protection Department for the incineration facilities.
B	Proposed project is classified as Category B, if it's potential adverse social impacts on human populations or environmentally important areas—including wetlands, forests, grasslands, and other natural habitats—are less adverse, reversible and localized in nature and can easily be mitigated.	IEE/ESMPs to be prepared	Applicable. ESMPs would be prepared for the sub project activities.
C	Proposed project is classified as Category C if it is likely to have minimal or no adverse social and/or environmental impacts.	Beyond screening, no further ESIA action is required for a Category C subproject.	Not Applicable

The Environmental and Social Safeguard Screening for sub-projects has been carried out based on available information from PAD and PC1 according to **Table 6.1** and **Section 6.3** requirement for safeguards instruments to be prepared. Major upgradation and construction work proposed in the project that will have a significant environmental and social impact includes the rehabilitation of BHUs to RHCs, upgradation of primary schools, and construction of laboratories in high schools. According to KPEPA regulation 2000 (**Table 6.2**), development activities in schools and hospitals fall under Schedule I and will require IEE.

Thus, based on the above, the identified project components including health facilities provided in **Table 6.1** are required to prepare and submit IEE with Environmental and Social Management Plans to KP EPA for obtaining NOC. Since the health care waste management component of the Project will be outsourced to a private company, the responsibility of preparing adequate safeguards instruments /

approvals and obtaining required NOCs from Government Departments is the responsibility of the licensed private company. The Project safeguards team along with bank advise will provide the necessary guidance for the requirement and preparation of safeguard documents to ensure that health care waste management is being done as per HWM Rules, 2005. Table 6.2 provides the list of Project components with the requirement of safeguards instruments to be prepared.

Table 6.2: Project Components Screening

Project Components	Nature of Environmental and Social Impacts	Safeguard Instrument/Document Requirements	Documents Prepared
Rehabilitation /Refurbishment of DHQs, BHUs, RHCs and CD's at their existing facility	May have negligible or low scale environmental and social impacts	ESS checklist will be prepared for each sub-component and made part of the design document. Guideline to fill in the ESS checklist and Mitigation measures are provided in Annex 6.	ESMF KPHCIP serves the purpose of WB requirements
Upgradation of BHUs to RHC at existing location	May have some negative but temporary and localized environmental and/or social impacts due to hospital waste.	IEE is required according to KP EPA and ESMF is prepared according to WB guidelines, along with this document.	IEE needs to be prepared by the Health department after consultation with KPEPA.
Outsourcing/ contracting out health care waste management system	Waste disposal and storage of hazardous waste is expected to have irreversible negative social and environmental impacts.	EIA is required to be conducted by the outsourced Health Care Waste Management Company according to KP-EPA to obtain NOC	Outsourcing company has to prepare EIA and any other necessary safeguards instruments to take NOC from KPEPA before implementing the system.
Rehabilitation /Refurbishment of schools	May have negligible or low scale environmental and/or social impacts	ESS checklist will be prepared for each sub-component and made part of the design document. Guideline to fill in the ESS checklist and Mitigation measures are provided in Section 7 and 8.	ESMF KPHCIP serves the purpose of WB requirements
Upgradation of primary to middle and middle to high schools at existing location	May have some negative but temporary and localized environmental and or social impacts due to generation of laboratory waste from science laboratory.		IEE will be needed when additional rooms are to be constructed. ESS checklist will be prepared for each sub-component and made part of the design document. Guideline to fill in the ESS checklist and

Project Components	Nature of Environmental and Social Impacts	Safeguard Instrument/Document Requirements	Documents Prepared
			Mitigation measures are provided in Section 7 and 8.

6.2 Land Acquisition and Resettlement Screening

The upgradation is likely to be carried out on government owned land. In the rare cases, where additional small parcel of land is needed, all efforts will be taken to ensure that land required for the project is donated by the beneficiary individual/community through Voluntary Land Donation. However, if land acquisition is necessary, efforts will be made to develop mitigation measures in accordance with RPF presented in Chapter 8 of the report. In addition, following measures will be ensured (though involuntary land acquisition is very unlikely in case of KPHCIP):

1. Acquired land is at a reasonable distance from Protected Areas, identified sensitive habitats and natural habitats of animals;
2. Location is at a safe distance from designated Forests;
3. Activity will not result in any resettlement or displacement (economic and physical) of the local communities.
4. Activity will not adversely impact vulnerable groups such as women, children and disabled etc.;
5. Activity will not result in child labor, forced labor or gender based violence (GBV);
6. Location is away from Protected Sites of Archaeological and cultural significance.

6.3 Detailed Description of Environmental Impacts (Health and Education facilities)

The project involves small scale construction including addition of rooms in the existing facilities that will have low impacts on the environment if mitigation plan is followed. Due to COVID-19 Pandemic, there is potential risk of spread of infection during rehabilitation activities, that needs to be mitigated as per guidance provided in this ESMF and as per national SOPs prepared by GoKP. The Environmental, Health and Safety impacts related to COVID-19 are given under section 6.3.4 and Social and Gender impacts and mitigation measure are given under section 6.3.5.

6.3.1 Impacts on Physical Environment

Impacts on Soil/landscape

Site Selection and Design Stage

- Improper selection of site for construction of new class rooms/health facilities may cause to destabilization of land leading to soil erosion especially in areas with steep slope and colluvium soils.
- Site requiring heavy earth moving (Cutting/filling), may results in destabilization of land and adjacent structures.

- The site may not be selected at an area which is prone to floods and/or heavy run-off during rainy seasons as it will result in erosion of foundation soil thus damaging the structure.

Construction Stage

- Excavation for foundations of new rooms/structures and removal of trees, particularly in hilly terrains like district Hangu and Haripur may cause destabilization of the soil mass resulting in land sliding and soil erosion due to high velocity winds and run-off.
- Disposal of contaminated construction wastes such as left over concrete, paint, leftover oil and other such contaminated wastes may lead to soil contamination.
- Non-filling and levelling of borrow pits excavated for construction purpose may lead to destabilization of land slope and soil degradation/erosion

Operation Stage

- Open Discharge of Toilets' wastewater to the adjacent lands can contaminate the soil, result in soil erosion and degrade the quality of land.
- Parking, maintenance and washing of Transport Vehicles on non-paved land may lead to contamination of soils and degradation of quality of land.

Mitigation of Impacts on Land and Soil

Site Selection and Design Stage

- ❖ Proper site is selected to minimize disturbance to the soil and land.
- ❖ If it is unavoidable to select a site which requires earthmoving, economical design technique may be used for construction as to avoid excessive earth excavation and filling.
- ❖ If it is unavoidable to select site which is flood prone than proper soil erosion control structures may also be constructed so as to safeguard the newly constructed structure.

Construction Stage

- ❖ Removal of vegetation and trees will be avoided to the extent possible. In case of unavoidable circumstances, the exposed soil will be re-vegetated quickly and compensatory plantation, (five trees for each one removed), will be carried out after construction is over.
- ❖ Diggings, if required for foundation, will be carried out only in specified area, as per the engineering drawings and excavated earth material will be used for filling and compaction.
- ❖ Borrow pits will be restored and levelled back to control soil degradation
- ❖ Left over construction materials, excavated soil and waste material produced as a result of construction/ rehabilitation works, will be properly disposed-off in designated areas to avoid soil contamination.

Operation Stage

- ❖ In case of existing system, it will be ensured that toilets and associated systems are maintained in proper working conditions. In case of new constructions, the toilet facilities will be connected to the local sewerage system. Alternately, an appropriately sized septic tank and soaking pit will be constructed for sewage disposal.

- ❖ The parking of transport vehicles will be done on proper paved space so as to avoid soil contamination due to oil leakage etc., and transport vehicles will always be taken to service station for maintenance and washing.

Impacts on Surface Water Resources

Site Selection and Design Stage

- The construction site may divert waste water into a stream or river located close to school.
- Site for parking of contractor's machinery/transport vehicles can be close to surface water source and may result in contamination from the parking site to the water source.
- Excessive use of surface water may lead to depletion of water source.

Construction Stage

- Excessive use of water may lead to generate large quantity of wastewater.
- Disposal of Waste material, contaminated water and excavated soil near or in the water resource may result in pollution of water resource.

Operation Stage

- Open discharge of the waste water from schools/health facilities into a surface water resource (stream, river, canal, spring, etc. without treatment, during operation phase can deteriorate water quality of resource.
- Dumping of school and hospital waste near water body and/or resource may result in pollution of the water resource in long run.

Mitigation for Impacts on Surface Water Resources

Site Selection and Design Stage

- ❖ Water from construction site should be diverted to proper sewer system of school/health facilities to avoid contamination of surface water sources.
- ❖ In case parking place for vehicles is near surface water resource; than the parking lot may be provided with proper sewerage system to avoid contamination of surface water source.

Construction Stage

- ❖ Minimum quantity of water shall be used to meet the essential construction and rehabilitation requirements. The contractor should ensure to avoid unnecessary use of water for washing of equipment and vehicles during construction.
- ❖ The contractor will dispose the construction wastewater from the work site through a soaking pit of appropriate capacity, which be levelled back after completion of construction work.

Operation Stage

- ❖ Regular maintenance of the septic tank and sewer line will be carried out for safe disposal of toilet wastewater during operation.
- ❖ The local community will be sensitized through health and hygiene sessions to protect the water resources from contamination.

Impacts on groundwater resources

Site selection, construction and operations

- Site selection does not pose any direct threats to the groundwater contamination.
- The construction stage activities do not pose any direct threat to ground water contamination however during construction, there will be an increase in water consumption.
- The operation stage activities do not pose any direct threat to ground water contamination however during operation, groundwater consumption will be increased due increased capacity of schools/hospitals

Mitigation for Impacts on ground water resources

- ❖ The contractor and labour will keep the water usage at minimum during construction activities.
- ❖ Periodic testing of drinking water supply source should carried out for timely detection of contamination (if any).

*Impacts on Drinking Water Quality and Availability**Design & Operations*

- School design without safe drinking water facility may lead to compromise health and safety of children.
- Non-functioning of sewage treatment facility in school may lead to contamination of drinking water supplies and results in health hazard problems.
- Contamination of drinking water source can lead to health hazards for school children.

Mitigation for Impacts on Water Quality

- ❖ School and health facilities upgradation and rehab will ensure inclusion of a safe drinking water facility. Design and cost estimates may be prepared and kept in pipe line for financing from government and/or potential donors (if not applicable through project's own financing)
- ❖ For drinking water facilities (hand pump), the surrounding base of hand pump or tube-well will be sealed off from the exterior by grouting with cement mortar to control percolation and seepage.
- ❖ Periodic (six-monthly) testing of drinking water supply source at the schools/health facilities will be carried out for timely detection of contamination.
- ❖ Cleanliness of schools and hospitals and regular checking of drinking water quality will be ensured by the management.
- ❖ Working of the sewer line and septic tanks to ensure timely repair to avoid contamination of drinking water source.
- ❖ Awareness raising will be carried out on health and hygiene aspects.

*Impacts on Air Quality***Site Selection and Design Stage**

- Site selection and design do not have any significant impact on air quality.

- The parking of Transport vehicle/contractor's machinery should be away from the school/health facilities so as to avoid air pollution due to emissions from vehicle.

Construction Stage

- The construction activities, movement of vehicles, land excavations, structure demolitions, and onsite stacking of materials may lead to dust emissions and prolonged suspension of fine particulates (PM₁₀) in the ambient environment.
- Exhaust from vehicles and machinery during construction may deteriorate the local air quality.

Operation Stage

- Dust emissions from movement of vehicles especially transport vehicle in the surrounding of school/health facilities can also create minor adverse impact on air quality in surroundings.

Mitigation for impacts on air quality

Construction Stage

- ❖ Stockpiled materials will be covered to control dust emissions.
- ❖ It will be included in contractor's code of conduct to reduce speed of vehicles to avoid blowing of dust.
- ❖ Demolition and excavation (if needed) will be carried in batches to minimize dust emissions.
- ❖ Proper lubrication of vehicles and machinery will be ensured to reduce emissions.
- ❖ Water sprinkling will be carried out to reduce dust emissions where necessary and feasible.
- ❖ Air quality testing will be done before construction to set the baseline for all implementation measures. Quarterly air quality testing will be done to ensure the air quality levels remain in the permitted limit of National Environmental Quality Standards (NEQs).

Operation Stage

- ❖ The exposed soil in surrounding of school will be re-vegetated and landscaped with community participation to control dust blowing.
- ❖ Community will be mobilized to observe low speed limits in the vicinity of schools and health facilities.
- ❖ The transport vehicles shall be switched off when parked near or inside school/health facilities to avoid pollution of surround environment due to vehicular emissions.

Impacts on Solid Waste

Site Selection and Design Stage

- Site selection and design do not have any significant impact on solid waste generation

Construction Stage

- During construction phases of different sub components, general construction wastes will be generated including among others cement bags, used wrapping materials, wood, glass etc. If improperly disposed, general wastes could result in pollution of water bodies, soil and impact on flora and fauna.

- No hazardous waste is anticipated, except for asbestos waste (strictly banned) however it may be present in some pipes or building material. The products containing asbestos can release small fibers that are airborne and can result in long term damage to health of people around the structures.

Operation Stage

- Solid waste generated by health care facilities and schools will be increased due to increased capacities and increased influx of patients/students. Without proper system of waste segregation and disposal, this may result in issues of health and safety of school children, hospital staff and patients.

Mitigation for Impacts of Solid Waste Generation

Construction Stage

- ❖ While the waste quantities are expected to be limited the contractor will ensure that all waste is stored, handled and disposed of securely to ensure no leakage into the environment. The contractor will properly dispose the construction waste from the work site and will ensure cleaning of debris, cement waste from site after completion of construction work.
- ❖ Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities
- ❖ No hazardous waste is anticipated. Where there are “chance finds” of suspected asbestos containing material, contractor must ensure that asbestos containing material is appropriately contained and sealed to minimize exposure. The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust. Asbestos will be handled and disposed by skilled & experienced professionals.

Operation Stage

- ❖ Proper waste segregation, storage and disposal will be done at the facility level (health and education facilities)
- ❖ For health care waste management, a separate HCWMP has been developed which guides on the handling of infectious waste.
- ❖ The local community will be sensitized through health and hygiene sessions for proper waste disposal and avoiding solid waste dumps around schools or hospitals

6.3.2 Impacts on Biological Environment

Impact on natural vegetation

Site Selection and Design Stage

- Improper site selection could lead to removal of natural vegetation and cutting of trees for construction of class rooms/hospital rooms.

Construction Stage

- Improper excavation of foundation during construction may lead to removal of natural vegetative cover and trees cutting.

Operation Stage

- The operation of schools or hospitals does not pose any direct threats to the trees and vegetation.

*Mitigation for Impacts on natural vegetation***Site Selection and Design Stage**

- ❖ In case it is unavoidable to construct class rooms by removing vegetation and/or cutting of tree/plants, replantation will be done (5 trees for every 1 tree cut)

Construction Stage

- ❖ Cutting of trees will be avoided during construction. In case of unavoidable choice, compensatory tree plantation, (five saplings for each tree felled) will be carried out to reduce the impacts.

Impact on wildlife

- The project activities will not be carried out in the designated wildlife sanctuaries, game reserves areas, and hence no significant threats to wildlife are expected to occur during site selection, construction and operation stages of the project.

6.3.3 Socio-economic Impacts*Noise and Vibration***Site Selection and Design Stage**

- Siting and designing stage will have no negative impact

Construction Stage

- During construction, the use of machinery and steel fabrication activities, particularly during school hours and at night times, can produce unpleasant noise.
- Moving construction vehicles and use of pressure horns around the schools and hospitals could be a source of noise and vibrations.

Operation Stage

- Movement of transport vehicle will cause noise and vibration in the school and hospital vicinity.

*Mitigation for noise and vibrations impacts***Construction Stage**

- ❖ The contractor will avoid use of noise generating machinery, equipment's during school/main hospital hours and sleeping time at night so that community disturbance is minimal.
- ❖ Compliance with NEQS and World Bank noise guidelines will be ensured.
- ❖ The contractor will maintain and tune up all the vehicles and equipment's during construction work.
- ❖ The community will be sensitized to observe silence zone in the school and hospital premises.

- ❖ Proper signboard will be installed indicating ban on use of pressure horns by moving vehicles around the school and hospitals.

Operation Stage

- ❖ Timely maintenance of transport vehicles will be ensured to curb any possibility of noise during vehicle operation.
- ❖ Use of pressure horns will be strictly prohibited.

Health and safety impacts

Siting / Designing Stage

- Improper design with poor ventilation and sunlight can lead to behavioral change and health impacts and create difficulties in learning.
- Lack of adequate provisions for medical waste infrastructure during the upgradation planning could result in generation of infectious waste
- Environmental Health and Safety risks associated with establishing quarantine facilities outside hospital facilities
- Improper room design with poor ventilation can lead to difficulties for patients.
- Improper designs particularly in flood prone and earthquake sensitive areas - without adopting relevant building codes can lead to increased vulnerability to disasters.
- Sharp edges during designing phase can cause injury to school children or patients.
- Unavailability of emergency exit in the design of class room/health ward can lead to an adversity.
- Improper design without sanitation facilities can lead to health and hygiene problems

Construction Stage

- Open dumping and stockpiling of construction materials, scattered demolition wastes, and placement of debris / materials on nearby open spaces and streets can result in blocking of route and inconvenience for passers-by, and residents.
- Haphazardly placed materials and debris presents higher risks of personal injury and inconvenience to school children and the hospital staff.
- Construction activities pose safety risks to children, teachers, patients, hospital staff construction workers, and nearby communities.
- Ignorance about site specific hazards may pose a potential threat to the health and safety of workers.
- The construction work and equipment may lead to safety hazards for workers and nearby communities.
- The operation of construction machinery and equipment such as excavators, lifters and dumpers by untrained personals may leads to compromise the health and safety of workers at sites.
- Welding and cutting operation during construction poses a serious health and safety risk for workers.

- Employment of workers without medical insurance, resulting in the workers not receiving the care needed if infected with COVID-19.
- Workers that are mobilized from abroad or returning from abroad become vectors for transmission of disease to construction projects. Workers that travel from other regions may also provide a vector for passing infection onto work sites.
- Close working conditions of workforce may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people.
- Generation and improper disposal of solid waste resulting in public nuisances and formation of spaces for breeding of disease vectors.
-

Operation Stage

- Choking of sewer line and contamination of drinking water source may negatively impact the health of school children, teachers, hospital staff and patients.
- Non-availability of safe drinking water in school and hospitals can lead to health hygiene problems in school children.
- Non-availability of soap in toilets may lead to health and hygiene problems.
- Exposed electrical wiring and cables in the school and hospital building may pose health and safety risks for school children, teachers, hospital staff and patients.
- The operationalization phase of the project is envisaged to result in better health care service delivery and increase of the capability of existing system to deal with COVID-19 pandemic.
- Exposure to infections including nosocomial infection to staff, other patients and visitors.
- Lack of training of staff and lack of clarity on how to handle more complicated cases (pregnant women, people with pre-existing health conditions, etc.) could lead to increased risk of spread of infection.
- Unhindered and unmonitored visitors' traffic could result in spread of infection.

Mitigation for health and safety impacts

Siting and Designing Stage

- ❖ Appropriate building codes will be followed to designs class rooms to provide ventilation and natural lighting in the class rooms.
- ❖ The class room and hospital design will cater to the needs of people/children with disabilities (such as ramps and hand rails will be provided where needed).
- ❖ Sharp edges in the hospital/school rooms will be cared for to ensure safety of children/patients.
- ❖ Provision of emergency exits at an appropriate height and place can help safe evacuation of school staff, children, hospital staff and patients during emergency.
- ❖ The electric lines should be properly shielded /insulated against electromagnetic radiation / by installing radiation shields, or insulating through rubber casings. Additionally, proper grounding of the rooms should also be done to curb any possibility of electric shock due to short circuiting.

Construction Stage

- ❖ The contractor will ensure safe and covered stockpiling of the construction materials in separate place or corner in the premises of school/hospitals.
- ❖ The contractor will provide personal protective equipment such as gloves and boots to the labourers to avoid worksite hazards and accidents. Protective fencing will be used around the construction sites, excavated areas, and voids.
- ❖ Use of appropriate PPEs shall be ensured by the contractor for its workers during construction works, electrical works and during other rehabilitation activities (use of paints/varnishes) etc.
- ❖ The use of any hazardous chemical/material/lead based paints/asbestos is strictly prohibited during construction/rehabilitation works.
- ❖ Protective fencing will be used around the construction sites, excavated areas, and voids.
- ❖ Health and safety training shall be provided to all staff working on the site.
- ❖ Properly trained staff shall be deployed to operate machinery and equipment at worksite.
- ❖ Fire extinguishing equipment shall be within 6m (20ft) of all locations where welding and cutting equipment is used.
- ❖ Provision of first aid kit will be necessary for the safety of labour.
- ❖ Construction site near schools/educational facilities will be clearly marked and cordoned off to avoid any health and safety risks particularly for children's safety in schools and also to ensure avoidance of any direct contact of the contractor's workers with the children and staff
- ❖ During construction activities, teachers will be made responsible to keep children away from construction sites during break time, during and after school hours. The school's support staff will also be on guard for children's protection during construction activities.
- ❖ Emergency prevention, preparedness and response arrangements – including details of emergency evacuation of labor following a life-threatening accident to the nearest hospitals
- ❖ Provision of security
- ❖ The contractor shall prepare a Health and Safety Plan as part of CESMP which is relevant to his chosen methodology.
- ❖ Identification of potential hazards to workers, particularly those that may be life threatening
- ❖ Provision of preventative and protective measures, including modification, substitution, or elimination of hazardous conditions or substances
- ❖ Training of workers on OHS
- ❖ Documentation and reporting of occupational accidents, diseases and incidents.

Operation Stage

- ❖ Awareness about personal hygiene will be raised among the students and surrounding community through health and hygiene sessions.
- ❖ The PTSMCs will ensure cleanliness of schools and regular checking of drinking water availability and quality, and working of the sewer line and septic tanks to ensure timely repair.
- ❖ Availability of soap outside the toilets will be ensured.
- ❖ All exposed wiring and cables shall be covered with plastic and labelled as DANGEROUS to avoid contacts.
- ❖ Proper functioning of sewage treatment facilities such as septic tank will be ensured for all educational and health facilities.
- ❖ Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand.
- ❖ Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc

Gender Issues/ Exclusion of women/ minorities/ refugees

Operation stage

- Women, minorities and refugees may be excluded from project benefits and services due to lack of information
- Women and minorities and refugees may not be able to access the GRM due to lack of information and lack of access to the mechanism (due to societal norms and barriers).

Mitigation for Exclusion of Women/Minorities/Refugees

- ❖ Project's social mobilization and outreach campaigns will target women, minorities and refugees in particular.
- ❖ Special efforts will also be made to ensure that women are consulted during project implementation so that their concerns are addressed.
- ❖ Initial consultations should be conducted to identify any salient issues or concerns impacting women, minorities and refugees. Meetings/consultations will be held to identify their roles in the community and their attitudes towards the project's activities. Women, refugees and minorities will be asked about their safety and security concerns, privacy issues due to project's activities and their willingness in relation to influx of construction workers.
- ❖ Gender separate consultations will be conducted in order to properly ascertain view of women, minorities and refugees.
- ❖ Use of local language will be ensured for women's access to information and services and their ability to participate actively in consultations
- ❖ At community level, women will be encouraged to become members of Parent Teacher School Management Committees (PTSMCs) to be involved in school activities. Additionally, refugees and minorities will be encouraged to engage in the formation of local community groups.
- ❖ The project will ensure that strategies, plans (e.g. management plans, gender action plans) are in place that include gender considerations in the project design and implementation.

- ❖ Special efforts will be made to ensure that women, minorities and refugees are informed about GRM and other services related to the project.
- ❖ The project will ensure functioning complaint redress mechanisms are in place so that women can report discrimination or harassment. The anonymity of reports will be protected so women can come forward without fear of reprisals. The existence of these mechanisms will be publicized through display of relevant contact information about GRM in project areas.
- ❖ Project's social mobilization and outreach campaigns will ensure that refugee populations are accessed and provided the relevant information about project and its GRM system.
- ❖ The refugees will be facilitated and encouraged to make use of the services being provided under the project.

Gender Based Violence

One of the social risks associated with the project's activities due to institutional and societal factors include **Gender Based Violence (GBV)**. There is also a risk of lack of access to requisite services and support for survivors of GBV and Sexual Abuse and Exploitation (SEA). However, the risk of GBV due to project's construction related activities is moderate as large scale influx and deployment of labor is not expected. Requisite mitigation measures and mechanisms to address GBV/SEA risks will be incorporated in the sub-project environmental and social mitigation plans, and contractors will be made responsible for implementation of these measures. Relevant health and education facility staff will also be trained to address GBV issues. The GBV issues related to COVID-19 out break are given under section 6.3.5.

Construction Stage

- Civil/construction works under any project can aggravate GBV risk in a number of ways such as through influx of workers around public schools and health facilities. There may also be a moderate risk of incidents of harassment and abuse between laborers, women and especially minors.
- Male workers working in rural settings may also trigger insecurities among community men who may see the workers interacting or harassing community women which can lead to conflict between workers and community men, and abusive behavior within the households of those living around the project site.
- Similarly, school going children will be most vulnerable to sexual abuse due to labour intensive activities around schools. They also may not have the ability express their experience of the abuse.

Operation Phase

- There is also a risk of lack of access to requisite services and support for survivors of GBV and sexual abuse and exploitation.
- Risk of victims being unable to express or seek help from the authorities.
- Risk of victims being mentally depressed which can lead to long term health impacts especially for young girls and boys.

Mitigation measures to Impacts of GBV

Construction Phase

- ❖ A GBV Action Plan will be developed and implemented by PMU-Edu and PMU-health
- ❖ Development of **Workers Code of Conduct (CoC)**. This Code of Conduct will be made part of the Contractor's TORs and agreement. Ensure all workers sign (CoC) Training/Sensitization of the contractor's staff will be ensured by the contractor.
- ❖ For both school and health facilities, workers will be confined to the site-areas. A boundary around the site will be drawn and workers will not be permitted to go beyond during operational hours.
- ❖ Teachers training and sensitization will be ensured for awareness raising regarding protection of children and women during construction activities.
- ❖ Staff training of Hospitals – training of nurses, doctors and support staff on GBV related risks to implementation.
- ❖ **Community awareness sessions** prior and during the construction phase. Separate male and female community awareness raising activities that include awareness on GBV related risks to their children and women and the ways in which the community members can safely report concerns.
- ❖ Anti-harassment awareness and warnings will be ensured through boards and signage.

Operation Phase

- ❖ Develop mechanism for integrating GBV prevention and child protective interventions in schools' management policies.
- ❖ Develop mechanism for integrating GBV prevention interventions in Health Facility management policies.
- ❖ Sensitization of School and Hospital staff on risks to children and women associated with GBV.
- ❖ Provide accessible information to schools and health care facilities on services available, the organizations involved for survivors of gender-based violence.
- ❖ Develop linkages of the Health facilities with Women Development Department (and their crisis centres) for adequate support to the victims.
- ❖ Gender training to service providers on gender-based violence including the health and social workers (community midwives).

6.3.4 **Risk of Spread of Infection during Rehabilitation/Construction Works**

- Employment of workers without medical insurance, resulting in the workers not receiving the care needed if infected with COVID-19.
- Workers that are mobilized from abroad or returning from abroad become vectors for transmission of disease to construction projects. Workers that travel from other regions may also provide a vector for passing infection onto work sites.
- Close working conditions of workforce may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people.
- Generation and improper disposal of solid waste resulting in public nuisances and formation of spaces for breeding of disease vectors.
- Improper disposal of wastewater from subproject sites could result

Mitigation Measures

The following mitigation measures are proposed:

- **Assessing Workforce Characteristics**
 - Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
 - Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

- **Entry/Exit to the Work Site and Checks on Commencement of Work**
 - Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:
 - Establish a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
 - Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviours required of them in enforcing such system and any COVID -19 specific considerations.
 - Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
 - Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.
 - Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
 - Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
 - During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.

- **Infection Prevention Measures**
 - Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19.
 - Transient workers should adhere to national requirements and guidelines with respect to COVID-19.
 - Regular visit of healthcare professionals and cleaners should be arranged while rehabilitation works are ongoing (wearing the appropriate PPE and observing hygiene

requirements and make appropriate arrangements for supplying food and water to the kitchens for the workers in isolation⁸⁷).

- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free.
- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

The Environmental and Occupational Health and Safety Checklist with impacts and mitigation measures is attached as Annexure-13.

6.3.5 Gender and Social Impacts with respect to COVID-19

In terms of gender-based violence, an immediate impact of COVID-19 has been the suspension of emergency and protective services for women and girls, and a DE prioritization of efforts towards combating violence against women and girls which are highly likely to surge during the crisis. Lockdown policies are not only creating the conditions in which domestic and sexual violence is more likely to occur, it has concurrently reduced women and girls' ability to report and access support services.

In terms of reproductive health and family planning (RHFP), as resources are pulled towards emergency health response to combat COVID-19, women and girls of reproductive age are at an increased risk of unwanted pregnancies, unsafe deliveries and abortions; reduced ante-natal and post-natal visits and facility-based deliveries by expecting mothers due to closure of facilities and grounding of community health workers; reduced routine immunization due to interruption in the supply of vaccines; and infection transmission between healthcare providers and patients seeking reproductive care.

Access to health services for people with disabilities, with pre-existing medical conditions, and those living in remote areas or the peripheries is further truncated and difficult to address through quick fixes under exceptional circumstances in the midst of a pandemic. Amongst indigenous or remotely located populations, many would not be able to access basic health and relief distribution points due to distances to health facilities, lack of infrastructure, and cultural/ racial and gender-based discrimination.

In terms of the health workforce and other non-medical staff involved in COVID-19 response, there are numerous reports of doctors, nurses, ward staff, sanitary workers and other medical staff getting infected, resulting in death in some instances. A large number of lives lost amongst the medical professions can significantly upset the already low doctor per patient ratio over many years to come. There are reported cases of PPE shortages, medical staff being overworked, abused and harassed, lack of information and clear instructions amongst doctors accompanied by fear of contamination, leading to refusal to provide care, and concerns over SOPs to cater to people with disabilities, pregnant women,

⁸⁷ Further information is provided by WHO in Home care for patients with suspected novel coronavirus (COVID-19). Html Address: [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

transgender, children and the elderly, and those with pre-existing conditions at health facilities, isolation units and quarantine centres.

In terms of education, nationwide school closure is likely to create a serious education gap as classes have been dismissed and exams cancelled for the year. There is a chance that as lockdown continues, some girls may not be able to return to school as incremental housework is assigned, leading to significant school drop-out. There is also additional burden on parents to make up for lost classes and deliver/ pick up homework from school that are not equipped to run an online system of instruction.

On the socio-economic front, the highest ratio of layoff based on employment status is estimated to comprise daily-wage workers, followed by paid worker by piece rate or work performed, paid non-family apprentices, and street vendors, who comprise the bulk of jobs in the country's economy.

Primary data collected through interviews with experts also suggests that the informal sector (specifically casual, daily-rate and piece-rate workers and small businesses that rely on nominal working capital and loans, will be worst hit due to economic downturn due to lack of social protection for semi and unskilled labourers in the informal sector, and contractual workers in the formal sector.

Amongst women, the livelihoods of landless farmers, piece-rate workers, home-based workers and other daily-wage workers in the services sector (domestic help, beauty salon workers, etc.) are likely to be more severely impacted as they comprise 77.7% of rural informal or non-agriculture workers, and 61.5% of informal manufacturing workers across Pakistan. Amongst women agriculture workers and landless farmers, women belonging to religious minorities (Dalits) are likely to be worse off than others. With increased burden of housework, women's labour force participation can be expected to shrink in the short to medium terms.

The urban poor, slum dwellers, squatter-settlers and periphery populations who also survive on daily-wages are also expected to be severely affected economically due to the cumulative effect of large-scale economic disruption in the informal sector in urban settings, and inability to maintain social distancing and virus prevention/transmission measures due to overall weak systems of sanitation. Preventing virus transmission may be more difficult due to overcrowding, dilapidated and inequitably distributed public resources and services, particularly related to water, health, sanitation and hygiene. Relevant to the health sector, assessment of the distribution of healthcare needs (people with heart problems and diabetes flagged as major sources of ailment of these areas) may be required to identify those at higher risk of infection.⁸⁸

Mitigation Measures:

- Minimizing disruption in routine health services, particularly, reproductive health and family planning services:
- Disaggregate outbreak-related (surveillance and response) data by sex, age, pregnancy, disability and other vulnerability status.
- Integrate messaging on health, GBV/ VAW/G, RHFP, mental health & psychosocial support and emergency services as part of COVID- 19 health-based response. For emergency and protection services, advertise avenues for seeking support remotely, and related complaint mechanisms.

⁸⁸ April 14, 2020 | [Why the Covid-19 crisis is an urban crisis](#) | Karachi Urban Lab | Dawn.com. According to the report (and based on different sources of data), there are 1,414 *katchi abadis* out of which 575 are in Karachi and 408 in Hyderabad in Sindh, about 902 *katchi abadis* in urban Punjab; 65 in Khyber Pakhtunkhwa; 55 in Balochistan; and 52 in Islamabad. As these figures are dated, the KUL estimates that there are 2,488 informal settlements across Pakistan's major urban centres, excluding *goths* (approximately 900, as per Orangi Pilot Project reports and the Karachi Strategic Development Plan 2020), at Karachi's periphery. A 2016 study by IBA, King's College, London and IDRC suggests that water and sanitation are a major source of urban conflict across informal settlements in urban cities across Pakistan.

- Strengthen community-based data and reporting mechanisms (e.g., information related to maternal deaths due to lock down, contact tracing, and incidents of violence against vulnerable groups, including minorities).
- Rehabilitate health facilities to improve infection prevention systems to mitigate risks associated with the current systems of reproductive healthcare.
- Subject to the provision of mandatory PPEs and security measures, deploy Lady Health Workers (LHWs) where they may be willing and able to move around in near-by communities.
- Introduce and implement SOPs related to handling of cases of pregnant women, transgenders, people with pre-existing medical conditions (including HIV/AIDS), people with disabilities, unaccompanied women, children, and the elderly in general, and individuals without CNICs at health facilities, quarantine centres and isolation units.
- Reducing impact on healthcare providers and others involved in waste management:
- Ensuring provision of PPEs and related instructions and guidelines for both public and private sector hospitals and all medical and non-medical staff connected with the full range of health and allied services, including doctors, nurses, medics and paramedics, ambulance drivers and other transporters, hospital ward and janitorial staff, sanitary workers and medical assistants/volunteers.
- Ensuring a steady supply of essentials to quarantine centres and isolation wards/ apartments including PPE, food, water, sanitary and menstrual hygiene products, medical equipment and medicines. The hygiene and sanitation need of the female health workforce will be included as per part of standard supply and procurement protocols.
- Scheduling medical staff duties according to a rotation system that mitigates their exposure and reduces fatigue. Enlist more medical volunteers with necessary safety and security provisions and training.
- Addressing fears of contamination amongst medical staff and community health workers through clear guidelines and remote briefing sessions. Ensuring that accurate information about COVID-19 is readily available in accessible format to frontline workers, patients infected with COVID-19 and potential affectees. Information should include evidence-based practice for preventing transmission and where & how to seek out healthcare support, as well as messages to promote physical and psychosocial wellbeing.
- Training medical staff and upgrade health facilities to make them more inclusive for persons with disabilities, ethnic, religious and gender minorities, the elderly, young people, women and children.
- Ensure that make-shift centres are gradually upgraded to meet the challenge of rising number of cases, with adequate measures to provide people-centered care that avoids intrusion and violation of privacy and dignity.
- Gender and age- appropriate recreational and learning tools should be provided for women and children who may more inclined to stay in-doors due to a larger number of men at quarantine and isolation sites.
- Develop a system for identifying and providing integrated care services to women in home quarantine.
- Continue updating the SEP through the life of the project, to remain vigilant towards unintended impacts on marginalized communities and vulnerable groups and respond to emerging needs.
- Undertake mass awareness through television and radio and text messaging (without invasion of privacy and data) on the availability of helplines (public or private) and other forms of remote psychosocial support. Integrate behaviour change messaging in all efforts, particularly related to women's unpaid labour and the care economy.

Mitigating education gaps (in coordination with education sector)

- Invite partnerships and collaborations with educationists, parents and student groups online to develop learning content and methods of delivery of learning materials to teachers, children and parents.
- Continually monitor results of alternate modes of instruction to ensure continuity of quality education, including via remote learning, TV/ radio broadcasts and other means.

Mitigating socio-economic impacts on vulnerable groups:

- Improve targeting measures for transgender, immigrants, migrant workers, internally displaced people, people holding different domiciles, indigenous and tribal populations, ethnic and religious minorities, people with disabilities, women-headed households, widows, refugees and informal daily-wage workers.
- Develop, circulate, and consistently & rigorously apply SOPs for cash disbursements and relief efforts. Ensure PPE for all involved, and issue clear instructions for all relevant staff and volunteers. Address delivery problems that may be counterproductive, including absence of social distancing measures, PPEs, and undue burden on aid recipients (such as lack of drinking water, seating and bathroom arrangements, etc.).
- Distribute relief packages and cash transfers to women directly, and prioritize the most vulnerable in such efforts including but not limited to: women agricultural workers, women migrants, domestic workers, home-based workers, union council workers, pregnant women, indigenous women, landless women, single-mothers, older women, health and sanitary workers and those with disabilities. Take into account the needs of children in rationing, and menstrual hygiene needs of women and girls (undergarments/ extra clothing may be provided with menstrual products).
- Encourage women and minorities to play active roles as leaders in all relief management initiatives and assessments.

7 Guidelines for the preparation of Environmental and Social Management Plan

This chapter presents the guidelines for the preparation of Environmental and Social Management Plan (ESMP) for the proposed project. Implementation of environmental and social safeguards will follow the following procedures closely linking with activity planning, design and implementation steps.

Step 1: Preliminary Environmental Information (Physical, Biological and Socioeconomic baseline data collection) and Analysis

Step 2: Preparing Environmental Assessment-using Rapid Environment Assessment Checklist

Step 3: Preparation of Environmental and Social Management Plan (ESMP) and inclusion of social and environmental mitigation costs in the Sub-project document/cost

Step 4: Environmental Clearances

Step 5: Inclusion of Environmental and social specifications and Environmental and Social Management

Plan (ESMP) in bid documents

Step 6: Inclusion of Environmental and social mitigation measures in BOQs and contractors' agreement

Step 7: Compliance and Monitoring

Based on type of construction, all preliminary information analysis, Environmental Assessments, and Environmental Management Plans must be completed prior to awarding of contracts for construction.

Since, exact extent and precise location of individual interventions (Health & Education) to be implemented under the KPHCIP are not known at this stage, a framework approach has been adopted for the present environmental and social assessment. Under this approach, all activities proposed for the project shall undergo initial screening through a number of filters that include screening environmental and social impacts. Sub-projects having some negative localized environmental and or social impacts will require Environmental and Social Management Plan (ESMP) and must be completed prior to awarding of contracts for construction. Guidelines for Environmental and Social Management Plans (ESMPs) for health care and educational facilities will be prepared separately by the departments before the actual project implementation. A checklist has been provided to identify these potential impacts, and guidance for communities and project teams to practically avoid or mitigate those impacts (See Annexure 6).

The ESMP guidelines provide generic environmental and social impacts associated with the proposed project. Potential impacts relate to water, land, and general disturbances (noise, air, waste). Mitigation measures have been proposed applicable to all small and medium scale infrastructure and will require adequate implementation of mitigation and monitoring measures.

While in general, the project's interventions may individually have minimal adverse environmental and social impacts and can be mitigated with less resources, however, several sub-projects (cluster approach) in combination could have a larger and more significant cumulative impact. This is likely to be true in the case of potential vegetation clearing, groundwater depletion, or surface water pollution. This is particularly likely to be the case for: deforestation due to the exploitation of forest resources, owing to the use of timber and poles for construction. KPHCIP will take necessary measures to ensure

that deforestation and use of forest resources which are not sourced from certified sustainable forests is avoided and minimized to the extent possible; groundwater depletion owing to the demand for water for construction; and where surface water is available may also deplete for the same reason. The avoidance and mitigation of cumulative impacts requires: (i) avoidance and mitigation of the impact of individual projects; and (ii) careful planning based on sound technical knowledge, of the location, size, and material requirements of infrastructural projects.

Potential adverse environmental and social impact for standard health care and education facilities (that could be applicable to both large and small facility) both during construction and operation phase have been screened that would require specific safeguards for which mitigation measures have been proposed as discussed below.

7.1 Environmental and Social Impacts and Mitigation for Health Care and Education Facilities during construction phase

Table 7.1 provides the potential environmental and social impacts and possible mitigation measures for health care and education facilities. The institutional arrangements and implementation budget are included in proceeding sections.

The environmental impacts during construction include following:

- Air pollution
- Water Resource depletion
- Noise pollution
- Solid waste generation and disposal
- Resource consumption
- Natural Hazards
- Biodiversity/ Ecosystem safeguards
- Farm land quality and soil erosion
- Health and Safety Risk due to spread of COVID-19 infection

The social impacts during construction include following:

- Land Acquisition and Resettlement
- Workers Health and Safety
- Community Health and Safety
- Social Conflicts/ Gender sensitivity and needs for persons with disability (PWD)
- Archaeological Cultural Heritage

The Environmental and Occupational Health and Safety Checklist with impacts and mitigation measures is attached as Annexure-13.

Table 7.1: Environmental and Social Impacts and Mitigation Measures for Health and Education Facilities during Construction Phase

A: Potential Environmental Impacts and Mitigations during Construction Phase

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
1.	Air Quality deterioration due to dust emissions and excavation activities: Construction activities using motorized equipment including materials delivery, excavation, concrete works will generate air emissions and dust. Vehicular traffic emissions will bring about air pollution by increasing the fossil fuel emissions into the atmosphere. However, the construction activities are mainly going to be through manual labour and use of hand-held equipment with limited use of mechanized	i) Construction materials (cement, gravel, lime powder and excavated soil) shall be stored at storage yard or tightly covered. On-site mixing of construction material at enclosed space shall be ensured.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ESS Expert	World Bank Applicable Guidelines (Table 2.3)	Nil
		ii) Construction sites to be water-sprayed on regular basis three times a day, as most sites are expected to be close to residential areas or inside the facility (hospitals, schools etc.).	Weekly by Contractor/Monthly inspection team			Management and EQS for Ambient Air Quality Annexure 2	Nil
		iii) Latrine Construction sites including Soil piles in educational and primary health care facilities should be fenced to avoid material escape, generation of dust and access to children.	Weekly by Contractor/Monthly inspection team			EQS Euro II standards for vehicular emissions	Nil
		iii) Discrete materials such as sand and soil, and building material must be covered during loading, transportation and unloading, and none of them shall be thrown or spread in the air.	Weekly by Contractor/Monthly inspection team				Nil
		iii) Transportation vehicles shall avoid residential areas and other environmentally sensitive areas.	Weekly by Contractor/Monthly inspection team				Nil

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
	machines whenever necessary.	iv) Designated routes for transportation vehicles shall be used.	Weekly by Contractor/Monthly inspection team				Nil
		v) The equipment and transportation vehicles shall be regularly maintained to avoid gas emissions	Weekly by Contractor/Monthly inspection team				Nil
		vi) Use of non-mechanized (motorized) equipment as much as possible shall be encouraged.	Weekly by Contractor/Monthly inspection team				Nil
2.	Water Resource depletion Surface and Ground Water Quality deterioration due to runoff from schools and primary health care facilities toilets during operation	i) Site/District specific water conservation plans will be needed to regulate water use.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ESS Expert	National/ Provincial EQS for Effluent	Nil
	ii) Effluents from the construction sites shall not be released to drinking water sources, cultivation fields, irrigation channels, and critical habitats. Appropriate effluent treatment arrangements such as settling tanks will be made at the site for collecting construction wastewater and settled, and then be used for site sprinkling and other purposes to reduce fugitive dust;	Weekly by Contractor/Monthly inspection team	Nil				
	iii) The domestic wastewater free of sediments and affluent shall be discharged into the existing wastewater pipelines or septic tanks.	Weekly by Contractor/Monthly inspection team	Nil				
	iv) The wastes are not released into any drinking water source, cultivation fields, irrigation channels or critical habitat.	Weekly by Contractor/Monthly inspection team	Nil				

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
3.	<p>Possible Noise emissions from running of construction machinery.</p> <p>Noise and vibration will be generated during construction especially when using motorized equipment. In order to create employment, the project will use manual forms of labour and equipment hence the impacts associated with noise and vibration is expected to be low in nature.</p>	i) Principal criterion for selection during the bidding process should include that “Construction contractor shall use advanced equipment and technologies of low noise”.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ESS Expert	National/ Provincial EQS for noise at residential and commercial areas	Nil
		ii) The use of high noise generating equipment such as a percussion piling machine or pneumatic hammer shall be prohibited;	Weekly by Contractor/Monthly inspection team				Nil
		iii) Good maintenance and proper operation of construction machinery to minimize noise generation shall be ensured. Undertake regular maintenance of generator.	Weekly by Contractor/Monthly inspection team				Nil
		iv) The construction contractor shall make reasonable arrangements to ensure that the machinery is not used during peak hospital and school hours and near residential areas. Avoid night-time construction using heavy machinery, from 22:00 to 6:00 near residential areas.	Weekly by Contractor/Monthly inspection team				Nil
		v) Where possible, ensure non-mechanized construction to reduce the use of machinery.	Weekly by Contractor/Monthly inspection team				Nil
4.	<p>Solid Waste generation</p> <p>During construction phases of the different general construction wastes will be generated including among others</p>	i) Site specific waste management plan for construction wastes shall be developed. (Health waste management to be separately developed).	Before starting the project	Plan to be developed by the relevant departments Health care waste management plan to be developed	PMU health	Hazardous Substance Rules 2003	Nil

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
	cement bags, used wrapping materials, wood, glass etc. and health care wastes. If improperly disposed, general wastes could result in pollution of water bodies, vector borne diseases, soil and impact on flora and Fauna. The impacts are likely to be high on communities.			separately by Health department			
		ii) Temporary refuse bins at construction sites should be provided.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Expert		Nil
		iii) It shall be ensured that the waste is not burnt in open or dumped into forests, streams or natural water bodies.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil
		iv) Construction workers shall be trained on segregation, storage and disposal of domestic and hazardous waste;	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil
		iv) All solid waste from the construction site (including waste from health care facilities) shall be segregated and routinely transported to a specified outside storage yard and transported to designated disposal sites.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil
		v) Disposal of solid waste will be carried out in a manner that does not negatively affect the drinking water sources, cultivation fields, irrigation channels, natural drainage paths, and the existing waste management system in the area, local routes, and general aesthetic value of the area.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
		vi) Wastes should be routinely collected from the designated area and disposed at waste disposal facilities.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil
5.	Resource Consumption Increase in Water /Electricity / Fuel Consumption.	i) The workers shall be trained on water conservation and sustainable use of water and electricity;	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Expert		Nil
		ii) Visual inspections shall be carried out regularly for leaks and water usage by the contractor.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Expert		Nil
		iii) Solarization of schools and HFs (to be included in PC-1).	Weekly by Contractor/Monthly inspection team	Monthly Site inspection/Monthly Environmental Compliance Report	Contractor/ ESS Experts		Cost included in PC1
		iv) New construction shall follow the building design that allows maximum use of daylight and provision of Low Voltage electrical appliances will be made in procurement procedures.	Weekly by Contractor/Monthly inspection team	To be ensured at design vetting Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts		Nil

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
6.	Natural Hazards Frequency of reverine and flash floods has increased in Peshawar and Nowshera in recent years perhaps due to climate change. Other target districts may also experience flashfloods in future due to climate change. The districts also need to be safeguards from Earthquake.	i) The contractor obligations should include to design schools and health facilities on a raised plate form where possible (within the budget limit) to reduce future losses from flash floods.	Weekly by Contractor/Monthly inspection team	To be ensured at design vetting Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts	NDMA guidelines	Additional cost to be included in design vetting by contractor
		ii) Flash water diversions from the facilities through some structural measures will enhance suitability and may be included in budget if possible.	Weekly by Contractor/Monthly inspection team	To be ensured at design vetting Visits, Photographs, Checking records, submit monthly compliance report			
		iii) Building Codes of Pakistan with Seismic provision and international best practices shall be made part of construction contractors agreement for designing buildings that are resistant to earthquake.	Weekly by Contractor/Monthly inspection team	To be ensured at design vetting Visits, Photographs, Checking records, submit monthly compliance report		Building Codes of Pakistan with Seismic provision	
		Inclusion of emergency exits and alarm system in building design shall be ensured.	Weekly by Contractor/Monthly inspection team	To be ensured at design vetting Visits, Photographs, Checking records, submit monthly compliance report			

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget
7.	Biodiversity/ Ecosystem impacts There are number of biodiversity sensitive areas, endangered species and habitats in KP.	i) Ensure wood used for construction has not been sourced illegally from protected areas and notified forests.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts	KP forest act	Nil
		ii) Incorporate technical design measures to minimize unnecessary removal of trees and vegetative cover.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts		Nil
		iii) Compensatory planting of eight trees shall be practices against each fallen tree of similar floral function; Use of invasive/ exotic species shall be disallowed and native species will be recommended for plantation.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts		Nil
8.	Land loss and soil erosion Construction activities using motorized equipment, including materials delivery, excavation, concrete works are likely to lead to soil erosion. Crop land and vegetation may be damaged during	i) Heavy construction vehicles shall be avoided.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor/ ESS Experts	Consult soil conservation department for guidelines and conservation procedures	Nil
		ii) Special safe routes shall be designated for transportation to minimize crop land damages and soil erosion.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report			Nil
		iii) Soil surface work under heavy rain and strong winds conditions shall be avoided.	Weekly by Contractor/Monthly inspection team	Visits, Photographs,			Nil

	Anticipated Environmental Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tool	Responsible Party / Official by Designation	Compliance criteria/Monitoring Indicators	Indicative Budget	
	transportation and excavation.			Checking records, submit monthly compliance report				
		iv) Proper drainage outlets shall be installed connected to main sewer system or local drainage (to avoid standing water inside and outside the facility).	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report				Nil
		iv) Establishment of vegetative cover on erodible surface as early as possible during construction.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report				Nil

B: Potential Social Impacts and Mitigations during Construction Phase

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
1.	Land Acquisition The project may require extra land for the upgradation of schools and health care facilities	i) As a first preference land owned by the existing school or health facility will be used.	At time of land acquisition	Record of minutes/ MOU	PMU	Rehabilitation policy framework	Nil
		ii) If existing land is not available, small parcels of land may be acquired through Voluntary Land Donation (VLD).	At time of land acquisition	Record of minutes/ MOU/ Financial audit	PMU		Cost to be estimated

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
2.	Occupational Health & Safety Use of heavy machinery and handling of chemicals by workers can result in health impacts and accidents.	i) Health kits, first aid kits and emergency medical supplies shall be made available at construction sites.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	Contractor ESS Expert Health	WB and IFC Environment, Health and Safety (EHS) Guidelines i.e. environmental Code of Practice (ECOP)	Nil
		ii) First aid kits shall be kept at randomly moving vehicles/machinery.	Weekly by Contractor/Monthly inspection team	Visits, Photographs, Checking records, submit monthly compliance report	As above		Rs.1,000 per facility
		iii) Location of the nearest medical facility to the construction sites and accessibility shall be ensured.	Monthly	Visits, Photographs, Checking records, submit monthly compliance report	ESS Experts Health		Cost to be estimated
		iv) Useful Personal Protective Equipment (PPE) will be given to workers such as clothing, gloves, vests, hard-hats, masks etc.	Weekly by Contractor/Monthly inspection team	Inspection, visits, monthly reports	Contractor ESS Expert Health		PPE each set = Rs.6,000

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
		v) Provision of clean drinking water shall be ensured for the construction crew.	Weekly by Contractor/Monthly inspection team	Visits and monthly report	Contractor ESS experts		Cost to be included in bid vetting by contractor
		vi) Hygiene inspections will be carried out to avoid disease epidemic.	Weekly by Contractor/Monthly inspection team		ESS Expert Health		Nil
		vii) The construction crew shall be trained on important aspects of workplace/confined space safety.	Training event	Training material Photographs	Contractor ESS Experts		Nil
		viii) Construction machinery operators and drivers shall be trained to avoid associated accidents with inappropriate use of machines and vehicles.	Training event	Training material Photographs	Contractor ESS experts		Nil
		ix) Construction Contractor must prepare a site specific Fire Safety Plan. In case of unlikely incidents (fire, vandalism) the workers will be evacuated and emergency response and law enforcement agencies will be engaged./Mocks as part of preparedness	Once and at time of mocks events	Mocks events, photographs	Contractor ESS experts		Nil
		x) Fire extinguisher shall be placed at construction sites, whereas, fire safety and emergency response trainings will be conducted.	Inspect equipment	Inspection of equipment	Contractor ESS experts		Nil
		xi) Flammables and other toxic materials shall be marked and stored at secured location.		Inspect Site	Contractor ESS experts		Nil

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
			Weekly/ Monthly	Monthly reports			
		xii) Provide training for workers for the use of PPE;	Biannual	Visits/ photographs	Contractor ESS experts		Biannual workshop @Rs.15,000 /ws
	Spread of Infection during Construction Works	<ul style="list-style-type: none"> • Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19. • Transient workers should adhere to national requirements and guidelines with respect to COVID-19. • Regular visit of healthcare professionals and cleaners should be arranged while rehabilitation works are ongoing (wearing the appropriate PPE and observing hygiene requirements and make appropriate arrangements for supplying food and water to the kitchens for the workers in isolation). • Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free. • Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths. • Supply face masks and other relevant PPE to all project workers at the entrance to the 					

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
		<p>project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask</p> <ul style="list-style-type: none"> Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages 					
3.	<p>Public health and safety The project is not going to finance large scale infrastructure like dams etc. However, the construction activities and movement of heavy vehicles may impact public safety. Similarly, emissions and noise from the site may impact the health of residing communities</p>	<p>i) Contractor shall ensure train drivers operating heavy vehicles on road for pedestrian safety. Set appropriate speed limits to avoid accidents.</p>	<p>Weekly by contractor/ Monthly by inspection expert</p>	<p>Visits/ on site checking</p>	<p>Contractor ESS experts</p>	<p>World Bank general OHS Guidelines</p>	<p>Nil</p>
		<p>ii) If schools, hospital and communities are present near construction sites, use of heavy vehicles on public roads will be avoided.</p>	<p>Weekly by contractor/ Monthly by inspection expert</p>	<p>Visits/ on site checking</p>	<p>Contractor ESS experts</p>		<p>Nil</p>
		<p>iii) Alternate routes for use by the public shall be marked in local language and placement of construction and diversion signage, in local language, particularly at sensitive/accident-prone spots, in accordance with a Public Safety Plan.</p>	<p>Weekly by contractor/ Monthly by inspection expert</p>	<p>Visits/ on site checking</p>	<p>Contractor ESS experts</p>		<p>Nil</p>
		<p>iv) The local police and law enforce agencies shall be engaged prior to the start of the project activities.</p>	<p>twice a month</p>	<p>Visits/check record</p>	<p>Police ESS experts</p>		<p>Nil</p>

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
		v) For project staff and construction work, locals shall be given preferences.	Weekly by contractor/ Monthly by expert	Visits/ site inspection	Contractor ESS experts		Nil
		vi) Child work shall be prohibited and where the cultural norms allow, women workers shall be included in the crew.	Weekly by contractor/ Monthly by expert	Visits/ site inspection	Contractor ESS experts		Nil
		vii) The workers will be confined to a construction site. Movement of construction workers will be restricted to their sites.	Weekly by contractor/ Monthly by expert	Visits/ site inspection	Contractor ESS experts		Nil
4.	Impact on Community (Social Conflicts/ gender aspects/Person with Disability). Due to labour influx and construction work, conflicts may arise among the locals. Women may face difficulty in free movement. Child labour and forced labour may be practices. Person with disability may have difficult access to the	i) Include procedures for documenting and reporting accidents, diseases, and incidents. Observe local sensitivities with regard to women.		Check procedures Visits	Contractor ESS experts	Section 9 grievance redress mechanism	Nil
	ii) Notables and leaders of the communities shall be engaged prior to start of project implementation through stakeholder engagement.	Before start of the construction activities	Check records	ESS experts	Nil		
	iii) Contractors shall carry-out awareness session with workers to strictly observe cultural sensitivity and necessary measures shall be introduced to respect	Monthly	Check awareness sessions	Contractor ESS Expert	Nil		
	iv) The construction hours shall be decided in consultation with local communities and staff of health	Before start of the construction activities	Check records	ESS Expert	Nil		

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
	health and education facility.	care and school facilities (preferably limited to after school and hospitals are closed for public).					
		v) In case of conflicts on land it will be resolved through GRM.	When arises	GRM record	ESS Expert		Nil
		vi) Restoration or relocation of affected community infrastructure shall be ensured.	Monthly	Inspect Community areas	ESS Expert		Nil
		vii) Construction area shall be marked with signs in local language (signboard will be placed such as School area, Speed limit, drive slowly).	Before start of construction activities	Visits Photographs	ESS Expert		Nil
		viii) It will be ensured through contractual binding with the construction contractor that child and forced labour will not be hired for the proposed construction sites.	Weekly by contractor Monthly by ESS Expert	Inspect during construction activities	Contractor ESS Expert		Nil
		ix) Labor will be trained not to interfere with the local community	Weekly by contractor Monthly by ESS Expert	Inspect during construction activities	Contractor ESS Expert		Nil
		x) Contractors shall ensure that facilities for Person with Disability (PWD) during construction and rehabilitation are disabled friendly (e.g., special pathways and latrines for PWDs shall be part of the construction).	Weekly by contractor Monthly by ESS Expert	Inspect during construction activities	Contractor ESS Expert		Cost to be included in bid vetting by contractor

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
4.	Impacts on Women (privacy and pardah issues) Children (restricted movements) and overall restricted mobility	i) Location of camp site away from settlements	Monthly	Inspect camp	Contractor ESS Expert	Section 9 grievance redress mechanism	Nil
		ii) For both school and health facilities, workers will be confined to the site-areas. A boundary around the site will be drawn and workers will not be permitted to go beyond during operational hours.	Monthly	Inspect camp	Contractor ESS Expert		Nil
		iii) All the vehicles deployed for material movement shall be spill proof to the extent possible.	Weekly by contractor Monthly by expert	Inspect Photographs	Contractor ESS experts		Nil
		iv) Development of Workers Code of Conduct (CoC). This Code of Conduct will be made part of the Contractor's TORs and agreement. Ensure all works sign (CoC) Training/Sensitization of the contractor's staff will be ensured by the contractor.	weekly by contractor	Check contractor agreement	Contractor/ ESS experts		Nil
		v) Teachers training and sensitization will be ensured for awareness raising regarding protection of children and women during construction activities	Bi-annually	Training material Annual progress report education	ESS experts Education		Cost included in PC1
		vi) Staff training of Hospitals – training of nurses, doctors and support staff on GBV related risks to implementation.	Bi-annually	Training material Annual progress report Health	ESS experts Health		Cost included in PC1
		vii) Community awareness sessions prior and during the construction phase. Separate male and female	Bi-annually	Training material	ESS experts		Nil

	Anticipated Social Impacts	Mitigation Measure(s)	Monitoring Frequency	Monitoring and Reporting Tools	Responsibility	Compliance criteria/indicators	Cost and Source of Funds
		community awareness raising activities that include awareness on GBV related risks to their children and women and the ways in which the community members can safely report concerns.		Progress reports			
5	Archaeological, Religious and Cultural Sites The project sites may include religiously and culturally important sites. Excavation work during construction may result in the uncovering of ancient sites or artefacts.	i) Construction staff will be trained and informed on identifying the evidence of archaeological/historic remains;	Once before the start of project	Training material Site visits	Contractor ESS Experts	Baseline/ guidelines	Training cost to be included in PC1
		ii) In case evidence of archaeological remains is found during construction activities, the actions listed below shall be undertaken. Detailed procedure for Archaeological Chance Find is included in Annexure 7 <ul style="list-style-type: none"> - Excavation work in the vicinity of the find will be stopped; - Assistance will be sought from the nearest office of the Department of Archaeology and Museums to identify the remains; - If the department decides to salvage the remains, PMU will provide assistance. 	Weekly by contractor Monthly by project	Visits/Site inspection	Contractor ESS Expert		Nil
		iii) No additional land for project will be acquired near existing archaeological sites	Weekly by contractor Monthly by project	Visits/ site inspections	Contractor ESS Expert		Nil
		iv) The construction work will be stopped at the time of the funeral and burial at the grave yard.		Observation	Contractor		Nil

7.2 Potential Environmental and Social Impacts and Mitigation Measures for Health Care and Education Facilities during Operation Phase

Table 7.2 provides the potential environmental and social impacts and mitigation measures along with the compliance criteria at operational stage. The institutional arrangements and implementation budget are included in proceeding sections. The environmental impact of the health facility operation is moderate to high due to likely generation of hazardous wastes for which a separate health care waste management framework is proposed. The environmental impact of school operations is low, while the social impact is moderate.

General environmental and social issues during operation include:

- Lack of functional sanitation facilities (often not functioning due to improper sewerage facilities or standard latrine structures);
- Improper disposal of wastewater (e.g. construction of infrastructure may dispose wastewater in pits or water streams or rivers);
- Improper management of solid waste including hospital waste generated by the project (and other potential sources). This usually results in the accumulation of waste on or around the subproject premises/area.
- Health and safety risks associated with lack of adequate safety measures in place (e.g. life and fire safety plan, emergency preparedness, etc.).
- Access of Person with Disability to health and school facilities and latrines are not sufficiently addressed (need consideration during construction phase).

Table 7.2: Environment and Social Impacts and Mitigation Measures for Health Care and Education Facilities at Operation Stage

Aspect /Impacts	Proposed Mitigation Measures (Responsible: Health and Education departments)
Air Quality Decline in ambient air quality due to emissions from vehicles and generators dropping school kids	<ul style="list-style-type: none"> • No mitigation required • The impacts are likely to be low since only urban areas have access to vehicles whereas children in rural area children walk to school. • School are not using backup generators
Wastewater and sanitation Deterioration of water bodies due to poor sewerage disposal	<ul style="list-style-type: none"> • It will be ensured that the sewerage is directed into municipal drains or dry pits. • The water channels will be cleaned. • Sewerage water will not be drained on soil surfaces.
Solid waste (Schools) There will be increase in solid waste generated from the schools.	<ul style="list-style-type: none"> • Segregation of solid waste at source with labelled dust bins for paper, food, glass and recyclable products. • Segregation of solid waste and disposal of solid waste to the designated areas. • Composing of biodegradable food waste to be included in the school activity. • Solid waste will not be allowed to dump randomly on open area. Clearance of reusable and recyclable waste to certified recycling companies.
Health care waste	The Health Care waste management shall be the responsibility of the outsourcing/contracting firm and following measures are

Aspect /Impacts	Proposed Mitigation Measures (Responsible: Health and Education departments)
<p>The provision of essential medicine, equipment and rehabilitation of health care facilities under the project once operational will generate wastes, which may impact on the environment through contamination of soils, water bodies as well as flora and fauna if inadequately disposed. Health care wastes may also lead to occupational risks (workers) and community health and safety if improperly disposed.</p>	<p>proposed for handling of health care waste;</p> <ul style="list-style-type: none"> • Health care waste management plan for disposal of health care wastes is part of the project. • Provide PPE to workers within the health facilities. • Provide waste disposal receptors on site (bins) classified according to type of waste. • Provide training and orientation to workers on health care waste management. • Provide health care waste management facilities as part of the equipment (incinerators, sharp boxes) etc.
<p>Gender based Violence</p>	<ul style="list-style-type: none"> • Develop mechanism for integrating a GBV prevention and child protective interventions in schools' management policies • Develop mechanism for integrating a GBV prevention interventions in hospital's management policies. • Sensitization of School and Hospital staff on risks to children and women associated with GBV. • Provide accessible information to schools and health care facilities on services available, the organizations involved and to survivors of gender based violence. • Develop linkages of the Health facilities with Women Development Department (and their crisis centers) for adequate support to the victims. • Gender training to service providers involved in gender based violence including the health and social workers (community midwives)
<p>Conflicts /Gender issues</p> <p>The conflict may arise among parents, teachers, community. Similarly, gender issue become hurdle for young girl school education.</p>	<ul style="list-style-type: none"> • Parent Teacher Management Committees (PTMC) will be made functional. • Girls will be encouraged to attend the school through availability of basic necessities, social mobilization and focus on girls 'education in the project. • Separate arrangements will be made for enabling girls and women to attend schools such as provision of WASH facilities for girls, sanitary pads, health and hygiene awareness sessions to girls to address their issues and concerns. • Teachers will be trained to handle gender based violence and harassment issues. Teacher will be trained on acquiring the information reporting the incident and resolving through parent teacher management committees and school administration. • GRM will be used for conflict resolution.

8 Resettlement Policy Framework

This resettlement policy framework has been prepared to address issues related to land acquisition and resettlement (if any), as required by World Bank (WB) Operational Policy/Bank Policy (OP/BP) 4.12 Involuntary Resettlement.

The Project will not finance any activities or construction of new facilities (e.g. hospitals, schools) that will require medium or large-scale land acquisition. Only small scale civil works (e.g. extension of existing health and education facilities) that may require small parcels of land may be anticipated in the following components of the Project:

- Component 1: Support to Basic Health Units and Rural Health Centers

Under sub-component 1.1, the project will support the strengthening of infrastructure, equipment and healthcare commodities at Basic Health Units and Rural Health Centers according to the MHSDP and Infrastructure Standards. This will include small scale civil works for renovation and upgrading of these facilities.

- Component 2: Improved availability and quality of education services

Under sub-component 2.1, the project will support the upgrade of primary schools (grades 1-5) to middle schools (grades 6-8) in the targeted districts. This would entail adding classrooms to accommodate the next level grades, fully equipping them, and adding other facilities (such as school library or laboratories) to improve the learning environment. The expansion of classrooms would include also addition of preschools classrooms (kacchi). To address challenges with the quality and safety of schools, missing basic school facilities, which include provision of boundary walls, drinking water, toilets and electricity connections or solar panels will be provided. Small scale civil works are anticipated for the addition of classrooms and expansion of school facilities. All physical infrastructure related activities will be carried out in existing schools with sufficient land/space for expansion.

All efforts will be taken by the Project to ensure that construction required for expansion of schools and upgrading of health facilities is done on the existing land being used by the facility. However, in case there is a need for minor extensions beyond existing facility boundaries, which may require additional small parcel of land, the following criteria will be used in order of preference:

4. Preference 1: Use of existing land owned by the target school or health facility
5. Preference 2: Use of land voluntarily donated by an individual, a group of individuals or the community as a whole (Voluntary Land Donation, VLD)
6. Preference 3: Small scale land acquisition

The project will primarily focus on undertaking upgradation and rehabilitation works within existing facility boundaries. There is a possibility that in some cases existing facilities may need minor extensions and therefore, may entail small-scale land needs. Such land needs may only be allowed by the project if the impacts are small scale and localized. However, the project does not anticipate such land needs beyond a few instances, if at all. Hence, the probability of the project using preference 3 (above) is low.

This chapter provides a framework for Voluntary Land Donation (VLD) in addition to the Resettlement Policy Framework (RPF). Where there are gaps between national laws and WB's policy on Involuntary Resettlement, a practical approach has been designed which is consistent with Government practices as well as WB's Policy. A gap analysis of the Land Acquisition Act (1894) and World Bank Policies is

provided in Section 2 of the ESMF. **Annexure 8** Land Acquisition and Resettlement Screening Checklist will guide each sub-project in identifying the relevant framework to be applied if required.

8.1 Objectives of RPF

In case of land acquisition by the project, this RPF is prepared to establish resettlement principles and to provide guidance for assessment and resettlement planning. The RPF fulfils the requirements of local laws and WB's OP 4.12 on Involuntary Resettlement.

The RPF establishes the process for VLD, resettlement and compensation principles, the organizational arrangements and the resettlement planning for the affected population during the Project implementation stage. All efforts will be deployed to avoid resettlement and reduce disruption at the Project implementation stage.

8.2 Requirements of RPF

Sub-Components 1.1 and 2.1 of the project may include small scale civil works to add classrooms to primary schools and upgrade health facilities, which may, in some cases, require small scale land acquisition for extension works. Though every effort will be taken to prioritize use of existing government land or VLD (explained in forthcoming section), there is a chance that private land acquisition may be required. It is also noted that rehabilitation of such facilities may require small scale, permanent economic displacement and/or involuntary resettlement if there are encroachments or encumbrances on the school or health facility property. Therefore, WB's OP on Involuntary Resettlement, OP 4.12 is triggered.

The project has not identified any potential sub-project locations for expansion of schools and health facilities. Hence, this RPF has been developed. If there is a need for any small scale land acquisition at the sub-project stage, the PMUs (Health and/or Education) will be responsible for preparing a Resettlement Action Plan (RAP) in line with this RPF. RAPs will be submitted to the WB for review and clearance and will be consulted on and disclosed prior to sub-project implementation and commencement of sub-project construction activity.

This RPF covers the following:

8.2.1 Avoid Land Acquisition and Involuntary Resettlement

Land acquisition and involuntary resettlement will be avoided where feasible, or minimized, by identifying possible alternative project designs that have the least adverse impact on the communities in the project area. No displacement of households or economic displacement is anticipated under this project as only extension works of existing facilities will be undertaken. However, where displacement of households is unavoidable, all Project Affected Peoples (PAPs) losing assets, livelihoods or resources will be fully compensated and assisted so that they can improve, or at least restore, their former economic and social conditions. Compensation and rehabilitation support will be provided to any PAPs, that is, any person or household or business, which on account of project implementation would have his, her or their:

- standard of living adversely affected;
- right, title or interest in any house, any land (including premises, agricultural and grazing land, commercial properties), tenancy, or right in annual or perennial crops and trees or any other fixed or moveable assets, acquired or possessed, temporarily or permanently;
- income earning opportunities, business, occupation, work or place of residence or habitat adversely affected temporarily or permanently; or

- Social and cultural activities and relationships affected or any other losses that shall be identified during the process of resettlement planning.

8.2.2 Eligibility for Compensation

All PAPs will be eligible for compensation and rehabilitation assistance, irrespective of tenure status, social or economic standing and any such factors that may discriminate against achievement of the objectives outlined above. OP 4.12 defines eligibility criteria as the following:

Displaced persons may be classified in one of the following three groups:

1. those who have formal legal rights to land (including customary and traditional rights recognized under the laws of the country);
2. those who do not have formal legal rights to land at the time the census begins but have a claim to such land or assets--provided that such claims are recognized under the laws of the country or become recognized through a process identified in the resettlement plan; and
3. Those who have no recognizable legal right or claim to the land they are occupying.

Persons covered under the first two categories are provided compensation for the land they lose, and other assistance in accordance with OP4.12. Persons in the third category are provided resettlement assistance in lieu of compensation for the land they occupy, and other assistance that may consist of land, other assets, cash, employment, and so on, as appropriate and in accordance with OP4.12.

8.2.3 Entitlements without Legal Claims to Land

Lack of legal rights to the assets lost or adversely affected tenure status and social or economic status will not bar the PAPs from entitlements to such compensation and rehabilitation measures or resettlement objectives. All PAPs residing, working, doing business and/or cultivating land within the project impacted areas as of the date of the latest census and inventory of lost assets, are entitled to compensation for their lost assets (land and/or non-land assets), at replacement cost, if available and restoration of incomes and businesses, and will be provided with rehabilitation measures sufficient to assist them to improve or at least maintain their pre-project living standards, income-earning capacity and production levels. Encroachers will not be eligible for compensation of land however they will be entitled for the compensation of structures and a moving allowance.

PAPs that lose only part of their physical assets will not be left with a portion that will be inadequate to sustain their current standard of living. The minimum size of remaining land and structures will be agreed during the resettlement planning process. People temporarily affected are to be considered as PAPs and resettlement plans address the issue of temporary acquisition.

8.2.4 Compensation and Rehabilitation

Payment for land and/or non-land assets will be based on the principle of replacement cost. Solely cash compensation will be avoided as an option if possible, as this may not address losses that are not easily quantified, such as access to services and traditional rights, and may eventually lead to those populations being worse off than without the project. Compensation for PAPs dependent on agricultural activities will be land-based wherever possible. Land-based strategies may include provision of replacement land, ensuring greater security of tenure, and upgrading livelihoods of people without legal land titles. If replacement land is not available, other strategies may be built around opportunities for re-training, skill development, wage employment, or self-employment, including access to credit. Whenever replacement land is offered, PAPs should be provided with land for which a combination of productive potential, locational advantages, and other factors is at least equivalent to the advantages of the land taken. Replacement lands, if the preferred option of PAPs, should be within the immediate vicinity of

the affected lands wherever possible and be of comparable productive capacity and potential. As a second option, sites should be identified that minimize the social disruption of those affected; such lands should also have access to services and facilities similar to those available in the lands affected.

8.2.5 Livelihood Restoration

Losses of livelihoods due to land acquisition will be assessed during field surveys, to be conducted by resettlement specialists, who will be engaged for this activity if required. In case land acquisition affects commercial structures, in addition to the compensation of affected assets, PAPs will be compensated for lost net income during the transition period, and for the costs of the transfer and reinstallation of the plant, machinery, or other equipment. Moreover, PAPs will get priority in construction labour jobs according to their education and skills.

8.2.6 Resettlement Assistance

Resettlement assistance will be provided not only for immediate loss, but also for a transition period needed to restore livelihood and standards of living of PAPs. Such support could take the form of short-term jobs, short term rental support, subsistence support, salary maintenance, or similar arrangements.

8.2.7 Vulnerable Groups

The resettlement plan must consider the needs of those most vulnerable to the adverse impacts of resettlement including the poor, those without legal title to land, ethnic minorities, women, children, elderly and disabled and ensure they are considered in resettlement planning and mitigation measures identified. Assistance should be provided to help them improve their socioeconomic status. PAPs will be involved in the process of developing and implementing resettlement plans

8.2.8 Consultations

Communities will be consulted about the project, the rights and options available to them, and proposed mitigation measures for adverse effects, and to the extent possible be involved in the decisions that are made concerning their resettlement.

8.2.9 Timing of Relocation

Displacement does not occur before provision of compensation and of other assistance required for relocation. Sufficient civic infrastructure must be provided in resettlement site prior to relocation. Acquisition of assets, payment of compensation, and the resettlement and start of the livelihood rehabilitation activities of PAPs, will be completed prior to any construction activities, except when a court of law orders so in expropriation cases. (Livelihood restoration measures must also be in place but not necessarily completed prior to construction activities, as these may be ongoing activities.)

8.2.10 Organization and Administrative Arrangements

Organization and administrative arrangements will be identified and in place by the PMU prior to the commencement of the resettlement process. A social development specialist will be hired by the PMU to undertake supervision, consultation, monitoring of land acquisition and rehabilitation activities, and management of the Grievance Redress Mechanism (GRM).

8.2.11 Monitoring and Reporting

Appropriate reporting (including auditing and redress functions), monitoring and evaluation mechanisms, will be identified and set in place as part of the resettlement management system. The RAP implementation will be monitored internally as well as externally. The PMU's social specialist will internally monitor and evaluate the resettlement process during the pre-construction and

construction stages of sub-project. An external monitoring agency with the consent of WB may also be hired by the project and will evaluate the resettlement process and final outcome. Such groups may include qualified Non-governmental Organization (NGOs), research institutions or universities.

8.2.12 Cut-off Date

The cut-off-date of eligibility refers to the date prior to which the occupation or use of the project area makes residents/users of the same eligible to be categorized as PAPs and be eligible to Project entitlements. The establishment of the eligibility cut-off date is intended to prevent the influx of ineligible non-residents who might take advantage of Project entitlements. However, the project cannot force the owners of the land not to make any transactions unless section 4 of the Land Acquisition Act is announced. After the announcement of section 4, a final inventory of the affected assets is prepared by the respective line departments and the RAP is updated accordingly.

Normally, this cut-off date is the date the census begins. The cut-off date could also be the date the project was delineated, prior to the census, provided that there has been an effective public dissemination of information on the area delineated, and systematic and continuous dissemination subsequent to the delineation to prevent further population influx.

8.2.13 Linking Resettlement Activities to Civil Work

All resettlement related activities, particularly payments of compensation and relocation site development, will be completed prior to commencement of project civil works. The acquired land and other assets for example, housing/commercial structures will not be demolished without compensation being paid and/or alternative housing/ resettlement sites being provided. For project activities requiring relocation or resulting in loss of shelter, the PAPs will be informed of the project activities and schedule such as (a) target dates for start and completion of civil works; (b) timetables for transfers and possession of land from the affected households; and (c) a full schedule of project work, including specific project activity involving land acquisition, relocation and resettlement. Thus, the framework will ensure proper timing and coordination of the civil works so that no affected person will be displaced (economically or physically) due to civil works activity, before compensation is paid and before any project construction works can begin.

8.2.14 Eligibility and Entitlements

The eligibility and entitlement will follow the approved entitlement matrix which covers a wide range of losses. The following table summarizes various entitlements against losses.

Table 8.1: Entitlements Matrix

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
1.	Loss of agricultural land, pond, ditches and orchards etc.	Legal owner(s) of land	Market value of land free of taxes, registration, and transfer costs, and including 15% compulsory land acquisition surcharge.	Market price of the land will be computed by the District price assessment committee keeping in view the recent transactions in the area, quality of land and demand of the land owners. The Project through District Collector will pay	All costs related to Resettlement & Rehabilitation assistance will be provided by GoKP. Land acquisition and disbursement of payments is the responsibility of Revenue Department

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
				cash compensation through crossed cheque.	
2.	Loss of access to cultivable land	Farmers/ Title holders Landowners with customary rights	Land for land compensation with plots of equal value and productivity to the plots lost; ensuring economic viability of the new land and also ensuring that the PAPs' livelihood is not negatively affected or; Cash compensation plus 15% CAS for affected land at replacement cost based on market value free of taxes, registration, and transfer costs	Market price of the land will be computed by the District price assessment committee keeping in view the recent transactions in the area, quality of land and demand of the land owners. The Project through District Collector will pay cash compensation through crossed cheque.	All costs related to Resettlement & Rehabilitation assistance will be provided by GoKP. Land acquisition and disbursement of payments is the responsibility of Revenue Department
3.	Loss of access to cultivable land	Leaseholders (registered or not)	Renewal of lease contract in other plots of equal value/ productivity of plots lost, or Cash equivalent to market value of gross yield of affected land for the remaining lease years (up to a maximum of 3 years).	Market price of the land will be computed by the District price assessment committee keeping in view the recent transactions in the area, quality of land and demand of the land owners. The Project through District Collector will pay cash compensation through crossed cheque.	All the funds will be provided by GoKP through the project. Land acquisition and disbursement of payments is the responsibility of Revenue Department
4.	Loss of access to cultivable land	Sharecroppers (registered or not)	Cash equivalent to market value of the lost harvest share once (temporary impact) or twice (permanent impact). Provision of livelihood restoration support (i.e, inclusion in the Livelihood Restoration Plan).	Market value of the harvest will be computed by the District price assessment committee keeping in view the recent transactions in the area, The Project through District Collector will pay cash compensation through crossed cheque.	All the funds will be provided by GoKP through the project. Land acquisition and disbursement of payments is the responsibility of Revenue Department
5.	Loss of access to cultivable land	Agricultural workers losing their contract	Cash indemnity corresponding to their salary (including portions	The Project through District Collector will pay	All the funds will be provided by GoKP through the project. Land

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
			in kind) for the remaining part of the agricultural year. Provision of livelihood restoration support (ie, inclusion in the Livelihood Restoration Plan).	cash compensation through crossed cheque	acquisition and disbursement of payments is the responsibility of Revenue Department
6.	Loss of access to cultivable land	Unauthorized occupants	One rehabilitation allowance equal to market value of 1 gross harvest (in addition to crop compensation).	The Project through District Collector will pay cash compensation through crossed cheque	All the funds will be provided by GoKP through the project. Land acquisition and disbursement of payments is the responsibility of Revenue Department
7.	Loss of homestead/ residential/ commercial/ Common Property Resources(CPR) plots by owners/authorities	Legal owner(s) of the land	Market value of land including 15% compulsory land acquisition surcharge Lump sum dislocation allowance per household to cover transport expenses and livelihood expenses for one month (to be calculated on the basis of CBN per person). Provision of basic infrastructures at new resettlement area such as access road, drinking water supply, sanitation, schools, electricity, mosque, health facility and commercial area free of cost. Those households moving on their own (i.e., self-managed relocation) will	Market price of the land will be computed by the District price assessment committee keeping in view the recent transactions in the area, quality of land and demand of the land owners. Project through District Collector will pay for the land. Project will develop the resettlement sites with provision of basic amenities as electricity, potable water, roads	Project through District Collector will pay for the land. Relocation site development will be the responsibility of the project.

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
			receive an additional amount as allowances for self-managed relocation.		
8.	Loss of trees	Person with legal ownership of the land Socially recognized owner/ unauthorized occupant of the trees	Market value of the lost item	Values of lost items computed based on Resettlement Field Survey (RFS) and rates taken from local market	Compensation of trees and other land based assets will be included in the land award and will be paid by the revenue department
9.	Loss of residential /commercial structure by owner(s)	Legal titleholder Owner(s) of structures	Replacement value of residential structure. Lump sum Relocation grant per affected Household to cover transport expenses and livelihood expenses for one month (to be calculated on the basis of CBN per person). Special assistance of one-time payment for each female, disabled, elderly headed and very poor households. Owner will be allowed to take away all salvageable materials free of cost.	Applicable to all structures located within the acquisition areas. District Collector with expertise from Works and Services Department will determine the replacement value	Replacement value, Relocation grant and special assistance will be paid directly by the project
10.	Loss of residential /commercial structure by squatters and unauthorized occupants	Informal settlers / squatters / non-tilted APs occupying public land without title/ or squatting on Govt. land	Relocation grant per affected structure. Special assistance of one-time payment for each female, disabled, elderly	Applicable to all structures located within the acquisition areas. District Collector with expertise from Works and Services Department will determine the replacement value	Replacement value, relocation grant and special assistance will be paid directly by the project

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
			headed and very poor households. Owner will be allowed to take away all salvageable materials free of cost.		
11.	Loss of access to residential houses/ commercial structures (Owners/rented or leased)	Tenants of rented/ leased properties	Affected tenants will receive cash compensation of a value proportionate to the duration of the remaining lease period, or three months, whichever is higher. Relocation grant per affected structure. Special assistance of one-time payment for each female, disabled, elderly headed and very poor households. Owner will be allowed to take away all salvageable materials free of cost.	Applicable to all structures located within the acquisition areas. District Collector with expertise from Works and Services Department will determine the replacement value	Cash compensation, relocation grant and special assistance will be paid directly by the project
12.	Loss of standing crops	Cultivators identified by District Collector through land acquisition survey, including sharecroppers, tenants and squatters.	Crop compensation in cash at full market rate for one harvest (either winter or summer) by default for impacts caused by the project activities. All other crop losses will be compensated at market rates based on actual losses.	Applicable for all crops standing on land within the acquisition area at the time of dispossession. Project will pay through District Collector for crops. District Collector with assistance from Department of Agriculture will recommend resettlement value of crops at harvest.	Compensation of crops will be included in the land award and will be paid by the revenue department
13.	Loss of business by commercial and business enterprises	Owner/operator of the business as recorded by RFS	(i) Cash compensation equal to one year income, if loss is permanent;	Business owners will be paid the entitlements after award of compensation by	Project will directly pay the entitlement to the

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
	(CBEs) due to dislocation		ii) in case of temporary loss, cash compensation equal to the period of the interruption of business up to a maximum of six months or covering the period of income loss based on construction activity.	District Collector to the owner of premises.	eligible affected persons.
14.	Loss of Income and work days due to displacement	Household head / employees identified by the RFS	Indemnity for lost wages for the period of business interruption up to a maximum of three months (to be calculated on the basis of Cost of Basic Needs (CBN),	Affected person must have been an employee of landowner or business located in the acquired lands for at least twelve months, as identified by the RFS.	Project will directly pay the entitlement to the eligible affected persons.
15.	Poor and vulnerable households	Poor and vulnerable households including women headed household, households below poverty line, disabled persons identified by RFS	Lump sum one time livelihood assistance allowance (to be calculated on the basis of Cost of Basic Needs (CBN) per person) on account of livelihood restoration support. Temporary or permanent employment during construction or operation, where ever feasible. Provision of one time PKR. 15,000 moving assistance to cover transport expenses, where applicable.	Vulnerable household must be identified during RFS.	Project will directly pay the entitlement to the eligible affected persons.
16.	Displacement of community structure	Community structure representative as identified by the RFS	The project will construct the structures for common properties in the self-managed resettlement sites selected by the PAPs.	Land for common structures will be purchased/ acquired by the Project.	Project will directly pay the entitlement to the eligible affected persons.

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
17.	Temporary impact during construction	Community / Individual	Compensation equal to loss during construction	Temporary impact during construction will be computed by Project Implementation Unit.	Project will directly pay the entitlement to the eligible affected persons.
18.	Unforeseen impact	Concerned impacted persons	Entitlements will be determined as per the resettlement policy framework	The unforeseen impacts will be identified through special survey by the PMU. The entitlements will be approved by Health and Secondary Education Departments and concurred by the WB.	Compensation of land based assets will be included in the land award and will be paid by the revenue department Compensation of other assets will be paid directly by the project.
19.	Public Structure	Concerned Department	Replacement of affected structures	Health and Secondary Education Departments and concerned department with the help of LAC will be responsible for the replacement of the affected public structures with the financial assistance of the project at appropriate site.	Project will be responsible for financial assistance
20.	Severe impact	Persons losing more than 10% of their income from all sources	One time severe impact allowance per household. Severe impact allowance will be based on market value of a 1 year's gross yield of the land lost. In case of severe impact on other income, the APs will be paid additional compensation corresponding to 3 months of minimum subsistence income One person from the household will be eligible for labor work or job according to their skills and education.	The one time severe impact allowance will be paid by Project.	Project will be responsible to pay the severe impact allowance.

8.2.15 Voluntary Land Donation Framework

This Voluntary Land Donation (VLD) Framework has been prepared to ensure that due diligence will be conducted by the project before the implementation of any interventions/sub-projects that require land. As noted earlier, if land is needed for expansion or upgradation of health or education facilities, in the first instance the Project will utilize existing land owned by the target school or health facility. If such land is not available, then the Project will acquire such land using land which is voluntarily donated by an individual, a group of individuals or the community as a whole through a Voluntary Land Donation (VLD) process. As a last resort, when the above two options are not available, the Project will acquire land through an involuntary land acquisition process.

VLD is an act of free and informed consent. Project staff must ensure that voluntary contributions are obtained without coercion or duress. Project Affected Persons (PAPs) have the right to refuse to donate assets and receive their entitlement and compensation for their land and assets lost. They will be fully informed of their rights and access to grievance mechanisms described in this RPF.

8.2.16 VLD Due Diligence

Due diligence for VLD will be conducted and documented during the screening phase of each sub-project/intervention requiring land. Due diligence will be carried out by the social safeguards specialist of the Project Management Unit (PMU). Due diligence will cover at least the following:

- i. PMU must verify and document that land required for the sub-project is given voluntarily and the land to be donated is free from any dispute on ownership or any other encumbrances;
- ii. The land must be jointly identified by the Revenue Department, beneficiary community and project representative. PMU must ensure that the land is appropriate for sub-project purposes and that the sub-project will not result in any adverse social or environmental impacts by using this land;
- iii. The titleholder/s donating land should be made to understand that they will have equal access to the infrastructure built on the donated land like any other community member and that they cannot claim for any priority treatment;
- iv. PMU must verify that the donated land does not cause any physical or economic displacement
- v. PMU must verify that the donated land/assets are no more than 10% of the total land assets of the individual;
- vi. In case of communal land, PMU must acquire consent of 90% of land owners through a consultative process;
- vii. The land titleholder/s should not belong to vulnerable sections of society, unless he/she is a direct beneficiary of the sub-project (i.e., donated parcel of land would result in net gains in that person's livelihood). Vulnerable sections are:
 - Households below the poverty line (with a valid government issued proof);
 - Women headed households with women as sole earners who may lose their shelter or livelihood due to land donation;
 - Handicapped persons who may lose their shelter or livelihood due to land donation.
- viii. PMU must ensure free and informed decision-making through meaningful consultations conducted in good faith with all potential land donors. Documented verification must be

maintained of this consultation showing that land donors are in agreement with the sub-project and its benefits, and agree to donate their land;

- ix. PMU must ensure that separate discussions are held with vulnerable donors such as women, elderly and orphans to facilitate meaningful participation and ensure there is no coercion by other land donors;
- x. PMU must verify that land is free from any encroachments;
- xi. PMU must verify that land donation will not displace tenants or bonded labour, if any, from the land;
- xii. PMU must ensure that the community has knowledge of and access to a fair system of grievance redress, and that the system for project monitoring and reporting is in place.

8.2.17 VLD Documentation

PMU will document the VLD due diligence for each sub-project that requires donation of private or communal land through the following means:

- i. Completion of VLD Screening Checklist at sub-project planning/screening stage (format provided as **Annexure 9**);
- ii. Completion and signing of the written consent form for VLD on Stamp Paper of the amount required by the Revenue Department for land donation. This needs to be verified by notary public, and by all donors (in Urdu) (format provided as **Annexure 10**);
- iii. Verification of donation and signing of consent form by two witnesses who are community notables to ensure that the land was voluntarily donated without any form of coercion or duress;
- iv. The VLD due diligence information will be verified during detailed design preparation of the sub-project and updated as necessary.

8.2.18 VLD Monitoring

VLD will be monitored by the social safeguards specialist at PMU and periodically reviewed by the WB. During review missions, WB will verify that land donation due diligence has been conducted in accordance with the above procedures.

8.2.19 Grievance Redress Mechanism

Anticipated grievances may relate to coercion for land donation or a donation of more than 10% of private land holding. Any complaint will go to the grievance redress mechanism (GRM) established for the project.

8.2.20 Consultations

This VLD Framework will be included in consultations with communities about the project, the rights and options available to them, and proposed mitigation measures for adverse effects. To the extent possible, communities will be involved in the decisions that are made concerning VLD and resettlement.

8.3 Preparing Resettlement Action Plans (RAP)

Resettlement Action Plans will be prepared for each sub-project where it is identified that small scale acquisition of land is required. The Project will ensure that private land acquisition for expansion of

schools and health facilities is a last resort, with priority being given to using existing land owned by the facilities, or Voluntary Land Donation. The process for preparing a RAP and an outline of its contents is provided in this section. The detailed process and outline are provided as Annexure 11.

8.3.1 Methodology of Screening

Following the RPF, Department of Health and Elementary and Secondary Education Department will undertake assessment of all impacts of different projects, any unanticipated impacts or additional land acquisition required during the implementation of the projects. The steps to be followed for screening include:

1. Conduct a rapid assessment of the impacts and consultation with the affected persons and communities.
2. Consider measures to minimize impacts and or options to reduce impacts.
3. Conduct a full assessment of impacts by involving all stakeholders, particularly the affected persons, and establish a full inventory of all assets to be acquired.
4. Prepare RAP for all the sub-projects requiring land acquisition.
5. Use the approved entitlement matrix to guide the planning and compensation for all losses incurred due to the unanticipated impacts and/ or acquisition of additional properties. New entitlements may be developed depending on the scale of any specific impacts caused by the construction of the project.
6. Share the draft RAP with WB for concurrence and approval, and explain and disclose to the PAPs (with Executive Summary translated into Urdu and other local languages if needed)

All affected households will be identified using complete census of population and affected households, the structures in different uses, the different trees, and public facilities as separate survey of all affected land of different type will also be undertaken.

8.3.2 Community Participation and Consultations

The RAP will ensure involvement and consultations with all APs and host communities by conducting detailed consultations and including their views and feedback into the resettlement plans. The Project will also put in place institutional arrangements by which displaced people can communicate their concerns to project authorities throughout planning and implementation.

8.3.3 Field Surveys

Field surveys for the RAP consist of four different⁸⁹ but interrelated surveys that will prepare a census of all affected persons, households, businesses, and community infrastructure and identify all impacts. The objective and scope of these surveys are explained in **Annexure 11**.

8.3.4 Valuation of Assets

The RAP will include a detailed valuation of assets such as productive land, houses, structures, crops, trees and loss of livelihoods. The methodology for valuation of each of these assets is provided in Annexure 11.

⁸⁹ Census of Affected Persons and Project Impacts; Household Profile Survey; Affected Businesses Survey; Public and Community Infrastructure Survey

8.3.5 Compensation, Income Restoration and Relocation

The project will take all efforts to fulfil any land needs using Voluntary Land Donation (VLD) or Willing Buyer Willing Seller (WBWS) approaches. Compensation under both VLD and WBWS do not need to follow the requirements of the LAA 1894 and World Bank OP 4.12. This section explains the compensation requirements that will be included in the RAP in the very unlikely chance that involuntary resettlement may be required by the project. Compensation for lost assets can be provided in two ways, i.e. cash compensation and land for land compensation, to be decided by PMU. The RAP will provide the compensation approach and its basis. RAP will also propose measures for income restoration, including compensation and special measures to help vulnerable households improve their living standards, relocation, and support for host populations.

8.3.6 Implementation Arrangements

The institutional set up in place for ensuring compliance of the ESMF (please see Chapter 10) will be responsible for the implementation of the RFP. The Department of Health will be responsible for overall implementation of Component 1. The Elementary & Secondary Education Department will have the responsibility of implementing Component 2. Both departments will be responsible for implementation of Component 3. Each Department will have the support of a Project Management Unit (PMU) with planning of activities and reporting on progress and fiduciary and safeguards related issues.

8.3.7 PMU

The Social Safeguards Specialist will be responsible for implementation of the RFP, and supervision of all aspects related to the preparation and implementation of VLD Agreements and RAPs if applicable for the sub-projects (in addition to other social aspects of the ESMF).

8.3.8 Grievance Redressal Mechanism

GRM established for the project (detailed in Chapter 11 of ESMF) will be responsible for addressing conflicts and appeal procedures regarding eligibility and entitlements as well as the implementation of the resettlement activities. Any grievances related to eligibility and entitlements will be brought to the relevant Grievance Redress Committee and will follow the process of the project GRM.

8.3.9 Internal Monitoring

Internal monitoring will be carried out routinely by the Social Safeguards Specialist of each PMU under the guidance of the Project Director. This will include monitoring of:

- Preparation and implementation of each VLD and/or RAP
- Status of resolution of all complaints (with details) and consultation plans

Results of internal monitoring will be compiled and shared with the Department of Health and Elementary and Secondary Education Department, PAPs, and the Bank through monthly and quarterly progress reports (QPRs). Indicators for the internal monitoring will be those related to process, immediate outputs and results.

8.3.10 External Monitoring Agency

Department of Health and Elementary and Secondary Education Department will hire an independent External Monitoring Agency (EMA) who will conduct independent monitoring and evaluation of VLD or RAPs implementation. The EMA will:

- Review the implementation progress;

- Evaluate the level of achievement of objectives; and
- Identify the gaps (if any) and propose remedial measures to be taken.

8.3.11 Board of Revenue

The Khyber Pakhtunkhwa Board of Revenue (BoR) has function of land acquisition and power to approve allocating/granting public land for projects of public interest with conditions.

8.3.12 District Administration

Land acquisition functions rest with BoR but the land rights in the rural areas are administered by the District Administration on behalf of the BoR. The Deputy Commissioner (DC) has the power and responsibility to acquire land and to assess compensation of property. The DC, who also acts as LAC under LAA 1894, will assign the Tehsildar of the concerned District Revenue Department (DRD) to manage the entire land acquisition. Other staff members of the DRD, called Qanoongo (clerical Staff of DRD) and Patwari (Field Staff of DRD) will carry out identification of titles and verification of the ownership. Compensation of non-land assets pertains to relevant agencies of the government and their district level offices as following:

- Compensation for buildings will be determined by the District Collector with advice on the rates from Department of P&D;
- Compensation for crops and productive trees will be determined by the Department of Agriculture; and
- Compensation for wood trees will be determined by the Department of Forestry.

8.3.13 Budget and Financing

Adequate budgetary support will be fully committed and made available to cover the costs of land acquisition (including compensation and income restoration measures) within the agreed implementation period. The funds for all resettlement activities will come from the Government of Khyber Pakhtunkhwa.

All land acquisition and resettlement (LAR) implementation costs, including cost of compensation and LAR administration, will be considered an integral part of Project cost. Each RAP will include a budget section indicating unit compensation rates for all affected items and allowances, relocation of structures, rehabilitation of livelihood, methodology followed for the computation of unit compensation rates and a cost table for all compensation expenses including administrative costs and contingencies. Cost for resettlement activities will be included in the PC-1 of the project by the Department of Health and Elementary and Secondary Education Department. Total cost of the RAP will also include 10 percent contingencies. Finances for compensation, relocation of structures, rehabilitation of livelihood, allowances, and administration of RAP preparation and implementation will be provided by the Project. Health and Secondary Education Departments will make sure that all the required funds are available for different resettlement activities before the start of particular activities as scheduled in the RAP.

9 Health Care Waste Management Guidelines

The Project under its Component -1 will also support contracting/outsourcing of clinical and non-clinical services such as diagnostic, pharmaceutical and ambulatory, and Health Care Waste Management (HCWM) as well as some renovation and security and janitorial services, while building the capacity of the Department of Health to manage contracts of this nature. Health department, KP must take initiative to start effective hospital waste management system in healthcare facilities of Khyber Pakhtunkhwa.

The Project will facilitate in providing guidance on Health Care Waste Management System by the outsourcing /contracting companies from the source to the final disposal. The Project will provide support and guidance for preparing the TORs for the outsourcing /contracting company, contractual arrangements between the health department and private companies who will be responsible for the overall Health Care Waste of the Health Care facilities in four districts. This section also provides general guidance on devising a mechanism to be in place for Health Care Waste treatment and disposal as per Hospital Waste Management Rules, 2005.

Area of Impact

The immediate area of impact for the above-mentioned project activities is limited to 5 km to 15 km radius (depending on scale of construction) of the health care facilities. Environmental and social issues associated with health care facilities include the following: ·

- Solid Waste
- Wastewater discharges
- Staff/Public Health and Safety hazards

Table 9.1 provides summary of health care waste management potential impacts and proposed mitigation measures for the component 1 of the proposed project that will be handled by independent health care waste management company outsourced under the Project. The HCWM Checklist with respect to COVID-19 is attached as Annexure-13

Table 9.1: General Management Guidelines for Health Care Waste Management

Potential Impacts	Proposed Mitigation Measures	Monitoring Parameters	Compliance Criteria
<p>Solid Waste</p> <p>Waste from Health Care Facilities (HCF) can be divided into domestic and hazardous waste.</p> <p>Improper Health Care (HC) waste disposal can result in increased air pollution through burning of waste, vector borne diseases, contamination of land and water sources and ambient aesthetics for surrounding communities. The impacts are likely to be high and requires special attention for hazardous waste. These wastes include sharps (needles, razors, and scalpels), pathological waste, other potentially infectious waste, pharmaceutical waste, biological waste, hazardous chemical waste, and waste from microbiological laboratories.</p>	<p>The hospital facilities selected for the proposed project will be screened according to the equipment and hospital waste management plan will be prepared. Proper management of hospital waste through effective implementation of the Hospital Waste Management Rules of 2005 can minimize the risks both within and outside healthcare facilities.</p> <p>Broad outline of the health care waste management plan (HCWMP) according to the HCWM rules 2005 will include following components.</p> <ol style="list-style-type: none"> 1. Waste Minimization, Reuse, and Recycling 2. Waste Segregation Strategies 3. On-site Handling, Collection, Transport and Storage 4. Transport to external facilities using waste disposal vehicles. Two waste disposal vehicles are proposed for each district under the project. 5. The infectious waste will be segregated from the other non-risk waste and will not be sent to the municipal waste dumping site/landfill. 6. Feasible treatment and disposal options include: <ul style="list-style-type: none"> ▪ Incineration (preferred option one in each district under the project). ▪ Chemical disinfection ▪ Wet thermal treatment ▪ Microwave irradiation ▪ Land disposal (supplementary option) ▪ Measures to prevent vapors from escaping into the atmosphere /air (contamination) 7. The KP Health Department has proposed a waste management system (including collection and disposal) under the project to be contracted out to a company for all over the province 8. Training will be conducted for hospital waste handling, segregation, treatment, and disposal. 9. In smaller facilities, methods of disposal are mainly open pit/land burning within the facility premises. In some facilities, waste is collected by municipality and disposed of in 	<p>Amount of total waste,</p> <p>Segregation of infectious waste, domestic waste and hazardous waste</p> <p>Onsite inspections</p>	<p>Hazardous Substance Rules 2003</p> <p>WB OHS Guidelines</p> <p>WB health care waste management guidelines</p>

Potential Impacts	Proposed Mitigation Measures	Monitoring Parameters	Compliance Criteria
	landfills/garbage dumps. This practice should be avoided and a proper pit burning guidelines including standard pit design be proposed in HCWMP. Other important steps are to have in place a sharps management system, waste reduction, avoidance of hazardous substances whenever possible, ensuring worker safety, providing secure methods of waste collection and transportation, and installing safe treatment and disposal mechanisms.		
<p>Non-hazardous Solid waste</p> <p>Most of the waste generated in the healthcare facilities can be treated as ordinary municipal solid waste. These would require normal treatment but necessary to avoid soil, air and water pollution.</p>	<ol style="list-style-type: none"> 1. Segregation of solid waste at source with labelled dust bins for paper, food, glass and recyclable products. 2. Segregation of solid waste and disposal of solid waste to the designated areas. 3. Composting of biodegradable food waste shall be encouraged. 4. Solid waste will not be allowed to dump randomly on open area 5. Engaging certified recycling companies for clearance of reusable and recyclable waste. 	<p>Amount of total waste,</p> <p>Segregation of infectious waste, domestic waste and hazardous waste Onsite inspections</p>	<p>Hazardous Substance Rules 2003</p> <p>WB OHS Guidelines</p> <p>WB health care waste management guidelines</p>
<p>Air Emissions</p> <p>Emissions may include exhaust from medical waste incineration if this waste management option is selected by the facility. In addition, air emissions may result from combustion related to power generation. Air quality deterioration can take place by open burning of the HCW. Of particular concern are dioxins which are produced by burning of the plastic and polyethylene products. The dioxins are carcinogenic. Impact is High.</p>	<ol style="list-style-type: none"> 1. Application of waste segregation and selection including removal of the following items from waste destined for incineration: halogenated plastics (e.g. PVC), pressurized gas containers, large amounts of active chemical waste, silver salts and photographic / radiographic waste, waste with high heavy metal content (e.g. broken thermometers, batteries), and sealed ampoules or ampoules containing heavy metals. 2. With exception of designated sites open disposal of hospital waste including infectious and biological in undesignated waste disposal sites is strictly prohibited under section 19 of environmental protection act. The hospital waste has to be disposed at designated functioning sites using hospital's waste disposal trucks (KP Health Department has budgeted development of Health Waste Management System all over the province). 3. Awareness raising of the healthcare staff and public will be carried out 	<p>In case of incinerator flue gas emission</p> <p>EQS</p> <p>Onsite inspections</p>	<p>WB general OHS and health care waste Management Guidelines (Table 2.3) and EQS for Ambient Air Quality Annexure 2</p>

Potential Impacts	Proposed Mitigation Measures	Monitoring Parameters	Compliance Criteria
	regarding the hazards of dioxins and other toxic gases which are produced as a result of open burning and improper incineration.		
<p>Waste Water</p> <p>Improper sewage disposal at the healthcare facility can also contaminate water resources. These include direct burial of infectious wastes within the facility premises, or at the municipal waste dumping site if the healthcare waste is disposed along with the municipal waste. Open burning of infectious waste can also potentially cause water contamination.</p> <p>Chemicals used in health care establishments are a potential source of water pollution via the sewer system.</p>	<ol style="list-style-type: none"> 1. If wastewater is discharged to sanitary sewage treatment systems, the HCF should ensure that wastewater characteristics are in compliance with all applicable permits, and that the municipal facility is capable of handling the type of effluent discharged. 2. In cases where waste water is not discharged to sanitary sewage systems, HCF operators should ensure that waste water receives on-site primary and secondary treatment, in addition to chlorine disinfection; <p>These include lining the burial pit for infectious waste, waste segregation and not sending the infectious waste to municipal waste dumping sites, and using appropriate disposal/treatment arrangement such as septic tank for sewage disposal.</p> <p>Chemical waste survey is a prerequisite to the development of an effective waste management program. Any hazardous chemical waste generated should be dealt with by a proper chemical waste management system. Substituting chemicals with lesser environmental and health impacts than those presently in use is a sound practice</p>	EQS for effluent Onsite inspections	EQS for Effluent WB general OHS and health care waste Management Guidelines (Table 2.3)
<p>Resource Consumption</p> <p>Increase in Water /Electricity / Fuel /Sui gas Consumption.</p>	<ol style="list-style-type: none"> 1. Grid connectivity will be ensured and where the facility is not connected to Grid, solar panels will be installed for the facility and necessary safeguard measures will be ensured e.g., trained electrician, distance from residential and urban places (budgeted in PC-1). 2. Water conservation plan including reuse, recycle, and treatment will be developed for huge infrastructures in selected districts. 3. Solar fans and High voltage rechargeable emergency lights will be installed at hospitals emergency area (could be covered as part of the infrastructure cost for RHC). 	Onsite inspections	Water, Electricity and Fuel Consumption

Potential Impacts	Proposed Mitigation Measures	Monitoring Parameters	Compliance Criteria
<p>Health Safety hazards may affect health care providers, cleaning and maintenance personnel, and workers involved in waste management handling, treatment, and disposal. Specific hazards include the following:</p> <ul style="list-style-type: none"> ▪ Exposure to infections and diseases ▪ Exposure to hazardous materials / waste ▪ Exposure to radiation ▪ Fire safety 	<ol style="list-style-type: none"> 1. Health and Safety Management Plan will be prepared for the selected health care facilities. 2. Staff members will be trained on various aspects of personal safety and exposure. Visitors will be provided information in the form of action photos and information material in local language; 3. Personal hygiene trainings including hand washing and sanitizing will be given to the staff. Reference material on health safety hazards will be shared with patients and visitors in local language. 4. Use of personal protective equipment for staff will be mandatory 5. Designated staff will be trained to handle the segregated waste by type and secure disposal of waste. 6. Vaccination (hepatitis A and B and tetanus) of medical, administrative, janitorial and other working staff is compulsory. 	<p>Incident reporting Accidents reporting</p>	<p>EQS WB general OHS and health care waste Management Guidelines (Table 2.3)</p>
<p>Public Grievance /complaints</p>	<p>Grievance redress mechanism is explained in following sections</p>	<p>GRM Register Number of complaints Onsite inspections</p>	<p>GRM and WB GRM</p>

10 ESMF Implementation Arrangements

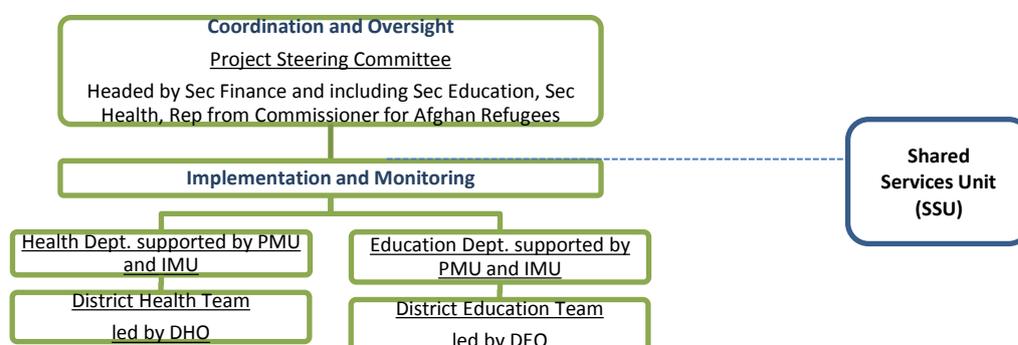
10.1 Institutional setup

At the province level, the proposed project will be implemented by GoKP with the support of technical assistance as required. The Department of Health will be responsible for overall implementation of Component 1. The E&SED will have the responsibility of implementing Component 2. Both departments will be responsible for implementation of Component 3 which is cross cutting. The provincial Department of Communication and Works (C&W) will carry out civil works under the project, however C&W is not an implementing agency for the project. Each Department will have the support of a Project Management Unit (PMU) to help with planning of activities and reporting on progress and fiduciary and safeguards related issues. Each PMU will be led by a Project Director (PD) and will be supported by the following technical assistance: procurement specialist, financial management specialist, two accountants, monitoring and evaluation (M&E) specialist, environmental specialist, social specialist, and communication specialist. The PMUs will be supported by the KP Shared Services Unit. Special, where some of PMU experts may sit, and attention will be given to contract management, as outsourcing of several activities is expected to take place.

Overall coordination and project oversight will be carried out by a Project Steering Committee (PSC), led by the Additional Secretary Planning and Development and with representatives from the Department of Finance, the Secretaries of Health and Education, and a representative of the Commissioner for Afghan Refugees (CAR) in KP.⁹⁰

At the district level, implementation for the education sector interventions will be coordinated by the District Education Officers (DEO). However, implementation for specific interventions will be led by district wings of relevant implementation agencies. For instance, for public private partnership initiatives, all support for the districts including overall oversight will be provided by the E&SED itself through its existing PMU for such initiatives. For Girls Community Schools, implementation at the district level would be carried out by the Elementary and Secondary Education Foundation (E&SEF). For all other interventions, the DEOs will lead the implementation. In the health sector, the District Health Officers (DHO) will be the implementation lead for all activities. District level oversight will be provided by Deputy Commissioners (DCs). Being the government lead in the district for primary healthcare, the DHO will be well placed to both drive implementation and ensure effective coordination with the department of health and the PMU⁹¹.

Figure 10.1. Summary of implementation arrangements



⁹⁰ PAD KPHCIP

⁹¹ *ibid*

The two PMUs (PMU- Education and PMU- Health) will be responsible for the following;

- Ensure annual work plans are prepared on time and approved by the PCC and concurred by the PSC;
- Ensure that implementation of the Project is in line with the project design (i.e., financing agreements, PAD and POM) and procedures and guidelines agreed;
- Support implementation of the project including coordination of various activities, facilitation of implementation, and communication to create awareness about the project;
- Ensure effective implementation and monitoring of social and environmental safeguards
- Identify any bottlenecks and mitigate them
- Monitor all project activities and report on progress;
- Carry out procurement activities and ensure maintenance of assets for implementing the project;
- Open and maintain Designated Accounts (DA), and carry out financial management of the project funds in accordance with the GoKP rules and regulations as well as the World Bank policies and procedures;
- Ensure that all administrative matters are managed in an effective manner to facilitate smooth functioning of the Project;
- Participate and represent the PMU in the PCC and PSC.

10.2 Environmental and Social Safeguard (ESS) Management

For the implementation, monitoring and enforcement of the ESMF, overall responsibility rests with the two PMUs established under the project in Health and Education departments GoKP. The Environment Specialist and Social Specialist in the two PMUs respectively will provide necessary support during the implementation of ESMF. The ESS specialists will be responsible for all ESS issues within the overall ESMF and for ensuring that ESMF is operationalized at the field level through proper ESMPs. They will develop the overall implementation schedule, develop the training manuals and provide training in the PMU and the four districts to relevant staff, PTSMCs, construction contractors and the social mobilization firm/NGO.

In addition, the ESS Specialists will be responsible for the following tasks;

- Develop quarterly ESS reports and analyze annual monitoring reports from the third party monitoring firm.
- All the ESMPs developed by project consultants will be reviewed by them to ensure that the correct procedures are followed and that ESMPs meet all necessary requirements.
- Coordinate with all stakeholders at the provincial and district levels for all ESMF related issues.
- Monitor sub-projects for the implementation of the ESMPs.
- Develop a system for regular community engagement.
- Effective implementation of the GRM.

10.3 Environmental and Social Management Plan (ESMP) Preparation

Since the project sites are still to be confirmed, the ESMP is not part of this ESMF. Yet site specific ESMPs would be necessary to spell out action plan that will be used to mitigate/minimize negative impacts of the proposed projects and recommend mitigation measures, with monitoring and reporting details. Site specific ESMPs will be prepared by consultants hired under the project. The ESMPs will then be approved by the ESS Specialists. The consultants will also be responsible for selecting the sub-project site, completing the ESS checklist, identifying potential adverse impacts and mitigation measures and developing the environmental and social component of the ESMP.

10.4 Capacity Building

The PC-1 has allocated specific capacity building provisions of the responsible staff at field level, PMUs, PTSMCs and other stakeholders throughout the project lifecycle, to effectively implement this ESMF. This will include finalizing the ESS training manual and holding training workshops. Training modules will also be prepared for relevant staff members in community mobilization firms, key community actors and contractors, which will be led by the ESS Specialists. As part of the capacity building efforts, exposure visits abroad could also be organized in order to learn and benefit from the experiences and achievements made by other programs. All ESS training materials will be available into local languages in order to increase their comprehension by the target audience at various levels. Various topics to be covered in ESS trainings include but are not limited to the following:

- Citizen Engagement
- Environment and Social Management Framework, including Policies, guidelines, procedures, and codes of practice,
- World Bank Safeguards Policies
- Relevant national and principal Laws and Policies
- Environmental Impact Assessment and Social Impact Assessment techniques, including Transect Walk, Screening, Scoping and Mitigations, Developing Abbreviated RAPs and strip plans.
- Development and Implementation Environmental and Social Mitigation Measures
- Environmental Monitoring and Evaluation
- Trainings on social safeguards including Land acquisition/land management, Conflict management, Public consultation, Participatory consultative techniques, Physical Cultural Resources, Policies, guidelines, procedures, and codes of practice

Detailed tentative list of trainings is provided in the **Table 10.1 and 10.2** for health and education components respectively.

10.5 Monitoring & Evaluation

The overall responsibility for the enforcement of this ESMF rests with two PMUs. In order to ensure compliance, the PMUs will be tasked with regularly monitoring the implementation of the ESMP during the construction phase. The ESS specialists, two each in each PMU, will be responsible for all ESS related monitoring activities during Project construction and operation. In addition, community organizations, such as PTSMCs will be trained by ESS Specialists for effective community participatory monitoring and will be encouraged to report on it. The ESS Specialists will also periodically conduct

monitoring of subprojects as an overall overseeing function. The following table summarizes the overall ESS monitoring roles and responsibilities.

Role	Responsibilities	Deliverable	Reporting line	Frequency
Third Party Monitoring Firm	1. Annual environmental compliance monitoring 2. Submit annual ESS compliance/monitoring reports to the ESS Specialist.	Annual TPM ESS Compliance & Monitoring Report	ESS Specialists - PMU	Yearly
ESS Specialist	1. Sample based monitoring visits during construction and operation phases to ensure compliance with ESMPs. 2. Development of internal monitoring reports. 3. Development of project's own quarterly ESS report (based on data and reports by their own field visits)	Development of quarterly project ESS report	PD - PMU	Quarterly & need based
Project Directors	1. Responsible for the overall ESMF management and compliance. 2. Monitor site activities on sample basis. 3. Review and submission of quarterly ESS report by ESS Specialists	Review and submission of quarterly project ESS report	World Bank & PSC	Quarterly & need based

The monitoring firm will have ESS experts and shall develop relevant practical indicators to enable effective monitoring. Environmental monitoring information, together with observations of project activities based on the ESMP, will be reported quarterly to the ESS Specialists as part of PMUs. This will include;

- Safeguards implemented issues (VLD/land acquisition, ESMP),
- Number of ESS trainings conducted with gender segregation,
- Record of grievance applications and grievance redress dealt with
- Monitoring data on environmental and social measures detailed in ESMPs

The ESS Specialists will develop quarterly reports based on quarterly reports submitted by ESS monitoring firm and own monitoring and observations data.

Table 10.1: Capacity Building and Training Framework Health

	Training Module	Contents	Total	Frequency	Responsibility	Participants
1.	Environment and Social Management Framework	Objectives, need and use of ESMF; Legal requirements management of environmental and social issues and mitigation strategies as per ESMF at construction site; VLD Mechanism RPF Principles/Requirements Monitoring Mechanism Documentation and reporting procedures.	5	Annual	HCWMS ESS Specialist PMU Health	PMU construction contractor

2.	District Level E&S construction specific trainings	ESMF with special focus on mitigation measures during construction stage; Community and occupational Health and Safety , conflict resolution and gender sensitivity	8	Biannual for 2 years during construction	HCWMS ESS Specialist PMU Health	Helth department staff, contractors subcontractors and field staff
3.	Provincial Level Health Care Waste management training	HCWMP and ESMF implementation; GRM Community engagement; Mitigation approach	1	Once in beginning of project	HCWMS PMU Health	PMU and DHQ,BHU,R HC staff
4.	District Level E&S (Health) hospital waste management and solid waste management training	HCWMP and HCWMP implementation;	4	Once in each district	HCWMS ESS Specialist PMU Health	DHQ,BHU,R HC, DHC, DHMT, department and district staff
5.	Capacity building on HCWM including infectious waste at RHCs	HCWMP and HCWMP mitigation approach	4	Once per district	HCWMS PMU Health	RHC staff
6.	Capacity building hospital waste management at BHUs	HCWMP and HCWMP implementation	8	two times during project period (2 clusters per district)	HCWMS PMU Health	DHQ,BHU,R HC staff
7.	Material on waste management protocols	Booklets and panaflex	100	Resource persons	PMU Helath	DHQ,BHU,R
8.	Communication and awarness material for healthcare panaflex	booklets /panaflex	100	Resource persons	PIMU Health	HC,MNCH, MCH

Table 10.2: Capacity Building and Training Framework Education

	Training Module	Contents	Total	Frequency	Responsibility	Participants
1.	ESMF Training for PMU staff	Objectives, need and use of ESMF; Legal requirements Management of environmental and social issues and	5	Annual	E&S Safeguard Specialist	PMU Education and field facilitators

		mitigation strategies as per ESMF at construction site; VLD Mechanisism RFP Mechanisam Monitoring Mechanism Documentation and reporting procedures.				
2.	Provincial Level E&S safeguard trainings	ESMF implementation; Community engagement; Mitigation approach	5	Annual	E&S Safeguard Specialist	SED district staff
3.	District Level E&S safeguard trainings	ESMF implementation; Community engagement; Mitigation approach	5	Annual	E&S Safeguard Specialist	SED district staff
4.	Construction specific District Level E&S trainings	ESMF with special focus on mitigation measures during construction stage; Community and occupational Health and Safety , conflict resolution and gender sensitivity	4	Once in each district	E&S Safeguard Specialist	department staff, construction contractors subcontractors and field staff
5.	Training on nutrition, environemnt, clean up campaigns for schools, WASH and DRR	Nurtrion promotion, enviroment, health and hygiene, plantation, and DRR	4	Once in each district	Resource persons	SED staff , students, teachers
6.	Communication and awarness material for education facilities communities		100	during project period	PMU Education	SED and selected schools

11 Citizen Engagement

As noted earlier, Component 3: Strengthening community engagement and accountability will support community-based awareness raising activities/interventions and the Project GRM. The Project will develop a comprehensive citizen engagement strategy under Component 3 early in the project preparation focusing on a two-way communication channel between project users, concerned citizens and the government. The channel will allow the government to raise awareness, increase access, increase utilization and will also provide the communities (both refugees and host) an informed say in the decisions and thus help improve the development outcomes of the project. The CE Strategy will, for example, support Parent Teacher Councils and the creation and running of an education hotline for parents and communities both for grievance redress and to learn more about E&SED's work.

Citizen engagement is based on interaction and dialogue between government and citizens in the four districts. While initial stakeholder consultations have been undertaken for the development of this documents, it is anticipated that the process will be continued and further enhanced throughout project implementation to facilitate learning and feedback and smooth adjustments to sub projects as necessary. Key elements of citizen engagement within KPHCIP include community mobilization, awareness campaigns, stakeholder consultations and feedback and the effective implementation of a Grievance Redress Mechanism.

11.1 Stakeholder Consultation and Participation

In order to ensure that target communities are made aware of the planned project, have the opportunity to comment on it and reduce possible misinformation about proposed activities, it is vital that a communication strategy is put in place early in the project's preparation. As a first step, KPHCIP will develop a communications strategy for effective communication, awareness and citizens' engagement.

Its key objectives are to:

- Provide relevant and up-to-date information to affected communities about the project through appropriate communication channels
- Facilitate a meaningful two-way exchange of information with different groups of stakeholders throughout the lifetime of the project
- Build trust between project staff and communities and promoting collaboration among all stakeholders.
- Facilitate collaborative relationships with local and national government departments and other development agencies

The two PMUs will be responsible for the effective implementation of the strategy. The PMU Communications Specialist, with assistance from the environment and social specialists, will assess community and other stakeholders' access to and use of communication means and explore how the most appropriate means and channels might be used to raise awareness of the project. Some of the key tasks for effective awareness raising and communication to be handled by the Communications Specialist will be:

- Preparation and translation into local languages (Urdu, Pashto and Hindko) of relevant and clear information on environment and social issues.
- Distribution of easily understandable information to all affected communities

- KPHCIP will identify ways in which different groups within communities, particularly poor and vulnerable groups, receive and communicate information (e.g. via village meetings, mosque, existing community organization, civil society organizations) and will make use of these channels to convey and receive information, consult and hold dialogues with the different groups through the life of the project.

Some of the methods of consultation and citizen engagement will include, but not be limited to:

- Conduct annual User Satisfaction Surveys, in both refugee and host communities, about the quality of health and education services in their districts;
- Focus group discussions with refugee and host communities to collect views and opinions as client of the two services.
- Household consultations – discussions with the same household before, during and after Project implementation / construction, to establish level of compliance versus impact;
- Investigate grievances reported to project level GRM and during community discussions;

11.2 Grievance Redress Mechanism (GRM)

The GRM is an institutional arrangement to provide an avenue to Project stakeholders to address grievances related to the Project. KPHCIP defines grievance: as *any formal communication that expresses dissatisfaction about an action or lack of action, about the standard of service, works or policy, deficiency of service, works or policy of the project management and its implementation mechanism*. The GRM is directly linked to the transparent implementation of ESMF and RPF (and corresponding ESMPs and RAPs when developed). A key objective of the GRM is to establish procedures for filing any grievances or concerns about social and environment safeguards and other service delivery and entitlement issues arising from the Project. A complainant can be a community member, a community organization or a non-government organization or any other individual or body.

For KPHCIP a **complaints mechanism will be developed**; and the complaints will be forwarded to the respective PMUs, to ensure that the people affected by project activities are able to lodge complaints or share their concerns without cost, with the assurance of a timely and satisfactory resolution of the issue. The same was also responded/suggested in the stakeholder consultations. The procedure also ensures that the system will be accessible to all intended beneficiaries of the project.

All information about grievance procedures, grievance forms, and responses will be available in languages readily understandable to the local population, for example Urdu, Pashto and Hindko.

11.3 Objectives of Grievance Redress Mechanism

Effective grievance/complaint redress mechanism gives an opportunity to the project to implement a set of specific measures to ensure good governance and accountability, by improving the effectiveness of the project activities, increasing transparency and managing/mitigating risks of fraud and corruption. It includes measures to:

- Ensure effective implementation of the project elements directly relevant to improving governance and accountability,
- Guard against and reduce fiduciary risks, especially those of fraud and corruption,
- Enable beneficiary and general citizen to receive and provide information about the project transactions and performance,

- Safeguard the credibility of implementing agencies

11.4 Grievance Redress Mechanism for KPHCIP

As mentioned above, a Grievance Redress Mechanism will be set up separately for health and education departments. The final GRM institutional set-up will be determined after project components and institutional arrangements are finalized, so as to ensure the GRM is responsive to project affected communities and end users. A tentative proposed GRM structure is attached as **Annexure 12**.

12 Implementation Budget

Approximate implementation cost of ESMF is given as **Table 11.1**. Most environmental and social safeguards identified in the ESMF will be the responsibility of contractor and has to be included in bid document. Few mitigation measures would require additional budget to be included in PC 1 document.

Table 12.1: ESMF Implementation Budget for Five Years

#	Description	Unit	Quantity	Unit Rate PKR/comment	Total PKR
Construction related mitigation Budget (health)					
1.	Building design measures (upgradation) (contractor)	No. of BHUs (156) No. of RHCs (13)	169	Covered in infrastructure budget	0
2.	Water conservation (contractor)	No. of HC facilities	169	Covered in infrastructure budget	0
3.	Construction waste management (contractor)	No. of HC facilities	169	Covered in infrastructure budget	0
4.	Wastewater management (contractor)	No. of HC facilities	169	Covered in infrastructure budget	0
5.	Construction waste disposal (contractor)	No. of HC facilities	169	Covered in infrastructure budget	0
Construction related mitigation Budget (Education)					
6.	Building design measures (contractor)	No. of schools	280	Covered in infrastructure budget	0
7.	Water conservation (contractor)	No. of schools	280	Covered in infrastructure budget	0
8.	Construction waste management (contractor)	No. of schools	280	Covered in infrastructure budget	0
9.	Wastewater management (contractor)	No. of schools	280	Covered in infrastructure budget	0
10.	Construction waste disposal (contractor)	No. of schools	280	Covered in infrastructure budget	0

Operations related Mitigation Budget					
11.	Hospital PPEs (Is covered under the “Medicines, commodities and supplies for all HF’s in the cluster” line item)	Number	TBE	Covered in Hospital supplies budget	0
12.	Hospital waste management– miscellaneous items(extra bags for non- sharp medical waste, safety boxes for sharps, extra staff needed for managing the waste and transport, short-term training, etc)	Number	TBE	Covered in Hospital supplies budget	0
13.	Waste Bins (Is covered under the “Medicines, commodities and supplies for all HF’s in the cluster” line item)	Number	TBE	Covered in Hospital supplies budget	0
14.	Hospital waste disposal equipment (trolleys) (Is covered under the “Medicines, commodities and supplies for all HF’s in the cluster” line item)	Number	TBE	Covered in Hospital supplies budget	0
15.	Drinking water WHO testing (Will be part of the construction budget)	Number	5	Covered in infrastructure budget	0
16.	Tree Plantation	Number	TBE	Covered in infrastructure budget	0
17.	Emergency fire extinguishers /alarms	Number	169	Covered in infrastructure budget	0
Trainings (Health)					
18.	ESMF Training for PMU staff (including materials, logistics, venue)	Training Sessions	5	100,000	500,000
19.	District Level E&S construction specific trainings for department staff, contractors subcontractors and field staff	Training Sessions	8	100,000	800,000
20.	Provincial Level Health Care Waste management training	Taining sessions	1	100,000	100,000

21.	District Level E&S (Health) trainings for department staff, Field staff and technical resource persons on hospital waste management	Training Sessions	4	50,000	200,000
22.	Capacity building waste management at RHCs	Training Sessions	4	50,000	200,000
23.	Capacity building hospital waste management at BHUs	Training Sessions	8	20,000	200,000
Trainings (Education)					
24.	ESMF Training for PMU staff (including materials, logistics, venue)	Training Sessions	5	100,000	500,000
25.	District Level E&S construction specific trainings for department staff, contractors subcontractors and field staff	Training Sessions	5	100,000	500,000
26.	Provincial Level Trainings	Training sessions	5	100,000	500,000
27.	District Level PTSCMCs Trainings	Training Sessions	16	50,000	800,000
Awareness raising material					
28.	Material on waste management protocols	Booklets and penaflix	500	To be covered in the communications & awareness firm contract	0
29.	Communication and awareness material for healthcare	booklets /penflix	100	As above	0
30.	Communication and awareness material for healthcare	booklets /penflix	100	As above	0
Staff (Shared Services Unit for Education and Health components)					
31.	Environment –Specialists	Months	60	(Estimated by AiD as personnel cost is not given in PC-1 will be budgeted in the PAD)	7,326,120
32.	Social Specialists	Months	60	(Estimated by AiD as personnel cost is not given in PC-1 will be budgeted in the PAD)	7,326,120

33.	Communication Specialists	Months	60	(Estimated by AiD as personnel cost is not given in PC-1 will be budgeted in the PAD)	7,326,120
34.	Third Party Validation TPV/ Monitoring	Reports		Covered under the Third Party Monitoring Contracts	0
35.	External Monitors (TPV contract)			Covered in head "PMU, Third Party Monitoring...)	0
36.	Air, Noise & Water Testing (Bi-annual in 4 districts)	Tests	20	50,000	1,000,000
	Total				27,278,360

13 Disclosure

Once finalized and cleared by GoKP and the World Bank this ESMF will be disclosed on the websites of GoKP and on the World Bank Image Bank. Hard copies of these documents will also be shared with the KP EPA, project stakeholders, contractors, Civil Society Organizations etc. A copy of this document will be placed in the Project Management Unit (PMU), P&DD for public access. The Urdu translation of the Executive Summary of these documents will also be distributed to relevant stakeholders, especially to the beneficiary communities in the project areas. The purpose will be to inform them about the project activities, negative environmental and social impacts expected from the project and proposed mitigation measures.

The executive summary of the RAP (if prepared for any sub-project) will be translated in the local language which is understandable to all project affected persons and local community and will be made available to all Project Affected Persons (PAPs) as well.

The PMUs will keep the PAPs informed about the impacts and entitlement of compensation and facilitate in addressing grievance (s). The ESMF study team has made an endeavor to hold consultative and scoping sessions with these stakeholders to bring forth their views on the proposed Project, inter-alia, their opinions, suggestions and understanding on various issues and concerns (see chapter 5).

14 Annexures

Annexure 1: IEE/EIA Regulations

IEE/EIA Regulation 2000

SCHEDULE I

(See Regulation 3)

List of projects requiring an IEE

A. Agriculture, Livestock and Fisheries

1. Poultry, livestock, stud and fish farms with total cost more than Rs.10 million
2. Projects involving repacking, formulation or warehousing of agricultural products

B. Energy

3. Hydroelectric power generation less than 50 MW
4. Thermal power generation less than 200 KW
5. Transmission lines less than 11 KV, and large distribution projects
6. Oil and gas transmission systems
7. Oil and gas extraction projects including exploration, production, gathering systems, separation and storage
8. Waste-to-energy generation projects

C. Manufacturing and processing

9. Ceramics and glass units with total cost more than Rs.50 million
10. Food processing industries including sugar mills, beverages, milk and dairy products, with total cost less than Rs.100 million
11. Man-made fibres and resin projects with total cost less than Rs.100 million
12. Manufacturing of apparel, including dyeing and printing, with total cost more than Rs.25 million
13. Wood products with total cost more than Rs.25 million

D. Mining and mineral processing

14. Commercial extraction of sand, gravel, limestone, clay, Sulphur and other minerals not included in Schedule II with total cost less than Rs.100 million

15. Crushing, grinding and separation processes Rs. 9 million

16. Smelting plants with total cost less than Rs.50 million

E. Transport

17. Federal or Provincial highways (except maintenance, rebuilding or reconstruction of existing metaled roads) with total cost less than Rs.50 million

18. Ports and harbour development for ships less than 500 gross tons

F. Water management, dams, irrigation and flood protection

19. Dams and reservoirs with storage volume less than 50 million cubic meters of surface area less than 8 square kilometres

20. Irrigation and drainage projects serving less than 15,000 hectares

21. Small-scale irrigation systems with total cost less than Rs.50 million

G. Water supply and treatment

22. Water supply schemes and treatment plants with total cost less than Rs.25 million

H. Waste disposal

23. Waste disposal facility for domestic or industrial wastes, with annual capacity less than 10,000 cubic meters

I. Urban development and tourism

24. Housing schemes

25. Public facilities with significant off-site impacts (e.g. hospital wastes)

26. Urban development projects

J. Other projects

27. Any other project for which filing of an IEE is required by the Federal Agency under sub-regulation (2) of Regulation 5

SCHEDULE II

(See Regulation 4) List of projects requiring an EIA

A .Energy

1. Hydroelectric power generation over 50 MW
2. Thermal power generation over 200 MW
3. Transmission lines (11 KV and above) and grid stations
4. Nuclear power plans
5. Petroleum refineries

B. Manufacturing and processing

6. Cement plants
7. Chemicals projects
8. Fertilizer plants
9. Food processing industries including sugar mills, beverages, milk and dairy products, with total cost of Rs.100 million and above
10. Industrial estates (including export processing zones)
11. Man-made fibres and resin projects with total cost of Rs.100 M and above
12. Pesticides (manufacture or formulation)
13. Petrochemicals complex
14. Synthetic resins, plastics and man-made fibres, paper and paperboard, paper pulping, plastic products, textiles (except apparel), printing and publishing, paints and dyes, oils and fats and vegetable ghee projects, with total cost more than Rs.10 million
15. Tanning and leather finishing projects

C. Mining and mineral processing

16. Mining and processing of coal, gold, copper, sulphur and precious stones
17. Mining and processing of major non-ferrous metals, iron and steel rolling
18. Smelting plants with total cost of Rs.50 million and above

D .Transport

19. Airports
20. Federal or Provincial highways or major roads (except maintenance, rebuilding or reconstruction of existing roads) with total cost of Rs.50 million and above
21. Ports and harbour development for ships of 500 gross tons and above
22. Railway works

E .Water management, dams, irrigation and flood protection

23. Dams and reservoirs with storage volume of 50 million cubic meters and above or surface area of 8 square kilometres and above
24. Irrigation and drainage projects serving 15,000 hectares and above
25. Water supply and treatment Water supply schemes and treatment plants with total cost of Rs.25 million and above

F .Waste Disposal

26. Waste disposal and/or storage of hazardous or toxic wastes (including landfill sites, incineration of hospital toxic waste)
27. Waste disposal facilities for domestic or industrial wastes, with annual capacity more than 10,000 cubic meters

G. Urban development and tourism

28. Land use studies and urban plans (large cities)
29. Large-scale tourism development projects with total cost more than Rs.50 million

H. Environmentally Sensitive Areas

30. All projects situated in environmentally sensitive areas

I other projects

31. Any other project for which filing of an EIA is required by the Federal Agency under sub-regulation (2) of Regulation 5.
32. Any other project likely to cause an adverse environmental effect

Annexure 2: National EQS for Khyber Pakhtunkhwa**Table 1: Environmental Quality Standards (EQS) 2000 for Effluent Discharge**

#.	PARAMETERS	EQS
1	Temperature	40 °C =≤3 deg.
2	pH	6 – 9
3	BOD5	80 mg/l
4	Chemical Oxygen Demand (COD)	150 mg/l
5	Total Suspended Solid (TSS)	200 mg/l
6	Total Dissolved Solids	3500 mg/l
7	Grease and Oil	10 mg/l
8	Phenolic compounds (as phenol)	0.1 mg/l
9	Ammonia	40 mg/l
10	Chlorine	1.0 mg/l
11	Chloride	1000.0 mg/l
12	Sulphate	600 mg/l
13	Manganese	1.5 mg/l
14	Fluoride	10 mg/l
15	Cyanide (as CN ⁻) total	1.0 mg/l
16	An-ionic detergents (as MB As)	20 mg/l
17	Sulphide (S-2)	1.0 mg/l
18	Pesticides	0.15 mg/l
19	Cadmium	0.1 mg/l
20	Chromium trivalent and hexavalent	1.0 mg/l
21	Copper	1.0 mg/l
22	Lead	0.5 mg/l
23	Mercury	0.01 mg/l
24	Selenium	0.5 mg/l
25	Nickel	1.0 mg/l
26	Silver	1.0 mg/l
27	Total Toxic metals	2.0 mg/l
28	Zinc	5.0 mg/l
29	Arsenic	1.0 mg/l
30	Barium	1.5 mg/l
31	Iron	8.0 mg/l
32	Boron	6.0 mg/l

Table 2: EQS for Gaseous Emission (mg/Nm³, Unless Otherwise Defined)

#	Parameter	Source of Emission	Existing Standards	Revised Standards
1.	Smoke	Smoke Opacity not to exceed	40% or 2 Ringlemann Scale	40% or 2 Ringlemann Scale or equivalent smoke number
2.	Particulate Matter (I)	(a) Boilers and Furnaces Oilfired Coalfired CementKilns	300 500 200	300 500 200
		(b) Grinding, crushing, clinker coolers and Related processes, Metallurgical Processes, converter, blast furnaces and cupolas.	500	500
3.	Hydrogen Chloride	Any	400	400
4.	Chlorine	Any	150	150
5.	Hydrogen Fluoride	Any	150	150
6.	Hydrogen Sulphide	Any	10	10
7.	Sulphur Oxide ⁽²⁾⁽³⁾	Sulfuric acid/ Sulphonic acid plants Other plants except power plants operating on oil and coal	400	1700
8.	Carbon Monoxide	Any	800	800
9.	Lead	Any	50	50
10.	Mercury	Any	10	10
11.	Cadmium	Any	20	20
12.	Arsenic	Any	20	20
13.	Copper	Any	50	50
14.	Antimony	Any	20	20
15.	Zinc	Any	200	200
16.	Oxides of Nitrogen ⁽³⁾	Nitric acid manufacturing unit. Other plants except power plants operating on oil or coal: Gas fired	400	400
		Oil fired	-	600
		Coal fired	-	1200

Explanations:

1. Based on the assumption that the size of the particulate is 10 micron or more.

2. Based on 1 percent sulphur content in fuel. Higher content of Sulphur will case standards to bepro-rated.
3. In respect of emissions of sulphur dioxide Nitrogen oxides, the power plants operating on oil and coal as fuel shall in addition to Environmental Quality Standards (EQS) specified above, comply with the following standards.

Table 3: EQS, 2009 for Vehicular Emission

#	Parameter	Standard (Maximum permissible Limit)	Measuring Method	Applicability
1	Smoke	40% or 2 on the Ringlemann Scale during engine acceleration mode.	To be compared with Ringlemann Chart at a distance of 6 meters or more	Immediate effect
2	Carbon Monoxide (CO)	6%	Under idling condition: Non-dispersive infrared detection through gas analyzer.	
3	Noise	85 dB(A)	Sound Meter at 7.5 meters from the source	

Table 4: EQS, 2010 for Noise

#	Category of Area / Zone	Effective from 1 st July, 2010		Effective from 1 st July, 2013	
		Limit in dB (A) Leq*			
		Daytime	Night-time	Daytime	Night-time
1	Residential Area (A)	65	50	55	45
2	Commercial Area (B)	70	60	65	55
3	Industrial Area (C)	80	75	75	65
4	Silence Zone (D)	55	45	50	45

Note:

1. Daytime hours: 6:00 a.m. to 10:00p.m.
2. Night-time hours: 10:00 p.m. to 6:00a.m.
3. Silence Zone: Zones which are declared as such by the competent authority. An area comprising not less than 100 meters round hospitals, educational institutions and courts.
4. Mixedcategoriesofareasmaybedecidedasoneofthefourabovementionedcategoriesbythecompetentauthority.

*dB (A) Leq: Time weighted average of the level of sound in scale "A" which is relatable to human hearing.

Table 5: EQS 2010 for Drinking Water

#	Properties/Parameters	Standard Values for Pakistan	WHO Standards	Remarks
BACTERIAL				
1	All water is intended for drinking (E.Coli or Thermotolerant Coliform bacteria)	Must not be detectable in any 100ml sample	Must not be detectable in any 100ml sample	Most Asian Countries also follow WHO Standards
2	Treated water entering the distribution system (E.Coli or Thermotolerant Coliform and total Coliform bacteria)	Must not be detectable in any 100ml sample	Must not be detectable in any 100ml sample	Most Asian Countries also follow WHO Standards
3	Treated water entering the distribution system (E.Coli or Thermo tolerant Coliform and total Coliform bacteria)	Must not be detectable in any 100ml sample. In case of large supplies, where sufficient samples are examined, must not be present in 95% of the samples throughout any 12-month period.	Must not be detectable in any 100ml sample. In case of large supplies, where sufficient samples are examined, must not be present in 95% of the samples taken throughout any 12- month period.	Most Asian Countries also follow WHO Standards
PHYSICAL				
4	Colour	≤15 TCU	≤15 TCU	
5	Taste	Non Objectionable/ Acceptable	Non Objectionable/ Acceptable	
6	Dour	Non Objectionable/ Acceptable	Non Objectionable/ Acceptable	
7	Turbidity	<5 NTU	<5 NTU	
8	Total hardness as CaCO ₃	<500mg/l	---	
9	TDS	<1000	<1000	
10	pH	6.5-8.5	6.5-8.5	
RADIOACTIVE				
11	Alpha Emitters bq/L or pCi	0.1	0.1	
12	Beta Emitters	01	01	
CHEMICAL				
Essential Inorganics		mg/litre	mg/litre	
13	Aluminum (Al) mg/l	≤0.2	0.02	
14	Antimony (Sb)	≤0.005	0.02	

#	Properties/Parameters	Standard Values for Pakistan	WHO Standards	Remarks
15	Arsenic (As)	≤0.05	0.01	Standard for Pakistan similar to most Asian developing Countries
16	Barium (Ba)	0.7	0.7	
17	Boron (B)	0.3	0.3	
18	Cadmium (Cd)	0.01	0.003	Standard for Pakistan similar to most Asian developing Countries
19	Chloride (Cl)	<250	250	
20	Chromium (Cr)	≤0.05	0.05	
21	Copper (Cu)	2	2	
Toxic Inorganics		mg/litre	mg/litre	
22	Cyanide (CN)	≤0.05	0.07	Standard for Pakistan similar to most Asian developing Countries
23	Fluoride (F)	≤1.5	1.5	
24	Lead (Pb)	≤0.05	0.01	Standard for Pakistan similar to most Asian developing Countries
25	Manganese (Mn)	≤0.5	0.5	
26	Mercury (Hg)	≤0.001	0.001	
27	Nickel (Ni)	≤0.02	0.02	
28	Nitrate (NO ₃)	≤50	50	
29	Nitrite (NO ₂)	≤3	3	
30	Selenium (Se)	0.01	0.01	
31	Residual Chlorine	0.2-0.5 at consumer end 0.5-1.5 at source	---	
32	Zinc (Zn)	5.0	3	Standard for Pakistan similar to most Asian developing Countries
Organics				
33	Pesticides mg/L	---	PSQCA No. 4629-2004, Page No.4, Table No. 3, Serial No. 20-58 may be consulted	Annex-II
34	Phenolic Compounds (as Phenols) mg/L	---	≤0.002	

#	Properties/Parameters	Standard Values for Pakistan	WHO Standards	Remarks
35	Poly nuclear aromatic hydrocarbons (as PAH) g/L		0.01 (By GC/MS method)	

***PSQCA: Pakistan Standards Quality Control Authority

Table 6: EQS 2010 for Ambient Air

Pollutants	Time-weighted average	Concentration in Ambient Air		Method of Measurement
		Effective from 1st July 2010	Effective from 1st January 2013	
Sulphur Dioxide (SO ₂)	Annual Average*	80µg/m ³	80µg/m ³	Ultraviolet Fluorescence Method
	24 hours**	120µg/m ³	120µg/m ³	
Oxides of Nitrogen as (NO)	Annual Average*	40µg/m ³	40µg/m ³	Gas Phase Chemiluminescence
	24 hours**	40µg/m ³	40µg/m ³	
Oxides of Nitrogen as (NO ₂)	Annual Average*	40µg/m ³	40µg/m ³	Gas Phase Chemiluminescence
	24 hours**	80µg/m ³	80µg/m ³	
Ozone (O ₃)	1 hour	180µg/m ³	130µg/m ³	Non disperse UV absorption method
Suspended Particulate Matter (SPM)	Annual Average*	400µg/m ³	360µg/m ³	High Volume Sampling, (Average flow rate not less than 1.1m ³ /minute)

Annexure 3: Matrix on Key Provincial Departments and their Assigned Responsibilities

Provincial Institution		Responsibilities and Functions Assigned
1.	Directorate of Elementary and Secondary Education (DESE)	<ul style="list-style-type: none"> Financial Management functions including budgets (both provincial & district), accounts, internal and external audit of accounts. Human resource development functions comprising recruitment (provincial cadre posts), personnel database, posting, transfer, promotion & grant of leave. In-service training. Performance evaluation. Preparation of seniority List (provincial cadre posts) Preparation of Provincial Development plan (5/10 years). Consolidation of district development plans. Preparation of concept paper/feasibility reports for projects. Preparation, monitoring and coordination of foreign aided projects. Preparation & processing of PC-1 for approval of DDWP/ ECNEC Literacy & Non-formal Education. Physical Education (scouts- Girls guide- Tournaments) Managing functions at District Education Office level
2.	Provincial Institute of Teachers Education (PITE)	<ul style="list-style-type: none"> Conduct and test innovative Pre-Service & In-Service teacher training programs Training of Master Trainers. Monitor and assess teachers training programs. Design and conduct research in teacher education, evaluation and assessment. Develop training materials, etc. Serve as a Provincial Resource Center in education trainings. Coordinate educational training programs in Khyber Pakhtunkhwa. Organize and Conduct educational workshops/seminars as and when required by the Department. Supervise & facilitate bridging Courses for teachers to equate Diploma in Education/ADE. Design and maintain Teacher Education Management Information System (TEMIS).
3.	Directorate of Curriculum and Teachers Education (DCTE)	<ul style="list-style-type: none"> Achieving excellence in elementary and secondary teacher education by producing professionally sound and value-oriented teachers for quality education in the province. Undertake all academic, teacher education, curriculum development and research assignments with the aim to meet the highest national and international standards.
4.	Education Management Information System (EMIS)	<ul style="list-style-type: none"> Providing information to all users to enable these users to conduct their different tasks more efficiently Enabling decision-makers to take better decisions and justifying them, based on concrete information Enabling planning and policy development to address objectively identified issues, set quantified targets, and realistically estimate the resources required for implementing plans and policies Contributing to improving the efficiency of day-to-day operations of the education system by providing relevant and reliable information Support efficient monitoring of attainment of the stated education goals, by providing complete, reliable and timely data. Support planning, decision making, supervision and management to:

		<ul style="list-style-type: none"> ○ Facilitate the efficient direction of resources to the needy areas and eliminate/minimize wastage. ○ Accurate and reliable information ○ Diagnosis of weaknesses and strengths ○ Identification and Selection of priorities areas ○ Resource allocation
5.	Education Sector Reforms Unit (ESRU)	<ul style="list-style-type: none"> ● Reforms in Policy Development, Planning Coordination, Monitoring and Evaluation of various programs under implementation in the Elementary & Secondary Education Department. ● Monitor implementation of Education Sector Reforms in Khyber Pakhtunkhwa. ● Effective monitoring of distribution of free textbooks, the stipend program for girls, teacher's attendance and reforms under implementation. ● Monitoring of Training and re-organization of PTCs. Ensure monitoring of PTCs funds. ● To ensure that the development funds placed at the disposal of the PTCs for provision of missing facilities and construction of classroom are being effectively utilized. ● Collection and Analysis of Data from Education Management Information System (EMIS) for Planning, Monitoring & Evaluation purpose. ● Reforms in Boards. ● Reforms in Training Institutions.
6.	Independent Monitoring Unit (IMU)	<ul style="list-style-type: none"> ● Responsible for ensuring that data for all key performance indicators are collected regularly on monthly basis and uploaded using Smartphone. ● Provide Elementary & Secondary Education Department and its development partners with a viable means of ensuring that education sector reforms are efficiently developed and effectively implemented. ● Support the establishment of performance monitoring mechanisms. ● Increase public awareness of the status of school facilities and infrastructure and the level of education service delivery in the province, district and the school level. ● Provide access to information on key indicators to increase social accountability. ● Increase social accountability to improve governance, service delivery outcomes, planning and resource allocations to the sector
7.	Elementary Education Foundation (EEF) ⁹²	<ul style="list-style-type: none"> ● To take all such measures as it deems necessary for the promotion, improvement and financing of education development of human resources in the Khyber Pakhtunkhwa through strengthening of elementary education in the private sectors in line with the education policy of Government. ● To improve literacy, with particular focus on women, through opening of new community and non-formal schools and employment of teachers. ● To improve quality of education through effective and systematic teachers training programme. ● To promote community participation and ownership of elementary education programmes at the grass root level. ● To give loans to an individual or non-governmental organization for establishment of elementary education schools.

⁹² Also called the Elementary and Secondary Education Foundation (ESEF).

		<ul style="list-style-type: none">• To introduce innovative educational programmes relating to literacy and skill-oriented disciplines for the exceptionally disabled, related and disadvantaged children
8.	Private Schools Regulatory Authority (PSRA)	<ul style="list-style-type: none">• Register and regulate private schools.• Supervision of their curricula, scheme of studies and academic schedule.• Formulate policy, guiding principles and criteria for the establishment and registration of private schools in the province.• Categorization of schools based on criteria to maintain minimum standards of education.

Annexure 4a: Community Consultation Questionnaire

Name:		
Address:		Town/Location:
Company authorized representative: I certify that, to the best of my knowledge and belief, the data contained in this questionnaire accurately represents current or future operations.		
Signature:	Title:	Date:

This tool will be used in the FGDs with the community member. The members will be organized in an FGD format and the field monitor will work as the moderator of the FGD. The moderator shall start with the following opening; Hello. My name is _____ and I’m the moderator for today’s group discussion. Our purpose is to discuss environmental and social concerns in relation to a world bank project being launched around your community.

Explain the project: Planning and Development Department, Government of Khyber Pakhtunkhwa has initiated a project titled “KP Human Capital Investment Project” to improve availability, utilization and quality of primary healthcare services and elementary education services in selected districts in Khyber Pakhtunkhwa. The project will be implemented in four districts including Peshawar, Nowshera, Haripur and Swabi. The project also plans to reach out to afghan refugees and host communities in the selected districts. The project’s ultimate goal is to improve children’s health among host communities and refugees, especially of those coming from poor and vulnerable households.

Before we get started, following are some ground rules for the discussion

1. **CONFIDENTIALITY.** Everything that you say here will be kept strictly confidential. Nothing said in this group will ever be associated with any individual by name. We would also ask that you similarly maintain the confidentiality of what is said in the group.
2. **VOLUNTARY PARTICIPATION.** Your participation in this group is entirely voluntary. You may stop participating at any time. You do not have to answer any questions that you do not wish to answer. You may withdraw from the group at any time with no consequences.
3. **THANKS.** Thank you for arranging your schedule today to be here for this session. We are grateful to you for, your time, your opinions and your courage in voicing your point of view.

Baseline situation:

1) Are you satisfied from the existing school and/or hospital facilities in your surrounding? Please explain:

1.1 Satisfied about public school facilities (explain how):	
1.2 Satisfied about Health Care Facilities (explain how):	

2) If not satisfied, please ask the following questions?

2.1 Name of Education facility that you know:

Answer the following	Agree	Disagree
No sufficient Teachers		
Teachers are not trained		
No water and sanitation facilities		
No boundary wall		
Access to school is difficult		
Any other (specify).....		
Any other (specify).....		

2.2 Name of health care facility that you know:

Answer the following	Agree	Disagree
No sufficient staff		
Staff is not cooperative		
No sufficient equipment		
Space is limited/ too congested		
No medicines		
Any other (specify).....		
Any other (specify).....		

Pre-Design Phase:

3. The government is going to introduce a project to improve quality of education and health care facilities. Do you agree that the activity should be encouraged in this area? Yes () No ()

a) If yes to question 3, Please give reasons?

b) If no, please give reasons

4. How do you think the Project would help improve utilization of quality health and education services to local communities?

a. Education facility:

b. Health care facility:

5. Will the project increase people's access to the school and health facilities? How?

Access to education facility:

Access to health facility:

6. The Project is likely to upgrade the existing facilities; what are your suggestions regarding Project interventions to improve the facilities?

<u>School facility (tick the following)</u>	<u>Health care facility (tick the following)</u>
i) upgrade the school:	i) upgrade the facility:
ii) more classrooms:	ii) increase trained staff:
iii) provide heating and cooling facilities:	iii) provide heating and cooling facilities:
iv) provide recreation facilities:	iv) provide medicines:
v) more teachers:	v) improve equipment:
vi) provide training to teachers:	vi) cleaning and waste management:
vii) improve drinking water facility:	vii) improve drinking water facility:
viii) provide sanitation facility:	viii) provide sanitation facility:
ix) provide electricity:	ix) provide round the clock electricity:
x) provide heating and cooling facilities:	x) provide heating and cooling facilities:
xi) any other specify:	xi) any other specify:
xii) any other specify	xii) any other specify

7. How would you or community benefit from the proposed interventions?

8. Do you think that the project activities may result in the temporary or permanent loss of livelihoods (business; household infra-structure such as granaries, outside toilets and kitchens, etc., crops, trees, recreation, women free movement)? Please explain.

9. Do you think that any project activity may result in resettlement of individuals or families or may require the acquisition of land (public or private, temporarily or permanently)? Share your concerns if any

Construction Phase

10. The Project will involve construction and rehabilitation work, so there will be dust and noise issues around the project area? What are your suggestions to reduce it?

11. Would local socio-economic changes result from the proposed project, like jobs for skilled and semi-skilled labor and other businesses?

12. Please, outline the problems that could emanate from this kind of activity that you know

13. What is the major health, safety and environmental issues/threats associated with this kind of activity that you know?

14. There will be increase in waste generation in the area due to construction and other activities. What solution can you suggest for this problem?

15. Is there any historical, archaeological or cultural heritage site of significance around here that you think may be affected due to project activity?

Operations Phase

1) What are you expecting from the project/facility upgradation in your area?

2) Do you think that there will be increase in business and other employment opportunities due to deployment of this project?

3) Do you think that there will be better health and schooling opportunities as soon the project is in operational phase?

4) What social change it will result?

Gender Based Violence

1) Do you feel that that there is risk of Gender-based violence (GBV) or harassment to women and children during construction?

2) Will there be restriction on mobility of students and teachers during construction?

If yes, how?

If no, why?

-
- 3) What sort of Risk Mitigating Measures do you want in order to maintain safety and security during construction?

-
-
- 4) Is there any other issue that is not mentioned in this questionnaire that you consider relevant to mention, please add

Afghan Refugees

- 1) Are there any afghan refugees camps nearby? If so do you have an idea of the number of refugees residing in your area?
- 2) How are afghan refugees accessing health and education services in and out of their camps?
- 3) Do you think there would be any risk to afghan refugees through this project?

Environmental Screening Matrix (unmitigated)

	Soil	Air Quality	Surface Water	Groundwater	Natural Vegetation	Wildlife	Noise and vibration	Cultivation	Land acquisition and Compensation Issues	Safety Hazard Public Health and Nuisance	Employment	Historical Archeological Sites
Project Siting												
Project site, Land use and Design												
Visual Impacts												
Construction Phase												
Land acquisition												
Contractor Mobilization												
Construction Camp Establishment												
Construction Camp Operation												
Site Preparation												
Construction of Road												
Laying of Services												
Construction Materials Supply												
Construction Crew Transportation												
Solid Waste Disposal												
Sewerage Disposal												
Demobilization of Contractors												
Operation Phase												

	Soil	Air Quality	Surface Water	Groundwater	Natural Vegetation	Wildlife	Noise and vibration	Cultivation	Land acquisition and Compensation Issues	Safety Hazard Public Health and Nuisance	Employment	Historical Archeological Sites
Operational phase												
Solid Waste Disposal												
Effluents Disposal												

Key:

-2: High negative impact; -1: Low negative impact; 0: insignificant/negligible negative; +1: low positive impact; +2; High positive impact, N: no impact

Annexure 4b: Stakeholder Consultations Questionnaire

A short presentation will be given to the participants about the project in which Stakeholders will be introduced to the Environmental and Social Management Framework (ESMF). Stakeholders will be informed on the need of the ESMF and will be described as an instrument used to identify and manage the environmental and social risks of a project (Mandatory under WB Policy). Stakeholders will be informed about the various World Bank standards that are relevant to the KPHCIP project and they will be informed that the project is a low risk project on the account of rehabilitation activities being envisaged in health and education facilities (need to clarify that the health and education component focus is mainly rehabilitation/ upgradation within the facility with minor construction work) however, environmental and social risks at construction and operation stage are anticipated which include but not limited to:

- Risk of air pollution from poor handling of rehabilitation debris in the facilities
- Noise pollution risk from movement of heavy duty vehicle during rehabilitation works
- Waste management of construction wastes.
- Water management issue

Other Social issue

- Gender based violence issues from exposure of students/teachers to construction workers
- Gender discrimination inhibiting female participation in the KPHCIP project

Following themes will be discussed broadly

Impacts and Mitigation measures

(this section should not take much time. Try to limit discussion)

1. What is your opinion regarding the proposed KP Human and Capital Investment Project development in the 4 districts?
2. In your opinion, what are your concerns on any negative environmental and social effects on that may be brought upon by this development (keeping in view that the health and education component focus is mainly rehabilitation/ upgradation within the facility with minor construction work)? Give details
3. What do you think should be done to alleviate the potential negative impacts of the development activities?
4. What in your opinion are the positive impacts of the interventions?
5. Additional concerns

Environmental and Social Mitigation policies and legal requirement?

- Mention that (keeping in view that the health and education component focus is mainly rehabilitation/ upgradation within the facility with minor construction work, the project has low environmental and social risk in school and health care facility construction and operation work. However, in health component, waste management activities will be introduced for collection, segregation and safe disposal of especially hazardous waste. This has medium to high risk for which safeguards are necessary.
- In light of the above, as part of WB mandatory requirement, ESMF is being developed in support of health and education department in line with the WB guidelines/ policies.
- There are also mandatory requirements for such projects under the KP Environmental Protection Act 2014 (broadly under the Pakistan Environmental Protection Act 2005).
 - According to our assessment, since the project construction are of low risk, only an Initial Environmental Examination (IEE) would be needed and developed jointly by health and education department. **Do you agree?**

- The health waste management activities are of medium to high risk (as incinerators are proposed) for which under the EPA regulations EIA has to be developed by health department. **Do you agree?**

Afghan Refugees – Health Care

- Is it difficult to differentiate between Refugees and host population in KP?
- In terms of health facilities, do Afghan Refugees visit the health facilities? If yes, how are they being treated in govt hospitals?
- Are they asked for registration documents before or during treatment?
- With UNHCR leaving – how will the health care for refugees be integrated in the current health facilities?
- Additional concerns

Afghan Refugees – Education

- Are Afghan Refugees enrolled in the govt education system?
- How are they being enrolled? Are they asked for registration/ID cards while enrolment?
- Are separate registers being maintained for Afghan children?
- How is the govt. planning to integrate the UNHCR established schools with the existing govt. schools?
- Additional concerns

Situation Analysis

Data and systems

- Any data on schools and hospitals in the target districts, please share

management systems

- What is the existing Waste management system in schools/ Health Care facilities for Health care ask these questions in health department consultation?
 - What type of wastes generated in health care facilities (hazardous and non-hazardous)?
 - Are these segregated before disposal?
 - How these are disposed. Are there any procedures used before disposal?
 - Existing Incineration facilities at hospital level and at primary health care units if any. Please list them and are they functional.
 - What are the future plans for collection and disposal system in health department at KP level and specific to districts?

Water Availability/WASH – schools & hospitals

- Is Drinking water (for students/patients and staff) available in majority of the schools/health care facilities?
- If yes, what is the quality of the drinking water?
- Is the water quality being tested?
- What facilities are available for WASH in schools/health care facilities? (toilet. Soap, hand washing facility)
- Are facilities provided for disabled (ramps/ special toilets etc.)?
- Additional Concerns

Institutional Arrangements

- What should be institutional set-up for the project? Discuss PMUs structure for health and education.

- What in your opinion should be the institutional set up for the implementation of Environmental and Social Management Framework? For example, how many officers should be in place?
- Ask about any Parent-Teacher Committee if it exist and still operational, what is its composition? How many meetings are held during the year?
- Training needs for ESMF implementation
- Additional comments

Grievance Redress Mechanism (GRM)

- What is the existing setup of resolving complaints from community in both health and education department? Who is responsible in the department? How the grievances entertained and addressed? Any GRM committees exist? What is its structure? How do they operate.
- What in your opinion should be the right method for complaint handling system for both components?
- Is there an existing system in place for any other project that can be used as a model GRM?
- Additional comments

Any other discussion point?

(List of participants)

Annexure 5: Minutes of consultations with Health and Education department stakeholders (include list of participants)

Group 1: Health

Stakeholder(s):	<ol style="list-style-type: none"> 1. Health Department 2. Planning and Development Department 3. Directorate 4. Health Department
Date:	January 21, 2020
Time:	11:00 AM
Meeting Venue:	Health Secretariat, Department of Health
Attended by:	<ol style="list-style-type: none"> 1. Dr. Ayub, Director General 2. Dr. Ghulam Subhani, DHO Peshawar 3. Dr. Saifullah Khalid, DHO Haripur 4. Dr. Gulsan Shah, DHO Nowshera 5. Dr. M. Tariq, DHO Swabi 6. M. Sajjad, Socio Economic Specialist 7. Dr. M. Khalil Akhtar, Deputy Chief 8. Dr. Azmat, Director 9. Dr. Aamir Rafiq, Deputy Director 10. Dr. Saeeda, Deputy Director 11. Dr. Majid Khan
Conducted by:	<ol style="list-style-type: none"> 1. Ms. Humaira Qasim Khan, Environment Specialist 2. Ms. Najla Shafqat, Business Development Officer- Environment
Language:	English, Urdu
Information Provided:	The discussion started with the introduction of the Stakeholder Consultation Meeting team. The participants were briefed about the purpose of the meeting and gave a comprehensive description of the project with the help of presentation. The participants raised queries during presentation. At the end of the informative session, there was interactive session where participants were invited to express or share their concerns. The issues/concerns raised are recorded and will be addressed in ESMF.
Issues Raised:	<ol style="list-style-type: none"> 1. The practical and localized waste disposal practices should be proposed in ESMF. 2. In health care facilities, for hospital waste management, health and safety of workers should be considered/incorporated in the budget. For example, provision of proper Personal Protective Equipment (PPE). 3. Protocols and standards for drinking water quality should be followed. 4. Municipal Corporation or Local Government doesn't take the responsibility of hospital waste management. As a result, Health Officer (HO) dispose of waste outside the vicinity of the Health Facility. 5. In Peshawar, there are total 100 health facilities, in which there are 49 BHUs and they are in very poor working condition.
<u>Afghan Refugees</u>	<ol style="list-style-type: none"> 6. There is no policy for treatment of Afghan Refugees in government hospitals. There is no registration required for Refugees. 7. In BHUs and RHCs, Afghan refugees visit government hospitals and they are treated like host communities. In DHQs, card is being issued to Afghan Refugees for treatment of hepatitis. 8. Almost 2.5 years ago, a notification has been issued to the Health care facilities situated adjacent to the refugee camps to allow the afghan refugees to access and utilize those HF's. 9. NGOs are supporting Health facilities for Refugee Population.

10. Health Management Information System (HMIS) take national identity card from patients and then they are treated. It is now known as Hospital Management Information System. In RHC, HMIS will be introduced in which afghan refugees need to register and proper card will be issued to Afghan Refugees to maintain a record of the number of patients treated in particular HF.
11. With UNHCR leaving, there is need to provide support to government hospitals to bear the burden of Afghan Refugees.
12. In current situation, there is no card system present in any HF to differentiate between host communities and Afghan refugees.

Health Care Waste Management System

13. Currently, there is no waste management system present in any health facility in Project districts.
14. In Nowshera district, hospital waste is disposed of in nearby river/stream.
15. In 1975, in DHQ Mardan, incinerator has been installed but couldn't sustain due to electricity shortage.
16. In Swabi district, in Khyber Hospital and HMC, incinerators are being installed and are in working condition. The residual of the incinerator is disposed of in the dumping site.
17. The residual of the incinerator should be recycled rather than disposed of. Sharps and plastic should be recycled into useful products.
18. Recycling units for plastic should be installed in all project districts.
19. There is a need to introduce waste collection, segregation, transportation and disposal practices in each health facility.
20. Scavengers should be provided with proper PPEs to avoid transmission of hazardous infections.
21. Color coded bins should be provided in each health facility for proper collection and segregation of waste. It will also separate hazardous and non-hazardous waste.

Drinking Water

22. In few health facilities, drinking water is available however, there is no provision of drinking water in other remaining facilities.
23. Quality of drinking water is not good. Water quality is being tested at individual facility level by different companies.
24. Water and Sanitation is the responsibility of local government and R&DD in rural areas and WSSP and Public Health Engineering Department is responsible in urban areas.
25. There is no filtration plan installed in any health facility.
26. There is no provision of Personal Protective Equipment (PPE) for workers.
27. There is no provision of WASH facilities for disabled patients.
28. In DHQs, wards are in poor condition as they lack bedding facilities, no sanitation and no waste management. There is no personal hygiene of workers in Operation Theater (OT).
29. There is a need to engage private sector for installation of incinerator along with the provision of technical staff for operating incinerators.
30. There is need to outsource waste management services, for provision and management of dumping site and installation of incinerator.
31. There should be a focus on social safeguards as well.
32. There are no ramps for disabled patients in hospitals.
33. There is no waiting area for female patients in health facilities and no privacy for females.
34. There is no ventilator in any ambulance.

Institutional Arrangement

35. There should be a separate PMU for Health sector. There is no existing PMU that can be used for this Project.
36. There should be a monitoring plan and budget should be allocated for monitoring of health waste management system.
37. Waste disposal should be the responsibility of individual facility.
38. There should be a budget allocated for waste disposal practices.
39. There should be District Health Officer (DHO) for each district in PMU and a health specialist at provincial level.

Grievances Redressal Mechanism

40. At present, people register complaints on Pakistan Citizen Portal. Complaint is then forwarded to the relevant department and concerned department resolve the complaint.
41. There is a need to establish Grievances Redress Mechanism for health sector. Moreover, there should be a way of mitigation within the department.

Other concerns

42. Mostly, only supply side interventions are considered. There is a need to focus on demand side interventions as well.
43. In health facilities, there is no implementation of already published manuals and reports.
44. ESMF should be prepared in coherence with the SDGs.
45. There should be incentives for worker.
46. Training sessions should be conducted for training of workers/ staff/doctors etc.
47. There is need to organize sessions in schools and hospitals to focus on behavioral change at demand side for example on proper usage of waste bins.
48. In hospitals, safety, warning, direction signs etc. should be posted in all local languages.

Group 2: Education

Stakeholder(s):	<ol style="list-style-type: none"> 1. Elementary and Secondary Education Department 2. Provincial Institute for Teacher Education (PITE) 3. Directorate of Curriculum and Teacher Education (DCTE) 4. Education Employees Foundation (EEF)
Date:	January 22, 2020
Time:	11:00 AM
Meeting Venue:	Elementary and Secondary Education Department
Attended by:	<ol style="list-style-type: none"> 1. Imran Kazim, E&SED 2. Sajjad Akhtar, DEO (M) Nowshera 3. Samina Ghani, DEO (F) Peshawar 4. Irshad Khan, DEO (M) Peshawar 5. M. Sharif, Deputy Director 6. Dr. Shafqat Hasaan, Subject Specialist 7. Irfan ullah, Managing Director 8. Romana Sarwar, Statistical Officer 9. Dr. Muhammad Idress DEO (M) Swabi 10. Attia Sdultana, DEO (F) Nowshera 11. Hidayat Nazir, Senior Program Officer
Conducted by:	<ol style="list-style-type: none"> 3. Ms. Humaira Qasim Khan, Environment Specialist 4. Ms. Najla Shafqat, Business Development Officer- Environment
Language:	English, Urdu
Information Provided:	The discussion started with the introduction of the Stakeholder Consultation Meeting team. The participants were briefed about the purpose of the meeting and gave a comprehensive description of the project with the help of presentation. The participants raised queries during presentation. At the end of the informative session, there was interactive session where participants were invited to express or share their concerns. The issues/concerns raised are recorded and will be addressed in ESMF.
Issues Raised:	

Impacts of up-gradation and rehabilitation activities

1. Due to up gradation and rehabilitation activities, during construction stage, there are water, noise and security issues.
2. As the construction activities are carried out within the school premises, it cause disturbance to the students and affect the learning and teaching activities.
3. Due to dust emissions, students fell sick and attendance drops. There is no cleanliness as there is no waste management system present.
4. Females get affected as there is no arrangement for parda (partition) for females and no boundary wall. Security for females is a major issue.
5. Construction activities cause distraction to the students and they don't focus on studies.
6. It is preferred to carry out construction activities in summer break when school is off and students are on break so it will reduce the impact on students.
7. People living in surrounding areas also register complaint to stop the construction work as it cause disturbance.
8. Parents also stop sending students to schools and as a result attendance drops.

Afghan Refugees

9. For enrolment of Afghan refugee in the government education system, Afghan refugee council sends recommendation letter to school for admission of Afghan Refugee.
10. In few cases, NOC letter is required from ministry of education for admission of Afghan Refugee.
11. This restriction is due to difference of education system and curriculum in the afghan refugee school and government schools.
12. With UNHCR leaving, in future there will be some pact between UNHCR and Education department for integration of UNHCR established schools with the existing government schools.
13. In UNHCR schools, there are Pakistani teachers as well as Afghani teachers.
14. In KP, there are total 105 Afghan schools/centers. In Afghan Schools, there is Afghani curriculum. Finance minister and ministry of interior has decided to integrate the curriculum of government schools with Afghan schools. For that, education department has signed an MOU with UNHCR, to streamline the curriculum of government education system with UNCHR curriculum. Training has been provided to teachers for understanding government system curriculum.
15. Private school regulatory authority has been assigned a task to register afghan schools as private schools.
16. Data on enrolment and drop out is available in the form of Annual Status Education Report, also available from directorate and also published in yearly census in each school. Moreover, data is also published in the form of Project Monitoring Information System (PMIS) and Education Management Information System (EMIS).
17. However, there is no data on afghan refugees.

Water Availability /WASH/ Solid Waste

18. In majority of schools, there is no provision of water.
 19. Major source of water is piping system from dam, tankers, bore water, tap water and few students bring from their own home.
 20. There are no filtration plants installed in any school however, in few schools, where filtration plant has been installed, it is not in functional state.
 21. In few areas, ground water level is very low.
 22. WASH facilities are available in majority of schools.
 23. In past 5 years, government has spent 29 billion on facilities like WASH facilities, electricity, boundary wall, water supply etc., on WASH facilities govt. has spent 1lac 60 thousand rupees.
-

24. In few washrooms, facilities like soap, dustbins are present however they are missing in majority of schools. It depends on head of the school whether they keep soap in washrooms or not.
25. 2015 onwards, in newly constructed schools, ramps are made for disabled students whereas in old schools they are under construction and there is provision of separate toilets for disabled students.
26. There is no sweeper in primary schools.
27. In schools, waste is collected daily and dumped in community landfill. In few areas, where Water and Sanitation Services Peshawar (WSSP) is available, they pick up the waste. In few schools, security guard picks up. In rural schools, children collect and pick up the waste and it is burned at the end.
28. There is no segregation of waste. Paper and plastic waste is collected in one waste bins.
29. Waste bins are present in each school however there is no plastic lining in waste bins.

Institutional Arrangements

30. There should be a separate Project Management Unit for Health sector and Education Sector.
31. There is no existing PMU for education so there is a need to establish new PMU.
32. Structure of PMU should include:
 - For infrastructure related activities, Engineer should be proposed for quality assurance
 - For learning outcomes and improving assessment, there should be an Education officer who is a technical person.
 - As there is extensive reporting required, for monitoring there should be a provincial coordinator/ project coordinator. It is preferred that provincial coordinator is from planning service government department.
33. There should be education focal person at district level in each Project districts.
34. There is a need to increase human resource.

Grievance Redressal Mechanism

35. In each school, Parent Teacher Committee exists and they conduct monthly Parent teacher meeting in the first week of each month and minutes are recorded. Parent teacher committee comprise of 8 members headed by a chairman and also include nazim of local government or Imam of the local mosque.
36. Currently, people register complaints on Pakistan Citizen Portal.
37. Moreover, there is a section officer complaint in education department for registering and addressing complaints related to education sector and PMRU. Complaint is then forwarded to the relevant section and that concerned section officer resolves it. Mostly 7 – 10 days are given for complaint resolution. Satisfactory level of the complainant is recorded after complaint is being resolved.
38. In Khyber Pakhtunkhwa, training sessions for teachers are conducted every month. At the beginning of each year schedule is prepared and shared with directorate and then with district officers. On the day of training, school is closed. Cluster based training is conducted. All teachers attend the training. Two types of training session are conducted. One is induction training for newly enrolled teachers and other is professional development training which is subject specific. The training material is shared with PITE. These training sessions are funded by Provincial government.
39. For this project, new grievance redressal committee should be formed. Provincial coordinator should be a part of this committee and district focal person (Education Officers) should resolve the complaints at district level.
40. Students should be given awareness on how to register complaint.

Additional Comments

41. In recent years, there is an improvement in enrolment rate and reduction in drop out rate as accessibility and different facilities are being provided in schools.
42. As an outcome of this project, it will improve the learning environment for students and will increase the enrolment rate and reduce the drop out rate.
43. Tree plantation campaign is being done twice a year and forest department provides free plants.

Annexure 6: Checklist of Likely Environmental and Social Impacts of Sub-projects screening

This Form is to be used by the Engineers and Environmental and Social Focal Persons (ESFPs) in screening subproject applications/proposals for which ESMPs are not required. This checklist is designed to cover social and environmental impacts of upgradation/rehabilitation of schools and health facilities.

Note: This form and accompanying documentation to be maintained in the office of the relevant implementing agency/PMU

- a. Name of Sub-project:
- b. Sub-project location:
- c. Sub-project objective:
- d. Sub-project Location:
- e. Infrastructure to be rehabilitated/upgraded:

<u>Issues</u>	<u>Yes</u>	<u>No</u>	<u>Mitigation Measures proposed</u>	<u>Monitoring for compliance</u>
Zoning and Land Use Planning				
Will the subproject involve significant land disturbance or site clearance?				
Will the subproject land be subject to potential encroachment by urban use?				
Water and Soil Contamination				
Will the subproject require large amounts of raw materials or construction materials?				
Will the subproject generate large amounts of residual wastes, construction material waste or cause soil erosion?				
Will the subproject result in potential soil or water contamination (e.g., from oil, grease and fuel from equipment yards)?				
Will the subproject lead to contamination of ground and surface waters				
Will the subproject involve the use of chemicals or solvents?				
Will the subproject lead to the destruction of vegetation and soil in the right-of-way, borrow pits, waste dumps, and equipment yards?				
Will the subproject lead to the creation of stagnant water bodies in borrow pits, quarries, etc., encouraging for				

mosquito breeding and other disease vectors?				
Noise and Air Pollution Hazardous materials				
Will the subproject increase the levels of harmful air emissions?				
Will the subproject increase ambient noise levels?				
Will the subproject involve the storage, handling or transport of hazardous substances?				
Fauna and Flora				
Will the subproject involve the disturbance or modification of existing drainage channels (rivers, canals) or surface water bodies (wetlands, marshes)?				
Will the subproject lead to the disruption/destruction of wildlife habitat due to noise-related problems?				
Destruction/Disruption of Land and Vegetation				
Will the subproject lead to unplanned use of the infrastructure being developed?				
Will the subproject lead to erosion of lands?				
Cultural Property				
Will the proposed project constrain access to cultural sites for the communities?				
Will the subproject have an impact on archaeological or historical sites, including historic urban areas?				
Will the subproject have an impact on religious monuments, structures and/or cemeteries?				
Social Disturbance				
Will the subproject involve demolition of existing structures?				
Will the subproject lead to induced settlements by workers and others causing social disruption?				
Will the subproject lead to environmental and social disturbance by construction camps?				
Is the proposed project likely to negatively affect the income levels or employment opportunities of vulnerable groups?				
Social Equity and Equality				
Would the proposed subproject have environmental and social impacts that				

could affect indigenous people or other vulnerable groups?				
Is the subproject likely to negatively impact women?				
Is the proposed subproject likely to directly or indirectly increase social inequalities now or in the future?				
Will the proposed project have variable impacts on women and men, different ethnic groups, social classes?				
Have there been challenges in engaging women and other certain key stakeholder groups in preliminary discussions for this project?				
Is the project likely to attract forced labor and/or child labor?				
Demographics				
Would project likely to cause overload of social infrastructure in the project area (e.g. health facilities, schools, water supply)?				
Would the proposed project result in involuntary resettlement of populations?				

Construction Site issues

Does the subproject require land acquisition? * <i>[Note: Fill in the land acquisition form if YES] Refer to Resettlement Action Plan Framework</i>				
Is the sub project located on land with contested ownership?				
Is the sub project located in an area with security problems?				
Is the subproject located in an area with designated natural reserves?				
Is the subproject located close to groundwater sources, surface water bodies, water courses or wetlands?				
Is the project located in an area where IDPs/refugees are temporarily settled?				
Is the subproject located near a waste dump?				
Does the subproject have access to potable water?				
Is the subproject located in an area with a wastewater network?				
Is the subproject located far (1-2 kms) from accessible roads?				

Prepared by Environmental Safeguard Specialist

Name:

Date:

Signature:

Annexure 7: Physical Cultural Resource (PCR) Management Framework/Chance Find Procedure

A. The PCR Management Framework

The PCR Management Plan can constitute a section of the Environmental Management Plan, if one is required. The Management Plan should clearly:

- Schedule the implementation of the proposed PCR mitigating measures and PCR monitoring, if any, taking into account the weather pattern, and identify roles and responsibilities for such implementation;
- Identify procedures for handling chance finds, including the role and responsibilities of the cultural authorities and the contractor; and
- Identify procedures for addressing PCR impacts which may occur during implementation but were not predicted in the impact assessment.

The following are the main considerations guiding the preparation of the PCR Management Plan.

1. Policy, Legal and Regulatory Framework

This section should contain reference to the following, including identification of any implications for the PCR component of the ESMP, such as special standards or requirements:

- The World Bank's EA policy OP/BP 4.01 and the PCR policy OP/BP 4.11;
- Sections of national EIA laws, regulations and guidelines relating to PCR;
- Sections of the national environmental conservation strategy, if any, relating to PCR;
- Legislation and regulations relating to:
 - ▶ Antiquities, including sale and export;
 - ▶ Procedures for addressing chance finds, in terms of ownership and requirements by the contractor and cultural authorities;
 - ▶ Archaeology, including the issue of permits.
- Relevant authorities charged with PCR identification, protection and management, their powers, the legal basis for their authority, and their actual capacity;
- PCR-related conventions and treaties to which the borrower country is signatory;
- Sites in the borrower country currently listed by other international agency in the field of PCR such as the World Monuments Fund, or ICOMOS, as being of national or international importance;
- Any national or provincial registers of PCR maintained by accredited authorities in the borrower country.

2. Project Description

The project description should detail construction and operation phases, including maps, diagrams and plans of planned activities. The description should take into consideration any potential impacts on PCR of planned activities, construction/rehabilitation processes, transport arrangements, etc.

3. Analysis of Alternatives

In cases where there are major PCR issues, the analysis of alternatives should consider alternative project sites or technologies that could specifically avoid or minimize those impacts on PCR.

4. Baseline Data

The baseline data should begin with an investigation and inventory of PCRs likely to be affected by the project. The data should consider all types of PCR that might be impacted, covering:

- Living-culture PCR, as well as historical, archaeological and paleontological PCR;
- Natural and human-made PCR;
- Movable and immovable PCR;
- Unknown or invisible PCR.

The data collection activity should involve consultations with concerned parties and potentially affected communities. Potential data sources might include cultural authorities, national or provincial PCR registers, universities and colleges, public and private PCR-related institutions, religious bodies and local PCR NGOs. Sources at the community level typically include, for example, community leaders and individuals, schools, religious leaders, scholars, PCR specialists, and local historians. The baseline data section should include maps showing PCR baseline data within the potential impact areas. In addition, data should detail the cultural significance or value attributed by the concerned or affected parties to the PCR identified in the baseline. Consultation is a particularly important means of identifying PCR and documenting their presence and significance. This will normally not be expressed in monetary terms, but rather should explain the nature of the cultural significance, for example whether it is religious, ethnographic, historic, or archaeological. In the case of PCR of archaeological, architectural, paleontological or other scholarly or scientific value, the PCR Management Plan should provide an assessment of the relative importance of the PCR in this regard locally, nationally and/or internationally.

5. Impact Assessment

PCR should be included in the impact matrix and PCR impacts for each project stage – construction/rehabilitation, operation, etc. – should be detailed. The PCR Management Plan should specifically describe the nature and extent of the potential impacts and state precisely why they are considered to be significant or insignificant. The impact assessment should also consider the possibility of accidents during construction/rehabilitation and operations which might affect PCR, especially in urban settings, which might call for special precautionary measures.

6. Mitigation Measures

It is particularly important that consultations with concerned and affected parties are conducted on the proposed mitigation measures relating to PCR impacts. Agreements must be reached and evidence of such agreements should be included in PCR Management Plan. It should be checked whether the recommended mitigation measures might themselves have environmental impacts (e.g. archaeological excavations). PCR Management Plan should detail the cost of implementing and the timing of the recommended PCR mitigation measures.

B. Chance Find Procedures

Chance find procedures which will be used during this Project are as follows:

- Stop the construction activities in the area of the chance find;
- Delineate the discovered site or area;
- Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be present until the responsible local authorities and the Ministry in charge of Department of Archaeology take over;
- Notify the supervisory Engineer who in turn will notify the responsible local authorities and the Ministry immediately (within 24 hours or less);
- Responsible local authorities and the Ministry in charge of Department of Archaeology would be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archaeologists of the Department of Archaeology and Museums (within 72 hours). The significance and importance of the findings should be assessed according to the various criteria relevant to cultural heritage; those include the aesthetic, historic, scientific or research, social and economic values;
- Decisions on how to handle the finding shall be taken by the responsible authorities and the Ministry in charge of Department of Archaeology. This could include changes in the layout (such as when finding an irremovable remain of cultural or archaeological importance) conservation, preservation, restoration and salvage;
- Implementation for the authority decision concerning the management of the finding shall be communicated in writing by the Ministry in charge of Department of Archaeology; and
- Construction work could resume only after permission is given from the responsible local authorities and the Ministry in charge of Department of Archaeology concerning safeguard of the heritage.

These procedures must be referred to as standard provisions in construction contracts, when applicable. During project supervision, the Site Engineer shall monitor the above regulations relating to the treatment of any chance find encountered or observed.

Annexure-8: Land Acquisition and Resettlement Screening Checklist

SECTION 1: Potential Impacts	Yes	No	Expected	Remarks
Does the sub-project involve any physical construction work, i.e. rehabilitation, reconstruction or new construction? Specify in "remarks" column.				
Does the sub-project involve impacts on land, assets and people, if "Yes" try to quantify the impacts and check following items? If "No" impacts, explain the situation in "remarks" and move to section 2.				
Land:				
Use of Government land being owned by the target health or educational facility				
Use of Government or state owned land free of occupation (agriculture or settlement)				
Use of private or communal land voluntarily donated for the sub-project. If "Yes", please use Voluntary Land Donation (VLD) Framework				
Use of private or communal land acquired by for the sub-project If "Yes", please use Resettlement Policy Framework (RPF)				
Others (specify in "remarks").				
Land-based assets:				
Impacts on residential structures				
Impacts on commercial structures (specify in "remarks")				
Impacts on community structures (specify in "remarks")				
Impacts on agriculture structures (specify in "remarks")				
Impacts on public utilities (specify in "remarks")				
Others (specify in "remarks")				
Agriculture related impacts:				
Impacts on crops and vegetables (specify types and cropping area in "remarks")				
Impacts on Trees (specify number and types in "remarks").				
Others (specify in "remarks").				
Affected Persons (APs):				
Number of APs				
Males				
Females				
Titled land owners				
Tenants and sharecroppers				
Leaseholders				
Agriculture wage laborers				

SECTION 1: Potential Impacts	Yes	No	Expected	Remarks
Encroachers and squatters (specify in remarks column).				
Vulnerable APs (e.g. women headed households, minors and aged, orphans, disabled persons and those below the poverty line). Specify the number and vulnerability in "remarks".				
Others (specify in "remarks")				
SECTION 2				
Others:				
Are there any other minority groups affected by land acquisition or project activities? If "Yes" specify in "remarks"				
Minority groups (specify in "remarks"). Describe nature of impacts				

Annexure-9: VLD/ Due Diligence Screening Checklist

Screening Checklist for Voluntary Land Donation

Screening for Due Diligence	Yes	No	Remarks
Is the land in question free from any dispute on ownership or any other encumbrances?			
Has the land been jointly identified by the Revenue Department, beneficiary community and project representative?			
Has the Project team ensured that the land is appropriate for sub-project purposes and that the sub-project will not result in any adverse social or environmental impacts by using this land?			
Have efforts must be taken by the project team to spread land donation over a number of owners rather than one influential land- owner?			
Have the Titleholder/s donating land been made to understand that they will have equal access to the infrastructure built on the donated land like any other community member and that they cannot claim for any priority treatment?			
Is the land to be donated no more than 10% of the total land holding of the individual?			
In case of communal land, has consent of 90% of land-owners through a consultative process been acquired?			
Has it been ensured that the land titleholder does not belong to vulnerable sections of society, unless he/she is a direct beneficiary of the subproject (i.e., donated parcel of land would result in net gains in that person's livelihood)? Vulnerable sections are: <ul style="list-style-type: none"> • households below the poverty line (with a valid government issued proof); • Women headed households who may lose their shelter or livelihood due to land donation; • Handicapped persons who may lose their shelter or livelihood due to land donation, 			
Has free and informed consent through meaningful consultations in good faith with all potential land donors been ensured?			
Have separate discussions been held with vulnerable donors such as women, elderly and orphans to facilitate meaningful participation and ensure there is no coercion by other land donors?			
Has it been verified that land is free from any encroachments?			
Has it been verified that land donation will not displace tenants or bonded labor, if any, from the land?			
Has it been verified that land donated is not land used by indigenous peoples either traditionally or customarily?			

If the answer to any of the above is NO, the land in question does not qualify for Voluntary Land Donation

Annexure-10: Sample Agreement for Voluntary Land Donation (to be translated into Urdu)

(Voluntary Donation of Land on Stamp Paper of value prescribed by Revenue Department)

1. This deed of voluntary donation is made and executed on day of between Mr./Ms./MrsS/O W/O D/O Mr. ----- AND the Government of Khyber Pakhtunkhwa through Department of Health / Elementary and Secondary Education Department of Khyber Pakhtunkhwa to render health/educational services (insert project title and location here). Herein after called the “Recipient” which term denotes to “for and on behalf of Project Implementation Unit, KP Human Capital Investment Project, Government of Khyber Pakhtunkhwa ” on the other part and shall mean and include his successors – in office, nominees and assignees etc.

2. Whereas, the details of the title holder and location of the land are given below:

Land and Location Details

Land record No:	Location /Village:
Tehsil and UC:	District:
Land Area:	Details of Structures on land:
Description of North Boundary:	Description of East Boundary:
Description of West Boundary:	Description of South Boundary:

Note: Detailed Map to scale is appended.

Title Holder Details

Title Holder Name and CNIC Number:	Name of Father/Husband and CNIC Number:
Age: Occupation	Status: Title Holder/ Encroacher
Residence:	Gender:

3. Whereas the Title Holder is presently using/ holds the transferable right of the above mentioned piece of land in the village mentioned above. Whereas the Encroacher does not hold any transferable rights of the above mentioned piece of land in the village mentioned above but has been a long standing encroacher, dependent on its usufruct hereditarily.

4. Whereas the Title Holder/Encroacher testifies that the land is free of encumbrances and not subject to other claims/ claimants.

5. Whereas the Title Holder/Encroacher hereby voluntarily surrenders the land/structure without any type of pressure, influence or coercion what so ever directly or indirectly and hereby surrender all his/her subsisting rights in the said land with free will and intention.

6. Whereas the Recipient shall construct and develop infrastructure facilities under the Khyber Pakhtunkhwa Human Capital Investment Project and take all possible precautions to avoid damage to adjacent land/structure/other assets.

7. Whereas both the parties agree that the infrastructure so constructed/developed shall be for the project purpose.

Signatories

Title Holder		Tehsildar	
Name		Name	
CNIC		Official seal	
		Transfer registration No.	
Witnesses*			
1. UC Nazim/Chairman	Name		Signature
	CNIC		
2. Village Numberdar	Name		Signature
	CNIC		
3. Health Department/Secondary Education Department Representative	Name		Signature
	CNIC		

*Witnesses may be changed

Annexure-11: Process and Outline of Resettlement Action Plan

1. Community Participation and Consultations

The RAP will include the following to ensure involvement and consultations with resettles and host communities;

1. A description of the strategy for consultation with and participation of resettles and hosts in the design and implementation of the resettlement activities.
2. a summary of the views expressed and how these views were taken into account in preparing the resettlement plan;
3. a review of the resettlement alternatives presented and the choices made by displaced persons regarding options available to them, including choices related to forms of compensation and resettlement assistance, to relocating as individuals families or as parts of pre-existing communities or kinship groups, to sustaining existing patterns of group organization, and to retaining access to cultural property (e.g. places of worship, pilgrimage centres, cemeteries);and
4. Institutionalized arrangements by which displaced people can communicate their concerns to project authorities throughout planning and implementation, and measures to ensure that such vulnerable groups as indigenous people, ethnic minorities, the landless, and women are adequately represented.

2. Field Surveys

Field surveys for the RAP consists of four different but interrelated surveys. In **Table 1** the description and scope of the surveys are provided.

Table 14: Description of Field Surveys

Survey	Objective	Scope
Census of Affected Persons and Project Impacts	Census Identify all persons and households that are likely to be affected by the land acquisition Identify the type of impacts	All owners of land, structures, businesses on the Affected Land (AL) All person otherwise associated with the land and businesses such as tenants and employees in the businesses
	Affected Structures Measure the dimension of the structure Ascertain its use Identify persons associated with the structure	All structures on the AL
	Affected Land Identify the owners of the agricultural land Identify non-resident owners of the land	All agricultural land within the AL

Survey	Objective	Scope
Household Profile	Collect information on the socioeconomic conditions of the Affected Household (AH) Identify vulnerable affected households	All households on the AL
Affected Business	Collect information on the nature and volume of the business Identify persons whose livelihood is associated with the business	All business within the project footprint.
Public and Community Infrastructure	Measure the dimension of the structure Ascertain its use	All structures on the AL

3. Valuation of Assets

The methodology for assessing unit compensation values of different items is as follows:

- Productive land (agricultural, aquaculture, garden and forest) will be based on actual current market prices that reflect recent land sales in the area, and in the absence of such recent sales, based on recent sales in comparable locations with comparable attributes, fees and taxes or in the absence of such sales, based on productive value;
- Houses and structures will be valued at replacement cost based on the current market rates;
- Loss of livelihood will be valued according to the actual loss of wages or business income up to a maximum period of three months;
- Crops will be valued at current open market rates;
- For timber trees, cash compensation at replacement cost that should be in line with local government regulations, if available, will be equivalent to current market value for each type, age and relevant productive value at the time of compensation based on the diameter at breast height of each tree; and
- Livelihoods will be valued as per actual loss.

4. Compensation, Income Restoration and Relocation

This section describes the measures proposed for income restoration, including compensation and special measures to help vulnerable households improve their living standards, explains measures to provide replacement land, if planned; and describes support to be provided for host populations.

Compensation

Compensation for lost assets can be provided in two ways, i.e. cash compensation and land for land compensation. Based on the community consultations and availability of land in the area PMUPMU will decide the approach of compensation for every project. Compensation approach and its basis will be described in every RAP under the Project.

Land for Land Compensation

Land for land compensation is a good practice especially in the same area as people can continue their pre-project livelihood activities and they can maintain their living standard. Moreover, PAPs can also

get benefits from the project implementation like labour opportunities, increased business opportunities and opportunity to get jobs in the project.

When land for land compensation will be used, RAPs will include costs for site preparation and for the provision of basic facilities like water supply, sanitation, roads, drainage and electricity. The RAPs will clearly detail site preparation and resettlement schedules and tenure arrangements. In managing the land for land relocation, the socio-cultural and religious characteristics of the displaced persons, gender considerations and host communities will be taken into consideration and the distance between the old and new locations should be minimized as far as is possible.

Cash Compensation

The PMU will finalize all requirements for compensation in consultation with Revenue Department and affected communities prior to land acquisition. Department of Health and Elementary and Secondary Education Department, will be responsible for the timely allocation of funds to implement the RAP. The budget for the RAPs will be disbursed in cash by the PMU. Component of the compensation budget which is covered in the award of the land will be disbursed through LAC while remaining compensation will be disbursed directly by the PMU before taking physical possession of the affected assets.

Income and Livelihood Restoration

RAPs for different sub-projects will analyse the impact of the project on the income and livelihood of the affected households. If the PAPs lose more than 10% of their productive assets or require physical relocation, RAP will include Income and Livelihood Restoration Plan (ILRP).

In the ILRP one or two-phase approaches may be adopted based on the significance of the income and livelihood impacts and community consultations.

Relocation

Based on the community consultations PMU will be responsible to develop a relocation strategy. RAP of the project will include relocation strategy including budget, time schedule and responsibilities for implementation.

There may be different relocation options as under:

- AHs have land for construction of houses and only needs compensation and transition period allowance;
- AHs can purchase land by their own in the nearby area for construction of houses and only needs compensation and transition period allowance;
- AHs like to migrate to cities and main towns and require only compensation and transition period allowance;
- AHs like that the project should develop relocation sites for them

5. Outline of RAP

The resettlement plan covers the elements below, as relevant:

1. Description of the project.
2. Potential impacts.

3. Objectives.
4. Socioeconomic studies.
5. Legal framework.
6. Institutional Framework
7. Eligibility.
8. Valuation of and compensation for losses
9. Resettlement measures.
10. Site selection, site preparation, and relocation
11. Housing, infrastructure, and social services
12. Environmental protection and management.
13. Community participation.
14. Integration with host populations.
15. Grievance procedures.
16. Organizational responsibilities
17. Implementation schedule.
18. Costs and budget
19. Monitoring and evaluation.

Annexure-12: Proposed Structure of Grievance Redress Mechanism

Tier 1- Provincial level (GRC)

Grievance and Redress Committee (GRC) both for health and education must be appointed and established before commencement of construction site works and the contractors should be briefed of the GRM system for KPHCIP. The GRCs will serve as **Public Complaints Cell (PCC) working directly under the respective Project Directors** with an overarching role, responsible to receive, log, and resolve complaints. Each GRC/PCC will comprise of the following staff/ professionals and will be in charge of Grievance Redressal in each PMU;

- PMU – Health (PD Health, Director Health, Gender Officer, Environment & Social Safeguards Officer, M&E officer). A Section Officer from health department shall also be designated as member of GRC health and serve as **Complaint Officer Health**.
- PMU – Education (PD Education, Director E&SED, Gender Officer, Environment & Social Safeguards Officer, M&E officer). A Section Officer from Education Department already exist to record complaints and shall be member of the GRC education and serve as **Complaint Officer Education**.

Terms of Reference (could be amended) to add the following responsibilities

- (i) Coordinate formation of Grievance Redressal Committees (GRCs) before the commencement of constructions at to resolve issues.
- (ii) Act as the Focal Point at their respective PMUs on Grievance Redressal issues and facilitate the PD of PMU.
- (iii) Create awareness of the Grievance Redressal Mechanism (GRM) amongst all the stakeholders through public awareness campaigns.
- (iv) Assist in Redressal of all Grievances by coordinating with the concerned parties.
- (v) Maintain information of grievances and Redressal.
- (vi) Prepare the progress for monthly/quarterly reports.

The Project Management Unit (PMU) Education and Health at the provincial level will be the first tier to resolve grievances. The Project Director (PD) who heads the PMU will be the focal point for grievance redressal and will act as the chairman of GRC at each PMU.

The complaints are received at various points at Provincial Level as well as from the districts. The stakeholders are informed of various points of making complaints (if any) and GRCs collect the complaints from these points on a regular basis and record them. This is followed by coordinating with the concerned people to redress the Grievances. The complaints can be received by GRC, made in writing, verbally, over the phone, by fax, emails or any other media. The Complaint Officer receiving a complaint should try to obtain relevant basic information regarding the grievance and the complainant and will immediately inform the respective GRC. The complaint officer will maintain a Complaint / Grievance and Redressal register at the Provincial Level, and the such register will also be maintained in each PMU. After registering the complaint in the Grievance Redressal Registration and Monitoring Sheet, the respective GRC will study the complaint made in detail and based on conclusions in GRC, the Complaint Officer will hold meetings with the affected persons / complainant and then attempt to find a solution to the complaint received based on GRC decision. The resolution at the will be normally done within 10 working days and notified to the concerned complainant through a letter. Should the Grievance be not solved within this period, this would be referred to the next level of Grievance Redressal. However, if the GRC feels that adequate solutions are worked out but require a few more days for actions to be taken, the Complaint Officer can decide on retaining the issue at the first level and inform the complaint about the progress made so far.

Tier 2 – District Level

The Grievance Redressal Committee formed for district level complaints would be the one which would address the grievance in the districts. The aggrieved communities/parties will launch written complaints/grievances to the District Health Officer (DHOs) or District Education Officers (DEOs) or

the concerned Parent Teacher School Management Committee (PTSMCs) DEO/DHOs/PTCMs will scrutinize and discuss the issues and notify the GRC/PCC (Province) if the complaint is lodged/ notified. The tier-2 committees will be a facilitating body towards resolution of grievances/complaints but not authorized to make any decision. It will help in exploring the options for solutions of the complaints/grievances. PTSMCs/DEOs/DHOs will pass on complaints/grievances to GRC/PCC at PMUs level with suggested actions for resolution of the grievance. The GRC Complaint Officer will pass on complaints/grievances to concerned complainant pertaining to the issue for further process keeping in carbon copy in the PD office. GRC can differ/agree on the actions suggested by the PTSMCs/DEOs/DHOs and can address the grievance with an alternative response. The PD will be the final decision maker on the complaint redressal.

Assessment of complaints: Any grievance/complaint, before entering the proceedings, must be assessed to examine whether the grievance/complaint qualifies for consideration by the Grievance Committee. The GRC will review all complaints and discard any that are frivolous or not related to the Project. The grievance/complaint will be assessed by GRC by all the possible means available on the ground/field for declaring its qualification to be proceeded or rejected. The grievance/complaint rejected after the assessment process will be filed with the reason of disqualification or rejection into proceedings.

Procedure for Registering Complaint/Grievance and Redressing Complaint/ Grievance

Any citizen can make a complaint regarding implementation of project by making an application to the PCC, in writing or verbal through following means:

- Written (application / form) through Letters, Phone Calls, Emails
- Complaints on phone calls can only be entertained between 9am to 5pm on working days of the week.
- Email: (will be made available as soon the GRC/PCC is notified)
- Landline Phone Number for calls: (will be made as soon the GRC/PCC is notified)
- Cellphone Number for SMS/WhatsApp: (will be made as soon the GRC/PCC is notified)
- Office Address for letters: (will be made as soon the GRC/PCC is notified)
- Any grievance/complaints published in newspaper or electronic media

Record Keeping and Status of the Field Complaint/Grievance

Soon after receiving the application, the PMU should check thoroughly regarding applicant name, address of the applicant and contents of the application. A unique code will be given to each complaint/grievance which will help the complainant/aggrieved party to easily monitor the status of its complaint through project office or telephone inquiry.

Complain/Grievance Record and Registration Tool

#	Name of complainant	Address with Phone Number	Details of Complaint	Time Fixed for Disposal	Whether Complaint/Grievance Redressed or No (Y/N)	If Yes give Details	If Rejected Give Reason

1							
2							
3							

Annexure-13: Environmental, Occupational Health and Safety Risks (Checklist) for COVID-19**Managing Environmental, Occupational Health and Safety Risks****CHECKLISTS****General Procedures to be adapted**

Under the environmental and safety guidelines (E&S) of the World Bank, [National Action Plan for Corona virus disease \(COVID-19\) Pakistan](#) and Labor laws, employers have a duty of care for the health and safety of their workers and others at the workplace. This includes:

- Provision of appropriate number of tools, equipment and PPEs for facilities.
- Providing and maintaining a work environment that is safe to any risk to health and safety, and
- Providing adequate safety facilities for workers in carrying out their work.

Rationale

Overall, the project activity will support the COVID19 emergency response by strengthening the health care facilities/services by focusing primarily on providing medical supplies and equipment such as ventilators and masks., Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, appropriate chemical and infectious substance handling and transportation procedures, etc.

Environmental Impacts and Mitigation Measures

Since the project activity is primarily limited to the procurement of hospital equipment, environmentally and socially sound operations will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous and bio-medical waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure as well as institutional/implementation arrangement for environmental and social risks.

Health and Safety issues**Goods and Services⁹³**

The following table lists the health and safety risks and impacts associated with Goods and Services financed by the Bank in response to the COVID-19 outbreak. Potential mitigation measures and references to sources of additional advice and information are also provided where applicable.

⁹³ References and sources of further information

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

<https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals>

S.No.	Activity	Risks and Impacts	Mitigation Measures
1	Purchase and stocking of emergency rooms, clinics and other medical facilities, including with Laboratory equipment, supplies or goods.	Surfaces of imported materials may be contaminated and handling during transportation may result in spreading infection to healthcare workers and others.	<ul style="list-style-type: none"> • Although coronavirus can stay on surfaces for a few hours to several days depending upon the type of surface (and the differing conditions and temperatures through which the equipment is moved), it is very unlikely that the virus will persist on a surface, even if originating in a country reporting COVID-19 cases. • If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub. • No special measures are required for handling imported goods and equipment, except regular hand washing. • Projects should ensure that adequate hand washing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where hand washing facilities cannot be accessed easily and regularly. • Also ensure awareness campaigns and reminder signs are regularly posted around site to encourage workers regularly wash hands when handling goods, and that they do not touch their face.
2	Purchase of PPE for healthcare workers and health facility cleaners	Incorrect standard or quality of PPEs leads to spread of infection to healthcare workers and cleaners.	<p>Medical personal protective equipment (PPE) includes:</p> <ol style="list-style-type: none"> 1. Medical mask 2. Gown 3. Apron 4. Eye protection (goggles or face shield) 5. Respirator (N95 or FFP2 standard) 6. Boots/closed work shoes <p>WHO interim guidance on rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions.</p>
3	Distribution of goods or services on basis of need	<p>A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources.</p> <p>The disadvantaged and vulnerable population groups, and IP communities could face disproportionate</p>	<ul style="list-style-type: none"> • Attention should be given to the distribution system, to ensure effective and efficient use of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply. • Particular attention and efforts should be given to the disadvantaged and vulnerable groups and Indigenous Peoples communities (Kalash in Kalash Valley, district Chitral KP) to make sure that they have equal if not better access to these resources.

		difficulties in accessing the available resources, exposing them to greater risks.	
4	Hand wash stations	Inadequate hand washing facilities may worsen the situation	<ul style="list-style-type: none"> Projects should ensure that adequate hand washing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. If water and soap hand washing facilities are not possible, alcohol-based hand rubs may be provided.
5	Alcohol-based hand sanitizers	Alcohol-based hand rubs may not be as affective at controlling infection as hand washing with soap and water.	<ul style="list-style-type: none"> Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water and should therefore only be used in locations where full hand washing facilities cannot be provided. Advice should be provided to remind users where full hand washing facilities can be found.
6	Medical waste contaminated with COVID-19 virus	The collection, processing, treatment and disposal of medical wastes becomes a vector for the spread of the virus.	<ul style="list-style-type: none"> There is no evidence that direct, unprotected human contact during the handling of healthcare waste has resulted in the transmission of COVID-19. The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed. Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage. Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities. <p>See WHO Safe management of wastes from health-care activities.</p>
7	Water, sanitation, hygiene and waste management for COVID-19	COVID-19 virus is transmitted through inappropriate sanitation arrangements or through drinking water and contaminated waste.	<ul style="list-style-type: none"> There is no evidence that COVID-19 virus persists in drinking water, sewage, or medical wastes, and following of good hygiene practices will provide effective control. <p>See WHO guidance on water, sanitation and waste management for COVID-19 for guidance on control measures.</p>
8	Identification and diagnosis	Collection of samples and testing for COVID19 could result in spread of disease to medical workers or laboratory workers, or during the transport of potentially affected samples.	<ul style="list-style-type: none"> Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.

		<ul style="list-style-type: none"> • National guidelines on laboratory biosafety should be followed. There is still limited information on the risk posed by COVID-19, but all procedures should be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for laboratory biosafety related to 2019-nCoV. • Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance). <p>For general laboratory biosafety guidelines, see the WHO Laboratory Biosafety Manual, 3rd edition.</p>
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Hospital Preparedness & Planning for Pandemic- COVID-19

General Introduction:

Hospitals⁹⁴ play a critical role within the health system in providing essential medical care to the community, particularly during a crisis, such as an epidemic or a pandemic. Prolonged and combined outbreaks can lead to the progressive spread of disease with rapidly increasing service demands that can potentially overwhelm the capacity of hospitals and the health system. To enhance the readiness of the health facilities to cope with the challenges of a pandemic or any other emergency or disaster, hospital managers need to ensure the initiation of relevant generic priority action. This document aims to provide a checklist of the key actions to carry out in the context of a continuous hospital emergency preparedness process.

During pandemic, an interruption of critical support services⁹⁵ and supplies would potentially disrupt the services provided by an unprepared health facility. In addition, a high rate of staff absenteeism is expected. Shortage of critical equipment and supplies could limit access to needed care and **reduce occupational safety**. Panic could potentially jeopardize established working routines. Even for a well-prepared hospital, coping with the health consequences of a pandemic would be a complex challenge. Despite the difficult demands and obstacles foreseen, the proactive and systematic implementation of key generic and specific pandemic-related action can facilitate effective hospital-based management during a pandemic.

The benefits of an effective, hospital-based epidemic/pandemic response may include: (1) the continuity of essential services⁹⁶; (2) the well-coordinated implementation of priority actions at every level; (3) clear and accurate internal and external communication; (4) swift adaptation to increased demands; (5) the effective use of scarce resources; and (6) a safe environment for health workers. The Checklist-1 has been prepared with the aim of supporting hospital managers and emergency planners in achieving the above by defining and initiating the action needed to ensure a rapid response to epidemic or pandemic with respect to safe environment and occupational health and safety.

Under **Safety / Infection Control Activities Checklist- 1** there is a list of questions regarding the status of implementing the recommended actions as part of preparedness and planning activities to demonstrate readiness in coping with the pandemic COVID-19. Hospitals experiencing an excessive demand for health services due to pandemic-prone disease are strongly encouraged to ensure the effective implementation of each action. Hospitals at risk of increased health service demand should be prepared to initiate the implementation of each action promptly. Hospital emergency preparedness is a continuous process that needs to link to the overall national preparedness program.

⁹⁴ Includes all health care facilities

⁹⁵ Provision of water and sanitation services, electricity, gas and other basic amenities

⁹⁶ Provision of water and sanitation services, electricity, gas and other basic amenities

**Checklist- 1: Occupational Health and Safety / Infection Control Activities for health facilities
benefitting from KPHCIP project ⁹⁷**

Name of the facility: _____

Name of inspector: _____ Date of inspection: _____

	Activities⁹⁸	Not Started⁹⁹	In Progress¹⁰⁰	Completed
1	Develop an overall pandemic safety plan and appoint/designate a safety officer at Project level.			
2	Develop, if not already done, a facility pandemic safety plan as per SOP of the Health Department			
3	Provide staff education about COVID-19 infection control and update policies/ processes as required.			
4	Develop, if not done previously, guidance for staff monitoring for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism as per SOP of Health department			
5	Develop, if not previously done, a “return to work post illness” policy for health care workers as per SOP of Health department			
6	Develop, if not previously done, contingency plan for at-risk staff (e.g., pregnant, other defined risk groups) including job expectations and potential alternate roles and locations, as per SOP of Health department.			

⁹⁷ Demonstrates the state of readiness for a health care facility towards effectively responding to a pandemic (COVID-19)

⁹⁸ If already done/completed as per SOP of Health Department, please Tick as Completed (with provide evidence)

⁹⁹ The project will pursue and follow up for initiating required actions at the earliest possible.

¹⁰⁰ The project will follow up for earliest completion of actions

	Activities⁹⁸	Not Started⁹⁹	In Progress¹⁰⁰	Completed
7	Ensure that health care workers, patients and visitors are aware of cough etiquette and respiratory and hand hygiene. Provide verbal instruction, informational posters, cards, etc.			
8	Ensure that those caring for suspected and confirmed cases apply standard and droplet precautions.			
9	Ensure that personal protective equipment (PPE) (i.e. medical/surgical masks, gloves, gowns, eye protection) is easily accessible to staff.			
10	If the supply of PPE is limited, prioritize staff handling the COVID-19 cases.			
11	Provide medical/surgical masks to all suspected and confirmed cases during transport; reinforce cough etiquette when mask use is not tolerated.			
12	Optimize ventilation in the health care facility.			
13	Provide clear identification of and restriction to the rooms, routes and buildings used in connection with patient care. Limit patient, staff, and visitor transit through in- and out-patient units (restrict access).			
14	Ensure the cleaning and disinfection of reusable equipment between next patient use.			
15	Ensure the health-care workers with symptoms of epidemic- or pandemic-prone disease should remain at home as per SOP of Health department.			

Checklist-2: Hospital¹⁰¹ Waste Management

Name of the facility: _____

Name of inspector: _____ Date of inspection: _____

	Activities	Response		Remarks
		Check Yes or No ¹⁰²		
Waste segregation and collection				
1	Does waste segregation occur at the point where the waste is generated?	Yes	No	
2	Is the collected waste properly segregated?	Yes	No	
3	Are color-coded waste containers used in all facility areas?	Yes	No	
4	Are waste containers properly marked and labeled as per the waste they contain?	Yes	No	
5	Do all yellow buckets for collecting infectious waste have lids?	Yes	No	
6	Are all waste containers free of leaking?	Yes	No	
7	Are sharps containers puncture-resistant, and leak-proof?	Yes	No	
8	Is appropriate passageway space maintained near the waste containers?	Yes	No	
9	Are the waste containers emptied at the end of each day?	Yes	No	
10	Are the waste containers filled no more than about three-quarters full?	Yes	No	
11	Are containers cleaned daily after waste is emptied?	Yes	No	
12	Is segregated sharps waste sealed and labeled before transportation?	Yes	No	
13	Is medical waste other than sharps placed in clearly labeled heavy-duty biohazard plastic bag or yellow plastic bag?	Yes	No	

¹⁰¹ Includes all health care facilities¹⁰² In case the response is "No" for any question, please take/ensure immediate appropriate mitigation measures

	Activities	Response Check Yes or No ¹⁰²		Remarks
		Yes	No	
14	Does everyone who will be handling waste have the appropriate PPE? (Gloves, tongs)	Yes	No	
15	Is chemical waste temporarily stored in the generator's laboratory?	Yes	No	
16	Is the chemical waste stored in a central waste-holding facility of the building?	Yes	No	
17	Are incompatible chemical wastes stored in separate containers?	Yes	No	
18	Are liquid waste containers only filled to 70-80% capacity?	Yes	No	
Waste storage				
19	Are lids of waste bins and containers closed properly during transportation from ward to central storage?	Yes	No	
20	Is waste storage area located away from the patients?	Yes	No	
21	Are the waste collection tanks completely enclosed?	Yes	No	
22	Are the waste collection tanks not overfilled?	Yes	No	
23	Is waste storage area kept clean, free from loose litter and malodorous spillages and debris?	Yes	No	
24	Is waste storage area free from pests and vermin?	Yes	No	
25	Is waste storage area secure and with access restricted to authorized personnel only?	Yes	No	
26	Is waste storage area well lit?	Yes	No	
27	Is waste storage area well ventilated?	Yes	No	
28	Is waste storage separated from food preparation area(s) and supply rooms?	Yes	No	
29	Is stored waste clear within the following periods? <ul style="list-style-type: none"> ▪ Maximum 48 hours during the cool season ▪ Maximum 24 hours during the hot season 	Yes	No	
30	Is waste storage area clearly marked with warning signs (biohazard symbol)?	Yes	No	

	Activities	Response Check Yes or No ¹⁰²		Remarks
		Yes	No	
31	Is there access to first aid and washing facilities?	Yes	No	
32	Is waste storage area away from routes used by the general public?	Yes	No	
33	Is bag for storage of infectious waste identified with the source where the waste is generated — either by a written label or with bar-coded tape or labels?	Yes	No	
34	Is water supply available for cleaning purpose in the storage area?	Yes	No	
Documentation				
35	Are policy and procedures for medical waste management available in the storage area?	Yes	No	
36	Are SOPs for waste holding and storage available in the storage area?	Yes	No	
37	Is the record of quantity of collected waste in the storage area well maintained and up to date?	Yes	No	
38	Are HCWM training aids posted in the storage area?	Yes	No	
Training				
39	Are storage area personnel training files up to date and available?	Yes	No	
40	Is refresher training available to all related staff at least yearly?	Yes	No	
41	Do personnel understand hazards and how to minimize risks?	Yes	No	
42	Is injury and emergency response procedure known and understood by all relevant personnel?	Yes	No	