

# Program Safeguard Systems Assessment

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India: Supporting National Urban Health Mission

## PROGRAM SAFEGUARD SYSTEMS ASSESSMENT

1. The Program Safeguard Systems Assessment summarizes potential environmental and social impacts of the proposed refurbishment, upgrading, and construction of urban health facilities in cities and towns of India under the National Urban Health Mission (NUHM). It examines the adequacy of the environmental and social management system of the NUHM in the context of the Asian Development Bank (ADB) Safeguard Policy Statement (SPS) (2009) 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 Supporting National Urban Health Mission program that promotes sustainable development. Where gaps and weakness are found, measures are suggested to remedy these.

### A. Program Environmental and Social Impacts and Risks

2. **Environment.** The program will directly benefit large numbers of the poor and slum dwellers who cannot afford to pay private hospitals to obtain treatment and medical advice. The program will have minimal environmental impacts during construction and refurbishment of urban primary or community health facilities. Most of the environmental impacts identified will be confined to the implementation phase. Biomedical waste (BMW) generation is the most significant environmental impact of the operation of urban primary health centers (UPHCs) and urban community health centers (UCHCs), followed by generation of plastic waste, waste water, air pollution and infections, contaminated water, and degraded sanitation. In addition, construction workers and health workers will be exposed to construction waste, noise, dust and emissions, and occupational hazards, but these are temporary in nature and limited to the construction sites and the surrounding areas. Poor drainage management, water pollution, construction debris that blocks drains, and non-functional washing and toilet facilities could spread diseases and would need to be addressed.

3. **Social.** The program will positively impact millions of people, the majority of whom are poor, vulnerable, and/or marginalized. Direct access to free health facilities closer to their dwellings will help improve their quality of life. Better health will improve productivity, and in turn improve their living standards. State governments will provide unencumbered land if needed to build new UPHCs and UCHCs without requiring acquisition of private land. Vendors in the vicinity of health facilities may need to move temporarily to nearby areas from their original locations during the construction or refurbishment of health facilities. Government employees who live in rented facilities within the health facilities premises may have to move temporarily from their current dwellings during the construction phase. There are no indigenous peoples or indigenous peoples' communities in the program areas that display key characteristics distinguishing them from the dominant society, and the program will have no positive or adverse impacts on them.

### B. Safeguard Policy Principles Triggered

4. All principles except 8 (avoid critical habitats) and 11 (conserve physical cultural resources) of the environmental safeguard policy of ADB are likely to be triggered by the program. In the case of ADB's involuntary resettlement policy, only principle 1 (screen each subproject to identify its potential involuntary impacts and risks) will apply, because any subproject with potential involuntary resettlement impacts will be excluded from the program. Likewise, in the case of ADB's indigenous peoples' policy, only principle 1 (screen the subproject to determine whether indigenous peoples are present in or have collective attachment to the project area, and whether project impacts on them are likely) will apply,

because any subproject with likely impacts on indigenous peoples will be excluded from the program.

**Table 1: Safeguard Policy Principles Triggered**

<b>Principles</b>	<b>Description</b>
<b>(a) Environment</b>	
1. Screen and categorize potential environmental impacts.	The program-level IEE has identified potential environmental impacts and risks. At each refurbishment or construction site, a safeguard checklist included in the IMEP and/or quality assurance guidelines will further screen and identify potential environmental issues, if any.
2. Conduct an environmental assessment.	The program-level IEE has identified potential environmental impacts and risks and recommended mitigation measures. At the subproject level, a safeguard checklist included in the IMEP and/or quality assurance guidelines will identify location-specific environmental impacts, if any, and determine the scope of remedial actions through an EMP or an equivalent planning and monitoring tool at facility level, as required IMEP and/or quality assurance implementation.
3. Examine alternative possibilities, locations, and technologies.	The national and state environmental regulatory framework requires that new facility locations be selected so as to have minimal or no adverse environmental impacts, with a rationale provided for the final choice. This principle does not apply to refurbishment of health facilities.
4. Prepare an EMP.	A standard EMP for the program is developed as a part of the program-level IEE, which will inform the updated IMEP guidelines and/or new quality assurance guidelines. Based on the findings of the checklist applied to a subproject, a site-specific EMP or an equivalent tool will be prepared. Civil work contracts will include these instruments to avoid or mitigate identified environmental impacts and risks associated with subprojects.
5. Consult stakeholders and establish grievance redress mechanism.	The NUHM is strongly community-oriented, and the mapping of vulnerable and poor households in the process of site selection will be done through community consultation. The program will also strengthen NUHM's community-based grievance redressal mechanism.
6. Disclose environmental assessment and EMP to stakeholders.	The program-level IEE and standard EMP will be disclosed before ADB loan approval. Using NUHM community processes, each subproject will disclose to all stakeholders—including the vulnerable and poor—the findings of the IMEP and/or quality assurance guidelines checklist and the EMP formulated to address environmental impacts. This will be done in particular during subproject community consultations.
7. Monitor and report EMP implementation.	Monitoring and reporting of EMP implementation are integral components of the civil work contract management (during the construction period) and IMEP and/or quality assurance implementation (during subproject operations).
8. Avoid critical habitats.	No critical habitats are present in urban slum areas. It is unlikely that this principle will be triggered by the program.
9. Prevent pollution.	Construction and refurbishment of buildings generates air pollution, dust, and noise pollution. The national and state environmental regulatory framework requires adequate measures to combat air, noise, and water pollution. These are broadly identified in the program-level IEE. The checklist will indicate site-specific environmental impacts, and the subproject EMP or an

Principles	Description
	equivalent tool will indicate how to these are to be addressed.
10. Ensure occupational and community health and safety.	Workers engaging in construction and refurbishment work and the adjacent communities will be exposed to health and safety risks. India has relevant laws and regulations to protect their rights, which must be complied with by the project authorities.
11. Conserve physical cultural resources.	No physical cultural resources are found in urban slums. Therefore, it is unlikely that the program will trigger this environment safeguard principle.
<b>(b) Involuntary Resettlement</b>	
1. Screen the project early to identify past, present, and future resettlement impacts and risks.	Each proposed subproject will be screened through a two-stage approach to identify and exclude any subproject with potential involuntary resettlement impacts. This will be the only involuntary resettlement safeguard principle that will be triggered by the program.
<b>(c) Indigenous Peoples</b>	
1. Conduct early screening 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 of a subproject for impacts on indigenous peoples will indicate whether indigenous peoples are present in the subproject areas and whether they would qualify to be treated by the program as affected indigenous peoples.

ADB = Asian Development Bank, EMP = environmental management plan, IEE = initial environmental examination, IMEP = infection management and environment plan, NUHM = National Urban Health Mission.

Source: Asian Development Bank Safeguard Policy Statement (2009); diagnostic analyses on environmental and social impacts and risks.

## C. Diagnostic Assessment

### 1. Assessment Methodology and Resources

5. The Program Safeguard Systems Assessment is based on four sources of data and information:

- (i) Documents of the National Health Mission and NUHM were reviewed to ascertain the scope of environmental and social impacts and risks of the proposed construction and refurbishment of health facilities under the program.
- (ii) A detailed desk review was conducted of relevant laws and regulations at the national and state levels, and policy documents relevant to the health sector.<sup>1</sup>
- (iii) Consultations with regulatory bodies such as state Pollution Control Boards; 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 detailed guidelines to identify and mitigate the environmental and social safeguard impacts of its subprojects. The MOHFW personnel and several common facility owners were interviewed to determine how well they understand the

<sup>1</sup> Government of India, Ministry of Health and Family Welfare. 2007. *Infection Management and Environment Plan Policy Framework*. New Delhi; World Bank. 2012. *Mainstreaming Environmental Management in the Health Care Sector*. Washington, D.C; World Bank. Environmental, Health and Safety Guidelines. [www.ifc.org/ehsguidelines](http://www.ifc.org/ehsguidelines); ADB Public Communications Policy (2011); ADB SPS (2009); ADB. 2013. *Piloting Results-Based Lending for Programs*. Manila; and NUHM program documents, including Common Review Mission reports.

environmental and social regulatory frameworks, and their capacity to apply them to development interventions such as NUHM.

- (iv) Site visits were conducted in four states to review the current status of urban health facilities and their operations. During these site 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 the health services. The key environmental issues examined during the visits include BMW management, location of the primary health centers (PHCs), 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 some site-specific and reversible adverse environmental impacts, mainly during operation of the newly constructed and refurbished urban health facilities. The program will apply two levels of screening—at the program and subproject levels—to screen out civil works that may cause involuntary resettlement issues, and thus is likely to have minimal or no adverse environmental impacts. Moreover, most subproject civil works will be small in size and confined to the footprint of the existing building (in case of refurbishment) or to compounded state land (in the case of new construction), with any adverse environmental impacts most likely temporary in nature. The diagnosis analysis confirmed the program's environmental impacts should be classified as category B.

7. The NUHM does not have its own environmental safeguard framework. The NUHM applies national and state environmental regulatory frameworks to all subprojects. In addition, MOHFW, in 2007, formulated a National Health Policy to address issues relating to infection control and BMW management. Based on the policy, MOHFW has also developed a policy framework document, an infection management and environment plan (IMEP), and operational guidelines. These planning instruments were originally formulated for the National Rural Health Mission. The NUHM has will use these to guide it in environmental planning and implementation of subprojects and will introduce comprehensive quality assurance guidelines that will complement the IMEP.

8. The environmental regulatory framework with the NUHM policies and guidelines referenced above are adequate to meet international best practices as outlined in ADB's SPS (2009), although some areas require improvement: (i) environmental assessment of potential adverse impacts for a subproject that is below the threshold of 20,000 square meters; and (ii) consultation, disclosure, and environmental management plan (EMP) implementation.

9. Health workers have displayed a relatively high level of awareness regarding the BMW segregation and disposal system; as a result, safeguard compliance was satisfactory. Awareness about BMW requirements is high because of strict application of rules by health authorities and municipalities. In other areas, health workers demonstrated a lack of proper understanding of the safeguard requirements stipulated in the environmental regulatory framework.

10. The environmental regulatory framework needs to be supplemented as it does not ensure that NUHM consultation processes reach the core beneficiaries (the urban poor and slum dwellers). Consultation practices among health authorities need strengthening. Likewise,

disclosure of safeguard instruments in local languages, for the benefit of all stakeholders, needs to be improved.

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

### **3. Involuntary Resettlement**

12. The social diagnostic assessment confirmed the classification of the program's involuntary resettlement impacts as category C. Location-specific screening will be undertaken to eliminate proposed facilities with 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 2013 Act incorporated many international best practices in involuntary resettlement. The local land acquisition and rehabilitation regulatory framework has been upgraded to meet the requirements of ADB's Involuntary Resettlement Policy (1995) through requirements to share project benefits with project-affected persons, pay the replacement cost of property acquired, and carry out of socioeconomic surveys and consultations with all stakeholders.

14. The MOHFW's policy of using existing buildings or renting spaces to establish new UPHCs where suitable government land cannot be found helps avoid or minimize land acquisition. Mobile health facilities in densely populated urban slum areas will avoid land and other property acquisition and effectively facilitate health service delivery by reaching the vulnerable and poor in urban areas. During field visits, it was observed that current health facilities and premises, where new buildings will be constructed, are well secured with compound walls. This prevents encroachment and squatting on state land.

### **4. Indigenous Peoples**

15. The social diagnostic assessment confirmed the classification of the program's impacts on indigenous peoples as category C. The assessment shows that schedule castes, schedule tribes and other tribal people live in some urban areas, but do not display the key characteristics that distinguish them from the dominant society as tribal people. These characteristics include 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 state's official language.

### **5. Gap Analysis**

16. This section compares the program's environmental regulatory framework with ADB's environmental safeguard policy principles to identify gaps and highlight congruence. It also scrutinizes whether the program possesses sufficient institutional capacity to apply both ADB's environmental safeguard policy requirements and its own environmental regulatory framework to program subprojects. Where gaps are found remedial actions are proposed.

**Table 2: Gap Analysis of Environmental Safeguard Requirements and Institutional Capacity**

<b>ADB Policy Principle</b>	<b>Congruence/Gap between Program Environmental Regulatory Framework and ADB's Environmental Safeguard Policy</b>	<b>Assessment of NUHM's capacity to meet ADB Environmental Safeguard Policy requirements</b>
1. Screen and categorize.	The EIA Notification, 2006 and IMEP Policy Framework 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 be subjected to the screening process. This is congruent with ADB environmental policy requirements.	MOHFW applies these rules and regulations to any building construction or refurbishment. It has the expertise needed 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 project's area of influence.	The Environmental Protection Act of 1986, EIA Notification, 2006, and IMEP Policy Framework emphasize that all health facilities under the NUHM 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 environmental due diligence of a subproject.
3. Examine alternatives including the no-project alternative.	A screening checklist is included in IMEP and/or quality assurance guidelines to screen and classify. The screening checklist will be administered before a site is selected for a new UPHC. One of the criteria is considering alternatives of size, scale, and operational methods. LERF provides guidelines in this regard that apply to all projects. This is in congruence with ADB's environmental safeguard principle.	MOHFW has sufficient experience in applying the guidelines and checklists.
4. Prepare an EMP.	The IMEP Policy Framework requires compliance with the EIA Notification Rule of 2006. The program-level environmental diagnostic analysis will be the program IEE. A standard EMP is prepared for the program as part of the IEE. Each subproject with site-specific and reversible environmental impacts will prepare an EMP. This is in congruence with ADB's environmental safeguard policy principle.	A standard EMP attached to the program IEE will inform the updating of IMEP guidelines and/or the development of new quality assurance guidelines to strengthen measures for safeguard compliance. For potential adverse environmental impacts identified by the checklist, mitigation measures will be proposed in the subproject's EMP, or any equivalent planning and monitoring instrument under the IMEP and/or quality assurance tool application. The EMP will also inform civil work contracts to ensure that the contractors will adequately address potential environmental impacts.
5. Consult stakeholders and establish a GRM.	The EIA Notification, 2006, EIA Rule, and IMEP Policy Framework provide for stakeholder consultation with health workers, communities and other stakeholders. However, in Category B projects stakeholder consultations and public hearing process are not required by the national regulations. The	MOHFW will have to improve its current community consultation practices and resolution of project beneficiary grievances through a community-based GRM.

ADB Policy Principle	Congruence/Gap between Program Environmental Regulatory Framework and ADB's Environmental Safeguard Policy	Assessment of NUHM's capacity to meet ADB Environmental Safeguard Policy requirements
	NUHM will incorporate a strong community consultation process, as it will focus on urban poor and vulnerable groups. The program will also have a community-based GRM. This is in congruence with ADB's environmental safeguard policy principle 5.	
6. Disclose environmental assessment and EMP to all stakeholders.	The IMEP Policy Framework provides for the disclosure of environmental planning documents. The EMP (based on the findings of the checklist administered at the subproject level) will be disclosed to all stakeholders through the NUHM community process. This is in congruence with ADB's environmental safeguard policy principle 6.	MOHFW and its state-level agencies will have to improve procedures to disclose the safeguard-related documents at the program and subproject levels, especially through NUHM community processes. This is especially important as the main program beneficiaries are the poor and vulnerable people.
7. Implement the EMP and monitor its effectiveness.	As per the EIA Rule, EMP implementation is monitored through internal audits and external third-party audits. It will also be inspected by the State Department of Environment and SPCBs. This is in congruence with ADB's environmental safeguard policy principle 7.	MOHFW has capacity in BMW management and infection control. The IMEP Policy Framework requires IMEP implementation progress to be reported on a quarterly basis as part of regular progress monitoring. An MIS will be established to monitor IMEP and/or quality assurance implementation through a set of indicators. An independent procurement audit will include a sample-based review of civil work for safeguard issues, including EMP implementation.
8. Avoid critical habitats.	The regulatory framework provides for the protection of critical habitats and environmentally sensitive areas, which are referred to by IMEP guidelines. This is in congruence with environmental safeguard policy principles of ADB.	The program is unlikely to trigger this principle.
9. Prevent pollution.	The IMEP Policy Framework is comprehensive and covers environmental 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.	The implementation of the IMEP guidelines, especially for issues during construction, is weak at the state level. A low level of awareness about pollution guidelines is noted among the health staff, especially at the state level. This necessitates special awareness training programs and follow-up. Quality assurance tools may include specific guidelines to address these issues where IMEP guidelines are lacking. SPCBs will have to play a key role in awareness creation and in the application of rules and regulations pertaining to noise, air and water pollution.
10. Ensure occupational and community health and safety.	The IMEP guidelines have three separate operational guidelines for three types of PHCs consisting of pictorial instructions for health care workers on procedures and plans	This principle is implemented as part of environmental clearance of Category A and B1 projects. Project-level application of the operational



ADB Policy Principle	Congruence/Gap between Program Environmental Regulatory Framework and ADB's Environmental Safeguard Policy	Assessment of NUHM's capacity to meet ADB Environmental Safeguard Policy requirements
	for infection control and BMW management. These operational guidelines are in congruence with environmental safeguard policy principle of ADB.	guidelines is weak, in part because of a lack of professionals and in part because of a shortage of funds. Contractors and project personnel need further training in this regard.
11. Conserve physical cultural resources.	The LERF provides for the conservation of physical cultural resources and to protect resources mentioned in the guidelines. EIA notification covers the essence of this principle when an environmental assessment is undertaken. LERF is in congruence with this environmental safeguard principle of ADB.	There is a low level of awareness among health staff at national and state levels regarding guidelines for conservation of physical cultural resources. Awareness programs on physical cultural resources are to be included in safeguard orientation training.

ADB = Asian Development Bank, BMW = biomedical waste, 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, MOHFW = Ministry of Health and Family Welfare, NUHM = National Urban Health Mission, PHC = primary health center, SPCB = State Pollution Control Board, UPHC = urban primary health center.

Source: Asian Development Bank.

## D. Safeguard Program Actions

### 1. Environment

17. The IMEP Policy Framework (footnote 1) and its Operational Guidelines need to be strengthened by incorporating relevant national and state environment and 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. They were also developed in the context of the National Rural Health Mission, and should be updated to address urban-specific issues, especially those guidelines accompanied by detailed actions. In addition, NUHM will establish a quality assurance mechanism with practical tools to address environmental issues at health facilities, including during construction and operation. The IMEP and/or quality assurance guidelines will incorporate checklists for environmental and social safeguard issues as good practices in establishing and operating urban primary health centers.

18. A program-level initial environmental examination (IEE) outlining potential environmental impacts and a standard EMP to address environmental impacts of subprojects are developed based on the diagnostic environmental assessment of the program. The IEE and EMP will inform the updating of IMEP guidelines and/or development of quality assurance tools, incorporating checklists for both environment and social safeguard issues. Civil works contract templates will be reviewed against a program-level IEE and EMP, and will be revised to incorporate the requirements of contractors regarding how to avoid or mitigate adverse environmental impacts if needed. IMEP and/or quality assurance monitoring tools and procedures will be strengthened to cover EMP monitoring requirements. Separate EMP monitoring will not be required. Community consultations will be used to elicit beneficiary views and concerns regarding subproject-level environmental issues. Such consultations will be used as a community-based grievance redress mechanism.

19. NUHM will engage a dedicated environmental and social safeguards specialist at the NUHM national program management unit in MOHFW. The nodal person will help in monitoring safeguards issues during program implementation. He or she will provide technical inputs and

support for reviewing and updating IMEP and/or quality assurance and associated guidelines. Issues for consideration in updating or developing IMEP and/or quality assurance guidelines include:

- (i) **Improved awareness and training.** The current level of awareness among health staff regarding the guidelines and environmental regulatory framework needs to be improved by transferring responsibility for applying IMEP Operational Guidelines and other regulations for safeguard compliance to state- and district-level health agencies under the supervision of MOHFW, in line with the IMEP policy framework and/or quality assurance guidelines. The state-level health departments will incorporate the costs of implementing these guidelines and regulations in the program implementation plans. Capacity building of health care workers and other functionaries requires in-house training on safeguard compliance. The training will focus on best management practices, regulatory requirements, principles of waste management, and monitoring and reporting. They include sessions on the importance of complying with environmental safeguard requirements. Each state will 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.
- (ii) **Addressing urban health-specific concerns.** Under the operational guidelines for quality assurance, NUHM will establish a quality management system for the urban health system. There are standards and measurable elements on areas of concern, such as infection control and BWM. The guidelines will be reviewed in light of the objectives, goals, and strategies of the NUHM, and will be revised to suit NUHM operational requirements. Quality assurance guidelines will include a regular monitoring mechanism that may help IMEP and/or quality assurance compliance and monitoring.
- (iii) **Incorporation of relevant environmental and social regulations and best practices.** Sanitary standards for waste treatment, storage, and disposal will be established in order to avoid health risks. Wastewater generated at UPHCs will be treated at an effluent treatment plant, as per the Water Act, 1974. Building specifications regarding adequate ventilation and natural lighting at UPHCs will be upgraded for the benefit of workers, doctors, and patients. This is a key requirement elaborated in the local regulatory framework and in ADB's environmental safeguard policy (principle 9). MOHFW will take action to provide good indoor air quality, better flooring, and fire-resistant building materials at health facilities. The use of diesel power generators as backup power sources at UPHCs generates air pollution. Before installing generators at a UPHC, a no-objection certificate to operate them under the Air Act (Environment Protection Act, 1986) will be obtained from the State Pollution Control Board. Detailed guidelines including checklists and monitoring tools may be developed to address these non-BWM environmental issues.

## 2. Social

20. The health facilities discussed above can be categorized into four types: (i) existing facilities chosen for upgrade or renovation, (ii) buildings to be rented to establish new UPHCs or 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, because MOHFW will assess potential resettlement safeguard triggers before leasing buildings. The mobile PHCs will not require land acquisition. New construction at new locations may have potential adverse social impacts. Therefore, only this type of facilities will need screening to eliminate subprojects with potential adverse social safeguard impacts.

21. In selecting a location for construction of a new facility, MOHFW will check whether the land given by the state government is demarcated by a compound wall or a fence. It will also check whether any buildings that it plans to refurbish would cause damage to adjacent buildings. A checklist will be included in IMEP and/or quality assurance guidelines to address this.

22. Any loss of income on the part of a mobile vendor or commercial squatter will be mitigated by giving a 1 month notice regarding proposed construction works, to allow them to move a few yards from the construction site. Government employees who must vacate rented buildings to be used as new health facilities will be given alternative government accommodation, or receive housing allowances and support to shift their household goods.

23. The NUHM will engage a qualified safeguard specialist (consultant) to screen properties for social safeguard impacts. The consultant, through a desk review, will first eliminate subproject proposals likely to have potential involuntary resettlement impacts or impacts on indigenous peoples. 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 decide whether to exclude a proposed facility from the program. 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 include the proposed facility for funding under the program.

24. The MOHFW will further examine the recommendations of the safeguard monitoring consultant by reviewing any complaints received regarding the proposed site. It will conduct an independent post-procurement annual audit on a sample of civil works, selected from five states.

25. The district health society (DHS) deals with all grievances received from stakeholders, including project-affected persons, regarding health facilities and their performance. Its scope covers infrastructure, procurement, and administration. The DHS comprises heads and/or key members of the revenue and administration departments. The district collector is the chairperson of the DHS. The DHS with the assistance of community-level grievance redressal committees will be responsible for receiving, recording, and resolving grievances received from project-affected persons. The program will train DHSs in recording grievances of stakeholders, their resolution and monitoring of progress of grievance resolution. Each DHS will submit a quarterly monitoring report during the pre-construction and construction phases, and a semiannual progress report during the subproject implementation.