

**UPDATED ENVIRONMENTAL AND SOCIAL  
MANAGEMENT FRAMEWORK FOR FLOOD  
AFFECTED DISTRICTS**



**KHYBER PAKHTUNKHWA HUMAN CAPITAL  
INVESTMENT PROJECT (KPHCIP)**

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

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## ACRONYMS

<b>ADE</b>	Associate degree Program in Education
<b>ANC</b>	Antenatal Care
<b>AQI</b>	Air Quality Index
<b>ASDEO</b>	Assistant District Education Officer
<b>ASER</b>	Annual Status of Education Report
<b>BHUs</b>	Basic Health Units
<b>BOQs</b>	Bill of Quantities
<b>BP</b>	Bank Procedures
<b>CAR</b>	Commissionerate for Afghan Refugees
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Neonatal Care
<b>CERC</b>	Contingency Emergency Response Component
<b>C-ESMP</b>	Contractor Environmental and Social Management Plan
<b>CFP</b>	Chance Find Procedure
<b>CHS</b>	Community Health & Safety
<b>CRC</b>	Complaint Redressal Cell
<b>DA</b>	Designated Account
<b>DCs</b>	Deputy Commissioners
<b>D&amp;CSF</b>	Design & Construction Supervision Firm
<b>DCMA</b>	District Coordination & Monitoring Associate
<b>DCTE</b>	Directorate of Curriculum and Teachers Education
<b>DDWP</b>	Department Development Working Party
<b>DEO</b>	District Education Officer
<b>DEP</b>	District Education Plans
<b>DESE</b>	Directorate of Elementary and Secondary Education
<b>DHIS</b>	District Health Information System
<b>DHMT</b>	District Health Management Team
<b>DHO</b>	District Health Officers
<b>DHQ</b>	District Headquarter Hospitals
<b>DOH</b>	Department of Health
<b>DPs</b>	Development Partners
<b>DPD</b>	Department for Professional Development
<b>DRR</b>	Disaster Risk Reduction
<b>EA</b>	Environmental Assessment
<b>EEF</b>	Elementary Education Foundation
<b>EHS</b>	Environment, Health, and Safety
<b>EIA</b>	Environmental Impact Assessment
<b>EMA</b>	Education Monitoring Authority
<b>EMIS</b>	Education Management Information System
<b>EPA</b>	Environmental Protection Agency
<b>EPI</b>	Expanded Program of Immunization
<b>EQS</b>	Environmental Quality Standard
<b>ESED</b>	Elementary & Secondary Education Department
<b>ESEF</b>	Elementary and Secondary Education Foundation
<b>ESHS</b>	Environmental Health & Health Safety



<b>ESIA</b>	Environmental and Social Impact Assessment
<b>ESMF</b>	Environmental and Social Management Framework
<b>ESMP</b>	Environmental and Social Management Plan
<b>ESRU</b>	Education Sector Reforms Unit
<b>ESS</b>	Environmental and Social Safeguard
<b>FATA</b>	Federally Administered Tribal Areas
<b>FGD</b>	Focus Group Discussion
<b>FY</b>	Fiscal Year
<b>GBV</b>	Gender Based Violence
<b>GoP</b>	Government of Pakistan
<b>GER</b>	Gross Enrolment Ratio
<b>GGPS</b>	Government Girls Primary School
<b>GPS</b>	Government Primary School
<b>GRC</b>	Grievance Redressal Committees
<b>GRM</b>	Grievance Redress Mechanism
<b>HCF</b>	Health Care Facilities
<b>HWM</b>	Hospital Waste Management
<b>HCWMP/F</b>	Health Care Waste Management Plan/ Framework
<b>HCWMS</b>	Health Care Waste Management System
<b>HPG</b>	Health Promotion Grants
<b>HSE</b>	Health, Safety & Environment
<b>IEE</b>	Initial Environmental Examination
<b>IMU</b>	Independent Monitoring Unit
<b>IPP</b>	Indigenous People Plan
<b>KII</b>	Key Informant Interview
<b>Km</b>	Kilometre
<b>KP</b>	Khyber Pakhtunkhwa
<b>KPEPA</b>	KP Environmental Protection Agency
<b>KPHCIP</b>	Khyber Pakhtunkhwa Human Capital Investment Project
<b>LHV</b>	Lady Health Visitor
<b>LHW</b>	Lady Health Worker
<b>MCH</b>	Mother Child Health
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MIS</b>	Management Information System
<b>MNCH</b>	Maternal, New-born and Child Health
<b>NEQS</b>	National Environmental Quality Standards
<b>NER</b>	Net Enrolment Ratio
<b>NGO</b>	Non-governmental Organization
<b>NOC</b>	No Objection Certificate
<b>NWFP</b>	North-West Frontier Province
<b>OHS</b>	Occupational Health and Safety
<b>OOSC</b>	Out of School Children
<b>OP</b>	Operational Policy
<b>PAD</b>	Project Appraisal Document
<b>PAP</b>	Project Affected Persons
<b>PC</b>	Planning Commission

<b>PCC</b>	Public Complaint Cell
<b>PCMCs</b>	Primary Healthcare Management Committees
<b>PD</b>	Project Director
<b>P&amp;DD</b>	Planning & Development Department
<b>PDHS</b>	Pakistan Demographic and Health Survey
<b>PDO</b>	Project Development Objective
<b>PEPA</b>	Pakistan Environmental Protection Agency
<b>PHC</b>	Primary Health Care
<b>PKR</b>	Pakistani Rupee
<b>PM</b>	Particulate Matter
<b>PMU</b>	Project Management Unit
<b>POM</b>	Project Operation Manual
<b>PPE</b>	Personal Protective Equipment
<b>PSC</b>	Project Steering Committee
<b>PSRA</b>	Private Schools Regulatory Authority
<b>PTC</b>	Parent Teacher Council
<b>PWD</b>	Person with Disability
<b>RAA</b>	Refugee Affected Areas
<b>RAP</b>	Resettlement Action Plan
<b>RPDC</b>	Regional Professional Development Centres
<b>RPF</b>	Resettlement Policy Framework
<b>RHC</b>	Rural Healthcare Centre
<b>RMNCHN</b>	Reproductive Maternal New-born and Child Health and Nutrition
<b>RV</b>	Refugee Villages
<b>SAR</b>	South Asia Region
<b>SEA</b>	Sexual Exploitation and Abuse
<b>SG</b>	Safeguard
<b>SH</b>	Sexual Harassment
<b>Sq.m</b>	Square Meter
<b>Sq.km</b>	Square Kilometre
<b>TB</b>	Tuberculosis
<b>TEMIS</b>	Teacher Education Management System
<b>TFR</b>	Total Fertility Rate
<b>TPM</b>	Third Party Monitoring
<b>TPV</b>	Third Party Validation
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>US</b>	United States
<b>VAW</b>	Violence Against Women
<b>VLD</b>	Voluntary Land Donation
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WBG</b>	World Bank Group
<b>WHO</b>	World Health Organization
<b>XEN</b>	Executive Engineer

## EXECUTIVE SUMMARY

**Introduction:** The Government of Khyber Pakhtunkhwa (GoKP) is expanding the scope of 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 order to accommodate the additional scope of the project to include flood response and the additional districts, the existing ESMF of the project is being updated.

**Context and Rationale:** Pakistan recently experienced one of the worst floods in the country's history. Heavy monsoon rains, about 6 times the average of the last thirty years, have affected more than 33 million people. Schools and hospitals are heavily affected by the floods, as like other basic services. It is no longer possible to conduct classes in the school buildings. The unavailability of electricity and drinking water has made the schools and hospitals building dysfunctional. Also, without boundary wall, the schools have security threat for students.

Initial assessments indicate that across Pakistan, more than 24,000 schools have been damaged or destroyed. An estimated 3.5 million children have had their schooling disrupted. Many schools have been transferred to emergency shelters where families have temporary accommodation. Access to schools and hospitals is also restricted by issues that cannot be resolved by ESED and DoH alone. To support both the departments in rehabilitation and reconstruction of flood damaged schools and hospitals, KPHCIP is expanding its scope to additional flood hit districts of KP.

Following the Govt of KP and the WB agreement to restructure the project to include provision of flood damaged school and hospitals infrastructure, a new component of construction activities at selected schools and hospitals to address the most pressing infrastructure needs has been created under the project for an estimated value of US\$15 million, to be reallocated from the existing resource envelope.

**The Project:** Restructuring to include rehabilitation and reconstruction of partially and fully damaged schools and hospitals. It shall, however, improve project performance and put into beneficial use of unused project funds. It shall also involve modification of components, categories, resource allocation and project progress indicators.

**Project Development Objective (PDO):** 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 expanded scope of work will be implemented in twenty districts of KP including Peshawar, Nowshera, Haripur, Swabi, Dir Payan, Dir Bala, Charsadda, Abbottabad, Lakki, DI Khan, Upper Chitral, Swat, Tank, Chitral Lower, Karak, Kohistan Lower, Kohistan Upper, Kolai Palas (Kohistan), Khurram Upper and Shangla. These are flood hit districts where more damages to schools and hospitals are reported. The direct project beneficiaries will be children, adolescents, women of reproductive age and school going children affected by recent floods 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 because of this project.

**Project Components:** With restructuring the project has five 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 support to flood damaged districts **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 floods **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

**component 4:** Flood Emergency Response **component 5:** Contingency Emergency Response Component (CERC).

**Methodology:** The data for the updated framework is collected on the variables of interest in an established and systematic manner. Primary data is 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 principal 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 more than the national environmental quality standards (NEQS) specified by the KP environmental protection agency (KPEPA) has been prohibited under the Act. Hospital waste management (HWM) Rules 2018 developed under Pakistan Environment Protection Act, 1997 and applicable on all the provinces. HWM Rules, 2018 require each healthcare facility to constitute a waste management committee 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 additional component is not the mandate of KPHCIP these rules may not be directly applicable to this project, however guidelines are provided in updated ESMF for future reference. 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 of EA instruments are available to fulfil their requirements.

For KPHCIP under restructuring, specific construction sites, and level of development has not been finalised; therefore, a framework approach has been adopted and original environmental and social management framework (ESMF) has been updated. Updated environmental and social management framework (ESMF) outlines the prerequisite environmental and social screening and, assessments of proposed project activities. As the additional component 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. The updated 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, Involuntary Resettlement OP/BP 4.12 and Indigenous People OP/BP 4.10 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 30,523,371 with 5,729,634 people residing in urban areas and around 24,793,737 in rural areas. The most updated figure by UNHCR shows that as of 2022 there are around 834,387 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.<sup>2</sup>

The overall terrain of KP consists of mountain ranges, undulating sub-mountain areas, and plains surrounded by hills. The climatic profile of the KP 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.<sup>3</sup> In KP, water stress has been exacerbated

<sup>2</sup> <https://data2.unhcr.org/en/country/pak#category-7>

<sup>3</sup> Environmental Protection Agency. (2016). KHYBER PAKHTUNKHWA CLIMATE CHANG POLICY. Forestry, Environment & Wildlife Department, GoKP

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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

The project districts (20) have 123 government hospitals, 364 Dispensaries, 61 rural health centres (RHCs), 559 basic health units (BHUs), 43 mother and child health centres (MCH) and 38 TB clinics. The total number of schools in the province are 27638. 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:** To update the ESMF for expanded scope of work the communities and relevant stakeholders within and around the project area were consulted during the field work. The objectives of the consultation were to brief the community about the planned development and to note down their views and concerns regarding social and environmental impacts due to the project expanded scope during construction and operation phases. The E&S team of PMUs conducted consultation meetings/ focus group discussions (FGDs) with the primary and secondary stakeholders in two of the floods affected districts i.e., Charsadda and Peshawar. District Charsadda and Peshawar were selected as representative sample among the flood affected districts.

On health side, collectively 4 consultation meetings were held in which 2 consultation meetings with primary healthcare management committees (PCMCs), and community members conducted at flood affected healthcare facilities and two with female visitors (sitting at the waiting area for medical check-up) to both the healthcare facilities were consulted on December 14<sup>th</sup>, 2022. In these consultation meetings, a total 46 participants including 27 males and 19 females attended.

Similarly, on the education side, collectively a total of 10 consultations were held with primary stakeholders including teachers, PTC members and surrounding community representatives. Out of 10 consultations, 4 and 6 consultation meetings were conducted in district Charsadda and Peshawar respectively. In district Charsadda, consultation meetings were conducted on December 13<sup>th</sup>, 2022, while in district Peshawar, consultations were held from May 30<sup>th</sup> to 31<sup>st</sup> 2023 & on June 1<sup>st</sup>, 2023. In these consultations, collectively, a total 108 males and 36 females participated.

Additionally, a total 9 consultations were conducted with secondary stakeholders from December 21<sup>st</sup> to 22<sup>nd</sup> 2022 in district Charsadda and Peshawar. All the 9 consultation meetings were individual i.e., with officials of education, health, and C&W departments.

These consultations revealed that the rehabilitation/ reconstruction activities under additional flood component are considered to have a positive social impact by improving livelihoods through creation of income generation activities, increase enrollment, reduce drop out, decrease number of out of school children (OOSC), build trust of the respective communities with the education and health departments and ultimately with the provincial government. The institutional respondents (DEO & ASDEOs, DHO, Deputy DHO, and XEN) were informed by the project team that any activity that has potential to harm the natural environment shall be managed through proper mitigation measures.

<sup>4</sup> Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). Khyber Pakhtunkhwa Climate Change Policy

<sup>5</sup> Khyber Pakhtunkhwa Drinking Water Policy, 2015

<sup>6</sup>PPAF. (2014). Environmental and Social Management Framework.

**Impact Assessment:** An impact assessment has been carried out to provide a guidance on anticipated environmental and social impact 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 potential environmental risks and impacts associated with the expanded scope of activities include (i) potential for soil and groundwater contamination (ii) wastes in the form of rubble and debris from the damaged school buildings, that requires safe disposal (iii) waste generation (construction and solid) during construction activities (iv) occupational health and safety issues for workers (v) community health and safety issues especially for school children and healthcare workers, and (vi) impacts associated with the solarization/electrification activities. For the health component activities, the risks in addition to the construction related risks and impacts, healthcare waste management continues to remain relevant and critical. Generic mitigation and management measures are proposed in the updated Environmental and Social Management Framework for anticipated E&S impacts. The potential social risks and impacts associated with expanded scope include (i) gender sensitivity and needs for persons with disability (PWD) who may have difficult or no access to the health and education facilities (ii) exclusion of vulnerable groups such as women and refugee populations (iii) women may face difficulty in free movement. ***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 primary health care facilities. Although, health care waste management for additional flood districts is not included in the scope of KPHCIP, yet guidelines for handling and managing medical waste including infectious and toxic waste are provided in the Health Care Waste Management Framework for future reference in case the requirements arise for the same.

Construction activities of components 1, 2 & 4 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 of 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 in original four districts 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. **Component 4** is expected to have moderate negative environmental impacts during reconstruction/rehabilitation civil works in flood damaged schools and health care facilities. During operations stage, it is anticipated to have health and safety risks associated with generation of health care waste, handling of hazardous wastes from source to final disposal and provision of safe drinking water in schools and hospitals. ***Cumulatively it will have positive socioeconomic impact through restoration of education facilities to ensure availability and access to schools for flood affected school going children especially girls*** and restoration of health care service delivery.

The cumulative impact of all 4 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 in original target districts. 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. Component 4 will also have adverse E&S impacts if the anticipated risks associated with restoration, reconstruction and

rehabilitation civil works in flood affected schools and hospitals are not addressed and mitigated properly.

**Institutional Arrangements:** The updated ESMF will be implemented under the overall supervision of health and education PMUs. While designated project directors are the overall in- charges of their respective components, ESS specialists are 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 is implemented by two departments in line with the government mandates through the existing governance structures. At the provincial level, department of health (DoH) and (E&SED) is implementing and managing activities under component 1-health and component 2-education. Both departments are responsible for implementation of component3 which is cross cutting and component4 which is flood emergency response. Each department has 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 Group. ***The overall responsibility for ESMF implementation is with two PMUs in Health and Secondary Education departments.***

The design & construction supervision firm (D&CSF) will have as a member of their team a health, safety, social and environmental (HSSE) personnel who will have the responsibility of ensuring compliance with the environmental, social, health and safety requirements relating to all components of the project. This person will be responsible for overview and provide direction as may be required to the contractors (and the KPHCIP PMU as may be required) to ensure the project meets its HSSE objectives and complies with the ESMP. The supervisory consultants will be required to monitor the contractor's HSSE performance against the national requirements and that of the PMU, as well as the contractor's C-ESMP. They will also be required to ensure that the contractor's HSSE performance is in accordance with the requirements of the occupational safety and health act and meets the requirements of all state agencies tasked with the monitoring, regulation, and promotion of safety at work. (A sample monitoring checklist for OHS/Infection Control activities is attached as **Annex-11**).

The environmental & social screening of the flood damaged schools has been carried out by education monitoring authority (EMA) through DCMA's in all 13 education districts. Besides, based on the screening recommendations district ESMPs will be prepared by E&S team KPHCIP PMU. Moreover, site specific C-ESMP will be prepared and implemented by construction contractors. While monitoring, supervision, and reporting of ESMPs will be done by D&CSF. Additionally, the necessary procurement, contracting, quality assurance, and supervision oversight of civil works including E&S safeguards will be carried out by C&W. For health component original as well as flood response component, D&CSF will be responsible for the overall E&S safeguard instruments preparation, implementation, compliance, monitoring, and reporting. The contractor will be required to employ a suitable qualified and experienced personnel as an environmental, social, health and safety officer, with the responsibility of ensuring compliance with the environmental, social, health and safety requirements at health facility level.

**Resettlement Policy Framework:** The 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 projects 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 (Voluntary Land Donation, VLD)
3. Preference 3: Small scale land acquisition

For Additional flood response component the RPF has been updated accordingly which provides a framework for Involuntary Resettlement and voluntary land donation (VLD). The project team prepared an indigenous people plan for flood affected healthcare facility located in Bumburet in kalash valley. Consultations were held with the respective kalasha community and institutional stakeholders. The key concerns raised by the participants were i) pardah/ privacy for Muslims visitors to the BHU, ii) dumping of construction material in front or inside the healthcare facility which may hamper smooth mobility of the visitors, iii) non-availability of proper complaint system/ channels at BHU to register complaint regarding any issue during rehabilitation work and iv) the construction waste material during and after rehabilitation work may not dumped in the adjacent agriculture fields. Moreover, the plan will be implemented and the engagement with the kalasha community will be ensured throughout the construction phase.

#### **Grievance Redressal Mechanism:**

GRM has been designed by both the PMUs of KPHCIP to provide a timely, responsive, and effective system of resolving community/ PTCs or PCMCs/ or individual grievances related to the KPHCIP project (both component). A GRM, accessible to project to the sub-project people has been developed and housed in the two project PMUs, with user-friendly complaint submission options. It is a multi-tiered process starting at the PTC and PCMC (school or BHU or RHC/ community and ending at the provincial - PMU/ E&SED & DoH level. The proposed structure in both PMUs will have three tiers; tier 1 will be community level (GRC-1) while tier 2 will be at the district level (GRC-2) while tier 3 will be provincial level. The KPHCIP GRM will function with designated members at each level (PMU, DEO or DHO office and community if any). GRM will have an in-built monitoring mechanism to check on responsiveness to complaints or grievances lodged. The GRMs will also provide an avenue to project stakeholders to raise and resolve grievances related to gender-based violence (GBV) and violence against children (VAC).

**Indigenous Peoples Plan:** The IPP has been prepared to consult with the kalash people on the intended rehabilitation for the flood affected health facility that has been damaged by floods in an area inhabited by the kalash people. The location is in the vicinity of Bumburet in kalash valley, which is in the Lower Chitral district. The IPP aims to address impacts of the rehabilitation work while ensuring that the rights and needs of the local indigenous communities are respected. The plan outlines mitigation measures either to avoid or to minimize any negative effects on the Kalasha community in Bumburet valley, including consultations with local stakeholders and the implementation of culturally sensitive solutions.

**Budget and Disclosure:** A total amount of PKR. 15,303,750 has been allocated for ESMF implementation of all components of the project including flood response component. 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, RAPs and IPPs formulation, implementation, and monitoring. Once finalized, the safeguard documents including ESMF, RPF and IPF along with Urdu translation of executive summaries, will be disclosed on the official websites of P&DD, government of Khyber Pakhtunkhwa (GoKP), health, and secondary education departments, and on the World Bank website. 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 (PMU), and planning & development department (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. More specifically the project restructuring triggers OP/BP 4.10 indigenous people policy mainly due to the proposed activities under component 4 which are likely to result in some social impacts that will need due safeguards attention. To mitigate the adverse potential impacts, Indigenous People Plan has been prepared and included in updated ESMF for the flood response component to achieve the objective. The ESMF also includes chance find procedures (CFP) as well as measures to manage potential impacts on physical cultural resources that could be affected by the proposed civil works.

## نفاذ سے متعلقہ خلاصہ

**تعارف:** حکومت خیبر پختونخوا (GoKP) عالمی بینک (WB) کے تعاون سے KP ہیومن کیپیٹل انویسٹمنٹ پروجیکٹ (KPHCIP) کے دائرہ کار کو بڑھا رہی ہے۔ اس منصوبے کو صوبائی محکمہ پلاننگ اینڈ ڈویلپمنٹ محکمہ صحت اور ایلیمنٹری اینڈ سیکنڈری ایجوکیشن کے ذریعے نافذ کرے گا۔ سیلاب کے ردعمل اور اضافی اضلاع کو شامل کرنے کے منصوبے کے اضافی دائرہ کار کو ایڈجسٹ کرنے کے لیے، پروجیکٹ کے موجودہ ESMF کو اپ ڈیٹ کیا جا رہا ہے۔

**سیاق و سباق اور دلیل:** پاکستان نے حال ہی میں ملکی تاریخ کے بدترین سیلابوں میں سے ایک کا سامنا کیا۔ مون سون کی شدید بارشیں، جو پچھلے تیس سالوں کی اوسط سے تقریباً 6 گنا زیادہ ہیں، نے 33 ملین سے زیادہ افراد کو متاثر کیا ہے۔ دیگر بنیادی خدمات کی طرح اسکول اور اسپتال بھی سیلاب سے بہت زیادہ متاثر ہوئے ہیں۔ اب سکولوں کی عمارتوں میں کلاسز کا انعقاد ممکن نہیں۔ بجلی اور پینے کے پانی کی عدم دستیابی نے سکولوں اور اسپتالوں کی عمارتیں ناکارہ بنا دی ہیں۔ اس کے علاوہ، چار دیواری کے بغیر، اسکولوں کے طلباء کے لیے سیکورٹی کو خطرہ ہے۔

ابتدائی جائزوں سے پتہ چلتا ہے کہ پاکستان بھر میں 24,000 سے زیادہ اسکولوں کو نقصان پہنچا یا تباہ کیا گیا ہے۔ ایک اندازے کے مطابق 3.5 ملین بچوں کی اسکولی تعلیم میں خلل پڑا ہے۔ بہت سے اسکولوں کو ہنگامی پناہ گاہوں میں منتقل کر دیا گیا ہے جہاں خاندانوں کے لیے عارضی رہائش ہے۔ اسکولوں اور اسپتالوں تک رسائی بھی ان مسائل کی وجہ سے محدود ہے جنہیں صرف ESED اور محکمہ صحت کے ذریعے حل نہیں کیا جا سکتا۔ سیلاب سے تباہ شدہ اسکولوں اور اسپتالوں کی بحالی اور تعمیر نو میں دونوں محکموں کی مدد کے لیے، KPHCIP اپنے دائرہ کار کو KP کے اضافی سیلاب زدہ اضلاع تک بڑھا رہا ہے۔

کے پی حکومت اور ڈبلیو بی کے درمیان سیلاب سے تباہ شدہ اسکولوں اور اسپتالوں کے بنیادی ڈھانچے کی فراہمی کو شامل کرنے کے منصوبے کی تنظیم نو کے معاہدے کے بعد، بنیادی ڈھانچے کی انتہائی اہم ضروریات کو پورا کرنے کے لیے منتخب اسکولوں اور اسپتالوں میں تعمیراتی سرگرمیوں کا ایک نیا حصہ بنایا گیا ہے جس کی تخمینہ قیمت US\$15 ملین ہے، جو کہ موجودہ وسائل کے لفافے سے دوبارہ مختص کی جائے گی۔

**پروجیکٹ:** جزوی اور مکمل طور پر تباہ شدہ اسکولوں اور اسپتالوں کی بحالی اور تعمیر نو کو شامل کرنے کے لیے تنظیم نو۔ تاہم، یہ پروجیکٹ کی کارکردگی کو بہتر بنائے گا اور غیر استعمال شدہ پروجیکٹ فنڈز کو فائدہ مند استعمال میں لائے گا۔ اس میں اجزاء، زمرہ جات، وسائل کی تقسیم اور پراجیکٹ کی پیش رفت کے اشارے میں ترمیم بھی شامل ہوگی۔

**پروجیکٹ ڈویلپمنٹ مقصد (PDO):** پروجیکٹ ڈویلپمنٹ مقصد (PDO) خیبر پختونخوا کے منتخب اضلاع میں بنیادی صحت کی دیکھ بھال اور ابتدائی تعلیم کی خدمات کی دستیابی، استعمال اور معیار کو بہتر بنانا ہے۔

**پروجیکٹ کا رقبہ اور استفادہ کنندگان:** کام کا وسیع دائرہ خیبر پختونخوا کے بیس اضلاع بشمول پشاور، نوشہرہ، ہری پور، صوابی، دیر پایان، دیر بالا، چارسدہ، ایبٹ آباد، لکی، ڈی آئی خان، اپر چترال، سوات، ٹانک، چترال لوئر، کرک، کوہستان، لوئر کوہستان اور کوہستان (لوئر کوہستان) میں نافذ کیا جائے گا۔ شانگلہ۔ یہ سیلاب سے متاثرہ اضلاع ہیں جہاں اسکولوں اور اسپتالوں کو زیادہ نقصان پہنچا ہے۔ اس منصوبے سے براہ راست مستفید ہونے والے بچے، نوعمر، تولیدی عمر کی خواتین اور اسکول جانے والے بچے ہوں گے جو حالیہ سیلاب سے متاثر ہوں گے اور ان اضلاع میں پناہ گزینوں اور میزبان کمیونٹیز پر توجہ مرکوز کریں گے۔ اس منصوبے کی وجہ سے صحت اور تعلیم کے محکمے مضبوط اور زیادہ موثر گورننس اور انتظامی صلاحیتیں حاصل کریں گے۔

**پروجیکٹ کے اجزاء:** تنظیم نو کے ساتھ پروجیکٹ کے پانچ اجزاء ہیں جو نظام کو مضبوط بنانے اور تعلیم اور صحت دونوں شعبوں میں خدمات کو بہتر بنانے پر توجہ مرکوز کرتے ہیں جو بالآخر خدمات کے استعمال کے لیے طلب پیدا کرنے میں معاونت کرتے ہیں۔ جزو 1: کے پی کے منتخب اضلاع میں معیاری پرائمری ہیلتھ کیئر (PHC) کی فراہمی کو مضبوط بنا کر بنیادی صحت کی دیکھ بھال کی خدمات کی فراہمی کو بہتر بنانا ہے جس میں سیلاب سے تباہ ہونے والے ای اضلاع کی مدد شامل ہے جزو 2: تمام بچوں خصوصاً لڑکیوں اور پناہ گزینوں کے لیے تعلیمی مواقع کی بہتر دستیابی اور معیار میں حصہ ڈالنا ہے، کے پی کے منتخب میزبان اضلاع کے سیلاب زدہ اضلاع میں سیلاب زدہ اضلاع میں موجودہ اسکولوں کو متاثر کرنے کے لیے ضروری ہے: مانگ کی تخلیق میں مدد کے لیے کمیونٹی کی شمولیت اور جوابدہی کو مضبوط کرنے کا مقصد ہے جو PHC اور تعلیمی خدمات کے استعمال میں اضافے کا باعث بنے گا جزو 4: فلڈ ایمرجنسی رسپانس کمیونٹی 5: کنٹینجمنسی ایمرجنسی رسپانس کمیونٹی (CERC)۔

**طریقہ کار:** اپ ڈیٹ کردہ فریم ورک کے لیے ڈیٹا کو دلچسپی کے متغیرات پر قائم اور منظم طریقے سے جمع کیا جاتا ہے۔ بنیادی ڈیٹا کلیدی مخبروں کے انٹرویوز، اداروں اور کمیونٹیز میں متعلقہ اسٹیک ہولڈرز کے ساتھ مشاورت کے ذریعے اور اضلاع میں ماحولیات اور سماجی حالت پر بنیادی ڈیٹا کے ذریعے جمع کیا جاتا ہے۔ انٹرویوز کو ایسے سوالات پوچھنے کے لیے ڈیزائن کیا گیا تھا جن سے زیادہ سے زیادہ معلومات حاصل کرنے کا امکان تھا اور وہ تحقیق کے اغراض و مقاصد کو

بھی حل کرنے کے قابل تھے۔ بنیادی معلومات کو بین الاقوامی، قومی، اور صوبائی قانونی ذمہ داری کے جائزے کے ذریعے ضمیمہ اور ثابت کیا گیا تھا۔

**ریگولیشنری جائزہ:** خیبرپختونخوا انوائرنمنٹل پروٹیکشن ایکٹ 2014 صوبے میں ماحولیاتی تحفظ کی بنیادی قانون سازی ہے جو آلودگی پھیلانے والوں کے خلاف قانونی کارروائی کی مدد سے تحفظ، بہتری، تحفظ اور بحالی کا تصور کرتا ہے اور کمیونٹیز کی سبز بیداری کو یقینی بناتا ہے۔ کے پی انوائرنمنٹل پروٹیکشن ایجنسی (EPAKP) کے ذریعہ متعین کردہ ماحولیاتی معیار کے معیارات (EQS) سے زیادہ مقدار، ارتکاز یا سطح میں کسی بھی فضلہ، فضائی آلودگی یا شور کا اخراج یا اخراج ایکٹ کے تحت ممنوع ہے۔ ہسپتال ویسٹ مینجمنٹ (HWM) رولز 2018 پاکستان انوائرنمنٹل پروٹیکشن ایکٹ 1997 کے تحت تیار کیے گئے ہیں اور تمام صوبوں پر لاگو ہیں۔ HWM رولز، 2018 کے مطابق ہر صحت کی دیکھ بھال کی سہولت کو ایک ویسٹ مینجمنٹ کمیٹی تشکیل دینے کی ضرورت ہوتی ہے اور وہ ایکٹ اور اس کے قواعد کی فراہمی کے ساتھ حتمی تلفی تک اس کے ذریعہ پیدا ہونے والے کچرے کے مناسب انتظام کے لیے ذمہ دار ہوتی ہے۔ چونکہ اضافی اجزاء کے تحت ہسپتال کے فضلے کا انتظام KPHCIP کا مینڈیٹ نہیں ہے یہ قواعد اس منصوبے پر براہ راست لاگو نہیں ہوسکتے ہیں، تاہم مستقبل کے حوالے کے لیے تازہ ترین ESMF میں رہنما اصول فراہم کیے گئے ہیں۔ OP 4.01 کے مطابق، عالمی بینک کو بینک فنانشنگ کے لیے تجویز کردہ منصوبوں کی ماحولیاتی تشخیص (EA) کی ضرورت ہے تاکہ اس بات کو یقینی بنایا جا سکے کہ وہ ماحولیاتی لحاظ سے درست اور پائیدار ہیں، اور اس طرح فیصلہ سازی کو بہتر بنایا جا سکتا ہے۔ پروجیکٹ پر منحصر ہے، ان کی ضروریات کو پورا کرنے کے لیے EA آلات کی ایک رینج دستیاب ہے۔

کے پی ایچ سی ائی پی کے لیے تنظیم نو کے تحت، مخصوص تعمیراتی سائٹس، اور ترقی کی سطح کو حتمی شکل نہیں دی گئی ہے۔ لہذا، ایک فریم ورک اپروچ اپنایا گیا ہے اور اصل ماحولیاتی اور سوشل مینجمنٹ فریم ورک (ESMF) کو اپ ڈیٹ کیا گیا ہے۔ تازہ ترین ماحولیاتی اور سماجی نظم و نسق کا فریم ورک (ESMF) پیشگی ماحولیاتی اور سماجی اسکریننگ اور مجوزہ پروجیکٹ کی سرگرمیوں کے جائزوں کا خاکہ پیش کرتا ہے۔ چونکہ اضافی جزو بڑے بنیادی ڈھانچے اور صنعتی ترقی کی تجویز نہیں دے رہا ہے، اس لیے اسے اس کے کم پیمانے، مقامی، اور الٹ جانے والے ماحولیاتی اور سماجی اثرات کی وجہ سے کیٹیگری بی تفویض کیا گیا ہے۔ تازہ کاری شدہ ESMF ممکنہ منفی ماحولیاتی اور سماجی اثرات کی نشاندہی کرتا ہے، تخفیف کے عمومی اقدامات تجویز کرتا ہے، اسکریننگ کے بنیادی معیارات فراہم کرتا ہے، تیار کیے جانے والے حفاظتی آلات کی قسم کی فہرست بناتا ہے اور ماحولیاتی اور سماجی تحفظات کی تعمیل کے لیے ادارہ جاتی، نگرانی، رپورٹنگ اور دستاویزی اقدامات تیار کرتا ہے۔ دستیاب معلومات کی بنیاد پر، عالمی بینک کی ماحولیاتی تشخیص OP/BP 4.01، غیر رضاکارانہ آبادکاری OP/BP 4.12 اور مقامی افراد OP/BP 4.10 سے متعلق پالیسیوں کو متحرک کیا گیا ہے۔

**بیس لائن:** 2017 میں ہونے والی قومی آبادی کی مردم شماری کے مطابق، صوبہ کے پی کی آبادی 30.52 ملین ہو گئی ہے جو کہ 1998 میں 17.74 ملین تھی جو گزشتہ 19 سالوں میں 58 فیصد زیادہ ہے۔ پروجیکٹ کے اضلاع کی کل آبادی 30,523,371 ہے جس میں 5,729,634 لوگ شہری علاقوں میں اور تقریباً 24,793,737 دیہی علاقوں میں مقیم ہیں۔ UNHCR کے تازہ ترین اعداد و شمار سے پتہ چلتا ہے کہ 2022 تک کے پی میں تقریباً 834,387 افغان مہاجرین دیہی اور شہری علاقوں کے ساتھ ساتھ 'پناہ گزین دیہاتوں یا کیمپوں میں ہیں جو کے پی کو پاکستان میں مہاجرین کی سب سے بڑی تعداد کا میزبان بنا رہے ہیں۔

خیبرپختونخوا کا مجموعی علاقہ پہاڑی سلسلوں، زیر آب پہاڑی علاقوں اور پہاڑیوں سے گھرے میدانی علاقوں پر مشتمل ہے۔ مختلف اونچائیوں اور پودوں کے احاطہ، پہاڑی رکاوٹوں اور ٹپوگرافی کی وجہ سے صوبہ خیبرپختونخوا کا موسمیاتی پروفائل انتہائی متنوع ہے۔ اس کی آب و ہوا جنوب میں خشک اور گرم چٹانی علاقوں سے لے کر شمال میں ٹھنڈے اور سبز جنگلات تک مختلف ہوتی ہے۔ کے پی میں، پانی کے تناؤ کو سطحی آبی ذخائر میں کیمیائی فضلہ کی لاپرواہی سے پھینکنے، زیر زمین پانی کے استحصال اور پانی کی انتہائی پیداواری عمل سے، آبادی میں اضافے، زراعت، جنگلات کی کٹائی، اور موسمیاتی تبدیلی کے اثرات سے پیدا ہونے والے بڑھتے ہوئے دباؤ کے ساتھ بڑھ گیا ہے۔ پانی ذخیرہ کرنے کی صلاحیت میں کمی اور فی کس پانی کے دباؤ میں اضافے کے ساتھ، کے پی میں سطحی پانی کی دستیابی میں کمی کا امکان ہے۔ پروجیکٹ کے اضلاع میں زیر زمین پانی پینے کے پانی کا ایک بڑا ذریعہ ہے، تاہم اسے صنعتی اور آبپاشی کے مقاصد کے لیے بھی استعمال کیا جاتا ہے۔ پروجیکٹ کے اضلاع میں پانی کی سطح 50 فٹ سے لے کر کچھ علاقوں میں 250 فٹ تک ہے۔ خیبرپختونخوا میں پینے کے پانی کا سب سے بڑا ذریعہ زیر زمین ہے۔ تاہم، مسلسل واپسی اور کم ہوتے ہوئے ری چارج کے عمل کی وجہ سے، بہت سی جگہوں پر زیر زمین پانی تیزی سے ختم ہو رہا ہے۔ پراجیکٹ کے اضلاع میں 25 محفوظ مقامات ہیں جن میں 3 وائلڈ لائف پارکس، 10 گیم ریزرو، 3 کمیونٹی گیم ریزرو، 8 پرائیویٹ گیم ریزرو اور 1 غیر درجہ بند، 49,034 ہیکٹر کے رقبے پر محیط ہے۔

پروجیکٹ کے اضلاع (20) میں 123 سرکاری اسپتال، 364 ڈسپنسریاں، 61 رورل ہیلتھ سینٹرز (RHCs)، 559 بنیادی صحت کے یونٹ (BHUs)، 43 ماں اور بچے کے صحت کے مراکز (MCH) اور 38 TB کلینک ہیں۔ صوبے میں اسکولوں کی کل تعداد 27638 ہے۔ پراجیکٹ کی مداخلت کی منصوبہ بندی موجودہ صحت کی دیکھ بھال اور اسکول کی سہولیات کے احاطے میں کی گئی ہے اور خیبر پختونخوا کے محفوظ علاقوں میں ان کے لیے جانے کا امکان نہیں ہے۔

**اسٹیک ہولڈر مشاورت:** کام کے وسیع دائرہ کار کے لیے ESMF کو اپ ڈیٹ کرنے کے لیے فیڈ بک کے دوران پروجیکٹ ایریا کے اندر اور اس کے آس پاس کی کمیونٹیز اور متعلقہ اسٹیک ہولڈرز سے مشورہ کیا گیا۔ مشاورت کا مقصد کمیونٹی کو منصوبہ بند ترقی کے بارے میں آگاہ کرنا اور تعمیراتی اور آپریشن کے مراحل کے دوران پروجیکٹ کے وسیع دائرہ کار کی وجہ سے سماجی اور ماحولیاتی اثرات کے بارے میں ان کے خیالات اور خدشات کو نوٹ کرنا تھا۔ PMUs کی S&E ٹیم نے سیلاب سے متاثرہ دو اضلاع یعنی چارسدہ اور پشاور میں پرائمری اور سیکنڈری اسٹیک ہولڈرز کے ساتھ مشاورتی میٹنگز/ فوکس گروپ ڈسکشنز (FGDs) کیں۔ سیلاب سے متاثرہ اضلاع میں ضلع چارسدہ اور پشاور کو بطور نمائندہ نمونہ منتخب کیا گیا۔ صحت کے حوالے سے، مجموعی طور پر 4 مشاورتی اجلاس منعقد کیے گئے جن میں 2 پی سی ایم سیز، اور کمیونٹی ممبران کے ساتھ سیلاب سے متاثرہ صحت کی دیکھ بھال کی سہولیات پر اور دو خواتین مہمانوں کے ساتھ (میڈیکل چیک اپ کے لیے انتظار گاہ پر بیٹھی ہوئی) کے ساتھ 14 دسمبر 2022 کو مشاورت کی گئی۔

اسی طرح تعلیم کے حوالے سے ضلع چارسدہ اور پشاور میں بالترتیب 4 اور 6 مشاورتی اجلاس منعقد کیے گئے، ضلع چارسدہ میں 13 دسمبر 2022 کو مشاورتی اجلاس منعقد کیے گئے، جبکہ ضلع پشاور میں 30 مئی سے 31 مئی 2023 تک مشاورتی اجلاس منعقد کیے گئے اور یکم جون کو ان مشاورتی اجلاسوں میں مجموعی طور پر 2023 اور 2023 خواتین نے شرکت کی۔

اسی طرح ضلع چارسدہ اور پشاور میں 21 سے 22 دسمبر 2022 تک کل 9 مشاورتیں کی گئیں۔ جس میں 7 انفرادی مشورے تھے یعنی تعلیم، صحت اور سی اینڈ ڈبلیو محکموں کے افسران کے ساتھ۔

ان مشاورت سے یہ بات سامنے آئی کہ سیلاب کے اضافی حصے کے تحت بحالی/تعمیر کی سرگرمیوں کو آمدنی پیدا کرنے کی سرگرمیوں، اندراج میں اضافہ، ڈراپ آؤٹ کو کم کرنے، اسکول سے باہر بچوں کی تعداد میں کمی، متعلقہ کمیونٹیز کا تعلیم اور صحت کے محکموں اور بالآخر صوبائی حکومت کے ساتھ اعتماد پیدا کرنے کے ذریعے معاش کو بہتر بنانے کے مثبت سماجی اثرات کو سمجھا جاتا ہے۔ ادارہ جاتی جواب دہندگان (DEO اور ASDEOs، ڈی پی ڈی، اور XEN) کا خیال تھا کہ قدرتی ماحول کو نقصان پہنچانے کی صلاحیت رکھنے والی کسی بھی سرگرمی کا انتظام مناسب تخفیف کے اقدامات کے ذریعے کیا جائے گا جیسا کہ مشاورت کے دوران S&E ٹیم نے بحث اور وضاحت کی ہے۔

**اثرات کی تشخیص:** متوقع ماحولیاتی اور سماجی اثرات کے بارے میں رہنمائی فراہم کرنے کے لیے ایک اثر کی تشخیص کی گئی ہے تاکہ تخفیف کے عمومی اقدامات تجویز کیے جا سکیں۔ ہر ایک کے مجموعی ماحولیاتی اور سماجی اثرات کو نفاذ کے انتظامات کے ذریعے کم کیا جا سکتا ہے اور ان اقدامات پر توجہ مرکوز کی جا سکتی ہے جو اثرات کو ممکنہ حد تک کم کر دیں۔ سرگرمیوں کے وسیع دائرہ کار سے وابستہ ممکنہ ماحولیاتی خطرات اور اثرات میں شامل ہیں (i) مٹی اور زیر زمین پانی کی آلودگی کا امکان (ii) تباہ شدہ اسکولوں کی عمارتوں سے ملنے اور ملنے کی شکل میں، جس کو محفوظ طریقے سے ٹھکانے لگانے کی ضرورت ہوتی ہے (iii) تعمیراتی سرگرمیوں کے دوران فضلہ کی پیداوار (تعمیراتی اور ٹھوس) (iv) پیشہ ورانہ صحت اور حفاظتی مسائل (بچوں کی صحت اور حفاظت کے مسائل) خصوصاً اسکول کے کارکنوں کے لیے صحت اور حفاظت کے مسائل (بچوں کی صحت اور حفاظت کے مسائل)۔ سولرائزیشن/بجلی کی سرگرمیاں۔ صحت کے اجزاء کی سرگرمیوں کے لیے، تعمیرات سے متعلق خطرات اور اثرات کے علاوہ، صحت کی دیکھ بھال کے فضلے کا انتظام متعلقہ اور اہم ہے۔ متوقع S&E اثرات کے لیے تازہ ترین ماحولیاتی اور سماجی نظم و نسق کے فریم ورک میں عمومی تخفیف اور انتظامی اقدامات تجویز کیے گئے ہیں۔ توسیع شدہ دائرہ کار سے وابستہ ممکنہ سماجی خطرات اور اثرات میں شامل ہیں (i) صنفی حساسیت اور معذور افراد کے لیے ضروریات (PWD) جن کو صحت اور تعلیم کی سہولیات تک رسائی مشکل یا کوئی نہیں ہو سکتی ہے (ii) کمزور گروہوں جیسے خواتین اور مہاجرین کی آبادی کا اخراج (iii) خواتین کو آزادانہ نقل و حرکت میں دشواری کا سامنا کرنا پڑ سکتا ہے۔ تاہم، تعمیر کے ممکنہ منفی اثرات مقامی اور قلیل مدتی اور صرف تعمیر کی مدت کے لیے ہیں۔ اسی طرح، پروجیکٹ کے آپریشن کے مراحل کے دوران متوقع کچھ منفی اثرات مقامی اور کم اثر والے پیمانے کے ہیں۔ تعلیم اور بنیادی صحت کی دیکھ بھال کی سہولیات دونوں کے لیے مخصوص ماحولیاتی اور سماجی اثرات اور تخفیف کے اقدامات تجویز کیے گئے ہیں۔ اگرچہ اضافی سیلابی اضلاع کے لیے ہیلتھ کیئر ویسٹ مینجمنٹ کو KPHCIP کے دائرہ کار میں شامل نہیں کیا گیا ہے، پھر بھی طبی فضلے کو سنبھالنے اور ان کا انتظام کرنے کے لیے گائیڈ لائنز بشمول متعدی اور زہریلے فضلے کو ہیلتھ کیئر ویسٹ مینجمنٹ فریم ورک میں فراہم کیے گئے ہیں تاکہ مستقبل کے حوالے سے اس کے لیے ضروریات پیدا ہوں۔

اجزاء 1، 2 اور 4 کی تعمیراتی سرگرمیوں کے معتدل ماحولیاتی اور سماجی اثرات مرتب ہوں گے۔ کی گئی تشخیص کے مطابق، صحت کی دیکھ بھال کی سہولیات کی بحالی اور ہسپتال کے فضلے کی پیداوار کے لیے سول ورکس کی وجہ سے جزو 1 کے درمیانے درجے کے منفی ماحولیاتی اثرات کی توقع ہے۔ تاہم، اس منصوبے سے صحت کی دیکھ بھال کی خدمات کی فراہمی میں بہتری کے بڑے پیمانے پر مثبت سماجی اقتصادی اثرات کی توقع ہے۔ پروجیکٹ کے جزو 1- کے تحت ذیلی اجزاء اصل چار اضلاع میں صحت کی دیکھ بھال کے فضلے کے انتظام کے نظام کے ٹھیکہ/اؤٹ سورسنگ میں بھی معاونت کرے گا جس سے ہسپتال کے فضلے کو منبع سے حتمی طور پر ٹھکانے لگانے میں مدد ملے گی۔ تعلیمی سہولیات کی تعمیر/بحالی کے دوران جزو 2 سے کم سے درمیانے درجے کے منفی ماحولیاتی اثرات کی توقع ہے۔ آپریشن کے دوران، اس منصوبے کو صحت اور حفاظت کے خطرات ہونے کا امکان ہے جو فضلہ پیدا کرنے اور اس کو ٹھکانے لگانے اور اسکولوں میں پینے کے صاف پانی کی فراہمی سے منسلک ہیں۔ مجموعی طور پر، یہ منصوبہ بچوں خصوصاً لڑکیوں کی تعلیم تک رسائی کو بہتر بنانے کے ذریعے مثبت سماجی اقتصادی اثرات مرتب کرے گا۔ جزو 3 کسی بھی منفی سماجی یا ماحولیاتی اثرات کا سبب بننے کا امکان نہیں ہے۔ کمیونٹی کی مؤثر شمولیت، شرکت اور شکایات کے ازالے کے ذریعے اس کے مثبت اثرات کی توقع ہے۔

جزو 4 سے سیلاب سے تباہ شدہ اسکولوں اور صحت کی دیکھ بھال کی سہولیات میں تعمیر نو/بحالی کے سول کاموں کے دوران اعتدال پسند منفی ماحولیاتی اثرات کی توقع ہے۔ آپریشن کے مرحلے کے دوران، صحت کی دیکھ بھال کے فضلے کی پیداوار، ذریعہ سے لے کر آخری ٹھکانے تک مضر فضلہ کو سنبھالنے اور اسکولوں اور اسپتالوں میں پینے کے صاف پانی کی فراہمی سے صحت اور حفاظت کے خطرات ہونے کی توقع ہے۔ مجموعی طور پر اس کا تعلیمی سہولیات کی بحالی کے ذریعے مثبت سماجی اقتصادی اثرات مرتب ہوں گے تاکہ سیلاب سے متاثرہ اسکول جانے والے بچوں خصوصاً لڑکیوں کے لیے اسکولوں کی دستیابی اور رسائی کو یقینی بنایا جا سکے اور صحت کی دیکھ بھال کی خدمات کی فراہمی کو بحال کیا جا سکے۔

تمام 4 اجزاء کا مجموعی اثر اعتدال پسند ہے۔ اگر جزو 1 کے ماحولیاتی اثرات کو مجوزہ تخفیف کے اقدامات کے ذریعے حل نہیں کیا جاتا ہے، تو جزو 1 کی کارروائیوں سے پانی کے راستوں، مٹی، ہوا کو آلودہ کر کے اور انسانی آبادی پر اثر انداز ہو کر منفی ماحولیاتی اور سماجی اثرات مرتب ہونے کا امکان ہے۔ انوائرنمنٹ ہیلتھ کیئر ویسٹ مینجمنٹ فریم ورک (EHCWMF) اصل ہدف والے اضلاع میں صحت کی دیکھ بھال کی سہولیات سے فضلہ پیدا کرنے سے متعلق منفی ماحولیاتی اور سماجی اثرات سے نمٹنے کے لیے آؤٹ سورسنگ/کنٹریکٹنگ فرموں کے لیے رہنمائی/میکانزم فراہم کرتا ہے۔ اسی طرح، جزو 2 کا بھی معمولی ماحولیاتی اثر پڑے گا، تاہم، اگر ESMF کے مطابق تخفیف نہ کی گئی تو یہ ماحولیات اور سماجی زندگیوں کو عارضی نقصان پہنچا سکتا ہے۔ جزو 4 کے S&E کے منفی اثرات بھی ہوں گے اگر سیلاب سے متاثرہ اسکولوں اور اسپتالوں میں بحالی، تعمیر نو اور بحالی کے سول ورکس سے وابستہ متوقع خطرات کو مناسب طریقے سے حل اور کم نہ کیا گیا۔

**ادارہ جاتی انتظامات:** تازہ کاری شدہ ESMF کو صحت اور تعلیم کے PMUs کی مجموعی نگرانی میں لاگو کیا جائے گا۔ جبکہ نامزد پروجیکٹ ڈائریکٹرز اپنے متعلقہ اجزاء کے مجموعی انچارج ہیں، ESS ماہرین دونوں PMUs میں ESS سے متعلق تمام سرگرمیوں اور اقدامات کی منصوبہ بندی، نفاذ، انتظام، نگرانی اور نگرانی کے لیے تعینات ہیں۔ ESMF اور RPF کے نفاذ کی پیشرفت کے بارے میں معلومات اکٹھا کرنے، جمع کرنے، اور تجزیہ کرنے کے مسلسل عمل کے ساتھ نگرانی اور رپورٹنگ (R&M) نظام قائم کیا جائے گا۔ تھرڈ پارٹی ویلڈیشن فرم کے ذریعے بیرونی نگرانی کا نظام بھی تجویز کیا گیا ہے تاکہ عمل کی طاقتوں اور کمزوریوں کی نشاندہی کرنے کے لیے ایک ٹول کے طور پر کام کیا جا سکے۔ عمل اور نتائج کا وقتاً فوقتاً جائزہ دونوں PMUs کو ESMF کے مطلوبہ اہداف اور مقاصد کے حصول کے لیے خامیوں کی نشاندہی کرنے اور اصلاحی اقدامات کو نافذ کرنے کے قابل بنائے گا۔

موجودہ گورننس ڈھانچے کے ذریعے حکومتی مینڈیٹ کے مطابق اس منصوبے کو دو محکموں کے ذریعے نافذ کیا جاتا ہے۔ صوبائی سطح پر، محکمہ صحت (DoH) اور ایلیمنٹری اینڈ سیکنڈری ایجوکیشن ڈیپارٹمنٹ (SED&E) جزو 1-صحت اور جزو 2-تعلیم کے تحت سرگرمیوں کو نافذ اور منظم کر رہے ہیں۔ دونوں محکمے component 3 کے نفاذ کے ذمہ دار ہیں جو کہ کراس کٹنگ ہے اور component 4 جو کہ فلڈ ایمرجنسی ریسپانس ہے۔ ہر محکمے کے پاس ایک PMU ہے (a) منصوبے کی سرگرمیوں کے نفاذ کا منصوبہ بنانا اور اس کا انتظام کرنا، (b) وقتاً فوقتاً پیش رفت کی نگرانی اور رپورٹ کرنا بشمول وفاداری اور تحفظات کی ضروریات، اور (c) WB اور GoKP کی حمایت کرنے والے دیگر DPS کے ساتھ رابطہ کرنا۔ ESMF کے نفاذ کی مجموعی ذمہ داری صحت اور ثانوی تعلیم کے محکموں میں دو PMUs کی ہے۔

ڈیزائن اینڈ کنسٹرکشن سپرویزن فرم (CSF&D) کے پاس اپنی ٹیم کے ایک رکن کے طور پر صحت، حفاظت، سماجی اور ماحولیاتی (HSSE) اہلکار ہوں گے جن کے پاس پروجیکٹ کے تمام اجزاء سے متعلق ماحولیاتی، سماجی، صحت اور حفاظت کے تقاضوں کی تعمیل کو یقینی بنانے کی ذمہ داری ہوگی۔ یہ شخص جائزہ کے لیے ذمہ دار ہو گا اور ٹھیکیداروں (اور PMU KPHCIP جیسا کہ ضرورت ہو) کو ہدایت فراہم کرے گا تاکہ یہ یقینی بنایا جا سکے کہ پروجیکٹ اپنے HSSE مقاصد کو پورا کرتا ہے اور ESMP کی تعمیل کرتا ہے۔ نگران کنسلٹنٹس کو قومی ضروریات اور PMU کے ساتھ ساتھ ٹھیکیدار کے C-ESMP کے خلاف ٹھیکیدار کی HSSE کارکردگی کی نگرانی کرنے کی ضرورت ہوگی۔ ان سے یہ بھی یقینی بنانا ہوگا کہ ٹھیکیدار کی HSSE کارکردگی پیشہ ورانہ حفاظت اور صحت کے ایکٹ کے تقاضوں کے مطابق ہے اور کام کی جگہ پر حفاظت کی نگرانی، ضابطے اور فروغ کے ذمہ دار تمام ریاستی اداروں کی ضروریات کو پورا کرتی ہے۔ (OHS/انفیکشن کنٹرول سرگرمیوں کے لیے ایک نمونہ مانیٹرنگ چیک لسٹ Annex-11 کے طور پر منسلک ہے)۔

سیلاب سے تباہ شدہ اسکولوں کی ماحولیاتی اور سماجی اسکریننگ تمام 13 تعلیمی اضلاع میں DCMAs کے ذریعے ایجوکیشن مانیٹرنگ اتھارٹی (EMA) کے ذریعے کی گئی ہے۔ اس کے علاوہ، اسکریننگ کی سفارشات کی بنیاد پر ضلع ESMPs کو S&E ٹیم KPHCIP PMU تیار کرے گی۔ مزید برآں، سائٹ مخصوص C-ESMP تعمیراتی ٹھیکیداروں کے ذریعے تیار اور لاگو کیا جائے گا۔ جبکہ ESMPs کی نگرانی، نگرانی اور رپورٹنگ CSF&D کرے گی۔ مزید برآں، ضروری خریداری، معاہدہ، کوالٹی اشورینس، اور سول کاموں کی نگرانی بشمول S&E حفاظتی اقدامات W&C کے ذریعے کیے جائیں گے۔ صحت کے اصل جزو کے ساتھ ساتھ سیلاب کے ردعمل کے جزو کے لیے، CSF&D مجموعی S&E حفاظتی آلات کی تیاری، نفاذ، تعمیل، نگرانی، اور رپورٹنگ کے لیے ذمہ دار ہوگا۔ ٹھیکیدار کو ماحولیاتی، سماجی، صحت اور حفاظتی افسر کے طور پر ایک مناسب اہل اور تجربہ کار اہلکاروں کو ملازمت دینے کی ضرورت ہوگی، جس کی ذمہ داری صحت کی سہولت کی سطح پر ماحولیاتی، سماجی، صحت اور حفاظت کے تقاضوں کی تعمیل کو یقینی بنانا ہوگی۔

**دوبارہ آبادکاری کی پالیسی کا فریم ورک:** دوبارہ آبادکاری پالیسی فریم ورک (RPF) زمین کے حصول اور دوبارہ آبادکاری (اگر کوئی ہے) سے متعلق مسائل کو حل کرتا ہے، جیسا کہ ورلڈ بینک (WB) آپریشنل پالیسی/بینک پالیسی 4.12 (OP/BP) غیر رضاکارانہ آبادکاری اور مقامی قوانین کی ضرورت ہے۔ پروجیکٹ کسی بھی سرگرمی یا نئی سہولیات کی تعمیر کے لیے مالی اعانت نہیں کرے گا (مثلاً، ہسپتال، اسکول) جس کے لیے درمیانے یا بڑے پیمانے پر زمین کے حصول کی ضرورت ہوگی۔ منصوبوں کے اجزاء 1 اور 2 میں چھوٹے پیمانے پر سول کام شامل ہیں (مثلاً موجودہ صحت اور تعلیم کی سہولیات میں توسیع) جس کے لیے زمین کے چھوٹے پارسل کی ضرورت پڑ سکتی ہے۔ اس بات کو یقینی بنانے کے لیے منصوبے کی طرف سے تمام کوششیں کی جائیں گی کہ اسکولوں کی توسیع اور صحت کی سہولیات کو اپ گریڈ کرنے کے لیے چھوٹے پیمانے پر زمین کی ضروریات ترجیح کے لحاظ سے ان معیارات پر عمل کریں:

1. **ترجیح 1:** ٹارگٹ اسکول یا صحت کی سہولت کی ملکیت والی موجودہ زمین کا استعمال
2. **ترجیح 2:** کسی فرد، افراد کے ایک گروپ یا کمیونٹی کی طرف سے رضاکارانہ طور پر عطیہ کردہ زمین کا استعمال (رضاکارانہ زمین کا عطیہ، VLD)
3. **ترجیح 3:** چھوٹے پیمانے پر زمین کا حصول

اصل ESMF رضاکارانہ زمین کے عطیہ (VLD) کے لیے ایک فریم ورک فراہم کرتا ہے اس کے علاوہ آبادکاری پالیسی کے فریم ورک (RPF) لینڈ ایکوزیشن اور ری سیٹلمنٹ اسکریننگ چیک لسٹ، VLD ڈیو ڈیلینس/اسکریننگ چیک لسٹ، اور VLD کے لیے نمونہ معاہدہ اصل دستاویز میں فراہم کیا گیا ہے تاکہ ہر ذیلی منصوبے کی شناخت اور لاگو کرنے والے فریم ورک کی رہنمائی کی جا سکے۔ (اصل ESMF کا حوالہ فوٹ نوٹ میں دیا گیا ہے)۔ جیسا کہ تنظیم نو کے تحت کے پی ایچ سی آئی پی میں اضافی سیلاب کے ردعمل کا جزو 4 شامل کیا گیا ہے، ایک مقامی لوگوں کی پالیسی (OP 4.10) کو متحرک کیا گیا ہے جس میں صحت کی دیکھ بھال کی سہولیات کے ہدف میں کالاش ویلی میں سیلاب سے متاثرہ BHU-Bumburet شامل ہیں۔ متعلقہ کالاش کمیونٹی اور ادارہ جاتی مشاورت کے بعد ایک مقامی لوگوں کا منصوبہ (IPP) تیار کیا گیا ہے جسے ورلڈ بینک نے منظوری دے دی ہے۔ (کلینڈر شدہ اور منظور شدہ آئی پی پی کو باب 9 میں شامل کیا گیا ہے)

**شکایات کے ازالے کا طریقہ کار:** GRM کو KPHCIP کے دونوں PMUs نے کمیونٹی / PTCs یا PCMCs / یا KPHCIP پروجیکٹ (دونوں اجزاء) سے متعلق انفرادی شکایات کو حل کرنے کا بروقت، جوابدہ اور موثر نظام فراہم کرنے کے لیے ڈیزائن کیا ہے۔ ایک GRM، جو ذیلی پروجیکٹ کے لوگوں کے لیے پروجیکٹ کے لیے قابل رسائی ہے، تیار کیا گیا ہے اور اسے دو پروجیکٹ PMUs میں رکھا گیا ہے، جس میں صارف دوست شکایت جمع کرانے کے اختیارات ہیں۔ یہ PTC اور PCMC (اسکول یا BHU یا RHC / کمیونٹی سے شروع ہونے والا ایک کثیر الجہتی عمل ہے اور صوبائی - پروجیکٹ مینجمنٹ یونٹ (E / SED&PMU) اور محکمہ صحت کی سطح پر ختم ہوتا ہے۔ دونوں PMUs میں مجوزہ ڈھانچے کے تین درجے ہوں گے؛ ٹائر 1 کمیونٹی لیول (GRC-1) ہوگا جب کہ Tier Level 2 پر ضلع Pro-3 ہوگا۔ GRM KPHCIP پر سطح پر نامزد اراکین کے ساتھ کام کرے گا (PMU، DEO یا DHO آفس اور کمیونٹی اگر کوئی ہو)۔ GRM کے پاس درج کردہ شکایات یا شکایات پر ردعمل کی جانچ کرنے کے لیے ایک اندرونی نگرانی کا طریقہ کار ہوگا۔ GRMs پروجیکٹ اسٹیک ہولڈرز کو ایک راستہ بھی فراہم کریں گے تاکہ وہ (ViGB/VAC) سے متعلقہ شکایات (GeB/VAC) کو اٹھا سکیں اور ان کو حل کریں۔

**مقامی کالاش لوگوں کا منصوبہ:** مقامی لوگوں کا منصوبہ (آئی پی پی) دستاویز تیار کی گئی ہے جس کا مقصد کالاش کے لوگوں سے سیلاب سے متاثرہ صحت کی سہولت کی بحالی کے بارے میں مشورہ کرنا تھا جو کالاش لوگوں کے آباد علاقے میں سیلاب سے تباہ ہو گئی ہے۔ یہ مقام وادی کالاش میں بمبوریت کے آس پاس ہے جو کہ زیریں چترال ضلع میں ہے۔ آئی پی پی کا مقصد مقامی مقامی کمیونٹیز کے حقوق اور ضروریات کا احترام کرتے ہوئے بحالی کے کام کے اثرات کو دور کرنا تھا۔ مقامی لوگوں کے منصوبے کی تیاری کی ضروریات کو پورا کرنے کے لیے، کالاش ویلی میں متعلقہ پرائمری اور سیکنڈری اسٹیک ہولڈرز کے ساتھ اسٹیک ہولڈرز کی مشاورت اور کلیدی انفارمٹنٹ انٹرویوز (KIIs) کیے گئے۔ کل 7 FGDs/مشاورتی میٹنگز اور 9 KIIs کا انعقاد کیا گیا جن میں کالاش اور مسلم شیخ دونوں شامل تھے مقامی کمیونٹیز جن میں 52 مرد اور 46 خواتین سمیت کل 98 افراد نے شرکت کی۔ یہ مشاورت اور KII ضلع لوئر چترال میں 5 مئی سے 7 مئی 2023 تک کی گئی۔ (تفصیل IPP باب 9 میں فراہم کی گئی ہے)۔

**بجٹ اور تشہیر:** PKR کی کل رقم ESMF 103,600,000 پراجیکٹ کے تمام اجزاء بشمول فلڈ ریسپانس جزو کے نفاذ کے لیے مختص کی گئی ہے۔ مزید برآں، بجٹ کا کچھ حصہ تعمیرات، تھرڈ پارٹی مانیٹرنگ کنٹریکٹس اور سپلائی کے اخراجات سے متعلق PC1 میں مختص کیا جاتا ہے۔ بجٹ تخفیف، تربیت، آگہی اور مواصلاتی مواد، عملہ، تیسرے فریق کی توثیق اور نگرانی اور RAPs، ESMPs اور IPPs کی تشکیل، نفاذ، اور نگرانی پر خرچ کیا جائے گا۔ ایک بار حتمی شکل دینے کے بعد، حفاظتی دستاویزات بشمول ESMF، RPF اور IPF، ایگزیکٹو سمریوں کے اردو ترجمے کے ساتھ، محکمہ پلاننگ اینڈ ڈویلپمنٹ، حکومت خیبر پختونخوا، صحت اور ثانوی تعلیم کے محکموں کی سرکاری ویب سائٹس اور ورلڈ بینک کی ویب سائٹ پر ظاہر کیے جائیں گے۔ اس SG دستاویزات کی بارڈ کاپیاں صوبائی EPA، پروجیکٹ کے اسٹیک ہولڈرز، ٹھیکیداروں، اور سول سوسائٹی کی تنظیموں کے ساتھ بھی شیئر کی جائیں گی۔ ہر SG دستاویز کی ایک کاپی پروجیکٹ مینجمنٹ یونٹ میں رکھی جائے گی، اور عوامی رسائی کے لیے DD&P۔ ایس جی دستاویزات کی ایگزیکٹو سمری کا اردو ترجمہ بھی تمام متعلقہ اسٹیک ہولڈرز، خاص طور پر پراجیکٹ کے علاقوں میں مستفید ہونے والی کمیونٹیز میں تقسیم کیا جائے گا۔ اس کا مقصد انہیں پروجیکٹ کی سرگرمیوں، پراجیکٹ سے متوقع منفی ماحولیاتی اور سماجی اثرات اور تخفیف کے مجوزہ اقدامات کے بارے

میں آگاہ کرنا ہوگا۔ خاص طور پر پراجیکٹ کی تنظیم نو OP/BP 4.10 Indigenous People Policy کو متحرک کرتی ہے بنیادی طور پر جزو 4 کے تحت مجوزہ سرگرمیوں کی وجہ سے جس کے نتیجے میں کچھ سماجی اثرات مرتب ہوں گے جن پر مناسب حفاظتی توجہ کی ضرورت ہوگی۔ منفی ممکنہ اثرات کو کم کرنے کے لیے، مقامی لوگوں کا منصوبہ تیار کیا گیا ہے اور اس مقصد کو حاصل کرنے کے لیے سیلاب کے ردعمل کے جزو کے لیے تازہ کاری شدہ ESMF میں شامل کیا گیا ہے۔ ESMF میں چانس فائنڈ پروسیجرز (CFP) کے ساتھ ساتھ جسمانی ثقافتی وسائل پر ممکنہ اثرات کو منظم کرنے کے اقدامات بھی شامل ہیں جو مجوزہ سول کاموں سے متاثر ہو سکتے ہیں۔

## **1. INTRODUCTION**

### **1.1 Background**

Education and health are one of the most vulnerable sectors during emergencies. Floods have hit the whole country in general and Khyber Pakhtunkhwa province during August 2022. Many schools and hospitals were either partially or completely damaged with substantial losses to schools and hospitals. KPHCIP will support the KP Government in the renovation, reconstruction and rehabilitation of damaged hospitals and schools.

The recent monstrous floods and rains have damaged around 1,100 government schools in different parts of Khyber Pakhtunkhwa, impacting the studies of thousands of students. According to data compiled by the elementary and secondary education department about the damage caused by the devastating floods, 246 schools have been damaged fully and 838 have been damaged partially by the floodwater. Most of the losses have been caused to the government primary schools. The data of the education department shows that 205 primary schools are fully damaged and 683 are partially damaged. Similarly, the number of fully damaged middle schools is 14 and partially damaged 62. The floods have also fully damaged 19 government high schools and partially damaged 74 others while the number of fully damaged government higher secondary schools stands at 8 and partially damaged at 19.

The floods have hit hard district Dera Ismail Khan from where more losses to life and property have been reported as compared to other parts of the province. The data shows that 51 government schools have fully damaged and 145 partially in Dera Ismail Khan; 37 fully and 99 partially in Dir Lower; 25 fully and seven partially in Lower Kohistan; 20 fully and 102 partially in Swat; 18 fully and 103 partially in Tank; 10 fully and 25 partially in Upper Chitral; 10 fully and six partially in Upper Kohistan; 10 fully and 36 partially in Mansehra; 10 fully and 36 partially in Nowshera; and 14 school have fully and nine partially damaged in Haripur.

According to the Health Department data, 256 healthcare facilities have been harmed, of which 56 have been destroyed and 200 have only suffered minor damage. 33 Basic Health Units, 19 Civil Dispensaries, and 4 Rural Health Centers are among the establishments that were destroyed. Tank, Dera Ismail Khan, Karak, and Kohistan Lower have the most damaged healthcare facilities. A couple of damaged healthcare facilities are in Swat, Dir, North Waziristan, and South Waziristan.

### **1.2 Project Overview**

In July 2020, the Government of Pakistan signed a 5-year (2020 to 2025) project financing agreement with the international development agency (IDA) of the World Bank for funding the human capital investment project (HCIP) (Credit No. 6714-PK and Grant No. D680-PK) for a total value of US\$200 million. The project aims to improve basic education and health service delivery in selected districts of KP. Following the Borrower and the Bank's agreement to restructure the project to include additional flood affected districts, a new component has been created under the project for an estimated value of US\$ 15 million, to be reallocated from the existing resource envelope. The project aims to achieve this objective by directly investing in rehabilitation and reconstruction of flood damaged schools and hospitals to fill supply and demand side gaps and strengthening service delivery system through improved management and governance.



### 1.3 Need for Environmental and Social Management Framework and Resettlement Policy Framework

The inclusion of the additional component 4 has required that KPHCIP determine the anticipated negative environmental and social impacts associated with new construction. The project is envisaged to have moderate environmental and social impacts resulting from the new construction in fully flood damaged schools and hospitals. However, the anticipated impacts are site specific and limited in scope and can be readily addressed through mitigation measures. To assess the potential environment and social impacts associated with the expanded scope of work under restructuring, the existing environmental and social management framework (ESMF) has been updated which also outlines and provides guidance on resettlement policy framework (RPF), in case if a small parcel of land acquisition is required for relocation of fully damaged school or hospitals. As some of the flood damaged health facilities, identifies and selected by DoH for reconstruction and rehabilitation are in kalash valley of district Chitral, World Bank Policy on indigenous people OP/BP 4.10 also triggered. Updating ESMF was a consultative process that involved stakeholder consultations with the DEOs/DHOs, PTCs, KPEPA and surrounding community.

#### 1.3.1 Objectives of ESMF

This ESMF is the updated version of original ESMF which helps to assess the potential negative environmental and social impacts associated with additional civil works at an early stage and provides a framework for environmental and social safeguards implementation. The framework elaborates the existing environmental and socioeconomic conditions of additional districts, identifies potential impacts of the additional construction works 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 implementation.

The RPF and IPF outlines policies, procedures, roles, and responsibilities for managing involuntary resettlement impacts and risks, effects on project affected persons (PAPs) and negative E&S impacts on indigenous people. It requires the preparation of resettlement action plan (RAP) and indigenous people plan (IPP) before initiation of civil works in situations where the project causes involuntary resettlement or impacts on livelihoods because of land taking and anticipated impacts on indigenous community of kalash area. Guidelines for RAP has been provided in the original ESMF.<sup>7</sup>

The methodology followed in updating ESMF consists of the following steps:

#### 1.3.2 Review of the Additional Sub-Projects Details

The additional sub-projects details were studied carefully. Meetings were held with the concerned officials as needed. Attempts were made to obtain as much information as available at this stage on the subprojects. Data gaps were identified where needed and data collection needs specified for specific safeguards instruments to be prepared for the individual subprojects.

<sup>7</sup> <https://pndkp.gov.pk/2022/08/10/environmental-and-social-management-framework-and-resettlement-policy-framework/>  
<https://kpepe.gov.pk/vtwkaf/uploads/2021/01/ESMF-KPHCIP-May-8-2020.pdf>  
[http://healthkp.gov.pk/public/uploads/news-ESMF%20KPHCIP%20Final%20Report%207May%20Covid%20Updated%20Sana-MZ%20\(1\).pdf](http://healthkp.gov.pk/public/uploads/news-ESMF%20KPHCIP%20Final%20Report%207May%20Covid%20Updated%20Sana-MZ%20(1).pdf)  
<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/512361590654194774/environmental-and-social-management-framework>

### 1.3.3 Review of Relevant Legislation, Policies, and Guidelines

To determine the policy, legal and institutional environment for the additional component, the applicable policies, guidelines, and legislations concerning the project's environmental and social aspects were reviewed. As the expanded scope is to be implemented in additional districts of Khyber Pakhtunkhwa Province and funded by the World Bank, the following policies and legislations were reviewed:

- Policies and legislations of Government of Pakistan and Government of KP
- The World Bank Guidelines, Policies and Directives.

The existing ESMF has been updated following the requirements defined in the WB environmental assessment policy OP/BP 4.01, Involuntary Resettlement Policy OP/BP 4.12 and Indigenous People Policy OP/BP 4.10. The above legislations, regulations, and framework were studied to determine their relevance and applicability to the expanded work, in addition to determining and specifying actions to be taken by the project proponents/ implementing agencies to fulfil the associated requirements. Further details of these legislations, regulations, and framework are presented later in the document.

### 1.3.4 Review of Secondary Literature

Under this task, relevant published and unpublished reports and documents were identified and reviewed. These include among others similar environmental assessment reports particularly of donor-funded projects, project documents, environmental and social management frameworks, environmental monitoring reports, news articles, and research reports. The primary objective of this task was to determine the potentially negative environmental as well as social impacts of the similar projects and the associated mitigation/management strategies that were proposed to address those impacts. Secondary data was also collected where applicable to obtain baseline conditions of the additional districts and its surroundings.

### 1.3.5 Scoping

During this phase, key information on the project was reviewed and interaction between its activities and key environmental resources charted out. A list of the potential environmental as well as social issues likely to arise because of the restructuring was thus developed. Subsequently, the significant potential impacts were short listed, screening out the non-relevant and or insignificant impacts, based upon their nature and severity. Furthermore, the area of influence of the activities was determined to the extent possible at this stage. Thus, the sectorial as well as spatial boundaries of the project were determined for the purpose of the environmental and social assessment.

### 1.3.6 Stakeholder Engagement

The communities and relevant stakeholders within and around the project area were consulted during the fieldwork. On health side, collectively 4 consultation meetings were held in which 2 consultation meetings with primary healthcare management committees (PCMCs), and community members conducted at flood affected healthcare facilities and two with female visitors (sitting at the waiting area for medical check-up) to both the healthcare facilities were consulted on December 14<sup>th</sup>, 2022. In these consultation meetings, a total 46 participants including 27 males and 19 females attended.

Similarly, on the education side, collectively a total of 10 consultations were held with primary stakeholders including teachers, PTC members and surrounding community representatives. Out of 10

consultations, 4 and 6 consultation meetings were conducted in district Charsadda and Peshawar respectively. In district Charsadda, consultation meetings were conducted on December 13<sup>th</sup>, 2022, while in district Peshawar, consultations were held from May 30<sup>th</sup> to 31<sup>st</sup> 2023 & on June 1<sup>st</sup>, 2023. In these consultations, collectively, a total 108 males and 36 females participated.

Additionally, a total 9 consultations were conducted with secondary stakeholders from December 21<sup>st</sup> to 22<sup>nd</sup> 2022 in district Charsadda and Peshawar. All the 9 consultation meetings were individual i.e., with officials of Education, Health, and C&W departments.

Additionally, during the preparation of IPP, in district Lower Chitral, a total of 7 FGDs/ consultation meetings and 9 Key Informant Interviews (KIIs) were held with the local communities including both kalasha and Muslim Sheikh People in which a total of 98 persons participated. Details of consultations of IPP provided in chapter 9. The objectives of the consultation were to brief the community about the planned development and to note down their views and concerns regarding social and environmental impacts due to the civil works during rehabilitation, reconstruction and construction and operation phases. Consultations with relevant institutional stakeholders were conducted to understand institutional arrangements for updated ESMF, mechanisms to be adapted for monitoring environmental and social safeguards, grievance and redressal, and resettlement policies.

### **1.3.7 Collection of Baseline Data**

During this phase, baseline data was collected and compiled, to develop an initial baseline of the project area's physical, biological, and socio-economic environment. For this purpose, mostly secondary sources were used to the extent possible. All information/data relating to baseline situation natural conditions bio-physical and social environment about the additional districts 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 additional component under restructuring.

### **1.3.8 Impact Assessment**

Once the baseline data collection was completed, impact assessment was carried out to identify potentially negative but generic impacts of the proposed activities under the project. Subsequently, generic mitigation measures were identified to address these potential impacts. Site- and sub-project-specific impact assessment will be carried out as part of the environmental and social assessment of individual sub-projects to be undertaken. The project team visited Swabi, D.I. Khan, Abbottabad, and Peshawar and Charsadda districts during the upgradation of this ESMF. In addition to the above, screening criteria were developed to determine the extent of environmental and social assessment to be carried out for each individual sub-project. Generally medium size sub-projects with less significant impacts will require an environmental and social management plan (ESMP) to be prepared, whereas smaller sub-projects with insignificant impacts will require only mitigation checklists to be filled.

### **1.3.9 ESMF Compilation**

During this task, the process and outcome of the tasks described above was compiled in the form of the updated environmental and social management framework (ESMF). The updated ESMF provides a framework for implementing and managing the mitigation and monitoring measures associated with expanded scope of work.

## **1.4 Structure of the Report**

The ESMF consists of 14 chapters. **chapter 1** briefly describes background information about the socio-economic and environmental conditions of additional districts and the need for updating 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 associated with additional component; **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 additional districts ; **chapter 5** presents results of institutional and community consultations conducted for updating 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 (RFP), **chapter 9** outlines Indigenous People Framework **chapter 10** provides outline of the environmental and health care waste management framework along with compliance criteria and monitoring requirements; **chapter 11** 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 **Chapter 12** elaborates the Citizen Engagement (CE) including Grievance Redress Mechanism (GRM) for stakeholders and communities; **Chapter 13** provides the implementation budget for ESMF; and finally, **Chapter 14** defines disclosure requirements. **Chapter 15** encloses annexures referred to in this document.

## 2. REVIEW OF POLICY, LEGAL AND REGULATORY FRAMEWORK IN KP

This chapter outlines the institutional set-up for environmental and social management and discusses policy, and administrative framework relevant to the environmental and social assessment of the proposed activities under additional component 4. The key applicable national & provincial laws and regulations<sup>8</sup>, NEQs<sup>9</sup> and applicable World Bank Policies and related guidelines will be complied for both original scope as well as additional civil works. Details of the same are provided in the original ESMF document (reference provided in the previous chapter). For component 4 activities in kalash area of district Chitral, WB Policy on indigenous people, OP/BO 4.10 also triggered. Moreover, the recently approved Khyber Pakhtunkhwa occupational safety and health Act 2022 will also be complied with. Details of the additional policies and acts are provided in table 2.1 below.

### 2.1 Provincial Laws and Regulations

The additional relevant provincial laws and regulations related to restructuring are explained in **Table 2.1**.

**Table 2.1: Relevant Environmental and Social Legislation at Provincial Level**

Title and Description	Relevance
<p><b>Khyber Pakhtunkhwa Occupational Safety and Health Act, 2022</b></p> <p>The act mentions health and safety requirements which need to be ensured to be complied by the employer/site in charge and the workers<sup>10</sup></p>	<p>Under the KP Occupational Safety and Health Act 2022, the contractor would be responsible to ensure the health and safety of the workers at workplaces (construction sites). The construction sites are also considered workplaces under the act.</p>

### 2.2 WB Operational Policies

The objective of the World Bank's environmental and social safeguard policies is to prevent and mitigate undue harm to people and their environment in the development process. These policies provide guidelines for the bank and borrowers in the identification, preparation, and implementation of programs and projects. The relevant additional WB operational policies applicable to restructuring is summarized in **Table 2.2**.

**Table 2.2: Relevant WB Operational Polices**

World Bank Operational Policies	Relevance
<p><b>Indigenous People (OP 4.10)</b></p> <p>For purposes of this policy, the term “Indigenous Peoples” is used in a generic sense to refer to a distinct, vulnerable, social, and cultural group possessing special distinct characteristics in varying degrees. This OP defines the process tube followed if the project affects the indigenous people.</p>	<p>The Kalash people are recognized as IPs under this policy and are living in the district Chitral which is included in expanded scope of work, as identified under OP 4.10. Therefore, this OP is Applicable.</p>

<sup>8</sup>[https://mocc.gov.pk/SiteImage/Misc/files/Pakistan%20Environmental%20Protection%20Agency%20\(Review%20of%20IEE%20EIA\)%20Regulations%202000.pdf](https://mocc.gov.pk/SiteImage/Misc/files/Pakistan%20Environmental%20Protection%20Agency%20(Review%20of%20IEE%20EIA)%20Regulations%202000.pdf)

<sup>9</sup>[http://kpcode.kp.gov.pk/uploads/National\\_Environmental\\_Quality\\_Standards\\_\(Certification\\_of\\_Environmental\\_Laboratories\)\\_Regulations\\_2000.pdf](http://kpcode.kp.gov.pk/uploads/National_Environmental_Quality_Standards_(Certification_of_Environmental_Laboratories)_Regulations_2000.pdf)

<sup>10</sup> (<https://www.pakp.gov.pk/acts/the-khyber-pakhtunkhwa-occupational-safety-and-health-act2022/>)

### 3. PROJECT DESCRIPTION<sup>11</sup>

#### DESCRIPTION OF PROPOSED CHANGES

##### A. Elements to the Restructuring

1. The following changes are being introduced as part of the restructuring:
  - a. A flood response component is being introduced for activities in the districts that were added to project scope at government request after the floods.
  - b. Activities under the original project design are being expanded to allow for reconstruction – which was not previously included.
  - c. The inclusion of the flood response component has led to the triggering of OP 4.10 as some flood damage is in a district that is home to an indigenous group – the Kalash.
  - d. A Contingent Emergency Response Component is being included for any future emergencies.
  - e. Some activities are being removed as they are no longer relevant to the PDO
  - f. There are changes to the results framework given a-e above as well as changes in data sources and some definitions.
  
2. **The first element is to create a new component focused on flood relief and rehabilitation activities using grant funds of SDR 18,518,519<sup>12</sup> (US\$29.024 million equivalent – consisting of US\$18.964 million reallocated from the education component (Component 2) and US\$10.06 million from the health component (Component 1)).** For the remainder of the restructuring paper, this component will be referred to as “Component 4”. Component 4 will be divided into two sub-components: Sub-component 4.1: Health flood response, recovery, and reconstruction plan (US\$10M) and Sub-component 4.2: Education flood response plan (US\$15M).
  
3. The original three components will stay focused on the four districts originally included in the project design – Peshawar, Haripur, Nowshera and Swabi. Component 4 will repair and reconstruct damaged health and education facilities, including major civil works activities for post-flood reconstruction and rehabilitation. This component will undertake activities in the original districts as well as the expanded list of districts which have been requested by the GoKP and the Government of Pakistan. The Project Steering Committee has defined the delivery mechanism for Component 4 and the roles of the line departments (Education, Health, & C&W) and PMUs (Education and Health). The GoKP is interested in fast-tracking flood response to maximize relief and recovery following the emergency, and thus it has been kept as a separate component which helps to prioritize it, closely monitor its delivery, and make catch-up plans. The services of the Communication & Works (C&W) Department of GoKP will provide technical assistance for targeted schools rehabilitation including procurements, supervision, and certification of contractors’ bills, but no funds will flow to the C&W department and instead the payments will be processed by the PMU against verified bills submitted by the C&W. Any additional support in terms of specialized human resource will be provided by the PMU-KPHCIP.
  - a. **Sub-component 4.1: Health flood response, recovery, and reconstruction plan.** Approximately US\$10.06M will be spent on refurbishment/rehabilitation and reconstruction, and operationalization of fully and partially damaged basic health infrastructure in 20 districts (which 16 newly added flood-affected districts and the original 4 districts which are also flood-affected) across the KP Province. In addition, this component will involve procurement of furniture, medical equipment, and medication for the facilities that are rebuilt/renovated. The design and supervision of the renovation and construction works will be carried out by consultants and the construction works will be carried out by private contractors. According to surveys conducted by the GoKP, a total of 158 health facilities are damaged in the flood affected

<sup>11</sup> Source: PAD

<sup>12</sup> Using the April 30 exchange rate on Client connection.

districts, consisting of 15 completely damaged and 143 partially damaged. In the first year following restructuring (henceforth referred to as Year 1), the project intends to rehabilitate/reconstruct 79 (50 percent) of the floods affected health facilities in the 20 selected districts. The activities will be supported by the recruitment of surge human resources to the PMU for implementation in the 20 districts. In these districts there are 182,218 (as of December 2022) UNHCR-registered refugees. The key project activities will ensure access and quality of health services and basic health infrastructure to the refugees and host communities.

- b. **Sub-component 4.2: Education flood response plan.** A total of US\$18.964 million will be spent on the rehabilitation and reconstruction of education facilities in the flood-affected districts. The majority of the prioritized schools are primary schools (n=966), followed by middle schools (n=85), high schools (n=85), and higher secondary schools (n=29). This component will be delivered on a fast-track basis and completed by June 2024. Teaching and learning materials, equipment and supplies for labs where required will be provided by GoKP from its Annual Development Plan. To fast track the floods delivery, C&W, E&SED and PMU Education would work together to expedite floods education delivery. In addition, in areas where rehabilitation and reconstruction work are underway, schools will be provided school-in-box kits to ensure continuity of teaching and learning.

4. **The second element is regarding Component 1, Sub-component 1.1:** Improving delivery of quality primary health care services SDR 45,333,333 (US\$63.552 million equivalent), where due to the findings of the Health Facility Assessment (completed) and Climate Resilient Health Facility Infrastructure Guidelines under development, and the reconstruction and rehabilitation of health facilities in flood affected areas, the project interventions will include major civil works. The project will also support the provision of essential health equipments, ambulances, essential medicines and health products, family planning commodities and nutrition supplements, and supplies to support delivery of primary health services at basic health units and rural health centres, and Category C and D hospitals.

5. **The third element involves the triggering of OP4.10.** An Indigenous People's Plan (IPP) has been prepared to ensure that Indigenous Peoples are informed, meaningfully consulted, and mobilized to participate in the identification, planning, implementation and monitoring of subprojects to be supported by KPHCIP. By doing so, benefits may be shared with them in greater certainty and/or protection from any potential adverse impacts of subprojects to be financed by the Project may be mitigated if not fully avoided. Since restructuring work will be undertaken in health facilities in Kalash areas of Chitral, the PMU has prepared an IPP prior to start of construction or renovation. The main issue is clarity of land ownership/use of the site, and that prior informed consultations with Kalash are conducted in their language, proper documentation of their agreement about civil works, labour and labour behaviour if local labour is not used (though here it should be absolutely encouraged that local Kalash labour be used, or local Chitrali labour be used as they are more aware of Kalash customs/norms), and use of traditional Kalash decision making and dispute resolution forums as Grievance Redress Mechanisms. The IPP was disclosed on the Bank website on 18 January 2024.

6. **The fourth element of the restructuring is the inclusion of a Contingent Emergency Response Component (CERC) with zero allocation – component 5.** This component will be available to the Borrower to gain quick access to Bank financing to respond to an eligible crisis or emergency that may arise during the remaining life of the project. As part of a comprehensive disaster risk management strategy, the CERC typically provides support for immediate rehabilitation and reconstruction needs.

7. **The fifth element involves the removal of some activities that have either been completed under other government- or donor-funded initiatives or are no longer relevant to the PDO.** These are:

A. Parent Teacher Council (PTC) grants have been dropped as unutilized funds via PTCs cannot be reclaimed under current funds management protocols.

b. Public - Private Partnerships are being dropped as this is being pursued by the E&SED department under a different project and would lead to duplication.

c. Repairs to Sub-District Education Official (SDEO) offices are no longer being pursued as they typically co-locate with schools.

d. Support to the e-bidding of C&W is being dropped as this was completed already under a different initiative.

e. Health Innovation and Health Promotion Grants (Component 3) will be removed. Instead, the project will support health promotion and innovative interventions at schools.

**8. The sixth element of the restructuring includes several changes to the Results Framework.**

These include updates to baseline and end line results for the original components as well as new intermediate results indicators (IRIs) for the newly added component 4. Changes to the PDO indicators and IRIs for components 1-3 have been necessitated due to a confluence of the following factors: (a) Targets for year 1 and year 2 were not achieved for any PDO or Intermediate Results Indicators due to delays in initial project effectiveness, delays in PMU staffing and slow implementation progress; (b) COVID-19 disrupted access to services and thus there are discrepancies between projections included at the time of project design and actual data; (c) some indicators are not feasible as originally envisioned and are therefore being revised.

9. As a result, all 5 PDO indicators have been revised as have 9 IRIs.<sup>13</sup> 4 new IRIs have been introduced under components 1 – 3. 9 IRIs have been dropped for components 1 -3 to reflect activities that are no longer being undertaken. 5 new IRIs have been introduced for component 4. Overall, the number of indicators in the RF has not changed. See Table 1 for changes and justification to PDO indicators. Changes to IRIs are in the Annex.

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<sup>13</sup> Revisions are mostly to the baselines, intermediate or end targets. In a handful of instances, the units of measure have been changed from percentage to number where data on the denominators has proven difficult to identify. The one exception is the indicator on children's literacy. Due to changes in the frequency with which the provincial assessment has been carried out since the project was designed, this indicator will be collected by the project using a sample of project schools rather than using the provincial assessment for project districts.



## 4. ENVIRONMENTAL AND SOCIAL BASELINE OF ADDITIONAL DISTRICTS

### 4.1 Project Area

Khyber Pakhtunkhwa (KP) spread over 101,741 Km<sup>2</sup> 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.<sup>14</sup> 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.<sup>15</sup> The reconstruction and rehabilitation civil works is to be implemented in 17 additional districts in health component and 13 additional districts under education component. Environmental & Social baseline of the original project districts is provided in original ESMF (reference given in previous chapter). However, baseline of additional flood districts is added as below.

#### 4.1.1 District Dir Lower & Upper:

It is located between 34° 22' and 35° 50' north latitudes and 71° 02' and 72° 32' east longitudes. This district is situated in the northern part of Pakistan. It borders Chitral district and Afghanistan on the north and northwest and Swat district to the east, and on the south by Lower Dir district<sup>16</sup>

#### 4.1.2 District Charsadda:

The district lies between 34-03' and 34-38' north latitudes and 71-28' and 71-53' east longitudes. Charsadda is located in the west of the Khyber Pakhtunkhwa and is bounded by Malakand district to the north, Mardan district to the east, Nowshera and Peshawar districts to the south and Mohmand district to the west. The district covers an area of 996 square kilometers.<sup>17</sup>

#### 4.1.3 District Abbottabad:

Abbottabad district is located between 33° 50' to 34° 23' north latitudes, and 72° 35' to 73° 31' east longitudes. It is bounded by Mansehra district on the north, Haripur district on the west and southwest, Muzaffarabad district of Azad Jammu and Kashmir on the east, Rawalpindi district on the south, and Islamabad on the southeast.<sup>18</sup>

#### 4.1.4 District Lakki Marwat:

The district lies between 32° 17' to 32° 53' north latitudes and 70° 04' to 71° 16' east longitudes. The district is in the southern part of Khyber Pakhtunkhwa. It borders Karak, Bannu and South Waziristan districts to the north, Tank district to the west, Dera Ismail Khan district to the south, and Mianwali district of Punjab to the west. <sup>19</sup> Total area of the district is 3,296 km<sup>2</sup> (1,273 sq. mi).

<sup>14</sup> Computed from [http://www.pbscensus.gov.pk/sites/default/files/DISTRICT\\_WISE\\_CENSUS\\_RESULTS\\_CENSUS\\_2017.pdf](http://www.pbscensus.gov.pk/sites/default/files/DISTRICT_WISE_CENSUS_RESULTS_CENSUS_2017.pdf)

<sup>15</sup> Planning and Development Department of Khyber Pakhtunkhwa

<sup>16</sup> 1998 District Census report of Upper Dir. Census publication. Vol. 104. Islamabad: Population Census Organization, Statistics Division, Government of Pakistan. 2000

<sup>17</sup> 1998 District census report of Charsadda. Census publication. Vol. 68. Islamabad: Population Census Organization, Statistics Division, Government of Pakistan. 2000

<sup>18</sup> "District Wise Results / Tables (Census - 2017)". [www.pbscensus.gov.pk](http://www.pbscensus.gov.pk). Pakistan Bureau of Statistics.

<sup>19</sup> 1998 District Census Report of Lakki Marwat, Population Census Organization, Statistics Division, Government of Pakistan, Islamabad, 2000 Pg 23

#### 4.1.5 District DI Khan:

Dera Ismail Khan is the southern-most district of Khyber Pakhtunkhwa and is located between 31° 15' to 32° 32' north latitudes and 69° 55' to 71° 22' east longitudes. It is bounded on the north by Tank and Lakki Marwat districts, on the east by Mianwali and Bhakkar districts (Punjab), on the south by Dera Ghazi Khan District (Punjab) and on the west by Zhob district of Baluchistan. The district has an area of 9,334 km<sup>2</sup> (3,604 sq. mi).<sup>20</sup>

#### 4.1.6 District Upper & Lower Chitral:

Chitral district lies between 35° 13' to 36° 55' north latitudes and 71° 12' to 73° 53' east longitudes. Situated in the extreme northeast of Pakistan and Khyber Pakhtunkhwa province, the district is bordered by Afghanistan in the north and west, and the narrow Afghan Wakhan Corridor separates it from Tajikistan. On its south is the Upper Dir district as well as the Kunar province of Afghanistan, and on the district's east is the Ghizer district of the Northern Areas (Gilgit-Baltistan) and Swat district. The district is situated on the Chitral River covering an area of 14,850 km. Total area of the district is 6,458 square km.

#### 4.1.7 District Swat:

Swat district is located at 34° 09' to 35° 56' north latitudes and 72° 07' to 73° 0' east longitudes. Swat's total area is 5,337 squares km. In terms of administrative divisions, Swat is surrounded by Chitral, Dir to the west, Gilgit-Baltistan to the north, and Kohistan, Buner and Shangla to the east and southeast, respectively. The total area of the district consists of 5,337 sq.km. The average elevation of Swat is 980 m (3,220 ft.), resulting in a considerably cooler and wetter climate compared to the rest of Pakistan. With lush forests, verdant alpine meadows, and snow-capped mountains, Swat is one of the country's most popular tourist destinations.<sup>21</sup>

#### 4.1.8 District Tank:

The district is located between 32°2' to 30° 40' north latitudes, and 70° 2' to 70° 37' east longitudes. It is bounded on the northeast by Lakki Marwat district, on the south by DI Khan district, and on the west by South Waziristan District (previously Agency). Total area is 2,900 sq.km.<sup>22</sup>

#### 4.1.9 District Karak:

The district is located between 70° 40' to 71° 30' north latitudes and 32° 48' to 33° 23' east longitudes. It is situated to the south of Kohat District and on the north side of Bannu and Lakki Marwat districts on the main Indus Highway between Peshawar and Karachi. It is 123 km from the provincial capital Peshawar. The district area is 1,234 sq.km.<sup>23</sup>

#### 4.1.10 District Kohistan Lower, Upper & Kolai Palas:

The district lies between 34° 54' and 35° 52' north latitudes and 72° 43' and 73° 57' east longitudes. It is bounded on the north by the Diamer district of Gilgit-Baltistan, on the southeast by Mansehra district, while it shared its borders with Kaghan valley of the Mansehra district in the east, on the south by Battagram district and on the west by Shangla and Swat districts. Total area is 7,492 sq.km.

<sup>20</sup> Tolbort, T (1871). The District of Dera Ismail Khan, Trans-Indus. Books.google.com. Retrieved 12 December 2017.

<sup>21</sup> District Wise Results / Tables (Census - 2017)". [www.pbscensus.gov.pk](http://www.pbscensus.gov.pk). Pakistan Bureau of Statistics

<sup>22</sup> 1998 District Census report of Tank. Census publication. Vol. 84. Islamabad: Population Census Organization, Statistics Division, Government of Pakistan. 2000

<sup>23</sup> 1998 District Census report of Karak. Census publication. Vol. 97. Islamabad: Population Census Organization, Statistics Division, Government of Pakistan. 2000

#### 4.1.11 District Khurram Upper:

The district is located between 33° 20' and 34° 03' north latitudes, and 69° 50' and 70° 45' east longitudes. It lies between the Miranzai Valley. It is bordered by Afghanistan in the west and north (the provinces of Paktya and Ningarhar respectively), Orakzai and Khyber Tribal districts in the east, Hangu district in the southeast, and North Waziristan in the south. The area of the district is 3,380 sq.km.<sup>24</sup>

#### 4.1.12 District Shangla:

Shangla district is located between 34° 31' to 33° 08' north latitudes, and 72° 33' to 73° 01' east longitudes. Shangla district is bounded on the northeast by Battagram district, on the southeast by Kala Dhaka district, on the west by Swat district, on the south by Buner district, and on the north by Kohistan district. The area consists of 1,586 sq.km. <sup>25</sup>

### 4.2 Physical Environment

#### 4.2.1 District Dir Upper & Lower:

The topography of the districts is dominated by high mountains. The most important mountain range is the Hindu Raj. In winter, the whole area remains snow-covered. The mountains in the western part of the districts are covered with forests, while the eastern mountain range, Dir Kohistan, is barren. The districts have a humid sub-tropical climate. The summer season is moderate and warm. The mean maximum and minimum temperature during the month of June is about 33 °C and 16 °C respectively. The winter season is cold and severe. During this period the temperature generally falls below freezing point. The mean maximum and minimum temperature during the month of January is 11 °C and -2°C respectively. Mean average annual rainfall in the district is about 1,420 mm.<sup>26</sup> the main river of the district is Panjkora River (a tributary of River Swat). Some other lakes of the district include Kashora Dhand, Karth Banda, and Parhlo Banda. The air quality of the district is moderate which is acceptable and poses little health risks. The districts belong to zone 3 which is the moderate to severe damage zone. Since the district Lower Dir is mountainous, agriculture is practiced on valley slopes and terraces. The soil is mostly loamy sand, sandy loam, sandy clay, sandy clay loam, loam, and silt loam. The soil of the mountain areas consists of gravel with maximum sand content.

While the soils of the district Upper Dir are developed from materials derived from local weathering of bed rocks (residuum and colluviums) due to active erosion of the land surface by water. The soils are shallow, slightly gravelly loams/slit loams. Dir is underlain by metamorphic and igneous rocks. On gentle slopes, the soil is deep and rich due to an abundance of organic matter.

#### 4.2.2 District Charsadda:

Charsadda is known to be the most fertile land of the Khyber Pakhtunkhwa province. The fertile plain of Charsadda consists of alluvial deposits. Most of the plains are composed of light, porous sandy soil underneath which lies the sandy mixture of clay, often combined with beds of nodular limestone by gravel and sand. The climate of Charsadda district is extreme. The summer season starts in May and lasts till September. June is the hottest month and is very dry. The average mean temperatures during this month are between 40 °C (maximum) and 26 °C (minimum). Winter lasts from December to February, when the mean annual temperatures are 18 °C (maximum) and 4 °C (minimum). The average winter rainfall is higher than the summer. The mean annual rainfall in the district is 400 mm.<sup>27</sup> there are 3 major rivers flowing in the district: river Kabul, Swat River and Kalpani River. The district belongs

<sup>24</sup> District Wise Results / Tables (Census - 2017)". [www.pbscensus.gov.pk](http://www.pbscensus.gov.pk). Pakistan Bureau of Statistics

<sup>25</sup> District Wise Results / Tables (Census - 2017)". [www.pbscensus.gov.pk](http://www.pbscensus.gov.pk). Pakistan Bureau of Statistics.

<sup>26</sup> <https://pakistanalmanac.com/kp-upperdir/#1633497087354-b3c63ef2-64a3>

<sup>27</sup> <https://pakistanalmanac.com/kp-charsadda/>

to zone 2B of the seismic zone map of Pakistan which means minor to moderate damage due to earthquakes. The ambient air quality of the district is moderate.

The fertile plain of Charsadda consists of alluvial deposits. Most of the plains are composed of light, porous sandy soil underneath which lies the sandy mixture of clay, often combined with beds of nodular limestone by gravel and sand.

#### **4.2.3 Districts Abbottabad, Swat & Shangla:**

The districts are in a predominantly mountainous tract. The average elevation of the peaks in the districts ranges from 2,500 m to 2,700 m. The districts fall in the temperate zone in the northern mountainous ranges; the weather here is affected by all the climatic factors including latitude, altitude, and rain bearing winds (cyclones and monsoon winds). At higher altitudes, precipitation takes the form of snow. These rains are sometimes accompanied by hailstorms.<sup>28</sup> These districts belong to zone 3 of the seismic map. Abbottabad air quality remained unhealthy, and the air quality may cause the entire population to experience adverse effects while that of Swat and Shangla districts are moderate.

In Abbottabad, most of the soil of the district is grey in color (under moist forests), and coarse in texture. The soil is formed by snow deposits as well as water and sedimentary rock. Furthermore, the soils of Shangla and Swat have developed from re-deposited loess. The soil is very deep and silt-loam.

#### **4.2.4 Districts Lakki Marwat, DI Khan, Karak & Tank:**

The districts are a combination of hills and sandy plains. The hilly areas are mostly along the boundaries of the districts. The soil of the plain area is firm hard clay. After rains it becomes soft, tenacious mud. Soils are very deep, silty clays, or clay/clay loams. The region has all the characteristics of a desert climate due to its sand dunes, scorching heat, and dry weather. Summers are very hot, while winters are moderately cool. June is the hottest month, with a maximum temperature range of 42 °C to 45 °C and a minimum temperature range of about 27 °C to 30 °C. December, January, and February are the winter months. January is the coldest month. The mean maximum and minimum temperatures during this month are 20 °C and 4 °C respectively. Rainfall is very rare and sporadic, and generally occurs in July and August. Mean Average annual rainfall in the district is 270 mm.<sup>29</sup> Groundwater is a major source of potable water in all these districts. The district Lakki Marwat, Karak and Tank belongs to zone 2B which means minor to moderate damage due to earthquakes. Part of the district DI Khan belongs to zone 2A, and a part of it is in zone 2B, this means the district will suffer minor to moderate damage in case of an earthquake. The ambient air quality of the districts is moderate.

In the western portion of the district Lakki Marwat, the soil is fairly stiff clay, covered by a layer of stones at the foot of the hills. The whole district is intersected by numerous hill torrents and deep ravines. The general elevation of the plain area is about 200 to 300 m above sea level. The Lakki area is underlain by a thick blanket of alluvial plain which consists of unconsolidated, quaternary deposits of sand, silt, gravel, and clay.

Additionally, the soils of the district DI Khan can be broadly classified into sandy/loamy sand, loam/silty loam, and silty clay loam. The soil in most areas is a firm, hard clay called pat. Water does not easily penetrate it, but after continuous rains, it turns into a soft, tenacious mud. Piedmont deposits consist of gravel and boulders with clay that form the alluvial fans. District Karak is mainly silty loam, developed in sub-recent piedmont material, derived from the Sawalik rocks of the surrounding mountains. In district Tank, the soil of the plain area is firm hard clay. After rains it becomes soft, tenacious mud. The entire hilly area is interspersed with numerous hill torrents which originate from the eastern slopes of these hills. For the greater part of the year, these torrents are dry, but become roaring torrents after heavy rains, bringing down water with heavy silt, making numerous fan-like

<sup>28</sup> <https://pakistanalmanac.com/kp-swat/>

<sup>29</sup> <https://pakistanalmanac.com/kp-lakkimarwat/>

branches. The cultivable soils of the district developed either from sub-recent river plains or old piedmont plains. Soils are very deep, silty clays, or clay/clay loams.

#### **4.2.5 District Upper and Lower Chitral:**

The Chitral-Mastuj Valley, which is approximately 320 km long, is generally rough, rugged, and mountainous, and is surrounded by three of the highest mountain ranges in the world. To the west, bordering Afghanistan, is the Hindu Kush range; to the east is the Hindu Raj range, and in between is the Shandur-Karakoram range. The climate of Chitral is distinctly continental. It is hot in the summer, ranging from very hot in the lowlands, to warm in the uplands, and cool in the higher elevations. The extreme summer temperature recorded in Drosh is 37°C for the month of July, while in Chitral it is 36 °C for the same month. The summers at high altitude areas are cold and windy with extremely cold nights. Chitral district receives more rain in the winter than in the summer. Maximum rainfall is in the month of March. Average annual rainfall in the district is 442 mm.<sup>30</sup> vast glaciers from the highest peaks (7,690 meters) feed the Chitral River (known as Kunar River after it exits the district) and its tributaries, providing abundant water for irrigation. The district Chitral belongs to zone 4 of the seismic zone map of Pakistan, which means severe damage due to earthquakes.

The upper parts of mountain slopes in district Chitral have very shallow soils only in cracks and crevices. The lower parts of the mountain slopes have deep stony alluvial formed soils. In the valleys, mostly stony or gravelly soils formed in old river terraces or alluvial fans of streams flowing down the mountain slopes. Stony soils of the river terraces and alluvial fans have been cultivated at many places for a few centuries, and the addition of irrigation silt has greatly improved these soils. In addition, silty soils have formed in wind laid material, and loess are found.

#### **4.2.6 District Kohistan Lower, Upper and Kolai Palas:**

Kohistan is where the Karakorum, Hindu Kush, and the Himalayas meet, making it one of the unique mountain ecosystems of the world. The highest peaks of various spurs of the Hindu Kush Mountains, which separate Kohistan district from Swat district, are Falaksar at a height of 5,918 m and the Mankial Peak at 5,726 m. The climate of the district is warm in summer except in some high areas where summers are also cool and very cold in winter, when the temperatures fall below freezing, and there is heavy snowfall. The summer months are from May to September; winter starts in November and continues till March. The months of December, January, and February are very cold.<sup>31</sup> Part of the district Kohistan belongs to zone 3, which is moderate to severe damage due to earthquakes, but some parts are situated in zone 4 which is the severe damage zone. The 2005 earthquake caused tremendous damage in the district. Indus is the main river flowing through the center of the district. The air quality is moderate and generally clean due to forests and vegetation in the area.

The soil in Kohistan valleys is deep and clay, and shallow on mountain slopes. They are non-calcareous acid (pH 5.5-6.5) above 2,100 m altitude and calcareous at lower altitudes.

#### **4.2.7 District Khurram Upper:**

Upper Kurram is encircled by hills of varying sizes except where the Kurram River enters and leaves it. It is a wide-open valley, mostly comprised of the sloping plain formed by the debris from the southern face of the Sufaid Koh, which descends to the Kurram River and is intersected by numerous streams. In this plain/ plateau are located the towns of Parachinar, Shalozan, Kirman, and most of the principal villages of the ex-TD. Most of the northern part has a temperate climate cold and snowy in winter and warm in summer. In the south and southeast the altitude drops, and thus, in the Lower Kurram tehsil, the summers are hot, and winters are cold. In the eastern parts the summers are dry and hot, and the

<sup>30</sup> <https://pakistanalmanac.com/kp-chitral/>

<sup>31</sup> <https://pakistanalmanac.com/kp-kohistan/>

winters are dry and cold. The mean maximum and minimum temperatures for June, the hottest month, are 31 °C and 18.4 °C. The mean maximum and minimum temperatures for January, the coldest month, are 10 °C and -1.6 °C. The annual rainfall recorded at Parachinar is about 750 mm.<sup>32</sup> The River Kurram is the principal river while numerous streams and springs originate in the mountains and flow through the valley, most of which are intermittent, but some are perennial. The district belongs to zone 2B. The ambient air quality of the district is moderate.

The plains of district Kurram have hard and rocky soil, with a large component of grit and gravel. Terraced piedmont alluvium soils are medium and fine textured (loam and clay loam), deep calcareous, well drained, and slightly eroded.

### 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 4.1**). Peshawar, Nowshera, Charsadda and Swabi district comprise of central valley plain (Zone C), whereas Haripur, Abbottabad and Kohistan districts fall in sub humid eastern mountain zone (Zone B) while Shangla, Dir/Lower and Upper, Swat and Chitral falls in Higher northern mountains and northern mountains zone (Zone A). 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.<sup>33</sup>

**Table 4.1: Agro-Ecological Zones of Khyber Pakhtunkhwa**

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

### 4.4 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. There are 25 protected sites in project districts which include 9 wildlife parks, 23 game reserves, 40 community game reserves, 12 private games reserves and 2 unclassified and 1 wildlife sanctuary, covers an area of 886,083 ha. The interventions under additional component are not likely to be carried out in protected areas of Khyber Pakhtunkhwa and the civil works will be carried out in existing buildings, however management plan will be prepared if there is an indirect impact on any protected area.

<sup>32</sup> <https://pakistanalmanac.com/kp-kurram/>

<sup>33</sup> Environmental Protection Agency, Government of Khyber Pakhtunkhwa. (2016). *Khyber Pakhtunkhwa Climate Change Policy*.

## 4.5 Biological Environment

This section describes the biotic factors in the agro-ecological zones accordingly.

### 4.5.1 Flora

Zone – A has a multitude of flora including medicinal plants/herbs and dominated by oaks, consisting of brown oak (*Quercus semecarpifolia*), moru oak or tor bunj (*Quercus dilatata*), bull oak or bujrat (*Quercus lamellosa*), and silver, white oak or spin banj (*Quercus incana*), Indian horse chestnut (*Aesculus indica*), walnuts (*Juglans regia*), Asian hornbeam (*Carpinus viminea*), Indian alder (*Alnus nepalensis*), and several maple (*Acer*) species.

The prominent flora of Zone – B includes Maple (*acer*), pine (*pinus*), poplar (*populas*), kail or blue pine (*Pinus wallichiana*), spruce (*picea*), fir (*abies*), deodar (*Cedrus deodara*), oak (*Quercus*), elm (*Ulmas*), yew (*taxus*), and horse chestnut (*Aesculus hippocastanum*) are the major tree species of Ayubia National Park as well as other parts of the district. Other common flora includes phulai (*Acacia modesta*), pipal (*Ficus religiosa*), walnut (*Juglons regia*), dhareek or bakain (*Melia azardarach*), sumbul or silk cotton (*Salmalia malabarica*), shisham (*Dalbergio sissoo*), sanatha (*Dodonaea viscosa*), kau (*Olea cuspidata*), kikar (*Acacia albida*), mulberry (*Morus Alba*), eucalyptus (*Eucalyptus camaldulensis*), and bamboo (*Bambusa arundinacea*).

The common flora of the Zone - C is paloosa or phulai (*Acacia modesta*), ber (*Zizyphus nummalaria*), wild olives or khoona (*Olea cuspidate*), hopbush or sanatha (*Dodonaea viscosa*), and gurgura (*Monothica buxifolia*), kikar (*Acacia nilotica*), falsa (*Grewia sp*), lovarr or gangu (*Grewia tenax*), peepal (*Ficus religeosa*), karir (*Capparis aphylla*), tylophora (*Tylophora hirsuta*).

Most common floral species grown in Zone - D include kikar (*Acacia*), eucalyptus, sirin (*Albizzia*), shisham (*Dalbergio sissoo*), khagal (*Tamarix aphylla*), sukh chain (*Pongamia glabra*), mazri (*Nannorhops ritchieana*), vann or pilu (*Salvadora oleoides*), karir (*Capparis decidua*), jand (*Prosopis cineraria*), mesquite (*Prosopis glandulosa*), ber (*Zizyphus nummularia*), and ber (*Zizyphus muritiana*).

### 4.5.2 Fauna

Fauna of Zone - A includes the snow leopard, Himalayan ibex, snow cock, and snow partridges. Mammalian fauna of lower altitudes include brown and black bear, musk deer, golden marmot, markhor, yellow-throated martin, grey langur, leopard, rhesus monkeys, Himalayan grey goral, markhor, pangolins, panther, fox, jungle cat, barking deer, wolves, hare, porcupines, wild boar, and hyenas.

Fauna of the Zone - B includes leopard, black bear, lions, wolf, chimpanzee, jackal, hare, Himalayan goral, barking deer, rabbits, wild boar, porcupines, mongoose, Kashmir hill fox, red flying squirrel, Himalayan palm civet, masked civet, and rhesus macaque.

In Zone – C some mammals found include red monkeys, foxes, jackals, porcupines, wild boars, wolves, grey gorals, common leopards, leopard cats, Himalayan lynx, pallas cat, Afghan ibex, straight-horned Kabul markhor, chinkara gazelle, spotted deer, hog deer, and black buck.

The Zone-D, being forest deprived, lacks mammalian wildlife. The mammals most found are the wolf and jackal, but many migratory birds pass through the zone. The Government of Pakistan has created a sanctuary for the threatened demoiselle crane, which also provides sanctuary to other migratory birds. These include heron, cranes, bustard, falcons, varieties of ducks (pochard, common tail, shell duck), bar headed goose, grey leg goose, and pelicans. Indigenous birds include various types of partridges.

Although the above-mentioned flora and fauna are present in the surroundings of the sub-projects however, no negative impact is anticipated during construction activities because the civil works will be undertaken in the existing education and health facilities.

#### 4.6 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.

#### 4.7 Demography and population

According to the national population census conducted in 2017-18, 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 4.2)

**Table 4.2 Demographic Statistics**<sup>34</sup>

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
Abbotabad	2.2	1,039,104	293,985	1,333,089
Dir Lower	3.71	903,301	44,100	947,401
Dir Upper	2.64	1,395,768	40,314	1,436,082
Charsadda	2.43	1,340,756	270,204	1,610,960
Lakki Marwat	3.3	812,886	89,252	902,138
DI Khan	3.45	1,333,376	360,218	1,693,594
Upper Chitral	1.8	169,297	0	169,297
Lower Chitral	1.8	228,548	49,780	278,328
Swat	3.2	1,612,803	695,821	2,308,624
Tank	2.1	379,980	47,064	427,044
Shangla	3.0	759,609	0	759,609
Karak	2.6	654,276	51,086	705,362
Kohistan Lower	2.7	202,502	0	202,502
Kohistan Upper	2.6	307,286	0	307,286
Kolai Palas	2.5	274,923	0	274,923
Khurram Upper	1.63	246,933	5,503	252,436
KP	2.89	24,793,737	5,729,634	30,523,371

<sup>34</sup>[https://kpbos.gov.pk/search/publication-detail?id=77http://www.pbs.gov.pk/sites/default/files/PAKISTAN%20TEHSIL%20WISE%20FOR%20WEB%20CENSUS\\_2017.pdf](https://kpbos.gov.pk/search/publication-detail?id=77http://www.pbs.gov.pk/sites/default/files/PAKISTAN%20TEHSIL%20WISE%20FOR%20WEB%20CENSUS_2017.pdf)



## 4.8 Health

The following table 4.3 shows the government health care institutions in additional districts as per KP development statistics 2021-22.<sup>35</sup>

**Table 4.3: District wise Government Health Care Institutions**

District/Tehsil	Hospitals		Dispensaries		R.H. Cs		T.B Clinics		MCH Centres	Sub-Health Centres	BHUs	Leprosy Clinics
	Nos.	Beds	Nos.	Beds	Nos.	Beds	Nos.	Beds				
Khyber Pakhtunkhwa	206	20,893	973	12	109	1,582	74	52	151	26	943	23
Abbottabad Distt:	7	1,356	44	0	6	92	1	0	2	1	54	1
Charsadda Distt:	5	640	7	0	3	42	0	0	1	0	44	0
Chitral Distt:	4	320	29	0	6	80	2	0	2	0	19	3
D.I.Khan Distt:	12	705	39	0	3	72	1	0	7	2	41	0
Haripur Distt:	10	723	11	0	5	54	1	0	2	6	40	1
Karak Distt:	9	590	3	0	4	32	1	0	2	0	19	0
Kohat Distt:	7	520	17	0	4	88	1	0	2	3	29	0
Kohistan Distt:	0	0	4	0	4	32	1	0	0	0	33	2
Lakki Distt:	5	466	19	0	4	56	8	0	2	2	30	0
Lower Dir Distt:	7	762	19	0	4	84	1	0	7	2	31	2
Nowshera Distt:	9	1,024	14	12	5	70	1	0	2	0	29	0
Nowshera	9	1,024	14	12	5	70	1	0	2	0	29	0
Peshawar Distt:	22	5,292	45	0	4	38	5	52	5	0	54	0
Shangla Distt:	4	430	12	0	1	12	5	0	1	0	19	0
Swabi Distt:	7	670	10	0	8	160	2	0	3	0	35	1
Swat Distt:	10	847	20	0	3	44	1	0	3	0	41	3
Tank Distt:	5	198	48	0	3	54	4	0	1	2	23	0
Upper Dir Distt:	5	488	11	0	4	80	1	0	1	3	30	3

## 4.9 Education

The following table shows Gross Enrolment Ratios in Govt., Non-Govt., and Deeni Madaris Institutions in project districts.

<sup>35</sup> /

Table 4.4: Gross Enrolment Ratios in Govt., Non-Govt., and Deeni Madaris Institutions

Year 2020-21	Govt. Schools			Private Schools			Deeni Madaris			Govt., Private, Deeni Madaris			Population (5-9) Years			Govt. Schools (GER)			Pvt. Schools (GER)			Deeni Madaris (GER)			Govt., Private, Deeni Madaris (GER)			
	Enrol. (Prep to V)			Enrol. (Prep to V)			Enrol.			Enrol. (Prep to V)																		
Districts	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
ABBOTTABAD	56326	55504	111830	60473	46881	107246	2078	1041	3119	118877	103426	222303	113852	102198	216050	49.47%	54.31%	51.76%	53.12%	45.87%	49.64%	1.99%	1.07%	1.55%	104.41%	101.20%	102.89%	
CHARSADDA	85447	85046	170493	69779	32382	102174	2123	1057	3180	157349	118485	275834	154872	146036	300908	55.17%	58.24%	56.66%	45.06%	22.17%	33.96%	1.22%	0.67%	0.96%	101.60%	81.13%	91.67%	
CHITRAL	23572	22936	46508	18665	13723	32359	2642	2795	5438	44880	39454	84334	41566	39970	81536	56.71%	57.38%	57.04%	44.91%	34.33%	39.69%	5.39%	6.02%	5.69%	107.97%	98.71%	103.43%	
D.I. KHAN	83495	74721	158216	61777	29153	90938	7057	88	7145	152330	103962	256292	163014	154632	317646	51.22%	48.32%	49.81%	37.90%	18.85%	28.63%	4.42%	0.06%	2.34%	93.45%	67.23%	80.68%	
DIR BALA	91408	68705	160113	10294	3620	13924	1162	386	1549	102864	72712	175576	97030	96115	193144	94.21%	71.48%	82.90%	10.61%	3.77%	7.21%	1.13%	0.40%	0.78%	106.01%	75.65%	90.90%	
DIR PAYAN	110347	102347	212694	43092	21780	64868	4947	759	5705	158386	124885	283271	158242	147718	305960	69.73%	69.29%	69.52%	27.23%	14.74%	21.20%	3.31%	0.55%	1.98%	100.09%	84.54%	92.58%	
HARIPUR	43879	43575	87454	48667	37885	86464	1213	359	1571	93758	81819	175577	80625	76991	157615	54.42%	56.60%	55.49%	60.36%	49.21%	54.86%	1.42%	0.44%	0.94%	116.29%	106.27%	111.40%	
KARAK	41437	41637	83074	34018	13335	47374	1787	306	2093	77241	55278	132519	71494	65182	136676	57.96%	63.88%	60.78%	47.58%	20.46%	34.66%	2.21%	0.41%	1.34%	108.04%	84.81%	96.96%	
KOLAI PALLAS																												
UPPER KOHISTAN	34309	13830	48139	3724	74	3809	402	17	419	38435	13921	52356	89221	68364	157585	38.45%	20.23%	30.55%	4.17%	0.11%	2.42%	0.45%	0.03%	0.27%	43.08%	20.36%	33.22%	
LOWER KOHISTAN																												
NEWSHERA	74276	72938	147214	60138	36018	96116	3862	1688	5550	138276	110644	248921	137250	130401	267651	54.12%	55.93%	55.00%	40.26%	25.78%	33.29%	2.81%	1.29%	2.07%	100.75%	84.85%	93.00%	
PESHAWAR	153163	144770	297933	236479	124832	361258	6339	1324	7663	395981	270926	666907	410403	391002	801405	37.32%	37.03%	37.18%	57.57%	32.71%	45.66%	1.54%	0.34%	0.96%	96.49%	69.29%	83.22%	

<b>SHANGLA</b>	61044	37170	98214	15839	3182	19050	3784	258	4043	80667	40610	121277	77232	72104	149336	79.04%	51.55%	65.77%	17.52%	3.83%	11.00%	4.90%	0.36%	2.71%	104.45%	56.32%	81.21%
<b>SWABI</b>	95659	90533	186192	70338	35862	106192	1949	620	2569	167945	127016	294961	150778	140555	291333	63.44%	64.41%	63.91%	38.50%	20.95%	30.06%	1.29%	0.44%	0.88%	111.39%	90.37%	101.25%
<b>SWAT</b>	129168	113650	242818	94041	36486	130589	6708	565	7272	229917	150701	380617	232786	220072	452859	55.49%	51.64%	53.62%	35.77%	14.99%	25.83%	2.88%	0.26%	1.61%	98.77%	68.48%	84.05%
<b>TANK</b>	18699	19159	37858	21559	3529	25132	1703	160	1862	41960	22847	64808	40171	36564	76735	46.55%	52.40%	49.34%	43.86%	8.14%	27.20%	4.24%	0.44%	2.43%	104.46%	62.49%	84.46%
<b>LAKKI</b>	54917	48204	103121	22274	5522	27830	4771	564	5335	81962	54290	136252	92227	85619	177847	59.55%	56.30%	57.98%	21.75%	5.91%	14.23%	5.17%	0.66%	3.00%	88.87%	63.41%	76.61%

Table 4.5: Net Enrolment Ratios in Govt., Private and Deeni Madaris Institutions Year 2020-21

	Govt. Schools			Private Schools			Deeni Madaris			Govt., Private, Deeni Madaris			Population (5-9) Years			Govt. Schools (NER)			Pvt. Schools (NER)			Deeni Madaris (NER)			Govt., Private, Deeni Madaris (NER)			
	Enrol. (Prep to V)			Enrol. (Prep to V)			Enrol.			Enrol. (Prep to V)																		
Districts	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
ABBOTTABAD	39236	38973	78209	46387	35624	82011	1727	866	2529	87350	75463	162814	113852	102198	216050	34.46%	38.13%	36.31%	40.74%	34.86%	37.96%	1.52%	0.85%	1.17%	76.72%	73.84%	75.36%	
CHARSADDA	62231	57539	119770	53526	24606	78132	1764	878	2578	117521	83023	200544	154872	146036	300908	40.18%	39.40%	36.38%	34.56%	16.85%	25.97%	1.14%	0.60%	0.86%	75.88%	56.85%	66.65%	
CHITRAL	18047	17077	35124	14317	10428	24745	2197	2323	4409	34560	29828	64389	41566	39970	81536	43.42%	42.72%	33.52%	34.44%	26.09%	30.35%	5.28%	5.81%	5.41%	83.15%	74.63%	78.97%	
D.I. KHAN	64639	50898	115537	47388	22153	69541	5866	73	5795	117893	73124	191017	163014	154632	317646	39.65%	32.92%	36.99%	29.07%	14.33%	21.89%	3.60%	0.05%	1.82%	72.32%	47.29%	60.14%	
DIR BALA	73011	56171	129182	7897	2752	10649	967	321	1256	81875	59244	141118	97030	96115	193144	75.25%	58.44%	61.47%	8.14%	2.86%	5.51%	1.00%	0.33%	0.65%	84.38%	61.64%	73.06%	
DIR PAYAN	97050	83927	180977	33054	16549	49603	4111	631	4626	134216	101107	235323	158242	147718	305960	61.33%	56.82%	54.15%	20.89%	11.20%	16.21%	2.60%	0.43%	1.51%	84.82%	68.45%	76.91%	
HARIPUR	30427	30631	61058	37331	28789	66121	1008	298	1274	68766	59718	128484	80625	76991	157615	37.74%	39.79%	34.25%	46.30%	37.39%	41.95%	1.25%	0.39%	0.81%	85.29%	77.57%	81.52%	
KARAK	33378	32108	65486	26094	10133	36227	1484	255	1698	60956	42497	103452	71494	65182	136676	46.69%	49.26%	40.94%	36.50%	15.55%	26.51%	2.08%	0.39%	1.24%	85.26%	65.20%	75.69%	
KOHAT	41206	32859	74065	41055	22821	63876	759	255	989	83019	55935	138954	92497	87131	179627	44.55%	37.71%	38.06%	44.39%	26.19%	35.56%	0.82%	0.29%	0.55%	89.75%	64.20%	77.36%	
KOLAI PALLAS																												
UPPER KOHISTAN	18456	6946	25402	2856	56	2912	322	14	327	21634	7016	28650	89221	68364	157585	20.69%	10.16%	16.12%	3.20%	0.08%	1.85%	0.36%	0.02%	0.21%	24.25%	10.26%	18.18%	
LOWER KOHISTAN																												
NOWSHERA	53849	48121	101970	46130	27368	73499	3132	3132	1370	103111	78621	181733	137250	130401	267651	39.23%	36.90%	38.10%	33.61%	20.99%	27.46%	2.28%	2.40%	0.51%	75.13%	60.29%	67.90%	
PESHAWAR	113161	93878	207039	181399	94857	276257	5140	5140	1074	299700	193875	493576	410403	391002	801405	27.57%	24.01%	25.83%	44.20%	24.26%	34.47%	1.25%	1.31%	0.13%	73.03%	49.58%	61.59%	

<b>SHANGLA</b>	47163	28795	75958	12150	2419	14568	3069	3069	210	62382	34283	96664	77232	72104	149336	61.07%	39.94%	50.86%	15.73%	3.35%	9.76%	3.97%	4.26%	0.14%	80.77%	47.55%	64.73%
<b>SWABI</b>	70592	63318	133910	53955	27251	81206	1580	1580	503	126127	92149	218276	150778	140555	291333	46.82%	45.05%	45.96%	35.78%	19.39%	27.87%	1.05%	1.12%	0.17%	83.65%	65.56%	74.92%
<b>SWAT</b>	93531	81881	175412	72137	27725	99862	5439	5439	458	171107	115045	286152	232786	220072	452859	40.18%	37.21%	38.73%	30.99%	12.60%	22.05%	2.34%	2.47%	0.10%	73.50%	52.28%	63.19%
<b>TANK</b>	15330	12856	28186	16537	2682	19219	1380	1380	130	33247	16918	50165	40171	36564	76735	38.16%	35.16%	36.73%	41.17%	7.33%	25.05%	3.44%	3.77%	0.17%	82.77%	46.27%	65.37%
<b>LAKKI</b>	45783	38855	84638	17086	4195	21281	3869	3869	458	66738	46919	113657	92227	85619	177847	49.64%	45.38%	47.59%	18.53%	4.90%	11.97%	4.20%	4.52%	0.26%	72.36%	54.80%	63.91%

**Table 4.6: Number of Government Primary Schools with and Without Basic Facilities**

District / Gender	Electricity		Water		Toilet		Boundary Wall	
	Without	With	Without	With	Without	With	With	Without
<b>Abbottabad</b>	252	1056	22	1286	64	1244	1117	191
Boys	151	597	16	732	44	704	623	125
Girls	101	459	6	554	20	540	494	66
<b>Charsadda</b>	12	919	2	929	1	930	924	7
Boys	3	480		483	1	482	478	5
Girls	9	439	2	446		448	446	2
<b>D.I. Khan</b>	84	1139	33	1190	26	1197	1171	52
Boys	68	693	33	728	24	737	712	49
Girls	16	446		462	2	460	459	3
<b>Dir Bala</b>	280	524	84	720	64	740	711	93
Boys	230	350	76	504	63	517	492	88
Girls	50	174	8	216	1	223	219	5
<b>Dir Payan</b>	45	1182	22	1205	30	1197	1149	78
Boys	36	718	20	734	29	725	695	59
Girls	9	464	2	471	1	472	454	19
<b>Haripur</b>	39	850	11	878	23	866	830	59
Boys	38	492	11	519	23	507	478	52
Girls	1	358		359		359	352	7
<b>Kolai Pallas</b>	179	3	100	82	91	91	91	91
Boys	136	2	74	64	72	66	69	69
Girls	43	1	26	18	19	25	22	22
<b>Lakki</b>	34	837	24	847	31	840	852	19
Boys	22	546	22	546	30	538	549	19
Girls	12	291	2	301	1	302	303	
<b>Lower Chitral</b>	54	287	23	318	49	292	272	69
Boys	45	199	21	223	49	195	180	64
Girls	9	88	2	95		97	92	5
<b>Lower Kohistan</b>	215	23	127	111	135	103	85	153
Boys	164	11	85	90	105	70	55	120
Girls	51	12	42	21	30	33	30	33
<b>Mansehra</b>	481	1266	85	1662	178	1569	1412	335
Boys	392	716	78	1030	160	948	828	280
Girls	89	550	7	632	18	621	584	55
<b>Nowshera</b>	11	764	4	771	2	773	771	4
Boys	4	409	1	412	1	412	411	2
Girls	7	355	3	359	1	361	360	2
<b>Peshawar</b>	25	1023	5	1043	11	1037	1044	4
Boys	16	577	2	591	10	583	589	4
Girls	9	446	3	452	1	454	455	
<b>Shangla</b>	216	384	66	534	72	528	455	145
Boys	185	244	51	378	65	364	312	117
Girls	31	140	15	156	7	164	143	28

<b>Swabi</b>	9	1001	7	1003	5	1005	973	37
Boys	6	564	7	563	5	565	535	35
Girls	3	437		440		440	438	2
<b>Swat</b>	166	1169	40	1295	44	1291	1264	71
Boys	108	704	23	789	35	777	764	48
Girls	58	465	17	506	9	514	500	23
<b>Tank</b>	27	334	5	356	11	350	351	10
Boys	27	183	5	205	11	199	201	9
Girls		151		151		151	150	1
<b>Upper Chitral</b>	77	192	13	256	15	254	229	40
Boys	57	131	11	177	15	173	151	37
Girls	20	61	2	79		81	78	3
<b>Upper Kohistan</b>	230	17	147	100	134	113	142	105
Boys	200	9	126	83	124	85	110	99
Girls	30	8	21	17	10	28	32	6

#### 4.10 Afghan Refugees

The Commissionerate 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.<sup>36</sup> 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 488,678 registered Afghan refugees in the project districts (Table 4.7).

**Table 4.7: Afghan PoR Cardholder Population by Districts and Refugee Villages (RV) in KP as of 30 September 2022**

District	Refugee Village Name	No. of Individuals
Peshawar	Khurasan	2,308
	Kababian	1,051
	Badaber	8,629
	Khazana	3,300
	Mera Kachori	7,386
	Naguman	2,409
	Shamshatoo	15,692
	Urban	173,044
	<b>Peshawar Sub – Total</b>	<b>213,819</b>
Nowshera	Akora Khattak	21,157
	Khairabad	16,663
	Turkmen	1,909
	Urban	38,809
	<b>Nowshera Total</b>	<b>78,538</b>
Haripur	Panian	46,653
	Basu Mera	4,684

<sup>36</sup> <https://data2.unhcr.org/en/country/pak#category-7>

	Padhana	8,088
	Urban	11,618
	<b>Haripur Sub-Total</b>	<b>71,043</b>
Swabi	Barakai	19,751
	Gandaf	17,219
	Urban	7,052
	<b>Swabi Total</b>	<b>44,022</b>
Lower Dir	Chakdara	13,653
	Timergara	10,974
	Toormang	2,177
	Urban	4,860
	<b>Lower Dir Total</b>	<b>31,664</b>
Charsadda	Utmanzai	3,353
	Munda	1,635
	Hajizai	1,904
	Urban	7,192
	<b>Charsadda Total</b>	<b>14,084</b>
Lakki Marwat	Gandhi Khan Khel	2,369
	Urban	4,466
	<b>Lakki Marwat Total</b>	<b>6,835</b>
D.I. Khan	Zafar Abad	1,626
	Urban	3,971
	<b>D.I. Khan Total</b>	<b>5,597</b>
Chitral	Kalakatak	1,237
	Urban	3,374
	<b>Chitral Total</b>	<b>4,611</b>
Upper Dir	Barawal	721
	Urban	1,213
	<b>Upper Dir Total</b>	<b>1,934</b>
Tank	Dabara	440
	Urban	60
	<b>Tank Total</b>	<b>500</b>
Abbottabad	Urban	14,107
Swat	Urban	1,924
Total Refugee Villages		216,988
Total Urban		271,690
<b>Grand Total</b>		<b>488,678</b>



## **5. STAKEHOLDER CONSULTATIONS**

### **5.1 Overview**

One of the key steps in the process of ESMF preparation and updating was stakeholder consultations which were held in all the four project districts and in district Charsadda and Peshawar (as a representative sample district among 9 additional districts for the Education component and 16 additional districts for the health component.)

### **5.2 Objectives of the Stakeholder Consultation**

- Share information about the Project including flood emergency response 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 as well as of the rehabilitation activities in flood emergency response activities.
- 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.

### **5.3 Stakeholder Identification**

The rehabilitation and reconstruction work will be conducted in the flood damaged schools and primary healthcare facilities. Considering planned civil works activities, the project identified individuals, groups, and other parties that would be directly or indirectly affected either positively or negatively. The impacted parties include local communities residing around schools or health centers, community members, schools' teachers (both male & female), health staff (both male and female) at health centers, school children, Afghan Refugees, religious minorities (if any resided in the project areas) and other parties that may be subject to direct impacts from the project and indigenous people of Bumburet in district Chitral. The stakeholder consultation focuses particularly on those directly affected, positively or adversely by the project activities. The secondary stakeholders were also consulted of the respective departments such as officials of District Education Office (DEO), officials of District Health Office, officials of District Communication and Works Department (XENs) and Environmental Protection Agency Officials (EPA)

### **5.4 Methodology Adopted for the Consultation**

In the flood affected district Charsadda and district Peshawar, consultation was conducted at the flood affected schools with the available members of PTCs and teachers in both boys' and girls' schools, PCMC members and para-medics staff in healthcare centres, community members including available Afghan refugees and other community members. For meetings with the secondary stakeholders, in the context of flood response, individual consultations were held with secondary stakeholders i.e., with District Education Officer (DEO), Assistant Sub-divisional District Education Officer (ASDEO) of education department and with District Health Officer (DHO), Doctors of the affected BHUs of health department and with XEN of Communication & Works (C&W) department at their respective offices.

The consultations were held on 21<sup>st</sup> and 22<sup>nd</sup> December 2022 in district Charsadda and from May 30<sup>th</sup> to June 2<sup>nd</sup>, 2023, in district Peshawar.

The methodology for consultations is mentioned below:

- a) Prepared questionnaire form
- b) Conduct consultations with community
- c) Individual interviews with of education and health and C&W department
- d) Collect sufficient information from discussion
- e) Assessed information collected from consultation.

During the meetings, the participants asked to discuss anticipated environmental and social project related issues may arise during rehabilitation or reconstruction of the damaged education and health facilities. The consultation meetings held in an open encouraging atmosphere where the participants expressed their concerns and views freely. The consultations were progressed in the manner as (i) a brief sub-project description was provided to the participants, (ii) participants were allowed to raise issues or concerns about the planned rehabilitation/ reconstruction work in the damaged education and Health facilities, and (iii) Questions were appropriately responded, and the raised issues/ concerns were documented. During consultations on education side, 108 males and 36 females participated. Similarly on Health side, 27 males and 19 females attended the consultation meetings. Details about the consultation meetings are provided in **Table 5.1 and 5.3**.

## **5.5 Consultation Process and Outcome**

### **5.5.1 Flood Emergency Response (Stakeholder Consultations)**

In view of the expanded scope of HCIP project intervention to additional 9 districts to the Education component and additional 16 districts to the health component. The scope was primarily stretched to these districts owing to the devastated heavy floods in August 2022 which apart from other damages to the existing infrastructure including roads, houses and bridges and crops also either partially or fully damaged the schools' buildings and health facilities in KP province. Resultant learning losses of the students and disrupted the provision of health facilities to the local communities in the flood affected facilities. The provincial government in the context of flood response requested for allocation of portion of funds from the HCIP project for the flood affected schools and health facilities. For the stakeholder consultations, district Charsadda and district Peshawar were selected as representative districts among the flood affected districts for holding additional stakeholder consultations. As the nature of damages to both the Health & Education facilities are more or less of the same nature and hence proposed rehabilitation and reconstruction of the existing damaged facilities, the consultations were held under the same objectives to be adopted for the normal four project districts.

### **5.5.2 Consultation Process and Outcome**

Key stakeholders consulted for the preparation and updating of this ESMF included Communities residing in the proposed project flood affected education/ health facilities/ areas; Districts Charsadda and Peshawar were selected as two of the representative sample districts among flood affected districts. In district Charsadda, a total 4 consultation meetings conducted on education side with teachers, PTCs and community members in the flood damaged schools (3 boys & 1 girl) and 4 consultation meetings conducted on Health side (at 4 floods damaged healthcare facilities) In these 8 consultations, a total of

109 participants attended the meetings. The number of participants in these sessions were 22, 33 and 17, 10, 16 and 11, 12 and 07 respectively. Besides, the female staff also visited the nearby houses located around the schools to meet females and get their feedback about the damaged schools, any negative effects on their children education due to flood damages and views about HCIP flood response activities. Similarly, in district Peshawar, a total 6 consultations (2 males and 4 females) were conducted with teachers and PTCs members in which a total 60 participants attended the meetings. Conversely, as sufficient feedback had already been collected from the institutional stakeholders therefore, only primary stakeholders i.e., teachers and PTCs were consulted. Table 5.1 and 5.3 provide the consultations held in schools and BHUs respectively.

## 5.6 Health

Separate consultation sessions were held with PCMCs members. Collectively 4 consultation meetings were carried out in which 2 consultation meetings with PCMCs, and community members conducted at flood affected BHUs in district Charsadda namely BHU Gulabad and BHU Kot and with female visitors (sitting at the waiting area for medical check-up) to both the BHUs were consulted on December 14<sup>th</sup>, 2022. In these consultation meetings, a total 46 participants including 27 males and 19 females attended. These consultations were conducted by using a consultation questionnaire including a few questions related to floods damages. At the end of each consultation session, participants were also given the option to provide their additional feedback which was accordingly noted down. In these two community consultation sessions and consultations with female (visitors to both the BHUs) focusing on the topic of health and intended flood intervention of the project were conducted. The details of consultations are provided in the following **Table 5.1**.

**Table 5.1: List of Communities Consulted for Health communities and PCMCs**

S.#	Stakeholder Interviewed/ Consulted	Date	No. of Participants	
			Male	Female
1	PCMC and community members, at BHU Gulabad, Charsadda	14-12-2022	16	-
2	PCMC and community members, at BHU Kot, Charsadda	14-12-2022	11	-
3	Individual consultation with female visitors to BHU Gulabad	14-12-2022	0	12
4	Individual consultation with female visitors to BHU Kot	14-12-2022	0	7
<b>Total</b>			<b>27</b>	<b>19</b>

The following **Table 5.2** summarizes the main concerns and viewpoints raised by the participants during the consultation sessions.

**Table5.2: Summary of Concerns Raised by the Primary Stakeholders of Health**

<b>S #</b>	<b>Concerns in brief</b>	<b>Concerns/ Issues Raised by Participants</b>	<b>Project Response</b>
1	Noise pollution	Rehabilitation work can be noisy and disruptive particularly for patients, which can cause discomfort and inconvenience to patients, staff, and even to nearby residents/ households.	In view of the nature of rehabilitation/ reconstruction work the chances of noise will be minimum. However, the contractor will be bound to avoid instances of disruptive noise. Additionally, he will be guided to do the off-loading material either manually or during off-timings of the healthcare facilities.
2	Dust and debris	Rehabilitation or reconstruction work can generate a dust and debris, which can be harmful to the health of patients and staff, especially those with respiratory problems.	The contractor will be bound to implement the measures in this regard by putting clause in his contract. These issues will be included in the ESMP, and the corresponding mitigation measures will be part of the C-ESMP.
3	Traffic and parking	Rehabilitation or reconstruction work can disrupt local traffic flow and parking arrangements inside the healthcare centers, leading to inconvenience and frustration for patients, staff, and visitors.	Special instructions will be given to the design consultant, who will then follow up with the contractor, to prevent creating such instances. If the disruption is inevitable, an alternate route will be offered, and the issue will be addressed in the construction management plan.
4	Safety hazards	Construction work can pose safety hazards for patients, staff, and visitors, such as tripping hazards, falling debris, and electrical hazards.	The contractor will be strictly bound to ensure the safety related matters. He will ensure the necessary arrangements at site.
5	Communication	Smooth communication between the healthcare facility and the community is essential to address concerns and keep everyone informed about the progress of the construction work.	Primarily, the PCMC members will ensure smooth communication between the healthcare staff and respective community during reconstruction/ rehabilitation work. Secondly, a GRM will be established to resolve work-related complaints.
6	Access to healthcare services	PCMC and community members of BHU Gulabad and BHU Kot and few female visitors reported that the Rehabilitation work may cause temporary disruption in access to healthcare services, which can be a major concern for patients and their families.	The contractor will be bound to ensure smooth access during construction work.

7	Removal of flood waste/ residual	The flood water carried a huge amount of debris/thick mud etc alongside, causing problems for the BHUs' staff, available PMCS's members, and local community members for 2 to 3 weeks. However, the residual debris/ dense mud was later removed from the health centres on a self-help basis via pushcarts.	The fact that there was flood waste and leftover for two to three weeks following the flood was terrible. However, the PCMCs and members of the local community will receive training in DRR, disease outbreak, and its management through HCIP flood response activities.
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## 5.7 Education

Ten Consultations on the education side were conducted by using a consultation questionnaire (Annexures 2 & 3). Out of total 10 consultations, 4 and 6 consultation meetings were conducted in district Charsadda and Peshawar respectively. In district Charsadda, consultation meetings were conducted on December 13<sup>th</sup>, 2022, while in district Peshawar, consultations were held from May 30<sup>th</sup> to 31<sup>st</sup> 2023 & on June 1<sup>st</sup>, 2023. In these consultations, collectively, a total 108 males and 36 females participated. **Table 5.3** provides details of the consultation meetings.

**Table 5.3: List of Stakeholders Consulted for Education (PTCs and Community members)**

S.#	Stakeholder Interviewed/ Consulted	District	Date	No. of Participants	
				Male	Female
1	Teachers & PTC members & community, at GHS Agra	Charsadda	13-12-2023	22	-
2	Teachers & PTC members & community, at GMS Shabara	Charsadda	13-12-2023	33	-
3	Teachers & PTC members & community, at GPS-Shahi Kulali Bala	Charsadda	13-12-2023	17	-
4	Teachers & PTC members & community, at GGPS Sokhta	Charsadda	13-12-2023	-	10
5	Teachers & PTC members, at GHS Mathra	Peshawar	30-05-2023	9	-
6	Teachers & PTC members, at GGPS Palosai Attozai	Peshawar	30-05-2023	-	8
7	Teachers & PTC members, at GGPS Shagai Bala No.2	Peshawar	31-05-2023	-	8
8	Teachers & PTC members, at GPS Ghari Sadu	Peshawar	31-05-2023	20	-
9	Teachers & PTC members, at GGPS Kaniza	Peshawar	01-06-2023	7	
10	Teachers & PTC members, at GGPS Pawaka	Peshawar	01-06-2023	-	10
<b>Total</b>				<b>108</b>	<b>36</b>

The following **Table 5.4** provides a summary of the key concerns, viewpoints, and opinions expressed by communities during consultations relating to education (flood response/rehabilitation & reconstruction work).

**Table 5.4: Summary of Consultations with Primary Stakeholders on Education**

<b>S #</b>	<b>Concerns of Participants</b>	<b>Project Response Including Mitigation Measures</b>
1	Contractors' works usually observed as of poor quality particularly in schools related construction/ rehabilitation	Strong supervision and monitoring will be in place to ensure quality rehabilitation work as per the given BOQ. PTC members will also be trained to help supervise the contractor's work on site. Moreover, the D&CSC staff and the project staff will also pay time to time monitoring visits to the sites.
2	May disturb the usual smooth movement of commuters in the respective streets/ locations towards the Masjid, school, and to the healthcare facilities.	The design consultant and contractor will receive specific instructions to prevent any disruption to the mentioned essential areas. If unavoidable, an alternative route will be designated to minimize the impact. The contractor will be bound to ensure the removal of any such impediments in access to these important areas.
3	The expected noise may create disturbance in studies while the dust emissions may cause health issues for staff, adjacently located households and particularly for the children/ students	The contractor will be bound to implement the measures in this regard by putting clause in his contract. These concerns will be included in the ESMP, and corresponding mitigation measures will be added accordingly.
4	The students will be exposed to any kind of danger during rehabilitation work including harassment.	The contractor will be strictly advised to fence the construction area. The PTCs will be instructed to take the responsibility of putting restrictions on children entering the construction sites. Additionally, the Labour will be strictly instructed and will not be allowed to contact students/ children.
5	In remotely located schools, purdah as well as mobility issue may create for the women	Priority of jobs will be given to local inhabitants to avoid/minimize this issue. Temporary purdah arrangements shall be carried out at construction sites in all schools.
6	The students and teachers will face limited mobility during school hours.	Through proper arrangements and management of construction activities the mobility of both students and teachers will be minimized. The contractor will be bound to fence the construction site and provide alternate
7	The contractor will bring his own laborers rather than hire locals and benefit the area.	The contractor will be contractually obligated to give priority to hiring local inhabitants and generate local employment opportunities.

S #	Concerns of Participants	Project Response Including Mitigation Measures
8	The concern department do not listen to complaints while sometime give response but too late	For the KPHCIP program, a well-organized multi-tier GRM has been established which will be functional during the contraction activities. The GRM related information will be shared with PTCs and community prior to commencement of rehabilitation works.
9	The construction material dumped in the streets may not block sidewalks and pedestrian passage.	The construction material will preferably be dumped inside the school premises in a safe place. If sidewalks are blocked and space is not available inside the school for storage, an alternative route shall be proposed and signs to allow pedestrians to change sidewalks.
10	Health and safety of the community children playing in streets as in rural areas there is no parks and playground hence used to play in streets. The access roads are also use by the schools' students therefore, children will be susceptible.	The construction material carrying vehicles will cause temporary interruption for relatively short period of time especially during pouring the material. So, the contractor will be bound to implement community health and safety mitigation measures.
11	Fear of blockage of small grey water channels adjacently located to schools due to construction waste	Proper solid waste management procedures for handling, storage, transport and disposal of the generated solid and liquid waste to the nearest legal/ designated waste dump will be followed.

## 5.8 Consultations with Secondary Stakeholders (Flood Response)

In view of the busy schedule of the secondary stakeholders at their respective departments particularly of the Education and Health department. In the context of flood response. A total 9 consultations were conducted from December 21<sup>st</sup> to 22<sup>nd</sup> 2022 in district Charsadda. in which 7 were, individual consultations i.e., with District Education Officer (DEO) or assistant sub-divisional district education officer (ASDEO) of education department and with District Health Officer (DHO), Doctors of the affected BHUs of health department and with XEN of communication & works (C&W) department at their respective offices. **Table 5.5** provides a list of secondary stakeholders consulted during the consultation process.

**Table 5.5: List of Secondary Stakeholders Consulted**

S.#	Name of Stakeholder/ Representative	Designation of Representative	Date of Consultation	Venue of Consultation	District
1	Abdul Malik	District Education Officer - Male	20 <sup>th</sup> Dec 2022	DEO Office	Charsadda
2	Misri Khan	Deputy District Education Officer - Male	20 <sup>th</sup> Dec 2022	ASDEO Office	Charsadda
3	Janas Khan	Ass; District Education Officer (Secondary Establishment) Male	20 <sup>th</sup> Dec 2022	DEO Office	Charsadda



4	Surayia Begum	District Education Officer - Female (Charsadda)	20 <sup>th</sup> Dec 2022	DEO Office	Charsadda
5	Dr. Farhad Khan	District Health Officer (DHO)	21 <sup>st</sup> Dec 2022	DHO Office	Charsadda
6	Dr. Faisal Nadeem	Medical Specialist	21 <sup>st</sup> Dec 2022	BHU Kot	Charsadda
7	Dr. Laila Sajjad	Medical Technician	21 <sup>st</sup> Dec 2022	BHU Gul Abad	Charsadda
8	Waseeu Allah	EPI Technician	21 <sup>st</sup> Dec 2022	BHU Gul Abad	Charsadda
9	Allah Nawaz	Executive Engineer (XEN)	21 <sup>st</sup> Dec 2022	XEN Office	Charsadda

During the individual consultations, the responses of the participants in the context of flood, were recorded accordingly. A summary of key issues/ concerns, opinions, and views shared by secondary stakeholders in health and education related consultations is presented in the given **Table 5.6**.

**Table 5.6: Summary of Consultations with Secondary Stakeholders**

S.#	Concerns Raised by the Stakeholder	Project Response
1	In the flood effected school, flood residual/ slag/mud etc was remained there in school/ classrooms for 10 – 15 days. After that, the PTCs and local community removed spent PKR 15 – 25 thousands either from the school annual funds or through self help basis. This also disrupted the educaiton activities almost for 20 to 30 days.	The PTCs of the flood affected schools will be trained in the areas of Disaster Risk Reduction (DRR), disease outbreak and its management.
2	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.	HCIP will try to conduct the suggested pattern of construction work where it is feasible. Further consultation will be held with the department and schools' administration regarding this work modality.
3	Construction activities will cause disturbance to the students and affect the learning and teaching activities.	Construction contractors will apply appropriate mitigation measures on site to minimize the disturbance issues. Proper E&S implementation plans will be prepared, and compliance will be ensured.
4	The contractor usually dumps the construction waste in the nearby functional grey water channels or even in the streets.	The contractor will be strictly instructed and bound contractor to ensure compliance in the regard.
5	Local laborers should be hired instead of non-local	The contractor will be contractually bound to prefer local inhabitants for both skilled and unskilled labour.
6	DEO & Deputy DEOs suggested that consultation shall be a regular process during all stages of the construction to solve any issues arising out of the civil works.	Consultation plan is already suggested in the ESMP. The suggested consultation plan will be implemented during all phases of construction.
7	Local norms should be respected by the contractor particularly in distantly located schools' areas, where female used to work in agriculture fields.	Firstly, the contractor will be bound to hire local laborers to combat this issue. Secondly, the appropriate mitigation measures will be

		included in the contractor's ESMP in compliance to concern.
8	To minimize the fraud, theft, and ensure quality work, Teachers are given trainings on how to resolve conflicts at site.	For KPHCIP program, a GRM has been introduced to deal with such type of complaints in a timely manner. So view of KPHCIP interventions (rehabilitaiton/ construction activities ) PTCs and local community people will be oriented about the GRM.
<b>Health Sessions</b>		
9	Construction work can generate noise and dust which can disrupt patient care, affect the well-being of patients and staff, and potentially impact the quality of healthcare services	These concerns will be included in the respective ESMP, and corresponding mitigation measures will be added accordingly. Additionally, the contractor will be bound to implement the measures in this regard by putting clause in his contract.
10	The presence of construction workers and equipment can raise security concerns if proper measures are not in place.	The contractor will be instructed to ensure the safety and security of the sites, staff, and visitors to the health facilities. This will be included in his contract and will also be a part of ESMP and his C-ESMP.
11	Dust and debris can spread pathogens/ any disease-producing agent, potentially leading to healthcare-associated infections if not properly managed.	For mitigation of this issue, the contractor will be bound to establish physical barriers, such as plastic sheeting or temporary walls, to separate the construction area from patient care areas. This will help prevent the spread of dust, debris and pathogens.
12	Concerns may arise at the healthcare facility level, if there is interrupted access to available services in the BHU/ RHC during rehabilitation/ construction works.	The contractor will be contractually bound to devise appropriate strategy to ensure uninterrupted access to available healthcare services within the BHU/ RHC for instance, communication and signage, prioritize critical services, regular supervision/ monitoring of the site etc.
13	The officials of health suggested that preferably the rehabilitation/ construction work should start after 2 pm (after working hours) just to avoid smooth/ uninterrupted and secure access of visits particularly females to the healthcare facilities.	Where possible, the D&CSC in collaboration with contractor will try to carry out the recommended pattern of construction activity. Regarding this work modality, more discussions will be made with the department and with the respective PCMCs of BHU/ RHC.

## 5.9 Future Consultations

Stakeholder consultation activities will need to continue throughout the project life and will need to keep specific stakeholder groups updated on relevant information imperative for transparency and disclosure, successful implementation of project activities, provision of means to exchange and propose better ideas on ongoing activities, flag concerns, and stay updated on outcomes.

**Table 5.7 Future Consultation Plan**

<b>Description</b>	<b>Target Stakeholders</b>	<b>Timing</b>	<b>Responsibility</b>
Stakeholder consultations as part of the screening of each subproject/scheme	Affected communities, Secondary stakeholders	During screening of each scheme	PMU Social Safeguards Team
Public awareness campaigns/ scoping sessions to share the ESMPs with the communities and other stakeholders. Location: various places in project area	Communities within subproject area, public; and line departments/ agencies.	During the preparation of ESMP/screening; to be continued thereafter	Design & supervision consultants for implementation of the flood response construction activities
Consultations with the communities during implementation Location: various places in project area	Communities at/around subproject area	Before commencement of subproject activities.	PMU E&S Safeguards Team
Establishment of GRM and GRCs Location: various places in project area	Communities at/around subproject area	Before commencement of subproject activities.	PMU Social Safeguards Team
Grievance redress Location: various places in project area	KPHCIP staff; consultants; relevant line departments; and communities.	Subproject implementation Stage	3-tiers GRCs established at PTC/School, District and PMU/ Secretariat levels
Informal consultations and discussions. Location: various places in project area	Communities at/around subproject area	Subproject implementation Stage	PMU E&S Safeguards Team
Consultations with the communities during internal monitoring Location: various places in project area	Communities at/around subproject area	Construction Stage	M&E Team at PMU & Social Safeguards Team

## 6. ENVIRONMENTAL AND SOCIAL IMPACT ASSESSMENT

This Chapter assesses the generic impacts of the proposed project on the physical, biological, and human environment of the project area. Also provided in the chapter are the recommended generic mitigation measures to minimize if not eliminate the potentially adverse impacts. More specific impact assessment and the associated mitigation measures will be covered in the ESMPs of the proposed subprojects.

**Table 6.1: Potential Impacts during Pre-Construction Phase**

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
1.	<p>Dust emissions in removing rubble and debris activities for site clearance.</p> <p>In site clearance activities heavy equipment and machinery will be used which may cause air emissions and dust. Vehicular traffic emissions will bring about air pollution by increasing fossil fuel emissions into the atmosphere.</p>	<ul style="list-style-type: none"> <li>• Waste material in the form of rubble and debris from the damaged school and hospital shall be disposed safely at Govt designated or proper dumping site and tightly covered during the transportation.</li> <li>• Community link roads will be watered on a regular basis three times a day, as most sites are expected to be close to residential areas or inside the facility (hospitals, schools etc.) in case of partially damaged facility.</li> <li>• Transportation vehicles will avoid residential areas and other environmentally sensitive areas.</li> <li>• Designated routes for transportation vehicles will be used.</li> <li>• The equipment and transportation vehicles will be regularly maintained to avoid gas emissions.</li> <li>• Use of non-mechanized (motorized) equipment will be as much as possible will be encouraged.</li> </ul>
2.	<p>Soil and ground water contamination</p> <p>Soil and Ground Water Quality deterioration due to mixing of floods contaminated water and rubble</p>	<ul style="list-style-type: none"> <li>• Soil and drinking water quality testing will be done by D&amp;CSF/contractor for baseline establishment. Issues found in the tests will be mitigated and addressed in the ESMP accordingly.</li> <li>• Proper sites will be selected including flood damaged facilities to minimize disturbance to the soil and land.</li> <li>• If it is unavoidable to select a site which requires earthmoving, economical design techniques will be used for construction to avoid excessive earth excavation and filling.</li> <li>• If it is unavoidable to select a site which is flood prone then proper soil erosion control structures will be constructed to safeguard the newly constructed structure particularly in flood hit areas.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
3.	<p>Noise generation from running machinery for site clearance. Noise and vibration will be generated during site clearance especially in case of using heavy, hence the impacts associated with noise and vibration is expected to affect the communities, school children, patients, and medical staff.</p>	<ul style="list-style-type: none"> <li>• Principal criterion for selection during the bidding process will include that “Construction contractor shall use advanced equipment and technologies of low noise”.</li> <li>• The use of high noise generating equipment such as a percussion piling machine or pneumatic hammer will be prohibited.</li> <li>• Good maintenance and proper operation of construction machinery to minimize noise generation will be ensured and regular maintenance of generator will be undertaken.</li> <li>• The contractor will make reasonable arrangements to ensure that the machinery is not used during peak hospital and school hours and near residential areas. Night-time construction using heavy machinery, from 22:00 to 6:00 near residential areas will be avoided.</li> <li>• Where possible, non-mechanized construction will be ensured to reduce the use of machinery.</li> </ul>
4.	<p>Solid Waste disposal (in the form of rubble and debris) Due to floods rubble and debris from damaged facilities (both in case of partially and fully damaged), if waste is improperly disposed, this could result in pollution of water bodies and soil and can cause vector borne diseases and impact on flora and fauna. The impacts are likely to be high on communities.</p>	<ul style="list-style-type: none"> <li>• Site specific waste management plan will be developed along with construction waste plan.</li> <li>• In case of hazardous material (damaged hospitals) or school laboratory wastes separate plans will be developed for safe disposal.</li> <li>• For site clearance the post-flood and damaged building solid wastes will be disposed of in waste dumps or Govt designated sites.</li> <li>• In case of hazardous material, the waste collection and disposal ways and sites will be identified.</li> <li>• The contractor will ensure that waste is managed securely to ensure no leakage into the environment.</li> <li>• It will be ensured that the waste is not disposed of in the open or dumped into forests, streams, or natural water bodies.</li> <li>• For site clearance workers will be trained on segregation, storage, and disposal of general and hazardous waste.</li> <li>• All hazardous waste from the site will be transported to a specified outside storage yard and transported to designated disposal sites.</li> <li>• Disposal of flood 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.</li> </ul>

## 6.1 Potential Environmental and Social Impacts during Construction Phase

The following **table (6.2 A)** shows the anticipated environmental and social impacts along with proposed mitigation measures during construction stage.

**Table 6.2 A. Potential Environmental & Social Impacts and Mitigation Measures during Construction Phase**

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
1.	<p>Air Quality deterioration due to dust emissions and excavation activities:</p> <p>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 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 machines whenever necessary.</p>	<ul style="list-style-type: none"> <li>• Construction materials (cement, gravel, lime powder and excavated soil) will be stored in the storage yard or tightly covered with plastic sheets or tarpaulin sheet. On-site mixing of construction material in the enclosed space will be ensured.</li> <li>• Construction sites will be water-sprayed on a regular basis three times a day, as most sites are expected to be close to residential areas or inside the facility (hospitals, schools etc.).</li> <li>• Latrine construction sites including soil piles will be fenced to avoid material escape, generation of dust and access to children.</li> <li>• Discrete materials such as sand and soil, and building material will be covered during loading, transportation and unloading, and none of them will be thrown or spread in the air.</li> <li>• Transportation vehicles will avoid residential areas and other environmentally sensitive areas.</li> <li>• Designated routes for transportation vehicles will be used.</li> <li>• The equipment and transportation vehicles will be regularly maintained to avoid gas emissions.</li> <li>• Use of non-mechanized (motorized) equipment as much as possible will be encouraged.</li> <li>• Construction machinery, generators and vehicles will be kept in good working condition and properly tuned to minimize exhaust emissions.</li> <li>• Project vehicles will avoid passing through the communities and cultivation fields as far as possible. If unavoidable, speed will be reduced to 15 km per hour to avoid excessive dust emissions.</li> <li>• Air quality testing will be done before construction to set the baseline for all implementation measures. Air quality testing will be done to ensure the air quality levels remain in the permitted limit of National Environmental Quality Standards (NEQs).</li> </ul>
2.	<p>Water Contamination Surface and Ground Water Quality deterioration due to runoff from schools and primary health care facilities toilets during operation</p>	<ul style="list-style-type: none"> <li>• If required, site/district specific water management plans will be prepared by the contractor.</li> <li>• Effluents from the construction sites will 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</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		<p>and settled, and then be used for site sprinkling and other purposes to reduce fugitive dust.</p> <ul style="list-style-type: none"> <li>• The wastewater free of sediments and affluent will be discharged into the existing wastewater pipelines or septic tanks.</li> <li>• The waste will not be released into any drinking water source, cultivation fields, irrigation channels or critical habitat.</li> <li>• Water from construction site including batteries chemicals (after treatment, if required) will be diverted to proper sewerage system of school/health facilities to avoid contamination of surface water sources.</li> <li>• In case parking place for vehicles is near surface water resource; then the parking lot will be provided with proper sewerage system to avoid contamination of surface water source.</li> <li>• A minimum quantity of water will be used to meet the essential construction and rehabilitation requirements. The contractor will ensure to avoid unnecessary use of water for washing equipment and vehicles during construction.</li> <li>• The contractor will dispose of the construction wastewater from the work site through a soaking pit of appropriate capacity, which will be levelled back after completion of construction work.</li> <li>• KPHCIP will prepare “Policy Guidelines on Disposal of Warranty Expired Batteries”.</li> <li>• The schools’, suppliers and manufacturers should observe the policy fully. In order to identify batteries collection conditions periodic monitoring will be conducted.</li> <li>• The suppliers will instruct basic knowledge on electricity to mitigate the risk of accidental electric shock.</li> <li>• KPHCIP will facilitate an agreement between battery manufacturers and POs. The agreement will include a new clause in the buy-back agreement to be signed between the supplier and school. According to the clause, schools shall not sell expired batteries to any second party and such batteries shall be returned to supplier of the battery. Suppliers are responsible to notify the schools before three months expiration date and to collect expire batteries from schools transport it to the sites where the batteries will be recycled or disposed in an environment friendly manner.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
3.	<p>Possible Noise emissions from running construction machinery.</p> <p>Noise and vibration will be generated during construction especially when using motorized equipment. 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>	<ul style="list-style-type: none"> <li>• Principal criterion for selection during the bidding process will include that “Construction contractor shall use advanced equipment and technologies of low noise”.</li> <li>• The use of high noise generating equipment such as concrete mixtures, drilling machines, excavators etc. will be prohibited.</li> <li>• Good maintenance and proper operation of construction machinery to minimize noise generation will be ensured and regular maintenance of generator will be undertaken.</li> <li>• The construction contractor will make reasonable arrangements to ensure that the machinery is not used during peak hospital and school hours and near residential areas. Night-time construction using heavy machinery, from 22:00 to 6:00 near residential areas will be avoided.</li> <li>• Where possible, non-mechanized construction will be ensured to reduce the use of machinery.</li> <li>• The contractor will avoid the use of noise-generating machinery, equipment’s during school/main hospital hours and sleeping time at night so that community disturbance is minimal.</li> <li>• Compliance with NEQS and World Bank noise guidelines will be ensured.</li> <li>• The contractor will maintain and tune up all the vehicles and equipment’s during construction work.</li> <li>• The community will be sensitized to observe silence zone in the school and hospital premises.</li> <li>• Proper signboards will be installed indicating a ban on use of pressure horns by moving vehicles around the school and hospitals.</li> </ul>



S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
4.	<p>Solid Waste generation During construction phases of the different general construction wastes will be generated including among others 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.</p>	<ul style="list-style-type: none"> <li>• Site specific waste management plan for construction wastes will be developed. (Health waste management will be separately developed).</li> <li>• Temporary refuse bins at construction sites will be provided.</li> <li>• It will be ensured that the waste is not burnt in the open or dumped into forests, streams natural water bodies.</li> <li>• Construction workers will be trained on segregation, storage, and disposal of domestic and hazardous waste.</li> <li>• All solid waste from the construction site (including waste from health care facilities) will be segregated and routinely transported to a specified outside storage yard and transported to designated disposal sites.</li> <li>• 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.</li> <li>• Waste will be routinely collected from the designated area and disposed at waste disposal facilities.</li> <li>• 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 of the construction waste from the work site and will ensure cleaning of debris and cement waste from site after completion of construction work.</li> <li>• Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.</li> </ul>
5.	<p>Resource Consumption Increase in Water /Electricity / Fuel Consumption.</p>	<ul style="list-style-type: none"> <li>• The workers will be trained in water conservation and sustainable use of water and electricity.</li> <li>• Visual inspections will be carried out regularly for leaks and water usage by the contractor.</li> <li>• Solarization of schools and hospitals (will be included in PC-1).</li> <li>• New construction will follow the building design that allows maximum use of daylight and provision of low voltage electrical appliances will be made in procurement procedures.</li> <li>• The contractor and labour will keep the water usage at a minimum during construction activities. Periodic testing of drinking water supply source will be carried out for</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		timely detection of contamination (if any).
6.	<p>Natural Hazards</p> <p>Frequency of riverine 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.</p>	<ul style="list-style-type: none"> <li>• The contractor obligations will include designing schools and health facilities on a raised plate form where possible (within the budget limit) to reduce future losses from flash floods.</li> <li>• Flash water diversions from the facilities through some structural measures will enhance suitability and will be included in the budget if possible.</li> <li>• Building Codes of Pakistan with seismic provision and international best practices will be made part of construction contractors' agreement for designing buildings that are resistant to earthquake.</li> <li>• iv) Inclusion of emergency exits and alarm system in building design will be ensured.</li> </ul>
7.	Impacts on Flora/ Trees	<ul style="list-style-type: none"> <li>• It will be ensured by the contractor that wood used for construction has not been sourced illegally from protected areas and notified forests.</li> <li>• Technical design measures will be incorporated to minimize unnecessary removal of trees and vegetative cover.</li> <li>• Compensatory planting of five trees will be practices against each fallen tree of similar floral function; Use of invasive/ exotic species will be disallowed, and native species will be recommended for plantation.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
8.	<p>Land loss and soil erosion Construction activities using motorized equipment, including materials delivery, excavation, concrete works are likely to lead to soil erosion.</p> <p>Crop land and vegetation may be damaged during transportation and excavation.</p>	<ul style="list-style-type: none"> <li>• Heavy construction vehicles will be avoided.</li> <li>• Special safe routes will be designated for transportation to minimize crop land damage and soil erosion.</li> <li>• Soil surface work under heavy rain and strong winds conditions will be avoided.</li> <li>• Proper drainage outlets will be installed and connected to the main sewer system or local drainage (to avoid standing water inside and outside the facility).</li> <li>• Establishment of vegetative cover on erodible surface will be ensured as early as possible during construction.</li> <li>• 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.</li> <li>• If required for foundation, excavation will be carried out only in specified areas, as per the engineering drawings and excavated earth material will be used for filling and compaction.</li> <li>• Post-flood damaged buildings waste materials will be used in compaction and refilling while hazardous material (if any) will be disposed properly in Govt designated waste disposal sites and landfills (if any).</li> <li>• Borrow pits will be restored and levelled back to control soil degradation.</li> <li>• Leftover construction materials, excavated soil and waste material produced because of construction/ rehabilitation works, will be properly disposed of in designated areas to avoid soil contamination.</li> </ul>
9	Traffic Impacts	<ul style="list-style-type: none"> <li>• As much as possible, delivery of materiel to site will be restricted to off-peak traffic hours.</li> <li>• Storage of material outside the designated area will be prohibited.</li> <li>• Construction material will be brought to the site as and when required.</li> <li>• Suitable signboards will be placed at strategic locations.</li> <li>• If community access is hindered, alternate routes will be provided. If provision of alternate route is not present, the contractor will inform public the date and time of activity well before start of work.</li> <li>• Traffic Management Plan will be included in C-ESMP.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		<ul style="list-style-type: none"> <li>• Vehicles accessing the site are expected will be abided by speed limits and other traffic rules.</li> <li>• Drivers will be briefed on safety requirements and exercise caution.</li> <li>• Limited transportation of construction material will be ensured during school hours and communicate such for preparedness.</li> <li>• A safety procedure and protocol for vacating children away from activity when materials arrive will be developed.</li> <li>• School and community children will be sensitized about the construction hazards.</li> </ul>
10	Water Quality	<ul style="list-style-type: none"> <li>• Temporary toilet facility with proper septic/soakage pits and proper decanting facility shall be provided for workers by the construction contractor.</li> <li>• Waste will be safely disposed of in demarcated waste disposal sites to avoid any impact on the drinking water sources, irrigation channels, and natural drainage.</li> <li>• All material storage areas will be properly marked to highlight their contents with a concrete pad underneath to prevent water contamination in case of leaks or spills.</li> <li>• Excess material will not be stored at sites.</li> <li>• Spill kits will be used to clean the spillage (in case any).</li> <li>• Drip trays will be used during fuelling of vehicles.</li> <li>• The cement and water used for curing will not be discharged directly into water courses and drainage inlet will be ensured that there will be no standing water at the working site.</li> <li>• The labour workforce shall be trained in the storage and handling of waste materials encountered during project activities.</li> <li>• Provision of drinking water to workers will be ensured that meets NEQ standards.</li> </ul>
11	Sources of raw Material	<ul style="list-style-type: none"> <li>• Arrangements of the construction material will be the responsibility of construction contractor.</li> <li>• KPHCIP will take necessary measures to ensure that material which are not coming from certified sources are to avoid to the extent possible.</li> <li>• As per local practice, the construction material will be obtained from local or nearby market in most cases, however, if the contractor gets the material from other sources other than market, it will be selected contractor's responsibility to acquire the relevant permits. This responsibility will be captured in contractors' clauses as part of the contract document.</li> </ul>
12	Generation of particulate matter	<ul style="list-style-type: none"> <li>• The height of material stockpiles will be minimized.</li> <li>• Stockpiles will be covered where necessary.</li> <li>• Dust generating activities will be conducted downwind of work areas and site offices.</li> <li>• Appropriate PPEs will be provided for workers such as dust masks etc.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		Dust screens will be installed where necessary.
13	Spills and contamination	<ul style="list-style-type: none"> <li>• Storage of significant quantity of fuel (generator etc) onsite shall be avoided.</li> <li>• Any fuel storage will be done within a contained impervious area with all the safety systems in place.</li> <li>• Contained area shall be drained through an oil-water separator or be covered to prevent accumulation of rainfall.</li> <li>• Storage containers shall be labelled as to their content and capacity.</li> <li>• Warning signs will be installed in storage areas, such as 'Flammable' and 'No Smoking'.</li> <li>• Workers will be made aware of the proper handling practices to avoid spills.</li> <li>• Spill clean-up kits will be provided.</li> </ul> <p>Regular maintenance of machinery will be conducted to ensure the proper functioning to avoid unnecessary leaks</p>
14	Blockage of drainage system	<ul style="list-style-type: none"> <li>• Surrounding drains will be kept clear.</li> <li>• Stockpiles of construction materials will be placed away from the drainage systems.</li> <li>• Nearby drains will be regularly checked for accumulation of construction materials and if material is found it will be immediately removed.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
15	<p><b>Occupational Health &amp; Safety</b> Use of heavy machinery and handling of chemicals by workers can result in health impacts and accidents.</p>	<ul style="list-style-type: none"> <li>• Health kits, first aid kits and emergency medical supplies will be made available at construction sites.</li> <li>• First aid kits will be kept at randomly moving vehicles\machinery.</li> <li>• Location of the nearest medical facility to the construction sites and accessibility will be ensured.</li> <li>• Useful Personal Protective Equipment (PPE) will be given to workers such as, safety shoes, gloves, vests, hard-hats, masks etc.</li> <li>• Provision of clean drinking water will be ensured for the construction crew.</li> <li>• Hygiene inspections will be carried out to avoid disease epidemic.</li> <li>• The construction crew will be trained in important aspects of workplace/confined space safety.</li> <li>• Construction machinery operators and drivers will be trained to avoid associated accidents with inappropriate use of machines and vehicles.</li> <li>• Construction Contractor will 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 will be undertaken.</li> <li>• Fire extinguishers will be placed at construction sites, whereas fire safety and emergency response training will be conducted.</li> <li>• xi) Flammables and other toxic materials will be marked and stored at a secured location.</li> <li>• Training will be provided for workers on the use of PPE;</li> </ul>
16	<p>Spread of Infection during Construction Works</p>	<ul style="list-style-type: none"> <li>• The contractor will identify the closest hospital.</li> <li>• The contractor will train all staff in emergency handling and management.</li> <li>• All relevant PPE for project workers will be supplied.</li> <li>• Hand wash facilities, hand soap and alcohol-based hand sanitizer will be provided to ensure health and safety of workers.</li> </ul>
17	<p><b>Land Acquisition</b> The project may require extra land for the upgradation of schools and health care facilities</p>	<ul style="list-style-type: none"> <li>• As a first preference land owned by the existing school or health facility will be used.</li> <li>• If existing land is not available, small parcels of land will be acquired through Voluntary Land Donation (VLD). So, all necessary protocols for voluntary land acquisition need to be completed and the documentation will be shared with the Bank for a NOL prior to commencement of any work on sites.</li> </ul>
18	<p><b>Public health and safety</b> The project is not going to finance large scale infrastructure like dams</p>	<ul style="list-style-type: none"> <li>• Contractor will ensure train drivers operating heavy vehicles on road for pedestrian safety. Appropriate speed limits will be set to avoid accidents.</li> <li>• If schools, hospital and communities are present near</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
	<p>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>construction sites, use of heavy vehicles on public roads will be avoided.</p> <ul style="list-style-type: none"> <li>• Alternate routes for use by the public will 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.</li> <li>• The local police and law enforce agencies will be engaged prior to the start of the project activities.</li> <li>• For project staff and construction work, locals will be given preferences.</li> <li>• Child work will be prohibited and where the cultural norms allow, women workers shall be included in the crew.</li> <li>• The workers will be confined to a construction site. The movement of construction workers will be restricted to their sites.</li> <li>• The contractor will ensure safe and covered stockpiling of the construction materials in separate places or corners in the premises of school/hospitals.</li> <li>• The contractor will provide personal protective equipment such as gloves and boots to the laborer to avoid worksite hazards and accidents. Protective fencing will be used around the construction sites, excavated areas, and voids.</li> <li>• Use of appropriate PPEs will be ensured by the contractor for its workers during construction works, electrical works and during other rehabilitation activities (use of paints/varnishes) etc.</li> <li>• The use of any hazardous chemical/material/lead-based paints/asbestos is strictly prohibited during construction/rehabilitation works.</li> <li>• Protective fencing will be used around the construction sites, excavated areas, and voids.</li> <li>• Health and safety training will be provided to all staff working on the site.</li> <li>• Properly trained staff will be deployed to operate machinery and equipment at the worksite. Fire extinguishing equipment will be within 6m (20ft) of all locations where welding and cutting equipment is used.</li> <li>• First aid kit will be provided on site and vehicles carrying construction material to and from the site.</li> <li>• 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 to ensure avoidance of any direct contact of the contractor's workers with the children and staff.</li> <li>• 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.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		<ul style="list-style-type: none"> <li>• Emergency prevention, preparedness and response arrangements will be ensured – including details of emergency evacuation of labor following a life-threatening accident to the nearest hospitals.</li> <li>• The contractor shall prepare a Health and Safety Plan as part of CESMP which is relevant to his chosen methodology.</li> <li>• Identification of potential hazards to workers, particularly those that may be life threatening.</li> <li>• Provision of preventative and protective measures will be ensured, including modification, substitution, or elimination of hazardous conditions or substances.</li> <li>• Workers will be trained on OHS, documentation and reporting of occupational accidents, diseases and incidents.</li> </ul>
19	<p><b>Impact on Community</b> (Social Conflicts/ gender aspects/Person with Disability).</p> <p>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 health and education facility.</p>	<ul style="list-style-type: none"> <li>• Procedures for documenting and reporting accidents, diseases, and incidents will be included in the OHS plan.</li> <li>• Local sensitivities about women will be observed.</li> <li>• Notables and leaders of the communities will be engaged prior to start of project implementation through stakeholder engagement.</li> <li>• Contractors will carry-out awareness session with workers to strictly observe cultural sensitivity and necessary measures will be introduced to respect.</li> <li>• The construction hours will be decided in consultation with local communities and staff of health care and school facilities (preferably limited to after school and hospitals are closed to the public).</li> <li>• In case of conflicts on land it will be resolved through GRM.</li> <li>• Restoration or relocation of affected community infrastructure will be ensured.</li> <li>• Construction area will be marked with signs in local language (signboards will be placed such as School area, Speed limit, drive slowly).</li> <li>• 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.</li> <li>• Labor will be trained not to interfere with the local community.</li> <li>• Contractors will 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).</li> </ul>



S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
20	<p><b>Impacts on Women</b> (privacy and pardah issues) Children (restricted movements) and overall restricted mobility</p>	<ul style="list-style-type: none"> <li>• Location of camp site) if required) will be away from settlements.</li> <li>• 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.</li> <li>• All the vehicles deployed for material movement will be spill proof to the extent possible.</li> <li>• Workers Code of Conduct (CoC) will be developed. This Code of Conduct will be made part of the Contractor's TORs and agreement. It will be ensured all works sign (CoC). Training/sensitization of the contractor's staff will be ensured by the contractor.</li> <li>• Teachers training and sensitization will be ensured for awareness raising regarding protection of children and women during construction activities.</li> <li>• Hospital staff, nurses, doctors, and support staff will be trained on GBV related risks to implementation.</li> <li>• Community awareness sessions prior and during the construction phase will be conducted. Separate male and female community awareness raising activities will be conducted that will include awareness on GBV related risks to their children and women and the ways in which the community members can safely report concerns.</li> </ul>
21	<p><b>Archaeological, Religious and Cultural Sites</b> The project sites may include religiously and culturally important sites. Excavation work during construction may result in the uncovering of ancient sites or artefacts.</p>	<ul style="list-style-type: none"> <li>• Construction staff will be trained and informed on identifying the evidence of archaeological/historic remains.</li> <li>• In case evidence of archaeological remains is found during construction activities, the actions listed below will be undertaken. Detailed procedure for Archaeological Chance Find is included in Annexure 3.</li> <li>• Excavation work in the vicinity of the find will be stopped.</li> <li>• Assistance will be sought from the nearest office of the Department of Archaeology and Museums to identify the remains.</li> <li>• If the department decides to salvage the remains, PMU will help.</li> <li>• No additional land for the project will be acquired near existing archaeological sites.</li> <li>• The construction work will be stopped at the time of the funeral and burial at the graveyard.</li> </ul>
22	<p>Assessment of existing school building</p>	<ul style="list-style-type: none"> <li>• Location of the construction site will be changed.</li> <li>• If alternate space is not available in the school design will be changed technically to avoid and minimize damage to the existing building work.</li> <li>• Visual Inspection will be carried out for land contamination and dust emissions.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		<ul style="list-style-type: none"> <li>Rehabilitation and renovation of existing building is not in the scope however recommendations for rehabilitations shall be shared with the concerned Authority</li> </ul>
23	Increased Pressure on Community Amenities	<ul style="list-style-type: none"> <li>Selected contractors will be required to construct separate ablution, toilet and drinking water facilities for construction workers.</li> <li>Code of conduct for workers will be implemented.</li> </ul>
24	Social conflicts	<ul style="list-style-type: none"> <li>Code of Conduct for workers will be prepared and enforced.</li> <li>Stakeholders' engagement will be conducted prior to the commencement of works.</li> <li>A representative of the community will be invited to participate in the project progress meetings.</li> <li>Periodic engagements will be done with nearby residents to determine if there are any concerns arising from the project activities.</li> <li>A Grievance Mechanism will be available and implemented on site.</li> <li>Employment opportunities to people living close to the project site will be provided to increase social benefits by targeting recruitment of local people.</li> <li>Regular maintenance of the unpaved section of the access road will be done.</li> </ul>
25	Gender based Violence/Sexual Abuse & Exploitation/Harassment	<ul style="list-style-type: none"> <li>The Code of Conduct for workers will be prepared and enforced.</li> <li>The establishment of temporary housing for workers onsite will be discouraged.</li> <li>The use of language or behaviour, towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate shall be prohibited.</li> <li>The exchange of money, employment, goods, or services for favours or other forms of humiliating, degrading or exploitative behaviour shall be prohibited.</li> <li>GRM information shall be disseminated so community is aware of the mechanism available for any complaints or grievances pertaining to SEA/H</li> </ul>
26	Discrimination against vulnerable groups	<ul style="list-style-type: none"> <li>Contractors will implement a fair and equitable hiring process.</li> <li>Where possible the employment of vulnerable groups will be encouraged.</li> <li>Employment opportunities to people living close to the project site will be provided to increase social benefits by targeting recruitment of local people.</li> <li>Competitive wage rates will be ensured for all categories of workers keeping in view the labour laws or any other higher standards set in the province.</li> </ul>
27	Privacy Issues	<ul style="list-style-type: none"> <li>If the privacy of the nearby households is affected, the contractor will inform the house owner in advance and will make necessary fence/screen arrangements.</li> </ul>

S. No	Anticipated Environmental and Social Impacts	Mitigation Measure(s)
		<ul style="list-style-type: none"> <li>• Contractor will take care as much as possible that the construction activities shall not affect the privacy particularly with reference to women.</li> <li>• Contractor will warn the staff strictly not to involve in any un-ethical activities and to obey the local norms and cultural restrictions.</li> </ul>

Table 6.2 B 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.

**Table 6.2 B: Potential Environmental and Social Impacts during Operation and Maintenance Phase**

Aspect /Impacts	Proposed Mitigation Measures (Responsible: Health and Education departments)
<p><b>Wastewater and sanitation</b> Deterioration of water bodies due to poor sewerage disposal</p>	<ul style="list-style-type: none"> <li>• It will be ensured that the sewerage is directed into municipal drains or dry pits.</li> <li>• The water channels will be kept cleaned by the WSSP team in the locality.</li> <li>• Sewerage water will not be drained on soil surfaces and sewerage lines will be maintained and repaired as and when required.</li> <li>• Solar batteries liquids will be disposed in proper dumping sites.</li> </ul>
<p><b>Solid waste (Schools)</b> There will be increase in solid waste generated from the schools.</p>	<ul style="list-style-type: none"> <li>• Solid waste will be segregated at source with labelled dustbins for paper, food, glass, and recyclable products.</li> <li>• Solid waste will be disposed of to the designated dumping sites/areas.</li> <li>• Solid waste will not be allowed to dump randomly on open area.</li> </ul>
<p><b>Health care waste</b> 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>Health Care waste management will be the responsibility of the hospital and the following measures are proposed for handling of health care waste.</p> <ul style="list-style-type: none"> <li>• Health care waste management plan for disposal of health care wastes will be prepared.</li> <li>• PPE will be provided to workers within the health facilities.</li> <li>• Waste disposal receptors on site (bins) will be provided and classified according to type of waste.</li> <li>• Training and orientation will be provided to workers on health care waste management.</li> <li>• Health care waste management facilities will be provided to hospitals as part of the equipment (incinerators, sharp boxes) etc.</li> </ul>
<p><b>Gender Based Violence.</b></p>	<ul style="list-style-type: none"> <li>• A mechanism for integrating GBV prevention and child protective interventions will be developed and integrated in schools' management policies.</li> <li>• Mechanism for integrating a GBV prevention interventions will be developed and integrated in hospital's management policies.</li> <li>• School and Hospital staff will be sensitized on risks to children and women associated with GBV.</li> <li>• Accessible information to schools and health care facilities will be provided on services available, the organizations involved and to survivors of gender-based violence.</li> <li>• Linkages of the health and education facilities will be established with KP Ombudsperson Secretariat (and their health line desk) for adequate support to the victims.</li> <li>• Training on Gender Mainstreaming and GBV mitigation measures will be provided to service providers involved in gender-based violence including the health and social workers (community midwives)</li> </ul>
<p><b>Conflicts /Gender issues</b></p>	<ul style="list-style-type: none"> <li>• Parent Teacher Councils (PTCs) will be made functional.</li> <li>• Girls will be encouraged to attend the school through availability</li> </ul>

<p>Conflict may arise among parents, teachers, and the community. Similarly, gender issue become hurdle for young girl school education.</p>	<p>of necessities, social mobilization and focus on girls 'education in the project.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• One member (PTCs &amp; PCMCs) from each GBV focal person will be trained to handle gender-based violence and harassment cases. Teacher will be trained in acquiring the information reporting the incident and resolving through parent teacher management committees and school administration.</li> <li>• GRM will be used for conflict resolution.</li> </ul>
<p>Impacts associated with solarization.</p> <p>Improper solar/electrical designing and installation of electricity distribution/solar system at schools and health facilities can pose health and safety risks to the school children, patients, and staff.</p>	<ul style="list-style-type: none"> <li>• Proper electrical designing and installation of electricity distribution system will be ensured at schools and health facilities.</li> <li>• Earthing of electrical system will be practiced controlling leading potential risks of electric shocks as well as fires.</li> <li>• A safe earthing system will be chosen to ensure safety and electromagnetic compatibility of the system.</li> <li>• KPHCIP will facilitate an agreement between battery manufacturers and Pos. The agreement will include a new clause in the buy-back agreement to be signed between the supplier and school. According to the clause, schools shall not sell expired batteries to any second party and such batteries shall be returned to supplier of the battery.</li> <li>• Suppliers are responsible for notifying the schools before three months expiration date and to collect expire batteries from schools transport it to the sites where the batteries will be recycled or disposed in an environment friendly manner.</li> </ul>

## 7. ENVIRONMENTAL AND SOCIAL MANAGEMENT

### 7.1 Sequence of Proposed Activities

As a result of restructuring, there will be an additional component involving rehabilitation and reconstruction of flood damaged education and health facilities in additional districts. The sequence of various activities to be followed during the preparation of ESMPs and their implementation are given in **Table 7.1**. Detailed guidelines for carrying out these activities are described in the subsequent sections.

**Table 7.1: Sequence of Proposed Activities for E&S Framework**

S. No	Activity	Description of the Activity	Timing/Status	Responsibility
1	Screening	Screening of the subprojects to assess the ESMP requirements	Project preparation	PMU Education & PMU Health
2	E&S Considerations in Project Design & Analysis of Alternatives	Environmental and social aspects will be considered during the analysis of various project alternatives and designs	During detailed design and E&S studies	Design & Construction Supervision Firm & C&W
3	E&S Studies	Primary baseline Environmental and social data of the project influence area (Covering physical, chemical, biological, and Socioeconomic environment) will be Collected. Assessment of impacts and their significance Preparation of ESMP Preparation of RP/ARP (in case of resettlement impacts)	During project implementation	E&S team PMUs Education & Health
4	Consultations	Consultations with the stakeholders (flood affected communities and indigenous people in kalash Chitral) after completion of ESMP.	During E&S Studies & After completion of E&S studies	E&S team PMUs Education & Health
5	Submission of District-ESMP for WB review and clearance	Submission of ESMP to WB team for review and approval	Prior to bidding	E&S Team PMUs Education & Health
6	Environmental conditions for Bidding Documents	Preparation of Environmental specification for bidding documents, including preparation of BOQs	Prior to bidding	E&S Team PMU Education & Health
7	Preparation and Implementation of C_ESMP by Contractor	Contractors will develop site-specific construction-ESMPs and will ensure compliance to E&S safeguard on all construction sites.  Regular monitoring and monthly reporting of E&S compliance by contractor and D&CSF to PMU PMU will submit QPR to WB	Preparation of C_ESMP Prior to commencement of Construction work	Contractor,  Design & Construction Supervision Consultant and E&S team PMU Education and Health

8	Disclosure of ESMP	Disclosure of the ESMP (including translated summaries) to communities, KPEPA and WB, ESED/ DoH websites and P&DD website	After clearance from WB	E&S team PMU Education and Health
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### 7.1.1. Step 1: Screening

Screening of construction activities under component 4 will follow the relevant World Bank policies and national/ provincial acts, regulations, and health & safety guidelines with respect to E&S safeguards. The following screening criteria as given in **Table 7.2**, will be followed to determine the safeguards instrument required for additional civil works.

**Table 7.2: 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

As a result of restructuring, major additional work that will have significant environmental and social impact includes rehabilitation of partially damaged health and education facilities, reconstruction of fully damaged schools and hospitals and construction of laboratories in high schools. According to KP environmental assessment rules 2021, development activities in schools and hospitals do not fall under Schedules and will require to comply with KPEPA recommended mitigation measures.

Thus, based on the above, the additional project component is required to prepare Environmental and Social Management Plans (ESMPs). The health care waste management for the flood damaged hospitals do not cover by KPHCIP, However, this will be managed by the DoH from their own funds. Therefore, IEE/EIA and NOCs are not required from KPEPA in this regard. **Table 7.3** provides the list of Project components with the requirement of safeguards instruments to be prepared.

**Table 7.3: Project Components Screening**

<b>Project Components</b>	<b>Nature of Environmental and Social Impacts</b>	<b>Safeguard Instrument/Document Requirements</b>
Rehabilitation of DHQs, BHUs, RHCs and CD's	May have negligible or low scale environmental and social impacts  wastes from damaged part of the building may include hazardous/infectious debris wastes which may have moderate scale E&S impacts if not disposed properly	<b>ESMP</b> will be prepared and made part of the design document.  Guideline to fill in the ESS checklist and Mitigation measures are provided in Annex 4.
Reconstruction of fully damaged hospitals	May have some negative but temporary and localized environmental and/or social impacts  Debris of flood damaged building may contain hazardous /infectious substances, site clearance may require for new construction that may have negative E&S impacts due to proper disposal of hazardous waste material	<b>ESMP</b> will be prepared and made part of the design document.  Guideline to fill in the ESS checklist and Mitigation measures are provided in Annex 4.
Rehabilitation /Refurbishment of damaged schools	May have negligible or low scale environmental and/or social impacts  Also, may have negative E&S impacts due to presence of laboratory/chemical wastes in damaged building material that would need removal and proper disposal for site clearance	<b>ESS checklist</b> ESMPs will be prepared and made part of the bidding documents.  Guideline to fill in the ESS checklist and Mitigation measures are provided in Section 7 and 8.
Reconstruction of fully damaged schools	May have some negative but temporary and localized environmental and or social impacts due to generation of hazardous waste from science laboratory.  Also, debris/rubbles and wastes from fully damaged schools may have some adverse E&S impacts due to presence of laboratory chemicals/solutions that would need proper disposal after site clearance to make space for new construction	<b>ESMP</b> will be prepared and made part of the design document.  Guideline to fill in the ESS checklist and Mitigation measures are provided in Annex 4

### 7.1.2 Step 2: E&S Considerations in Subproject Design and Analysis of Alternatives

Environmental and social issues will be mainstreamed into the Project design through a detailed analysis of alternatives of the subproject location, alignment, design, technology, and construction approach. The primary objective of the 'analysis of alternatives' is to identify the



location/design/technology for a particular subproject that would generate the least adverse impact and maximize the positive impacts/benefits.

### 7.1.3 Step 3: E&S Studies

#### 7.1.3.1 Collection of Base Line Data

Baseline environmental and social data of the subproject influence area (covering physical, chemical, biological, and socioeconomic environment) will be collected through a review of secondary literature and primary data collection through checklists and observations in site visits. The purpose will be to initiate the environmental and social assessment, to assess the baseline conditions of the area, to identify the key environmental resources and social features of the area, to identify any environmental and or social sensitivity of the area, and to determine presence of any environmental and or social hotspots in the area. Primary data collection will be carried out for assessment of land use, ambient air and noise quality, surface water and groundwater quality, wildlife habitats, forests, and other ecological conditions in the subproject influence area. Primary data will be collected to establish the baseline socioeconomic conditions of the communities in the subproject area, a sample checklist is provided in **Annexure 1**.

#### 7.1.3.2 Impact Assessment

Based on the initial assessment, potential impacts and risks of the subprojects have been identified and explained in chapter 6. A detailed characterization and assessment of these impacts will be carried out in the district ESMPs. In addition, the impacts of the proposed subprojects on the environmental and social components will be identified and assessed through consultation with all relevant stakeholders particularly the local community. The impacts will be analysed and graded qualitatively (e.g., high, medium, low) to identify the major impacts.

### 7.1.4 Step- 4 Environmental and Social Management Plan

ESMPs will be prepared to address all the identified potential environmental and social impacts and risks following the principles of the mitigation hierarchy. To the extent feasible, all potential impacts and risks will be avoided through design changes, and if avoidance is not possible – measures will be taken to minimize the magnitude of the impact. Mitigation measures will be proposed for all the significant impacts. If the residual impacts are still significant even after applying the mitigation measures, compensation measures will be proposed. Further, enhancement measures will be proposed for increasing the benefits of positive impacts. A sample mitigation plan, as a guideline, is prepared and presented in **Table 7.4** to address the impacts during construction and operation stages. Based on these guidelines, a detailed District ESMP will be prepared as part of the bidding documents. An environmental monitoring plan will also be prepared in the ESMP to monitor the effectiveness of and compliance of the mitigation measures. A sample Table of contents /template for this plan is provided in **Annexure 2**.

**Table 7.4: Sample Mitigation Plan**

Impact	Mitigation Measures	Responsible for Implementation	Responsible for Supervision
Loss of natural vegetation and trees due to land clearing under project footprints	<ul style="list-style-type: none"> <li>Re-plantation of trees will be ensured (5 trees for 1 tree cut) after completion of construction work.</li> </ul>	Construction Contractor	D&CSF (Health & Education) and PMUs
Employment generation for the local community	<ul style="list-style-type: none"> <li>preference will be given to local people during construction works</li> </ul>	Contractor	PMUs
Generation of spoils (excess excavation) and their disposal	<ul style="list-style-type: none"> <li>Transportation and disposal of spoil will be ensured to designated disposal sites</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs

	<p>according to the waste management plan.</p> <ul style="list-style-type: none"> <li>• Proper dumping and adequate compaction will be done to avoid dust.</li> <li>• Landscaping of the disposal areas on site will be done after completion of works.</li> </ul>		
Generation of construction waste including hazardous waste	<ul style="list-style-type: none"> <li>• Containers of adequate size will be placed at site for collection of various types of wastes (metal, rubbers, used fuels, batteries, etc.)</li> <li>• Services of a waste management contractor (particularly HCW) will be procured for transport and treatment of recyclable and hazardous health care waste.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Generation of solid waste from worker's	<ul style="list-style-type: none"> <li>• Solid waste will be segregated into kitchen waste (organics), paper and plastic (recyclable) and garbage (non-recyclable)</li> <li>• Placement of containers of adequate size and numbers will be ensured.</li> <li>• Wastes will be disposed in proper dump sites as per waste management plan.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Wastewater discharges from the construction Sites	<ul style="list-style-type: none"> <li>• Construction of wastewater treatment facilities (e.g., septic tank and soak pit).</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
The potential risk of soil pollution by construction works	<ul style="list-style-type: none"> <li>• Fuels and chemicals will be stored in contained facilities.</li> <li>• Availability of spill kits will be ensured at site by the contractor for immediate clean-up of any oil spills</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Increased traffic on the local roads	<ul style="list-style-type: none"> <li>• A Traffic Management Plan will be prepared (e.g., Avoiding school hours, following speed limits, hiring licensed drivers, etc.) including awareness- raising and safety measures).</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Air and noise pollution from construction and Traffic	<ul style="list-style-type: none"> <li>• NEQS on vehicle and machinery emissions, and ambient noise will be complied.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Occupational health and safety	<ul style="list-style-type: none"> <li>• An OHS management Plan will be prepared and implemented (The plan will be prepared as per World Bank, Environmental, Health and Safety Guidelines as well as World Health Organization (WHO) Guidelines) Or any mentioned in the bidding documents).</li> <li>• A 'job hazard analysis will be conducted at the new construction site to identify potential hazards that may arise from the construction works or working conditions to the project workers and implement necessary control measures.</li> <li>• Use of relevant personal protection equipment will be ensured at site.</li> <li>• Regular training program will be organised for workers on occupational health safety (monthly/quarterly training</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs

	<p>and daily toolbox talks)</p> <ul style="list-style-type: none"> <li>• Incident investigation, documentation and reporting will be ensured.</li> <li>• Availability of fire extinguisher, ambulance, medical and rescue facilities will be ensured at the site for implementation of an emergency response plan.</li> </ul>		
Safety hazards due to increased traffic especially for children and elderly people	<ul style="list-style-type: none"> <li>• A Traffic Management Plan will be prepared and implemented (e.g., avoiding school and hospital hours, following speed limits, hiring, licensed drivers, etc.) including awareness-raising and safety measures.</li> <li>• Safety signage will be placed at various places.</li> <li>• Awareness raising of communities will be ensured.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Community and schoolchildren/staff/patients/Medical staff	<ul style="list-style-type: none"> <li>• The work areas will be barricaded with hard fencing to prevent the entry of community/students/children in the construction areas.</li> <li>• Placing of adequate signboards and flagmen will be ensured to divert the community away from the construction works.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Dust from vehicular movement on local roads and construction activities	<ul style="list-style-type: none"> <li>• Water will be sprinkled frequently on the local roads and worksites to control dust emissions.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Impacts from the influx of labour from the outside areas	<ul style="list-style-type: none"> <li>• Workers will be provided with all adequate facilities (safe drinking water and sanitation etc.)</li> <li>• The contractor will establish a mechanism to collect the complaints from the workers and address those complaints by the approved GRM plan.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Possible cultural conflicts between communities and workers and health impacts, including women's privacy and access, and gender-based violence`	<ul style="list-style-type: none"> <li>• The contractor's code of conduct will cover the program to promote awareness to the construction workers on respecting the local community, avoiding gender-based violence, and the risk of spreading sexually transmitted diseases.</li> <li>• The contractor's monthly training program will cover topics related to Code of Conduct such as sexual harassment particularly towards women and children, violence, including sexual and/or gender-based violence and respectful attitude while interacting with the local community.</li> <li>• Staff will receive training on the prevention.</li> <li>• of SEA/SH, integrating provision related</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs

	to SEA/SH in bidding document, workers requiring signing Code of Conducts (CoC) prepared by the Contractors and reviewed and approved by PMU, preparation of SEA/SH plans as a part of the E&S management instruments which will be prepared based on these frameworks.		
Risk of child Labour	<ul style="list-style-type: none"> <li>Workers less than 18 years of age will not be hired.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
Impact on women and girls' privacy due to the presence of construction labour	<ul style="list-style-type: none"> <li>Measures will be taken to protect the privacy of women and girls by the contractor, sub-contractors, and service providers.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs
18. Community health and safety	<ul style="list-style-type: none"> <li>Maintenance of water supply, sanitation</li> <li>And drainage facilities will be ensured in the residential area.</li> </ul>	Contractor	D&CSF (Health & Education) and PMUs

## Preparation of RP

In case any subproject would potentially cause resettlement impacts, RP would be prepared in accordance with the criteria and procedure described in RF.

### 7.1.5 Step 5: Stakeholder Consultations

Stakeholder consultations will be carried out to help identify opportunities and risks, improve subproject design and implementation, and increase subproject ownership and sustainability. Stakeholder consultations will be carried out during all phases of the project. The stakeholders of the project have been classified into the following two categories:

**Primary Stakeholders:** include people, groups, institutions that either have a direct influence on the project or are directly impacted (positively or adversely) by the project and its activities. These stakeholders include health and education departments, students, teachers' local communities, private landowners, and poor non-titled persons/households.

**Secondary stakeholders:** are those that have a bearing on the project and its activities by virtue of their being closely linked or associated with the primary stakeholders and due to the influence, they have on the primary stakeholder groups. These stakeholders include all relevant government institutions such as KPEPA, and non-government organizations.

Stakeholder consultations will be carried out during the preparation of the safeguard instruments to obtain their feedback and address their concerns. The ESMP and RP of each subproject will be disclosed on the E&SED & DoH website and on the World Bank website. The Executive Summary of the IEE/EIA, ESMPs, and RPs will be translated into Urdu and will be disclosed on the E&SED and DoH websites. Hard copies of the Executive Summary reports of Urdu/local languages will also be made available in the relevant local government offices.

### 7.1.6 Step 6: Submission of District-ESMP for World Bank Clearance

District-ESMP for additional districts will be submitted to World Bank for review, clearance, and approval.

### 7.1.7 Step 7: Environmental and Social Requirements in Bidding Documents

PMUs will include the following environmental, social, health and safety (ESHS) Conditions in the bidding documents to ensure all the mitigation measures proposed in the ESMPs are effectively implemented:

- Past performance of the Contractor on ESHS aspects including sexual exploitation and abuse and gender-based violence.
- ESHS Staff with the Contractor.
- Performance Security.
- Mitigation measures to address construction impacts (as given in the district-ESMP).
- Payments for implementation of ESHS measures.
- Code of Conduct of Contractor's Personnel.
- Management Strategies and Implementation Plans (MSIP) to manage the ESHS Risks. Each of the above conditions is elaborated in **Table 7.5**.

**Table 7.5: ESHS Conditions in the Bidding Documents**

Condition	Rationale for inclusion of this Condition in the Contract	Specifications to be included in Bidding Documents	Responsibility	
			Bidders	KPHCIP
1. Past performance of the Contractor on ESHS is one of the eligibility criteria for the Shortlisting Process	The contractor's past performance on compliance with ESHS is an indicator of the contractor's commitment and capability for implementation of the ESMP	Record of past performance, The Bidder shall "Declare any civil work contracts that have been suspended or terminated and/or performance security called by an employer for reasons related to the noncompliance of any environmental, or social (including sexual exploitation and abuse (SEA) and gender-based violence (GBV) or health or safety requirements or safeguard in the past five years".	Bidder to make the Declaration	HCIP to use this information to seek further information or clarifications in carrying out its due diligence
2. Contractor shall propose ESHS Specialists in his Team	The Contractor's staff should include ESHS specialists who would be responsible for the implementation of all mitigation measures on ESHS risks and compliance with ESMP	The Bidder shall propose Environmental, Social, Health and Safety (ESHS) Specialists as the Contractor's Key Personnel at the Site. The Bidder shall provide details of the proposed ESHS specialists including academic qualifications and work experience. The ESHS Specialists should have a minimum bachelor's degree in engineering or a master's degree in sciences related to environmental Management. The Specialists should have 5 years of experience	The bidder to submit the CVs of proposed ESHS Specialist(s)	HCIP PMUs will review and approve

		working on monitoring and managing ESHS risks related to similar projects.		
3. Contractor shall submit ESHS Performance Security for compliance with ESHS Obligations	The Contractor should have a Financial implication if he could not comply with ESHS requirements. Hence performance security will be collected from the contractor	The Bidder shall submit the ESHS performance security in the form of a “Demand guarantee” in the amount of one percent of the contract amount.	The bidder will submit a Performance Security	
4. Implement Mitigation Measures to Address Construction-Related Impacts given in ESMP	The mitigation measures to address potential ESHS risks and impacts should be included in the Bidding Documents. The contractor shall be made responsible for the implementation of the mitigation measures through the necessary conditions in the Contract.	PMUs will include the ESMP in the General Specifications of the Bidding Document, and the reference to this document will be provided in the Conditions of the Contract as follows: The contractor shall implement the mitigation and monitoring measures given in the ESMP to address ESHS risks associated with the construction works. The consultant shall refer to the ESMP /ESMF of the project, which is available on the E&SED and health department websites for further guidance. The contractor shall comply with the World Bank Group’s General Environmental, Health and Safety Guidelines. Such specifications or conditions should be (i) written clearly in simple terms; (ii) unambiguous to avoid any misinterpretation. (iii) acted upon by the bidder without Requiring inputs/actions of other parties; (iv) clearly described if it is to be priced as a standalone item or part of delivering other items of the work; (v) practicable and outcome oriented: i.e., specify the end results as opposed to the method of achieving it.		PMU will include this condition in the bidding document
5. Payments for implementation of ESHS	BOQs on ESHS implementation are included in the Bidding Documents	Generally, the cost of delivering ESHS, particularly the OHS requirements shall be a subsidiary obligation of the contractor covered under the	Bidder will quote for the ESHS	HCIP PMUs will include this in the general

Mitigation and Monitoring Measures		Prices quoted for other Bill of Quantity items. No separate payments will be made for the implementation of OHS requirements. However, the budget will be allotted for the implementation of other ESHS aspects such as waste management, spoil site development, environmental monitoring, etc.	Management. OHS, CHS and environmental aspects should be costed Separately.	specifications of the bid document
6. Code of Conduct for all site personnel.	All workers hired by the Contractor. should sign a code of conduct to ensure compliance with ESHS obligations of the Contract	The bidder shall submit the Code of Conduct that will apply to the contractor's employees and subcontractors. The Code of Conduct will state that the workers will comply with the following ESHS requirements: Always Wearing of Personal Protective Equipment (PPE's) in the workplace Non-discrimination in dealing with the local community by race, ethnicity, gender, religion, disability, sexual orientation, gender identity, social, or health status. Respectful attitude while interacting with the local community Prohibit sexual Harassment particularly towards women and children prohibit violence, including sexual and/ or gender-based violence Respecting the reasonable work instructions Protection and proper use of the property	Bidder shall submit code of Conduct with the bid documents	PMUs will include worker's code of conduct in the general conditions of the bidding document
7. Contractor's Management Strategies and Implementation Plans (MSIP) to manage the ESHS Risk	The Contractor proposal should include his understanding of the ESHS requirements of the project and the Proposed strategies to manage the ESHS risks	The bidder shall submit Management Strategies and Implementation Plans (MSIP) to manage the following key ESHS risks: Strategy for the protection of workers and community from the construction-related hazards Pollution prevention (wastewater, air and noise emissions) and management A waste management plan for proper collection and disposal of waste A Traffic management plan to ensure the safety of local communities from construction traffic Hazardous material management plan safe storage and handling of material. Strategy to address labour influx impacts on the local communities	The bidder will submit MSIP along with the Bid Documents	

		Gender-based violence and sexual exploitation and abuse prevention and response action plan Emergency Response Plan and Early Warning System The Contractor shall be subsequently required to submit (Before mobilization) contractor's Environment and Social Management Plan (C-ESMP) by the above strategies and Condition 4 of this table.		
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### 7.1.8 Step 7: Implementation of ESMPs of Subprojects

The steps to be followed during the construction stage for effective implementation of C-ESMP are described in this section.

#### 7.1.8.1 Contractor's-Environmental & Social Management Plan

As a requirement under the bidding documents, the contractors will need to submit a construction environmental and social management plan (C-ESMP) prior to their mobilization for PMU review and approval. Submission of this plan by D&CSF and approval by PMU will be one of the conditions for the contractor to be able to start site mobilization. This plan will consist of the following site-specific management plans that will be prepared in compliance with the requirements of the bidding documents, District- ESMP and World Bank EHS guidelines:

- CHS & OHS Management Plans
- Waste Management Plan
- Wastewater discharges management plan
- Air and noise emissions management plan
- Hazardous material management and spill control plan
- Water supply and sanitation management at the worksites and workers' accommodations
- Management of labour influx and facilities for the foreign workers
- Labour recruitment procedures and labour management
- Traffic management plan
- Training plan for ESHS risks including HIV/AIDS, sexual exploitation and abuse, and gender-based violence
- Emergency Response Plan
- Grievance Redress Mechanism
- Demobilization plan after completion of works

In addition, the contractor will need to submit a Job Safety/Hazard Analysis at the beginning of construction works at each new site addressing the measures associated with various hazards at the work sites. These reports will be reviewed and approved by the PMUs after ensuring the mitigation measures proposed in the analysis are in place at the work sites.

#### 7.1.8.2 Compliance Monitoring and Reporting

Environmental and Social staff of the contractor are responsible for implementation of the C-ESMP, while the Environmental and Social Specialists of the Design & Construction Supervision Firm and PMUs will be responsible for the overall monitoring of the C-EMSPs throughout the project implementation. Compliance monitoring comprises of on-site inspection of the construction activities to verify that measures identified in the ESMP and that are included in the clauses for contractors are being implemented. This is like the normal technical supervision tasks ensuring that the contractor is



achieving the required standards and quality of work. The following reports will be prepared on the implementation of ESMP:

- Monthly environmental monitoring reports by the contractor on the status of implementation of environmental, social, health and safety aspects, and
- Quarterly environmental monitoring reports by the PMU on the status of implementation of environmental, social, health and safety aspects

The topics to be covered in these reports are summarized below:

- Environmental incidents or non-compliance with contract requirements
- Health and safety incidents, accidents, injuries, and all fealties that require treatments
- Inspection of workers accommodation; although preference will be given to local skilled and unskilled labours (including worker welfare facilities such as toilets in work areas, cold drinking water for workers during summers, and other similar facilities); Workers and community grievances
- Training conducted and their content.
- Environmental issues encountered and how they were mitigated and
- Compliance status on ESMP requirements.

### **7.1.9 Step 8: Disclosure of updated ESMF and ESMPs**

ESMPs and all associated safeguard documents will be disclosed on WB, ESED, DoH and P&DD official website once approved by WB. Furthermore, the executive summary will be translated in Urdu for easy understanding of the local community.

## 8. RESETTLEMENT POLICY FRAMEWORK

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 8.7 table 8.2 in this chapter... Land Acquisition and Resettlement Screening Checklist (attached as **Annexure 4**) will guide each sub-project in identifying the relevant framework to be applied if required. Similarly, Voluntary Land Donation/Due Diligence Screening Checklist (attached as **Annexure 5**) which will be used in case of VLD, if a small parcel of land is required for a reconstruction of classroom or a room in hospital along with Sample Agreement between the community and KPHCIP in case of Voluntary Land Donation (attached is as **Annexure 6**).

### 8.1 Objective of Resettlement Framework

In the case of land acquisition by the project for relocation of completely damaged school under additional component 4. 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 Resettlement Framework

The flood emergency response component of the project may include small scale civil works to rehabilitate or reconstruct the damaged education and health facilities, which may, in some cases, require small scale land acquisition either for relocation of washed away facilities or for the facilities located in flood prone areas. Though every effort will be taken to prioritize the use of existing government land or VLD (explained in forthcoming section), there is a chance that private land acquisition may be required. In case of relocation, it is anticipated that reconstruction of such facilities may require small scale, permanent economic displacement and/or involuntary resettlement if land acquisition is involved WB's OP on Involuntary Resettlement, OP 4.12 is triggered.

Hence, this RPF has been updated. 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.

### 8.3 Assessment of Land Acquisition and Resettlement Risks

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.

## 8.4 Types of Land Acquisition and Resettlement Risks

Potential land acquisition and resettlement impacts due to project activities can be divided into the following two categories.

- Category 1: Involuntary Resettlement due to civil works
- Category 2: Voluntary Land Donation for reconstruction of relocated schools

The following criteria will be used in order of preference for civil works:

Preference 1: Use of government or state-owned land

Preference 2: Voluntary Land Donation (VLD)

In most of the proposed interventions, land requirement will be minimal and should be fulfilled through Government lands or Voluntary Land Donation (VLD) approach. No private land acquisition requirement is envisaged at this stage. This use of voluntary donation option will be limited and under no circumstances, shall the titleholder be subjected to any pressure, directly or indirectly, to part with the land. The project will ensure that the process of voluntary donation of land is meticulously documented to avoid confusions, misunderstandings, litigations, etc. at a later stage.

## 8.5 Compensation for Informal Settlers/Occupants

### 8.5.1 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.

### **8.5.2 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.

### **8.5.3 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.

### **8.5.4 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.

### **8.5.5 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.

### **8.5.6 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.

### **8.5.7 Consultations**

Communities will be consulted about the additional flood response component of 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.

### **8.5.8 Timing of Relocation**

Displacement does not occur before the 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.)

### **8.5.9 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 at PMU to undertake supervision, consultation, monitoring of land acquisition and rehabilitation activities, and management of the Grievance Redress Mechanism (GRM).

### **8.5.10 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.

### **8.5.11 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 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.

### **8.5.12 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 under the additional flood response component 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.

### 8.5.13 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 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
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	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.	All the funds will be provided by GoKP through the project. Land acquisition and disbursement of payments is the responsibility of

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
			remaining lease years (up to a maximum of 3 years).	The Project through District Collector will pay cash compensation through crossed cheque.	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 in kind) for the remaining part of the agricultural year.  Provision of livelihood restoration support (ie, inclusion in the Livelihood Restoration Plan).	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
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	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	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
			<p>basis of CBN per person).</p> <p>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.</p> <p>Those households moving on their own (i.e., self-managed relocation) will receive an additional amount as allowances for self-managed relocation.</p>	provision of basic amenities as electricity, potable water, roads	
8.	Loss of trees	<p>Person with legal ownership of the land</p> <p>Socially recognized owner/ unauthorized occupant of the trees</p>	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	<p>Replacement value of residential structure.</p> <p>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).</p> <p>Special assistance of one-time payment for each female, disabled, elderly headed and very poor households.</p>	<p>Applicable to all structures located within the acquisition areas.</p> <p>District Collector with expertise from Works and Services Department will determine the replacement value</p>	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
			Owner will be allowed to take away all salvageable materials free of cost.		
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	<p>Relocation grant per affected structure.</p> <p>Special assistance of one-time payment for each female, disabled, elderly headed and very poor households.</p> <p>Owner will be allowed to take away all salvageable materials free of cost.</p>	<p>Applicable to all structures located within the acquisition areas.</p> <p>District Collector with expertise from Works and Services Department will determine the replacement value</p>	Replacement value, relocation grant and special assistance will be paid directly by the project
11.	Loss of access to residential houses/ commercial structures  (Owners/rented or leased)	Tenants of rented/ leased properties	<p>Affected tenants will receive cash compensation of a value proportionate to the duration of the remaining lease period, or three months, whichever is higher.</p> <p>Relocation grant per affected structure.</p> <p>Special assistance of one-time payment for each female, disabled, elderly headed and very poor households.</p> <p>Owner will be allowed to take away all salvageable materials free of cost.</p>	<p>Applicable to all structures located within the acquisition areas.</p> <p>District Collector with expertise from Works and Services Department will determine the replacement value</p>	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	Crop compensation in cash at full market rate for one harvest (either winter or summer) by default for impacts caused	Applicable for all crops standing on land within the acquisition area at the time of dispossession.	Compensation of crops will be included in the land award and will be paid by

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
		survey, including sharecroppers, tenants and squatters.	by the project activities.  All other crop losses will be compensated at market rates based on actual losses.	Project will pay through District Collector for crops. District Collector with assistance from Department of Agriculture will recommend resettlement value of crops at harvest.	the revenue department
13.	Loss of business by commercial and business enterprises (CBEs) due to dislocation	Owner/operator of the business as recorded by RFS	(i) Cash compensation equal to one year income, if loss is permanent;  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.	Business owners will be paid the entitlements after award of compensation by District Collector to the owner of premises.	Project will directly pay the entitlement to the 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	Vulnerable household must be identified during RFS.	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
			expenses, where applicable.		
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.
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	The one time severe impact allowance will be paid by Project.	Project will be responsible to pay the severe impact allowance.

No	Type of loss	Entitled Persons (Beneficiaries)	Entitlement (Compensation Package)	Implementation issues/Guidelines	Responsible Organization
			One person from the household will be eligible for labor work or job according to their skills and education.		

## 8.6 Category 2: Voluntary Land Donation

### 8.6.1 Voluntary Land Donation (Vld) 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.

### 8.6.2 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 landowners 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.

### 8.6.3 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 5**)
- 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)
- 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.

The VLD due diligence information will be verified during detailed design preparation of the sub-project and updated as necessary.

### 8.6.4 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.

### **8.6.5 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.

### **8.6.6 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.

### **8.6.7 Preparing Resettlement Action Plans (RAPs)**

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.

#### **8.6.7.1 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.

#### **8.6.7.2 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.

### **8.6.7.3 Field Surveys**

Field surveys for the RAP consist of four different<sup>37</sup> but interrelated surveys that will prepare a census of all affected persons, households, businesses, and community infrastructure and identify all impacts.

### **8.6.7.4 Valuation of Assets**

The RAP will include a detailed valuation of assets such as productive land, houses, structures, crops, trees and loss of livelihoods.

### **8.6.7.5 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.

### **8.6.7.6 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 the 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.

### **8.6.7.7 Project Management Unit (PMU)**

The Social Safeguards Specialist will be responsible for implementation of the RPF, 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).

### **8.6.7.8 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.

### **8.6.7.9 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:

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<sup>37</sup> Census of Affected Persons and Project Impacts; Household Profile Survey; Affected Businesses Survey; Public and Community Infrastructure Survey

- 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.

#### **8.6.7.10 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.

#### **8.6.7.11 Board of Revenue**

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

#### **8.6.7.12 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.

#### **8.6.7.13 Budget and Financing**

Adequate budgetary support will be fully committed to 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 the 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. The 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.

### **8.7 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. **Table 8.2** provides the information about gap analysis of land acquisition act & the WB policies.

**Table 8.2. Gap Analysis of Land Acquisition Act & World Bank Policies**

<b>World Bank Involuntary Resettlement Policy Principles</b>	<b>Pakistan's Land Acquisition Act</b>	<b>Approaches to Address the GAPS</b>
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, (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.	No equivalent requirements.	Livelihoods restoration is required and allowances are provided as relevant.
Provide physically and economically displaced persons with needed support	No equivalent requirements.	Support provided to be commensurate with impacts

## **9. INDIGENOUS PEOPLES PLAN**

### **9.1 Summary of IPP**

An Indigenous Peoples Plan has been required for the sub-project rehabilitation of the flood-damaged BHU- Bumburet in the Kalash valley. The IPP has been developed in accordance with WB OP 4.10, which is for indigenous people. Therefore, in view of flood emergency response, the WB policy on Indigenous People OP 4.10 triggered therefore, the IPP has been prepared due to presence of flood damaged health care facility in Kalash/Bumburet Valley of Chitral Lower.

The IPP has been prepared (as a standalone document) to consult with the Kalash people on the intended rehabilitation for the flood affected health facility that has been damaged by floods in an area inhabited by the kalash people. The location is in the vicinity of Bumburet in Kalash Valley, which is in the Lower Chitral district. The IPP aims to address impacts of the rehabilitation work while ensuring that the rights and needs of the local indigenous communities are respected. The plan outlines mitigation measures either to avoid or to minimize any negative effects on the Kalasha community in Bumburet valley, including consultations with local stakeholders and the implementation of culturally sensitive solutions.

The Indigenous Peoples Plan (IPP) is based on consultations and field data collection from various stakeholders including community members living around the floods damaged health facility (BHU) proposed for rehabilitation under the flood response activities at Bumburet, lower Chitral. The measures presented in IPP document include actions that must be carried out and tracked while the project is being conducted, and they are incorporated into the project design and monitoring. The report further provides a brief introduction sub-project description, WB Policy on IPs (OP 4.10) and sub-detail of consultations and data collection. The IPP attempts to report on every activity/ initiative and progress undertaken during stakeholder consultations process.

Input received at community consultations/ Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) held from May 5<sup>th</sup> – 7<sup>th</sup> 2023 for rehabilitation of BHU-Bumburet.

## 10. 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.

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 original four districts. The original ESMF<sup>38</sup> (reference provided in the footnote) provides general guidance on devising a mechanism to be in place for Health Care Waste treatment and disposal as per Hospital Waste Management Rules, 2018. (A sample Monitoring Checklist for Hospital Waste Management is attached for guidance as **Annexure 8**).

As an additional component, KPHCIP Health is supporting rehabilitation and reconstruction of flood damaged hospitals and providing equipment and medicines. While Hospital Waste Management is not covered in the existing project scope, however, if the need arises in future KPHCIP will follow Health Care Waste Management guidelines and accordingly Health Care Waste Management Plans (HCWMP) will be prepared to ensure safe disposal and treatment of the hospital waste as per KP and WB rules and regulations.

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<sup>38</sup> <https://pndkp.gov.pk/2022/08/10/environmental-and-social-management-framework-and-resettlement-policy-framework/>  
<https://kpese.gov.pk/vtwkaf/uploads/2021/01/ESMF-KPHCIP-May-8-2020.pdf>  
[http://healthkp.gov.pk/public/uploads/news-ESMF%20KPHCIP%20Final%20Report%207May%20Covid%20Updated%20Sana-MZ%20\(1\).pdf](http://healthkp.gov.pk/public/uploads/news-ESMF%20KPHCIP%20Final%20Report%207May%20Covid%20Updated%20Sana-MZ%20(1).pdf)  
<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/512361590654194774/environmental-and-social-management-framework>

## 11. UPDATED ESMF IMPLEMENTATION ARRANGEMENTS

### 11.1 Implementation Arrangements at Provincial Level

The project will be implemented by the KP Planning and Development Department through Health, and Secondary Education Departments. A Project Steering Committee is constituted which is providing strategic guidance and review performance. It is headed by the Additional Chief Secretary (ACS) KP and includes representatives from the Departments of Finance, P&DD, Education and Health. PMUs are responsible for project implementation. The provincial Department of Communication and Works (C&W) will carry out civil works under the project in flood emergency response, however C&W is not an implementing agency for the project. 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. The C&W department will also prepare the detailed engineering drawings, cost estimates and PC-1 for the flood-related civil works of Education component. In the case of health component for civil works in flood damaged hospitals, Design & Construction Supervision Firm (D&CSF) and PMU Health will manage the procurement, construction supervision, Quality Assurance/Control, and contract management.

### 11.2 Institutional setup at District Level

At the district level, implementation for the education interventions will be coordinated by the District Education Officers (DEO). For all district level interventions, the DEOs will lead the implementation while concern AXN of C&W will technically supervise and monitor the construction activities. In the health sector, the District Health Officers (DHO) will be the implementation lead for all activities while D&CSF will supervise the civil works. 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 PMU<sup>39</sup>.

### 11.3 Summary of implementation arrangements

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.

Details of environmental and social staff associated with various consultants and contractors that may be engaged under the project in Education PMU are summarized below.

<sup>39</sup> *ibid*

#### **11.4 Environmental and Social Staff in Education PMU.**

The Environmental and Social Safeguard team of PMU Education includes the following staff:

- Environment Specialist
- Social Specialist
- Gender Specialist
- One E&S Officer

The KPHCIP PMU has as part of its team an Environmental and Social Safeguards Specialist who will oversee the environmental, social and health and safety aspects of the project.

PMU will engage a design and construction supervision consulting firm to review and update the construction designs and drawings for classrooms and other associated structures, and to supervise the construction works. These designs must be cognizant of the need for provisions to avoid negative environmental impact and mitigate the likelihood of negative social impacts. The PMU will ensure that the ToRs developed include as part of key requirements, provision of Environmental and Social impacts mitigation plan/strategy. It will also carry out Supervision of the selected consulting firm on the management of ESMP activities as well reporting. Confirmation of the scope of construction works for each of the selected schools including adherence to Environmental and Social Impact Management Plan for each school.

The Environmental & Social safeguards team will ensure that the World Bank Environmental and Social Safeguard Policies are adhered to where applicable, that the contractors comply with the requirements of the Environmental mitigation measures to be issued by the KPEPA, and that the Contractor prepare and implement the Contractor's Environmental and Social Management Plan. The Environmental & Social Specialist will report to the Project Director.

The E & S Specialists will support and ensure that ESMP Training and Capacity Building plan for all the sites is prepared by the contractor and that the training activity is a pre-requisite for classrooms construction in any form. This will include making sure that the firm has also developed training manuals which will also be reviewed and approved by the PMU and World Bank/.

The Environmental and Social Specialists will visit the site at least once per week to check on the Contractor's environmental, social, health and safety performance and compliance. The Environmental and Social Specialists will conduct unannounced visits as well as joint visits with the D&CSF and Contractor's HSSE Personnel. A quarterly Environmental and Social Compliance Report will be prepared by the Environmental and Social Specialists, documenting the status of compliance, areas of non-compliances, corrective actions recommended, and other improvements required. This report will be submitted to the World Bank.

#### **11.5 Design & Construction Supervision Firm (D&CSF):**

The Supervisory Firm will have as a member of their team a Health, Safety, Social and Environmental (HSSE) Personnel who will have the responsibility of ensuring compliance with the environmental, social, health and safety requirements relating to the project. This person will be responsible for overview and provide direction as may be required to the Contractor (and the KPHCIP PMU as may be required) to ensure the project meets its HSSE objectives and complies with the ESMP. The Supervisory Consultants will be required to monitor the Contractor's HSSE performance against the national requirements and that of the PMU, as well as the Contractor's C-ESMP. They will also be required to ensure that the Contractor's HSSE performance is in accordance with the requirements of the Occupational Safety and Health Act and meets the requirements of all state agencies tasked with the monitoring, regulation, and promotion of safety at work. The HSSE related services to be provided by the Supervisory Firm include but are not limited to:

- Review and approval of the contractor's C-ESMP, including all updates and revisions.

- Review and approve the contractor’s method statements, implementation plans, prevention and response action plan, drawings, proposals, schedules, and all relevant documents.
- Review and consider the HSSE risks and impacts of any design and/or methodology change proposals and advice if there are implications for compliance with the project environmental requirements, consent/permits, and other related project matters.
- Undertake audits and inspections of contractor’s accident logs, community liaison records, monitoring findings and other HSSE related documentation, as necessary, to confirm the contractor’s compliance with HSSE requirements.
- Agree on remedial action/s and their timeframe for implementation in the event of a non-compliance with the contractor’s HSSE obligations.
- Ensure appropriate representation at relevant meetings including site meetings, and progress meetings to discuss and agree on appropriate actions to ensure compliance with HSSE obligations.
- Check that the contractor’s actual reporting (content and timeliness) is in accordance with the Contractor’s contractual obligations.
- Review, critique and consult in a timely manner with the contractor on their HSSE documentation (including regular reports and incident reports) regarding the accuracy and efficacy of the documentation.
- Undertake liaison, from time to time and as necessary, with project stakeholders to identify and discuss any actual or potential HSSE issues.
- Establish, communicate, and maintain a grievance redress mechanism including types of grievances to be recorded and how to protect confidentiality.
- Provide appropriate training to contractor’s workers when necessary or required by the PMU; Undertake field inspections of the construction site to verify the contractor’s compliance with the C-ESMP and promptly communicate to the PMU any serious deviations.
- Monitor overall works performance and will oversee the environmental, social, health and safety aspects of the project on a day-to-day basis, including identification of non-compliance and recommendations of corrective actions.
- Prepare a monthly report detailing the HSSE performance by the contractor.
- Regularly reviewing and assessing environmental risks throughout the construction phase.
- Identifying and preparing environmental induction and training materials.
- Responding to environmental incidents as required.
- Managing compliance reporting as it relates to the project.

## 11.6 Construction Contractors

The Contractors will also require employing a suitable qualified and experienced personnel as an Environmental, Social, Health and Safety Officer, with the responsibility of ensuring compliance with the environmental, social, health and safety requirements. The responsibilities of this individual will include but not limited to the following:

- Prepare the Contractor’s Environmental and Social Management Plan.
- Conduct training of workers in health, safety, and environment requirements, including health and safety induction prior to commencement of work onsite and regular toolbox sessions.
- Ensure compliance with the KPEPA’s Environmental measures.
- Liaise with the KPHCIP PMU Environmental and Social Specialist and Supervisory Firm Environmental, Health and Safety Personnel on compliance.
- Implement the Contractor’s Environmental and Social Management Plan.
- Conduct site inspections, audits, and permanent supervision at the construction site to ensure adequate and timely implementation of, and compliance with, the C-ESMP.
- Address any grievances of stakeholders.

- Report on environmental, social, health and safety compliance; and
- Oversee the clean-up and decommissioning of the site on the completion of works.

### 11.7 Communications & Works Department (C&W)

The C&W department will prepare the detailed engineering drawings, cost estimates and PC-1 for the flood-related civil works of education component, however procurement of the civil works shall be carried out by the Procurement Committee of PMU Education.

### 11.8 Education Monitoring Authority (EMA)

Education Monitoring Authority will carry out E&S screening of flood damaged schools in additional districts under component 4 because of restructuring.

### 11.9 Monitoring and Evaluation Consultants (M&E Consultants)

The PMU will also engage an independent organization to carry out third-party environmental and social monitoring during project implementation. The roles and responsibilities of PMU's environmental and social staff and consultants for environmental and social management of the PMU education are given in **Table 11.1**.

**Table 11.1: Roles and Responsibilities in Environmental and Social Management (Education)**

Organizations	Responsibilities
PMU	<ul style="list-style-type: none"> <li>• Ensure that all project activities are well-managed and coordinated.</li> </ul> Procurement of works and goods. <ul style="list-style-type: none"> <li>• Payment of compensation to the project affected households</li> <li>• Responsible for civil works technical aspects and associated activities</li> <li>• Overall supervisory role in the implementation of the project</li> <li>• PMU will engage a design and construction supervision consulting firm to review and update the construction designs and drawings for classrooms and other associated structures, and to supervise the construction works.</li> </ul>
E&S Staff within PMU	<ul style="list-style-type: none"> <li>• Reviewing consultants' deliverables related to environmental and social assessment, reviewing bid documents for inclusion of ESMP</li> </ul> supervising construction activities, producing periodic monitoring reports, <ul style="list-style-type: none"> <li>• Supervising D&amp;CSF for the implementation of ESMP including mitigation measures and implementation of C-ESMP</li> <li>• Carry out direct monitoring of key aspects such as COHS, GRM</li> <li>• Closely coordinate with other concerned agencies, local governments, and communities to support the implementation of ESMP</li> <li>• The staff will assist the PMU on issues related to environmental and social management and oversee the E&amp;S activities. PMU E&amp;S team will undertake E&amp;S screening of schools and prepare screening report accordingly.</li> <li>• District umbrella ESMPs will also be prepared by E&amp;S team. The Design and Construction Supervision Firm (D&amp;CSF) and contractors will compile monthly monitoring reports on ESMP compliance, to be sent to the Project Director and shared with the World Bank, throughout the construction period.</li> </ul>
Project	<ul style="list-style-type: none"> <li>• Prepare feasibility studies and detailed engineering designs for projects</li> </ul>



Design & Construction Supervision Firm	<ul style="list-style-type: none"> <li>Supervise civil works, ensuring compliance with all design parameters including quality requirements and ESMP implementation</li> <li>Prepare monthly reports and submit to PMU</li> <li>D&amp;CSF will have dedicated environmental and social staff</li> </ul>
Organizations	Responsibilities
Construction Contractor	<ul style="list-style-type: none"> <li>Prepare C-ESMP with site-specific mitigation measures and implementation of mitigation and monitoring measures proposed in the ESMP</li> <li>Each contractor will recruit an Environmental, Health, and Safety Manager, who will be responsible for implementing the contractors' environmental, health and safety responsibilities and liaison with government agencies.</li> <li>S/he will have adequate environmental, social, health, and safety staff.</li> </ul>
Communications & Works Department	<ul style="list-style-type: none"> <li>The C&amp;W department will prepare the detailed engineering drawings, cost estimates and PC-1 for the flood-related civil works of education component, however procurement of the civil works shall be carried out by the Procurement Committee of PMU Education</li> </ul>
Education Monitoring Authority	<ul style="list-style-type: none"> <li>EMA will carry out E&amp;S screening of flood damaged schools in additional 13 districts</li> </ul>

### 11.10 Environmental and Social Staff in Health PMU.

The Environmental and Social Safeguard team of PMU Health includes the following staff:

- Environmental Specialist
- Social & Gender Specialist

The PMU will assist on issues related to environmental and social management and oversee the E&S activities. PMU E&S team will undertake E&S screening of health facilities and prepare screening report accordingly. The Hospital Waste Management will be outsourced to a licensed company for the original scope of work in 4 districts. Therefore, preparation of IEE/EIA (after consultation with KPEPA) and taking NOCs from KPEPA will be the responsibility of the company.

#### 11.10.1 District Health Officers (DHO):

For the health component DHO will be coordinating and supervising health services within the district, therefore for KPHCIP interventions District Health Officers (DHO) will lead the implementation for all activities at the district level. Being the government lead in the district for primary healthcare, the DHO will ensure implementation and effective coordination with the department of health and the PMU. DHOs will also assist in implementation of community engagement component and promotion of community participation in local health service.

#### 11.10.2 Design & Construction Supervision Firm (D&CSF):

The D&CSF will be responsible for (i) carrying out feasibility studies and detailed engineering designs of the sub-projects, and (ii) construction supervision of these projects. The firm will have adequate

environmental, social, health and safety specialists to implement the environmental and social management plans of the hospitals. The Design and Construction Supervision Firm (D&CSF) and contractors will compile monthly monitoring reports on HWMP compliance from the outsourced company in the original four districts, to be sent to the Project Director and shared with the World Bank, throughout the construction period.

### 11.10.3 Contractors:

Construction contractors will prepare C-ESMP for each site and have adequate environmental, health and safety specialists to implement the environmental and social management plans of the C-ESMP. The D&CSF will be responsible for the overall implementation, monitoring, and reporting of the flood component in Health PMU. The roles and responsibilities of PMU's environmental and social staff and consultants for environmental and social management of the PMU education are given in **Table 11.2**.

**Table 11.2: Roles and Responsibilities in Environmental and Social Management**

Organizations	Responsibilities
PMU	<ul style="list-style-type: none"> <li>• Ensure that all project activities are well-managed and coordinated.</li> <li>• Procurement of works and goods.</li> <li>• Payment of compensation to the project affected households (If any)</li> </ul>
E&S Staff within PMU	<ul style="list-style-type: none"> <li>• Reviewing consultants' deliverables related to environmental and social assessment, reviewing bid documents for inclusion of ESMP measures, supervising construction activities, producing periodic monitoring reports.</li> <li>• Supervising D&amp;CSF for the implementation of ESMP including mitigation measures and implementation of C-ESMP</li> <li>• Carry out direct monitoring of key aspects such as COHS, GRM</li> <li>• Closely coordinate with other concerned agencies, local governments, and Communities to support the implementation of ESMP.</li> <li>• The staff will assist the PMU on issues related to environmental and social management and oversee the E&amp;S activities. PMU E&amp;S team will undertake E&amp;S screening of hospitals and prepare screening report accordingly. District umbrella ESMPs will also be prepared by E&amp;S team in PMU Health both for original scope as well as flood additional districts.</li> <li>• Develop quarterly ESS reports and analyze annual monitoring reports from the third-party monitoring firm.</li> <li>• 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.</li> <li>• Coordinate with all stakeholders at the provincial and district levels for all ESMF related issues.</li> <li>• Monitor sub-projects for the implementation of the ESMPs.</li> <li>• Develop a system for regular community engagement.</li> <li>• Effective implementation of the GRM.</li> </ul>
Project Design &	<ul style="list-style-type: none"> <li>• Prepare feasibility studies and detailed engineering designs for projects.</li> <li>• Supervise civil works, ensuring compliance with all design parameters including quality requirements and ESMP implementation</li> </ul>
Construction Supervision	<ul style="list-style-type: none"> <li>• Prepare monthly reports and submit to PMU</li> </ul>

Construction contractor	<p>D&amp;CSF will have dedicated environmental and social staff</p> <ul style="list-style-type: none"> <li>• The Design and Construction Supervision Firm (D&amp;CSF) and contractors will compile monthly monitoring reports on ESMP compliance, to be sent to the Project Director and shared with the World Bank, throughout the construction period.</li> <li>• Prepare C-ESMP with site-specific mitigation measures.</li> <li>• Implementation of mitigation and monitoring measures proposed in the ESMP</li> <li>• Each contractor will recruit an Environmental, Health, and Safety Manager, who will be responsible for implementing the contractors' environmental health and safety responsibilities and liaising with government agencies</li> <li>• They will have adequate environmental, social, health, and safety staff to manage the E&amp;S safeguard at facility level</li> </ul>
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### 11.11 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 Specialists, Gender Specialist and Social Specialists 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 thirteen districts to relevant staff, PTCs, construction contractors and the social mobilization firm/NGO.

### 11.12 Capacity Building and Trainings

The PC-1 has allocated specific capacity building provisions of the responsible staff at field level, PMUs, PTCs 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 to learn and benefit from the experiences and achievements made by other programs. All ESS training materials will be available in local languages to increase their comprehension by the target audience at various levels.

A detailed tentative list of training is provided in **Table 11.3 and 11.4** for health and education components respectively.

**Table 11.3: Capacity Building and Training Framework Health**

S. No	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;	2	Annual	ESS Specialist PMU Health	PMU construction contractor

		VLD Mechanism RPF Principles/Requirements Monitoring Mechanism Documentation and reporting procedures.				
2.	District Level E&S construction specific trainings	ESMF with special focus on impacts and mitigation measures during construction stage; Community and occupational Health and Safety , conflict resolution and gender sensitivity		Biannual for 2 years during construction	ESS Specialist PMU Health	Health department staff, contractors subcontractors and field staff
3.	Provincial Level Health Care Waste management training	HCWMF and ESMF implementation; GRM Community engagement; Mitigation approach		Once in beginning of project	PMU Health	PMU and DHQ,BHU,RHC staff
4.	District Level E&S (Health) hospital waste management and solid waste management training	HCWMF and HCWMP implementation;		Once in each district	ESS Specialist PMU Health	DHQ,BHU,RHC, DHC, DHMT, department and district staff
5.	Capacity building on HCWM including infectious waste at RHCs	HCWMF and HCWMP mitigation approach		Once per district	MU Health	RHC staff
6.	Capacity building hospital waste management at BHUs	HCWMF and HCWMP implementation		two times during project period (2 clusters per district)	PMU Health	DHQ,BHU,RHC staff
7.	Material on waste management protocols	Booklets and panaflex	00	Resource persons	PMU Health	DHQ,BHU,RHC,MN CH, MCH

8.	Communication and awareness material for healthcare panaflex e	booklets /panaflex	00	Resource persons	PIMU Health	
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**Table 11.4: Capacity Building and Training Framework Education**

S.No	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 mitigation strategies as per ESMF at construction site; VLD Mechanism RFP Mechanism Monitoring Mechanism Documentation and reporting procedures.	1	Annual	E&S Safeguard Specialist	PMU Education and field facilitators
2.	Provincial Level E&S safeguard trainings	ESMF implementation; Community engagement; Mitigation approach	-	Annual	E&S Safeguard Specialist	SED district staff
3.	District Level E&S safeguard trainings	ESMF implementation; Community engagement; Mitigation approach	13	Annual	E&S Safeguard Specialist	SED district staff
4.	Construction specific District Level E&S trainings	ESMF with special focus on impacts and mitigation measures during construction stage; Community and occupational Health and Safety , conflict resolution and gender sensitivity	9	Once in each district	E&S Safeguard Specialist	department staff, construction contractors subcontractors and field staff
5.	Training on nutrition, environment, clean up	Nutrition promotion, environment, health and hygiene, plantation, and DRR	9	Once in each district	Resource persons	SED staff , students, teachers

	campaigns for schools, WASH and DRR					
6.	Communication and awareness material for education facilities communities		-	during project period	PMU Education	SED and selected schools

Various topics to be covered in ESS trainings include but are not limited to the following:

### 11.13 Monitoring & Evaluation

The overall responsibility for the enforcement of this ESMF rests with two PMUs. To ensure compliance, the PMUs will be tasked with regularly monitoring the implementation of the ESMP during the construction phase. The ESS specialists, two in each PMU, will be responsible for all ESS related monitoring activities during project construction and operation. In addition, community organizations, such as PTCs 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 Specialists	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) 4. Training of E&S field staff	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 a 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
Design & Construction Supervision Firm	Supervise civil works, ensuring compliance with all design parameters	Development of monthly project E&S report	E&S team PMU	Monthly
	including quality requirements and ESMP implementation			

	Prepare monthly reports including E&S compliance Reports and submit to PMU			
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The monitoring firm and D&CSF 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 monthly reports submitted by D&CSF and own monitoring and observations data.

## 12. 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) with 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.

### 12.1 Stakeholder Consultation and Participation

The communities and relevant stakeholders within and around the project area were consulted during the fieldwork. On health side, collectively 4 consultation meetings were held in which 2 consultation meetings with PCMCs, and community members conducted at flood affected healthcare facilities and two with female visitors (sitting at the waiting area for medical check-up) to both the healthcare facilities were consulted on December 14<sup>th</sup>, 2022. In these consultation meetings, a total 46 participants including 27 males and 19 females attended.

**Table 12.1: Consultation Meetings Conducted by PMU Health**

S.#	Stakeholder Interviewed/ Consulted	Date	No. of Participants	
			Male	Female
1	PCMC and community members, at BHU Gulabad, Charsadda	14-12-2022	16	-
2	PCMC and community members, at BHU Kot, Charsadda	14-12-2022	11	-
3	Individual consultation with female visitors to BHU Gulabad	14-12-2022	0	12
4	Individual consultation with female visitors to BHU Kot	14-12-2022	0	7
<b>Total</b>			<b>27</b>	<b>19</b>

Likewise, on education side, 4 and 6 consultation meetings were conducted in district Charsadda and Peshawar respectively. In district Charsadda, consultation meetings were conducted on December 13<sup>th</sup>, 2022, while in district Peshawar, consultations were held from May 30<sup>th</sup> to 31<sup>st</sup> 2023 & on June 1<sup>st</sup>, 2023. In these consultations, collectively, a total 108 males and 36 females participated.

**Table 12.2: Consultation Conducted by PMU Education**



S.#	Stakeholder Interviewed/ Consulted	District	Date	No. of Participants	
				Male	Female
1	Teachers & PTC members & community, at GHS Agra	Charsadda	13-12-2023	22	-
2	Teachers & PTC members & community, at GMS Shabara	Charsadda	13-12-2023	33	-
3	Teachers & PTC members & community, at GPS-Shahi Kulali Bala	Charsadda	13-12-2023	17	-
4	Teachers & PTC members & community, at GGPS Sokhta	Charsadda	13-12-2023	-	10
5	Teachers & PTC members, at GHS Mathra	Peshawar	30-05-2023	9	-
6	Teachers & PTC members, at GGPS Palosai Attozai	Peshawar	30-05-2023	-	8
7	Teachers & PTC members, at GGPS Shagai Bala No.2	Peshawar	31-05-2023	-	8
8	Teachers & PTC members, at GPS Ghari Sadu	Peshawar	31-05-2023	20	-
9	Teachers & PTC members, at GGPS Kaniza	Peshawar	01-06-2023	7	-
10	Teachers & PTC members, at GGPS Pawaka	Peshawar	01-06-2023	-	10
<b>Total</b>				<b>108</b>	<b>36</b>

Similarly, a total of 9 consultations were conducted from December 21<sup>st</sup> to 22<sup>nd</sup> 2022 in district Charsadda. In which 7 were individual consultations i.e., with officials of Education, Health, and C&W departments.

Additionally, during the preparation of IPP, in district Lower Chitral, a total of 7 FGDs/ consultation meetings and 9 KIIs were held with the local communities including both Kalasha and Muslim Sheikh People in which a total of 98 persons participated. Details of consultations of IPP provided in chapter 9.

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 promote 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.

## 12.2 Grievance Redress Mechanism (GRM)

The GRM is an institutional arrangement to provide an avenue for 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 environmental 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 has been developed; and the complaints will be forwarded to the respective PTCs, DEOS and 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.

## 12.3 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.

## 12.4 Grievance Redress Mechanism for KPHCIP (Education Component)

As mentioned above, a Grievance Redress Mechanism will be set up separately for health and education departments. The final GRM institutional set-up was determined after project components and institutional arrangements are finalized, to ensure the GRM is responsive to project affected communities and end users. A detailed proposed GRM SoPs including GRM structure is provided in the following parts.

Grievance Redress Mechanisms (GRMs), one for each implementing agency, have been included in the ESMF. A GRM, accessible to project affected persons (PAPs) will be developed and housed in the two project PMUs, with user-friendly complaint submission options. It will outline clear roles, timelines, procedures, and responsibilities. It will also describe the options available to PAPs for on-site grievance redress during the land acquisition and resettlement process as well as other project-related activities. GRM will have an in-built monitoring mechanism to check on responsiveness to complaints or grievances lodged. In addition, all sub-projects requiring land acquisition will have site-specific GRMs. The GRMs will also provide an avenue to project stakeholders to raise and resolve grievances related to Gender Based Violence (GBV) and Violence against Children (VAC).

The GRM will help enhance operational efficiency in many ways, including generating public awareness about the project and its objectives; deterring fraud and corruption; mitigating risk; providing project staff with practical suggestions/feedback that allows them to be more accountable, transparent, and responsive to beneficiaries; assessing the effectiveness of internal organizational processes; and increasing stakeholder involvement in the project.

KPHCIP - GRM has been designed to provide a timely, responsive, and effective system of resolving community/ PTCs/ or individual grievances related to the KPHCIP project (education component). It is a multi-tiered process starting at the PTC (school)/ community and ending at the Provincial - Project Management Unit (PMU)/ E&SED level. The KPHCIP GRM will function with designated members at each level (PMU, DEO office and community if any). The project will set up a formal Complaint Cell at each level and suitable staff will be nominated to take responsibility for GRM management throughout the processes. Apart from the electronic database that will be maintained at the E&SED level, a manual register of all complaints and actions taken will be maintained at relevant offices. It should be ensured that the database reflects all the manually registered cases to allow tracking of the complaints and their resolutions and evaluations.

To strengthen the existing complaint system and sustainability at E&SED, firstly, the project GRM proposed to involve the Education Officials and its system from the bottom to top level such as PTCs at school and community level, DEOs and EMIS officers (databases) at District level and Deputy Secretary Complaints at E&SED level. So, it is proposed that both PMU and E&SED will jointly head the GRM. During the project period the PMU will provide needful assistance in managing the GRM system and will train the relevant staff, and at the phase-out time, the concerned officials of E&SED would be proficient enough to lead and manage the system independently. Importantly, this would be a model GRM for the selected 4 districts or even for the flood response districts as well, the E&SED can replicate the same model in other districts/ schools in the province. The proposed automated "Interactive Voice Response System" (IVRS) will also be in place, which the department can extend to another district after the project phase-out.

Secondly, the complaint handling will jointly be managed by both the PMU and E&SED. It is proposed that the existing Education Management Information System-EMIS (a centralized database for all the Elementary and Secondary schools at province level) will also register the complaints in the existing database and will provide results on weekly/ bi-weekly or monthly basis to the PMU & concerned officials of E&SED.

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.

### 12.4.1 Objectives of Grievance Redress Mechanism

An 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. The KPHCIP GRM has the following specific objectives:

- Ensure effective implementation of the project elements directly relevant to improving governance and accountability,
- Protect against and reduce fiduciary risks, particularly those of fraud and corruption,
- Enable beneficiary and general citizen to receive and provide information about the project operations and performance,
- To provide an opportunity to the aggrieved party and the project implementers to resolve disputes in a short time before they escalate.
- Safeguard the credibility of implementing agencies.

### 12.4.2 Scope of GRM

The scope of grievances to be addressed by KPHCIP GRM will include potential grievances and issues that arise during the implementation of the project. The GRM can be used by parties or stakeholders living in the target areas or those that have a stake in the targeted areas that might have been unintentionally affected by the project activities and/or outcomes.

The mechanism does not impede access to judicial or administrative resolutions. The GRM will address students, parents and employees' grievances in the selected schools (PTCs) and of the residents of the respective local communities. The GRM will also take up grievances related to sexual harassment, violence against women (VAW), violence against children (VAC) and environmental degradation and deviation from social safeguards practices will be dealt on priority basis and shall be addressed within given timeframe.

### 12.4.3 GRM Jurisdiction

This will be a project specific GRM which is proposed to be assimilated with the existing complaint system and applicable to solve the concerns of the stakeholders of the Project. The integrated GRM will also strengthen the existing complaint and resolution process. This will introduce some of the most convenient new grievance lodging channels which will be easily accessible to the community, parents and students. The GRM will cover the KPHCIP operational areas of Districts Peshawar, Nowshera and Swabi and Haripur and proposed flood affected 9 districts (Dir Payan, Charsadda and Abbottabad, Lakki Marwat and D.I. Khan, Upper Chitral, Dir Bala and Swat, Tank) will focus on specific activities financed under the Project.

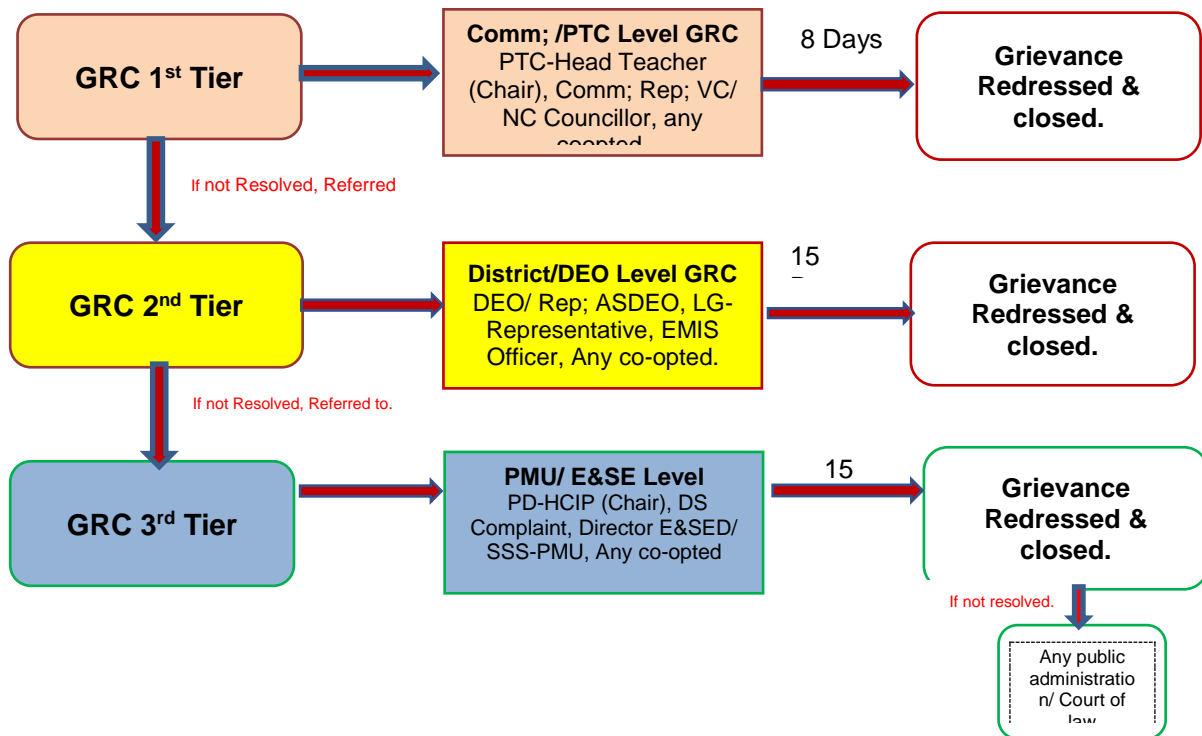
### 12.4.4 Structure of the Grievance Redress Mechanism

Grievance Redress Committees (GRCs) will be established to ensure accessibility for the aggrieved parties. The members of the GRC include designated/notified HCIP staff, PTC members and Local Government representatives, community notables and Elementary & Secondary Education staff. Grievances can be received at multiple levels which are most accessible for the complainants, but the unresolved grievances will be escalated and redirected to the higher level GRC, as shown in Figure 1.

There will be a three-tier mechanism (community/ PTC level, district/ DEOs level and provincial/ HCIP & secretariat level) and will be established before commencement of civil works. The proposed GRM institutional set-up for education has been determined by the concerned Project Director while for health-component the institutional set up will be devised by the concerned Project Director. It is suggested that a model framework for an automated GRM system be adopted based on project components and institutional arrangements finalized, to ensure the GRM is responsive to project-

affected communities and end users. The GRM structure, composition and functions of the three-tier are given below.

**Figure 1. GRM Structure with Multiple Levels**



### First Tier – PTC/ Community level Grievance Redressal Committee

Complaints can be received at PTC/ community level. The concerns of the complainant will be examined at the PTC/ community level. The Head Teacher/ PTC Chairman will act as secretary to PTC/ community level committee and get the grievances recorded, investigated, and discussed and inform the complainant(s) about project in accordance with provisions of the ESMPs and coordinate with the GRC to ensure that the complainants' recommendations are given a fair hearing, and the grievances are addressed accordingly. If the grievance is not resolved at the PTC/ community level, it shall be raised at district level. PMU staff will ensure grievances registered by female complainants or stakeholders are heard in or PTCs. PMU staff will also ensure the female complainant is informed of all GRC processes and outcomes related to her complaint.

Selected community level Grievance Redress Committee will consist of:

1. Head Teacher (Chair)
2. Community Representative
3. Local Government Representative/ Councillor (Village Council (VC)/Neighborhood Council (NC)
4. Any other co-opted member/ representative

A decision will be made within 8 days of receiving the complaint.

### Function of Tier-1 GRC:

- The GRC will acknowledge the complaint, scrutinize, investigate, and ensure the complaints are processed immediately.
- Ensure that follow-up actions in response to grievances are taken within an agreed timeframe.

- Ensure the availability of grievance registration forms (in Pashtu, Urdu & Hindko) in the project respective school/ community.
- Help female complainants/ APs to file grievances, and ensure grievances registered by female complainants are heard in GRC.
- Maintain a complaint register/ database of all registered grievances, along with details on the nature of the issues raised and actions taken.
- Refer the complaint to the 2nd tier if the complaint cannot be redressed at tier-1 GRC.

### **2nd Tier District-Level Grievance Redressal Committee**

If a grievance is not resolved at the PTC/ Community Level, the GRC will elevate it to District/ DEO level. It will be the responsibility of ASDEO and EMIS Officer to provide the required feedback and update to the District Education Officer on the process made at PTC/ Community level to resolve the issue.

The GRC at District level will comprise:

- i. District Education Officer (DEO) (Chairman)/ Representative
- ii. Assistant Sub-Divisional Education Officer/ ADEO Establishment
- iii. EMIS Officer (Secretary)
- iv. Local Government Representative
- v. Any other co-opted member

Following the preliminary assessment, the DEO will investigate the complaint through Assistant Sub-Divisional Education Officer in coordination with local government representative, which will share its facts finding report with DEO in 7 days of receipt of complaint. After receipt of the fact-finding report, within next 8 days the District Education Officer & ASDEO will convene its meeting with other members as provided above for deliberation and will viable resolution. However, if the complainant/ aggrieved persons are not satisfied with District/ DEO Office GRC decision or if there are delays in resolution, the complainant can request the Committee to elevate complaint to Tier-3 PMU headed by the PD-HCIP at Provincial/ E&SED level.

### **Functions of District/ DEO level GRC**

- To review all the complaints received from the Community (tier 1)
- To make sure that complaints are processed immediately.
- To ensure that handling of grievances is in accordance with national laws and World Bank procedures,
- Ensure that follow-up actions in response to grievances are taken within an agreed timeframe,
- Maintain a database of all registered grievances, along with details on the nature of the issues and further shared with EMIS at E&SED,
- Ensure the availability of grievance registration forms (in Pashto, Urdu & Hindko) in the project area.
- Coordinate with community representatives on the effectiveness of grievance redress procedures and recommend changes if any required.

### **3rd Tier - Project Management Unit/ E&SE Department-level (Provincial Level)**

If the complainant is not satisfied and the issue is not resolved at the District/ DEO level, then the DEO office in coordination with GRC members will forward the complaint to Tier-3 (PMU) for remedial measures and decisions/grievance(s) will be resolved accordingly. The Project Director HCIP project will be the Chairperson of the Tier-3 level GRC.

The GRC at PMU/ E&SED (Provincial level) will consist of:

1. Project Director – HCIP (Chair)
2. Deputy Secretary – E&SED
3. Director E&SED/ Representative
4. Social Safeguards Specialist-HCIP-PMU

5. M&E Specialist-HCIP-PMU
6. Any other co-opted member

### **Functions of the 3 – Tier GRC**

- Upon receipt of complaint, the Tier-3 GRC at PMU & E&SED will review the record and decide on the appropriate action to be taken to ensure quick resolution of the complaint/ issue.
- The GRC will decide regarding the complaint following which the aggrieved person will be informed and the GRC will ensure required execution on-ground and closure of the grievance process within 15 days.
- The Complainant may decide to take legal action or any other recourse if he/she is not satisfied with the resolutions due to the deliberations of the tiers of GRM.
- Maintain updated on-line GRM database/complaints' Log (EMIS).

### **12.4.5 Assessment of Complaints/ Grievances**

Any grievance/ complaint, before entering the proceedings, must be assessed to examine whether the grievance qualifies for consideration by the Grievance Committee. The grievance will be assessed by GRC at each tier by all the possible means available on the ground/field for declaring its qualification to be proceeded or rejected. It is pertinent to mention that no such complaint will be rejected without a reasonable rationale. The grievance/ complaint rejected after the assessment process will be filed with the reason of disqualification or rejection into proceedings.

### **Key Areas and Types of Eligible Complaints**

A complaint is considered valid and will be processed by the GRM whenever.

- It relates to an on-going KPHCIP financed project/ sub-project,
- It is filed by project affected individuals and/or communities, PTCs, teachers, students, or their representative, who believe that they are or may be directly or indirectly adversely affected by the project activities.
- The complainant is not a direct affected/ beneficiary of the project, but the subject of the complaint affects him/ her or their community, school, PTCs,
- Complaints with inadequate details will not be rejected for lack of information; the project will seek additional information from the Complainant/s and then take a decision on eligibility.

**In-eligible Complaint/ Grievance**

- The following types of complaints shall not be taken up for consideration:
  - i. A general inquiry or request of information on departments and areas of work,
  - ii. Anonymous complaints,
  - iii. A rumor or opinion,
  - iv. A general statement about the staff or concerns which is not relevant to the project,
  - v. Cases involving decisions/policy matters in which the complainant has not been affected directly/ indirectly,
  - vi. Cases where quasi-judicial procedures are prescribed for deciding matters or cases that are sub-judice,
  - vii. A grievance which has already been disposed of by the GRM unless new evidence is submitted.

**12.4.6 Procedure for Registering Complaint/ Grievance and its Redressal.**

A GRM is located as close to the people as possible to be accessible to the schools, respective community people and PTCs, teachers and students including vulnerable groups. Project stakeholders including PTCs and community people will be able to use a variety of channels to access GRM. In this connection, different channels have been identified and made provisions for different means of entry into the grievance redress process, as it will help to increase the access of PTCs and local communities to the GRM. Any person can lodge a complaint that s/he considers necessary to pursue. For using the complaint box for lodging complaints, a person can write his/ her complaint on the complaint form. Complaint Form are available in the selected schools. For convenience, the complaint form has been translated into local languages Urdu and Pashto or Hindko languages and may submit it to designated GRM focal point in any of the following mode:

**Provincial Level**

- a. Grievance/suggestion box: Installed and functional
- b. In person: Social Safeguards Specialist at PMU and complaint officer at complaint cell in E&SE Office.
- c. Email: Dedicated email [grm@kphcip.org.pk](mailto:grm@kphcip.org.pk) will handle by social safeguards team at KPHCIP office and will share the grievance receiving status with EMIS and CRCs on daily/ weekly basis
- d. Website: [www.kpese.org.pk](http://www.kpese.org.pk) or <http://www.kphcip.com.pk> (GRM-tab has been created on KPHCIP website and now functional)
- e. Via Prime Minister Citizen Portal (complaint cell of E&SED receiving complaints mostly through this channel, has been created a separate account in PCP specifically for receiving complaints under KPHCIP program)
- f. Phone: (Toll Free number – 0800-33857) already available at Education Directorate, mutually agreed to receive KPHCIP related complaints as well. (ensured integrated approach)
- g. What's-app#: Dedicated what's-app number separate for male & female schools (available & functional).
- h. Post: House No.1/2 A, opposite Jan's Arcade, park avenue, University Town, Peshawar, and E&SE Department Complaint Office Address (functional)

**District Level**

- i. Complaint box at DEO Office (installed & functional)
- j. District level EMIS handle by EMIS-Officer with value added dashboard for registering HCIP related complaints.
- k. Complaint registers at DEO Office (available & functional)

**Community Level**

- a. Complaint/ grievance boxes: Installed in the selected active schools.



- b. Third Party: (e.g., PTCs chairman, Community Leaders, CBOs, Women Organizations, NGOs) who will convey complaint to KPHCIP/ E&SED.
- c. Staff member of E&SED: during their field visits will facilitate the male/ female community members in lodging project deliverables related complaints.

Use of audio-visuals education materials is encouraged for outreach and dissemination of information about the project and the GRM, as well as the step-by-step GRM submissions for illiterate or undereducated people or people with disabilities. Toll-free call center/ automated voice systems will be made available as uptake channels for people who are digitally illiterate and who do not own or have access to the internet or smart phones. For grievances related to Gender-Based Violence, Besides, the gender specialist, being the key focal person, in view of convenience for the GBV cases, during the GRM implementation/ awareness sessions the female PTC chairmen, PMU-Female Education Officers (3 in number) will be trained to play role of co-focal persons for referral of GBV cases to direct the complainant for counseling and other needed services.

#### **12.4.7 Complaint Handling & Information Dissemination**

Project Management Unit (PMU) – HCIP and E&SED will be the top entity for the resolution of grievances. A grievance lodged by an aggrieved party at first stage will be received by a designated focal person at the PTC/ Community level (1st tier) where the cause of grievance had occurred. Any complaint from the community related to any of the HCIP interventions would be submitted Tier-1 level and addressed by it in a stipulated timeframe at the field level. The PTC Chair/ Head Teacher and local community members will be responsible for ensuring that the issue is addressed, following the appropriate processes and is to the satisfaction of the aggrieved person or party. In case where the PTC/ Community level GRC is unable to address the grievance, it will be referred to the District/ DEO level. Similarly, if the 2nd-tier GRC could not resolve the issue then following the process the grievance will be forwarded to the 3rd-tier (PMU/ E&SED – Provincial) level GRC.

#### **12.4.8 Record Keeping and Status of the Field Complaint/ Grievance**

The focal persons at each tier within 24 hours will check thoroughly regarding applicant name, address and contact number, location of the applicant and contents of the grievance/ application. A unique code will be given to each complaint/ grievance and the unique complaint code will be shared with complainants. The complainants will be contacted via telephonically on his/ her provided cell or phone number preferably at the time of receipt of the complaint however specifically will not later than within 24 to 48 hours. The provided unique code will help the complainant/ aggrieved party to easily monitor the status of its complaint through project office or telephone inquiry. Confidential complaints will be entertained provided the Complainant requests for seeking confidentiality. Moreover, preparation of a separate GRM for the Health-Component/ PMU is under process. As a matter of procedure, a concept note has been developed and after the internal review will be shared with the Bank for review and approval.

#### **12.5 Grievance Redress Mechanism for KPHCIP (Health Component)**

The GRM is an institutional arrangement to provide an avenue for Project stakeholders to address grievances related to the Project. KPHCIP - GRM for health component has been designed to provide a timely, responsive, and effective system of resolving community/ Basic Health Units (BHUs)/Rural Health Centers (RHCs)/ or individual grievances related to the KPHCIP project. It is a multi-tiered process starting at the Primary Healthcare Management Committee (PCMC) (BHU/RHC)/ community and ending at the Provincial - Project Management Unit (PMU)/ Health Department level. The KPHCIP GRM will function with designated members at each level (PMU & Health Department (Directorate & Secretariat), DHO office and community if any). The project will setup formal Complaint Cell at each level and suitable staff will be nominated by the project director (HCIP-Health component) in collaboration with the health department to take the responsibility of GRM management throughout the processes. Apart from the electronic database that will be maintained at the HCIP PMU in collaboration with Directorate/ Secretariat level, a manual register of all complaints and actions taken will be

maintained at relevant offices. It would be ensured that the database reflects all the manually registered cases to allow tracking of the complaints and their resolutions and evaluations.

To strengthen the existing complaint system and in view of sustainability, firstly, the GRM for health component proposed to involve the Health Officials and its system from the bottom to top level such as PCMCs at BHU/ RHC and community level, DHOs and MIS officers (databases) at District level and HCIP & Directorate/Secretariat level. So, it is proposed that both PMU and Health Department will jointly head the GRM. During the project period the PMU will provide needful assistance in managing the GRM system and will train the relevant staff, and at the phase-out time, the concerned officials of Health would be proficient enough to lead and manage the system independently. Importantly, this would be a model GRM for selected 20 districts (4 districts of original scope and 16 additional flood affected/ response) districts. After the successful implementation of the HCIP GRM model, the Health Department can continue and replicate the same model in other districts/ health facilities in the province as well.

Secondly, the complaint handling will jointly be managed by both the PMU and Health Department. All information about grievance procedures, grievance forms, and responses will be available in languages readily understandable to the local population, for instance in Urdu.

### **12.5.1. Scope of GRM**

This GRM will address the grievances of the community, patients seeking treatment at the health facilities, and PCMCs' members & employees in the selected BHUs/RHCs. The GRM will also take up grievances related to sexual harassment, violence against women (VAW), violence against children (VAC) and environmental degradation and deviation from social safeguards practices will be dealt on priority basis and shall be addressed within given timeframe. Moreover, The GRM will cover the KPHCIP operational areas of Districts Peshawar, Nowshera and Swabi and Haripur and flood affected 16 districts.

### **12.5.2. Proposed GRM Integration**

In view of integration, the HCIP-MIS Section will design/ create a simple, easy-to-use, Excel-based, or log-book-based grievance registration and monitoring dashboard (GRM-dashboard/integrated system) specifically for the HCIP Health Component in consultation with the GRM-focal person-HCIP and concerned complaint officer/DD-Coordination/ DD-IT at Health Department (both at Directorate & Secretariat). Similarly, the synchronization could be with the Independent Monitoring Unit (IMU) at the directorate as well. For this, a dedicated/ notified MIS officer will regularly review and update the dashboard and Grievance Register on a weekly basis to indicate resolved and unresolved cases and those pending with the Grievance Committee. All the grievances received via different channels will be reported to the dedicated MIS officer of HCIP-Health Component and to the designated MIS officer/ DD-Coordination/ DD-IT/ IMU of Health Department for recording of the complaints in GRM dashboard/ integrated system.

In the integrated GRM, apart from other proposed complaint lodging channels, the usual convenient channels through which the Health Department is receiving complaints will be included and will further strengthen through awareness raising sessions/ campaigns in the selected PHC facilities/ PCMCs/ and respective communities. The confidence and trust of the communities, Health staff, and PCMCs will be developed through the efficient complaint handling and quick response mechanism at Health Department/ HCIP-PMU.

### **12.5.3. Complaint Feedback Mechanism**

The feedback mechanism involves informing complainants/aggrieved parties on how the complaint was resolved. Complainants will be informed of the proposed resolution in writing, and if need be, the same can be explained over the telephone or in person. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank complaint resolution process, or through avenues afforded by the Pakistan's legal system.

Moreover, the focal persons at each level will coordinate with the complainant for redressal possibilities. Focal persons will provide formal feedback to the complainant at earliest if the agreed time has ended by communicating with the complainant on their provided contact number. As if happened, if a complaint is delayed or pending, the complainant must be apologized to, and the nature of the delay explained. The feedback mechanism will document the complainants' satisfaction with feedback pertaining to the following.

- The process and quality of resolution of complaint
- The time taken in resolution of grievance.
- The behavior of the concerned complaint handling focal persons/ staff
- Any other suggestion/ comments of the complainants for further strengthening of the complaint resolution process.

#### **12.5.4. Grievance Reporting**

The system will generate periodic (weekly/ bi-weekly/ monthly) summary reports on the number of complaints registered in a particular period, category-wise complaints, project district-wise complaints, complaints allocated to the concerned focal persons/ officials, number of complaints resolved in the specified time, number of unresolved and pending complaints. These summary reports will be made available to the Project Director-PMU-HCIP, Director Health Department and Director Independent Monitoring Unit (IMU), and to any other concerned officials both at Secretariat & Directorate level. Similarly, the reports will be made published via using different communication tools, i.e., on the website of Health Department, Health-PMU-HCIP website and Quarterly Progress Reports and social media etc.

#### **12.5.5. Monitoring & Evaluation of the Reported Grievances**

Monitoring and evaluation are critical to the success of any GRM. Monitoring refers to the process of tracking grievances and assessing the extent to which progress is being made to resolve them. This will be accomplished by maintaining the grievance register and records of all steps taken to resolve grievances or otherwise respond to feedback and questions. The Project's M&E Section will design a simple, easy-to-use, Excel-based or log-book-based grievance registration and monitoring database in consultation with the GRO. The M&E Section will regularly review and update the Complaint/Grievance Register on a weekly basis to indicate resolved (closed-out) and unresolved cases, those pending with the Grievance Committee or other than that (court etc).

The project monitoring and evaluation information system will also include indicators to measure grievance monitoring and resolution. These grievance redress indicators will be incorporated into project results frameworks. An effective GRM will allow projects to potentially address up to three of the proposed indicators: (i) grievances registered related to delivery of project benefits that are addressed (%); (ii) grievances responded to and/or resolved within the stipulated service standards (%); and (iii) project-supported organization(s) publishing periodic reports on GRM and how issues were resolved [including resolution rates] (Yes/No). Monitoring will be conducted by the PMU M&E Section using performance indicators, which will be presented on two different outputs: participation and effectiveness every 3 months (quarterly). For transparency, stakeholders will have an opportunity to track grievances as well. The PMU will on a quarterly basis prepare a report and a list of existing and new grievances and share them on its website and with stakeholders at all levels. The complaint, region/area and status of grievance handling will be made public.

#### **12.5.6. Information Dissemination and Handling of Complaints**

Use of audio-visuals information/education materials (preferably installation of LED screens in each health facility) are encouraged for outreach and dissemination of information about the project and the GRM, as well as the step-by-step GRM submissions for illiterate or undereducated people or people

with disabilities. Toll-free call center/ automated voice systems will be made available as uptake channels for people who are digitally illiterate and who do not own or have access to the internet or smart phones. For grievances related to Gender-Based Violence, all levels of GRM should have a well-trained female officer who will efficiently handle the gender related and further communicate with the female complainant for follow-up and guidance with the GRM processes.

Project Management Unit (PMU) – KPHCIP and the Health Department will be the top entity for the resolution of complaints and act upon viable suggestions. A grievance lodged by an aggrieved party at first step will be received by a designated focal person at the PCMC/ Community level (tier 1) where the source of the complaint had occurred. Any complaint from the community related to any of the HCIP interventions would be submitted Tier-1 level and addressed by it in a stipulated timeframe at the field level. The PCMC Chair/ focal person and local community member will be responsible for ensuring that the issue is addressed, following the appropriate processes and is to the satisfaction of the aggrieved person or party. In cases where the PCMC/ Community level GRC is unable to address the grievance, it will be referred to the District/ DHO level (tier 2). Similarly, if the tier-2 GRC could not resolved the grievance then following the process the issue will be forwarded to the tier-3 (PMU/ Health Department – Provincial) level GRC.

### 12.5.7. Record Keeping and Status of the Filed Complaint/ Grievance

The focal persons at each tier within 24 hours will check thoroughly regarding applicant name, address and contact number, location of the applicant and contents of the grievance/ application. A unique code will be given to each complaint/ grievance and the unique complaint code will be shared with complainants. The complainants will be contacted via telephonically on his/ her provided cell or phone number preferably at the time of receipt of the complaint however specifically will not later than within 24 to 48 hours. The provided unique code will help the complainant/ aggrieved party to easily monitor the status of its complaint through project office or telephone inquiry. Confidential complaints will be entertained provided the Complainant requests for seeking confidentiality.

### 12.5.8. Proposed Procedure for Registering Grievance and its Redressal

A GRM is located as close to the people as possible to be accessible to the health facilities (BHUs/RHCs), respective, PCMCs, medical staff and community people including vulnerable groups. Project stakeholders including PCMCs, and community people will be able to use a variety of convenient channels to access GRM. In this connection, different channels have been identified and will make provisions for different means of entry into the grievance redress process, as it will help to increase the access of PCMCs and local communities to the GRM. Furthermore, through PMDU portal, online grievance redress mechanism is functional and working for KP-HCIP Health i.e., accessible at.

Provincial Level		
S.#	Complaint Submission Channel	Proposed Actions
1	Grievance/suggestion box	Has been installed at the designed spots (at PMU-KPHCIP office & Health Department Office)
2	In person	Social Safeguards Specialist at PMU and DD communication at Directorate (as complaint receiving focal person) & at Health-Secretariat an MIS Officer (as complaint officer)
3	Email	Dedicated email made available and functional handle by social safeguards team at KPHCIP office and share grievance receiving status with MIS on daily/ weekly basis
4	Website	<a href="http://www.hciphealth.org.pk">www.hciphealth.org.pk</a> or <a href="http://www.hciphealth.org.pk">www.hciphealth.org.pk</a> (developed)
5	Chief Minister Citizen Portal	A separate account in PCP has been created specifically for KPHCIP program
6	Phone	Landline # the focal person (M&E Specialist) submits the complaint receiving/ resolution status with complaint cell & MIS

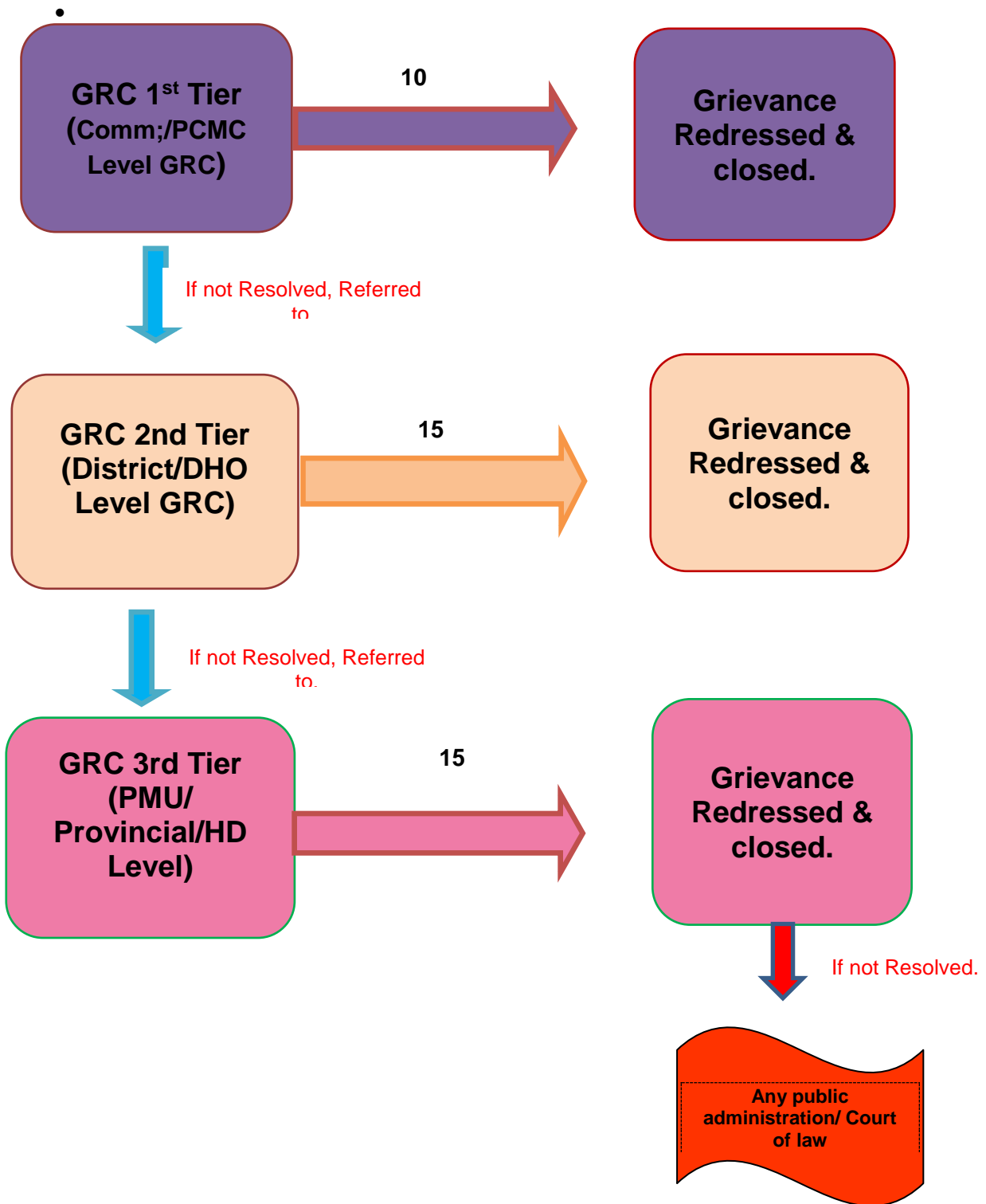
		sections at HCIP Office (Health Component) on daily/ weekly basis)
7	WhatsApp#	Dedicated WhatsApp numbers have been provided (separate for male & female complainants)
8	By Post	PMU-HCIP (Health Component) Office H#240, Defence Officers Colony, Shami Road, Peshawar.
<b>District Level</b>		
1	Complaint/ grievance box	At DHO Offices (installed)
2	District Level MIS	Handle by MIS-Officer with value added dashboard for registering HCIP related complaints
3	Complaint register	At DHO Office (available)
<b>Healthcare facility/ Community Level</b>		
1	Complaint/ grievance box	Placed in the active sites (BHUs/ RHCs)
2	Complaint register	Place at BHUs/RHCs
3	Third Party	(e.g., PCMCs chairman, Community Leaders, CBOs, Women Organizations, NGOs) who will convey complaint to KPHCIP - Health Component
4	Staff member of Health Department	during their field visits will facilitate the male/ female community members in lodging project deliverables related complaints

### 12.5.9. GRM Structure

Grievances can be received at multiple levels which are most accessible for the complainants, but the unresolved grievances will be escalated and redirected to the higher level GRC, as shown in Figure 1.

- Tier-1 - PCMC/ Community level Grievance Redressal Committee
- Tier-2 - District-Level Grievance Redressal Committee
- Tier-3 - Project Management Unit/ Health Department (Directorate & Secretariat) - level (Provincial Level)

Figure 2. GRM Structure with Multiple Levels



### 13. IMPLEMENTATION BUDGET

The approximate implementation cost of ESMF is given in **Table 13.1**. Most environmental and social safeguards identified in the ESMF will be the responsibility of the contractor and must be included in the bid document. A few mitigation measures would require an additional budget to be included in the PC 1 document.

**Table 13.1: ESMF Implementation Budget for 18 months (July 2023 – Dec 2024)**

S.#	Description	Unit	Quantity	Unit Rate PKR/comment	Total PKR
<b>Trainings (Health)</b>					
1.	ESMF Training for PMU staff (including materials, logistics, venue)	Training Sessions	2	100,000	200,000
2.	District Level E&S construction specific trainings for department staff, contractors subcontractors and field staff	Training Sessions	20	100,000	2,000,000
3.	Provincial Level Health Care Waste management training	Taining sessions	1	100,000	100,000
4.	District Level E&S (Health) trainings for department staff, Field staff and technical resource persons on hpospiatal wast manegment	Training Sessions	4	50,000	200,000
5.	Capacity building waste management at RHCs	Training Sessions	4	50,000	200,000
6.	Capacity building hospital waste management at BHUs	Training Sessions	8	20,000	200,000
<b>Trainings (Education)</b>					
7.	ESMF Training for PMU staff (including materials, logistics, venue)	Training Sessions	5	100,000	500,000
8.	District Level E&S construction specific trainings for department staff, contractors subcontractors and field staff	Training Sessions	5	100,000	500,000
9.	Provincial Level Trainings	Taining sessions	5	100,000	500,000
10.	District Level PTSCMCs Trainings	Training Sessions	16	50,000	800,000
<b>Staff (Shared Services Unit for Education and Health components)</b>					
11.	Water Testing (Bi-annual in 13 districts) as well as in flood damaged additional districts	Tests	625	15,000	9,375,000
<b>Total</b>					<b>14575000</b>
<b>Contingency Amount (@5% of the total)</b>					<b>728750</b>
<b>Grand Total</b>					<b>15303750</b>

## **14. 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. 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 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).



## 15. ANNEXURES

### Annexure 1: 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 p ESMPs are not required. This checklist is designed to cover social and environmental impacts of up gradation/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:

**Further Assessment Needs:** Full ESIA to be carried out for the subproject if one or more aspects in the following table are assessed under ‘Significant/Large’ category. An ESMP is to be prepared for the subproject if one or more aspects in the following table are assessed under ‘Moderate/Medium’ category. No further assessment would be needed if most of the aspects in the following table were assessed under ‘None’ or Minor/Small’ category.

	Issues	None	Minor/small	Moderate/ Medium	Significa nt/large	Remarks	Mitigation Measures proposed
<b>A</b>	Zoning and Land Use Planning						
<b>1</b>	Will the subproject involve significant land disturbance or site clearance?						
<b>2</b>	Will the subproject land be subject to potential encroachment by urban use?						
<b>B</b>	Utilities and Facilities						
<b>3</b>	Will the subproject require the setting up of ancillary facilities?						
<b>4</b>	Will the subproject make significant demands on utilities and services?						
<b>5</b>	Will the subproject require significant levels of accommodation or service amenities to support the workforce during construction (e.g., contractor will need more than 20 workers)?						
<b>C</b>	Water and Soil Contamination						
<b>6</b>	Will the subproject require large amounts of raw materials or construction materials?						
<b>7</b>	Will the subproject generate large amounts of residual wastes, construction material waste or cause soil erosion?						
<b>8</b>	Will the subproject result in potential soil or water contamination (e.g., from oil, grease, and fuel from equipment yards)?						

9	Will the subproject lead to contamination of ground and surface waters?						
10	Will the subproject involve the use of chemicals or solvents?						
11	Will the subproject lead to the destruction of vegetation and soil in the right-of-way, borrow pits, waste dumps, and equipment yards?						
12	Will the subproject lead to the creation of stagnant water bodies in borrow pits, quarries, etc., encouraging for mosquito breeding and other disease vectors?						
13	Will the subproject lead to contamination of ground and surface waters by herbicides for vegetation control and chemicals (e.g., calcium chloride) for dust control?						
14	Will the subproject lead to an increase in suspended sediments in streams affected by road cut erosion, decline in water quality and increased sedimentation downstream?						
15	Will the subproject lead to induced settlements by workers and others causing social disruption?						
16	Will the subproject lead to environmental and social disturbance by construction camps?						
17	Is the proposed project likely to negatively affect the income levels or employment opportunities of vulnerable groups?						
<b>D.</b>	<b>Noise and Air Pollution Hazardous Substances</b>						
18	Will the subproject increase the levels of harmful air emissions?						
19	Will the subproject increase ambient noise levels?						
20	Will the subproject involve the storage, handling, or transport of hazardous substances?						
<b>E.</b>	<b>Fauna and Flora</b>						
21	Will the subproject involve the disturbance or modification of existing drainage channels (rivers, canals) or surface water bodies (wetlands, marshes)?						
22	Will the subproject lead to the destruction or damage of terrestrial or aquatic ecosystems or endangered species directly or by induced development?						
23	Will the subproject lead to the disruption/destruction of wildlife through interruption of migratory routes, disturbance of wildlife habitats, and noise-related problems?						
<b>F.</b>	<b>Destruction/Disruption of Land and Vegetation</b>						
24	Will the subproject lead to unplanned use of the infrastructure being developed?						
25	Will the subproject lead to long-term or semi-permanent destruction of soils in cleared areas not suited for agriculture?						
26	Will the subproject lead to the interruption of subsoil and overland drainage patterns (in areas of cuts and fills)?						
27	Will the subproject lead to landslides, slumps, slips and other mass movements in road cuts?						
28	Will the subproject lead to erosion of lands receiving concentrated outflow carried by covered or open drains?						

29	Will the subproject lead to long-term or semi-permanent destruction of soils in cleared areas not suited for agriculture?						
30	Will the subproject lead to health hazards and interference of plant growth adjacent to roads by dust raised and blown by vehicles?						
<b>G.</b>	<b>Cultural Property</b>						
31	Will the subproject have an impact on archaeological or historical sites, including historic urban areas?						
32	Will the subproject have an impact on religious monuments, structures and/or cemeteries?						
33	Have Chance Finds procedures been prepared for use in the subproject?						
<b>H.</b>	<b>Expropriation and Social Disturbance</b>						
34	Will the subproject involve land expropriation or demolition of existing structures?						
35	Will the subproject lead to induced settlements by workers and others causing social and economic disruption?						
36	Will the subproject lead to environmental and social disturbance by construction camps?						
<b>I</b>	<b>Social Equity and Equality</b>						
37	Would the proposed subproject have environmental and social impacts that could affect indigenous people or other vulnerable groups?						
38	Is the subproject likely to negatively impact women?						
39	Is the proposed subproject likely to increase social inequalities now directly or indirectly or in the future?						
40	Will the proposed project have variable impacts on women and men, different ethnic groups, social classes?						
41	Have there been challenges in engaging women and other certain key stakeholder groups in preliminary discussions for this project?						
42	Is the project likely to attract forced labor and/or child labor?						
43	<b>Demographics</b>						
44	Would project likely to cause overload of social infrastructure in the project area (e.g., health facilities, schools, water supply)?						
45	Would the proposed project result in involuntary resettlement of populations?						

**II. Site Related Issues**

S. No	Issues	Yes	No	Don't Know	Mitigation Measures
1	Does the subproject require land acquisition? [Note: Fill in the land acquisition form if YES]				
2	Will the subproject negatively impact livelihoods [Note: Describe separately if YES]				
3	Is the sub project located on land with contested ownership?				
4	Is the sub project located in an area with security problems				
5	Is the sub projected located on land reclaimed from floods (the ownership here may be contested)				
6	Is the subproject located in an area with designated natural reserves?				
7	Is the subproject located in an area with unique natural features?				
8	Is the subproject located in an area with endangered or Conservation -worthy ecosystems, fauna, or flora?				
9	Is the subproject located in an area falling within 500 meters of national forests, protected areas, wilderness areas, wetlands, biodiversity, critical habitats, or sites of historical or cultural importance?				
10	Is the subproject located in an area which would create a barrier for the movement of conservation-worthy wildlife or livestock?				
11	Is the subproject located close to groundwater sources, surface water bodies, water courses or wetlands?				
12	Is the subproject located in an area with designated cultural properties such as archaeological, historical and/or religious sites?				
13	Is the subproject in an area with religious monuments, structures and/or cemeteries?				
14	Is the project located in an area from where people have				
15	Is the project located in an area where IDPs are temporarily settled?				
16	Is the project in a politically sensitive area?				
17	Is the subproject in a polluted or contaminated area?				

18	Is the subproject located in an area of high visual and landscape quality?				
19	Is the subproject located in an area susceptible to landslides or erosion?				
20	Is the subproject located in an area of seismic faults?				
21	Is the subproject located in a densely populated area?				
22	Is the subproject located on prime agricultural land?				
23	Is the subproject located in an area of tourist importance?				
24	Is the subproject located near a waste dump?				
25	Does the subproject have access to potable water?				
26	Is the subproject located far (1-2 kms) from accessible roads?				
27	Is the subproject located in an area with a wastewater network?				
28	Is the subproject located in the urban plan of the city?				
29	Is the subproject located outside the land use plan?				

	<b>Flood Response</b>				
30	Will the subproject involve clearance of site from flood debris and damaged building material?				
31	Will the subproject involve clearance of hazardous material/solvents/chemicals for site clearance?				
32	Are there any landfills or waste dumps or municipal exist in the surrounding of the subproject for flood and construction waste disposal?				
33	Is the sub-project building being partially or fully damaged?				
34	Is drinking water contaminated due to floods?				
35	Is there space available for construction material storage in case of fully damaged facility?				
36	Is construction material available locally?				
37	Is there any issue in transportation of construction material?				

**Prepared by Environmental & Social Safeguard Specialist**

**Name:**

**Date:**

**Signature:**

## **Annexure 2: Sample Table of contents ESMP**

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### **Annexure 3: Chance Find Procedure**

#### **A. Chance Find Procedures**

Chance finds procedures which will be used during this project are as follows:

Stop the construction activities around 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 oversee 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 4: 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.				
<b>Land:</b>				
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”).				
<b>Land-based assets:</b>				
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”)				
<b>Agriculture related impacts:</b>				
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”).				
<b>Affected Persons (APs):</b>				
Number of APs				
Males				
Females				
Titled land owners				
Tenants and sharecroppers				
Leaseholders				

<b>SECTION 1: Potential Impacts</b>	<b>Yes</b>	<b>No</b>	<b>Expected</b>	<b>Remarks</b>
Agriculture wage laborers				
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")				
<b>SECTION 2</b>				
<b>Others:</b>				
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-5: VLD/ Due Diligence Screening Checklist**

<b>Screening for Due Diligence</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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 several 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 landowners 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"> <li>• Households below the poverty line (with a valid government issued proof).</li> <li>• Women headed households who may lose their shelter or livelihood due to land donation.</li> <li>• Handicapped persons who may lose their shelter or livelihood due to land donation,</li> </ul>			
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 labour, if any, from the land?			
Has it been verified that land donated is not land used by indigenous peoples either traditionally or customarily?			
<b>If the answer to any of the above is NO, the land in question does not qualify for Voluntary Land Donation</b>			

**Annexure-6: 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./Mrs. ....S/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:8	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 whatsoever 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**

<b>Title Holder</b>		<b>Tehsildar</b>	
Name		Name	
CNIC		Official seal	
		Transfer registration No.	
<b>Witnesses*</b>			
1. UC Nazim /Chairman	Name		Signature
	CNIC		
2. Village Number Dar	Name		Signature
	CNIC		
3. Health Department/Secondary Education Department Representative	Name		Signature
	CNIC		

\*Witnesses may be changed

### **Annexure 7: Monitoring Checklist for Occupational Health and Safety / Infection Control Activities for health facilities benefitting from KPHCIP project <sup>40</sup>**

Name of the facility: \_\_\_\_\_

Name of inspector: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

	<b>Activities<sup>41</sup></b>	<b>Not Started<sup>42</sup></b>	<b>In Progress<sup>43</sup></b>	<b>Completed</b>
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.			
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.			

<sup>40</sup> Demonstrates the state of readiness for a health care facility towards effectively responding to a pandemic (COVID-19)

<sup>41</sup> If already done/completed as per SOP of Health Department, please Tick as Completed (with provide evidence)

<sup>42</sup> The project will pursue and follow up for initiating required actions at the earliest possible.

<sup>43</sup> The project will follow up for earliest completion of actions.

	<b>Activities<sup>41</sup></b>	<b>Not Started<sup>42</sup></b>	<b>In Progress<sup>43</sup></b>	<b>Completed</b>
	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.			



### Annexure 8: Monitoring Checklist for Hospital Waste Management

Name of the facility: \_\_\_\_\_

Name of inspector: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

	Activities	Response		Remarks
		Check	Yes or No <sup>44</sup>	
<b>Waste segregation and collection</b>				
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 labelled 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 filling 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 labelled before transportation?	Yes	No	
13	Is medical waste other than sharps placed in clearly labelled heavy-duty biohazard plastic bag or yellow plastic bag?	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	

<sup>44</sup> In case the response is "No" for any question, please take/ensure immediate appropriate mitigation measures.

	Activities	Response Check Yes or No <sup>44</sup>		Remarks
		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	
<b>Waste storage</b>				
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"> <li>▪ Maximum 48 hours during the cool season</li> <li>▪ Maximum 24 hours during the hot season</li> </ul>	Yes	No	
30	Is waste storage area clearly marked with warning signs (biohazard symbol)?	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 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	
<b>Documentation</b>				

	Activities	Response Check Yes or No <sup>44</sup>		Remarks
		Yes	No	
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	
<b>Training</b>				
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	