



Government of the Islamic Republic of Pakistan

Environmental and Social Management Plan (ESMP)

KP Citizen-Centered Service Delivery Project (KPCCSDP)

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*Ministry of Economic Affairs (MEA)
National Database and Registration Authority (NADRA)
Department of Health (Khyber Pakhtunkhwa)*

TABLE OF CONTENTS

LIST OF TABLES	III
ABBREVIATIONS	IV
EXECUTIVE SUMMARY	I
1 INTRODUCTION.....	1-1
1.1 BACKGROUND	1-1
1.2 THE CURRENT STUDY / ASSESSMENT AND ITS NEED	1-2
1.3 OBJECTIVES OF ESMP	1-2
1.4 APPROACH & METHODOLOGY	1-2
1.4.1 Approach	1-2
2 PROJECT DESCRIPTION.....	2-1
2.1 PROJECT OBJECTIVE	2-1
2.2 PROJECT AREA	2-1
2.3 PROJECT COMPONENTS	2-1
2.4 PROJECT BENEFICIARIES	2-2
2.5 PROJECT DURATION	2-2
2.6 IMPLEMENTATION ARRANGEMENTS FOR THE PROJECT	2-2
3 LEGAL AND POLICY FRAMEWORK	3-1
3.1 APPLICABILITY OF WORLD BANK ENVIRONMENTAL AND SOCIAL STANDARDS.....	3-1
3.2 OTHER RELEVANT WORLD BANK GUIDELINES AND POLICIES	3-3
3.3 KEY NATIONAL AND PROVINCIAL LAWS, REGULATIONS AND POLICIES	3-4
3.4 INTERNATIONAL CONVENTIONS/AGREEMENTS.....	3-9
4 ENVIRONMENT & SOCIAL BASELINE CONDITIONS	4-1
4.1 PHYSICAL ENVIRONMENT	4-1
4.1.1 Current Healthcare Waste Management Practices.....	4-1
4.1.2 Water Resources.....	4-1
4.1.3 Air Quality.....	4-2
4.1.4 Climate	4-2
4.2 ECOLOGICAL ENVIRONMENT	4-3
4.3 SOCIOECONOMIC PROFILE	4-3
4.3.1 Demography.....	4-3
4.3.2 Health & Nutrition	4-3
4.3.3 OHS & Fire Safety Practices.....	4-4
4.3.4 Economic Opportunities and Occupations.....	4-5
4.3.5 Gender	4-5
4.3.6 Vulnerable Groups	4-6
5 STAKEHOLDER ENGAGEMENT AND DISCLOSURE	5-1
5.1 OBJECTIVES OF STAKEHOLDER ENGAGEMENT	5-1
5.2 STAKEHOLDER IDENTIFICATION	5-1
5.2.1 Affected Parties (APs).....	5-1
5.2.2 Other Interested Parties (OIPs).....	5-2
5.2.3 Disadvantaged/Vulnerable Individuals and Groups	5-2
5.3 PLAN FOR STAKEHOLDER ENGAGEMENT.....	5-3
5.4 CONSULTATIONS WITH INSTITUTIONAL AND PRIVATE SECTOR STAKEHOLDERS.....	5-3
5.5 INSTITUTIONAL AND COMMUNITY STAKEHOLDER ENGAGEMENT FINDINGS	5-4
6 GRIEVANCE REDRESS MECHANISM	6-1
6.1 OBJECTIVES	6-1

6.2	GRIEVANCE PROCEDURE	6-2
6.3	DISCLOSURE OF GRM	6-2
7	POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND THEIR MITIGATION	7-1
7.1	ENVIRONMENTAL AND SOCIAL SCREENING.....	7-1
7.2	ADVERSE ENVIRONMENTAL IMPACTS AND MITIGATION.....	7-1
7.2.1	<i>Cold Chain Management for Vaccine Effectiveness</i>	7-1
7.2.2	<i>Health Care Waste Generation</i>	7-2
7.2.3	<i>Installation of Solar Panel</i>	7-4
7.3	ADVERSE SOCIAL IMPACTS AND MITIGATION.....	7-4
7.3.1	<i>Exclusion of Vulnerable Groups</i>	7-4
7.3.2	<i>Elite Capture and Inappropriate Selection Criteria</i>	7-5
7.3.3	<i>Accessibility Issues</i>	7-5
7.3.4	<i>Availability of Competent Female Staff</i>	7-6
7.3.5	<i>Privacy and Gender Issues</i>	7-6
7.3.6	<i>Potential Conflict Issues</i>	7-6
7.3.7	<i>Workers Health and Safety</i>	7-7
7.3.8	<i>Community Health and Safety</i>	7-8
7.3.9	<i>Data Privacy</i>	7-8
7.3.10	<i>Adherence to COVID-19 SOPs</i>	7-9
7.3.11	<i>Security related Issues</i>	7-9
7.3.12	<i>Labor Issues related with Solar Panels</i>	7-10
8	ENVIRONMENTAL AND SOCIAL MITIGATION AND MONITORING PLAN (ESMMP)	8-1
8.1	KEY STEPS FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT	8-1
8.2	CAPACITY ASSESSMENT OF IMPLEMENTING AGENCY	8-1
8.3	LESSONS LEARNED AND GOOD PRACTICES FROM TDPERP AND INTEGRATION IN ESMP	8-2
8.3.1	<i>Good Practices</i>	8-3
8.4	KEY INSTITUTIONS / PERSONS INVOLVED IN THE IMPLEMENTATION OF ESMP	8-4
8.4.1	<i>Project Management Unit</i>	8-4
8.4.2	<i>Department of Health</i>	8-4
8.5	INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION OF ESMP	8-5
8.6	CAPACITY BUILDING	8-12
8.7	REPORTING AND DOCUMENTATION.....	8-13
8.7.1	<i>Evaluation of ESMP Compliance</i>	8-14
8.8	ESMP DISCLOSURE AND STAKEHOLDER CONSULTATIONS	8-14
8.9	ESMP IMPLEMENTATION BUDGET	8-14

LIST OF TABLES

TABLE 3-3: MAIN ENVIRONMENT & SOCIAL LEGISLATION AND POLICIES RELEVANT TO THE PROJECT.....	3-4
TABLE 5-1: AFFECTED PARTIES	5-1
TABLE 5-2: OTHER INTERESTED PARTIES	5-2
TABLE 5-3: DISADVANTAGED/VULNERABLE GROUPS OR INDIVIDUALS BY SECTOR.....	5-3
TABLE 5-4: LIST OF STAKEHOLDERS CONSULTED.....	5-3
TABLE 5-5: STAKEHOLDER VIEWS AND CONCERNS	5-1
TABLE 8-1: ENVIRONMENTAL MITIGATION AND MONITORING PLAN	8-7
TABLE 8-2: CAPACITY BUILDING AND TRAINING PLAN	8-12
TABLE 8-3: REPORTING REQUIREMENTS.....	8-13
TABLE 8-4: ESMP IMPLEMENTATION BUDGET.....	8-15

ABBREVIATIONS

APs	Affected Parties
AD	Auto Disable
CBOs	Community Based Organization
CCSDP	Citizen Centered Service Delivery Project
CT	Cash Transfer
CWG	Child Wellness Grant
CFC	Citizen Facilitation Center
CNICs	Computerized National Identity Cards
CRCs	Child Registration Certificates
CRMS	Civil Registration Management System
CMR	Complaint Management Register
CNIC	Computerized National Identity Card
DoH	Department of Health
ERG	Early Recovery Grant
ERP	Emergency Recovery Project
ESMP	Environment and Social Management Plan
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESS	Environmental and Social Standard
FGD	Focus Group Discussion
GBV	Gender Based Violence
EA	Environmental Assessment
EHS	Environmental, Health and Safety
EPI	Expanded Program on Immunization
FSRRS	FATA Sustainable Return and Rehabilitation Strategy
FATA	Federally Administered Tribal Areas
FMT	Female Medical Technicians
GBV	Gender-Based Violence
GIIP	Good International Industry Practice
GoKP	Government of Khyber Pakhtunkhwa
GoP	Government of Pakistan
GHG	Greenhouse Gases
GRM	Grievance Redress Mechanism
GRO	Grievance Redress Officer
HUJRA	Holistic Understanding for Research and Action
IPF	Investment Project Financing
KP	Khyber Pakhtunkhwa
KP-EPA	Khyber Pakhtunkhwa Environmental Protection Act
KPHP	Khyber Pakhtunkhwa Health Policy
CCSDP	Citizen Centered Service Delivery Project
LHV	Lady Health Visitor
LHW	Lady Health Worker
LMT	Lady Medical Technicians
LSG	Livelihood Support Grant
MEA	Ministry of Economic Affairs
MIS	Management Information System
MT	Medical Technician
MoU	Memorandum of Understanding
MoF	Ministry of Finance
NADRA	National Database and Registration Authority

NEQS	National Environmental Quality Standards
EPI	National Expanded Program on Immunization
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
OIPs	Other Interested Parties
OSS	One Stop Shops
PSP	Payment Service Provider
PPE	Personal Protective Equipment
PD	Project Director
POM	Project Operational Manual
PDMA	Provincial Disaster Management Authority
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SEP	Stakeholder Engagement Plan
TDP	Temporarily Displaced Person
TDP-ERP	Temporarily Displaced Persons-Emergency Recovery Project
UC	Union Council
UNFCCC	United Nations Framework Convention on Climate Change
VRS	Vital Registration Services
WB	World Bank

EXECUTIVE SUMMARY

INTRODUCTION

The Government of Khyber Pakhtunkhwa (GoKP) is preparing a “KhyberPakhtunkhwa Citizen Centred Service Delivery Project (KPCCSDP)”¹ with the support from the World Bank (WB). **The proposed Project is being built on the basis of a previous successfully implemented Project of Temporarily Displaced Persons-Emergency Recovery Project (TDP-ERP) who's successful implementation is distinctly reflected in its achievement of targets, a year ahead of the project closing.**

In line with the prevailing legislation in the Country (national/provincial laws) and World Bank Environmental and Social Framework (ESF) policy, an environmental and social assessment of the proposed Project has been carried out and the present **Environmental and Social Management Plan (ESMP)** has been prepared². This ESMP addresses potential negative environmental and social impacts associated with the proposed Project, particularly the lessons learnt from TDP-ERP and proposes appropriate mitigation measures to reduce if not eliminate these impacts.

Background

The Government of Pakistan (GoP) launched major security operations in 2014, following the crisis in five tribal districts of the Merged Areas, resulting in displacement of approximately 340,000 families and damage to infrastructure and services.³ Against this backdrop, the World Bank supported the GoP to launch the Temporarily Displaced Persons-Emergency Recovery Project (TDPERP) project to assist in the early recovery of families affected by the crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected districts of the Merged Areas⁴. The proposed Project will bridge the financing gap for the continuity of the activities under the ongoing FATA TDPERP thereby facilitating smooth transition of the program to the province of Khyber Pakhtunkhwa.

PROJECT DESCRIPTION

Project Objective

The project development objective is to “To promote access to child health services and enhance citizen-centered service delivery in selected districts of Khyber Pakhtunkhwa Province”. Enhanced citizen-centered service delivery refers to more frequent use of services, an increase in the types of services available, especially ones under the provincial mandate, as well as the transition to management under KP.

¹ Named as proposed Project in this document.

² By revisiting, updating and revising the TDP-ERP ESMPs (ESMP (2015) for TDP-ERP original project and ESMP (2021) prepared for AF)

³ Affected tribal districts in KP include: Kurram, Orakzai, Khyber, North Waziristan, and South Waziristan.

⁴ erstwhile FATA

Project Area

The proposed project will continue to be implemented in all seven districts of the Newly Merged Areas (erstwhile FATA) and four adjacent districts of Khyber Pakhtunkhwa (KP) province.

Project Components

The proposed Project has two (02) components as briefly described below:

Component 1: Promoting Access to Child Health Services A selection of child health services are offered to mothers with children aged 0-24 months. The selected services include child health awareness and counselling, screening of children for malnutrition using growth monitoring, immunization services, and referral of complicated cases to pre-identified stabilization centres and pediatricians. To create demand for the visit, the Child Wellness Grant (PKR 12,500 spread over 5 visits) is provided against attendance of health awareness sessions and growth monitoring of the child. ***The proposed project will cover 300,000 additional beneficiaries availing the complete cycle of CWG.***

Component 2: Enhanced Citizen Centered Service Delivery and Program Management This component will provide technical assistance to enhance citizen centered service delivery program management, transparency and accountability at the federal, provincial, and local level administration through capacity building, stakeholder consultation, social mobilization, strategic communication and awareness, and monitoring. The expanded CFC services include Vital Registration Services (VRS), Civil Registration Management System (CRMS) and NADRA E-Sahulat platform (an ecommerce and payment services platform). The 40 existing CFCs as well as the 3 new CFCs to be established through this component ensure a plug and play platform for public service provision which the district governments are currently challenged to provide in NMDs.

Project Implementation Arrangements

Owing to the satisfactory performance; the same institutional setup is replicated for the proposed Project (KP CCSDP) to cover the extended period of support as no change has been made in the original design of the program.

LEGAL AND ADMINISTRATIVE FRAMEWORK

This ESMP has been prepared to address the requirements detailed in the **World Bank Environmental and Social Framework (ESF)** addressing environmental and social aspects and considerations. The Environmental and Social Standards (ESSs) relevant to the proposed Project are **ESS-1: Assessment and Management of Environmental and Social Risks and Impacts, ESS-2: Labor and Working Conditions, ESS-3: Resource Efficiency and Pollution Prevention, ESS-4: Community Health and Safety and ESS-10: Stakeholder Engagement and Information Disclosure.**

In addition, the ESMP addresses the requirements defined **World Bank Group Environmental, Health and Safety Guidelines for Health Care Facilities** and in the national and provincial regulations, most importantly, ***The Khyber Pakhtunkhwa Environmental Protection Act, 2014, Hospital Waste Management Rules, 2005 and draft Khyber***

Pakhtunkhwa Hospital Waste Management Rules 2022. In the same context a number of other relevant laws, guidelines and policies have been discussed in Chapter 3.

STAKEHOLDER CONSULTATION

Stakeholders consulted during project preparation included representatives from related government departments, including district level staff, NGOs/CBOs/CSOs and private sector companies. These stakeholders were interviewed through face-to-face and virtual group sessions. The proposed Project is being built on the basis of a previous Project of Temporarily Displaced Persons-Emergency Recovery Project (TDP-ERP), therefore, the consultations session (November 2020) conducted for previous project with relevant stakeholders are also considered, in addition to fresh consultative sessions (March 2023), for this new proposed Project. The applicable suggestions and recommendations have been incorporated in proposed Project design/ESMP preparation. Details have been provided in **Chapter 5: Stakeholder Engagement and Disclosure**.

POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND THEIR MITIGATIONS

Positive Impacts: The project is expected to have significant positive environmental and social impacts by improving service delivery through the use of CFCs (Community Facilitation Centers). The CFC model will optimize the delivery of multiple services at one location, reducing costs for service delivery agencies, beneficiaries, and the government. The project will focus on child health, promoting positive health-seeking behavior, and increasing children's health check-up visits. Additionally, the project will create job opportunities for locals. The project aims to cover 300,000 additional beneficiaries and contribute to climate change mitigation and adaptation.

Potential adverse environmental and social impacts are summarized as follows:

Potential Environmental Impacts

The environment and social risks of the Project are assessed to be moderate. The potential adverse environmental and social impacts anticipated from the implementation of proposed Project are Cold Chain Management for Vaccine Effectiveness, Waste Generation, Soil Contamination, Water Contamination, Air Quality Deterioration, Risk of Infections, Exclusion of Vulnerable, Elite Capture and Inappropriate Selection Criteria, Accessibility Issues, Availability of Competent Female Staff, Privacy and Gender Issues, Potential Conflict Issues, Workers Health and Safety, Community Health and Safety, Data Privacy due to using of unsterilized syringes and needles, lack of awareness and application of appropriate safety protocols by health services providers/ vaccinators, improper disposal of used syringes and mismanagement of cold chain (sub-optimal temperature, exposure to light, and expiry date etc.) for storing, transporting, and utilizing the vaccines, inappropriate disposal of health care waste and indiscriminate discharge of liquid waste from the facilitation center.

Most of the above-stated risks and impacts are anticipated at the implementation/operational phase and are temporary site-specific, reversible and manageable by adopting simple mitigation measures provided in this ESMP, in accordance with the mitigation hierarchy under the relevant ESSs.

Lessons Learned and Good Practices from TDPERP and Integration in ESMP: The key lessons learnt during the implementation of the TDRERP provided in Chapter 8: ESMP Implementation for integration into revised/updated ESMP. Similarly, the previous project (TDPERP) staff took various good initiatives while implementing ESMP and the proposed Project will continue such practices under new proposed Project (KP CCSDP):

Institutional Arrangements

Previously, NADRA had successfully employed/employs a tiered approach in implementing E&S requirements and same will be used for the proposed Project, as described below:

- i. **Headquarter/PMU Level:** The E&S Specialists will be responsible for top supervision of ESMP implementation through overall coordination and monitoring. The Ministry of Economic Affairs (MEA)-PMU has further designated an E&S Focal Person (FP) at Directorate of health services, Department of Health. The FP was responsible for coordination and implementation through DoH's field staff.
- ii. **Field Level:** The Department of health has also designated similar FPs (generally EPI technicians) at all CFCs, who provide necessary support and also assist the E&S FP (at Department of Health) to establish reports, which ultimately report to E&S Specialists of MEA-PMU. Similarly, the said field staff also updates district surgeons regarding E&S aspects to ensure proper implementation.

Capacity Building / Training

To ensure the successful implementation of ESMP and strengthening capacity of relevant staff (E&S Specialists-PMU, NADRA, E&S FPs other OSS/CFCs) a series of customized trainings and awareness sessions will be carried out. The trainings will be regularly conducted for the NADRA OSS/CFC and department of health staff (including FPs), E&S Specialist -PMU. The training report must include the objectives and detailed content of the training, a copy of the training materials and presentations, a list of resource persons and list of participants.

Grievance Redress Mechanism

An operational and effective GRM is already in place through NADRA for the FATA-TDP ERP for project related issues. A separate GRM will be prepared for the labour and staff involved in the proposed Project activities as a part of Labour Management Procedures. GRM includes the following main categories **Appeals and Complaints**⁵.

⁵ **Appeals:** These are grievances related to eligibility where a family member has not been included as "Beneficiary" and he/she feels that he/she fulfils the eligibility criteria of the project. Appeals are mainly linked to exclusion in targeting. These will be lodged by NADRA and forwarded to the respective authority for approvals including local/district administration and PDMA. **Complaints:** These include grievances against the system or processes which have been put in place to assist the applicants/beneficiaries but are not functioning properly or catering to the complainants' needs. All complaints shall be dealt through either telephone (help line) and / or by registering the complaint at the GR counter at the local OSS/CFCs. All complaints will be registered in Case Management System (CMS) developed by NADRA.

Grievance Redress Counter, setup at the OSSs/CFCs, operated by representatives of NADRA who act as the Grievance Redress Officer (GRO). All complaints, whether received at the counters or project helpline, are registered in the MIS in the Complaints section. As the applicant approaches the GR counter/helpline, they lodge the complaint and provide their CNIC and name. This allows the complaint to be tracked via the Complaints Management System (CMS), developed and provided by the Implementing Agency i.e. NADRA. There are no committees linked to the Project GRM; complaints are forwarded directly through the MIS to the relevant stakeholder for further probing into the nature of the complaint and subsequent resolution.

Reporting and Documentation

The MEA-PMU will report on the implementation of the ESMP to the World Bank. The environmental and social monitoring/audit data will be passed to the E&S specialist in the PMU monthly basis and the PMU will use this information to produce quarterly/bi-annually⁶ ESMP implementation progress reports along with photographic records. These reports will include progress on the implementation of mitigation measures proposed and will highlight issues and challenges encountered during implementation.

ESMP Disclosure Requirements

Once finalized, the ESMP with translation of Executive Summary in local language (Pashto, Urdu, Saraiki), will be disclosed on the official websites of NADRA and shall also be available in World Bank repositories. The executive summary in local language will be shared with affected communities and locals. This will ensure the locals are aware of the E&S aspects, its mitigation, responsible staff and mode of implementation. Hard copies of these documents will also be maintained at MEA-PMU and at all CFCs.

ESMP Implementation Budget

The tentative cost estimates to implement ESMP is estimated as PKR. **33 million**. This tentative cost will be included in the overall project cost. This cost will be reviewed and firmed up periodically to ensure realism.

⁶ Quarterly Progress Reports (QPRs) will be at PMU level while Biannual Progress Reports will be shared with World Bank

1 INTRODUCTION

The Government of Khyber Pakhtunkhwa (GoKP) is preparing a “KP Citizen Centered Service Delivery Project (CCSDP)”⁷ with the proposed support from the World Bank (WB). The proposed Project is being built on the basis of a previous successfully implemented Project of Temporarily Displaced Persons-Emergency Recovery Project (TDP-ERP), which is distinctly reflected in its achievement of targets, a year ahead of the project closing.

In line with the prevailing legislation in the country (national/provincial laws) and World Bank Environmental and Social Framework (ESF) policy, an environmental and social assessment of the proposed Project has been carried out and the present Environmental and Social Management Plan (ESMP) has been prepared⁸.

This ESMP addresses potential negative environmental and social impacts associated with the proposed Project, particularly the lessons learnt from TDP-ERP and proposes appropriate mitigation measures to reduce if not eliminate these impacts. The ESMP also builds on the environmental and social monitoring requirements of the parent project and proposes capacity building arrangements, to ensure that the updated Plan is effectively implemented.

1.1 BACKGROUND

The Government of Pakistan (GoP) launched major security operations in 2014, following the crisis in five tribal districts of the Merged Areas, resulting in displacement of approximately 340,000 families and damage to infrastructure and services.⁹ Families in crisis-affected areas moved out because of significant damage to infrastructure, lack of social services, and shocks such as loss of livelihood and a reduction in earnings that led to insufficient food consumption and undesirable coping strategies. Starting from 2015, the Government began declaring many areas safe for the repatriation of displaced persons. Through the FATA Sustainable Return and Rehabilitation Strategy (FSRRS), GoP recognized cash transfers (CT) as an appropriate tool to catalyze the return and rehabilitation of the 340,000 displaced families. Against this backdrop, the World Bank supported the GoP to launch the Temporarily Displaced Persons-Emergency Recovery Project (TDPERP) project to assist in the early recovery of families affected by the crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected districts of the Merged Areas¹⁰.

The proposed Project will bridge the financing gap for the continuity of the activities under the ongoing FATA TDPERP thereby facilitating smooth transition of the program to the province of KP. TDPERP was operationalized in Federally Administered Tribal Areas (FATA) in 2015 through the Federal Government funding and has since successfully delivered services to its citizens. Now, with the merger of FATA Agencies into KP as new districts, there is a need to transition the TDPERP institutional setup and programs to the province for long-term sustainability. Effective phased transfer of the program requires covering the *funding gap* for

⁷ Named as proposed Project in this document.

⁸ By revisiting, updating and revising the TDP-ERP ESMPs (ESMP (2015) for TDP-ERP original project and ESMP (2021) prepared for AF)

⁹ Affected tribal districts in KP include: Kurram, Orakzai, Khyber, North Waziristan, and South Waziristan.

¹⁰ erstwhile FATA

the TDPERP program by the Federal Government for the transition period. The proposed project will continue to support all existing activities under the TDPERP for a period of 2 years.

1.2 THE CURRENT STUDY / ASSESSMENT AND ITS NEED

Since the existing project (TDPERP) is under the old environment and social safeguards policies, no additional financing can be structured under it, hence a new Project is being proposed to fulfil the requirements of WB ESF. Therefore, the present E&S assessment has been carried out in response to the requirements defined in the WB ESF and Khyber Pakhtunkhwa Environmental Protection Act, 2014¹¹ and accordingly, ESMP of parent project has been updated.

1.3 OBJECTIVES OF ESMP

The ESMP reviews the possible and induced impacts of a project and identifies persistent environmental and social issues on both short and long-term bases. The ESMP assesses the existing environmental and socioeconomic conditions of the subproject area, identifies potential impacts of the project, proposes appropriate mitigation measures, and determines training and capacity-building requirements to effectively implement the plan. The ESMP also ensures disclosure of project information, provides guidelines for environmental and social management, and aids decision makers in taking informed decisions. The specific objectives of the ESMP are to assess environmental and socioeconomic conditions, propose mitigation measures, review legal and regulatory requirements, assess additional E&S mitigation requirements, provide institutional measures for environmental safeguards compliance, and provide guidelines for environmental and social management.

1.4 APPROACH & METHODOLOGY

1.4.1 Approach

The study is based on both primary and secondary data and information. The primary data includes data collected from field. The secondary data includes a review of relevant information from literature. Discussions were held with stakeholders including government officials and community representatives. The main purpose of this approach was to obtain an impartial impression of the people's perceptions about the proposed Project and its environmental and social impacts.

Methodology

The ESMP has been prepared employing the generally accepted standard methodology and accomplishing different but well integrated tasks. The key tasks include:

1. ***Review of Project details and existing E&S documents of TDP ERP***, to understand subproject activities, likely to impact socio-economic environment and persistent E&S

¹¹ The proposed Project is located in Khyber Pakhtunkhwa province, therefore the Khyber Pakhtunkhwa Environmental Protection Act (KPEPA), 2014 is the core environmental law for the proposed Project. The proposed Project may look into the requirements of KPEPA as well.

issues as well as progress made in the application of E&S mitigations to address the risks identified in the parent project.

2. **Review of relevant legislations, policies, standards and guidelines** to determine the policy, legal and institutional environment for the subproject based on World bank ESF, national and provisional level;
3. **Primary data collection** for this purpose, an environmental and social checklist was developed for the collection of baseline information.
4. **Review of secondary literature** to understand subproject area, sample Safeguards Guard documents to guide this assessment; and different published development reports for taking stock of environmental and socioeconomic baseline conditions;
5. **Scoping, screening and impact assessment** while developing interaction between project activities and key environmental aspects to screen out the significance of adverse environmental, biological and social impact;
6. **Identifying potential adverse impacts**, significance and proposing generic mitigation measures;
7. **Conducting consultation with key stakeholders** and potential beneficiary communities.

2 PROJECT DESCRIPTION

This Chapter describes the salient features of the Project, including development objectives, location / area, components, duration and implementation arrangements.

2.1 PROJECT OBJECTIVE

The project development objective is “to promote access to child health services and enhance citizen-centered service delivery in selected districts of Khyber Pakhtunkhwa Province” Enhanced citizen-centered service delivery refers to more frequent use of services, an increase in the types of services available, especially ones under the provincial mandate, as well as the transition to management under KP.

2.2 PROJECT AREA

The proposed project will be implemented in all seven districts of the Newly Merged Areas (erstwhile FATA) and four adjacent districts of Khyber Pakhtunkhwa (KP) province.

2.3 PROJECT COMPONENTS

The proposed project will continue to support all existing activities under the TDPERP except for the component supporting the Early Recovery Package. The proposed Project has two (02) components as described below:

Component 1: Promoting Access to Child Health Services

A selection of child health services are offered to mothers with children aged 0-24 months. The selected services include child health awareness and counselling, screening of children for malnutrition using growth monitoring, immunization services, and referral of complicated cases to pre-identified stabilization centers and paediatricians. To create demand for the visit, the Child Wellness Grant (CWG) (Rs 12,500 spread over 5 visits) is provided against attendance of health awareness sessions and growth monitoring of the child. Uptake of the immunization services will remain voluntary. This component will be offered to all families with children aged 0-2 years irrespective of whether they are from TDP families. The proposed project will cover 300,000 additional beneficiaries availing the complete cycle of CWG. It is pertinent to mention here that BISP's Nashonuma program¹² was started recently and has similar features as that of the CWG. Though the program currently only has presence at Tehsil level in KP but the coverage is for both mothers during pregnancy and the children during the initial 24 months. The Nashonuma program is targeted through the NSER to cover the bottom two quintiles. This requires that the two programs make sure that there is no overlap either in the program design or in coverage. The TDPERP management is already in discussion with BISP to ensure that an agreement is reached to avoid duplications. The understanding reached so far is that BISP will target the poorest 40% of the population according to its current eligibility rules using the NSER. The CCSDP would cater to those not eligible for BISP as its services are universal, given the broader need for mother and child health services in KP. In

¹² Nashonuma is CCT Program initiated by the Benazir Income Support Program which is now expanding to all provinces.

addition, the two programs will link up their respective programs MIS (currently both are being managed by NADRA) to mark and cross reference each other's beneficiaries to avoid duplication. BISP is also requesting the CCSDP/TDPERP management to host their program within the CFCs so that Nashonuma can also benefit from the supply side services offered by the CWG package. An MoU will be signed between the project PMU and BISP to reach a formal agreement to complement and avoid duplication between the two programs.

Component 2: Enhanced Citizen Centered Service Delivery and Program Management

This component will provide technical assistance to enhance citizen centered service delivery and program management, transparency and accountability at the federal, provincial, and local level administration through capacity building, stakeholder consultation, social mobilization, strategic communication and awareness, and monitoring. In TDPERP NADRA under PMU (based in MEA) supervision, has helped to design a robust system for cash transfers with adequate safeguards, fiduciary oversight, accountability, and transparency paying close attention to data security and protection issues. The expanded CFC services include Vital Registration Services (VRS), Civil Registration Management System (CRMS) and NADRA E-Sahulat platform (an ecommerce and payment services platform). VRS includes all services pertaining to issuance or modification Computerized National Identity Cards and Child Registration Certificates (CRCs). Introduction of CRMS in collaboration with the local government/administrative offices enable citizens, particularly women, to receive birth certificates, marriage certificates, and death certificates. The 40 existing CFCs as well as the 3 new CFCs to be established through this component ensure a plug and play platform for public service provision which the district governments are currently challenged to provide in NMDs. Through the adoption of this model in other settled districts as an administrative tool, service delivery efficiencies can be further enhanced. The proposed project will continue to strengthen program management and oversight as well as extend additional services.

2.4 PROJECT BENEFICIARIES

The project is expected to potentially provide support to 860,000 beneficiaries living in the seven 7 NMDs and four 4 adjacent districts of Khyber Pakhtunkhwa. Nearly 300,000 families with children would benefit from the Child Wellness Package and 560,000 will be utilizing other services provided at the CFC. The KP government will own 43 fully functional CFCs where additional provincial services can be introduced including but not limited to SP as a follow through of the recommendations of the recently approved KP Social Protection Policy.

2.5 PROJECT DURATION

The proposed Project will be implemented over a period of 2 years.

2.6 IMPLEMENTATION ARRANGEMENTS FOR THE PROJECT

NADRA will be the implementing entity (IE) of the proposed Project and will provide all technical and operational support for field implementation of the proposed Project. While MEA will be responsible for the overall coordination and monitoring of the proposed Project including E&S management.

A Memorandum of Understanding (MoU) is signed by all the project implementing stakeholders from Department of Health (DoH), PDMA, Payment Service Providers, and NADRA to agree on respective responsibilities and translate them into implementation.

3 LEGAL AND POLICY FRAMEWORK

This section deals with the current legal and administrative framework required to prepare the ESMP of the proposed Project. Applicable WB Environmental and Social Standards (ESSs) and guidelines and Environmental and Social (E&S) Policies, laws, regulations laid out by the GoP, GoKP have been duly discussed and the Project proponent will be required to adhere to these regulations throughout the course of the proposed Project.

3.1 APPLICABILITY OF WORLD BANK ENVIRONMENTAL AND SOCIAL STANDARDS

The World Bank has defined specific ESSs, provided in ESF, which are designed to avoid, minimize, reduce, or mitigate the adverse environmental and social risks and impacts of projects. These standards apply to projects supported through Investment Project Financing (IPF). A summary of the applicable ESSs and WB policies and their relevance to the proposed Project are provided in the **Table 3.1** below:

Table 3-1: Relevant Environmental and Social Standards

Environmental and Social Standard	Description	Relevance and Management
<i>ESS-1: Assessment and Management of Environmental and Social Risks and Impacts</i>	ESS1 establishes responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs).	<p>Relevant</p> <p>Project activities may have adverse environmental impacts if inappropriate practices are observed during provision of the health services and can potentially cause health and safety hazards for the health service providers as well as for the children, parents, and the nearby community¹³. The risks and impacts associated with soil and water contamination likely to occur due to inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste from the facilitation centers. Other risks associated with the Project are related to the selection criteria of TDP families for Emergency Recovery Project (ERP) package, exclusion of disadvantaged and vulnerable groups, security and safety concerns for women and exposure to COVID-19.</p> <p>Though no major environmental or social issues are envisaged, low to moderate impacts are expected, if the activities are not carried out with proper environmental and social mitigation measures. Most of the above-stated risks and impacts are anticipated at the implementation/operational phase and are temporary site-specific, reversible and manageable by adopting simple mitigation</p>

¹³ These may include use of unsterilized syringes and needles, lack of awareness and application of appropriate safety protocols by health services providers/ vaccinators, improper disposal of used syringes and mismanagement of cold chain (sub-optimal temperature, exposure to light, and expiry date etc.) for storing, transporting, and utilizing the vaccines.

Environmental and Social Standard	Description	Relevance and Management
		measures provided in this ESMP. This ESMP has been prepared to identify risks and related mitigations in the light of ESS1 requirements.
<i>ESS-2: Labor and Working Conditions</i>	This standard recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including fulltime, part-time, temporary, seasonal and migrant workers.	<p>Relevant</p> <p>The project expects to engage direct workers, contracted workers, and primary supply workers (those might be engaged for providing various services on need basis e.g. repair and maintenance of the facilities, transportation services, etc.). All labor will be locally hired, except for skilled workers that cannot be found in the project locations. The key labor risks associated include the risk of discrimination both gender and religious minorities, gender-based violence (GBV), sexual exploitation and abuse, and sexual harassment risks in the project implementation stage to both the health practitioners and mothers at health care facilities and in CFCs. Another key risk is exposure to COVID-19.</p> <p>LMP will need to be prepared after project effectiveness. A labor-specific GRM will be developed and operationalized as per guidance of ESS2 and will be a part of the LMP.</p> <p>In addition some OHS risks of low to moderate scale are likely due to physical hazards associated with any kind of civil works and low awareness/ experience amongst employers/ workers to identify and manage risk (non-use of PPEs) Necessary mitigation measures are included in this ESMP apart from observing the WBG EHSG.</p>
<i>ESS-3: Resource Efficiency and Pollution Prevention</i>	This standard recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, eco- system services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable.	<p>Relevant</p> <p>ESS3 is relevant as the Project is likely to generate hospital waste. It is expected that there would be an increased number of beneficiaries visiting and availing the services offered by project-supported CFCs. This may result in the increased use of resources such as water, electricity, and fuel for generators (alternate energy source). The risks and impacts associated with soil and water contamination likely to occur due to inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste from the facilitation centers.</p> <p>Trainings for CFCs and health care facilities for raising awareness for efficient use of electricity, water and other resources and waste management will be included in the project. Accordingly, healthcare waste management</p>

Environmental and Social Standard	Description	Relevance and Management
		procedures and solid/liquid waste management plans has been prepared as part of this ESMP.
<i>ESS-4: Community Health and Safety</i>	This standard recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.	Relevant COVID-19 and exposure to hazardous waste pose Health and safety risks at workplaces and during project activities. To address and mitigate these risks the project needs to make personal protective equipment available to all staff members and project operators. Risks of sexual exploitation and abuse and gender-based violence are also possible due to the deployment of external labour force, contractors that may trigger social unrest. The risks and impacts associated with soil and water contamination likely to occur due to inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste from the facilitation centers. To mitigate such risks effective and accessible GRM, Community Health and Safety Plan and GBV Action Plan need to be prepare and implement.
<i>ESS-10: Stakeholder Engagement and Information Disclosure</i>	This standard recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.	Relevant Effective stakeholder engagement and information disclosure are crucial to the functioning of any project. As per ESS10 guidance, a separate Stakeholder Engagement Plan (SEP) will be prepared by the implementing agencies. The SEP will focus on identification of and engagement with directly affected parties, other interested parties and vulnerable groups. Procedures for engaging with them, topics and frequencies are described in the document, as well as institutional requirements, grievance redress mechanisms and budgets. The project has prepared a separate SEP to adequately address such risks. This ESMP also has a section on GRM and will also be referring to the World Bank information disclosure policies to engage the stakeholders both these systems will enable the affected parties to raise project related concerns and grievances for efficient and timely resolution.

3.2 OTHER RELEVANT WORLD BANK GUIDELINES AND POLICIES

World Bank Group Environmental, Health & Safety Guidelines

The World Bank Group has established its Environmental, Health and Safety (EHS) guidelines for all the interventions that are financed by the group. These EHS Guidelines are technical reference documents with general and sector-specific examples of Good International Industry Practice (GIIP).

EHS Guidelines for Health Care Facilities¹⁴: The EHS Guidelines for Health Care Facilities include information relevant to the management of EHS issues associated with health care facilities (HCF), which occur during the operations phase, along with recommendations for their management. The proposed Project will respect the relevant sections of EHS Guidelines for Health Care Facilities

Policy on Access to Information

Transparency is essential to building and maintaining public dialogue and increasing public awareness about the Bank's development role and mission. It is also critical for enhancing good governance, accountability, and development effectiveness. Openness promotes engagement with stakeholders, which, in turn, improves the design and implementation of projects and policies, and strengthens development outcomes. It facilitates public oversight of Bank-supported operations during their preparation and implementation, which not only assists in exposing potential wrongdoing and corruption, but also enhances the possibility that problems will be identified and addressed early on. In accordance with this Policy, the present ESMP will be disclosed to the public on GoKP's website.

3.3 KEY NATIONAL AND PROVINCIAL LAWS, REGULATIONS AND POLICIES

Pakistan's statute books contain a number of laws concerned with the regulation and control of the environmental and social aspects. However, the enactment of comprehensive legislation on the environment, in the form of an act of parliament, is a relatively new phenomenon. Most of the existing laws on environmental and social issues have been enforced over an extended period of time and are context specific.

The summary of major relevant policies, acts and legislation from environmental perspective are briefly described in **Tables 3.2** below:

Table 3-1: Main Environment & Social Legislation and Policies Relevant to the Project

Sr. No.	Act	Brief Coverage	Relevance
1.	Khyber Pakhtunkhwa Environmental Protection Act 2014 and	The Khyber Pakhtunkhwa Environmental Protection Act 2014 (KP-EPA 2014) is the provincial version of the Pakistan Environmental Protection Act (PEPA-1997) relevant to the proposed project. Responsibility for PEPA was transferred from the Federal Government to the Provincial Governments by an amendment to the constitution of Pakistan in 2010. The provincial versions continue to remain materially the same as the PEPA except where governmental bodies are referred.	Environmental impacts of the project are associated with component 1 in which medical waste from dispensaries will be generated. The present ESMP has been prepared in compliance with the requirements of this Act.

¹⁴<https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=nPtGRx5&id=1323161961169>

Sr. No.	Act	Brief Coverage	Relevance
		Section 11 ¹⁵ and Section 15 ¹⁶ of this have a direct bearing on the proposed project.	
2.	Khyber Pakhtunkhwa Environmental Assessment Rules, 2021	These Regulations define procedures for preparation, review and approval of environmental assessments. The projects falling under any of the categories listed in Schedule-II require preparation of at detailed study, the Environmental Impact Assessment (EIA), whereas those falling under categories listed in Schedule-III require preparation of Initial Environmental Examination (IEE) report.	The proposed project does not fall under any of the categories specified in Schedule-II or Schedule-III of the Regulations, therefore, preparation of IEE or EIA report are not required
3.	Khyber Pakhtunkhwa Hospital Waste Management Rules 2022	These Rules describe the process of hospital waste management in an environmentally responsible manner. A 'hospital', as defined in the Rules, includes a clinic, laboratory, dispensary, pharmacy, nursing home, health unit, maternity center, blood bank, autopsy center, mortuary, research institute and veterinary institutions, including any other facility involved in health care and biomedical activities. These Rules also describe roles and responsibilities of waste management officer/ Environmental Officer, for waste collection, storage, disposal, training and information etc. This Act, also provide the guidance for the preparation of waste management plan.	These Rules are applicable to the proposed project, and the risk and non-risk wastes generated during the implementation of the project need to be handled and disposed of in accordance with these Rules. The rules describe the process for waste management including collection, storage, disposal as well as monitoring mechanism for the entire process. This ESMP has benefitted from the Rules.
4.	Guidelines for Environmental Assessment	The guidelines that are relevant to the Project are listed below: <ul style="list-style-type: none"> • Guidelines for the Preparation and Review of Environmental Reports, 1997; • Guidelines for Sensitive and Sensitive Areas, 1997; • Guidelines for Public Consultation, 1997; and • Sectoral Guidelines for Environmental Reports, 1997. 	These guidelines have been considered during the preparation of this ESMP.
5.	Hospital Waste Management Rules 2005 ¹⁷	These Rules describe the process of hospital waste management in an environmentally responsible manner. A 'hospital', as defined in the Rules, includes a clinic, laboratory, dispensary, pharmacy, nursing home, health	These Rules are applicable to the proposed project, and the risk and non-risk wastes generated during the implementation of the project need to be handled and disposed

¹⁵ **Prohibition of certain discharges or emissions** states that “subject to the provisions of this act and the rules and regulations made there under, no person shall discharge or emit, or allow the discharge or emission of, any effluent or waste or air pollutant or noise in an amount, concentration or level which is in excess of the National Environmental Quality Standards (NEQS).

¹⁶ **Handling of hazardous substances** requires that “subject to the provisions of this act, no person shall generate, collect, consign, transport, treat, dispose of, store, handle, or import any hazardous substance except (a) under a license issued by the EPA and in such manner as may be prescribed; or (b) in accordance with the provisions of any other law for the time being in force, or of any international treaty, convention, protocol, code, standard, agreement, or other instrument to which Pakistan is a party. enforcement of this clause requires the EPA to issue regulations regarding licensing procedures and to define 'hazardous substance.

¹⁷ <http://environment.gov.pk/act-rules/rHWMRules2005.PDF>

Sr. No.	Act	Brief Coverage	Relevance
		unit, maternity center, blood bank, autopsy center, mortuary, research institute and veterinary institutions, including any other facility involved in health care and biomedical activities. These Rules also describe roles and responsibilities of the hospital management/administration.	of in accordance with these Rules. The rules describe the process as well as the roles and responsibilities at each level (from primary to tertiary level healthcare facilities) for segregation of the waste, its final disposal as well as monitoring mechanism for the entire process. This ESMP has benefitted from the Rules.
6.	Khyber Pakhtunkhwa Health Policy (2018-2025) ¹⁸	Health care was devolved to the provinces in 2010 under the 18th Amendment of the Constitution making the provinces responsible for health service delivery. Khyber Pakhtunkhwa Health Policy 2018–2025 (KPHP), which contains the DOH's goal of strengthening the health system and providing quality health care services that are accessible, efficient, and equitable, especially for the poor and vulnerable. The KPHP stresses the execution of a minimum health service delivery package at primary and secondary health facilities and focus on renovation of existing hospitals as a priority.	This policy has relevance to the project as component 2 of the proposed project involves provision of child health services to mothers with children aged 0-24 months which includes immunization services.
7.	Khyber Pakhtunkhwa Labour Policy, 2018	Major Areas of Khyber Pakhtunkhwa Labour Policy are: Ensuring provision of basic labour rights, Capacity Building & Institutional Development, Social Protection and Welfare and Employment promotion & Facilitation.	The provision of this policy will apply to all the labour employed ¹⁹ .
8.	National Climate Change Policy, 2012	<p>The policy cover measures to address issues in various sectors such as water, agriculture, forestry, coastal areas, biodiversity and other vulnerable ecosystems. Notwithstanding the fact that Pakistan's contribution to global GHG emissions is very small, its role as a responsible member of the global community in combating climate change has been highlighted by giving due importance to mitigation efforts in sectors such as energy, forestry, agriculture and livestock.</p> <p>The policy thus provides a comprehensive framework for the development of Action Plans for national efforts on adaptation and mitigation.</p>	<p>The emissions from the proposed project are not likely to be significant during the burning of waste.</p> <p>However, the project intends to contribute to climate change mitigation/adaptation and resilience. The CFC is now being seen as a plug and play service delivery model that can be used in terms of any climate related emergency. The project will contribute to mitigating climate related negative impacts through the health and nutrition awareness sessions under the CWG program and deployment of energy efficient and climate-smart technologies in the new CFCs.</p>
9.	National Action Plan for COVID-19 Pakistan	Government of Pakistan has launched the National Action Plan for COVID-19 Pakistan to combat the challenge of prevailing virus.	This Action Plan for COVID-19 is applicable to the subproject as it is

¹⁸ <http://healthkp.gov.pk/public/uploads/downloads-41.pdf>

¹⁹ Direct workers, contracted workers, primary supply workers and community workers.

Sr. No.	Act	Brief Coverage	Relevance
		These measures are mostly relating to the containment and awareness and capacity building.	being launched during this pandemic.
10.	Khyber Pakhtunkhwa Climate Change Policy 2022	The Policy highlights sectors that need mitigation measures such as energy, transport, wastes, industries, urban planning etc. It also gives emphasis, to streamline Climate Change in different sectors of the economy and developmental projects in the Province to make a sustainable development and create resilience to natural disasters.	<p>The emissions from the proposed project are not likely to be significant during the burring of waste.</p> <p>However, the project intends to contribute to climate change mitigation/adaptation and resilience. The CFC is now being seen as a plug and play service delivery model that can be used in terms of any climate related emergency. The project will contribute to mitigating climate related negative impacts through the health and nutrition awareness sessions under the CWG program and deployment of energy efficient and climate-smart technologies in the new CFCs.</p>
11.	Khyber Pakhtunkhwa Protection against Harassment of Women at the Workplace Act (Amendment), 2020	The objective of this Act is to create a safe working environment for women, which is free of harassment, abuse and intimidation with a view toward fulfillment of their right to work with dignity. It will also enable higher productivity and a better quality of life at work.	This Act is, as the proposed Project may involve the hiring of female staff.
12.	Labour Laws as part of Constitution of Pakistan 1973	The Constitution of Pakistan contains a range of provisions with regards to labour rights. Labour law is controlled at both provincial and national levels with compulsory employment agreements containing the terms set out by the labour laws. The labour laws are a comprehensive set of laws in Pakistan dealing with the rights of labour.	<p>The project expects to engage direct workers, contracted workers, primary supply workers and community workers. Therefore, following are the major labor laws which may applicable to the Project:</p> <ul style="list-style-type: none"> • Khyber Pakhtunkhwa Occupational Health and Safety Act, 2022. • Khyber Pakhtunkhwa Protection against Harassment of Women at the Workplace Act (Amendment), 2020 and Khyber Pakhtunkhwa Commission on the Status of Women. • Khyber Pakhtunkhwa Labour Policy, 2018. • The Khyber Pakhtunkhwa Prohibition of Employment of Child Act, 2015.

Sr. No.	Act	Brief Coverage	Relevance
			<ul style="list-style-type: none"> • Khyber Pakhtunkhwa Bonded Labour System (Abolition) Act, 2015. • Khyber Pakhtunkhwa Factories Act, 2013. • Khyber Pakhtunkhwa Worker's Compensation Act, 2013. • Khyber Pakhtunkhwa Payment of Wages Act, 2013.
13.	The Khyber Pakhtunkhwa Prohibition of Employment of Child Act, 2015	The act prohibits the working of children below the age of twelve years. However, it allows the working of children above twelve years of age under the condition that the children are engaged in only light work and alongside with their family members. The children must not work for more than two hours during the day and that too only to acquire skill. The act bans the employment of adolescent in hazardous environment to safeguard the health and safety of the children.	The relevance of this act to the proposed Project will be to prohibit child employment, as per conditions mentioned in this Act.
14.	The Khyber Pakhtunkhwa Right to Information Act, 2013	The Act provides for ensuring transparency and access to information in KP.	The proposed Project will provide information to the public and not compromise transparency under this Act.
15.	Pakistan Climate Change Act, 2017	This Act aims to meet obligations under international conventions relating to climate change and to provide for adoption of comprehensive adaptation and mitigation policies, plans, programmes, projects and other measures required to address the effects of climate change and for matters connected herewith and ancillary thereto.	<p>The emissions from the proposed project are not likely to be significant during the burring of waste.</p> <p>However, the project intends to contribute to climate change mitigation/adaptation and resilience. The CFC is now being seen as a plug and play service delivery model that can be used in terms of any climate related emergency. The project will contribute to mitigating climate related negative impacts through the health and nutrition awareness sessions under the CWG program and deployment of energy efficient and climate-smart technologies in the new CFCs.</p>
16.	Khyber Pakhtunkhwa Occupational Health and Safety Act, 2022	This Act entails provision of occupational safety and health of the workers at workplace and to protect them against risks arising out of the occupational hazards; to promote safe and healthy working environment catering to the physiological and psychological needs of the employees at workplace.	The proposed Project may have OHS related risks and impacts therefore, the proposed project will respect the relevant sections of this Act.
17.	Hazardous Substance Rule, 2003	The rule describes the procedure of handling, transportation and disposal of hazardous substances and hazardous waste. Inter alia,	This rule may be applicable as the proposed project involve the

Sr. No.	Act	Brief Coverage	Relevance
		general safety precautions for handling hazardous substances as well as safety precautions for workers, and notification requirements in the event of an accident are described in these rules. Requirements for project waste management plans are also defined to prevent adverse environmental impacts.	handling and disposal hazardous materials.
18.	The Khyber Pakhtunkhwa Local Government (Amendment) Act, 2019	Under this Act the local governments are established and function within the provincial framework. This act also addresses the land use, flood control protection, air, water and soil pollution, disposal of solid waste and wastewater effluents, as well as matters relating to public health. As per this, it is the responsibility of the Village Council or Neighborhood Council to register births, deaths, marriages & divorces.	The proposed project, in particular under component 2, will respect the relevant sections of this Act.

3.4 INTERNATIONAL CONVENTIONS/AGREEMENTS

Pakistan has ratified major international treaties on the environment, human health and rights which the Project is obliged to respect.

- United Nations Framework Convention on Climate Change (UNFCCC), 1992;
- Kyoto Protocol, 1992;
- The Rio Declaration, 1992;
- Convention on the Rights of the Child, 1989; and
- Convention on the Elimination of all Forms of Discrimination against Women, 1979.

Similarly, Pakistan has ratified 08 fundamental and 26 technical ILO conventions of which the following may relevant to the Project.

- a) C138 - Minimum Age Convention, 1973 (No. 138);
- b) C111 - Discrimination (Employment and Occupation) Convention, 1958 (No. 111);
- c) C029 - Forced Labor Convention, 1930 (No. 29); and
- d) C001 - Hours of Work (Industry) Convention, 1919 (No. 1).

4 ENVIRONMENT & SOCIAL BASELINE CONDITIONS

This chapter provides the description of the baseline conditions. An environmental baseline study is intended to establish a database against which potential impacts can be predicted and managed later.

4.1 PHYSICAL ENVIRONMENT

4.1.1 Current Healthcare Waste Management Practices

Healthcare waste management across Pakistan remains a challenge, especially at the sub-district (Tehsil and Union Council) levels, where the health care staff and surrounding population is exposed to risks due to poor handling of waste. Serious gaps in adherence to Hospitals Waste Management Rules 2005 rules exist in different Khyber Pakhtunkhwa Health care facilities. Most of the primary level healthcare facilities generally do not have effective systems and procedures in place, nor have infrastructure to manage and dispose-off infectious waste. Hence immunization campaigns and/or other treatments involving sharps and other infectious wastes, can potentially lead to environmental and public health risks, unless the waste is efficiently managed and disposed.

Generally, the segregation of waste at the generation source is considered as one of the crucial components for efficient health Care Waste Management practices but unfortunately, it is not followed properly as per WHO guidelines. Immunization waste is required to be managed in accordance to the legal framework of Pakistan, specified under the Hospitals Waste Management Rules 2005.

Given the situation, the waste at CFC is collected in colored paddled bins and taken outside (in safety boxes) to pits available at the facility. These pits are used for burning of waste and then were covered with a cement slab. These pits were later further improved through cement lining to avoid soil and water contaminations. This was observed to be a uniform practice at all centers, with no variations except Sadda where incinerator has been installed for waste disposal at Tehsil Headquarter Hospital Sadda ten minutes away from CFC Sadda.

Currently, two types of waste disposal techniques, including pit burial and cemented pits, are being used at CFCs. Cemented pits are now used at all newly established CFCs. Further, the risk of air, soil and water contamination is also likely if the inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste are ensued from the facilitation center. However, existing Health Care Waste Management practices need to be further strengthened.

4.1.2 Water Resources

Ground and surface water pollution is also becoming a major problem in the province, especially in the urban areas. The main causes of deteriorating water quality are the contamination of waterbodies by: fecal sewerage; solid waste including inappropriate disposal of waste from health care facilities; hazardous waste discharge; pesticides and fertilizer. Quality of freshwater reservoirs is also under threat due to over-exploitation and inappropriate disposal of waste.

The groundwater potential in FATA (NMAs) regions largely depends on rainfall and the irrigation systems consist mostly of shallow wells, dug wells and tube wells. The main water source for drinking purposes is groundwater, which accounts for about 84% of public and private water supply schemes. The groundwater assessment survey showed the depth of groundwater to vary from 15 ft. (Kurram Agency) to 255 ft (Mohmand Agency). The average depth to water table was noticed in Mohammad Agency as 175 ft. followed by North Waziristan (133 ft.) and Khyber Agency (117ft). The average water level of erstwhile FATA is 270ft. There is no province-wide assessment of groundwater available for KP, but regional studies indicate groundwater depletion²⁰.

The parent project (TDP-ERP) considers “Technical Studies of Water Resources in FATA”, conducted in 2019 by IUCN and PCRWR as a baseline to evaluate water contamination levels. TDP-ERP was rolled out in erstwhile FATA in May 2016 while the survey was conducted three years after the commencement of TDP-ERP. The comprehensive study concluded that all the samples collected were in compliance with NEQS and WHO Guidelines.

4.1.3 Air Quality

Air pollution is a growing environmental problem in KP, as in the rest of Pakistan. The major causes of worsening air quality are: increasing domestic and industrial power consumption which is met by coal; highly inefficient energy use; exponential growth in the number vehicles; industrial activities without adequate air emission control; and open air burning of solid waste, including waste from Health Care Facilities. In particular, the air shed seems to be of good quality in the NMDs. The inappropriate disposal of health care waste from CFCs may cause decline in air ambient quality.

4.1.4 Climate

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. The northern region of KP experiences extremely cold and snowy winters, with heavy rainfall and pleasant summers, whereas the southern parts of KP experience less severe winters, moderate rainfall and hotter summers.

Most of the NMDs fall into arid and semi-arid climate zones with average precipitation averaging below 300 mm annually in the dry and drought-affected areas (Bajaur, Mohmand, and Khyber). The climate varies from dry-temperate to wet-temperate, with a mild summer and a snow stricken cold winter. The NMDs rank relatively low to compounded exposure risks to climate change when compared with other areas of KP. However, these regions are frequently drought-affected, and include the most severely impacted districts in KP, particularly in the southeast.²¹

²⁰ *Technical Studies of Water Resources in FATA, IUCN, 2019. FATA Water Governance Project, FATA Environment Cell.*

²¹ *World Bank, Pakistan Poverty and Equity Team (2022): KP's Newly Merged Districts – A spatial analysis of living standards, access to utilities and services, and climate risks.*

4.2 ECOLOGICAL ENVIRONMENT

The wide range of geographical and climatic conditions of KP yields equally diverse ecosystems and sets of floral and faunal species.

Direct impacts on biodiversity and natural resources are not anticipated since all project activities (mostly services) will be carried out in already modified areas and within buildings/premises being used as facilitation centers. The project interventions will not be carried out in any natural/critical habitats and disposal sites/burning pits/incinerators will not be located in or in close proximity to the natural and critical habitats.

However, tree plantation was carried out, under the parent project (TDP-ERP) at most of CFCs with indigenous floral species and same practice will continue at CFCs under this new proposed Project as an **ESF+ or Environmental Enhancement Measures**. This will be ensuring through Tree Plantation Plan, prepared as a part of this ESMP and the cost of this plantation plan will be included in overall project cost.

4.3 SOCIOECONOMIC PROFILE

4.3.1 Demography

Khyber Pakhtunkhwa (KP) is one of the four provinces of Pakistan, located in the northwest of the country. It borders Afghanistan to the north-west, Gilgit-Baltistan to the north-east. The main ethnic group in the province is the Pashtuns / Pakhtuns, followed by a number of smaller ethnic groups, most notably, the Hazarawals and Chitralis. The principal language is Pashto. There are a total of 32 districts in the province.

After the merger of FATA into KP, the current area of the province is 101,741 km² (up from 74,521 km² before FATA merger). The population of the province is ~ 35.5 M (30.5 M without FATA), including 18 M males and 17.5 M females.²² The province is experiencing a youth bulge. More than 50% of KP's population is <30 years of age, contributing to high unemployment rate (highest in Pakistan, 7.2% vs. national average of 5.9%)²³. According to the Population Welfare Department, 24.1 % females fall under the reproductive age group. The rapidly changing structure of the working age population could drive significant economic gains for the province. The youth bulge, if not effectively engaged, has the potential to devolve into social unrest in KP's post-conflict environment.

4.3.2 Health & Nutrition

According to the socio-economic indicators 2021, the ratio of health institutions in the province is almost aligned with that of the population, e.g. 22% large hospitals of the country (287 out of 1,282) are located within KP²⁴. However, the province avails services of only 3.07% of the doctors available in the country, meaning that there is one doctor for every 5,049 persons.

²² Numbers in this paragraph have been taken from Socio-economic Indicators of KP 2021 – KP Bureau of Statistics

²³ Concept Project Information Document – KP Cities & Digital Transformation Project, the World Bank, 2018

²⁴ <http://healthkp.gov.pk/> (accessed on 16th Nov., 2021)

Health and nutrition indicators are not only linked with the incidence of poverty, but in the case of KP, these are also linked with accessibility. Most of the health facilities are available in large urban centers. For a large population, especially in the mountainous areas, road network and transportation are significant challenges. According to Pakistan Social and Living Standards Measurement (PSLM 2020), KP with 8.6% has a comparatively higher prevalence of sick or injured population, with Orakzai district at the top (14.7%) and Khyber at the bottom (3.1%). The percentage of children who are fully immunised based on record in KP is 69% in 2019-20 as compared to 58% in 2014-15.

As per the KP Health Survey 2017-18, 67.5% of births were delivered in health facilities, but only 26.8% stayed for at least 12 hours for postnatal care. The neonatal mortality rate is 41 per 1,000 live births, the infant mortality rate is 58 per 1,000 live births, and the maternal mortality ratio is 206 per 100,000 live births.²⁵ Approximately 17.3% of children aged 0–23 months have not received any vaccination at all. Over 40% of women have nutritional health problems (underweight, overweight or obese, anaemic, iodine or zinc deficient), while 24% of children below 5 years of age are underweight, 48% are stunted, and 17% are wasted.²⁶

Prevalence of polio, malnutrition, stunting, and wasting in the Merged Areas has made child health and nutrition a priority area for the Government. Only 33.9 percent of children between the ages of 12 and 24 months were fully immunized, compared to the national average of 76 percent. The proportion of stunted children in the Merged Areas was reported as 52.3 percent against the national average of 37.6 percent²⁷.

4.3.3 OHS & Fire Safety Practices

Various studies report low safety practices including inadequate vaccination coverage, unavailability of infection control guidelines and other preventive facilities, and very high rate of NSIs (Needle Stick Injuries). The healthcare workers themselves seem to be driven more by social norms rather than the safety requirements in many cases, thus not always maintaining measures such as protective clothing, ensuring sufficient lighting and ventilation etc. However, during COVID times, the practices improved a great deal, and this improving trend is expected to continue. Prevention of occupational infections among healthcare workers will be a priority. Formal training by the health department about safe practices and availability of preventive facilities will be ensured.

In terms of fire safety arrangements, each NADRA CFC is equipped with sufficient numbers of fire extinguishers and fire drills are carried out regularly. Minimum number of extinguishers in a CFC is 04, but it can increase depending on the size of the centre. However, in most places in the project area, fire brigade and Rescue 1122 arrangements are non-existent. Furthermore, in the project area, wood is extensively used as building material, which could be detrimental in case of fires.

²⁵ *Population Census 2017; District Health Information System*

(DHIS) Khyber Pakhtunkhwa; Pakistan Demographic and Health Survey 2012-3; Interagency working group on maternal mortality ration in Pakistan; and Maternal, Newborn and Child Health Program.

²⁶ *Khyber Pakhtunkhwa Health Sector Review, Hospital Care, October 2019 (ABD)*

²⁷ *Project Information Document, FATA Temporarily Displaced Persons Emergency Assistance Project, World Bank*

4.3.4 Economic Opportunities and Occupations

A major share of the NMD's population is engaged in subsistence level agriculture and livestock. Along with the main crops, horticulture constitutes a significant share of the agriculture. The activities related to the trade and commerce are the second most important source of the livelihood in FATA, followed by construction, transport, marble mining and processing. In addition to several microenterprises and SMEs, there are around 1,000 industrial units operating across FATA that employ 10,000 workers.

Gender inequalities are high, and there are also limited opportunities for the KP province's large youth population. Almost 85 percent of the province's population lives in rural areas, where access to public services and income generation opportunities are lower. The region is susceptible to natural events such as flash floods and extreme weather events, which in recent years have resulted in infrastructure damage and population movements. While the merger of the former FATA with the province is a positive step, it has also created new challenges, which may impact growth, enterprise, and access to services²⁸.

4.3.5 Gender

Lack of skills, limited opportunities in the job market, and social and cultural restrictions limit women's chances to compete for resources in the public arena. This situation has led to the social and economic dependency of women that becomes the basis for male power over women in all social relationships. The nature and degree of women's subordination vary across classes, regions, and the rural/urban divide. Patriarchal structures are relatively stronger in the rural and tribal setting where local customs establish male authority and power over women's lives. Women and girls across KP do not have equitable access to health and education facilities due to limited resources, distances, availability of dedicated facilities and quality of services available, since male and mix facilities take priority, the risk of which may be diluted through e-governance. At the same time, increased use of e-procurement and e-office systems poses a risk of excluding women who tend to be less well-versed in the use of technology.

The current reported male to female ratio in population of the province (51.4 for male vs 49.6% females) follows the general trend in the country of under-reporting females, especially the female child. As per NADRA during stakeholder consultation, some 7% of the country's population is not registered with NADRA; it is highly likely that majority of non-registered persons are women. According to some experts, the number of unregistered women in KP is potentially disproportionately higher. Similarly, the number of transgender persons is 2,325 according to the census report, representing 10.68 % of the total transgender population in the country as against the KP share of 17.09% in the total country population.²⁹

In a study by Media Matters for Democracy titled Women Disconnected: Feminist Case Studies on the Gender Digital Divide Amidst COVID-19, it was found that women in the newly merged districts are unable to connect to emergency health services due to lack of

²⁸ <https://documents1.worldbank.org/curated/en/837641592844160412/pdf/Disclosable-Restructuring-and-or-Additional-Financing-Paper-Digital-Jobs-in-Khyber-Pakhtunkhwa-P165684.pdf>

²⁹ Numbers in this paragraph have been taken from Socio-economic Indicators of KP 2021 – KP Bureau of Statistics

connectivity. This, combined with lack of local emergency health care, has resulted in fatalities of women, including during childbirth.³⁰

4.3.6 Vulnerable Groups

KP has over the past eight years made significant progress in transitioning out of vulnerability and unrest. During this time, there has been substantial poverty reduction. However, parts of the province remain vulnerable to crises and human development outcomes remain low.

Population in NMDs

Public service delivery in the tribal districts of the Merged Areas has been weak with many areas having little or no access to basic services. This is the most underdeveloped region in the country with high unemployment rates, incidences of conflict along the porous border with Afghanistan and minimal female participation in the mainstream economic activities. FATA is geographically isolated and has a sparsely distributed, dominantly rural population. The social and economic development in the region has been chronically constrained by a difficult terrain, scant infrastructure, limited income generation opportunities and weak institutions.

Well over half of FATA population was displaced at some point in the past 5 years. Amidst this humanitarian crisis, the lack of employment opportunities has consistently maintained the high rate of poverty in the region and has also acted as a driver to increase the militancy among the region's youth. While the region is somewhat stable now, resources are required to improve the socio-economic indicators.³¹

Minorities

The population of the KP is predominantly Muslim, with 99.77% declaring Islam as their faith in Census-2017. The rural areas have share of 99.92% of Muslims, whereas urban areas stand at 99.15%. The percentage of the non-Muslim population is 0.23%. The largest community amongst the minorities is Christian who constitute 0.15% of the total population followed by Hindu and Ahmadi representing only 0.02% each.³²

IDPs

Pakistan has faced a fragile security situation in the north-west region of the country since 2007, which triggered massive displacement from conflict affected areas. Following the crisis in five tribal districts of the Merged Areas (N. Waziristan, S. Waziristan, Orakzai, Kurram, Khyber), the Government of Pakistan (GoP) launched major security operations resulting in displacement of approximately 340,000 families and damage to infrastructure and services. Survey data revealed that families in crisis-affected areas moved out because of significant damage to infrastructure, lack of social services, and shocks such as loss of livelihood and a reduction in earnings that led to insufficient food consumption and undesirable coping

³⁰ <https://www.digitalrightsmonitor.pk/government-to-restore-internet-services-in-certain-areas-of-kp-and-balochistan/> (accessed on Nov 15, 2021)

³¹ Project Information Document – Economic Revitalization of KP & FATA – World Bank 2017

³² https://www.pbs.gov.pk/sites/default/files/population_census/ncrPCR/PCR%20Khyber%20Pakhtunkhwa.pdf

strategies. Since March 2015, 187,678 families have been successfully facilitated to return to FATA, whilst 116,113 families still remain in displacement.³³

In April 2015, the then Merged Area Secretariat took the lead in developing the Sustainable Return and Rehabilitation Strategy to ensure the progressive and sustainable return of displaced populations. GoP also launched a program with WB support to assist in the early recovery of families affected by the crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected districts of the Merged Areas. Keeping in view the services delivery gap in affected areas of erstwhile FATA, GoP decided to convert all One Stop Shops (OSSs) to Citizen's Facilitation Centers (CFCs). In these CFCs, different services including NADRA Registration (CNIC, NICOP, FRC, CRC, e-Sahulat), Civil Registration (Birth, Marriage, Death, Divorce certificates), and other potential services like passports, driving license, arms license, domicile etc, are planned to be provided under one roof.³⁴

Afghan Refugees

Pakistan has had a protracted refugee situation since the 1970s, hosting five million Afghans at its peak. Currently, Pakistan is hosting 1.4 million Afghan refugees, of which nearly half are women. Since 2006, the Government of Pakistan (GoP) has issued Afghan refugees Proof of Registration (PoR) cards. These cards enable their temporary stay in the country and are renewed periodically.³⁵ According to latest UNHCR report, around 834,387 registered citizens of Afghanistan reside in KP.³⁶

The country has a unique context with regard to refugees. While refugees initially lived in special villages, since the mid 1990s they have been relatively free to move out to urban areas and access social services. They are mainly employed in the informal sector and recently have been allowed to open bank accounts³⁷. Altogether, 68 % of Afghan refugees live outside refugee villages (RV); the rest (32 %) live in the 54 RVs across the country: 43 RVs in KP; 10 RVs in Balochistan, and 1 RV in Punjab.³⁸

Pakistan has invested significantly in designing a refugee protection framework and administrative practices that are consistent with international standards and norms. It includes: (i) implementing administrative and legal measures for refugees, such as the exemption from applicability of the 1946 Foreigners' Act; (ii) authorizing Afghan refugees to work in the country; (iii) issuing and renewing PoR cards with the support of the United Nations High Commissioner for Refugees (UNHCR); (iv) signing of the regional Solutions Strategy for Afghan Refugees (SSAR) in 2012, with Iran and Afghanistan, under UNHCR.

³³ https://reliefweb.int/sites/reliefweb.int/files/resources/multiclust assessment_of_idps_returnees_kpfata_2016_08.pdf

³⁴ Environmental & Social Management Plan, Temporarily Displaced Persons Emergency Recovery Project - 2021

³⁵ Project Appraisal Document – Strengthening Institutions for Refugee Administration Project – World Bank 2020

³⁶ https://en.wikipedia.org/wiki/Afghans_in_Pakistan

³⁷ Project Appraisal Document – Strengthening Institutions for Refugee Administration Project – World Bank 2020

³⁸ UNHCR. 2019. Afghan National Registration Database (Sept. 30). Islamabad. UNHCR.

The situation for Afghan refugee women and girls is particularly difficult due to cultural barriers that restrict access to social services. Female refugees face considerable constraints in accessing education, health services and employment opportunities. These opportunities are often limited due to constrained mobility, lack of information, and social segregation between men and women in the public domain. The lack of financial means to engage in economic activity imposes further obstacles. These gaps indicate that refugee women are more likely than men to face similar constraints in accessing and benefitting from the social services, and special facilitation measures are required to support these women to access social services³⁹.

Persons with Disabilities (PWDs)

The total number of PWD population in KP according to the Census-2017 is recorded as 206,826. Out of these, 60.87% are males, 38.92% are females, and 0.21% are transgender. Thus, per the recorded figures, PWD constitute only 0.68% of the total population of the province. The disability rate for males (PWD males as a percentage of total male population of KP) is 0.82% and for females (PWD females as a percentage of total female population) is 0.53%. Out of total PWD population, 84.93% are recorded in rural areas whereas 15.07% are residing in urban areas. The proportion of PWD is quite low probably because the enumerators were neither trained on administering the disability codes nor did they receive any clear instructions about the concept of disability, resulting in a likely under-count of disabled population of the province. The census questionnaire did not included questions on disability. In a Supreme Court order CP NO. 64 of 2013 and HRC NO. 8267-G of 2013 on 15-3-2017, PBS was instructed to collect information on disability which was "virtually added" under the column "sex" as an additional code for "disabled male", "disabled female" and "disabled transgender".⁴⁰

Another reason for the low count of registered PWDs is that there is a general trend of not reporting PWDs amongst the population, especially the female PWDs are not reported. According to latest NADRA data, there are 116,491 PWDs in KP as of 28th Feb 2021. Disability type includes Blind, Deaf & Dumb, Physical Disability, and Mentally Retarded.⁴¹ Gender-disaggregated data, or data based on disability type could not be made available.

³⁹ Project Appraisal Document – Strengthening Institutions for Refugee Administration Project – World Bank 2020

⁴⁰ https://www.pbs.gov.pk/sites/default/files//population_census/ncrPCR/PCR%20Khyber%20Pakhtunkhwa.pdf

⁴¹ https://www.pbs.gov.pk/sites/default/files//disability_data_28252021.pdf

5 STAKEHOLDER ENGAGEMENT AND DISCLOSURE

5.1 OBJECTIVES OF STAKEHOLDER ENGAGEMENT

The proposed Project (KP CCSDP) has been prepared under the World Bank's Environmental and Social Framework (ESF). Through the Environmental and Social Standard 10 (ESS10: Stakeholder Engagement and Information Disclosure), the ESF requires the timely, relevant, understandable, and accessible disclosure of project information in a way that is free of manipulation, interference, coercion, discrimination, and intimidation.

The requirements of ESS10 are addressed through the Stakeholder Engagement Plan (SEP) which outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which stakeholders can raise concerns, provide feedback, and make grievances related to project activities. The SEP focuses on the identification of, and engagement with project stakeholders, and provides guidance on inclusive and meaningful engagement. It is a 'live' document and is updated through the life of the project as required to include newly identified stakeholders, engagement methods, and changing needs of the project.

5.2 STAKEHOLDER IDENTIFICATION

5.2.1 Affected Parties (APs)

The APs identified for this proposed Project are provided in Table 5.1.

Table 5-1: Affected Parties

Sectors	Stakeholders
Government	NADRA
	Ministry of Economic Affairs (MEA)
	Local/ District Administration
	Planning and Development Department (P&DD)
	Local Government and Rural Development Department (LG&RDD)
	Provincial Disaster Management Authority (PDMA)
	Department of Health (DoH)
	Health Care Workers
	Reconstruction Department (R&RD)
	The National Bank of Pakistan
	Local Administration (Additional Political Agent) Khyber Agency
Community/Private Sector	Local Communities including Females and Community representatives
	Community representatives Khyber Agency (Local Malik)

5.2.2 Other Interested Parties (OIPs)

In the context of the project, OIPs include provincial government departments, universities and academia, and local and international NGOs and CSOs working and other value chain stakeholders. Though these stakeholders are not directly involved in the project activities, they may have sector specific experience and knowledge that can assist informed decision making for the project.

The following OIPs have been identified for this project:

Table 5-2: Other Interested Parties

Sector	Stakeholders
Government/Institutional	Directorate of Projects under the Merged Areas Secretariat (MAS)
	Academic institutions such as Centre for Public Policy Research at the Institute of Management Sciences, Peshawar
	Social Welfare Department, KP
	Environmental Protection Agency, KP
NGOs/CBOs/CSOs/Private Sector	Hayat Foundation
	MSF (Médecins Sans Frontières)
	PAIMAN Alumni Trust
	Asia Humanitarian Organization
	LHO (Lawari Humanitarian Organization)
	PEACE Organization
	HUJRA
	MM Pakistan
	PADO (Peace and Development Organization)
	Sabawoon
	Al-Raees Foundation
	Lasoon
	SAHARA

5.2.3 Disadvantaged/Vulnerable Individuals and Groups

This category includes stakeholders who may be more likely to be adversely affected by the project impacts, and may be more limited than others in their ability to take advantage of a project's benefits. Such stakeholders are also more likely to be excluded from, or unable to fully participate in the consultation process, and may require specific measures and/or assistance to do so. Their vulnerability may stem from ethnic or religious backgrounds, gender, age, health, disability, economic deficiency/financial insecurity, disadvantaged status in the community (e.g. ethnic and religious minority groups, indigenous peoples, women and girls, etc.) and dependence on other individuals or natural resources.

It is important to ensure that these stakeholders are able to safely and openly participate in the consultation process, and care must be taken to consider their sensitivities and cultural differences to ensure that they fully understand the project activities, risks, and benefits.

Table 5-3: Disadvantaged/Vulnerable Groups or Individuals by Sector

<i>Sector</i>	<i>Stakeholders</i>
Government	Female staff
Community	Female/child headed households
	Women (especially in the NMDs)
	Internally Displaced Persons (IDPs)
	Refugees (for instance Afghan refugees)
	Ethnic and religious minorities
	Persons with disabilities
	Transgender communities
	Senior citizens
	Citizens without CNIC
	Youth
	Economically marginalized groups

5.3 PLAN FOR STAKEHOLDER ENGAGEMENT

Stakeholder engagement activities need to continue throughout the project life, and 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.

The standalone Stakeholder Engagement Plan (SEP) document provides a detailed list of stakeholders consulted and to be consulted during project design and implementation, the mode of consultations, frequency and responsibilities. The SEP, being a live document is to be updated throughout the life of the project to ensure effective, robust and transparent stakeholder engagement

5.4 CONSULTATIONS WITH INSTITUTIONAL AND PRIVATE SECTOR STAKEHOLDERS

Stakeholders consulted during project preparation included representatives from related government departments, including district level staff, NGOs/CBOs/CSOs, private sector companies. These stakeholders were interviewed through face-to-face and virtual group sessions. Since KP CCSDP is essentially an extension of TDPEP, the feedback received from the stakeholders during the previous project was also considered. In addition to fresh consultation sessions (March 2023) for this new proposed Project, an FGD was previously conducted in DI Khan in November 2020 also, while planning a CFC in that area. A list of stakeholders consulted is provided in **Table 5-4** below:

Table 5-4: List of Stakeholders Consulted

Stakeholder type	Stakeholder
Government	Federal Environmental Protection Agency
	Department of Health FATA
	Federal Environmental Protection Agency
	Provincial Disaster Management Authority (PDMA)

Stakeholder type	Stakeholder
	Representatives of MEA & NADRA
	Environmental Protection Agency, Khyber Pakhtunkhwa
	Department of Health, Khyber Pakhtunkhwa
	PDMA Representatives
	Local/District Administration
	Social Welfare Department, Khyber Pakhtunkhwa
Community	Community representatives Khyber Agency (Local Maliks)
	Female Consultation, Kurram Agency
	Local Elders
NGOs/CBOs/CSOs/Private Sector	MM Pakistan
	Holistic Understanding for Research and Action (HUJRA)
	Sabawoon
	Al-Raees Foundation
	Lasoon
	SAHARA

5.5 INSTITUTIONAL AND COMMUNITY STAKEHOLDER ENGAGEMENT FINDINGS

Consultations were carried out with all stakeholders to ensure better service delivery to all the beneficiaries in general and vulnerable groups (female and disables), in particular. Additional stakeholders will be consulted during the project's implementation, and this SEP shall be updated accordingly as provided in **Table 5-5**.

Table 5-5: Stakeholder Views and Concerns

Date	Stakeholders	Stakeholder Views/Concerns
4 th November, 2020	District Administration, Health Department, Public & Private Agencies Location: District DI Khan	<ul style="list-style-type: none"> A positive impact of the program was anticipated by all the participants including stakeholders and district administration representatives regarding the program intervention in southern districts. Participants expressed the view that separate waiting areas and washroom facilities be provided to female visitors at CFCs/OSSs, that efforts be made to coordinate with a nutrition program operational in DI Khan district, and that safe disposal of medical waste should be ensured.
10 th November, 2020	TDP-ERP stakeholders i.e. representatives of MEA, NADRA, DoH (KP) and PDMA, representatives of local elders, LHVs, district administration, Environment Department, Social Welfare Department, MM Pakistan. Location: District Bannu	<ul style="list-style-type: none"> The program service delivery mechanism, target audience, previous achievements in merged area districts and future intervention of the program were highlighted and discussed. The participants shared a positive feedback regarding the program initiation in southern districts and anticipated a positive and sustainable social and environmental effect in the region.
20 th March, 2023	TDP-ERP stakeholders i.e. representatives of MEA, NADRA, NGOS/CBOs/CSOs (MM Pakistan and HUIJA), DoH (KP), Local Health Staff, and PDMA. Location: District Bannu	<ul style="list-style-type: none"> It was highlighted by a few participants that the provisioning of female staff at CFCs at all times have contributed immensely in gaining the trust of local families, where the turnover of female beneficiaries has increased considerably. Representative of local/district administration stated that the program has been largely accepted by the local masses and has been quite successfully in creating awareness among local population regarding children and mother's health. Also, the beneficiaries, local NGOs and the district administration encouraged the successful provisioning and administering of vaccines followed by safe disposal of medical waste. Following to the inclusion of CNIC registration service at all CFCs, have resulted a considerable increase towards female CNIC registration, subsequently contributing to an increase in female CWG processing which more than 90% now. Also, it was commended by the forum that due to successfully inclusion of females (54%) through appeals for Livelihood Support Program has led to the financial inclusion of female beneficiaries and have subsequently contributed towards the women empowerment factor. All the participants shared a positive feedback regarding the program intervention in southern districts of Khyber Pukthunkhwa province and expressed a positive and sustainable environmental and social effect in the region.
20 th March, 2023	Health staff deputed at CFCs Location: District North Waziristan	<ul style="list-style-type: none"> Previously waste was disposed of in normal conventional pits made inside the facility but after the establishment of CFC's all the pits were made cemented due to which chances of contamination are nil. Department of health (GoKP) has also encouraged this activity and discussions are carried out at higher level to make all the pits cemented all over the KP.

		<ul style="list-style-type: none"> • It was also surfaced by the health staff that previously normal bins were used, whereas recently colour coded paddle bins have been placed at all CFCs which will further contribute towards minimizing the anticipated infections. • While discussing the issues related to cold chain, it was communicated by the health staff that regular recording of the log/temperature as well as number of vaccines usage/number of beneficiary vaccinated is carried out, while vaccine expiry is also strictly checked prior to issuing/administering the vaccines. • It was highlighted that main store at DHO office is well aware about the vaccine expiry as the check & balance mechanism in place is very efficient. • Few questions regarding staff attitude, key messages in Health Awareness Sessions (HAS) and its impact on life were asked by the male/female beneficiaries. It was observed that, female beneficiaries were quite satisfied with the services available at CFC's.
20 th March, 2023	MEA-PMU, NADRA, Department of Health GoKP Site Incharge- CFC Dogra. Location: Islamabad	<ul style="list-style-type: none"> • The grievance process was highlighted and discussed in detail with all the participants and it was concluded that the grievance system in place have served a large volume efficiently. • TDP-ERP Helpline mechanism was discussed in detail, where the functionality and efficacy of the system was praised. It has separate female Pushto speakers, to cater the beneficiaries' queries and complaints. • It was highlighted and discussed that adequate number of female staff at all CFCs has helped in encouraging female beneficiaries to visit the CFCs and get their benefit in secure environment, as separate waiting areas and washrooms being considered as a basic need for project beneficiaries are made available at all functional CFCs. • The provisioning of lady searchers has further enhanced the turnover of female beneficiaries without being accompanied by male member of the family in a male dominated society. • Lessons learnt from the previous project (TDP-ERP) and integration of key findings into the updated ESMP designed for the proposed project (KP CCSDP) was also discussed.
24 th March, 2023	MEA-PMU, NADRA, Local/District Administration, NGOS/CBOs/CSOs (Sabawoon, Al-Raees Foundation, Lasoona, SAHARA), DoH (KP), Department of Health- GoKP, and PDMA- GoKP Location: District Bannu	<p>The following points were highlighted and discussed:</p> <ul style="list-style-type: none"> • The designed CFC model leverages a single case management system, information dissemination mechanism (including digital and telecommunication channels), mobilization campaign and grievance management system, to optimize delivery of multiple services at a secure and safe location, reducing costs for the service delivery agencies, beneficiaries and the government itself. • Existing service delivery channels remain largely unaffected, with the project filling capacity gaps where needed. • The success of the project has led to a transition from emergency program to a regular development approach, with the successful and commended experiment of the CFCs in the merged and southern districts of Khyber Pukhtunkhwa province, the project has demonstrated that this model promises substantial gains on citizen satisfaction, reduced corruption and greater efficiency. • The availability of adequate number of female staff and provisioning of separate waiting areas and washrooms being considered as a basic need at all CFCs has been catalytic in enhancing the turnover of female beneficiaries at CFCs and obtaining the program benefit in a secure environment. • The provisioning of lady searchers at CFCs has further contributed in gaining the trust of local female population, where female beneficiaries are visiting the CFCs without being accompanied by family members in a male dominated society.

		<ul style="list-style-type: none"> • The waste management procedures, the current practice i.e. pit burning was highlighted and discussed. The forum was informed regarding the provisioning of cemented pits at all operational CFCs, where all sort of waste is completely burnt whereas the pits are properly closed with lids. • The representatives from Department of Health (GoKP) informed the forum regarding the mandatory use of WHO pre-qualified Auto-Disable (AD) syringes for administering vaccines, while provisioning of information posters have been ensured regarding needle exchange places indicating safe handling, collection of sharp waste generated during the immunization is discarded in dedicated safety boxes for safe disposal and color coded bins have been made available at all CFCs. Proper monitoring of waste handling, storage and disposal is being carried out to ensure proper implementation of waste management system; • Development of awareness material conducting trainings of the project staff and district health authorities including facilities staff, healthcare extension workers in hospital waste management as per their roles and responsibilities is being carried out and is updated at regular intervals.
31st March 2023	<p>Khyber Pakhtunkhwa Environmental Protection Agency and Department of Health</p> <p>Location: Peshawar</p>	<ul style="list-style-type: none"> • During the preparation of Environmental Assessment Study, respect the relevant sections of Khyber Pakhtunkhwa Environmental Protection Agency and WHO guidelines; • It was suggested that the location of burning pits should be away from residential areas; • Waste Management at all CFCs should be in line with steps provided in the Hospital Waste Management Rules 2005; • Current practices, particular in Merged Areas, adopted for health care waste management was also discussed. Training and awareness sessions for the workers and communities should be carried out for effective management of environmental and social aspects.

6 GRIEVANCE REDRESS MECHANISM

A Grievance Redress Mechanism (GRM) has been established by the Project and will remain operational throughout implementation. Grievance redress counters have been established and staffed by NADRA at the OSS/CFC. NADRA being implementation agency of the program have the responsibility to coordinate with the concerned stakeholders such as Payment Service Providers, District Administration, PDMA and beneficiaries for resolution of grievances related to targeting, payments, quality of services and updating family information, etc. Grievance counters provide a mechanism for social accountability of the Project.

An operational and effective GRM is already in place through NADRA for the FATA-TDP ERP for project related issues. This operational GRM, uses technology-based mechanisms for grievance redress with counters established at all OSSs/CFCs, will be utilized under the proposed Project to ensure fairness, transparency, and timely responses.

6.1 OBJECTIVES

The objectives of the GRM are to:

- Develop an organizational framework to address and resolve the grievances of individual(s) or community(s), fairly and equitably;
- Provide enhanced level of satisfaction to the aggrieved;
- Provide easy accessibility to the aggrieved/affected individual or community for immediate grievance redress;
- Ensure that the targeted communities and individuals are treated fairly at all times;
- Identify systemic flaws in the operational functions of the project and suggest corrective measures; and
- Ensure that the operation of the project is in line with its conception and transparently to achieve the goals for sustainability of the project.

GRM includes the following main categories:

- **Appeals:** These are grievances related to eligibility where a family member has not been included as “Beneficiary” and he/she feels that he/she fulfils the eligibility criteria of the project. Appeals are mainly linked to exclusion in targeting. These will be lodged by NADRA and forwarded to the respective authority for approvals including local/district administration and PDMA. In this regard, appellant can be asked to provide relevant evidence to prove his/her eligibility. Verified appeals will be uploaded on MIS. All appeals were resolved till 29th January 2020 by PDMA team⁴². All lodged appeals shall be resolved within 30 working days.
- **Complaints:** These include grievances against the system or processes which have been put in place to assist the applicants/beneficiaries but are not functioning properly

⁴² TDP-ERP- 12th ESMP- January-June 2022

or catering to the complainants' needs. These can both include complaints against the enrolment and payment processes, and may also include complaints on behavioral issues, malpractices / bribery etc. All complaints shall be dealt through either telephone (help line) and / or by registering the complaint at the GR counter at the local OSS/CFCs. All complaints will be registered in Case Management System (CMS) developed by NADRA. Total complaints lodged till the end of reporting period (January-June 2022) were 25,839 while pending complaints were 6,484. Most of the complaint were related to NBP. All complaints shall be resolved by concerned stakeholder within 30 working days.

6.2 GRIEVANCE PROCEDURE

Grievance Redress Counter, setup at the OSSs/CFCs, operated by representatives of NADRA who act as the Grievance Redress Officer (GRO). All complaints, whether received at the counters or project helpline, are registered in the MIS in the Complaints section. Every application received is tagged with a reference number and categorized as per the pre-defined categories. The grievance focal person at the grievance counter is the initiating authority to address the issues. The system forwards the complaint to the relevant department/unit/stakeholder for resolutions.

As the applicant approaches the GR counter/helpline, they lodge the complaint and provide their CNIC and name. This allows the complaint to be tracked via the Complaints Management System (CMS), developed and provided by the Implementing Agency i.e. NADRA. Further details have been provided in "Grievance Redressal Guidelines" which is integral part of Operations Manual.

There are no committees linked to the Project GRM; complaints are forwarded directly through the MIS to the relevant stakeholder for further probing into the nature of the complaint and subsequent resolution. The system automatically transfers complaints to the concerned stakeholder department electronically where date and time of complaint launching is recorded for resolution within the stipulated time frame.

Moreover, GBV-related complaints linked to Project activities have thus far not been received by GR counters or Helpline. In the event a project-related GBV complaint is received, it will be elevated to the attention of the Southern Districts Coordinator who will be trained to handle it sensitively in accordance with norms of confidentiality and survivor support.

6.3 DISCLOSURE OF GRM

The GRM shall be disclosed at MEA PMU, DoH, PDMA, NBP and NADRA website⁴³ as well as on each OSSs/CFCs. The final processes and procedures for the GRM will be translated into relevant local languages (Pashto, Urdu, Saraiki) and disseminated at all project locations. These shall be made available in leaflet and poster formats, audio/video and text messages, as appropriate.

⁴³ The GRM is already disclosed at NADRA website for TDPERP Project and same will be utilized for the proposed Project.

7 POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND THEIR MITIGATION

This section describes environmental and social aspects associated with the project activities. The proposed Project is being built on the basis of a previous Project of Temporarily Displaced Persons-Emergency Recovery Project (TDP-ERP), therefore, the project activities will remain the same, being implemented under original project, after the additional financing as the overall design and delivery mechanism of the program will remain the same.

The environmental and social impacts and mitigation measures planned for original ESMP are being maintained in this revised ESMP.

7.1 ENVIRONMENTAL AND SOCIAL SCREENING

The proposed Project has been assessed as Moderate risk with regard to potential Environmental and Social (E&S) impacts.

The substantial activities under the program comprise the following:

- Completing the eligibility and verification checks based on biometric and Computerized National Identity Card (CNIC) information;
- Ensuring timely and efficient cash disbursements;
- Facilitating health assessment of children;
- Establishing an easily accessible grievance redress system; and
- No renovation or physical upgrades of existing CFCs involved.

The impact assessment, **most of the risks and impacts are anticipated at the implementation/operational phase and are temporary site-specific, reversible.** Further, adopting simple mitigation measures, in accordance with the mitigation hierarchy under the relevant ESSs, these potential impacts will either be avoided altogether, or their likelihood of occurrence and severity will be reduced, thus making the proposed Project environmentally responsible and socially acceptable.

7.2 ADVERSE ENVIRONMENTAL IMPACTS AND MITIGATION

The following is a brief description of impacts envisaged and the recommended mitigation measures.

7.2.1 Cold Chain Management for Vaccine Effectiveness

Potential Impact

Vaccines need to be stored at recommended temperatures for them to remain effective. Also the quantity to be administered is the key for it to work on a child or a mother. The campaign might not achieve its targets of disease(s) elimination, as well as causing mistrust amongst

the communities (occurrence of disease despite vaccination), if the cold chain breaks. This impact is medium adverse in nature.

Mitigation Measures

- Cold chain management, in accordance to the National Expanded Program on Immunization (EPI) Policy and Strategic Guidelines shall be ensured at all levels and ensuring that the cold chain does not contain Ozone Depleting substances;
- Vaccines shall be stored at standard temperatures (+2C° to +8C°) in official EPI store only. They should not be stored for more than a period of six months at federal level, three months at the provincial level, one month at the district and fifteen days at the facility level;
- All CFCs shall backup electric supply to ensure the required standard temperature for vaccination storage;
- Vaccines shall be kept in storage boxes at those CFCs where solar refrigerators are not available (as these CFCs are in the vicinity of health facilities). Unutilized vaccines shall be returned to health facility staff for storage as per SOPs on daily basis;
- Standard stock ledger with name of the vaccine, quantity in doses, vial size, manufacturer, expiry date, batch/lot number, date of receive and supply to be maintained at all level and updated regularly;
- Reconstituted vaccine must be discarded six hours after reconstitution or at the end of immunization session, whichever comes first;
- Ensure the provision of appropriate personal protective equipment (PPE) to workers and other health staff;
- Provision of trainings on vaccine Administration & Management to be provided to District health staff including but not limited to accredited EPI service providers including vaccinators, nurses, dispensers, Lady Health Visitors (LHVs), Medical Technicians (MT), Female Medical Technicians (FMT), mid-wives, Lady Health Workers (LHWs) and Medical Doctors.

7.2.2 Health Care Waste Generation

Potential Impact

The implementation of proposed Project may involve different type of waste generation including sharps, infectious and municipal (liquid and solid) wastes.

Medical waste and sharp disposal remain a challenge for the hospital industry and environmental managers as this waste is not regulated and not always disposed in an efficient manner. The hazards associated with improper waste disposal by any healthcare facility operation are mostly caused by not following the infection control protocols, not using proper PPEs, and not employing proper procedures for waste collection, transportation, storage, and final disposal. In addition, recycling of medical waste also poses very serious health risks for the workers involved in recycling and also consumers using the recycled products. Moreover, safety of staff handling sharps such as syringes and needles is at risk if proper procedures are not followed. Soil, Air and water quality deterioration is another associated potential impact due to the inappropriate disposal of health care waste and indiscriminate disposal of

solid/liquid waste are ensued from the facilitation center. This impact is medium adverse in nature.

Mitigation Measures

In previous project, health care waste was collected in color coded paddle bins and pit burial technique was used for waste disposal. Further, Auto-Disable (AD) syringes were used at all CFCs to discourage the recycling of immunization waste. These good practices will continue in the proposed project.

- Ensure strict compliance with the procedures specified in the Hospital Waste Management Rules of 2005; Khyber Pakhtunkhwa Hospital Waste Management Rules 2022; and guidelines provided in Environmental and Healthcare Waste Management Plan (**Annex-A**) and Emergency Response Plan (**Annex-B**);
- Auto disable (AD) syringes are recommended by WHO to be used for immunization purposes, and the EPI only procures the AD syringes for its fixed and outreach activities. Once used, these syringes must be disposed into customized Safety Boxes, as per National EPI Policy as well as WHO recommendations;
- The unused reconstituted vaccines shall be disposed properly;
- Ensure the provision of colored containers/bins with paddle along with training of health care staff/ waste management workers;
- Non-risk/municipal waste (such as paper, cardboard, vegetable peelings, food packing, cold drink bottles, cans etc.) will be disposed appropriately;
- Health care waste (sharps and infectious) will be weighted prior burning in pit burial and record must be maintained on daily basis and same will be reflected in progress report;
- Ensure monitoring of waste handling, storage, transportation and disposal to ensure proper implementation of waste management system;
- Sharps and infectious wastes shall be transported (in safety boxes) to a dedicated waste burning facility available at the CFCs and ensure proper disposal and complete burning and filled appropriately after burning;
- Pit burial shall be lined with cement and covered with the cement slab to avoid soil and water contaminations. Pit burial guidelines provided in **Annex A** shall be followed to ensure compliance;
- Ensure the compliance with NEQs and WHO/IFC guidelines whichever is stringent shall be followed (as per advice of Environment Specialist);
- Ensure provision of PPEs to workers, involved in waste management;
- Providing appropriate trainings to all stakeholders congruent with their roles and responsibilities in the project with due consideration;
- Ensure, concerned staff shall not involve in selling of medical wastes for profit earning, as recycling business of healthcare waste further aggravates the health hazards of medical waste by extending and expanding the number of people exposed to this waste and the associated health hazards;
- The interventions will not be carried out in any natural/critical habitats and disposal sites/burning pits/incinerators are not located in or in close proximity to the natural and critical habitats;
- Regular tuning and upkeep of all project vehicles and generators to ensure fuel efficiency;

- Resource conservation themes to be included in awareness raising and training sessions for project staff; and
- Relevant legislation and WB ESSs must be respected.

In addition to above mitigation measures, under this new proposed Project as an **ESF+ or Environmental Enhancement Measures**, Tree Plantation Plan (attached as **Annex-C**) has been prepared as a part of this ESMP to ensure the plantation at all CFCs prevalent indigenous species of trees. The cost of this plantation plan has been considered in **ESMP implementation budget** and same will be included in overall project cost.

7.2.3 Installation of Solar Panel

Potential Impacts

The Proposed Project does not envisage direct solarization activities for any CFCs. Incompatible layout plan and design may have potential impact of visual effects. The solar panels and their support structure may be damaged by the windstorm. Installation of solar systems may also generate small amount of waste, causing CFCs buildings damages if not done correctly, its plumbing and electric wiring, and roof leakage. Solar panels may add weight and increase wear and tear on the roof, potentially reducing its lifespan, especially if the roof is already weakened or damaged. This impact is low adverse in nature.

Mitigation Measures

- Only shortlisted/pre-qualified service providers should be hired for the supply of solar systems;
- The technical design for installation of solar panel must consider all the above-mentioned factors and load bearing assessment of CFC's roof as well. The supporting structure will need to be designed adequately to avoid any damage during the wind storms;
- Lead/acid/cadmium-based batteries will not be procured for solarization of CFCs;
- Ensure panels are treated with anti-reflective coating which reduces the sun's reflection from PV panels;
- Ensure that no waste material left behind after the completion of work;
- The Contractor will be made responsible to repair any damaged caused by the construction activities; and
- Relevant legislation and WB ESSs must be respected.

7.3 ADVERSE SOCIAL IMPACTS AND MITIGATION

7.3.1 Exclusion of Vulnerable Groups

Potential Impacts

There are serious risks of exclusion associated with cash transfers in the following cases:

- 1 CWG to undocumented mothers who do not have CNIC,
- 2 CWG to single undocumented mothers.
- 3 Females whose husbands have multiple marriages when their husband uses his CNIC for another wife.

Such exclusions can also create conflict among the family members as well.

Mitigation Measures

- Criteria already mentioned in the operational manual will be applied to the project. If any such case arise, GRM has included the category to appeal if any family member has not been included as “Beneficiary” and he/she feels that he/she fulfils the eligibility criteria of the project;
- Continue updating the SEP through the life of the project, to remain vigilant towards unintended impacts on marginalized/ vulnerable family members or groups and respond to emerging needs;
- Local communities will be informed about the GRM through awareness material having information on the access and process of GRM including details of means of lodging complaints i.e., GRM counter, telephone and written application by posts.

7.3.2 Elite Capture and Inappropriate Selection Criteria

Potential Impacts

There is potential that influential people might interfere in the selection of beneficiaries. Eligibility criteria developed for the selection of beneficiaries may be inappropriate.

Mitigation Measures

- Eligibility Criteria is already developed and presented in the operational manual, same will be applied for the proposed project;
- CWG will be offered to all families with children aged 0-2 years irrespective of whether they are from TDP families. This was initiated to create demand to visit CFCs for health awareness sessions and growth monitoring of the child.

7.3.3 Accessibility Issues

Potential Impacts

The terrain of the area, the restricted or limited mobility of women and the absence of a reliable transportation system in the region can adversely impact accessing OSSs/CFCs. Further, the security situation also creates challenges related to travel.

Mitigation Measures

- This impact has been minimized by identifying appropriate locations for One-Stop Shops/Citizen Facilitation Centers so that a maximum number of people can approach the facility. OSSs/CFCs were selected on supply and demand criteria based upon easy access for most people;
- Awareness campaigns will be carried out to motivate people to travel and an on-spot cash disbursement to further encourage the communities to participate, ensure compliance with Security Management Plan, refer **Annex-E**;

- Over 700,000 families benefitted from the CWG component in the merged areas, and approximately PKR 10 billion was disbursed. This has been a highlight of the program and has been communicated on all platforms by the Beneficiary Mobilization & Communication Firm, through FGDs, radio ads, print ads and social media. This practice will be continued so as to inform potential beneficiaries about cash incentives and ensure that all target/eligible beneficiaries know the eligibility criteria prior to visiting the CFCs.

7.3.4 Availability of Competent Female Staff

Potential Impacts

Despite of the physically harsh terrain of the project area and conservative social norms which discourage females from seeking external employment, NADRA and DoH has deployed female staff at most of the sites.

Mitigation Measures

- Competent lady health workers are engaged, and special incentives are provided to encourage them to work in the project operational area;
- Comprehensive training is imparted to locals in order to develop their skills in undertaking the health service provision activities.

7.3.5 Privacy and Gender Issues

Potential Impacts

Privacy is a core value in the tribal norm. It is challenging for local women to interact with any outsider male during implementation of the proposed activities. Lack of separate waiting areas and washroom facilities can also discourage the females to access the health facilities, hence, separate female waiting areas and washrooms have been provided at all sites.

Mitigation Measures

- The Project ensures that, as far as possible under the circumstances, qualified female staff is present at all the health facilities in order to interact with females accompanying the children for health checkups;
- Separate waiting areas and washroom facilities are designated for women;
- Sensitization of health facilities and CFCs staff on privacy and gender issues;
- Gender training to MT, LHVs, LHWs, FMT, and mid-wives on privacy and gender issues.

7.3.6 Potential Conflict Issues

Potential Impacts

Since the project involves distribution of cash grants, chance of conflict at the OSSs/CFCs is a possibility. Mainly, this is likely to occur if people are unaware of the eligibility criteria for receiving cash grants. However, unheard and unsolved complaints against project processes

can also lead to conflicts. This can have adverse impact on the overall delivery of services under the project scope.

Mitigation Measures

- The Project will undertake a widespread awareness campaign and integrate it within the Social Mobilization process so that communities are fully aware of eligibility criteria and can produce the relevant information to prove eligibility;
- Grievance Redress Mechanism established at the OSSs/CFCs is effectively implemented;
- Local communities are informed about the GRM through awareness material having information on the access and process of GRM including details of means of lodging complaints i.e., GRM counter, telephone and written application by posts;
- Female staff is available to record complaints and deal with female members of the communities.

7.3.7 Workers Health and Safety

The project activities involving administering vaccines using sharps/injections pose a high risk to the health workers, needles are one of the most dangerous items that are handled in CFCs. They may cause epidemics⁴⁴, as well as transfer communicable diseases from a host population to another.

Inappropriate collection, storage, transportation and disposal of hazardous waste will cause OHS risks to workers involved in waste management. COVID-19 is another key risk.

Mitigation Measures

- WHO pre-qualified Auto-Disable (AD) syringes for conducting vaccination,
- Provision of information posters at appropriate places indicating safe handling, and collecting the sharp and infectious wastes generated during the immunization in dedicated safety boxes for safe disposal;
- Providing appropriate trainings to all stakeholders congruent with their roles and responsibilities in the project with due consideration;
- Strict compliance with the procedures specified in the Hospital Waste Management Rules of 2005; Khyber Pakhtunkhwa Hospital Waste Management Rules 2022 and guidelines provided in Environmental and Healthcare Waste Management Plan, refer Annex A;
- Provision of colored containers/bins with paddle along with training of health care staff/ waste management workers;
- Labor Management Procedures (LMP) will be developed to mitigate the OHS risk;
- Identify and minimize, so far as reasonably practicable, the causes of potential hazards to workers, including communicable diseases such as HIV/AIDs, COVID and vector borne diseases;

⁴⁴ e.g. measles, Hepatitis B and/or increased occurrence of the disease leading to increase child mortality or morbidity e.g. measles, Hepatitis B, tetanus, TB

- Perform blood tests after such an injury to ensure that the person has not been contaminated by any pathogen, in particular HIV;
- Provide appropriate personal protective equipment (PPE) to minimize risks, such as but not limited to, appropriate outerwear, boots and gloves; safety helmets etc.;
- Include procedures for documenting and reporting accidents, diseases, and incidents;
- Implement WB Group EHS Guidelines.

7.3.8 Community Health and Safety

Inappropriate practices if observed during provision of health services at project supported CFCs; that can potentially cause health and safety hazards for the health service providers as well as for the children, their parents, and for the community at large. Further, the inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste from the facilitation center may cause soil and water contamination leading to health and safety implications for the communities downstream.

Improper handling and storage of materials and electric installations may lead to fire that may in turn cause injury to the locals/beneficiaries (children, parents) and health service providers. Similarly, inefficient firefighting system and non-provision of escape routes may cause severe damages to the workers and CFCs buildings in case of outbreak of any emergency.

Mitigation Measures

- Ensure strict compliance with the procedures specified in the Hospital Waste Management Rules of 2005 and guidelines provided in Environmental and Healthcare Waste Management Plan, refer **Annex A**;
- Auto disable (AD) syringes are recommended by WHO to be used for immunization purposes, and the EPI only procures the AD syringes for its fixed and outreach activities. Once used, these syringes must be disposed into customized Safety Boxes, as per National EPI Policy as well as WHO recommendations;
- The unused reconstituted vaccines shall be disposed properly;
- In addition to above, relevant mitigation measures provided for soil, ambient air and water in the previous sections shall be followed;
- Appropriate fire safety equipment shall be installed at appropriate locations;
- Equipment shall be regularly examined and maintained;
- Fire drills will be conducted at least biannually to ensure that workers are familiar with the action to take in the event of fire;
- Fire awareness materials shall be placed at appropriate locations to educate the service providers and locals on what to do in the event of fire;
- “No smoking signs and policy” shall be displayed, as appropriate and actions to be taken against those not adhering to this order; and
- Relevant legislation and WB ESSs must be respected.

7.3.9 Data Privacy

The data of beneficiaries, mothers and other applicants gathered at CFCs under the project activities has a risk of hacking and misuse.

Mitigation Measures

- All the information taken in CFCs from the beneficiaries will be under the existing NADRA services. NADRA existing measures implemented throughout the country to protect the data privacy will also be followed for the proposed project.
- Sensitization and training of CFCs staff on data privacy will also be done throughout the project cycle.

7.3.10 Adherence to COVID-19 SOPs

- The operations at all CFCs will strictly follow the guidelines by the Ministry of Health vis-à-vis COVID or any other infectious disease outbreak. Provincial department of health will ensure that any updates on the guidelines from the federal ministry are timely communicated and followed.
- To ensure that COVID-19 guidelines are followed, staff in every CFC will undergo training and will then ensure that the beneficiaries are aware of the SOPs which includes wearing a mask, use of sanitizer and maintaining social distancing. Moreover, other safety issues are addressed by PDMA via enlisting the help of local administration and police/security agencies in guarding the sites.
- Vaccines are provided free of cost and these are readily available at CFCs and other health facilities, thereby diminishing the possibility of contributing to a vaccines black market.
- All workers/ staff must perform complete sanitization at the site as per updated / latest SOPs/guidelines issued by WHO and the national guidelines issued by the GoP⁴⁵

7.3.11 Security related Issues

Potential Impacts

Since the law and order situation in the project area has been bad during the previous years, and it is still not entirely normal. This leads to potential terrorism threats and other security related issues including travel safety and premises safety etc. Furthermore, social issues might arise as a result of use of security forces (both public and private).

Mitigation Measures

- The Project will continue to rigorously engage with the local communities to ensure a positive image amongst the people in the project area
- A detailed Security Management Plan has been developed and attached with this ESMP as Annex-C. This plan will be strictly implemented, and also reviewed and updated periodically in view of the current security situation of the area.
- Grievance Redress Mechanism established at the OSSs/CFCs is effectively implemented;

⁴⁵ <https://covid.gov.pk/guideline>

7.3.12 Labor Issues related with Solar Panels

Potential Impacts

Though the project does not envisage direct solarisation activities for any CFCs, there still is a potential that solar panel replacement or installation might be needed as repair and maintenance activity at some stage of the project. There is a significant risk of forced labor in the global supply chain for solar panels and solar components. The risk becomes relevant for the project if solar panels procurement is involved, as it is likely to be procured through global supply chain.

Mitigation Measures

- The bidding documents for KP Citizen-Centered Service Delivery Project (P180707) will emphasize forced labor risks in solar panels and solar components and will require that sellers of solar panels to the Project will not engage or employ any forced labor among their work force.
- The Borrower and the PIE will require bidders to provide two declarations: a Forced Labor Performance Declaration (which covers past performance), and a Forced Labor Declaration (which covers future commitments to prevent, monitor and report on any forced labor, cascading the requirements to their own sub-contractors and suppliers).
- In addition, the Borrower will include enhanced language on forced labor in the procurement contracts.

8 ENVIRONMENTAL AND SOCIAL MITIGATION AND MONITORING PLAN (ESMMP)

This chapter summarizes the mitigation, monitoring, and institutional measures to be taken during the implementation of proposed Project eliminate adverse environmental and social impacts.

8.1 KEY STEPS FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT

Environmental and Social (E&S) management will follow the below mentioned procedures closely linking with activities under proposed Project.

- As per advice of Environmental Specialist/nominated focal person, inclusion of social and environmental mitigation costs in the Project document/cost;
- Implementation of mitigation measures provided in this ESMP by the E&S staff/Focal Persons (FPs) of PMU at Headquarter, district and field level.

8.2 CAPACITY ASSESSMENT OF IMPLEMENTING AGENCY

NADRA will be the implementing entity (IE) of the proposed Project and will provide all technical and operational support for field implementation of the project. While MEA will be responsible for the overall coordination and monitoring of the proposed Project.

NADRA's competency is based on the institution's experience gained from recent WB operation (TDP ERP, P154278) which will end in 2023. Additionally, NADRA has implemented emergency operations including the earthquake and flood responses, as well as supporting the implementation of BISP. Likewise, NADRA has gained sufficient experience in addressing E&S issues/requirements by successfully implementing these operations. This was further consolidated by implementing the three successive additional financings of TDPERP with expanded outreach (to 4 more districts) than initially envisaged at appraisal (2015). Accordingly, the IE has adequate E&S implementation set up at the HQ level and in the field.

However, TRDP ERP is being implemented under WB Safeguards (SG) policies, while this project (KP CCSDP) will follow WB ESF. In addition, the implementing agency did not have dedicated E&S staff under the parent project, which may be hired for further effective management of E&S aspects. As such the IE may need further strengthening and capacity building for effectively meeting additional requirements of ESF (specifically ESS2, ESS3, ESS4 and ESS10) for implementing proposed Projects activities.

The project's ESCP includes specific measures to strengthen the capacity of the IE (NADRA) to accurately manage the E&S risks. Two new specialists have been included as part of the ESCP, i.e., one Environmental and Social Specialist and a Gender Specialist to manage the E&S aspects in the context of applying ESF/ESSs. Among other measures, the PMU and field staff will receive training on World Bank ESSs and project management aspects. Additionally, the effectiveness of

the implementation and compliance will be regularly validated and assessed by the Monitoring and Evaluation Consultants (MEC), as an independent/third party monitor.

8.3 LESSONS LEARNED AND GOOD PRACTICES FROM TDPERP AND INTEGRATION IN ESMP

The key lessons learnt during the implementation of the TDRERP are listed below.

- Keeping in view geographical location and the cultural norms and background, special attention and arrangements needs to be established for better facilitation of female beneficiaries. A huge influx of female beneficiaries availed Project benefits in the merged area districts, and an even a higher turnover of female beneficiaries is expected in the southern districts for the Child Wellness Grant;
- In this regard separate entrance, washrooms and waiting areas shall be allocated for female beneficiaries. Also, female staff at citizen facilitation centers will be deployed so as to give more confidence to female beneficiaries and give boost to overall turnover while respecting local norms and culture. Moreover, the staff to be deployed in southern districts of KP shall have knowledge of local language for better facilitation and guidance of beneficiaries;
- Since project inception, there have been several instances where beneficiaries with disabilities have been received at One Stop Shops/Citizen Facilitation Centers, following which special arrangements were included during the establishment of CFCs in merged districts. Similar arrangements will be made in the CFCs in southern districts in order to cater to special requirements and needs for beneficiaries/applicants with disabilities;
- Additionally, it has been learned from past experience that availability of skilled and trained LHVs/LHWs is key to efficient delivery of CWG services. Non-availability of the said staff halts CWG services even if male staff is present to deliver the health awareness session, as the local population is not comfortable with the processing of female beneficiaries by male health staff and leads to undesirable situations;
- A critical lesson learnt during the project was engaging local stakeholders e.g. Tribal elders, and religious leadership. These stakeholders helped disseminate the information on a local word of mouth level, and massively improved the outreach level. Another effective method was utilizing the radio infrastructure to spread awareness about the project, and via social media. Therefore, developing local telecommunications infrastructure can help rapidly outreach beneficiaries;
- At times, the project workers seem to be driven more by social norms rather than the safety requirements in many cases, thus not always maintaining measures such as protective clothing, ensuring sufficient lighting and ventilation etc. However, this situation improved over the course of the previous project, and this improving trend is expected to continue. Prevention of occupational infections among healthcare workers will be a priority. Formal training by the health department about safe practices and availability of preventive facilities will be ensured;
- The previous project ensured that the CFC are properly equipped with fire safety equipment and fire drills are regularly carried out – the proposed project will continue this

practice and will strive to further improve the quantity and quality of available fire extinguishers;

- Despite the satisfactory performance in managing E&S aspects, the project requires dedicated E&S staff, capacity building and focused training on WB ESF/ESS for the new project; and
- All CFCs will be equipped with improved/cement lined waste burning pits; apart from ensuring effective health care waste segregation at source. The aspect of medical waste generation and handling has been discussed in detail in section 7.3.2.

8.3.1 Good Practices

The TDPERP staff took various good initiatives while implementing ESMP which are produced hereunder for record; and the proposed Project will continue such practices under proposed Project (KP CCSDP):

- With the inclusion of vital and civil registration services, NADRA financial platform (e-Sahulat services) and other services, the turnover at these centers have increased immensely as beneficiaries are making frequent visits to CFCs for other services as well besides availing project grants (LSG and CWG), particularly Free CNIC registration for the fresh applicants;
- Health Awareness Session (HAS) being delivered at all sites, the response from local families was outstanding, about 99% of the families opted immunization services. Specific language videos are played for specific CFCs, with availability of all three languages (Pashto, Saraiki and Urdu) HAS videos at all CFCs;
- Project uses WHO-pre-qualified Auto-Disable (AD) syringes, color-coded bins as well as PPEs including gloves, masks etc. to avoid the spread of infections;
- Inclusion of 2nd child is another very important part of the project where a family that has taken grant for the first child and has another child under 2 years is eligible for grant for the 2nd child as well;
- Grievance Redress Mechanism is a very important component of TDP-ERP. This signifies that the exclusion error in PDMA list had a huge chunk of women that could not become part of the system due to the less women-oriented facilities at the time of registration;
- PDMA hired women field mobilizers as well so that information dissemination can be more effective and in accordance with the local norms and culture;
- Another project highlight is establishment of NADRA call center since inception of the project. The service is highly effective in dealing with any query by the locals regarding the project;
- Facilitation of elderly is our top most priority. They don't have to wait in queues and special assistance is provided to them once they enter CFCs;
- All CFCs buildings are protected by efficient firefighting mechanism including availability of fire extinguishers, display of fire station numbers at prominent places and CCTV cameras to keep a vigilant eye on the CFC to avoid any untoward incident;

- Anyone with minority CNIC given preference in processing which created a positive of the project; and
- Plantation at most of CFCs with area specific plants for a better outlook and a healthier environment to breathe in.

8.4 KEY INSTITUTIONS / PERSONS INVOLVED IN THE IMPLEMENTATION OF ESMP

8.4.1 Project Management Unit

Project Management and Implementation will continue to be the responsibility of NADRA which will be establishing and managing the CFCs. Both the Ministry of Economic Affairs and NADRA work in partnership with partner banks for the delivery of cash to beneficiaries and for overall coordination at provincial level. The PMU, based in the MEA, is responsible for the overall coordination, planning, reporting, and performance of the project. A dedicated “Project Management Unit (PMU)” was established for previous project (TDPERP); the same PMU will be used for the proposed Project. MEA has already assigned a Project Director and a Project Manager to head the PMU. The previous PMU did not have dedicated E&S staff, however, under the proposed project, -PMU will hire the following E&S staff, responsible for managing environmental and social issues:

- Environment and Social Specialist; and
- Gender Specialist.

Overall responsibility of NADRA/MEA-PMU include:

- Supervising, facilitating and coordinating implementation of ESMP including E&S mitigation and monitoring plan;
- Ensure that the E&S FPs are notified;
- Ensure the preparation of ESMP monitoring reports bi-annual for World Bank;
- Coordinate with WB on ESMP implementation related matters.
- Interacting with stakeholders for their concerns about the activities under proposed Project;
- Ensure the implementation of Grievance Redressal Mechanism (GRM);
- Identifying and preparing environmental training materials and conducting environmental trainings for field staff; and
- Maintain the record of all information, documents evidence and reports including progress reports, third party monitoring reports, training reports and E&S monitoring Checklists.
- The proposed Project is located in Khyber Pakhtunkhwa Province, therefore the proposed Project will adhere to the KPEPA requirements as well.

8.4.2 Department of Health

Health Coordinator from Department of Health is responsible for effective implementation of ESMP, ensuring this through District surgeons and field staff; and further through frequent and regular field visits. Roles and responsibilities of Department of Health are:

- To supervise and monitor E&S activities being performed at field level;
- Coordinate with FPs at field level to ensure the implementation of ESMP through monitoring checklist;
- Conduct monitoring as per monitoring plan and maintain all reports and records;
- Strong coordination with the E&S Specialists at PMU level;
- Conduct environmental compliance audit for the program;
- Preparing training materials and organize training programs for FPs at CFCs level (as per advice of E&S Specialists-PMU);
- Periodic reporting on E&S aspects to E&S Specialist PMU;
- Prepare quarterly Progress Reports for ESMP implementation;
- Commission third party validation;
- Maintain all reports and records; and
- Suggest any additional mitigation measures (if required).

8.5 INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION OF ESMP

Previously, NADRA had successfully employed/employs a tiered approach in implementing E&S requirements and same will be used for the proposed Project, as described below:

- **Headquarter/PMU Level:** The E&S Specialist will be responsible for top supervision of ESMP implementation through overall coordination and monitoring. The MEA-PMU which has further designated an E&S Focal Person (FP) at Directorate of health services, Department of Health. The FP was responsible for coordination and implementation through DoH's field staff.
- **Field Level:** The Department of health has also designated similar FPs (generally EPI technicians) at all CFCs, who provide necessary support and also assist the E&S FP (at Department of Health) to establish reports, which ultimately report to E&S Specialists of MEA-PMU. Similarly, the said field staff also updates district surgeons regarding E&S aspects to ensure proper implementation.

ESMMP will be used as the management tool for mitigation measures. The plan includes the envisaged impacts as identified in EMSP and their recommended mitigation measures and; the person/organization directly responsible for adhering to or executing the required mitigation measures and suggest frequency of monitoring the mitigation measures.

It is highlighted that although the responsibilities for executing and monitoring the mitigation measures have been delegated to different organizations, however, MEA-PMU, through E&S Specialists will hold the primary responsibility for ensuring the full implementation of ESMP. Table

7.4 provides information about all impacts to be raised due to proposed Projects activities during implementation. For detailed E&S impacts and mitigation measures, refer to Chapter 6: Potential Environmental and Social Impacts and Mitigation Measures.

Table 8-1: Environmental Mitigation and Monitoring Plan

Sr. No.	Parameter	Potential Impacts	Mitigation Measure	Monitoring Location	Monitoring Frequency	Monitoring Measures	Responsibility			
							E&S Specialists MEA-PMU	E&S-FPs at CFCs	NADRA	Third Party Validation
POTENTIAL ENVIRONMENTAL IMPACTS										
1	Cold Chain Management for Vaccine Effectiveness	Vaccines need to be stored at recommended temperatures for them to remain effective. The quantity to be administered is the key for it to work on a child or a mother. The campaign might not achieve its targets of disease(s) elimination, as well as causing mistrust amongst the communities (occurrence of disease despite vaccination), if the cold chain breaks.	<ul style="list-style-type: none">EPI Policy and Strategic Guidelines shall be ensured at all levels and ensuring that the cold chain does not contain Ozone Depleting substances;Vaccines shall be stored at standard temperatures (+2C° to +8C°) in official EPI store only;Ensure backup electric supply to maintain the required standard temperature for vaccination storage;Vaccines shall be kept in storage boxes at those CFCs where solar refrigerators are not available;Standard stock ledger with name of the vaccine, quantity in doses, vial size, manufacturer, expiry date, batch/lot number, date of receive and supply to be maintained at all level and updated regularly;Reconstituted vaccine must be discarded six hours after reconstitution or at the end of immunization session, whichever comes first;Ensure the provision of appropriate PPE to workers and other health staff;Provision of trainings on vaccine Administration & Management to be provided to concerned staff.	CFCs	Daily	Temperatures Installation of Solar refrigerators Trained staff Trainings Use of PPEs Availability of safety boxes Audits	√	√	NA	√
2	Health Care Waste Generation	Different type of wastes may generate including sharps, infectious and municipal (liquid and solid) due to the implementation of proposed Project. The hazards associated with improper waste disposal by any healthcare facility operation are mostly caused by not following the infection control protocols, not using proper PPEs, and not employing proper procedures for appropriate disposal. In addition, recycling of medical waste also poses very serious health risks for the workers involved in recycling and also consumers using the recycled products. Moreover, safety of staff handling sharps such as syringes and needles is at risk if proper procedures are not followed.	<ul style="list-style-type: none">Ensure strict compliance with the procedures specified in the Hospital Waste Management Rules of 2005 and guidelines provided in Environmental and Healthcare Waste Management Plan (Annex A) and Emergency Response Plan (Annex-B);Auto disable (AD) syringes are recommended to be used for immunization purposes and disposed into customized Safety Boxes;Unused reconstituted vaccines shall be disposed properly;Ensure the provision of colored containers/bins with paddle along with training of health care staff/ waste management workers;Health care waste (sharps and infectious) shall be weighted and recorded daily and transported in safe boxes to dedicated pits for burning in pit burial and same shall be reflected in progress report;Ensure monitoring of waste handling, storage, transportation and disposal;;Pit burial shall be lined with cement and covered with the cement slab to avoid soil and water contaminations. Pit burial guidelines provided in Annex A shall be followed to ensure compliance;Ensure the compliance with NEQs and WHO/IFC guidelines whichever is stringent shall be followed (as per advice of Environment Specialist);Ensure provision of PPEs to workers, involved in waste management;	CFCs and Disposal Site	Daily	WHO Guidelines Use of PPEs Implementation of Environmental and Healthcare Waste Management Plan Availability of safety boxes Audits	√	√	NA	√

Sr. No.	Parameter	Potential Impacts	Mitigation Measure	Monitoring Location	Monitoring Frequency	Monitoring Measures	Responsibility			
							E&S Specialists MEA-PMU	E&S-FPs at CFCs	NADRA	Third Party Validation
			<ul style="list-style-type: none"> Providing appropriate trainings to all stakeholders congruent with their roles and responsibilities in the project with due consideration; Ensure, concerned staff shall not involve in selling of medical wastes for profit earning; and Relevant legislation and WB ESSs must be respected. 							
	Installation of Solar Panel	Incompatible layout plan and design may have potential impact of visual effects. The solar panels and their support structure may be damaged by the windstorm. Installation of solar systems may also generate small amount of waste, causing CFCs buildings damages if not done correctly, its plumbing and electric wiring, and roof leakage. Solar panels may add weight and increase wear and tear on the roof, potentially reducing its lifespan, especially if the roof is already weakened or damaged.	<ul style="list-style-type: none"> Only shortlisted/pre-qualified service providers should be hired for the supply of solar systems; Technical design for installation of solar panel must consider all the above-mentioned factors and load bearing assessment of CFC's roof as well; Lead/acid/cadmium-based batteries will not be procured for solarization of CFCs; Ensure panels are treated with anti-reflective coating which reduces the sun's reflection from PV panels; Ensure that no waste material left behind after the completion of work; Ensure repair any damaged caused by the construction activities. 	CFCs	As and when required basis	Visual Checks Use of PPEs	√	√	NA	√
POTENTIAL SOCIAL IMPACTS										
7	Exclusion of Vulnerable	There are serious risks of exclusion associated with cash transfers in the following cases. CWG to undocumented mothers who do not have CNIC, CWG to single undocumented mothers. Females whose husbands have multiple marriages will also become vulnerable if the criteria to use husband CNIC (in case mother do not have CNIC) was already used by another wife for CWG. Similarly, exclusion of a family from ERG and LSG support under component 1 for such families have no record on FATA Disaster Management Authority (FDMA) list generated at the time of provision of the Early Recovery Grant (ERG), family members whose marriages are not registered/ entitled as a separate family, and/or the support is already provided to the father or children. Such exclusions can also create conflict among the family members as well.	<ul style="list-style-type: none"> Criteria already mentioned in the operational manual will be applied to the project. If any such case arise, GRM has included the category to appeal if any family member has not been included as "Beneficiary" and he/she feels that he/she fulfils the eligibility criteria of the project; Continue updating the SEP through the life of the project, to remain vigilant towards unintended impacts on marginalized/ vulnerable family members or groups and respond to emerging needs; Local communities will be informed about the GRM through awareness material having information on the access and process of GRM including details of means of lodging complaints i.e., GRM counter, telephone and written application by posts. 	CFCs	Bi Monthly	Grievance Record	√	√	√	√

Sr. No.	Parameter	Potential Impacts	Mitigation Measure	Monitoring Location	Monitoring Frequency	Monitoring Measures	Responsibility			
							E&S Specialists MEA-PMU	E&S-FPs at CFCs	NADRA	Third Party Validation
8	Accessibility Issues	The terrain of the area, the restricted or limited mobility of women and the absence of a reliable transportation system in the region can adversely impact accessing OSSs/CFCs. Further, the security situation also creates challenges related to travel.	<ul style="list-style-type: none"> This impact has been minimized by identifying appropriate locations for One-Stop Shops/Citizen Facilitation Centers so that a maximum number of people can approach the facility. OSSs/CFCs were selected on supply and demand criteria based upon easy access for most people; Awareness campaigns will be carried out to motivate people to travel and an on-spot cash disbursement to further encourage the communities to participate; Approximately over 700,000 families benefitted from the CWG component in the merged areas, and approximately PKR 10 billion was disbursed. This has been a highlight of the program and has been communicated on all platforms by the Beneficiary Mobilization & Communication Firm, through FGDs, radio ads, print ads and social media. This practice will be continued so as to inform potential beneficiaries about cash incentives, and ensure that all target/eligible beneficiaries know the eligibility criteria prior to visiting the CFCs. 	CFCs	Bi Monthly	Record of number of people accessing OSS	√	√	√	√
9	Privacy and Gender Issues	Privacy is a core value in the tribal norm. It is challenging for local women to interact with any outsider male during implementation of the proposed activities. In addition, lack of separate waiting areas and washroom facilities can also discourage the females to access the health facilities, hence, separate female waiting areas and washrooms have been provided at all sites.	<ul style="list-style-type: none"> The Project ensures that, as far as possible under the circumstances, qualified female staff is present at all the health facilities in order to interact with females accompanying the children for health checkups; Separate waiting areas and wash room facilities are designated for women; Sensitization of health facilities and CFCs staff on privacy and gender issues; Gender training to MT, LHVs, LHWs, FMT, mid-wives on privacy and gender issues. 	CFCs	Bi Monthly	Grievance Record, Physical verification, attendance of gender-related trainings	√	√	√	√
10	Potential Conflict Issues	Since the project involves distribution of cash grants, chance of conflict at the OSSs/CFCs is a possibility. Mainly, this is likely to occur if people are unaware of the eligibility criteria for receiving cash grants. However, unheard and unsolved complaints against project processes can also lead to conflicts. This can have adverse impact on the overall delivery of services under the project scope.	<ul style="list-style-type: none"> The Project will undertake a widespread awareness campaign and integrate it within the Social Mobilization process so that communities are fully aware of eligibility criteria and can produce the relevant information to prove eligibility; Grievance Redress Mechanism established at the OSSs/CFCs is effectively implemented; Local communities are informed about the GRM through awareness material having information on the access and process of GRM including details of means of lodging complaints i.e., GRM counter, telephone and written application by posts; Female staff is available to record complaints and deal with female members of the communities. 	CFCs	Bi Monthly	Grievance Record	√	√	√	√
11	Workers Health and Safety	Administering vaccines using sharps/injections pose a high risk to the health workers, needles are one of the most dangerous items that are handled in CFCs,	<ul style="list-style-type: none"> Measures included above under Risk of Infections and Healthcare Waste Management include OHS related provisions. These will be strictly complied Labor Management Procedures (LMP) will be developed to mitigate the risk; Identify and minimize, so far as reasonably practicable, the causes of potential hazards to workers, including 	CFCs	Daily	LMP, Complaint / Accident Record	√	√	NA	√

Sr. No.	Parameter	Potential Impacts	Mitigation Measure	Monitoring Location	Monitoring Frequency	Monitoring Measures	Responsibility			
							E&S Specialists MEA-PMU	E&S-FPs at CFCs	NADRA	Third Party Validation
		causing epidemics ⁴⁶ , as well as transfer communicable diseases from a host population to another. Inappropriate collection, storage, transportation and disposal of hazardous waste will cause OHS risks to workers involved in waste management. COVID-19 is another key risk.	communicable diseases such as HIV/AIDs, COVID and vector borne diseases; <ul style="list-style-type: none"> • Perform blood tests after such an injury to ensure that the person has not been contaminated by any pathogen, in particular HIV; • Provide appropriate personal protective equipment (PPE) to minimize risks, such as but not limited to, appropriate outerwear, boots and gloves; safety helmets etc.; • Check MSDS to verify the lead-free paint before purchase; • Include procedures for documenting and reporting accidents, diseases, and incidents; • Implement WB Group EHS Guidelines. 							
12	Community Health and Safety	Inappropriate practices if observed during provision of health services at project supported CFCs; that can potentially cause health and safety hazards for the health service providers as well as for the children, their parents, and for the community at large. Further, the inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste from the facilitation center may cause soil and water contamination leading to health and safety implications for the communities downstream. Improper handling and storage of materials and electric installations may lead to fire that may in turn cause injury to the locals/beneficiaries (children, parents) and health service providers. Similarly, inefficient firefighting system and non-provision of escape routes may cause severe damages to the workers and CFCs buildings in case of outbreak of any emergency.	<ul style="list-style-type: none"> • OHS, Healthcare Waste Management, and Infection Prevention measures included in the previous sections will sufficiently counter the risks to community health and safety also.; • In addition to above, relevant mitigation measures provided for soil, ambient air and water in the previous sections shall be followed; • Appropriate fire safety equipment shall be installed at appropriate locations; • Equipment shall be regularly examined and maintained; • Fire drills will be conducted at least biannually to ensure that workers are familiar with the action to take in the event of fire; • Fire awareness materials shall be placed at appropriate locations to educate the service providers and locals on what to do in the event of fire; • “No smoking signs and policy” shall be displayed, as appropriate and actions to be taken against those not adhering to this order; • Relevant legislation and WB ESSs must be respected. 	CFCs and Disposal Site	Daily	Visual checks/monitoring and photographic record Implementation of Environmental and Healthcare Waste Management Plan and Hospital Waste Management Rules of 2005 Availability of safety boxes	√	√	NA	√
13	Data Privacy	The data of beneficiaries, mothers and other applicants gathered at CFCs under the	<ul style="list-style-type: none"> • All the information taken in CFCs from the beneficiaries will be under the existing NADRA services. NADRA existing measures implemented throughout the country to 	CFCs	Bi Monthly	Grievance Record, Database Security.	√	√	√	√

⁴⁶ e.g. measles, Hepatitis B and/or increased occurrence of the disease leading to increase child mortality or morbidity e.g. measles, Hepatitis B, tetanus, TB

Sr. No.	Parameter	Potential Impacts	Mitigation Measure	Monitoring Location	Monitoring Frequency	Monitoring Measures	Responsibility			
							E&S Specialists MEA-PMU	E&S-FPs CFCs	at NADRA	Third Party Validation
		project activities has a risk of hacking and misuse.	protect the data privacy will also be followed for the proposed project. • Sensitization and training of CFCs staff on data privacy will also be done throughout the project cycle.							

8.6 CAPACITY BUILDING

To ensure the successful implementation of ESMP and compliance of the E&S mitigation measures, strengthening capacity of relevant staff (E&S Specialists-PMU, NADRA, E&S FPs other OSS/CFCs) is essential. This will achieve through series of customized trainings and awareness sessions.

The objectives of the E&S trainings include providing basic knowledge and information on the key environmental and social issues associated with the proposed Project.

The trainings will be regularly conducted for the NADRA OSS/CFC and department of health staff (including FPs), E&S Specialist -PMU. The training report must include the objectives and detailed content of the training, copy of the training materials and presentations, list of resource persons and list of participants.

Table below provides capacity building / training framework for the proposed Project.

Table 8-2: Capacity Building and Training Plan

Sr. No.	Key Areas	Key Aspects to Cover (as per advice of Environmental Specialist)	Potential Participants	Frequency of Training
1	E&S Orientation / Awareness	E&S awareness / regulatory requirement; Stakeholder Engagement, analysis, and mapping Vaccine administration and vaccine management including quality, supply and storage. Environmental and Social Monitoring Checklist Emergency Response Preparedness Security Management Plan Tree Plantation Plan Community Health and Safety Monitoring and Reporting Gender and gender-based violence including on mitigation against Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH). Gender sensitivity Social Inclusion E&S Monitoring Documentation and Reporting Labor Management Procedures Grievance Redress Mechanisms	E&S staff-PMU E&S FPs at Field Level Other staff available at CFCs (NADRA and DoH) and University Student (as a capacity building measures).	At the start of the Project; and Refresher afterwards as and when required/ Quarterly.
2	ESMP Implementation & E&S Management	ESMP components; Key steps for the implementation of ESMP; Health Care Waste Management Labor Management Procedures	E&S staff-PMU E&S FPs at Field Level Other staff available at CFCs	At the start of the Project; and

Sr. No.	Key Areas	Key Aspects to Cover (as per advice of Environmental Specialist)	Potential Participants	Frequency of Training
		Code of Conducts Mitigation against Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH). Housekeeping, hygiene and waste disposal, pollution prevention and control Occupational Health and Safety Emergency Response Preparedness Security Management Plan Tree Plantation Plan Community Health and Safety Grievance Redress Mechanisms Documentation and reporting; Disclosure of information.	(NADRA and DoH) and University Student (as a capacity building measures).	Refresher afterwards as and when required/ Quarterly.

8.7 REPORTING AND DOCUMENTATION

The MEA-PMU will be responsible for reporting on the implementation of the ESMP to the World Bank. A robust reporting mechanism can enable project progress to be followed up, any prevalent hindrances to program implementation to be identified and rectification measures to be setup if so required. Such a system will allow project staff and WB to track the advancement of the program and reconcile these with the overall objectives and targets of the proposed Project.

Regular and comprehensive reporting will be conducted during the execution of proposed Project. E&S Specialist at PMU level and respective FPs at field level shall ensure a constant surveillance of the progress and deliverables through preparation and submission of progress reports. The environmental and social monitoring/audit data will be passed to the E&S specialist in the PMU monthly basis and the PMU will use this information to produce quarterly/bi-annually ESMP implementation progress reports along with photographic record. These reports will include progress on the implementation of mitigation measures proposed, and will highlight issues and challenges encountered during implementation. The reporting requirements are provided in Table.

Table 8-3: Reporting Requirements

Sr. No.	Type of Reporting	Frequency	Responsibility	Submitted to
1	E&S Monitoring Checklists	Fortnightly/ Monthly	E&S FPs	PMU
2	ESMP Progress Reports (covering all E&S aspects)	Quarterly/ Biannual ⁴⁷	PMU and E&S FPs	PMU, World Bank

⁴⁷ Quarterly Progress Reports (QPRs) will be at PMU level while Biannual Progress Reports will be shared with World Bank

Sr. No.	Type of Reporting	Frequency	Responsibility	Submitted to
	related to activities under proposed Project)			
3	MEC/ Third Party Reports	Annually	PMU	World Bank
4	Completion Report (if required)	After completion of Project	PMU	World Bank

8.7.1 Evaluation of ESMP Compliance

Regular evaluation of effectiveness of ESMP is of prime importance for the overall success of the project, and to ensure that positive impacts are accrued from project activities and outputs. Two types of evaluations are performed for this purpose: environmental audits, and third party evaluation and validation. Environmental audit is an instrument to determine the nature and extent of all environmental concern of an activity, process, or a facility. The audit identifies and justifies effectiveness of a mitigation measure to address an environmental aspect.

Third party evaluation and validation provide an external, unbiased opinion of progress of the project against its objectives, and short term challenges and gains henceforth. Usually carried out on an annual basis, it helps realign the project as per its ESMP and the impact created due to its implementation and to frame recommendations for course correction and to improve ESMP for implementation, if any/needed. The TPV also covers the implementation status of the Health Care Waste Management Action Plan.

NADRA along with DoH E&S FPs will be responsible for preparing the schedules, setting the scope and scale of the ESMP evaluation activities, developing audit teams, and arrange subsequent financial support. DoH would be responsible for coordination and supporting the execution of third party validation annually. Services of consultants or professional institutes may be procured for environmental audits and third party validations. The TORs for third party validation, environmental audit reports and final third party validation findings are submitted to the Bank for review, approval and record.

8.8 ESMP DISCLOSURE AND STAKEHOLDER CONSULTATIONS

Once finalized, the ESMP with translation of Executive Summary in local language (Pashto, Urdu, Saraiki), will be disclosed on the official websites of NADRA and shall also be available in World Bank repositories. The executive summary in local language will be shared with affected communities and locals. This will ensure the locals to be aware of the E&S aspects, its mitigation, responsible staff and mode of implementation. Hard copies of these documents will also be maintained at MEA-PMU and at all CFCs.

8.9 ESMP IMPLEMENTATION BUDGET

The tentative cost estimates to implement ESMP is estimated as PKR 33.3/- Million Details are provided in below Table 7.8. This tentative cost will be included in the overall project cost. This cost will be reviewed and firmed up periodically to ensure realism.

Table 8-4: ESMP Implementation Budget

Sr. No.	Parameter	Frequency	Unit Rate (PKR)	Quantity	Cost (PKRs)	Remarks
Environmental Monitoring Cost						
1	Water Quality	Annual	20,000	22	440,000	Sample=1 per District ⁴⁸
2	Air Quality	Annual	25,000	22	550,000	
Environmental and Social Management Cost						
3	Environment Specialist	Monthly	300,000	01	7,560,000	This is the tentative monthly cost for two-year period. 10% increment/year has been considered while calculating the salary cost.
4	Social/Gender Specialist	Monthly	300,000	01	7,560,000	
5	Training and Capacity Building Cost	Bi-annual	400,000	4	1,600,000	This is the tentative cost for two-year period.
6	Monitoring & Evaluation Consultant / Third Party Validation	Annual	1,000,000	2	2,000,000	
7	PPEs Cost	NA	NA	NA	5,000,000	Lump sum cost for two-year
8	Fire Extinguishers	NA	15,000	86	1,290,000	Two Fire Extinguishers/CFC including maintenance cost.
9	Tree Plantation Cost	NA	NA	NA	4,300,000	
	Sub-total				30,300,000	
	Contingency Charges			10% of Sub-Total	3,030,000	
	Grand Total with Contingencies				33,330,000	

⁴⁸ No. of samples can be increase based on the analysis of results.

ANNEX A: ENVIRONMENTAL AND HEALTHCARE WASTE MANAGEMENT PLAN

This plan discusses the Health Care Waste Management Plan. It focuses on systems and practices for (i) collection and segregation, (ii) transportation and storage and (iii) safe disposal of health care waste.

Despite many efforts taken by the government and civil society, medical waste (including immunization waste) management across Pakistan remains a challenge, especially at the Tehsil and Union Council levels. Medical waste management practices shows that medical waste is not regulated and not always disposed in an efficient manner. Most of the primary level healthcare facilities do not have effective systems and procedures in place, nor have infrastructure to manage and dispose-off infectious waste. The hazards associated with improper waste disposal by any healthcare facility operation are mostly caused by not following the infection control protocols, not using proper personal protective equipment (PPE), and not employing proper procedures for waste collection, transportation, storage, and final disposal. In addition, recycling of medical waste also poses very serious health risks for the workers involved in recycling and also consumers using the recycled products. Moreover, safety of staff handling sharps such as syringes and needles is at risk if proper procedures are not followed. Air and water quality deterioration is another associated potential impact if the waste is disposed by burning and/or burial.

Current Practices for Waste Management at CFCs

The waste at CFC is collected in colored paddled bins and taken outside (in safety boxes) to pits available at the facility. These pits are used for burning of waste and then were covered with the cement slab. These pits were later further improved through cement lining to avoid soil and water contaminations. This was observed to be a uniform practice at all centers, with no variations except Sadda where incinerator has been installed for waste disposal at Tehsil Headquarter Hospital Sadda ten minutes away from CFC Sadda.

All the health facilities have adequate capacity to dispose of the waste safely as the technical staff deputed are specifically trained for the said activity. Moreover, the same waste management practice was put in place by Federal EPI program.

Collection and Segregation

The first and most significant element of the healthcare waste management is collection and segregation. Segregation means separating different waste streams keeping in view the type of treatment and disposal practices. A proper system of segregation would thus identify waste according to the source and type of disposal or disinfections. It would also require containers specifically for each category of waste.

In all type of health care facilities, waste generated has to be classified and segregated into various standard categories such as non-risk waste and risky/ hazardous waste as shown in **Table 1**. Compliance of segregation process will be applied to all CFCs, simple enough to be implemented by waste management workers and finally to be easily monitored using a standard checklist. Colored containers have to be provided along with training of health care staff.

Table 1: Classification and Color Coding of Healthcare Waste to be Adopted for Waste Segregation

Classification	Description	Color of Container	Type of Container
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Class 1 (NON-RISK WASTE)	All domestic waste: paper, cardboard, vegetable peelings, food packing, cold drink bottles, cans etc.	White /Green	Suitable Container with plastic bag
Class 2 (SHARPS):	Broken syringes and needles, blades, glass pieces and scalpels, broken and empty vaccine bottles etc.	Yellow, marked Sharp/Danger Waste	Puncture Proof container
Class 3 (INFECTIOUS):	Waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients (such as used syringes), PPEs (gloves, masks etc.)	Blue, marked Contaminated/Infectious Waste	Container with yellow waste bag

The segregation will be carried out at the source of generation i.e., at CFCs. Segregation will be done by type of wastes and collected in the assigned bags. The filled bags will be transported to designated storage/ disposal points.

Transportation

A time-table should be developed for transporting waste on daily basis and shoulder-carrying must be avoided. Wheeled containers / trolleys should be used to transport the waste/plastic bags to the disposal site, particularly for infectious wastes. The collected waste should not be left, even temporarily, at any place other than the designated disposal site.

All concerned staff members are properly trained in the handling, loading, unloading, transportation and disposal of waste (sharps and infectious), and are fully aware of emergency procedures for dealing with accidents and spillages.

Safe Disposal

The hazardous waste should be disposed of immediately through pit-burial technique (current practice within the premises owned by CFCs and public is restricted in that area) with proper design and specification or transported to designated incinerator (where applicable).

The bags shall be removed when it is not more than three quarters full and sealed, preferably with self-locking plastic and not by stapling. The bags removed should be immediately replaced with a new one of the same type particularly for infectious wastes.

Non-hazardous waste should also be disposed of through municipal corporation according to its regular schedule. Adequate numbers of non-risk waste containers shall be placed in CFCs and notices affixed to encourage visitors to use them.

Personal Protective Equipment

All the workers involved in waste management must be equipped with appropriate PPEs.

Monitoring and Testing

The project will monitor the soil, air (where applicable/as burning of waste is involved) and water quality in the surroundings of health care facilities on periodic basis including the third

party validation (described in ESMP) to ensure that the disposal of waste is not impacting soil, air and water quality of the area. The implementation progress reports of the project cover the progress on this Plan as well.

There is negligible possible negative impact of waste disposal on soil, air and water as in merged area districts, population is considerably scattered and water level is quite deep, the average water level of erstwhile FATA is 270ft.⁴⁹

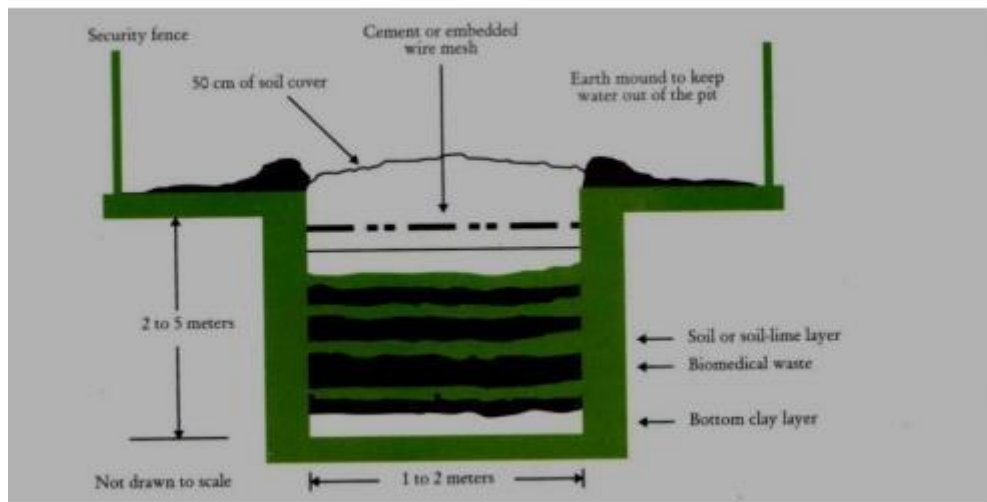
The concerned staff shall not involve in selling of medical wastes for profit earning, as recycling business of healthcare waste further aggravates the health hazards of medical waste by extending and expanding the number of people exposed to this waste and the associated health hazards.

The Health Care Waste Management Plan shall be regularly monitored, documented, reviewed, and revised and updated by the Waste Management Team as and when necessary

PIT BURIAL DESIGN SPECIFICATIONS

- A pit or trench should be dug about 2 to 5 meters deep and 2 m wide. The pit is covered with a heavy concrete slab that is with an internal diameter of about 200mm.
- It should be half-filled with waste, and then covered with lime up to 50 cm of the surface, before filling the rest of the pit with soil.
- Animals should not have any access to the waste burial sites. Covers of galvanized iron/wire meshes may be used to protect the area from trespassing.
- On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
- Waste disposal into the pits should be performed under close and dedicated supervision.
- The deep burial (2 to 5 meters) site should be relatively impermeable, and no shallow well should be close to the site.
- The pits should be distant from habitation and sited so as to ensure that no contamination occurs of any surface water or ground water. The area should not be prone to flooding or erosion.
- The healthcare facility should maintain a record of the kind of waste sent for deep burial.
- A permanent Record of the size and location of all burial pits needs to be strictly maintained and displayed at strategic place with due precautions to prevent construction workers, builders and other from digging in those areas in the future.
- The pit burial place should be fenced and locked to avoid any unauthorized access to the place and also to avoid any health and safety risk for the workers and patients in the healthcare facility.

⁴⁹ TDP-ERP-ESMP-Progress Report-January-June 2022.



Schematic Diagram of Pit Burial

ANNEX B: EMERGENCY RESPONSE PLAN

Emergency Response Plan (ERP) provides an overview of the procedures to mitigate and control the impacts on the project in the event of emergency situations usually occurring suddenly and unexpectedly during the implementation of proposed Project and provide maximum protection to all personnel (involved in the implementation). The E&S Specialists-PMU will be responsible for the implementation of this plan with the support of field staff (E&S Focal Persons) at district level.

In CFCs, spillage and fire are the most common type of emergency involving infectious or other hazardous material/waste. Response procedures are essentially the same regardless of whether the spillage involves waste or material in use, and should ensure that:

- Contaminated areas are cleaned and, if necessary, disinfected;
- Exposure of workers is limited as much as possible during the clearing up operation;
- The impact on patients, CFC staff and the environment is as limited as possible.

CFCs should establish procedures for handling emergencies and make available the procedures to their staff for reference. The ERP will also applied to some other emergencies including flooding, earthquake, guidelines under the updated/latest Provincial Disaster Response Plan may be followed (where applicable).

Special Provision for Needle Stick Injuries

Due to their high potential for injuries and contamination, needles are one of the most dangerous items that are handled in a CFCs. Any accident should be reported and a reporting system should be established in each CFC. This information should then be reported to the competent authorities at PMU level.

Cuts with sharps or needle stick injuries should always be immediately disinfected. It is highly recommended to perform blood tests after such an injury to ensure that the person has not been contaminated by any pathogen, in particular Hepatitis B and C or HIV.

Emergency Vaccine Storage and Handling

Instructions for handling vaccine products during an emergency should be carefully followed as per WHO guidelines to ensure the vaccine cold chain is maintained during an emergency. Emergencies like equipment failures, power outages, severe weather conditions, or natural disasters usually happen without warning and may compromise vaccine storage conditions.

The planning should henceforth, consider a generator as backup equipment or a backup battery power source can be used. In case of power outage, the vaccines need to be packed in separate storage containers and/or transported to other nearby CFC.

Emergency Preparedness and Response Procedures

- In case of any emergency (if occur), the E&S Focal Persons (at district level) will coordinate with relevant department for rescue service, in particular for fire, flooding, earthquake emergencies;
 - Staff should be trained for emergency response, and the necessary equipment should be readily available at all times to ensure that all required measures can be
-

implemented safely and rapidly. Written instructions for the different types of emergencies should be displayed at appropriate locations;

- First Aid Facility/ kits, PPEs and appropriate firefighting equipment will be provided at all CFCs at suitable locations;
- Equipment shall be regularly examined and maintained;
- Fire drills will be conducted at least biannually to ensure that workers are familiar with the action to take in the event of fire;
- Fire awareness materials shall be placed at appropriate locations to educate the service providers and locals on what to do in the event of fire such as safe evacuation;
- In the event of emergencies involving spillage, the spillage or leakage should be stopped as soon as practicable and cleaned up promptly and/ or disinfected;
- Absorbent materials, disinfection chemicals, protective clothing, masks, eye protection, gloves should be used as appropriate in the clean-up and disinfection operations;
- All materials arising from the clean-up of spilled waste should be disposed of in an appropriate manner (as described in Environmental and Health Care Waste Management Plan);
- In case of an incident or accident, report needs to be generated by the E&S Specialists with the support from E&S Focal Persons at district level and same will be made a part of quarterly progress report. The E&S Focal persons should be familiar with the safeguards incidence response toolkit (SIRT) as a guide to report and manage incidents;
- Follow-up investigations of the incidents should be conducted so that improvement measures can be taken to avoid recurrence of similar incidents in future;
- Contacts for police, emergency services and helplines should be displayed in the CFCs; and
- In addition to above, applicable mitigation measures listed in ESMP shall be followed.

Training

Ensure that all staff members are trained on the emergency response protocols and procedures. This includes training on the use of emergency equipment such as first aid kits, PPEs and fire extinguishers etc. Trainings provided by E&S Specialists-PMU or E&S Focal Persons or External Parties at district level during the implementation of proposed Project will also cover the emergency response topic.

Conduct Emergency Drills

Regularly conduct emergency drills to ensure that all staff members are familiar with the emergency response protocols and procedures. This will help to identify any weaknesses in the emergency response plan and provide an opportunity to make improvements.

Maintain Emergency Equipment

Ensure that all emergency equipment is regularly checked and maintained. This includes first aid kits, PPEs, and fire extinguishers.

Review and Update Emergency Response Procedures

Review and update the emergency response procedures on a regular basis to ensure that they remain relevant and effective.

ANNEX C: TREE PLANTATION PLAN

The risk and significance of the impact on flora from the proposed Project is considered low. Plantation in or around the CFCs will improve the ecology and aesthetics of the surroundings. The basic purpose of afforestation/plantation of suitable species in the proposed Project areas is to enhance green cover and improve the overall environment of the area. Afforestation will not only reduce the risk been made but will also increase the carrying capacity of the areas regarding many positive aspects.

Importance of Tree Plantation

- Trees contribute to their environment by providing oxygen, improving air quality, climate amelioration, conserving water, preserving soil, and supporting wildlife;
- Trees control climate by moderating the effects of the sun, rain and wind. Leaves absorb and filter the sun's radiant energy, keeping things cool in summer;
- Trees also preserve warmth by providing a screen from harsh wind;
- Trees also lower the air temperature and reduce the heat intensity of the greenhouse effect by maintaining low levels of carbon dioxide;
- Both above and below ground, trees are essential to the eco-systems in which they reside;
- Trees absorb and store rainwater which reduce runoff and sediment deposit after storms. This helps the ground water supply recharge, prevents the transport of chemicals into streams and prevents flooding; and
- Trees, shrubs and turf also filter air by removing dust and absorbing other pollutants like carbon monoxide, sulfur dioxide and nitrogen dioxide.

Objectives

- To improve the ecology with plantation of native species;
- To improve the quality of air and reduce its pollution;
- To add color to the landscape and enhances the beauty of the environment;
- To uplift the quality of our living environment through active planting, proper maintenance and preservation of trees together with other vegetation;
- To protect and conserve flora and fauna of the proposed Project areas;
- To attract rain which is a positive impact on the proposed Project areas at all; and
- To reduce sedimentation by plantation in the proposed Project areas which will act as protection wall against wind born dust particles.

a) Recommended Species

It is recommended to plant indigenous species (such as bair, poplar, peach, walnut, phulai, Sheesham, toot, kikar etc.) in the concerned district.

b) Plantation Technique

Plantation of different suitable species is to be carried out in the immediate vicinity of the proposed Project areas/CFCs. The proposed subproject areas can be afforested and vegetation cover can be improved by adopting standard afforestation technique of digging pits. The proposed Project areas are suitable for plantation activities and can be managed thoroughly with care. Planting shall be undertaken immediately after rainy season or initial weeks of spring.

c) Tree Cutting

The implementation of proposed Project will not involve cutting of trees. However, to improve the ecology and aesthetic of the surroundings, it is recommended to plant twenty to fifty (50) trees/plants in or around the each CFCs (depending upon the area available). Therefore, 2,150 ($50 \times 43^{50} = 2,150$) trees are recommended to be planted at the available spaces, preferably in or around the CFCs.

d) Tentative Costing

Tentative cost for purchasing one plant ⁵¹	=	2,000 PKR
Total plants need to be purchased	=	2,150 numbers
Total cost of purchasing plants	=	2,150 x 2,000
Total Cost	=	4,300,000 PKR (4.3 Million)

This cost may be updated by the implementing agency as per actual, during implementation.

⁵⁰ Total no. of CFCs

⁵¹ Estimated cost for a single tree.

ANNEX E: SECURITY MANAGEMENT PLAN

A. Objective of the SMP: to provide and maintain a safe physical environment and manage staff activities to reduce the risk of personal injury and property loss during the implementation of the KP CCSDP Project.

B. Security Approach

The Project Coordinator will ensure that security procedures and criteria are fully designed and updated, and the means fully available to ensure the security for project operations.

The security plan describes how security is organized to face identified threats and how security is continuously reassessed and reorganized in correlation with security situations and operations being undertaken.

The Project Coordinator (National Project Coordinator) will leverage in using the existing national and local security infrastructure to access and share conflict related information and encouraging local police leaders to specifically address conflict risks in community engagement activities in timely manner.

If and when required, a specific security organization will be hired to provide a secure operating environment to the project operations.

c. STANDARDS and GOOD INTERNATIONAL PRACTICE

This security management plan is anchored on World Bank Environmental and Social Standard 4 (ESS4) that covers Community Health and Safety on sub section (b) Personnel Security in line with the World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security and the Guidelines for Implementation of the UN Basic Principles on the Use of Force and Firearms by law Enforcement Officials.

The standard role of the public security will be to maintain the rule of law, including safeguarding human rights and deterring act that threaten the project personnel and facilities. The public security forces to be deployed shall be competent, appropriate and proportional to the threat. The security force shall abide by the World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security to comply with the commitments on human rights bolstered by its compliance with:

- World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security Personnel, 2018,
- Voluntary Principles on Security and Human Rights Toolkit Version 3, 2008,
- Guidelines for Implementation of the UN Basic Principles on the Use of Force and Firearms by law Enforcement Officials, 2016, and
- The Universal Declaration of Human Rights, 1948.

D. SECURITY MANAGEMENT

Security Management for the project lies under the oversight and responsibility of the Project Coordinator at National Level directly under the MEA. MEA will work closely with the Ministry of Interior and local administration in the deployment of the security officers to the project. The command and communication structure of the KP Police Service will be adopted. The management of security for the project will comply with the four basic pillars of security management:

- DETECT an adversary.
- DETER an adversary if possible.
- DELAY the adversary until appropriate authorities can intervene.
- RESPOND to the adversary's actions.

E. OVERVIEW OF THE SECURITY SITUATION

Different security risks exist in the project area and may impact the project. The main security risks within the project area include:

- Criminal offences;
- Terrorism;
- Inter-tribal or communal violence which could pose a threat to project personnel;
- Reaction of community to an incident or accident involving project personnel or asset;
- Threat of armed attack;
- Theft/ Larceny; and
- Kidnapping

The project has adopted a systematic and careful examination of the workplace, work activity, working environment and those people who may be at any security risk. Risk assessments shall identify what might go wrong and how, with an evaluation of any security hazards undertaken, this will determine the control measures needed to prevent or minimize the potential security risks. A 5x5 impact and likelihood risk matrix has been adopted as the most appropriate security risk Likelihood verses Consequences 5x5 Risk Assessment Matrix have been adopted.

The matrix works by selecting the appropriate consequences from across the bottom, and then cross referencing against the row containing the likelihood, to read off the estimated risk rating. Likelihood verses Consequences 5x5 Risk Assessment Matrix See Table 13-1:

Table 1: Likelihood verses Consequences 5x5 Risk Assessment Matrix

High	<div>↑ LIKELIHOOD</div>	5	5	10	15	20	25	RISK
		4	4	8	12	16	20	HIGH
		3	3	6	9	12	15	MEDIUM
		2	2	4	6	8	10	LOW
		1	1	2	3	4	5	
		1	1	2	3	4	5	
		CONSEQUENCES						
		Low	← High →					

Likelihood verses Consequences 5x5 Risk Assessment Matrix has been supported with a table which ties together the risks with the mitigations, roles and responsibilities and timelines and the security situation analysis for the 15 Counties see Table 2:

Table 2: Project Security Risks and Mitigation Measures

Risk description	Likelihood	Impact	Severity	Responsibility	Mitigation Action
Criminal offences: Theft/ Larceny	Medium	Medium	Medium	National Project Coordinator	Use of physical security personnel, Staff crime security awareness, Permanently marking the project equipment Installation CCTV and Alarm Systems (either standalone or integrated with wireless communication to an off-site receiver), Establish formal and consistent reporting and communications mechanisms with public security forces and other stakeholders Adequate lighting, Perimeter fencing.
Terrorism	High	High	High	National Project Coordinator	Enhance intra / intra agency cooperation within the project area, Engage with and empower border communities as key contributors in border security and management, Implement Community Policing, Implement Security information exchange mechanisms.
Inter-tribal or communal violence which could pose a threat to project personnel	Medium	Medium	Medium	National Project Coordinator	Keep abreast of the peace building process among the affected communities, Use Traditional institutions in creating peace, security, law and order in community policing and conflict management,
Armed attack / Kidnapping	Medium	High	High	National Project Coordinator	Use of physical security personnel, Project staff crime security awareness, Installation CCTV and Alarm Systems Establish formal and consistent reporting and communications mechanisms with public security forces and other stakeholders Adequate lighting Perimeter fencing especially materials areas and camp(s). Allow only daytime travel to project staff
Community Hostility	Low	Medium	Medium	National Project Coordinator	Adhere to all provisions in the Project Stakeholder Engagement Plan,
SEA/GBV, and incident response	Low	Low	Low	National Project Coordinator	Adhere to all provisions in the Project Grievance Redress Mechanism Abide by the requirements of SEA/GBV Action Plan, Continuous SEA/GBV awareness creation.

From the risk assessment on Table 13-2, the project manager shall leverage this process to determine which locations require Police Service, armed security support etc. In the lower risk areas, the project could consider deploying private security unarmed guards to undertake basic security duties such as access control and perimeter security management; if deemed necessary the police may be engaged on a reactive basis. This approach will alleviate undue pressure on local policing resources and reduce the risks of engaging armed officers. An appropriate, formal agreement shall be developed to support service delivery and mitigate the identified risks and respond to stakeholder concerns.

Care will be taken to ensure that security response or presence of security forces will not result in additional risks to communities or individuals within the project implementation areas.

F. ALERT STATES

The PMU will adopt the CCSDP project area alert status in evoking the security state response levels, triggers and actions specific to the project site. Table 13-4, 13-5, 13-6 and 13-7 with the color shades of Green, Yellow, Orange and Red respectively are the security level responses to be adhered to. Local and regional events (triggers) will be linked to the alert states; the local security situation will be monitored daily and all available information assessed to ensure early identification of increases in risk, which may require a change in alert state.

Table 3: Security Response Level: Green- Business as Usual- Security Risks Effectively Controlled

Security Response Level GREEN Business as Usual- Security Risks Effectively Controlled	
Event Indicator	Recommended Action(s)
<p>No direct threat exists and no incidents have taken place to warrant heightened security measures:</p> <p>Under this level the status remains at GREEN.</p> <ul style="list-style-type: none"> • Site operations are running normally with employees going about their lives with no, or very limited, restrictions. • There are no restrictions on vehicle movement or crew changes • Occasional unrest or demonstrations away from operational sites. No direct threat to the operation • Effective government control and/or rule of law in place. Liaison remains regular and effective • Continued good will of the majority of the local community remains assured 	<p>No restriction to normal movement compliant with local police advisory requirements. Staff and vehicles may move around the area within the protective envelope of the project area security.</p> <ul style="list-style-type: none"> • Complete all pre-planning actions • Train staff and ensure awareness of actions to be taken-site drills. • All crisis management and evacuation plans are in place and are maintained as 'living documents' • The security situation, crime levels, political and social events are monitored closely. On-going collection and assessment of information through liaison with authorities and local community, • Ensure daily Personnel on Board (POB) is maintained. • All stakeholders are aware of the contents of the evacuation plan and understand their role within it • Vehicle Escorts taken when traveling to areas where civil unrest has occurred. • Maintain close liaison and good Community Relations

Table 4: Security Response Level: Yellow- Enhanced Security Measures Required

Security Response Level Yellow Enhanced Security Measures Required	
Event Indicator	Recommended Action(s)
<p>Increased level of disturbance and/or increased probability of impact to operations. Sporadic civil disorder events. A direct threat has been detected to one or more areas of the operation but it is not considered imminent.</p> <ul style="list-style-type: none"> Area-wide protests and/or strike action that do not directly impact project operations or personnel, but do present a risk to external logistical operations or works. 	<p>Project operations continue. Enhanced security controls and operational restrictions required:</p> <ul style="list-style-type: none"> Necessary communications equipment (SATPHONES/VSAT/VHF) available and all systems checked Ensure site specific security plans are available and have been revised and practiced Ensure all security, crisis and evacuation plan representatives' understand their roles and responsibilities Brief local security forces on roles and responsibilities and rules of engagement. Apply controls to ensure actions are tracked. Review local security risks and controls; operating area Journey Management Plan- implement additional controls.
<ul style="list-style-type: none"> Increase in inter-tribal violence adjacent to project area of operations or camp locations. Vehicle movement is disrupted Increased difficulty in accessing mission critical items or functions due to local security situation Significant police or paramilitary deployment required to maintain rule of law; localized curfews in place. Heavy handed response from police and security service Erosion of the support and good will of local communities Difficulties in maintaining good relations with local authorities and traditional leaders 	<ul style="list-style-type: none"> Maintain regular communication with all stakeholders, including authorities, local community, other sites and activities. If situation likely to continue, re-assess stocks of resources at operational sites and ability to re-supply (food / water / fuel / people). Assess requirements to increase physical security controls, access, perimeter protection, and road escorts. Issue "Business Essential" travel advisory (If not already done). All employees are briefed / updated on the security situation and controls- revise the evacuation plan Consideration given to recommending changes to the daily routine to include: <ul style="list-style-type: none"> identification of any out of bounds areas; local travel restrictions; Review which business critical and sensitive documents need to be protected and how.

Table 5: Security Response Level: Orange-Increased Security Measures

Security Response Level Orange Implementation of Increased Security Controls and Preparation for Lock Down and/or Site Evacuation	
Event Indicator	Recommended Actions
<p>Significant obstacle or direct threat has been detected to operations and is deemed imminent, or a security incident has taken place close to one of the project sites:</p> <ul style="list-style-type: none"> • Wide spread civil unrest, not contained by police or paramilitary forces. • Frequent acts of violence close to project operations. • CCSDP specifically threatened and/or targeted. • Reinforcement of police by military forces to enforce martial law and impose curfews in key areas. • Substantial political or inter-tribal violence • Government ordered curfew in place • Law and order becomes fragile, shortages of food / water / supplies / power / communication outages. • Failure to observe security restrictions regarded as life-threatening. • Loss of support and good will of majority of local community, • Liaison with authorities and traditional leaders breaks down 	<p>Project operations are suspended. Significant increase in security controls and operational restrictions. All movement outside camps ceases.</p> <ul style="list-style-type: none"> • All external movement ceases • Twice daily call schedule with Client Security Manager • Ensure sites including material and equipment are secured – security protection in place. • Consider further increase in security controls including; further reinforcement of security guarding, (police support). • Briefings to local security forces on roles and responsibilities- liaison with local commanders increased. • Consider resupply requirements for all locations and caretaker maintenance and security of unmanned locations. • Instigate evacuation drills and brief all staff on actions • Prepare vehicles for possible road moves and ensure thorough rehearsals have been conducted for any moves under escort.

Table 6: Security Response Level: Red-Cease Operations, Lock down & Evacuation

Security Response Level RED Cease Operations and Lock Down or Evacuate Site	
Event Indicator	Recommended Actions
<p>The operation has experienced a direct attack or there is credible evidence of an imminent attack.</p> <ul style="list-style-type: none"> • Direct threats against project operations • Major civil disorder in areas of operation • Lines of supply untenable (road closures / security risks) • Total collapse of law and order • No or limited local security forces protection • Security force reaction may damage reputation • Major difficulties in accessing basic necessities • Frequent power and communications disruption. 	<p>Suspension of operations and/or activation of total lock down or evacuation plan:</p> <ul style="list-style-type: none"> • Confirm operational plan and nomination of key points of contact during evacuation. • Implement evacuation plan • Ensure adequate caretaker security in place if full operations are suspended. • Ensure all critical or sensitive documents have been collected and are ready for destruction or removal • Detailed briefing of all remaining personnel on situation and emergency response plans. • Provide ongoing communications, guidance and assistance to local and security staff remaining in the project area

G.ALERT STATE STATUS BOARDS

Alert State boards are to be displayed at the camp and indicate the current security alert state and associated restrictions to movement in the project area.

H.SITE SECURITY LAYERS

All project facilities will undergo the following security layers/protocols.

- i. Physical security (guards).
- ii. Access control system.
- iii. Intelligence Network.
- iv. Security induction.
- v. Awareness.
- vi. Trainings.

These different security layers together reduce the risk of having one system being by-passed. They are implemented by the Security commanders.

Physical Security

This will mainly comprise of fences, gates, guard posts, surveillance / electronic cameras which will be manned by trained personnel who shall document and record daily incidents at the various points and provide reports to their superiors for appropriate action.

Security operating Procedures

This shall entail some of the key security operating procedures which will comprise of:

- **Boundary security:** Security will maintain control of the project's perimeter by deploying personnel at strategic points along the boundaries of the project facilities and also channel people to access-control points that will have security personnel (both armed and unarmed);
- **Access Control Policy and Procedures:** Access to project sites by project personnel and visitors will be through a formal, documented access control procedures to facilitate the implementation of access control policy and associated access controls. Project personnel will be issued with badges and will at all times carry and display these badges when in the field. The badges will enable the bearer to access project facilities

upon site security enquiry. Visitor badges will be issued to all visitors who are not employees of the project.

- **Luggage search:** A search of personal luggage will be performed by the guards at the access control point to ensure no access of all the prohibited items into the project facilities.
- **Vehicle Access Control Procedures:** All Vehicles accessing project facilities will be accessed through with the driver only after going through a security check/search for prohibited items. The driver must declare his entire luggage at the main gate (Personal luggage) for checking as well
- **Decision tree model:** the project security shall adopt a structured approach using the collaborative approach for all the armed security operatives in prioritizing the collection of relevant data during incident response. The structured tree model approach help to define how questions are answered, allows the incident response team to respond consistently with predictable results. The structured approach also provides for definable, reproducible structures to be created facilitating controlled cost exposure during an incident response cycle.
- **Information and Communication:** The project will detail procedures for categorizing, handling, and controlling sensitive information.
- **Code of conduct:** Every police officer shall be subject to Force standing orders and to the provisions of the Code of Regulations for the time being in force.
- **Firearms Security:** The project will adhere to the relevant legislation regarding firearms storage on-site, as well as the responsibilities and procedures for issuing and storing any security firearms, ammunition, and non-lethal weapons. This shall include: location for storage; how weapons are properly secured during storage; records for issuance; who they may be issued to; safeguarding while in possession of the personnel; and audits.
- **Special Situations:** There may be instances where large-scale events (e.g., criminal activity, demonstrations, civil disorder) require interventions by public security which is not specifically associated with the project. When planning for such events or emergencies, there shall be clarity on how project security passes control over to formal public security (for example, police, military, emergency responders in conjunction with the project established decision tree).

I. SECURITY SUPERVISION AND CONTROL

The project will have a clearly defined management structure and responsibility, including overall lines of control, accountability, and supervision for the security effort. In making such arrangements, the project will be guided by the principles of proportionality and GILP, and by applicable law, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security workers. The project will seek to ensure that government security personnel deployed to provide security services act in a manner consistent with paragraph 24 of ESS 4, and encourage the relevant authorities to proactively engage with local communities on security issues and address any concerns, subject to overriding security concerns.

The Project coordinator will (i) make reasonable inquiries to verify that the direct or contracted workers retained to provide security are not implicated in past abuses; (ii) train them adequately (or determine that they are properly trained) in international human rights standards or minimal use of force techniques (less use of firearms), and appropriate conduct toward workers (in line with the Labour Management Plan) and affected communities (in line with ESMP); and (iii) require them to act within the applicable law and any requirements set out in the ESCP.

All incidents including thefts, attempted, attempted break-ins must be reported to the center manager and the local police authorities, who will initiate an investigation to determine

sequence of events, what may have contributed to the incident, probable cause(s) and contributing factors), and recommendations, corrective actions, and mitigation measures (based on investigative findings) – an incident report will be issued to the Project Coordinator with details of the above actions.

Site specific project requirements such as stakeholder engagement, security arrangements disclosure, incident response, and grievance management would be formally agreed with the appropriate authorities in line with the Project Stakeholder engagement Plans and Grievance Redress Mechanism.

The security responsibilities, authorities and communication process shall follow Government directives and legal provisions from project management down through the project staff when communicating instructions and reporting security breaches.

All project personnel are required to be aware of the need for constant vigilance, care and compliance with security procedures, as well as the necessity to report any incident or suspicion to the OCS.

Security personnel / the police will be deployed to provide security to all project sites and facilities. Their roles and responsibilities are detailed below;

- To Implement the Standard Operating Procedures properly without fear or discrimination.
- To ensure respect of the access control procedures and make sure that they are applied to all project personnel.
- Perform interior Patrols days and nights to ensure there are no intruders within the project facilities.
- Check the border status on a regular basis using back tracking security method.
- To report any security incident to the guard posts or security commanders.
- Maintain constant communication with the control room on hourly basis while on duty.
- Report to the control room in case of any technical issues.
- Ensure a proper behaviour at all time while applying the SOP; avoid exchanging of words with the project staff.

The security risk assessment process shall be further examined by the relevant parties. This may result in a project level Memorandum of Understanding (MOU) with state security institutions or private security companies, setting out a framework for cooperation and setting standards and expectations. Key clauses for drafting MOU has been adopted from international literature and customised to suit the project including:

- Building trust among relevant stakeholders especially the Local Government, NGOs, civil society and community members to prepare the ground for a meaningful MoU,
- Adherence to the provisions contained in the VPs (Voluntary Principles on Security and Human Rights) and the UN Code of Conduct for Law Enforcement Officials and the UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials,
- Institute a vetting procedures to ensure that no one allegedly implicated in past human rights and law abuses (i.e. there is a conviction, pending case or very strong evidence) provide security to the company.
- Institute a training programme, for public security forces assigned to the project operations,
- Develop an acceptable protocol for equipment transfers in a manner aligned with the VPs;
- An agreed system of information-sharing around security issues, with due regard for necessary Confidentiality.

Other softer measures to be included in the MOU include the camp access protocols,

grievance mechanisms, engagement commitments that can, without concern for confidentiality, be made publicly available in order to build trust and or promote cooperation.

J. JOURNEY MANAGEMENT

Each site manager has the overarching responsibility for project-wide journey management. A journey management log is to be maintained at the control room whereupon vehicle movements are logged and monitored. This will be shared to the National PMU safeguards team by email.

Project staff will be required to complete a Journey Management Plan form, which has to be authorised by the site / station manager.

K. Security Grievance Redress Mechanism

To extent possible, the SMP shall adopt the Project Grievance Redress Mechanism in managing the security related grievances. Key areas of emphasis will be on the following steps:

- Step 1: Publicizing Grievance Management Procedures,
- Step 2: Receiving and Keeping Track of Grievances,
- Step 3: Reviewing and Investigating Grievances,
- Step 4: Developing Resolution Options and Preparing a Response,
- Step 5: Monitoring, Reporting, and Evaluating a Grievance Mechanism, and
- Step 6: Dedication of adequate resources both human and capital.

L. Basic Principles on the Use of Force and Firearms by Law Enforcement Officials

The project has adopted the basic principles from the guidelines for implementation of the UN basic principles on the use of force and firearms by law enforcement officials. The adopted principles include:

1. IP and appointed law enforcement agency shall adopt and implement rules and regulations on the use of force and firearms against persons by law enforcement officials.
2. IP and the law enforcement agency shall develop a range of means as broad as possible and equip law enforcement officials with various types of weapons and ammunition that would allow for a differentiated use of force and firearms.
3. The use and deployment of non-lethal incapacitating weapons shall be carefully evaluated in order to minimize the risk of endangering uninvolved persons,
4. Law enforcement officials, in carrying out their duty, shall, as far as possible, apply non-violent means before resorting to the use of force and firearms. They may use force and firearms only if other means remain ineffective or without any promise of achieving the intended result,
5. Whenever the lawful use of force and firearms is unavoidable, law enforcement officials shall:
 - a) Exercise restraint in such use and act in proportion to the seriousness of the offence and the legitimate objective to be achieved;
 - b) Minimize damage and injury, and respect and preserve human life;
 - c) Ensure that assistance and medical aid are rendered to any injured or affected persons at the earliest possible moment;
 - d) Ensure that relatives or close friends of the injured or affected person are notified at the earliest possible moment.
6. Where injury or death is caused by the use of force and firearms by law enforcement officials, they shall report the incident promptly to their superiors. A detailed report shall be sent promptly to the PMU for responsible administrative review and judicial control, and also to the World Bank,

7. IP shall ensure that arbitrary or abusive use of force and firearms by law enforcement officials is punished as a criminal offence in line with relevant National and provincial laws,
8. Exceptional circumstances such as internal political instability or any other public emergency may not be invoked to justify any departure from these basic principles,
9. The law enforcement agency shall ensure that all law enforcement officials are selected by proper screening procedures, have appropriate moral, psychological and physical qualities for the effective exercise of their functions and receive continuous professional training, and
10. IP and the law enforcement agency (ies) shall undertake the policing of unlawful assemblies, policing persons in custody or detention in line with the provision of the UN basic principles on the use of force and firearms by law enforcement officials, 2016.