

Program Safeguard Systems Assessment (Draft)

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IND: Supporting National Urban Health Mission

PROGRAM SAFEGUARD SYSTEM ASSESSMENT

1. The Program Safeguard System Assessment (PSSA) summarizes potential environmental and social impacts of the proposed refurbishment, upgrading and construction of urban health facilities in cities and towns of India. It examines the adequacy of the environmental and social management system (ESMS) of the National Urban Health Mission (NUHM) in the context of the Safeguard Policy Statement (SPS 2009) of Asian Development Bank (ADB) and the environmental and social regulatory frameworks at the national and state levels to ensure that there is a robust safeguard compliance system in the National Urban Health Mission Program (NUHMP) that promote sustainable development. Where gaps and weakness are found, some remedies are suggested to overcome them.

A. Program Environmental and Social Impacts and Risks

2. **Environment.** Bio medical waste (BMW) generation is the most significant environmental impact of Urban Primary Health Center (UPHC) operations followed by generation of plastic waste, waste water, air pollution and infections, contaminated water, and degraded sanitation. Added to them are construction waste, noise, dust and emissions and occupational hazards to which construction workers and health workers are exposed. Poor drainage management, water pollution, construction debris blocking drains and non-functional washing and toilet facilities spread diseases.

3. **Social.** The Program will directly benefit the poor and slum dwellers in large numbers who cannot afford to pay private hospitals to obtain treatment and medical advice. The majority of them are the poor, vulnerable, and marginalized segments of population. Direct access to free health facilities closer to their dwellings helps improve their quality of life. Better health will lead to better employment which, in turn, will improve their living standards. State governments will provide unencumbered land, if required, to build new UPHCs and Urban Community Health Centers (UCHC) without acquiring private land. Vendors in the vicinity of health facilities may lose their income sources temporarily during the construction or refurbishment of health facilities. Government employees who live within the premises of health facilities on rented facilities may have to move out temporarily from their current dwellings during the construction phase. As there are no indigenous peoples in the Program areas, the Program will have no positive or adverse impacts on them.

B. Safeguard Policy Principles Triggered

4. All except principles 8 and 11 are likely to be triggered by the Program.¹ Only the screening principle will be applied in case of involuntary resettlement and indigenous peoples. That is because screening will have to be done to identify subprojects that trigger social safeguards to exclude them from the Program.

Table 1: Environment Safeguard Policy Principle Triggered

Principles	Description
1. Screen and categorize potential environmental impacts	All refurbishment and constructions will be in urban slum areas. Selection of correct location is directly relevant to the new facility's viability and usefulness to target groups.

¹ Principle 8 is not likely be triggered no critical habitats are found in urban areas. Principle 11 is unlikely to be triggered as no physical cultural resources are found in urban slums.

Principles	Description
2. Conduct an environmental assessment	An environmental assessment (EA) is needed for each subproject selected to assess its potential adverse environmental impacts, and to determine the scope of remedial actions.
3. Examine alternatives possibilities, locations and technologies	National and state environmental regulatory framework requires the selection of locations of new facilities with minimal or no adverse environmental impacts. Rationale for the final choice is required.
4..Prepare an environment management plan	Potential environmental impacts and risks are to be addressed through a planned process with a time table and a budget. Environmental Management Plan (EMP) derives from EA.
5.Consulte stakeholders and establish grievance redress mechanism	Meaningful consultation facilitates the participation of all stakeholders, especially the slum poor in planning and implementing projects in which they could voice their preferences and on how to redress any harm.
6.Disclose EA and EMP to stakeholders	NUHM expects meaningful inputs into subproject design and implementation from all stakeholders. Such inputs come from the feedback received on planning instruments that are disclosed.
7.Monitor and report EMP implementation	Monitoring and reporting are integral components of the project performance management system
9. Prevent pollution	Constructions and refurbishment of buildings generate air, dust and noise pollution. The national and state environmental regulatory framework requires adequate measures to combat air, noise and water pollution.
10. Ensure occupational and community health and safety	Large number of worker gangs engages in construction and refurbishment work. They and their immediate communities are exposed to health and safety risks. Under Indian law, they have rights and the project authorities will have to comply with them.

Table 2: Involuntary Resettlement and Indigenous Peoples Principles Triggered

Involuntary Resettlement Principles	Description
1. Screen the project early to identify past, present and future resettlement impacts and risks	Each proposed subproject will be screened as a part of safeguard due diligence. This is to identify and exclude any subproject with potential involuntary resettlement impacts. Thus this will be only involuntary resettlement safeguard principle that will be triggered by the Project.
Indigenous Peoples Principles	Description
1. Screen early on to determine whether indigenous peoples are present in, or have collective attachment, to the project area and whether project impacts on indigenous peoples are likely.	In urban slum areas, the presence of indigenous peoples is highly unlikely. The screening will therefore be needed to establish that no indigenous peoples are present in the subproject areas who possess key characteristics which would qualify them to be treated as affected indigenous peoples of the Program.

Sources: SPS (2009); Diagnostic analysis on environment and social impacts and risks

C. Diagnostic Assessment

1. Assessment Methodology and Resources

5. The PSSA is based on four sources of data and information: (i) Documents of the national health mission (NHM) and NUHM provided the scope of environmental and social impacts and risks of the proposed construction and refurbishment of health facilities, and how they can trigger ADB's environmental and social safeguard policy principles and local environmental and social regulatory frameworks. (ii) A detailed desk review of relevant laws and regulations at the national level and state level, and policy documents relevant the health sector. Special attention was paid to the Infection Management and Environment Plan (IMEP); Policy Framework, March 2007; World Bank Environmental Studies on the Health Sector in India; and Mainstreaming Environmental Management in the Health Care Sector and documents on NUHM Program including Common Review Mission reports and the World Bank's Environmental, Health and Safety Guidelines. ADB documents reviewed include ADB Public Communications Policy, 2011; Safeguard Policy Statement, 2009; and RBL Policy Paper. (iii) Consultations with regulatory bodies such as state pollution control boards (SPCBs), state mission directorates and the workers, doctors and other personnel at health facilities. Consultations with the Ministry of Health and Family Welfare (MOHFW) and state level health personnel helped ascertain whether the Program has an environmental and social regulatory framework or at least detailed guidelines to identify and mitigate environmental and social safeguard issues. MOHFW personnel and several common facility owners were interviewed to check how well they understand the environmental and social regulatory frameworks, and their capacity to apply them to development interventions as NUHM. (iv) The project team conducted site visits in 4 states to review current urban health facilities and the status of operations. During these field visits, NUHM's future beneficiaries – the poor in urban slums – were also consulted on current service standards of health facilities and their views on how to improve health services. The key environmental issues examined during the visits are: BMW management, location of the Primary Health Centers (PHC), regulatory compliance and whether best practices were followed by PHCs in infection control.

2. Environment

6. The diagnostic assessment indicated that the Program is likely to have site-specific and reversible adverse environmental impacts. The diagnosis analysis confirmed the categorization of environmental impacts of the Program as 'B'.

7. The NUHM does not have its own environmental safeguard framework. It applies national and state environmental regulatory framework to all of its subprojects. In addition, MOHFW in 2007 formulated the 'National Health Policy' to address issues relating to infection control and bio-medical waste management. Based on the Policy, MOHFW has also developed a 'Policy Framework Document' and an 'IMEP' and its 'Operational Guidelines'. Though these planning instruments were formulated for the National Rural Health Mission (NRHM), NUHM has adopted them to guide it in environmental planning and implementation of subprojects that it supports.

8. The environmental regulatory framework with the above policies and guidelines are adequate to meet international best practices enshrined in ADB's Safeguard Policy Statement (2009). There are a few areas such as consultation, disclosure and Environmental Management Plan (EMP) implementation that need improvement. But what is inadequate is implementation and enforcement of environmental laws and regulations in the health sector projects. Only BMW

segregation and disposal system has displayed a high level of awareness among health workers, and as a result, its safeguard compliance was satisfactory. Their awareness about BMW requirements remains high because of strict application of rules by health authorities and municipalities. In other areas, health workers demonstrated a lack of proper grasp of safeguard requirements stipulated in environmental regulatory framework.

9. The environmental regulatory framework does not provide sufficient guidance on the formulation of a satisfactory EMP based on environmental assessment (EA) for any project with adverse environmental impacts. This gap needs to be bridged, as otherwise some subprojects of the Program may be implemented without proper EAs and EMPs.

10. The consultation framework of NUHM reflects the national regulatory framework which does not provide to include all stakeholders including the poor and vulnerable groups in meaningful consultations. The regulatory framework needs to be supplemented by special regulations regarding consultations with all stakeholders; otherwise, NUHM may fail to reach its core beneficiaries, namely urban poor and slum dwellers. Consultation practices among health authorities are weak and limited, and need strengthening. Likewise, disclosure of safeguard instruments is limited. No attempts are taken to translate such planning instruments to local languages for the benefit of all stakeholders.

11. Laws and regulations on occupational and community health and safety are robust. But their implementation is rather weak because most of health personnel, especially at the state level, are unaware of these laws and regulations, and how to apply them at construction and refurbishment sites. Dearth of qualified and experience professionals in this field also negatively affects this key environmental safeguard.

3. Involuntary Resettlement

12. The social diagnostic assessment confirmed the category of involuntary resettlement impacts as 'C'. Location-specific screening will be undertaken to screen out proposed facilities with any potential involuntary resettlement impacts.

13. The Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act, 2013 has addressed many shortcomings and inadequacies of the Land Acquisition Act of 1894. The Act of 2013 incorporated many international best practices in involuntary resettlement. Sharing project benefits with project-affected persons and payment of replacement cost of property acquired and conduct of socioeconomic surveys and consultations with all stakeholders have upgraded the local land acquisition and rehabilitation regulatory framework almost to the level the involuntary resettlement policy of ADB and other international donor agencies.

14. The MOHFW's policy of using buildings at urban local bodies (ULB) and buildings constructed under various government schemes such as Jawaharlal Nehru National Urban Renewal Mission (JNNURM) to set up new UPHCs in case suitable government land cannot be found avoid land acquisition. Mobile health facilities in densely populated urban slum areas facilitate the reaching of the marginal groups and also avoid land and other property acquisition in urban areas. During field visits it was observed that current facilities and premises where new buildings will be constructed are well secured with compound walls. This arrest encroachment and squatting on state land.

4. Indigenous Peoples

15. The social diagnostic assessment also confirmed the category of Program impacts on indigenous peoples as 'C'. The diagnostic analysis shows that in some urban areas there are scheduled castes and scheduled tribes and other tribal people. But they do not display any of key characteristics that distinguish them as tribal people from the dominant society such as self-identification as members of a distinct indigenous cultural group and recognition of this identity by others; collective attachment to distinct habitat or ancestral domain in the subproject areas; customary cultural, social or political institutions that separate them from those of the dominant society and culture; and a distinct language or dialect different from the official language of the state.

16. Several gaps have been identified between the environmental regulatory framework of the Program and its capacity to meet ADB's environmental safeguard policy requirements. These are briefly outlined below.

Table 3: Gap Analysis: India and ADB – Safeguard Requirements and Capacity

ADB Policy Principle	Gap Analysis	
	Congruence between local environmental regulatory framework (LERF) and ADB's Environmental Safeguard Policy	Assessment of NUHM's capacity to meet ADB Environmental safeguard policy requirements
1. Screen and categorize	The EIA Notification, 2006 and IMEP Guidelines provide adequate directions on screening and categorizing potential environmental impacts of a proposed subproject under the Program. Any UPHC to be built or refurbished has to comply with the requirements of this Rule and would have to go through the screening process. This is congruent with ADB environmental policy requirements.	The MOHFW applies these rules and regulations to any construction or refurbishment of building. It has the expertise to screen and categorize a subproject's potential environmental impacts.
2. Conduct an environmental assessment for each proposed project and physical cultural resources in the context of the project's area of influence	Environmental Protection Act of 1986, EIA Notification 2006, and IMEP Guidelines emphasize that all UPHCs under the Program should comply with the laws and regulations. The LERF in this regard is congruent with the ADB environmental Policy requirement.	MOHFW has sufficient experience and knowledge to conduct EAs and environmental due diligence.
3. Examine alternatives the no project alternative	A screening checklist is included in IMEP Guidelines to screen and classify. The screening checklist will be administered before a new site is selected for a new UPHC. One of the criteria is considering alternatives of size, scale and operation methods. LERF too provides necessary guideline in this regard which applies to any project. This is in congruence with ADB's environmental safeguard principle.	The MOFHW has sufficient experience in applying the Guidelines.

ADB Policy Principle	Gap Analysis	
	Congruence between local environmental regulatory framework (LERF) and ADB's Environmental Safeguard Policy	Assessment of NUHM's capacity to meet ADB Environmental safeguard policy requirements
4. Prepare an EMP	IMEP Guidelines require compliance with the EIA Notification Rule of MOEF. An IEE and an EMP will be required for each subproject selected for the Program, if they has potential environmental impacts. If the size of the UPHC is within the regulated limits, a 'No Objection' certificate has to be obtained from SPCBs. The 'No objection' certificate comes with action plans for mitigation, monitoring and reporting. Each UPHC regardless of its size is required to obtain permission from SPCB for BMW disposal. The above is in congruence with ADB's environmental safeguard policy principle. But need the widening of scope of EMP's application.	Most of UPHCs are small and below the EIA Notification size limits, therefore no EAs or environmental assessments had been conducted to formulate EMPs. As a result, MOHFW will have to gain expertise in formulating EMPs for diverse subprojects regardless of their size.
5. Consult stakeholders and establish a grievance redress mechanism	The EIA Notification, 2006, EIA Rule, and IMEP Guidelines provide for stakeholder consultation with health workers, community and other stakeholders. However, in Category B projects stakeholder consultations and public hearing process are not required. But ADB's environmental policy requires such consultation and the establishment of a grievance redress mechanism. Under the Program, this gap is to be filled.	This is another area where MOHFW has to improve its current practices. It will have to consult all stakeholders especially the urban poor and vulnerable households. It will also have to establish a GRM to deal with complaints and grievances. The required expertise and experience is not present at MOHFW.
6. Disclose EA and EMP to all stakeholders	An EMP is a part of EA report as per the EIA Rule, but for category B projects. However, IMEP Guidelines provides for the disclosure of planning documents. This needs to be further elaborated in LERF.	This is another area where MOHFW will have to develop its institutional capacity.
7. Implement the EMP and monitor its effectiveness.	As per the EIA Rule, EMP implementation is monitored internally through audits and externally by third party audits. It will also be inspected by State Department of Environment and SPCBs. This is in congruence with ADB's environmental safeguard policy principle 7.	MOHFW has capacity mainly in BMW management and infection control. It will have to expand its capacity to handle other environmental impacts and especially EMPs with committed budgets and time frames.
8 Avoid critical habitats.	The regulatory framework provides for the protection of critical habitats and environmentally sensitive areas to which IMEP Guidelines refer to. This is in congruence with environmental safeguard policy principles of ADB.	The need may not arise to develop in-house capacity as the Program is unlikely to trigger this principle.

ADB Policy Principle	Gap Analysis	
	Congruence between local environmental regulatory framework (LERF) and ADB's Environmental Safeguard Policy	Assessment of NUHM's capacity to meet ADB Environmental safeguard policy requirements
9. Prevent pollution.	<p>The IMEP Guidelines are comprehensive and cover environment management system components such as waste management and infection control; goals, organizational structure, environmental impacts, mitigation and management plans, reviewing and monitoring and awareness and training. This is in congruence with the environmental safeguard policy principles.</p> <p>The SPS Policy elaborates them further.</p>	<p>The implementation of the Guidelines is weak at the state level. A low level of awareness about pollution Guidelines among health staff, especially at the state level. This necessitates special awareness programs and training with follow-up. SPCBs will have to play a key role in awareness creation and application of rules and regulations pertaining to noise, air and water pollution.</p>
10. Ensure occupational and community health and safety	<p>The IMEP Guidelines have 3 separate operational guidelines for 3 types of PHCs consisting of pictorial instructions for health care workers on procedures and plans for infection control and BMW management. In congruence with environmental safeguard policy principle of ADB.</p>	<p>As a part of environmental clearance of Category A and B1 projects this Principle is implemented. Project level application of the operational guidelines is weak partly because of lack of professional and partly shortage of funds. Contractors and project personnel need further training in this regard.</p>
11. Conserve physical cultural resources	<p>The LERF provides for the conservation of physical cultural resources and to protect such resources which mentioned in the Guidelines. EIA Notification covers the essence of this principle when an EA is done. LERF is in congruence with this environmental safeguard principle of ADB</p>	<p>There is low level of awareness among health staff at national and state levels on guidelines for conservation of physical cultural resources. Awareness programs and training sessions as part of safeguard training are to be conducted.</p>

ADB = Asian Development Bank, BMW = bio-medical waste, EA = environmental assessment, EIA = Environment Impact Assessment, EMP = Environmental Management Plan, GRM = grievance redress mechanism, IEE = initial environmental examination, IMEP = Infection Management and Environment Plan, LERF = local environmental regulatory framework, MOEF = Ministry of Environment and Forests, MOHFW = Ministry of Health and Family Welfare, PHC = Public Health Center, SPCB = State Pollution Control Board, SPS = Safeguards Policy Statement, UPHC = Urban primary Health Center.

Source: Asian Development Bank

D. Safeguard Program Actions

1. Environment

17. The IMEP Policy Framework and Operational Guidelines need to be integrated with national and state health regulatory frameworks. One key obstacle in this regard is that the

Framework and Guidelines have not been reviewed and updated since they were formulated in 2007. This needs to be done soon.

18. The relationship between EA and EMP, the key requirements for EMP implementation, consultations with all stakeholders, disclosure requirements of safeguard planning instruments and the appointment of grievance redress mechanisms do not reach the standards set by the environmental safeguard policy principles of ADB. As a result, their application to projects will be limited. This key gaps need to be rectified through regulations or by developing specific actions that are applicable to NUHM.

19. Weak application of Environmental Management Systems to projects is also an outcome of low level of awareness among the health staff about the guidelines and environmental regulatory framework. This was observed during the site visits in Kolkata, Indore and Bhopal. The responsibility for applying IMEP Operational Guidelines and other regulations rests with the MOHFW and the state level health departments. This responsibility needs to be communicated to all state and district health departments, and they should make these Guidelines as a part the NUHM implementation plans. A robust in-house training programs and awareness improvement programs are to be conducted at the inception of the Program for the benefit of all levels of health service staff.

20. Under the Operational Guidelines for Quality Assurance, there is a satisfactory Quality Management System in place. There are standards and measurable elements on areas of concern such as infection control and biomedical waste. Therefore, it is suggested that the Guidelines should be reviewed in light of the NUHM objectives, goals and strategies and revise them to suit the operational requirements of the NUHM.

21. There is no dedicated environment safeguards focal point at the MOHFW. A nodal person at the NUHM's national PMU in MOHFW should be responsible for coordination, implementation and supervision of IMEP's Operational Guidelines. The nodal person should also play a role in environmental monitoring during the Program operation and implementation phases, and in post-project evaluations in order to assess environmental safeguard compliance and to develop future management strategies for better environmental performance and monitoring.

22. Biomedical waste needs to be better managed to minimize the spreading of infection. Therefore, more focus on segregation, secure collection, suitable treatment technology and proper disposal is required. Health and safety of the workers who work with BMW need the attention of MOHFW. It has to review and update current safety procedures and facilities as discussed in section C above. In this regard, the Guidelines for Healthcare Workers on Waste Management and Infection Control in PHCs and CHCs (a component of the IMEP's Operational Guidelines) which are in the form of instruction manuals need to be reviewed, updated and implemented stringently.

23. Sanitary standards for waste treatment storage and disposal are to be ensured in order to avoid health risks. Separate toilets for males and females are to be provided. Waste water generated at UPHCs need to be treated at an effluent treatment plant, as per the Water Act, 1974.

24. Frequent non-compliance with building specifications regarding adequate ventilation and natural lighting at UPHCs is to be upgraded for the benefit of workers, doctors and patients. This is a key requirement elaborated in the local regulatory framework and in ADB' environmental

safeguard policy (principle 19). Good indoor air quality, good flooring, fire resistant building materials are other requirements that need urgent attention of MOHFW. The Program has to allocate funds for these facilities.

25. UPHCs use diesel power generators as back-up power. They generate polluted air emissions. Before installing generators, a “No Objection Certificate” (NOC) to operate them under the Air Act (Environment Protection Act, 1986) should be obtained from the SPCB. NOCs for Water and Air are the requirements for obtaining ‘Consent to Establish’ from SPCB. NOCs must be obtained before starting any construction work at a UPHC or UCHC.

26. Capacity building of healthcare workers, doctors, nurses, housekeepers, laboratory technicians and other functionaries requires in-house training on NUHM’s implementation plans and implementation arrangements. The training would focus on best management practices, regulatory requirements, principles of waste management, and monitoring and reporting. At the state level, most activities are driven by the national guidelines. They need to be widely disseminated at the state level and discussed at the training workshops and capacity building exercises. Such training and capacity building programs should include sessions on the importance of environmental management systems. Each state should have its own environment management plan for the implementation of the NUHM Program which will be monitored by Central and State level health care management.

2. Social

27. The types of health facilities discussed earlier can be categorized into broadly four types. (i) Existing facilities chosen for upgrade or renovation; (ii) building to be rented to establish new UPHCs/UCHCs; (iii) mobile PHCs, and (iv) new buildings to be constructed to establish UPHCs and UCHCs. The first type is likely to have no adverse social impacts as their refurbishment will occur within the existing premises. In case of newly rented buildings, resettlement issues are unlikely to surface, as MOHFW will check them for potential resettlement safeguard triggers before lease in them. The mobile PHCs will not need land acquisition. New constructions at new locations may have potential adverse social impacts. Therefore only this type of facilities will need screening to eliminate potential adverse social safeguard impacts.

28. In selecting a location for a new facility, MOHFW will check whether the land given for the facility by the state government is demarcated by a compound wall or a fence. It will also check whether the building that it plans to refurbish would cause any damage to adjacent buildings. The subproject’s EMP will outline a plan to minimize such damages. The grievance redress mechanism to be established in each subproject could further investigate any complaints in this regard and provide solutions.

29. Any loss of income in case of a mobile vendor/commercial squatter can be mitigated by giving one month’s notice on the proposed construction works. Those government employees who will have to move out of the rented buildings to make room for new health facilities will be entitled for alternative government accommodation or for receive housing allowances and necessary support for shifting household goods.

30. The MOHFW will engage a qualified Safeguard Monitoring Consultant to carry out the screening of properties for social safeguards. The consultant will first through a desk review eliminate project proposals which indicate potential social safeguard impacts. Further screening of such facilities will be done using the quarterly NUHM progress reports for civil works. Finally,

field visits will help the consultant gather more information to confirm or reject the decision regarding whether to exclude or not a proposed facility from the Program.

31. The Consultant will provide an independent monitoring report to MOHFW and ADB that comprises (i) an outline of safeguard issues identified at the proposed facility, and (ii) recommendations on whether or not to take up the proposed facility for funding under the Program,.

32. The MOHFW will further examine the recommendations of the Safeguard Monitoring Consultant by reviewing any complaints received regarding the site and conducting a third party/independent post procurement audits on a sample of civil works selected in five states each year.

33. The District health Society (DHS) deals with all grievances received regarding health facilities and their performance. Its scope covers infrastructure, procurement, and administration. The DHS comprises Heads/key members of Revenue and Administration Departments. The District Collector is the Chairperson of DHS. It shall also be responsible to record and resolve any grievances received from persons affected by the Program. Members of DHS will be trained by the Program to effectively record grievances relating to social safeguards and report them in the quarterly progress reports. These reports will help the Safeguards Monitoring Consultant at MOHFW to screening proposals and make recommendations with regard to Program financing.