Government of Jammu & Kashmir

JHELUM TAWI FLOOD RECOVERY PROJECT

(WORLD BANK FUNDED)

Project ID: P154990

SOCIAL IMPACT ASSESSMENT OF LALLA DED HOSPITAL (LD HOSPITAL), SRINAGAR

February 2020

Prepared by

The Government of UT, J&K

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ABBREVIATION

ASHA	Accredited Social Health Activist
CBR	Crude Birth Rate
CDR	Crude Death Rate
CHC	Community Health Center
CPR	Common Property Resources
DH	Divisional Hospital
EA	Executing Agency
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GoI	Govt. of India
GoJK	Govt. of Jammu & Kashmir
GRC	Grievance Redressal Committee
GSDP	Gross State Domestic Product
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Scheme
IMR	Infant Mortality Rate
J&K	Jammu and Kashmir
JKPCC	Jammu and Kashmir Project Construction Corporation Ltd.
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojna
JTFRP	Jhelum and Tawi Flood Recovery Project
LA	Land Acquisition
NBSUs	new born stabilization units
NH	National Highway
NICUs	Neonatal Intensive Care Units
PHED	Public Health Engineering Department
PSCs	Primary Health Centres
R&R	Rehabilitation & Resettlement
SC	Scheduled Cast
SCs	Sub-Centres
SDH	Sub-Divisional Hospital
SDHs	Sub-Divisional Hospitals
SES	socio-economic survey
SIA	Social Impact Assessment
ST	Scheduled Tribe

EXECUTIVE SUMMARY

1. In September 2014, the State of Jammu & Kashmir experienced torrential monsoon rains causing major flooding and landslides. The continuous spell of rains from September 2 – 6, 2014, caused Jhelum and Chenab Rivers as well as many other streams/tributaries to flow above the danger mark. The Jhelum River also breached its banks flooding many low-lying areas in Anantnag, Srinagar and adjoining districts. In many districts, the rainfall exceeded the normal by over 600 per cent. Due to the unprecedented heavy rainfall the catchment areas particularly, the low-lying areas were flooded for more than two weeks. Some areas in urban Srinagar stayed flooded for 28 days. In the aftermath of the devastating floods the Government of India requested assistance from the World Bank and an emergency project figured by the Natural Disaster was started, the Project is named as Jehlum Tawi Flood Recovery Project (JTFRP).

2. "Jhelum and Tawi Flood Disaster Recovery Project" in J&K envisages" Reconstruction and strengthening of critical infrastructure" as a part of Component 1. The construction of a new building/block of Hospital[1] in Lalla ded at Srinagar is one the subproject identified and being prepared in World Bank financing under JTFRP. Lalla Ded (LD Hospital) hospital is an apex institution in the state of Gynaecology and Obstetrics in the Kashmir valley providing tertiary care facilities. This is a six hundred thirty bed facility and most of the valley population depends on this hospital. Given the increasing pressure and demand for improved facilities, including the needs of present and future and to create a more resilient infrastructure, a new building/block has been proposed.

3. In view of above and to fulfil the World Bank Safeguard requirements, JKPCCL engaged M/s. GSI planning and management, New Delhi to undertake an Environment Assessment (EA), Social Assessment and prepare appropriate Environment and Social Management Plans as per the safeguard polices of World bank and ESMF prepared under Jhelum and Tawi Flood Recovery Project.

4. The overall objective of carrying out Social Impact Assessment (SIA) study is to identify potential environment and social impacts; prepare commensurate management plans to determine the specific measures to reduce, mitigate and/or offset potential adverse impacts during pre-construction, construction and operation phases of the proposed sub-project.

5. The total plot area of the Lal Ded hospital is approximately 30631 Sq.m. As far as built-up area is concern, which is estimated approx. 34225 Sq.m. There are 14 existing blocks in addition to one proposed block which is going to be constructed under JTFRP. The subproject is proposing Construction of Additional Block with total plot area of 329715 square feet within the premises of existing Lal Ded Hospital. The estimated project cost is Rs.132.5 Cr.

6. The sub-project does not involve any land acquisition and thus OP 4.12 is not triggered for this sub-project. The subproject is located in the city of Srinagar and no impacts on indigenous peoples are envisaged. So, OP 4.10 is also not triggered.

7. As part of the SIA study, reconnaissance survey, socio-economic survey, site visits, mapping of stakeholders, consultations with them, and review of relevant document were undertaken. During

[1] As the proposed building is on hospital and it is covered under Component -1 of JTFRP, please refer to subsection -1.4.1 of ESMS of the JTFRP project

the mapping process it was found that there are basically two types of stakeholders, internal and external stakeholders. Internal stakeholders included Staff from Hospital including Doctors, Nurses, Technicians, security, staff of NGO working within the hospital campus and other staff. And the External stakeholders include Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners. The views of all stakeholders' consultations were helpful in assessing the potential impacts and to propose management measures in Social Management Plan (SMP) for the subproject.

8. A socio-economic survey of the stakeholders was carried out to understand the direct and indirect impacts of the sub-project and to generate information on the socio-economic profile of the stakeholders. During this survey, both the internal and external stakeholders were covered.

9. It was found during the SIA study that in terms of impacts, the sub-project is expected to have positive impacts only as the proposed subproject does not involve acquisition of assets viz., land & structure. Besides, it does not have any adverse impact on the livelihood of anybody. The positive impacts of the project would be improved health facilities for women, business opportunities for local community, and employment opportunities for skilled personnel and benefits for vulnerable groups. The major undesirable impact may arise from the influx of labour force in the project area during construction phase. The social impacts were summarized as below:

Table E 1: Summary of the subproject Impacts

S.N.	Social Impacts	Level of Impacts
1	Impacts on Land	No impact on private land and structure
2	Impacts on Livelihood and Income	No adverse impact on livelihood.
3	Impacts on Public Services	Public services will improve positively.
4	Impacts on Utilities/ CPRs	No impact

10. Consultations were held with the subproject stakeholders to understand their perceptions and apprehensions of the subproject and to elicit suggestions from them, if any, on improvement to design building and facilities. The details of consultation with major stakeholders were given below:

Table E 2: Details of Stakeholder's consultation

Date and Place of Meetings	Stakeholders	Issues discussed	Views and Suggestions received
Date: 29th November, 2018 Place: Lal Ded Hospital, Srinagar	Staff, attendants to patients and patients No. of participants-44	Govt. will delay in implementation of project	Timeline should be fixed for project implementation.
		Access to existing and new facilities (which will be constructed under this project) will be difficult for patients.	Both facilities (existing and new) should be integrated through single and safe access.
		Increase in infrastructure is required in the existing facility.	Construction of new additional block must consider population growth.
		Basic facilities like toilets, waiting and resting areas for attendants, food and drinking water supply are not available to fulfill the	In new hospital building, basic facilities shall be provided for the visitors. A new building for

Date and Place of Meetings	Stakeholders	Issues discussed	Views and Suggestions received
		numbers of visitors.	attendants to wait and rest with all basic utilities has already been constructed, it will be opened soon.
		Noise pollution during construction period	Proper fencing and covering the construction site to minimize the possible impacts
		Separate entry and services for physically disabled persons.	Proper arrangement for registration of patients and priority in providing services to physically disabled persons.
		Parking facility and traffic movement in the area is problem for patients and community.	Auto and taxi stand near to hospital area need to provide.
		The canteen facility is small with limited area to have food.	More spacious Canteen within the premises.
		Un-employment in local community is high	The local people (labour) should be given priority in labour work and petty jobs during construction
		Construction waste generation and chances of accidents during project implementation	Preparation of Waste management plan and getting it approved prior to sub-project implementation
Date: 05/June/2018 Lal Ded Hospital, Srinagar	Meeting with the Doctors	According to the medical superintendent Lal Ded is maternity hospital and tertiary facility in the Valley of seven million people. The hospital is struggling under the huge influx of patients not only from Srinagar city but the referrals block from remote corners of the valley.	Medical superintendent was expecting that the problem of balancing the demand of medical assistance and supply of facility can be overcomed with the construction of New building of the hospital.
		The number of patients admitted in the hospital at any given time is almost three times more than the actual capacity of the institute. L.D Hospital lacks space for the patients who come for treatment in the hospital	
Date: 05th June, 2018 Place: Lal Ded Hospital, Srinagar and their	Consultation with Patients	Most of the respondents opined that the infrastructure facilities are good but the waiting room facility for patients and relatives are not sufficient.	Provision for additional waiting room facility in the Hospital
		Lab Test is available in the	Laboratory test should be

Date and Place of Meetings	Stakeholders	Issues discussed	Views and Suggestions received
Relatives Lal Ded Hospital, Srinagar		hospital, but some tests are not available in the hospital and are required to be done from outside source and are quite expensive. Respondents opined that the neo-natal facility is not adequate	advanced and must be available in the hospital as most of the patients are from village and cannot afford the high prices of medical test.
		As per the opinion of people the canteen facility is good but to a certain extent expensive for them to afford	Canteen facility must be provided with subsidized rates so that everyone can afford to avail the facility.
Date: 07th June, 2018 Place: Lal Ded Hospital, Srinagar	Consultation with shopkeepers and street vendors	Shopkeepers and street vendors along the hospital were consulted to know their views and opinion about the existing hospital and how it has benefitted their business. LD Hospital has provided direct and indirect employment to many major and minor businesses.	Employment opportunities will increase.

11. A separate meeting and discussions were also conducted with JKPCC (Implementing Agency, Hospital authorities and other government departments and the NGO working within the hospital premises during day time.

12. To address the identified impacts, a Social Management Plan has also been proposed in the SIA report. This sub-project does not have any major social impacts as the proposed block is planned within the hospital boundary and does not involve land acquisition. Also, the project will help in generating employment opportunities for the local people during construction phase. One of the major impacts that may arise during the project implementation is related to labour influx in the project area. To avoid any conflict with the host community and to efficiently manage the labour force, SMP majorly focuses on labour issues and its mitigation. These measures would be further updated by Contractor during the implementation of the SMP as per requirement. The Social Management Plan will be a part of Bid document. The major issues/ impacts with their mitigation measures are discussed below table:

Table E 3: Potential social impacts and their mitigation measures

Issue	Potential Impact	Mitigation measures
Migrant Workers & Issue of Sanitation and hygiene at construction camps	• Health risks due to communicable diseases and sexually transmitted diseases	• Establish & post code of conduct at labour dormitory and communicate with all users. • Conduct an initial health screening of the laborers coming from outside areas • Provide adequate health care facilities within construction camps. • Train all construction workers in basic

Issue	Potential Impact	Mitigation measures
	• Potential conflict with local community	sanitation and health care issues and safety matters, and on the specific hazards of their work • Provide adequate drainage facilities throughout the camps to ensure that disease vectors such as stagnant water bodies and puddles do not form. • Conducting awareness programme about sexually transmitted diseases among the migrant workers, laborers and for community around project site • Proper disposal of wastes generated from the camp and construction activity to maintain general hygiene in the area; • Provide HIV awareness programming, including STI (sexually transmitted infections) and HIV information, education and communication for all workers on regular basis • Creating awareness about local tradition and culture among outside migrant and encouraging respect for same.
Worker Health and Safety	• Construction work may pose health and safety risks to the construction workers and site visitors leading to severe injuries and deaths.	• Ensure contract document with contractors about various safety requirements according to International Health & Safety Standard, IFC Environmental, Health & Safety guidelines also Building & Other Construction Worker Act, India 1996. • Conduct site safety orientation to all workers as well as visitors. • Ensure Personal protective equipment has worn by individual and job specific PPE has utilized. • Provide required training on Health & Hygiene, HIV, STD etc. • Inform the local authorities responsible for health, religious and security before commencement of civil works and establishment of construction camps so as to maintain effective surveillance over public health, social and security matters

13. The SIA study also covered the gender issues that might arise during the implementation of the project. Though the expansion of the hospital block will benefit the female population of the valley but at the same time, there can be few safety issues due to influx of labour force in the project area. To address the gender issues, a Gender Action Plan (GAP) has been prepared as part of SIA. The objective of GAP is to ensure the mainstreaming of gender issues and concerns into all aspects of project lifecycle through detailed planning, implementation, monitoring and evaluation activities. The necessary actions to address gender related issues are presented below:

Table E 4: Overview of Gender Action Plan

Issues	Actions	Project Phase	Responsibility
Employment opportunities and facilities	• Equal employment opportunities should be provided given to local women while hiring workers • Equal wages for same type of work to both men and women • Preference should be given to women while assigning soft skill works • Provision of breaks during the working hours for pregnant and lactating women. • Ensure compliance with various labour welfare legislations which mandate the contractor to provide facilities, which would encourage more women to join the workforce, such as those pertaining to creches, working conditions and remuneration.	Construction, Operation	Contractor
Safety and Security concerns	• Regular consultations with women groups during implementation stage to address any safety related issues faced by the local women. • Provision of basic facilities at labour camp to reduce interphase of construction labours with local community. • Conduct awareness generation programs in project area.	Construction	Contractor, JKPCC
Grievance Redressal	• Head, GRC will be designated as Gender Focal Point for all women related grievances.	Pre-Construction stage to operation	PMU

14. The report also provides details of the Implementation arrangements, Grievance Redressal Mechanism and Monitoring mechanism for the sub-project.

1 BACKGROUND AND INTRODUCTION

1.1 Background

15. In September 2014, the State of Jammu & Kashmir experienced torrential monsoon rains causing major flooding and landslides. The continuous spell of rains from September 2 – 6, 2014, caused Jhelum and Chenab Rivers as well as many other streams/tributaries to flow above the danger mark. The Jhelum River also breached its banks flooding many low-lying areas in Anantnag, Srinagar and adjoining districts. In many districts, the rainfall exceeded the normal by over 600 per cent. The Indian Meteorological Department (IMD) records precipitation above 244.4mm as extremely heavy rainfall, and the region received 558mm of rain in the June-September period, as against the normal 477.4 mm. Due to the unprecedented heavy rainfall the catchment areas particularly the low-lying areas were flooded for more than two weeks. Some areas in urban Srinagar stayed flooded for 28 days.

16. Water levels were as high as 27 feet in many parts of Srinagar. The areas from the main tributaries of river Jhelum vis-à-vis Brenginallah, Vishavnallah, Lidernallah and Sandrannallah started overflowing due to the heavy rainfall causing water levels in Jhelum river to rise. Water levels also increased in the rivers of Chenab and Tawi, both of which were flowing above normal levels. Due to the rivers overflowing nearly 20 districts were impacted.

17. In the aftermath of the devastating floods the Government of India requested assistance from the World Bank and an emergency project figured by the Natural Disaster was started, the Project is named as Jehlum Tawi Flood Recovery Project (JTFRP).

18. The project is focusing on restoring critical infrastructure using international best practice on resilient infrastructure. Given the region's vulnerability to both floods and earthquakes, the infrastructure will be designed with upgraded resilient features, and will include contingency planning for future disaster events. Therefore, the project aims at both restoring essential services disrupted by the floods and improving the design standard and practices to increase resilience.

1.2 Introduction

19. "Jhelum and Tawi Flood Disaster Recovery Project" in J&K envisages "Reconstruction and strengthening of critical infrastructure" as a part of Component 12. The construction of a new building/block of Hospital in Lalded at Srinagar is one the subproject identified and being prepared in World Bank financing under JTFRP.

20. Lalla Ded (Lalded) hospital is an apex institution in the state of Gynaecology and Obstetrics in the Kashmir valley providing tertiary care

[2] As the proposed building is on hospital and it is covered under Component -1 of JTFRP, please refer to subsection -1.4.1 of ESMS of the JTFRP project

facilities. This is a six hundred thirty bed facility and most of the valley population depends on this hospital. However, in the devastating floods of 2014, the water level was above the ground floor slab level causing huge loss to infrastructure and services of existing hospital. Given the increasing pressure and demand for improved facilities, including the needs of present and future and to create a more resilient infrastructure, a new building/block of hospital has been felt.

21. The proposed new building/additional block is geographically located at 34.0669° N, 74.8081° E within the premises of Lalded Hospital at village Wazir Bagh, District- Srinagar, Jammu and Kashmir. The subproject is proposed construction of an additional block with total plot area of 30631 square meter. The subproject mainly involves hospital building development on available land in urban area in a systematic and planned way with no additional requirement of land acquisition or purchase of land property.

Figure 1: Location of project site

22. In view of above and to fulfil the World Bank Safeguard requirements, JKPCCL engaged M/s. GSI planning and management, New Delhi to undertake an Environment Assessment (EA), Social Assessment and prepare appropriate Environment and Social Management Plans as per the safeguard polices of World bank and ESMF prepared under Jhelum and Tawi Flood Recovery Project.

1.3 Broad Scope of the Assignment

23. The overall objective of carrying out Social Impact Assessment (SIA) study is to identify environment and social impacts; prepare commensurate management plans to determine the specific measures to reduce, mitigate and/or offset potential adverse impacts during pre-construction, construction and operation phases of the proposed sub-project.

24. The broad scope of the assignment is divided into three following tasks depicted in the Figure 2.

Figure 2: Broad Scope of the Assignment

1.4 Purpose and Scope of this Report

25. The SIA process involves the identification of the potential social issues in the project and to address them through design interventions. The SIA further carries out impact prediction and evaluation of residual social issues of a Project. It then goes on to outline the proposed mitigation measures for residual impacts and enhancement measures for positive impacts which the Project will implement.

26. Scope of this report is to provide social assessment of proposed Lal Ded hospital Project and to prepare Social Management Plan for design, construction and operational phases of the project. Architectural, sustainability and condition assessment of existing and proposed facilities were also done to cover holistic assessment. This section of the report is mainly dealt with Social Impact Assessment and preparation of Social Management Plan for proposed Lal Ded hospital Project.

1.5 Proposed Project Benefits:

27. The Lal Ded Hospital, Srinagar has been exclusively established for gynae care and it is an associate hospital of Govt. Medical College, Srinagar. The hospital is only available facility to provide health services to beneficiaries from all over the Kashmir Valley. Existing facilities in the LD hospital are overloaded due to number of patients reporting for health services. During the year 2017-18 total 194675 number of OPD (Out Patients Department) patients and 35131 number of IPD (In Patients Department) patients were treated in the existing facility of Lal Ded hospital.

28. During flood event in 2014, huge damages and causalities were reported in the hospital due to absence of resilient infrastructure and proper planning. The existing hospital is only facility of its kind in the region to provide health services on gynae and child care; which is under tremendous pressure due to increase in patients with population growth.

29. Therefore, the construction of the additional block will ease the increasing pressure and demand for improved facilities, including the needs of present and future and to create a more resilient infrastructure.

30. The proposed subproject will not only provide advance medical treatment facilities in gynae and natal care but also provide employment opportunities both during construction and operation phase thereby generating employment opportunities for the locals and will contribute in the betterment of living standard in the locality.

1.6 Need for Social Impact Assessment (SIA)

31. The site of proposed hospital block is located within the existing hospital complex and the surroundings have many commercial and residential facilities. During the construction stage of the proposed project, existing hospital will remain functional and efforts would be made to ensure any of the medical service, patients and visitors should not be disturbed by proposed construction. A well-defined Social Assessment will ensure that appropriate measures would be taken during the design, construction and operational phase of the project to eliminate or minimize any of the negative effect anticipated at the proposed site and immediate neighbourhood.

32. During this SIA, the existing building block was also covered to understand the type of impacts it will have due to construction activities and due to additional planned activities under this subproject. The EIA study, together with design/DPR review, has also been carried out along with the Social Impact Assessment study. Based on the findings of all these studies, many provisions have been included in the project features/ design to address the design related issues identified in the existing block also. While finalising the design for the additional block, the hospital building standard requirements have also been considered.

1.7 Layout of the Report

33. The layout of this SIA report is as under:

Chapter-1: Background and Introduction
Chapter-2: Project Description
Chapter-3: Approach and Methodology
Chapter-4: Policy, Legal and Regulatory Framework
Chapter-5: Socio-economic Profile
Chapter – 6: Social Impact Assessment
Chapter – 7: Analysis of Alternatives
Chapter – 8: Social Impact Management Plan
Chapter – 9: Institutional and Implementation Arrangement
Chapter - 10: Grievance Redressal Mechanism
Chapter –11: Implementation, Monitoring and Reporting
Chapter - 12: Conclusion and Recommendations

2 APPROACH AND METHODOLOGY

2.1 Introduction

34. The main objective of this study is to map and understand potential social impacts associated with construction of additional block of hospital building and also to enhance the facilities of the existing block by incorporating social assessment findings in Design/DPR. The Social Impacts for the subproject have been identified and accordingly mitigation measures have been proposed to address the adverse impacts in the Social Impact Management Plan.

2.2 Objective and Scope of Study

35. The assessment of social impacts as provided in this document, have been undertaken with the following objectives:

i. to study the social impacts of the subproject of the subproject during construction and operation stage
ii. identify the extent of lands, houses, settlements and other common properties likely to be affected; if any
iii. to suggest remedial intervention measures by designing appropriate plans and programmes through a social impact management plan or mitigation plan (SIMP).

2.3 Approach of the Study

36. For undertaking the social impact assessment, a participatory approach was adopted. An attempt was made to integrate stakeholder's perspectives into the impact assessment process and identification of the mitigation measures. The participative approach allowed for:

- Collection of information available from secondary sources along with the information made available by internal stakeholders at the subproject site and surrounding area;
- Formulation of the socio-economic baseline based on a combination of primary qualitative and quantitative data from external stakeholders;
- An understanding of the stakeholder's perceptions of the subproject and its activities,
- Identification and assessing the nature and scale of the impacts likely to be caused by the execution of subproject, and
- Preparation of management plan for the identified potential impacts.

37. The following section provides the methodology adopted for undertaking the baseline data collection and impact assessment of the subproject.

2.4 Study Methodology

38. As part of the SIA study, reconnaissance survey, site visits, stakeholder's consultations, socio-economic survey and review of relevant document were undertaken. As the project does not involve any land acquisition, so there was no requirement for carrying out census survey. But to understand the socio-economic impact of the sub-project on the community, a socio-economic survey was

conducted. Only the socio-economic survey of internal and external stakeholder's for SIA study was conducted with a team of investigators and enumerators.[3]

2.4.1 Screening of the sub-project and Reconnaissance survey

39. Social Impact Assessment (SIA) process begins with screening of impacts. A reconnaissance visit was undertaken by the Social Expert to understand different components, such as location of proposed site, existing use of land, existing facilities, any social issue related to proposed site and identification of receptors, etc. After reconnaissance visit, the social expert determined the scope of study and socio-economic survey. It also helped in identification of various stakeholders of the sub-project.

Figure 3: Site Visit with JKPCC Staff

2.4.2 Review of Relevant Documents

40. A desk review and assessment of the available primary and secondary data and information on socio-economic profile in the subproject area, and the administrative district has been carried out. Information/record on the land ownership was requested and received from Hospital Administration office. The ownership record of the land with revenue department is provided in **Annexure-1.**

2.4.3 Stakeholder Consultations

41. As part of the SIA study, the mapping of key stakeholders of the subproject was done. During the mapping process it was found that there are basically two types of stakeholders, internal and external stakeholders. Internal stakeholders included Staff from Hospital including Doctors, Nurses, Technicians, security, staff of NGO working within the hospital campus and other staff. And the External stakeholders includes Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners. A sincere attempt was made to conduct discussion with all key stakeholders. This process was also used as an opportunity to collect relevant primary data for strengthening socio-economic baseline of the subproject study area. The stakeholders were consulted given in Table-1.

Table 1: Stakeholder's Consultation for the Subproject

[3] Total two enumerators along with a Social Expert were deployed to collect the socio-economic data and consultation.

Stakeholder	A Brief Description of the Consultation
JKPCC	Preliminary meetings with General Manager and Staff for proposed project location and land ownership, existing structures and location, integration of proposed project with existing facilities, and measures taken in project design.
Internal – Working staff of existing health facilities and NGO	Initial meeting with administrative officer, doctors, nurses, technician staff, security personnel and helpers for sanitation and cleaning. Working staff of NGO-Help Poor Voluntary Trust.
External – Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners	Data Collection through prescribed formats from project stakeholder (internal and external) on socio-economic survey and perception towards project.

42. The views of all stakeholders' consultations were helpful in assessing the potential impacts and to propose management measures in Social Management Plan (SMP) for the subproject.

2.4.4 Socio-Economic Survey

43. A socio-economic survey of the stakeholders was also carried out to understand the direct and indirect impacts of the sub-project on the stakeholders. During this survey, total 70 number of samples including both the internal and external stakeholders were covered. The survey was carried out with the purpose of generating information on the socio-economic baseline of the stakeholders. Socio-economic data and information about livelihood and assets ownership were collected for the stakeholders for this study through a primary socio-economic survey. Since, there were no affected persons due to subproject development. Hence, the sample size is selected randomly basis to meet study requirements within available time period. For the socio-economic survey, a draft questionnaire was developed and submitted to the project authority for suggestions and modification. Thereafter, pre-testing of questionnaire was undertaken so as to incorporate further modifications, if any in the questionnaire due to inconsistency and or difficulty in filling up the questionnaire. The socio-economic survey data collected by using the final questionnaire (please refer to **Annexure-2**) covered a wide range of information which included:

- Demographic details - Age, sex, caste, religion, etc.
- Available health facilities in the region and gaps in services at these facilities
- Quality of services and improvement areas required
- Women's role in the decision making on health issues in family
- Social and government schemes available for health services in the area
- Sources of livelihood-Income and expenditure etc.

3 PROJECT DESCRIPTION

3.1 Project Description

44. Lalla Ded (Lalded) hospital is an apex institution in the state of Gynecology and Obstetrics in Kashmir valley providing tertiary care facilities. The hospital provides exclusive services, emergency and interventional care for Obstetrics and Gynaecology besides providing for facilities of Antenatal and Post-natal care for women from all over the Kashmir. In the devastating floods of 2014, the water level was above the ground floor slab level causing huge loss to infrastructure and services. Given the increasing pressure and demand for improved facilities, including the needs of present & future and to create a more resilient infrastructure, a new building/additional block has been proposed under Jhelum Tawi Flood Recovery Project (JTFRP).

3.2 Overview of Existing hospital building and blocks

45. The hospital has a full-fledged faculty of Obstetrics and Gynaecology as well as some Faculty from the Department of Anaesthesia & Critical Care and Department of Paediatrics. This is a six hundred thirty-bed facility but at times another 100 odd patients have to be admitted as nearly 90 percent population of valley depends on the government health care system. The total plot area of the Lal Ded hospital is approximately 30631 Sq.m. As far as built-up area is concern, which is estimated approx. 34225 Sq.m. There are 14 existing blocks in addition to one proposed block which is going to be constructed under JTFRP. A summary of existing facilities is described in Table-2.

Table2: Summary of existing facilities and proposed project features

S.N.	Description	Details	Unit
GENERAL			
1	Total Plot Area under Hospital Authority	30631.51	SQM
2	Proposed Built Up Area for Additional Block	8394	SQM
3	Number of existing/proposed Building Blocks on plot Area	Old Hospital Block Additional Hospital Block Administrative Block Waste Disposal Block Reception Block Waiting Hall Laundry Block Kitchen and Records Block Boiler House Oxygen Plant Block Store 1 Store 2 Doctor's Hostel Sarai Block	14 existing and one proposed building blocks
4	Total no. of Hospital Beds	630 (existing) and additional	NOS

S.N.	Description	Details	Unit
		82 (proposed)	
5	Max. No. of Floors (proposed Hospital block)	5	NOS
6	Cost of Project (INR)	Rs.132.5 (approx.)	CR
AREAS			
7	Permissible Ground Coverage Area	50% (as per SMC official) = 15315.755 sqm	SQM
8	Ground Coverage Area with proposed block	9776.02 (32%)	SQM
9	Total Basement Area in proposed block	Nil	SQM

Proposed Block of LD hospital:

46. The proposed new building/block site is located within the premises of Lal Ded Hospital at village Wazir Bagh, District- Srinagar, Jammu and Kashmir. The subproject is proposing construction of additional Block on the plot area of 30631.5 Sq.m. Maximum height of proposed 5 floor block is considered 25 meters height and total constructed area is estimated to be 8394 sq.m. Floor wise details of the propose facilities to be provided in the additional block is given in below Table-3. The layout plan of proposed block is depicted in Figure-4.

Table 3: Floor wise details of the propose facilities in additional block

Floor	Facilities
Ground Floor	Patients Waiting Lobby
First Floor	Lift Lobby New born Nursery and associated rooms Recovery Room (With Nurse Station & Toilets) Doctors, Nurse and Staff change rooms Doctors Lounge Nurses Lounge Delivery Rooms, Baby Wash and Sterilization LDR Suites with attached toilets Labor Rooms Labor rooms (Eclampsia) Nurse Station, Duty Room and Toilets AHU and Electrical Room
Second Floor	OT's (6 nos.) Sub sterilization room Clean TSSU Doctors and Nurses Lounge Anaesthetists Room OT Supervisor Pre-operative ward Doctors, Nurses and Staff Change Rooms

Floor	Facilities
	Medical Equipment Store Lift Lobby
Service Floor (Third Floor)	HVAC and Electrical Services
Fourth Floor	Post-Operative Ward (with Nurse Station & Toilets) Day Space for Patients Treatment Room General Ward (30 bedded) with Nurse Station, Doctor on duty room, Utility Room, Nurse Room, Doctors, Nurses and Staff duty rooms with attached toilets

47. Detailed assessment of site plan, design consideration, assessment of functional elements, sustainability assessment etc. already conducted in Architectural Assessment Report as a separate part of this assignment.

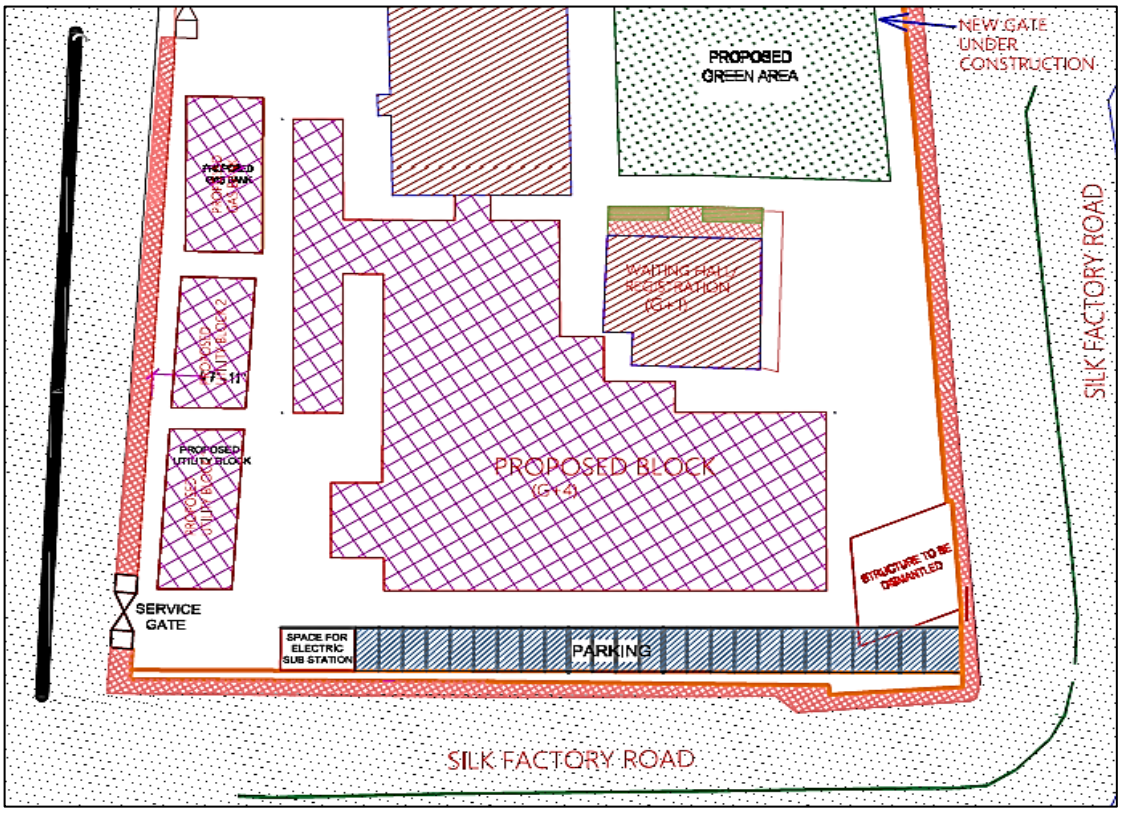


Figure 4: Layout of Proposed Block of LD Hospital

3.3 Construction activities to be undertaken

48. Construction activities will entail:

3.3.1 a) Pre- construction stage

49. This involves:

- Design and drawing of specific architectural plans for proposed LD block hospital project and applying for the various permits and NOC from concerned departments and municipal administration of J&K.
- Social Assessment & Management Plan for construction and operational phase of the project.
- Getting into collaborative agreements with key stakeholders including project manager, architects, quantity surveyors, engineers/contractors (structural, mechanical, electrical), material suppliers, landscapers, and project financiers.

3.3.2 b) Construction Stage Civil works activities includes:

- Establishment of Site Office Materials
- Site Clearance and fencing
- Excavations
- Masonry, concrete work and related activities
- Superstructure- include construction of support pillars and walls
- Structural reinforcement
- Plumbing and drainage
- Electrical works
- Roofing work
- Other internal installations: including the doors windows, stairways, ventilations tiling and lifts
- Landscaping and recreational zones: to include beautification both natural (Trees, grasses, flowers and ornamental plants) and artificial
- Security feature: This will include construction of gates to manage the sites access, installation of security lighting, emergency response appliance e.g. fire-fighting appliances, first aid boxes etc.

3.4 Project Budget:

50. The estimated project cost is Rs.132.5 Cr.

4 POLICY, LEGAL AND REGULATORY FRAMEWORK

4.1 Introduction

51. This chapter deals with the various National and State policies and Operational Policies of the World Bank related to social issues. It also further covers the applicability of these policies for the sub-project.

4.2 Relevant National and State Legislations and Policies

52. This section presents existing policies, legislations and National and State regulatory framework relevant to the subproject.

4.2.1 State Land Acquisition Act 1990 (1934 AD)

53. The Land Acquisition Act (LAA) 1894, as amended in 1984 which was in force in rest of India till 2013 is not applicable to the State of Jammu and Kashmir. The recently promulgated "The Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act 2013 has not been ratified by the state and is not applicable to the State of Jammu and Kashmir. The Sate Land Acquisition Act 1990 (1934 AD) is in force in state of Jammu and Kashmir. This Act provides the legal framework for land acquisition for public purposes in J&K. It enables the State Government to acquire private lands for a public purpose and seeks to ensure that no person is deprived of land except under the Act. The general process for land acquisition under LA Act is:

i. As per the rules of the State Land Acquisition Act 1990 (1934 AD) land for public purpose could be acquired through two processes:
   a. Private Negotiations
   b. Compulsory Land Acquisition under the provisions of the Land Acquisition Act 1990.

ii. Steps that are to be followed under Jammu and Kashmir State Land Acquisition Act. 1990 (1934 AD) are as follows:

54. **Placing of Intent by Intending Department.** The department entrusted with execution and supervision of the work shall prepare information as to the situation and general character of the land acquired, after the information has been compiled, the same is sent to Collector concerned with a request to acquire the land.

55. **Preparation of the Revenue Documents (Shajra & Khasra):** A Shajra or Village Map is a detailed map of the village that is used for legal and administrative purposes with regard to land ownership in Jammu and Kashmir. Shajra maps out the village lands into land parcels and gives each parcel a unique number. A Khasra is an index register to the map, listing, by number, all the fields and their area, measurement, ownership, cultivators employed, what crops, what sort of soil, what trees, etc. are on the land. Once the collector receives the indent from the concerned department; the Revenue Documents, i.e., Shajra & Khasra are prepared to know the ownership status and quantum of land to be acquired.

56. **Issuance of Land Acquisition Notification:** Once the revenue documents are prepared, the collector issues notification under section 4(i) that the land is required for the public purposes and inviting of objections from the landowners within fifteen days of issuance of notification.

57. **Compulsory Acquisition:** Wherein the private negotiations with the title holders fail, the Deputy Commissioner shall communicate the result of the negotiation to Intending Department who may initiate proceeding for compulsory acquisition of land under the provisions of the Act.

4.3 Other Revenue Related Acts

- Jammu and Kashmir Tenancy Act 1923
- Jammu and Kashmir Alienation of Land Act, 1938
- Jammu and Kashmir Land Revenue Act, 1939
- Jammu and Kashmir Evacuee (Administration of Property Act), 1949
- Jammu and Kashmir Big Landed Estates Abolition Act, 1950
- Jammu and Kashmir Utilization of Lands Act, 1953
- Jammu and Kashmir Kahcharai Act, 1954
- Jammu and Kashmir Chowkidari Act, 1956
- Jammu and Kashmir Common Lands (Regulation) Act, 1956
- Jammu and Kashmir Land Grants Act, 1960
- Jammu and Kashmir Grant of Permanent Resident Certificate (Procedure) Act, 1963:
- Jammu and Kashmir Lambardari Act, 1972
- Jammu and Kashmir Agrarian Reforms Act, 1976
- Jammu and Kashmir State Lands (Vesting of Ownership rights to the Occupants) Act, 2001

58. The key (National and State) Acts and regulations on social aspects that may apply for this subproject are given in Table-4.

4.4 Operational Policies of the World Bank

59. The relevant safeguards policies of the World Bank as mentioned in the ESMF (prepared for JTFRP sub-projects) to mitigate likely adverse impacts are:

4.4.1 Involuntary Resettlement (OP/BP 4.12):

- The policy covers not only physical relocation but any loss of land or other assets resulting in relocation or loss of shelter; loss of assets or access to assets; loss of income sources or means of livelihoods, whether or not the affected people must move to another location.
- Intended to avoid or minimize involuntary resettlement; improve former living standards, income earning capacity and production levels of affected population.
- Requires identification of “those who have formal legal rights to the concerned land (including customary and traditional rights recognized under the laws of the country); and public participation in resettlement planning as part of SA.

4.4.2 Indigenous Peoples (OP/BP 4.10):

- Purpose is to ensure indigenous peoples benefit from Bank financed development and to avoid or mitigate adverse effects on indigenous peoples.

- Applies to projects that might adversely affect indigenous peoples or when they are targeted beneficiaries.
- Requires participation of indigenous peoples in creation of "indigenous peoples development plans".

60. Other World Bank Policy important to Environmental Concerns is the BP 17.50. This policy deals with Disclosure of Operational Information. The Bank's Policy on Disclosure of Information is part of subproject implementation under the Project.

4.5 Applicability of policies and Bank Ops in the sub-project:

61. The applicability of the above discussed National legislations and policies and World Bank Ops is given in below table:

62. The proposed subproject will be implemented on the land owned by Government/Hospital Administration within the boundary of existing hospital and no acquisition of private land or structure is required for development of additional block under this subproject. Screening of the subproject does not trigger involuntary resettlement policy. The subproject located in the city of Srinagar and no impacts on indigenous peoples are envisaged, so operational policy 4.10 is not applicable.

Table 2: Applicability of relevant Acts/Rules/Policies for the Subproject

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
Social Legislation				
1	State Land Acquisition Act 1990 (1934 AD) and Revenue other related act	The act provides the legal framework for land acquisition for public purposes in J&K. It enables the State Government to acquire private lands for public purposes and seeks to ensure that no person is deprived of land except under the act. General process for land acquisition under the act is: Private Negotiation and /or Compulsory acquisition under the provision of the act.	**Not Applicable** The project did not involve any land acquisition and the construction activities will be carried out on existing land available within the hospital boundary	JKPCC, Contractor
Labour related legislation				
3	Minimum Wages Act, 1948	Under this Act, contractors would provide minimum wage to its workers as per the minimum wage rate provided in the said notification.	**Applicable** These acts will be applicable as the sub-project will involve engagement of labour (both locals and from outside the region)	JKPCC, Contractor
4	Contract Labour Act, 1970	This Act regulates the employment of contract labours in certain establishments and prohibits for its abolition in certain circumstances. JKPCC and its contractors would comply with the requirements of these regulations.		JKPCC, Contractor

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
5	The Bonded Labour System (Abolition) Act, 1976	This Act abolished bonded labour system to prevent the economic and physical exploitation of the weaker sections of the people. JKPCC and its contractors would comply with the requirements of these regulations.		JKPCC, Contractor
6	Child Labour (Prohibition and Regulation) Act 1996 along with Rules, 1988	This Act prohibits engagement of children in certain employments and regulates the conditions of work of children in other certain employments. JKPCC and its contractors would comply with the requirements of these regulations.		JKPCC, Contractor
7	Children (Pledging of Labour) Act, 1933 (as amended in 2002)	The Act aimed to eradicate the evils rising from pledging the labour of young children below 15 years by a parent or guardian of a child in return for any payment or benefit is void.		JKPCC, Contractor
8	The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995	This act and concerned rules ensures equal opportunities for the people with disabilities. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.		JKPCC, Contractor
9	The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996			JKPCC, Contractor

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
10	The Jammu and Kashmir Protection of Human Rights Act 1997	An Act to provide for the constitution of a State Human Rights Commission and Human Rights Courts for better protection of human rights and for matters connected therewith or incidental thereto.		JKPCC, Contractor
11	The Jammu and Kashmir Natural Calamities Destroyed Areas Improvement Act, 1955 and Disaster Management Act 2005: specifies that while providing compensation and relief to victims of disasters there shall be no discrimination on the grounds of sex, caste, community, descent or religion.	The act was enacted for improvement of towns, villages and other areas destroyed by natural calamities in the State. The main aim is to take initiatives to minimize damage to life and property due to natural disasters.		JKPCC, Contractor
12	The Jammu and Kashmir Right to Information Act 2009	The Act has put provision to every person residing in the State to have the right to information on every public authority.		JKPCC, Contractor
World Bank Operational Policy				
13	Involuntary Resettlement (OP/BP 4.12) of World Bank	The policy covers not only physical relocation but any loss of land or other assets resulting in relocation or loss of shelter, loss of assets, access to assets, loss of income sources and means of livelihoods, whether or not the affected people must move to another location Intended to avoid or minimize involuntary	**Not Applicable** The proposed subproject will be implemented on the land owned by Government/Hospital Administration within the boundary of existing hospital and no acquisition of private	

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
		resettlement, improve former living standards, income earning capacity and production levels of affected population Requires identification of "those who have formal legal rights to the concerned land (including customary and traditional rights recognized under the laws of the country) and public participation in resettlement planning as part of SIA.	land or structure is required for development of additional block under this subproject	
14	Indigenous Peoples (OP/BP 4.10)	Purpose is to ensure Indigenous People's benefit from Bank financed development and to avoid and mitigate adverse effects on Indigenous Peoples. Applies to projects that might adversely affect Indigenous Peoples or when they are targeted beneficiaries. Require participation of Indigenous Peoples in creation of "Indigenous Peoples Development Plans"	**Not Applicable** The subproject is located in the city of Srinagar and no impacts on indigenous peoples are envisaged	

5 SOCIAL ECONOMIC PROFILE

5.1 Subproject Location - J&K State

63. The state of Jammu and Kashmir is the northern-most state of India. It comprises of three natural divisions, namely, Jammu, Kashmir and Ladakh. The entire State covering an area of 101,387 km^2 (area administered by India). The State has contiguous international boundaries with Pakistan, Afghanistan, Russian, China and Tibet. The states of Punjab and Himachal Pradesh lie south and south-west of the State. The Himalayas divide the Kashmir valley from Ladakh while the Pir Panjal range, which encloses the valley from the west and the south, separates it from the Great Plains of northern India. Along the north-eastern flank of the Valley runs the main range of the Himalayas. The valley has an average height of 1,850 meters (6,070 ft) above sea-level but the surrounding Pir Panjal range has an average elevation of 5,000 meters (16,000 ft). The Jhelum River is the only major Himalayan river which flows through the Kashmir valley. The Indus, Tawi, Ravi and Chenab are the major rivers flowing through the state. Jammu and Kashmir is home to several Himalayan glaciers. With an average altitude of 5,753 metres (18,875 ft) above sea-level, the Siachen Glacier is 70 km (43 mi) long making it the longest Himalayan glacier.

5.2 Geographical Features

64. The State is divided into three divisions, i.e., Kashmir, Jammu and Ladakh Provinces for administrative purposes. The state has special autonomy under Article 370 of the Constitution of India. The State with its summer and winter capitals at Srinagar and Jammu respectively consists of 22 districts; 10 districts in Kashmir Valley (Kathua, Jammu, Samba, Udhampur, Reasi, Rajouri, Poonch, Doda, Ramban, Kishtwar), 10 districts in Jammu Division (Anantnag, Kulgam, Pulwama, Shopian, Budgam, Srinagar, Ganderbal, Bandipora, Baramulla, Kupwara) and 2 districts in Ladakh region (Kargil and Leh), see figure -6 for state map.

65. The climatic conditions of the State vary greatly due to its rugged topography. The average temperatures in Jammu Valley vary between 5°C to 40°C across the year, receiving upto 1400 mm of average annual rainfall. North of Jammu Valley, the temperatures fall in Kashmir Valley and Ladakh province with average temperatures varying from -2°C to -30°C and -40°C to 20°C; respectively. The rainfall reduces as well with Kashmir Valley receiving average annual rainfall of upto 950 mm and Ladakh upto only 100 mm.

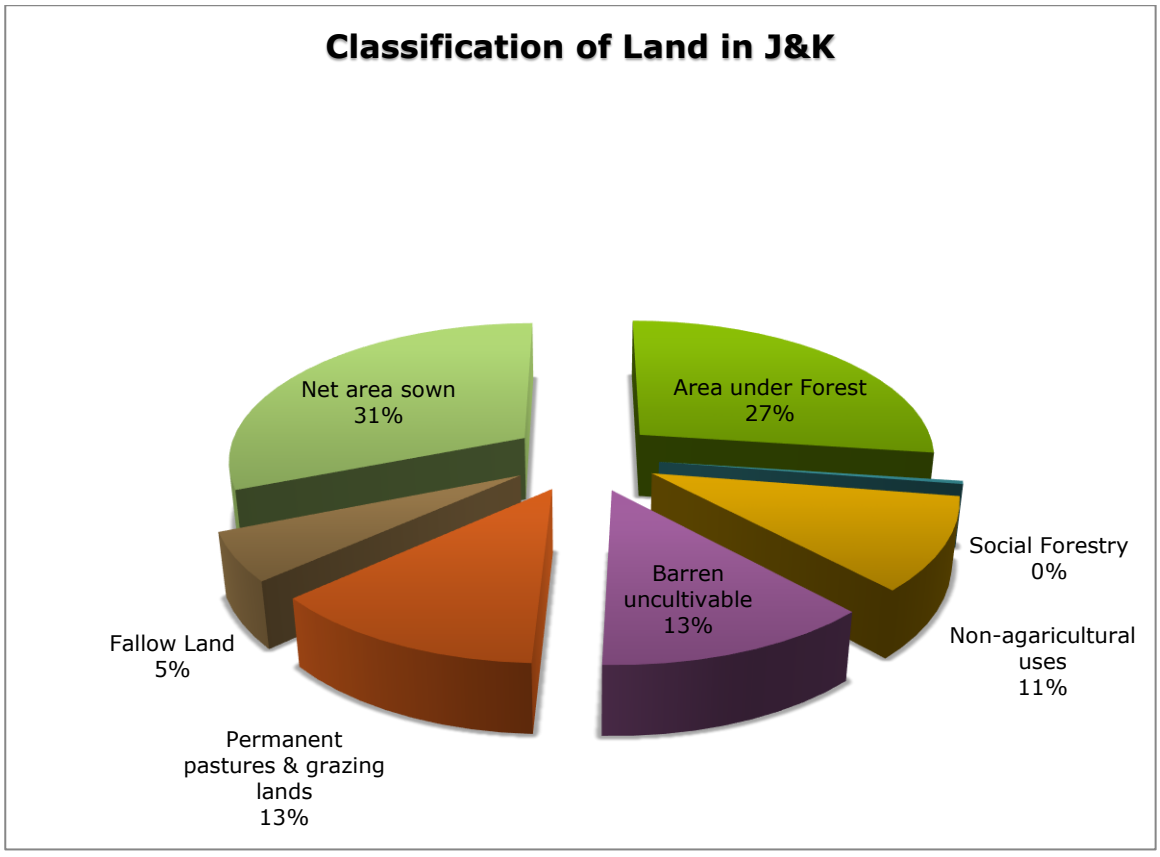
66. Jammu & Kashmir state has rivers Jhelum, Indus, Tawi, Ravi and Chenab. The State is home to several Himalayan glaciers, Siachin being the longest with an average altitude of 5,753 m above sea-level and length 70 km. The Kashmir valley is having numerous lakes and wetlands at different altitudes, which are divided into two categories. These fresh water lakes play an important role in the socio-economic set up of the valley. These constitute high altitude lakes (Gangabal, Vishan Sar, Kishan Sar, Sheesh Nag, Nilnag, Kauser Nag, etc.) and valley lakes (Wular etc.)

67. The state is endowed with a rich array of forest types from tropical to alpine. The forest area in the state constitutes roughly about 20% of the state's geographic area covering about 20,230 sq. km. Of this, 8128 sq. km (about 51%) is located in Kashmir Valley and the remaining 12,066 sq. km is

located in Jammu region. Ladakh region, which is primarily a high-altitude cold desert, has 0.06% of the total forest area in the state. The forests are classified as 4140 sq.km of Very Dense Forest, 8760 sq.km of Moderately Dense Forest and 9639 sq. km of Open Forest. The state has are six types of forests, namely Sub-Tropical Dry Deciduous (Shiwaliks), Sub-Tropical Pine (upper Shiwalik), Himalayan Moist Temperate (Chenab Valley), Himalayan Dry Temperate (Kashmir Valley), Alpine and Forests in cold arid zone (Leh and Kargil). Some of important forest produce includes Anardana, Rasount, Resin (oleo), Deodar Oil, Timber, Firewood, Fodder, Turpentine Oil, Chillion Oil, Bamboo Dry and Walnut.

68. As per the Annual Plan (2015-16), Government of Jammu & Kashmir, the net sown area is 754 thousand hectares, accounting to be 31.20 percent of the total reporting area. Around 562 thousand hectares area accounts for not available for cultivation land. An area of 121 thousand hectares i.e. 5.01 percent of the land is under fallow land. Approx. 27.24 percent land is under forest land constitutes 658 thousand hectares land. The land use statistics are shown in below Figure 5.

Figure 5: Land Use Pattern of State



Source: State Digest of Statistics (DES) 2015-16

Figure 6: Map of Jammu & Kashmir

5.3 Demographical Features

69. According to Census 2011, the total population of the state is 12,541,302, of which male and female are 6,640,662 and 5,900,640; respectively. The population density of Jammu & Kashmir is 56 per sq. km., which is very less than national average of 382 per sq. km. The population growth in last decade was found to be 23.64%. Of the total population of the state, around 72.62 percent live in the villages. Total population of rural and urban was 9,108,060 and 3,433,242; respectively. The SC and ST contribute 12.08% and 26.21%; respectively of total state population (Table 5).

70. The sex ratio in Jammu & Kashmir state is 889 females per thousand males. Further, it is found low in child below 0 to 6 year as 862 in compare to data for 2001 where it was 941 females per thousand males.

71. Literacy rate in Jammu & Kashmir state has seen upward trend and is 67.16 % as per 2011 population census. Of that, male literacy stands at 76.75 % while female literacy is at 56.43 %.

Table 3: Demographical Indicators of the Jammu & Kashmir State

Area (Km^2)	222,236
Total Population	12,541,302

Male	6,640,662
Female	5,900,640
Population Growth	23.64%
% of total Population of India	1.04%
Density/km^2	56
Sex Ratio	889
Child Sex Ratio	862
Total Child Population (0-6 Age)	2,018,905
Male Population (0-6 Age)	1,084,355
Female Population (0-6 Age)	934,550
Literacy	67.16%
Male Literacy	76.75%
Female Literacy	56.43%
Source: Census of India, 2011	

72. The Scheduled Castes are mainly concentrated in the Jammu region. According to 2011 census, the Scheduled Caste (SC) and Scheduled Tribes (ST) population of Jammu & Kashmir is 7.38 and 11.91% of the total population of the State; respectively. The SCs are overwhelmingly rural. As many as 82.6% of them reside in rural areas. District wise distribution of the SC population shows that they have maximum concentration in Jammu with a share of 24.9%, followed by Kathua (23.2%) and Udhampur (19.1%). Out of thirteen SCs, Megh is the most populous caste followed by Chamar and Dooms.

73. Jammu and Kashmir is Muslim majority state in India with approximately 68.31 % of state population following Islam as their religion. Hinduism is second most popular religion in state of Jammu and Kashmir with approximately 28.44% following it. In Jammu and Kashmir state, Christianity is followed by 0.28 %, Jainism by 0.02 %, Buddhism by 0.90 % and Sikhism by 1.87 %.

74. The people of the erstwhile state of Jammu Kashmir relate to many indigenous languages by virtue of their multi-ethnic society. According to linguistic classification, the languages spoken in the state have characteristic diversity and belong to Indo-Aryan', 'Tibet Burman' and 'Language Isolate' (unclassified) groups. Kashmiri is the biggest linguistic group followed by Dogri, Pahari (Western Pahari), Gujari, Shina and Tibetan variants.

5.4 Economy

75. J&K is basically an agrarian state. Agriculture occupies an important place in the economy of the state whereby nearly 70% of the population derives their livelihood directly or indirectly from the sector. In addition, the state is also a tourist and pilgrimage destination. Every year, more than 10 million tourists visit the state, a majority of who are pilgrims visiting the holy shrines of Vaishno Devi, Amarnath, Hazratbal shrine and the Buddhist monasteries of Ladakh which contribute significantly to the state's economy.

76. Handicraft activities occupy an important position in the economic structure of J&K State. Being environment friendly, these activities are best suited to the state as they are more labour intensive and less capital intensive in nature, therefore having scope for employment generation at a large scale. The Kashmir handicraft products have earned worldwide fame for their attractive

designs, functional utility and high-quality craftsmanship. In absence of other manufacturing industries in the state, handicrafts remained a key economic activity from time immemorial.

77. According to Digest of Statistic, 2015-16 the per capita income of Jammu & Kashmir (Rs. 93,361 at current price and Rs. 65,950 at constant price of 2012-12) is slightly less than the Country Rs. 94130 at current price for 2015-16. However, its growth rate is faster than country and most of the states. Performance of Jammu & Kashmir, in last five years has been better among all states and union territories. With 13.07 % growth rate in GDP and 13.69 % per capita income, both at current constant price for 2015-16, has been higher than India 8.71 % and 7.31%, respectively.

78. The sectoral contribution of the GSDP at constant prices as per advance estimates for 2015-16 in percentage terms has been 15.89%, 27.11% and 57.00% of Primary, Secondary and Tertiary sectors; respectively.

5.5 Agriculture

79. Jammu & Kashmir state is endowed with surface water and groundwater, fertile land, and varied agro climatic conditions, all of which have helped the state build a strong agriculture sector. Agriculture is the main source of livelihood for most of the rural people. Agriculture has been a way of life and continues to be the single most important livelihood of the people. While paddy is the main crop of Kashmir region followed by maize and wheat. Maize is the major crop of Jammu region followed by wheat. Barley is the major crop of Ladakh region followed by wheat.

80. Kashmir's agriculture has an International Identity. The world's high quality saffron is grown in valley and its major intensity is in Pulwama & Budgam districts. Nearly 98% of the total area in the state under the crop is cultivated in Kashmir province. Its cultivation in Jammu division is confined to few pockets of district Kishtwar. The state holds first position in the country in the production of saffron.

81. The state holds first position in the production of temperate fruits like apple. As per the latest information available for the year 2015-16 productions of fruit was 24.94 lakh metric tonnes, which accounts for around 2.7% of total fruit of 901.83 lakh metric tonnes for 2015-16 produced in the country. Export of fruit outside state during 2015-16 was 14.58 lakh metric tonnes constituting 58.46% of total fruit production

5.6 Resources and power

82. Power holds key for any economic activity. The state has a potential to generate 20,000 MWs of hydropower of which only 16475 MWs of hydel potential has been identified. Out of the identified potential of 16475 MWs only about 3263.46 MWs have been harnessed which reveals that 85% of hydel potential is yet to be exploited. The energy generated of the State for 2015-16 is 3990.127 million units under state sector power projects against 104867.3 MU of in 2014-15. Per capita generation of power for J&K works out to 274.28kwhs (2012-13) the corresponding figure for the country is 669.47 kwhs for 2011-12. However, all India figures of per capita power generation is regarding public utilities only.

5.7 Tourism and Handicraft

83. Tourism is emerging as one of the important contributors to the state economy. The state has a world class potential in tourism, which ranges from historical and religious sites to its natural attraction. The Kashmir valley is famous for its splendid natural beauty, natural scenery throughout the world.

84. Adventure and religious tourism in Kashmir, Ladakh and Jammu Regions has also been flourishing. Kashmir Valley, during the Year 2016, witnessed tourist inflow of 623 thousand tourists including foreign tourists. Vaishno Devi Ji Asthapan has observed phenomenal rush of devotees and the number of pilgrims for 2016 has been recorded at 21.35 lakhs. On an average 1.78 lakh pilgrims visit this shrine monthly. During the year 2016, 2.20 lakh pilgrims visited Amaranth Ji holy cave.

85. The Handicraft sector occupies an important position in the economic structure of the state and has worldwide acclaim for high quality craftsmanship, attractive designs and functional utility. Crafts like embroidery, shawls, crewel, namda, chainstich, woodcarving, papier-machie, kani shawls, costume, jewellery and carpets hold a significant share in the overall production and export of state. During the year 2015-16 productions of handicraft goods was estimated at Rs. 2234.15 crore and handicraft goods valuing Rs. 1059.41 crore were exported. The handicrafts sector apart from generating employment opportunities makes best possible use of locally available raw material. Handloom is also the oldest and widespread industry and has been a way of life in the state since time immemorial.

5.8 Transportation

86. The sustainable and inclusive economic growth calls for an efficient and extensive road network. Road infrastructure is critical for sustainable growth of the economy besides industrialization. The National Highway-44 connects the capital cities of Srinagar and Jammu with rest of the country. The total road length maintained by all departments put together ending March 2015 was 39096 kms as compared to 5472144 kms in India as on March, 2015. Road density for J&K state for the year 2014-15 is 38.56 kms per 100 sq. kms of area and 311 kms per lakhs of population, the relative road density for the country for the year 2014-15 is 173 kms (on area) and 451 kms per lakh of population.

87. Registered motor vehicles of all categories put together as on 31- 03-2016 were 1375 thousand as compared to 210023 thousand vehicles in India as on March 2015. Vehicle density is an impressive indicator applied to measure the progress on this account. Registered motor vehicles per lakh of population has reached to 10971 as on March 2016 in J&K the corresponding indicator at all India is 16536.3 as on March 2015.

5.9 Health Facilities

88. Progress in this sector is revealed by the following selected key health indicators in comparison with all-India are given in Table-6.

Table 4: Key health indicators of the State

S. No.	Indicator	Unit	J&K	All India
1	Birth Rate	Per million	16.8	21
2	Death Rate	Per million	5.1	6.7
3	Natural Growth Rate	Per million	11.7	14.3
4	Infant Mortality Rate	Per 1000 live births	34	39
5	Life expectation at birth			
a	Male	Years	66.5	67.3
b	Female	Years	69.3	69.6

Source: Jammu and Kashmir in Indian Economy, 2016 Directorate of Economics and Statistics, J&K

89. All these health indicators are well comparable and convey favourable position regarding J&K when compared with all India except item 5 (Life expectancy at birth), which is slightly high regarding all-India.

90. As per details from Department of Health & Medical Education, Jammu & Kashmir state has 2013 active Sub-Centres (SCs), 427 Primary Health Centres (PHCs), and 77 Sub-Divisional Hospitals (SDHs /Community Health Centres (CHCs), 19 District Hospital (DHs), 9 Maternity Hospital and 12 Mobile Medical Units (MMUs). The average distance to be covered by a health institution is higher than the national for SCs, PHCs and CHCs in the State, see the Table-7.

Table 5: Details of Health Infrastructure of the State

Health Institution	Average Rural Area (sq.km) covered by a health Intuitions		Average Radial Distance (Kms) covered by a health Institutions	
	J&K	India	J&K	India
Sub Center (SC)	117.21	21.47	6.111	2.16
Primary Health Center (PHC)	591.67	139.40	13.72	6.66
Community Health Center (CHC)	2766.07	770.90	29.67	15.66

Source Department of Health & Medical Education, J&K

91. It is clear from table above that there is shortfall of in SCs, PHCs and CHCs in health infrastructure. There is also a remarkable shortfall in number of health workers and technical staff. The workload of Tertiary Care Hospitals at district hospitals, Sub-district hospitals, and Public Health Centre and above medical care institutions has increased manifold due to law and order situation in the State. The doctor patient ratio in the State is 1:1880 as against the recommendations of World Health Organization (WHO) of 1:1000. The doctor patient ratio at the National level is 1:2000.

92. In order to improve the infant mortality rate, sick new born care units (SNCUs) have been set up in 21 District Hospitals, new born stabilization units (NBSUs) in 76 First Referral Units (FRUs) and new born baby corners (NBCCs) in 281 PHCs. This is a major intervention in promotion of child health particularly by providing essential and emergency newborn care facilities. Efforts have also been made to strengthen the Neonatal Intensive Care Units (NICUs) in Lal Ded Hospital, GB Pant Hospital in Srinagar and SMGS Hospital in Jammu.

93. The State has achieved 3+ANC (Ante Natal Care) at 87%, institutional deliveries have improved from 55% in the year 2007-08 to 85.11% in 2013-14, which is better than the National Average figure

of 72.9%. The institutional deliveries recorded during the year 2015-16 was 89.90%. Maternal Health Schemes, like; Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakram (JSSK) mainly focus on promotion of institutional deliveries. Mothers and Children together constitute 57.5% of total population and they are the major consumers of the health services. They are also a vulnerable/special risk group.

94. The JSY is being implemented in all government hospitals including SMGS, Lal Ded and SKIMS hospitals to enable increased no. of institutional deliveries and reduce maternal, infant mortality and in particular neo-natal mortality by promoting institutional delivery among the needy and poor pregnant women of rural and urban areas. The number of women beneficiaries has increased from 91,887 in the year 2009-10 to 1.68 lakh in 2015- 16.

95. With the launch of the Janani Suraksha Yojana (JSY), the number of institutional deliveries has increased significantly. There are 20 to 25% pregnant women who still hesitate to access health facilities. However, to encourage women to stay for 48 hrs. at the facility after delivery and to make zero out of pocket expenditure for pregnant women and sick neonates, Janani Shishu Suraksha Karyakaram (JSSK) was started in the State in the year 2011-12 with a view to encourage all pregnant women to deliver in Public Health Facilities and fulfill the commitment of achieving cent percent institutional deliveries.

96. The ASHA (Accredited Social Health Activist) has now become a vital link between community and the health system over the period of time. She is being involved in all maternal and child health care services. The Ministry has approved an assured incentive of Rs. 1000/- per month in lieu for performing some mandatory activities. The other incentives shall also be continued subject to their performance.

5.10 Education

97. Eradication of poverty has strong correlation with education level of a community, which ultimately influences the economic and social development of a country. People with lower level of education fail to access health services available or to take precautionary measures due to lack of awareness. Keeping all this in mind, the Government of India passed the —Right to Education Act, 2009 to ensure the right to free and compulsory education for all the children of the age group between six to fourteen years.

98. Perceptible progress has been made in the education sector by creating necessary infrastructure besides enhancement of enrolment checking of dropout rate, capacity building, addressing gender inequality etc. As far as educational Infrastructure of J&K is concerned, ending March 2015 there were 14640 Primary schools, 10209 Middle Schools, 4196 High/Higher Secondary Schools. For higher education as on 31-3-2015 there were 318 colleges for professional education and 11 Universities/Deemed Universities. Professional education includes Engineering & Technology, Architecture, Medical and Education/ Teacher, Arts, Science and Commerce Training Colleges. 02 Central Universities under the aegis of Ministry of Human Resource Development have been established in the State. The establishment of 2 Central Universities will benefit the state of this highest learning facility.

99. Census 2011, derived literacy rate of the state as 67.16% with 76.75% male literates and 56.43% female literates. These figures show signs of improvement in the literacy when compared with the literate population of 2001 census. The overall literacy rate improved by 13.22 percentage points. In comparison to male literacy, female literacy has improved at a faster rate i.e. against 11.66 percentage points in male literacy female literacy increased by 15.01 percentage points. At all India census-2011 determined 74.04% population as literates with 82.14% (male literate population) and 65.46% (female literate population). With this improvement in the literate population of the state, the gender gap has also reduced to 20.25% in 2011 as against 23.60% in 2001

5.11 Women and Child Development

100. Under Integrated Child Development Services (ICDS) the World's largest Programme aimed at enhancing the health, nutrition and learning opportunities of the infants young children (0-6 yrs.) and their mothers, 141 ICDS blocks operational and 31938 anganwaris are sanctioned in the state as against 7073 ICDS blocks and 14000000 aganwaris in the country as on 31.03.2015 in case of J&K and as on September 2016 regarding all India. Pregnant women and lactating mothers are also covered under the scheme.

5.12 The Subproject District

101. Srinagar district is situated in the centre of Kashmir Valley, is surrounded by five districts. In the north it is flanked by Kargil and Ganderbal in the South by Pulwama, in the north-west by Budgam. The capital city of Srinagar is located 1585 metres above sea level. The district with a population of around 12.36 Lakh souls (2011- census) is spread over an area of 294 Sq.km. It comprises two sub-divisions viz Srinagar North and Srinagar South, six developmental blocks, seven tehsils, besides 136 Revenue villages. Srinagar district covers a geographical area of 1,979 km² (Fig.4).

5.13 Socio-Economic Indicators

102. According to census 2011, Srinagar district had population of 1,236,829 of which male and female were 1,236,829 and 585,705; respectively (Table 8). There was change of 20.35 % in the population compared to 2001. The Sex Ratio in Srinagar was found to be 900 per 1000 male, which is less than national average of 940. The percentage of urban and rural population in Srinagar district is 98.60 % and 1.40%; respectively.

103. Average literacy rate of Srinagar in 2011 was 69.41%. The male and female literacy was found 76.25 and 61.85%; respectively.

Table 6: Demographic Profile of the Srinagar District

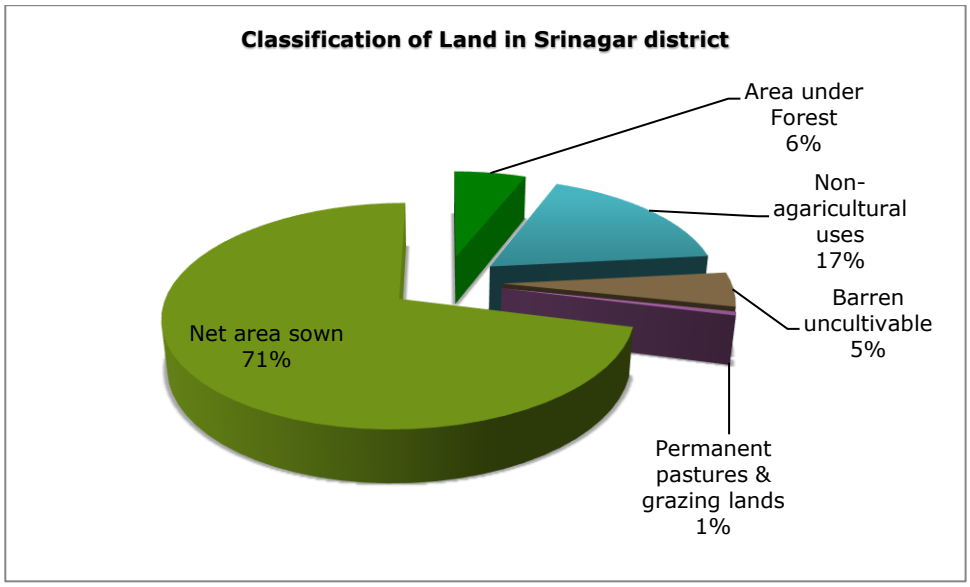
Area (Km^2)	1,979
Total Population	1,236,829
Male	651,124
Female	585,705
Population Growth	20.35%
% of total Population of Jammu & Kashmir	9.86%
Density/km2	625
Sex Ratio	900

Child Sex Ratio	865
Total Child Population (0-6 Age)	158,300
Male Population (0-6 Age)	84,897
Female Population (0-6 Age)	73,403
Literacy	69.41
Male Literacy	76.25
Female Literacy	61.85
Source: Census of India, 2011	

5.14 Land Use Pattern

104. An area about 6% of the district is under forest. The Cultivable land are divided into two categories - Low lands and uplands. The statistical data reveals that 71% of the total geographical area is cultivable in the Srinagar district, see Figure-7 below.

Figure 7: Landuse pattern of Srinagar District



5.15 Socio-Economic Profile - Srinagar City

105. Srinagar is the summer capital of Jammu and Kashmir. The secretariats of the government, headquarters and administrative wings of all departments are located in the city. The city has gained prominence in various functions of Tourism, Administration, Commerce and Economic development. It is the only Metropolis and the fastest growing city of the Jammu and Kashmir.

106. Strategically located on the cross roads of NH-1A and NH- 1D Srinagar is connected to Jammu through Anantnag by NH1A, and also accessible to Kargil and Leh by NH-1D. It houses an international airport presently operating seven airlines with more than 29 flights a day in terms of connectivity with rest of the World. Srinagar Railway Station is located on the 119 km long Kashmir railway connects Baramulla to Banihal via Pulwama and Anantnag, which is being further connected to Udhampur at Jammu. The reference map of the city is given in Figure -8.

107. The total geographical area of the Srinagar Municipal Corporation is 279 sq.km. The city is divided into 4 parts, 74 nos. of wards, among them Srinagar Ward no. 54 is the most populous ward with population of about 31 thousand and Gopal Pora (Out Growth) ward no. 73 is the least populous ward with population of 2960.

108. The city consists of six lakes viz Dal, Nigeen, Khushaalsar, Hokharsar, Gilisar and Anchar lake. Dal Lake is considered as the jewel of Srinagar. The shoreline of the lake is integral to the culture of the city. It is encompassed by a Boulevard lined with Mughal era gardens, parks and city forests. These are important cultural heritage of Srinagar.

109. According to census 2011, the population is about 12.36 lakh people, among them about 6.4 lakh (52%) are male and about 5.7 lakh (48%) are female. 100% of the whole population are from general caste, 0% are from schedule caste and 1% are schedule tribes. Muslims contribute 96% of the total population and are the largest religious community in the city followed by Hindus which contribute 3% of the total population. Female Sex ratio per 1000 male in Muslims was 946 in Hindus are 188.

110. Total about 7.3 lakh people in the city are literate, among them about 4.2 lakh are male and about 3.1 lakh are female. The city has 32% (about 3.9 lakh) population engaged in either main or marginal works. 51% male and 13% female population are working population. 44% of total male population are main (full time) workers and 7% are marginal (part time) workers.

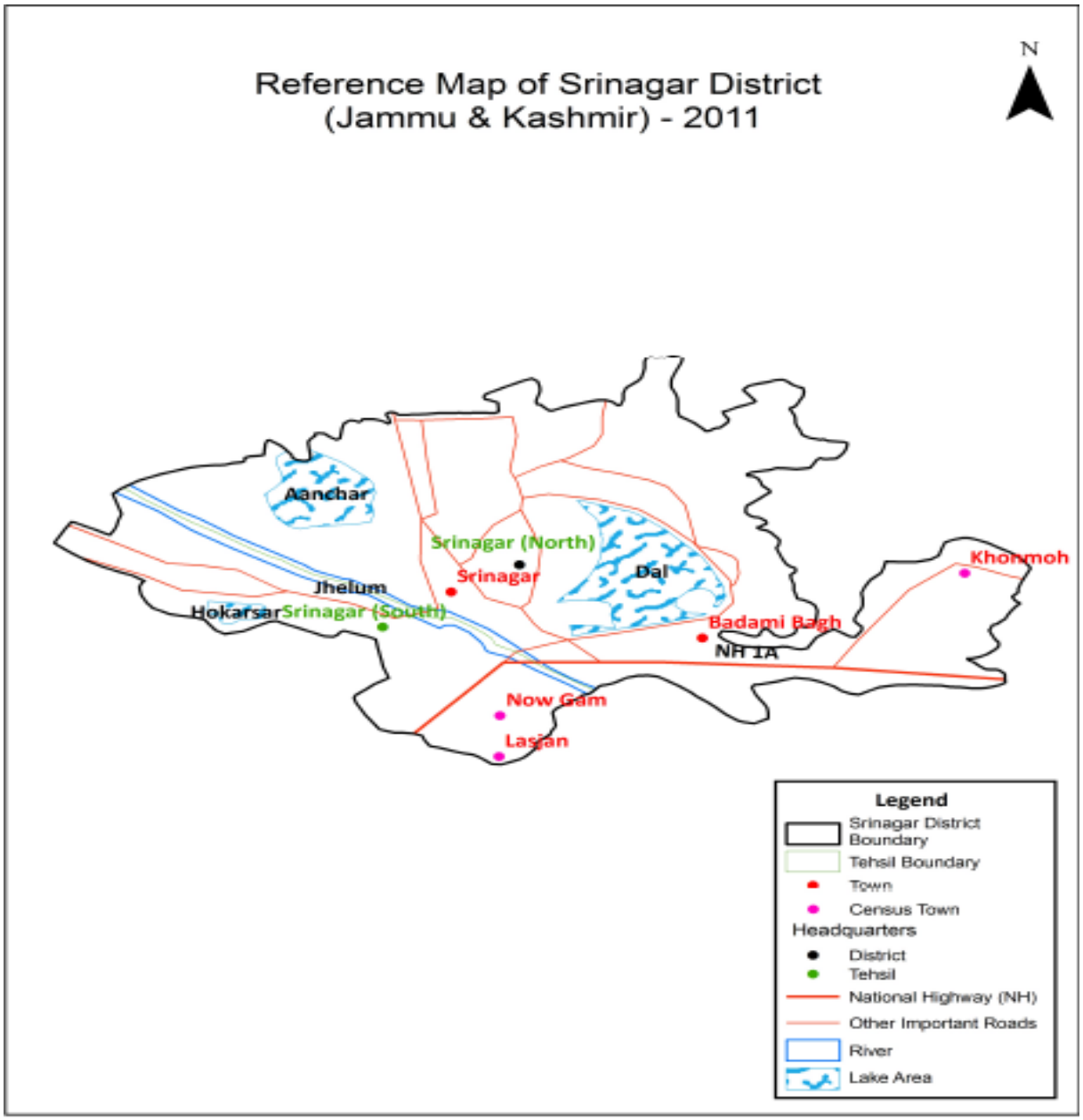
111. Srinagar has 21 Government Hospitals, 35 Urban Health Center, 12 PHCs. It serves as a hub for health facilities for Kashmir valley. 3 Universities, one deemed university, NIT, two medical colleges and nine-degree colleges make Srinagar as educational hub. Srinagar city has immense potential to become a world-class tourism destination based on its natural and cultural heritage (tangible and intangible) resource.

112. Srinagar has developed all the characteristics of a tourist paradise, with tremendous growth in the development of handicraft and cottage industries, hotels, houseboats, guest houses and tourist transport. The handicrafts of the district have become famous worldwide. Livestock rearing is another important occupation in the district, engaging about 5.25% of the work force. Animal husbandry and sheep breeding have received special attention. Rice and maize are the main crops of the district.

5.16 Lal Ded Hospital, Srinagar

113. The proposed additional building for hospital is situated in Wazir Bagh area of Srinagar district headquarters and summer capital of Jammu and Kashmir State. The Wazir Bagh area falls under Srinagar Municipal Corporation area. The socio-economic profile of surveyed peoples, access to civic amenities in the subproject area is mentioned in following sections.

Figure 8: Map of Srinagar District



5.17 Socio-Economic Survey

114. A socio-economic survey (SES) was undertaken during month of November 2018 to understand the socio-economic status of the stakeholders. Socio-economic survey covered both internal and external stakeholders. The stakeholders included people who are availing the facilities of this hospital (both patients and attendants), hospital staffs (doctors, nurses & technician) and people dependent on the operation of the hospital for earning their livelihood like small eateries, shops, pharmacists, street vendors, taxi and auto service providers etc. The sample size is 70 which has representation of all types of stakeholder.

115. The construction of additional block will directly benefit the patients needing gynaecological care. Considering this, a good percentage of patients (47%) were included in the survey to take their views and suggestions and also to understand their socio-economic status which will further justify

the need for proposed project. About 16% of the surveyed persons are from the local community who are in any form earning their livelihood due to operation of the hospital. The stakeholder types covered under this survey is given in Table -9.

Table 7: Details of Socio-economic survey

S.N.	Category	Persons (No.)	% age
1	Patients	33	47
2	Attendants	09	13
3	Staff	17	24
4	Local community	11	16
	Total	**70**	
Source: Socio-Economic Survey, November 2018			

5.17.1 Sex wise distribution of surveyed persons

116. Being a gynaecological and child care facility, Lal Ded hospital mainly serves female population of the Valley and other areas of J&K. Even the attendants to the patients are majorly females. Thus, a major percentage (74%) of the respondents was female. Only 18% persons surveyed were male. The details are presented below in Table -10.

Table 8: Sex wise distribution of surveyed persons

S.N.	Person	Number of Respondents	% age
1	Male	18	26
2	Female	52	74
	Total	**70**	**100.0**
Source: Socio-Economic Survey, November 2018			

117. The survey revealed that 100 % of the stakeholder was Muslim by religion.

5.17.2 Demographic details of the respondents:

118. The distribution of respondents according to their age suggests that majority of them were young (40% in the age group 0-30 years) specifically patients. Only 4% older age (above 50 years) respondents were found in the local community and working staff at hospital. The details are presented in Table 11 below.

Table 9: Age wise Distribution of respondent persons

S.N.	Age Category	Number of Person	% age
1	20-30	28	40
2	30-45	27	39
3	45-50	12	17
4	>50	3	4
	Total	**70**	**100.0**
Source: Socio-Economic Survey, November 2018			

119. Among all the respondents, 100% are married. The educational profile of the patients indicates that majority of housewife are illiterate[4] indicating further the poverty and deprived conditions of the

[4] The educational profile of the patients indicates that majority of housewife are illiterate thus indicating their limitations for employment and skill development opportunities.

respondent. Around 20-25% of female respondents have attained education up to middle school level.

5.17.3 Occupational pattern of the surveyed persons

120. Distributing respondent by their occupational categories, it was found that 41 % of respondents (majorly patients) were housewife. Rest of them are engaged in govt. service, business and agriculture activities. A good percentage of total respondents (40%) were working as labour/daily wages. The details are given in Table 12.

Table 10: Occupational Category of respondents

S.N.	Occupational Category	Number of Person	% age
1	Agriculture	2	3
2	Business	5	7
3	Housewife	29	41
4	Labour/Taxi/Auto	28	40
5	Govt. Service	6	9
Total		**70**	**100.0**
Source: Socio-Economic Survey, November 2018			

121. The annual income of respondents (43 number out of 70 number shared information) was calculated broadly on various available economic sources. It was found that average annual income varies in the range from Rs. 2 to 6 lakh. The details of income of respondents those disclosed their annual income are given in Table 13.

Table 11: Annual Income of Respondents

S.N.	Annual Income	Number of Person	% age
1	> 200000	7	16
2	200000-400000	24	56
3	400000-500000	10	23
4	>500000	2	5
Total		**43**	**100.0**
Source: Socio-Economic Survey, November 2018			

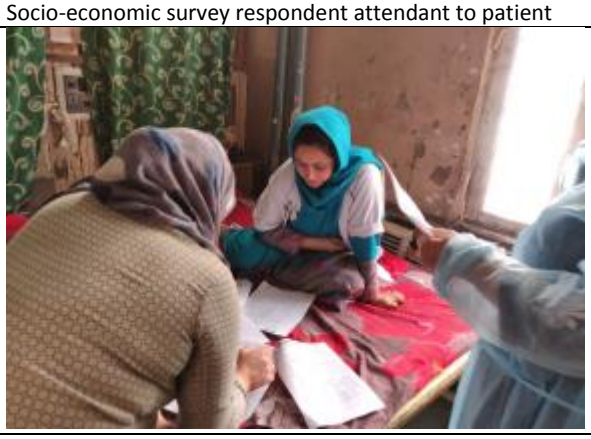
122. As the majority of the interviewed persons are either patients or attendants, it can be considered that many of these lower income group persons belong to the category of patients or attendants. This indicates that this government hospital majorly serves lower income group families who cannot afford to avail private medical facilities. The proposed block will further help in serving the needs of more of such patients.

Figure 9: Photographical Presentation of Socio-Economic Survey subproject area

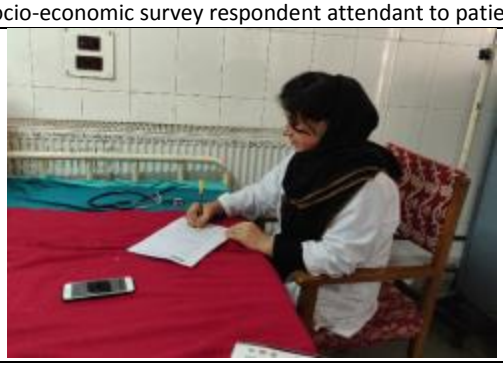
Stakeholder Consultation at administration Block

Socio-economic survey respondent attendant to patient

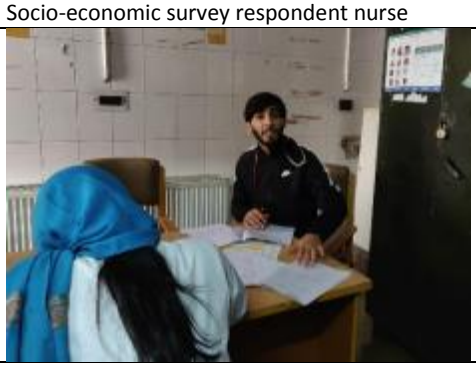
Socio-economic survey respondent attendant to patient



Socio-economic survey respondent nurse

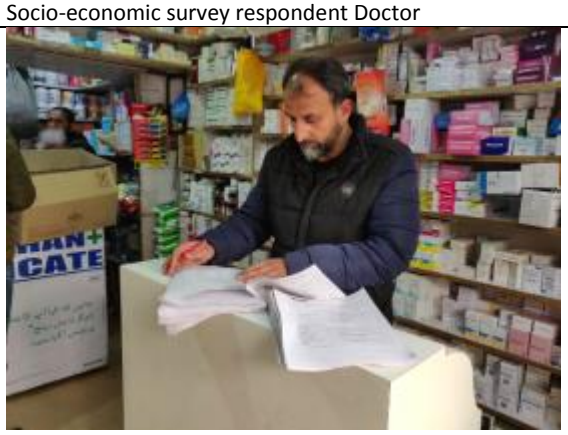


Socio-economic survey respondent Doctor



Socio-economic survey respondent Doctor

Socio-economic survey respondent Auto driver



Socio-economic survey respondent Pharmacy

5.17.4 Access to Social Services and Civic Amenities

123. Social services are defined as benefits and facilities provided by government to improve life and living condition of the children, elderly persons, the disabled, the poor and other disadvantaged sector of the society in order to develop them into productive and self-reliant community. The social services include education, food subsidies, health care facilities, subsidized housing, self-employment assistance and skill development assistance, among others.

124. In the subproject area, the respondents or the members of their families were not found migrating to other city for health care services. Besides patients from other districts come to Lal Ded Hospital to avail services regarding health check-up and pregnancy related health services. A record of OPD and IPD patients visited in last 12 years is presented in Table-14.

Table 12: OPD and IPD patients visited Lal Ded Hospital in last 12 years

Year	OPD (Nos.)	IPD (Nos.)	Total (Nos.)
2005-06	105364	33607	138971
2006-07	129312	37610	166922
2007-08	131502	35421	166923
2008-09	140238	35219	175457
2009-10	136925	34764	171689
2010-11	143894	34518	178412
2011-12	175131	34677	209808
2012-13	175598	37175	212773
2013-14	159451	36552	196003
2014-15	135702	29152	164854
2015-16	194673	39279	233952
2016-17	164993	35659	200652
2017-18	194675	35131	229806

Source: Lal Ded Hospital Record

5.17.5 Health Status in Project Influence Area

125. In the survey, it was found that anemia, hypothyroidism, hyperthyroidism, hepatitis E, and common fever are common diseases in the project area. Percentage of occurrence of anemia, hypothyroidism, hyperthyroidism and common fever was found to be high.

126. On the adequacy of health care facilities, all the respondents replied that in comparison to other PHCs and district hospitals in the valley, Lal Ded hospital, Srinagar, have good facilities and the treatment is done by experts. The facilities were often found insufficient due to overloaded doctors and staff and limited space. According to respondents' lack of infrastructure, specialized doctors and staff are major gaps in health care facilities. Further, they said that regular visits of doctors in the village and availability of medicines can improve the general health care conditions in the village.

127. There was high demand from local community and working staff for expansion of existing hospital capacity to ease the way of health services for pregnant women and newly born babies. All the respondents i.e. 100 % were in favor of new building construction. Increase in capacity of existing infrastructure and strength of doctors at Lal Ded Hospital, will help to serve peoples of Srinagar and other district more efficiently.

128. On prevalence of HIV/AIDs all the respondents were of the view that no such incidences have been recorded so far. All the respondents replied positively that hospital expansion would help in improvement of the health status.

5.17.6 Source of Water

129. In Lal Ded Hospital, there was tape water or drinking water supplied by PHED, Government Department. The main source of water was river for collection of water and treated before supply to the facility. The supplied water was also used for bathing and sanitation.

5.17.7 Electricity

130. All the respondents had informed about proper supply of electricity. The supply was maintained for 24 hours for facility and power back up using DG is also available in the hospital.

5.17.8 Sanitation Facilities

131. During survey, 13 attendants with patients and patients said that toilet facilities were available at Lal Ded Hospital, but they have to pay and use. Rest of respondents found toilet facilities not properly maintained and also chargeable; out of 13 respondents to question on sanitation facilities, 03 have requested that toilet facilities should be free for attendants. Working staff including doctors, nurses and technician also responded on requirement of sanitation facilities in hospital. There was drainage system available in the hospital compound and hence, cases of water logging in rainy days is not an issue. The details of availability of toilets with respondents are provided in table 15 below.

Table 13: Details of Toilet Facilities available with Respondents

S.N.	Availability of Toilet	No. of Respondents	Remarks
1	Available	3	Pay and use
2	Not available	10	Looking for more utilities without fee
Source: Socio-Economic Survey, November 2018			

5.17.9 Status of Women

132. In the project area Women are majorly found engaged in household activities. The respondents also mentioned that women have equal role in decision making in selection of health care facilities during pregnancy and child health. According to the respondents, the village women often suffer anemia, hypothyroidism, hyperthyroidism, hepatitis E, and common fever etc. 100 % women prefer to take medical treatment (allopathic) from government hospitals available in the city.

5.17.10 Income and Expenditure Pattern

133. The respondents were found engaged in various economic activities. An attempt was made to understand their broad savings by calculating their income and expenditure on yearly basis. It was found that the respondents are mainly earning through govt. service, labour work, agriculture and small business. Their average annual income of 43 number of respondents from all these sources is Rs. 3.5 lakh while calculating their expenditure on different items the average cost comes Rs. 3.17 lakh annually. Thus, the saving was negligible which makes them economically vulnerable. So far as expenditure pattern of average household is concerned major share is spent on most necessary item

like food and cooking, clothing, social events, health and education inputs. The details are presented in the Table 16 below.

Table 14: Average Income and Expenditure per Year

Income (Rs)			Expenditure (Rs.)			
Agriculture	30211		Housing, Food & Cooking Fuel	170722	Water	0.0
Commercial	40105		Clothing	39722	Social Event	27400
Service	260000		Transport	13444	Agri Labour	5300
Livestock			Health Care	14900	Seed/Fertilizer/ Pesticides	4500
Remittance			Education	28055	Others	0.0
Other	21000		Electricity	8000		
Source: Socio-Economic Survey, November 2018						

134. The socio-economic data revealed that not a single respondent has borrowed money (loan) from banks or private money lenders and has no such liability.

5.17.11 Community perception on improvement due to additional building

135. About 51% respondents thought that the with the construction of additional block will increase bed and other facilities in the existing hospital. However, 34% individuals also looking on the increase in doctors/staff strength as benefit of the project development, see Table-17.

Table 15: Community perception on improvement due to additional building

S. No.	Social Impacts	Respondents (Nos.)	Percentage
1	More bed/facilities	36	51
2	Improved medicines and technology	2	3
3	Increase in doctors/staff	24	34
4	Other	6	11
	Total	**70**	**100**
Source: Socio-Economic Survey, November 2018			

5.17.12 Project Awareness and People's Perception on Impacts of the Project

136. An attempt was made to understand the subproject related awareness of respondents. It was found that all respondents were not aware of the proposed development in relation to new hospital building construction and most of them got information about subproject in the area during the survey only.

137. The respondents were asked to give their perception on the anticipated positive and negative impacts of the subproject. All the respondents had positive view about the proposed project and anticipated that with the expansion of the medical facilities in the hospital, the employment opportunities for the locals will increase. At the same time, they even raised their concern of losing their productive assets and resources with influx of population from other cities.

6 SOCIAL IMPACTS ASSESSMENT

6.1 Introduction

138. . The sub-project proposes for construction of additional building which will further strengthen the medical facilities provided at Lal Ded hospital. The additional building for the expansion of hospital is to be constructed adjacent to the existing hospital building. The required land[5] for the construction of the additional block is available with the hospital authority and is within the hospital boundary. Thus, the project does not involve any land acquisition. In terms of impact, the sub-project is expected to have more of positive impacts compared to any adverse impacts. This section captures the positive as well as the anticipated adverse impacts of the sub-project.

6.2 Impact on private properties and land

139. The proposed hospital building construction is proposed on the Khasra number 992 (Khalsa land) Government owned land and would not have any impacts on private land and structures. There is no adverse impacts on other assets, causing disruption of livelihood. The available land is characterized as hospital land and is used as temporary parking space and other utilities as reported during stakeholder and individual interaction with the local community. However, during the site visit, it was found that no vehicle was parked on the proposed land. A pump house structure was noted at the location in use for water supply for hospital, it was under utility department of the hospital. Thus, the sub-project does not have any impact on any private property. As per document received from the concerned revenue department, the type of land is under Khasra number 992 and is khalsa[6] land Maqbooja[7] Muhakama[8] Medical, which is land owned by Department of Health & Medical Education, Government of J&K; land record is attached as Annexure-**1**.

6.3 Assessment of Impacts

140. The proposed hospital construction is likely to have marginal impacts on resources utilized by local community like water supply, sewerage, electricity, roads, and transport and communication system of the city during construction stage. The demand for these utilities will increase with expansion of hospital capacity. Consultation with Stakeholder (hospital administration and government departments for various public utilities) ensured that the arrangement already made to meet increased demand for utilities without any negative impact of supply of basic utilities to local community.

141. However, the proposed subproject will affect local community and individuals: mainly on health care, business and employment generation in the region. The possible positive and negative impacts of subproject are mentioned in below section.

A) Positive Impacts:

- **Improved Health Facilities**

142. The expansion of hospital was proposed to meet health facilities due to increased population of the state. The findings of socio-economic survey also indicate that the construction of additional building to increase bed capacity will entail significant positive impact on people living in Srinagar

[5] As per the revenue records the land is under possession of Department of Health & Medical Education, Government of J&K

[6] Khalsa land means Government land.

[7] Maqbooja means under occupation.

[8] Muhakama means department.

and Kashmir valley region of J&K state. Views of respondents were collected on impacts of proposed subproject including gaps in present health facilities at Lal Ded hospital, Srinagar. A large number (61%) of respondents in socio-economic survey thoughts lack of bed is a major gap in this hospital, refer table-18.

Table 16: Community perception on gaps in existing facility

S. No.	Social Impacts	Respondents (Nos.)	Percentage
1	Poor Facilities	6	9
2	Lack of bed	43	61
3	Lack of doctors/staff	13	19
4	Lack of Medicines	5	7
5	Lack of facilitator	0	0
6	Lack of Awareness	0	0
7	Economic/Financial	0	0
8	Others	3	4
9	Poor Facilities	6	9
Total		70	100
Source: Socio-Economic Survey, November 2018			

143. The sub-project proposes to provide additional 82 beds, thus addressing the concern of the patients regarding shortage of bed facility.

- **Business Opportunities for local community**

144. Currently in the hospital vicinity there were approx. 45 nos. of commercial set up and approx. 30 nos. of street vendors, to provide secondary services to visitor/patients. The services include retail shops for general items, baby clothes at hospital, food stall, and pharmacy, Xerox and printing, fruits shops and restaurant. There were about 80 nos. of auto and 50 nos. of cars/van, which are being operated by local people, to provide taxi service to visitors from hospital to bus stand and even to travel to another district. Apart from these, around 200 peoples were engaged in supplying material to commercial set up in nearby location.

145. It was noted during site visit, stakeholder's consultation and socio-economic survey, that with increase of visitors to hospital, business opportunities to local people/ community especially street vendors, pharmacy shops, taxi and auto providers as well as food and tea stall, will increase. Hence, the sub-project will have positive impacts on the business opportunities for the local community.

- **Employment opportunities for skilled personnel**

146. In the existing hospital there are total 27 nos. of doctors (8 nos. male and 19 nos. female), 267 nos. fourth-class workers (Male 176 and Female 51), 112 nos. of para-medical staff (108 male and 4 female), 204 nos. of nursing staff (female 190 and male 6), and 29 nos. of faculty member (3 male and 26 female). The expansion of health care facilities will provide employment opportunities in all these highly technical and skilled categories. As one can note that female gender was more in strength in the health facility at Lal Ded Hospital.

147. The sub-project will generate employment opportunities for local labour during construction stage. During construction stage (for 3 years duration), the sub-project will involve engagement of both technical and non-technical staffs/ workers as given below:

- Technical Staff- 10 nos.
- Labour/Semi skilled – 50 nos.

148. Further, the operation of additional block will generate employment opportunities for nurses and doctors, technical staff and fourth class as well.

- **Benefit for vulnerable groups**

149. The potential primary beneficiaries of the subproject were females. With the expansion of hospital facilities, the poor and the excluded will also get an easy access to good health service, which further help them in overall social development.

150. Lal Ded being a facility for gynecology and child birth, serves female population of the state. Considering the type of service, it provides, 90-95% of the employed staff are females. The male and female ratio of staff for new facility will also be the same and thus the sub-project will generate employment opportunity for females in the category of Doctoes, Nurses, para-medical staffs and fouth class workers. The total number of such skilled personnel planned to be hired is given in table below:

Table 17: Estimated number of employment generation in operational stage

Type of professional	Number planned to be employed
Doctors	10
Nurse	40
Para medical staff	25
Fourth Class	30
Total	**105**

B) Negative Impacts:

- **Impacts due to Labour Influx**

151. It is envisaged that during construction phase of the project, labourers for various jobs such as civil, mechanical and electrical works will be hired. Even though unskilled labour force can be sourced locally, for skilled labour requirement, the sub-project might need to hire labour force from outside the project area. The labour will be accommodated in temporary campsite within the project boundary which can have some interface with the nearby community. However, the influx of migrant workers would lead to a transient increase of population in the immediate vicinity of the project area for a limited time. This may put some pressure on the local resources such as roads, fuel wood, water etc. Some of the significant issues related with migrant labour would include:

- Conflict amongst workers, and between workers and local community, based on cultural, religious or behavioural practices;
- Discontent amongst local community on engagement of outsiders;
- Outbreaks of certain infectious diseases;
- Security issues to local women from migrant workforce;
- Use of community facilities such as health centres, temples, transport facility etc. by migrant labour may lead to discontent with local community; and
- In case contractors bring in unskilled migrant labour, there stands the risk of exploitation of a labourer. This can happen in the form of hiring underage labourers, low and unequal wage payments, forced labour and discrimination on basis of the basis of caste, religion or ethnicity.

- **Impact on Community Health and Safety**

152. During the construction stage of the project, there will be an influx of workmen and labours, with some of them being from different socio-cultural settings as compared to the communities

around site. In the case when hygienic conditions are not maintained at the construction site, there may be a cause for vector borne disease and other ailments in the immediate vicinity. Unless proper sensitization of neighbouring communities is undertaken and appropriate safeguards are adopted, there is a possibility for increase in sexually transmitted diseases, although the possibility appears quite remote.

153. The site clearing activities and construction activities (involving fill materials, brick and concreting work) would result in emissions of dust and noise, discharge of sanitary waste water and potential littering from labour quarters for around 2 years and has a potential to contribute to additional nuisance levels for the community and households located immediately adjacent to site.

- **Occupational, Health and Safety**

154. During the construction phase of the project, about 50 workers would be involved in construction related activities, some of which are inherently unsafe, unless adequate precautions and safeguards are adopted by the workers and construction site contractors. Safety issues related to construction may involve physical hazards like working at height, exposure to heat, particulate matter, noise and vibration, collision with vehicles/moving equipment; exposure to electrical hazards; exposure to chemicals hazards etc. Such occupation hazards would vary with the nature of work undertaken by the workmen, as they may employed by different contractors responsible for doing a particular component of the work. If local workers are hired, they may not have appropriate training for adopting a safety culture expected at construction site. Thus, necessary measures need to be adopted at construction site to address any issue related to occupational, health and safety.

6.4 Summary of Impacts

155. The sub-project has both positive and negative impacts which have already been discussed in above sections. To address the negative impacts mitigation measures, need to be adopted and accordingly a Social Management Plan and Gender Action Plan need to be prepared. The social impacts have been summarized as below Table -20:

Table 18: Summary of the subproject Impacts

S.N.	Social Impacts	Level of Impacts
1	Impacts on Land	No impact on private land and structure
2	Impacts on Livelihood and Income	No adverse impact on livelihood, will generate employment opportunities for both skilled and un-skilled personnels
3	Impacts on Public Services	Public services will improve positively.
4	Impacts on Utilities/ CPRs	No impact
5	Health Impacts	Since, the habitation was quite away from the construction site no major health impacts anticipated on the community
6	Impacts on Culture and Social Cohesion	The project might lead to labour influx. Necessary measures need to be adopted during the construction stage to address any labour related issue.

7 ANALYSIS OF ALTERNATIVES

7.1 Introduction

156. For this sub-project, the analysis of alternatives for the sub-project has done by considering the "with and without project scenarios". While analysing the potential impacts, both positive and negative impacts of the sub-project, were considered.

7.2 "With Project" and "No-Project" scenario

157. In the case of 'no-project' scenario the existing hospital will be considered as it is. During flood event in 2014, huge damages and causalities were reported in the hospital due to absence of resilient infrastructure and proper planning. The existing hospital is only facility of its kind in the region to provide health services on gynae and child care; which is under tremendous pressure due to increase in patients with population growth. During the year 2017-18 total 194675 number of OPD (Out Patients Department) patients and 35131 number of IPD (In Patients Department) patients were treated in the existing facility of Lal Ded hospital.

158. The construction of the additional block will ease the increasing pressure and demand for improved facilities, including the needs of present and future and to create a more resilient infrastructure. Therefore, the "No-Project" alternative is neither a reasonable nor a prudent course of action for the proposed sub-project, as it would amount to failure to initiate any further improvements and impede health care facilities for women and new born babies in the Kashmir Valley.

Table 19: Overview of positive and negative impacts

S.No.	Impacts in "With-Project" Scenario		Impacts in "No-Project" Scenario	
	Positive	Negative	Positive	Negative
1	More women can avail the facilities of the hospital	There would be chances of minor disturbances during the project construction which can be taken care by efficient implementation of SMP.	Nil	Many patients cannot avail the hospital facilities.
2	Employment to local workers during the execution of the project.	Influx of labour might create some conflict with the local community.	Nil	The local labour force misses the opportunity for getting some work.
3	Generation of Business opportunities	This can make the area a little crowded and congested.	Nil	No further business opportunities
4	Employment generation for female professionals	Nil	Nil	Female professional misses the opportunity of getting employed locally.

8 STAKEHOLDER'S CONSULTATION

8.1 Introduction

159. Stakeholder's Consultation during project preparation as an integral part of the social assessment process not only minimizes the risks but involves the public as stakeholders in project preparation process, promotes public understanding of the project and leads to timely completion of the project. The views of the project beneficiaries and affected persons also help in finalising the mitigation measures and preparation of management plan.

160. Stakeholder's consultations were conducted with an objective to ensure peoples participation right from the planning to operation through implementation stage of the project. The purpose of such consultation includes the following:

- provide clear and accurate information about the project to the beneficiary community;
- Obtain the main concerns and perceptions of the public and their representatives regarding the project;
- to ascertain the public views on various social issues related to the sub-project;
- Improve project design and, thereby, minimize conflicts and delays in implementation;
- to encourage and ensure for people's participation in project implementation; and
- to obtain new insight and site specific information and to appropriating possible mitigation measures based on local knowledge of the communities.

8.2 Identification of Stakeholders

161. For this sub-project, two types of stakeholders were identified, internal and external stakeholders. Internal stakeholder includes Staff from Hospital including Doctors, Nurses, Technicians, security, staff of NGO working within the hospital campus and other staff. And the External stakeholders include Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners. Apart from these two types of stakeholders, JKPCC and other related government departments including PHED, Electricity department, Municipality have also been considered as stakeholder for this sub-project. A sincere attempt was made to conduct discussion with all these key stakeholders.

8.3 Stakeholder's Consultation

162. Consultations were held with the subproject stakeholders to understand their perceptions and apprehensions of the subproject and to elicit suggestions from them, if any, on improvement to design building and facilities. The details of consultation with each type of stakeholders is given below:

8.3.1 Discussion with Hospital Authority and government agencies

163. A Stakeholder's consultation meeting was held on 29th November 2018 at Office of Deputy Medical Superintendent with hospital administration and other government agencies[9] providing basic utilities to present health facility. The concerns of increased load on present hospital infrastructure and resources due to increasing footfall were discussed. It was assured by government department that increased demand of water supply and electricity etc. will be made available for this subproject.

[9] PHED, Electricity department, Municipality

8.4 Consultation with Internal and External stakeholders

164. Series of consultations were conducted with external and internal stakeholders where they were informed about subproject development objectives and components. They were requested to give their perception on the anticipated positive and negative impacts of the project and also their suggestions.

165. The apprehensions and suggestions received at stakeholder's consultations are presented below in Table 22.

Table 20: Key Issues Raised in Stakeholders Consultations

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
Date: 29th November, 2018 Place: Lal Ded Hospital, Srinagar	Staff, attendants to patients and patients No. of participants-44	Govt. will delay in implementation of project	Timeline should be fixed for project implementation.
		Access to existing and new facilities (which will be constructed under this project) will be difficult for patients.	Both facilities (existing and new) should be integrated through single and safe access.
		Increase in infrastructure is required in the existing facility.	Construction of new additional block must consider population growth.
		Basic facilities like toilets, waiting and resting areas for attendants, food and drinking water supply are not available to fulfill the numbers of visitors.	In new hospital building, basic facilities shall be provided for the visitors. A new building for attendants to wait and rest with all basic utilities has already been constructed, it will be opened soon.
		Noise pollution during construction period	Proper fencing and covering the construction site to minimize the possible impacts
		Separate entry and services for physically disabled persons.	Proper arrangement for registration of patients and priority in providing services to physically disabled persons.
		Parking facility and traffic movement in the area is problem for patients and community.	Auto and taxi stand near to hospital area need to provide.
		The canteen facility is small with limited area to have food.	More spacious Canteen within the premises.
		Un-employment in local	The local people (labour)

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
		community is high	should be given priority in labour work and petty jobs during construction
		Construction waste generation and chances of accidents during project implementation	Preparation of Waste management plan and getting it approved prior to sub-project implementation
Date: 05/June/2018 Lal Ded Hospital, Srinagar	Meeting with the Doctors	According to the medical superintendent Lal Ded is maternity hospital and tertiary facility in the Valley of seven million people. The hospital is struggling under the huge influx of patients not only from Srinagar city but the referrals block from remote corners of the valley.	Medical superintendent was expecting that the problem of balancing the demand of medical assistance and supply of facility can be overcomed with the construction of New building of the hospital.
		The number of patients admitted in the hospital at any given time is almost three times more than the actual capacity of the institute. L.D Hospital lacks space for the patients who come for treatment in the hospital	
Date: 05th June, 2018 Place: Lal Ded Hospital, Srinagar and their Relatives Lal Ded Hospital, Srinagar	Consultation with Patients	Most of the respondents opined that the infrastructure facilities are good but the waiting room facility for patients and relatives are not sufficient.	Provision for additional waiting room facility in the Hospital
		Lab Test is available in the hospital, but some tests are not available in the hospital and are required to be done from outside source and are quite expensive. Respondents opined that the neo-natal facility is not adequate	Laboratory test should be advanced and must be available in the hospital as most of the patients are from village and cannot afford the high prices of medical test.
		As per the opinion of people the canteen facility is good but to a certain extent expensive for them to afford	Canteen facility must be provided with subsidized rates so that everyone can afford to avail the facility.
Date: 07th	Consultation with	Shopkeepers and street	Employment opportunities

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
June, 2018 Place: Lal Ded Hospital, Srinagar	shopkeepers and street vendors	vendors along the hospital were consulted to know their views and opinion about the existing hospital and how it has benefitted their business. LD Hospital has provided direct and indirect employment to many major and minor businesses.	will increase.

Figure 10: Photographical Presentation of Public Consultation (FGD) in Lal Ded, Hospital

Focus Group Discussion at Open Waiting area

Focus Group Discussion at Waiting area

8.5 Consultation with JKPCC (Implementing agency)

166. A separate meeting was conducted on 30th November 2018, with the representatives of JKPCC. The meeting was attended by PHE Water works Engg., PHE Mechanical Engg., MHECHO Engg., Assistant Engg.-PHE, Assistant Manager-Electrical and Junior Engg. UE.E.D . The issues discussed and the suggestions given by them are detailed in below table:

Table 21: Details of meeting with Implementing Agency

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
Date: 30th November, 2018 Place: JKPCC Office, Srinagar	1. Abad. Mohammad Shah-PHE W.W.Sg. 2. Rashid Qarvze-PHE Mechnical Sgr. 3. Ashu Bhat-MHECHO Sgr. 4. Qazi Sajidwa Rehman-PHE Water Works	Requirement of skill work force for project construction	Awareness and training on skill development can be taken up
		Labour conflict with patients and attendants in non-working hours	• Avoid interaction at first place by barricading the construction site • code of conduct for labour working at project site
		Equal employment opportunity for female	Employment opportunities during construction need to be open for everyone
		Use of existing utilities in	Labour camp will be provided with

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
	Engg. 5. Mod. Iqbal Kirmani -Asst. Mechnical DMR Sgr 6. Namaz Ahmad Bhat- Astt. Executive Engg.	hospital by workers	all basic requirements for the workers
		Monitoring and check for implementation of law by contractor at site	Construction supervision staff will ensure the monitoring and reporting of required measures to be adopted during implementation

8.6 Consultation with NGO

167. The NGO named, Help Poor Voluntary Trust, is working in the hospital to provide support to patients like providing trolley, wheel chair, awareness and guidance for blood & urine sample collection and even provide sample collection kit. Total four staff members of NGO were working at daytime in the hospital. A consultation with NGO staff was also conducted to note their concerns regarding the operational system and its shortcoming. The main concerns as raised by them was related to the shortage of beds and other related facilities at Labour room of the hospital. There is urgent need for capacity expansion as well as trained support staff to share workload on present infrastructure and staff.

Figure 11: Photographical Presentation of Consultation (NGO staff) in Lal Ded, Hospital

Consultation with NGO Staff

NGO Staff working at Lal Ded Hospital

8.7 Stakeholder's Engagement Plan

168. The objective of this engagement plan is to ensure continuous engagement of local community and other relevant stakeholders during the planning and implementation of the subproject. The project authorities (PMU) will be responsible for communications regarding the subproject development to all the stakeholders. This stakeholder's engagement plan includes continuous consultation and engagement activities to address the issues and concerns of the stakeholders, as well as regular disclosure of project related information throughout the subproject

life cycle. The communication methods and information for disclosure identified in Table 24 below are not exclusive; the PMU may choose to disclose more information upon request by stakeholders.

Table 22: Stakeholder Engagement Plan

Addressed Stakeholders	Communication method	Information to be disclosed	Timeframe
Hospital Administration	Information boards with contact number/mail and personal visits to administrative officer and staff.	• Grievance mechanism, • design & scheduling of work, • local support for approvals and clearance, • timeline of construction.	• Prior to construction • During project implementation • weekly update on grievances • monthly update on progress.
Working staff (Doctors, Nurses, Security, Technicians & auxiliary workers).	Information boards with contact number and personal visits to staff.	• Grievance mechanism, • design integration with existing facility, • timeline of construction	• Prior to construction • During project implementation weekly update on grievances.
Patients & Attendants	Information board, mass media, internet, regular consultation during construction stage, documents on request.	• Grievance mechanism • timeline of construction	• Prior to construction • Once every week during project implementation and on grievance as and when required.
Ward and Municipality Authority	Meetings, telephone, e-mail, information boards in the office buildings	• Detailed project information • approvals and clearances required, emergency services.	• Prior to construction • During project implementation, if required
Residents of nearby areas	Information boards with details of subproject activity, regular consultation during construction stage.	Contact details of JKPCC for GRM, grievance mechanism, timeline of construction, basic details of subproject.	• Prior to construction • During project implementation update on grievances on requirement/on complaints.
Regional Public/ Community	Information board, mass media, internet, documents on request in local news paper		
Construction	Information boards and meetings in	• Health and safety requirements of	• Prior to construction • updates during

Workers	construction camp	project • vacancies • workers protection requirements • workers' grievance mechanism	construction.

9 SOCIAL MANAGEMENT PLAN

9.1 Introduction

169. The Social Management Plan for the planning, construction and operation of the Project provides mitigation measures against each of the identified impact. In addition, SMP is used to ensure compliance with statutory requirements and World Bank safeguards policies. This section provides the Social Management Plan (SMP) for planning, construction and operation phase of the project life cycle. Apart from SMP, this chapter also includes a Gender Action Plan to address any gender related issues during the project implementation.

9.2 Social Management Plan

170. This sub-project does not have any major social impacts as the proposed block is planned within the hospital boundary and does not involve and land acquisition. Also, the project will help in generating employment opportunities for the local people. One of the major impacts that may arise during the project implementation is related to labour influx in the project area.

171. The civil works will require labour force and associated goods and services, which might not be fully supplied locally for a number of reasons such as worker unavailability and lack of technical skills and capacity. In such cases, the labour force (total or partial) might be brought in from outside the project area. For the construction activities, the expected required number of skilled labours and unskilled labours is 50. Though the focus would be on engaging labour force to the maximum but the constraints in getting skilled labour might lead to engagement of many laborers from outside the project area. The migrant labourers will be staying in labour camps. To avoid any conflict with the host community to efficiently manage the labour force, SMP majorly focuses on labour issues and its mitigation. The Social Management Plan will be a part of Bid document. The potential social impacts and labour issues and their mitigation measures along with the responsibility of implementing the mitigation measures is give in below table-25:

Table 23: Proposed Social Management Plan

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
Planning/Preconstruction Phase					
1	Design of proposed new building and existing facility	• Access to buildings. • Provisions of Emergency exit • Provisions of Ramp and lifts for patients • Odour and foul smell from toilets • Health affects to new born babies due to cold weather conditions • Noise from the busy road • Improvement of Canteen facility • Basic facilities like toilets, waiting and resting areas for attendants, fooding area and drinking water supply are not adequately available. • Availability of prayer room in the facility	The points raised related to access, emergency exist, ramp & lifts, cold weather conditions, canteen facility and basic facilities' has been addressed as part of design and DPR preparation for new block/this project.	Design Consultant, JKPCC	JKPCC
2	Location for proposed expansion building	• Vehicle parking and Traffic movement	• Alternate location for parking space to be explored and finalized. • Traffic movement route plan has been considered and same has been included in Design/DPR of the subproject.	JKPCC, Lal Ded Hospital Administration	JKPCC
Construction Phase					
3	Influx of labour	• Conflict with patients/attendants/staff/local community and Gender-based violence	• Proper implementation of code of conduct for project. • Awareness program to work force	Contractor	JKPCC, PMU
		• Facilities for the Labour in camp and worksite	• Providing accommodation facilities to the migrant labours with proper ventilations.	Contractor	JKPCC, PMU Monthly monitoring

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			• Provision for safe drinking water and appropriate cooking arrangement at labour camps; • Separate toilet and bathing facilities for men and women • Availability of medical facility which includes provision of first aid at the camp site and also ambulance facility to take patients to hospital in case of emergency. • Proper drainage facility at camp site along with water sewerage treatment facilities. No waste water should be discharge to any surrounding area without required permission and proper treatment. • The camp site should also have provision of prayer rooms as per the religious beliefs of the workers. • There should be safe storage facilities for the gas cylinder, petroleum and other chemicals, used by laborers. • Proper solid waste collection and disposal system at the camp site. • The camp should have proper security arrangements, like Security fence. • Preparing a code of conduct for the migrant workers.		

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			• Conducting awareness programme about sexually transmitted diseases among the migrant workers, labourers and for community around project site; • Training programs for construction workers in basic sanitation and health care issues (e.g., how to avoid malaria and transmission of sexually transmitted infections (STI) HIV/AIDS.		
		• Complaints from labour against contractor related to applicable law and facilities	• Arrangement to register and redress grievance of workers. • Grievance Redressal System for the project to address such issues including sexual harassment at the workplace	Contractor, JKPCC	JKPCC, PMU Monthly monitoring
4	Community Health and Safety	• Injury and sickness of local people	• Coordination with hospital administration for construction schedules for traffic management and to avoid any accidents due to movement of heavy vehicles and machinery; • Access restriction for patients/attendants at the construction site • Undertaking regular surveillance at site to check on Hygiene conditions for disease control. • Creating mass awareness on HIV and STDs;	Contractor	JKPCC, PMU Monthly monitoring
5	Occupational	• Injury and sickness of labour	• Provide training on health and safety to all	Contractor	JKPCC, PMU

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
	health and safety		the workers. • Provide PPE to workers as per work requirement • Provide separate toilets for gents and ladies at the construction site • Provide safe drinking water at the construction site. • Providing a separate resting area at the site for breaks during the work period • Provide adequate lighting in the construction area and along the roads. • Conduct an initial health screening of the labourers working at construction site, especially those who are coming from outside the project area. • Provide first aid facility at the construction site • Provide HIV awareness programming, including STI (Sexually Transmitted Infections) and HIV information, education and communication for all workers on regular basis		Monthly monitoring
Operation and Maintenance Phase					
6	Health and safety of staff and community	• Injury/ mortality to staff during work	• During operations proper safety gears and Standard Operating Procedure (SOP) would be provided to workers and staff.	Lal Ded Hospital authority	PMU Quarterly monitoring
		• Injury/ mortality from emergency	• Induction training to all the new employee	Lal Ded Hospital authority	PMU Quarterly

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
		situation	and six-monthly refresher training for emergency response team would be organized.		monitoring
		• Disaster related drills, training on Biomedical waste management, on utilities operations and maintenance • Complaints from staff and patients in operational stage	• Training to staff on biomedical waste management, emergency response plan preparation and assigning team, training to staff on equipment operations from supplier • Grievance Redressal System to address complaints from staff and patients in operational stage	Lal Ded Hospital authority	PMU Quarterly monitoring

9.3 Gender Action Plan

172. The SIA study also covered the gender issues that might arise mainly during the implementation of the project. Though the expansion of the hospital block will benefit the female population of the valley but at the same time, there can be few safety issues due to influx of labour force in the project area. To address the gender issues, a Gender Action Plan (GAP) has been prepared as part of SIA. The objective of GAP is to ensure the mainstreaming of gender issues and concerns into all aspects of project lifecycle through detailed planning, implementation, monitoring and evaluation activities. The necessary actions to address gender related issues is presented below Table -26:

Table 24: Overview of Gender Action Plan

Issues	Actions	Project Phase	Responsibility
Employment opportunities and facilities	• Equal employment opportunities should be provided given to local women while hiring workers Equal wages for same type of work to both men and women • Preference should be given to women while assigning soft skill works • Provision of breaks during the working hours for pregnant and lactating women. • Ensure compliance with various labour welfare legislations which mandate the contractor to provide facilities, which would encourage more women to join the workforce, such as those pertaining to creches, working conditions and remuneration.	Construction, Operation	Contractor
Safety and Security concerns	• Regular consultations with women groups during implementation stage to address any safety related issues faced by the local women. • Provision of basic facilities at labour camp to reduce interphase of construction labours with local community. • Conduct awareness generation programs in project area.	Construction	Contractor, JKPCC
Grievance Redressal	• Head, GRC will be designated as Gender Focal Point for all women related grievances.	Pre-Construction stage to operation	PMU

10 INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENT

10.1 Implementation Agencies

173. A project steering committee has been set up for the overall strategy guidance and monitoring of the project. It is headed by Chief Secretary and comprises of all involved line departments and additionally departments of planning, environment and social welfare. A Project Management Unit (PMU) for the project (JTFRP), housed in Jammu & Kashmir Economic Reconstruction Agency (JK ERA) is responsible for overall management of the "Jhelum Tawi Flood Recovery Project" (JTFRP). This PMU is headed by Chief Executive Officer (CEO). The Social Development Specialist has been positioned in PMU to provide assistance and support for addressing all safeguard related issues during documentation, execution and monitoring.

174. The Chief Executive Officer (JKERA/JTFRP) will be responsible for overall coordination, reporting, technical assistance, monitoring and budgeting of all the components. The CEO will have the administrative and financial powers for the implementation of the project. The Chief Executive Officer (CEO) will be supported by Director Technical, Director Planning and Coordination, Director Disaster management, Project Manager, Executive Engineers, AEEs and Social Development Specialist. The PMU will be responsible for providing overall policy guidance, in order to ensure compliance with World Bank's Safeguard Policies and applicable state and other acts, notifications, guidelines etc. Social Development Specialist at PMU will ensure that all social safeguards issues are complied with as detailed out in Social Management Plan, Labour Management Plan and Gender Action Plan of the sub-project. Social issues will be coordinated by Social Development Specialist (SDS) within the PMU and PIU. PMU will be assisted by Technical Assistance and Quality Audit Consultants for technical support and advice, monitoring and impact evaluation etc.

10.2 Implementation Arrangement

175. Project management Unit (JTFRP) itself will execute the Lalded hospital sub-project and contractor for this sub-project is JKPCC (under force account[10]). The executing unit in PMU will be headed by Project Manager assisted by team of AEEs and JEs. For implementation of social safeguard activities an officer will be designated by JKPCC. Social Safeguards Specialist positioned in PMU will monitor the implementation of SMP/LMP/GAP with the support of JKPCC and Technical Assistance and Quality Audit Consultants. The PMU will be responsible for providing overall policy guidance, in order to ensure compliance with World Bank's Safeguard Policies and applicable state and other acts, notifications, guidelines etc.

Table 25: Institutional Roles and Responsibilities

Activities	Agency Responsible
Finalization of site/sub-project design	JKPCC/PMU
Social Impact Assessment	JKPCC/Consultants/PMU
Approval of Social Impact Assessment	PMU/World Bank
Public Consultations/FGDs	JKPCC/Consultants
Implementation of SMP/LMP/GAP	JKPCC/PMU
Monitoring of SMP/LMP/GAP	PMU/TAQAC
Grievance Redressal and Monitoring	**JKPCC/PMU/GRC/State Administration**

[10] ***Force Account:*****……**

FGD-focus group discussions, GRC - Grievance Redress Committee, ***PIU - Project Implementation Unit****, PMU -Project Management Unit, SIA- Social Impact Assessment, SMP- Social Management Plan, LMP-Labor management Plan, GAP-Gender Action Plan, JKPCC-Jammu & Kashmir Projects Construction Corporation Ltd. TAQAC- Technical Assistance and Quality Audit Consultants, DC- Design Consultants*

10.3 Training and Capacity Building

176. The capacity building and training of all the agencies is the most significant component for successful implementation of Social management Plan, Labour Management Plan and Gender Action Plan. The below section provides the broad areas of capacity building and training to be planned for the project authorities involved in the sub-project execution presented in Table -28.

Table 26: Institutional Development Plan

Project Unit/ Agency Responsible	Proposed staff for SMP/LMP/GAP implementation/monitoring	Specific Roles and Responsibilities	Training Requirements
Project Management Unit (PMU)	Environment and Social Management Cell (ESMC), Social Development Specialist (SDS)	Implementation of SMP/LMP/GAP Training and Awareness of Contractors/Labour and Engineers (PMU/JKPCC) and other stakeholders Grievance Redressal management	Legal Provisions/Policies Reporting requirements Setting up Monitoring & Evaluation Indicators **Grievance** Redressal management
Implementing Contractor	Environment/Social Expert	Grievance Redressal, Facilitation of Construction work, Labour Management, Safety Measures and awareness generation and information dissemination	

11 GRIEVANCE REDRESSAL MECHANISM

11.1 Introduction

177. Grievance Redressal Mechanism (GRM) is a process that enables any stakeholder to make a complaint or a suggestion about the way a project is being planned, constructed or implemented.

11.2 Composition and Functions of GRC

178. In order to address general grievances arising out of subproject related activities; executing agency will establish two bodies, one at a local level (site level) and another at district level. In case, the grievances are not resolved at these two levels, then it will be forwarded to R&R Committee at Divisional level which will be established under the Divisional Commissioner, of respective regions i.e. Jammu/Srinagar.

179. Following will be the composition of the Grievance Redressal Committees at various levels.

180. **Grievance Redress Committee at Local Level:** This committee/cell will work at local level i.e. site level. This will be comprising of the following members:

a. Concerned Tehsildar/Naib Tehsildar (Chairman).
b. Concerned Engineer/Representative from PMU, JTFRP (Member Secretary).
c. Site Engineer/Representative of PIU.
d. Ward Member/Halqa Panchayat Member.
e. Women representative (Retired Officer/ Academicians/ Development Professional).
f. A representative of SC/ST community or from elected Panchyat.[11]

181. **Grievance Redress Committee at District Level:** In case grievances are not addressed at local level or PAP/ aggrieved person is not satisfied with the decision delivered at local level, he/she can approach to the grievance redressal committee constituted at district level. The following will be the composition of the committee.

a. District Collector (Chairman).
b. Director/Head PIU
c. Nodal officer of the Project Component in PMU, JTFRP
d. Social Safeguards Specialist, PMU, JTFRP (Member Secretary)
e. Ward Member/Halqa Panchyat Member
f. A Prominent Women (Retired Officer/ Academicians/ Development Professional)
g. A senior representative of SC/ST Welfare Board[12].
h. A representative of PAPs who can articulate well.

182. **Division Level R&R Committee (DLRRC):** In case, grievances are not addressed at local and district level, the same will be forwarded to the Divisional Level Committee through PMU. The committee will provide a major platform to people who might have objections with respect to the decisions taken at the two previous levels. The committee will look into the grievances of the people and will assign responsibilities to implement the decisions of the committee. This Committee (after formation) will be headed by Divisional Commissioner Jammu/Srinagar. This committee should meet

[11] In case grievance pertains to SC/ST population presence of SC/ST member is must.

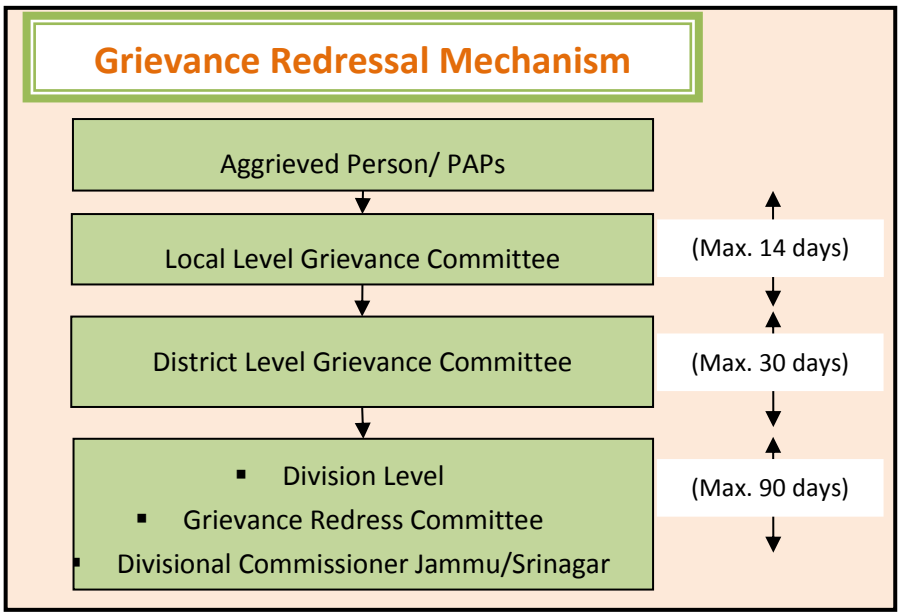
[12] In case grievance pertains to SC/ST population presence of senior representative/officer of SC/ST Welfare Board /Committee is must

every quarter to solve grievances received in office and will take decision within 90 days of receiving the grievance/complaint. Nodal Officer (Social Safeguards) will coordinate the meetings. This committee will also provide policy related directions to the Grievance Redressal Committee and the participating departments to resolve the grievance of people.

183. The following will be the composition of the committee:

a. Divisional Commissioner, (Chairman).
b. Chief Executive Officer, JPFRP/JK ERA.
c. HODs of line departments (PIUs).
d. Director Technical, PMU, JTFRP (Member Secretary).
e. A representative, one each from Backward Classes & Economically Backward Classes and Scheduled Caste & Scheduled Tribes Welfare Board/department.
f. A senior representative of the Disaster Management Department
g. Concern Revenue Officer of area (Not below the rank of ACR/SDM).
h. A senior representative of Disaster Management Department.
i. Women representative (Retired/Development Professional/Academician)
j. Ward member /Halqa Panchyat Member.
k. A representative of PAPs who can articulate well.

Figure 12: Grievance Redressal Mechanism



11.3 Procedure of Grievance Redressal

184. The Project Affected Persons/aggrieved party can give their grievance verbally or in writing. They can also register their grievance on web portal of PMU. They can also register their grievances at sub-project site with JKPCC. Grievance received by any medium will be forwarded to Project Manager positioned in PMU (JTFRP). Project Manager (PMU) will forward it to the local level grievance committee which will try to resolve the grievances in maximum 14 days and report to Project Manager in PMU (JTFRP) who will in turn forward the action taken to Chief Executive officer (PMU).

185. In case the aggrieved person is not satisfied with the decision delivered at local level or the grievances are not resolved, the same shall be forwarded to the district level committee, headed by District Collector to resolve. The decision of the committee will be communicated to the Chief Executive Officer (PMU) and Project Manager. No grievance can be kept pending for more than 30 days at District Collector level which means the committee has to meet within 30 days. PMU, JTFRP will monitor the implementation of the decision of the committee.

186. In case the aggrieved party is not satisfied with the proposed redressal measures, it can approach the Divisional level Committee, headed by Divisional Commissioner, Jammu/Srinagar, which has to take decision within 90 days of receipt of the grievance. In case aggrieved party is not satisfied with the decision delivered or committee is not successful in resolving the grievances, they (PAPs) can approach the court of law on their own expenses.

11.4 Approach to GRC

187. Project Affected Person/aggrieved party can approach to GRC for redress of grievances through any of the following modes-

a) **Web based:** The Grievance corner at PMU, JTFRP is functioning.
b) **Telecom based:** Official land line number of PMU/PIU and mobile phone of concerned engineer will be given on each site. If needed a toll-free number will be issued by the PMU.
c) **Through LGC:** The LGC will collect the problems & issues of the community or affected persons and try to resolve the same within stipulated timeline. They will also inform about the same to PM/ PMU through email or any other official communication. A grievance register will be maintained by the contractor/Project Manager Office at each site office. Phone number of concerned engineer shall be displayed at the site so that aggrieved person can contact the concerned site engineer in case of emergency.
d) **Through PMU:** PAPs/aggrieved party can register/file grievances directly to the PMU also. PMU will en-route the same through Project manager Office to the site engineer who will try to resolve it within the stipulated time and rest process will follow.
e) Besides the grievance redress mechanism of JTFRP, state has online grievance monitoring system known as Awaz-A-Awam (People's voice). The PAPs can also lodge their grievance online at http://www.jkgrievance.nic.in if any during the project implementation.

11.5 Legal Options to PAPs

188. The PAPs can address their grievances through grievance redressed mechanism as discussed above. In case they are not satisfied with the GRC decisions, they can approach through general legal environment consisting of court of law to address their grievance. These options will be disclosed to the PAPs during the public consultation process, through PIBs, flyers in Urdu language.

12 IMPLEMENTATION, MONITORING AND REPORTING

12.1 Implementation Schedule

189. Implementation of SMP mainly consists of suggested mitigation measures during construction stage of the subproject on traffic and staff management activities. The time for implementation of SMP plan will be scheduled as per the overall subproject implementation. All activities related to social issues must be planned to ensure that construction activities have no impact on routine working of hospital. Public consultation, monitoring and grievance redress will be undertaken intermittently throughout the subproject duration. However, the schedule is subject to modification depending on the progress of the subproject activities. The civil works contract for subproject will only started after proper fencing and boundary in place.

Table 27: Implementation Schedule

Activity	Progress (Year /Quarter)											
	Ist Year				IInd Year				IIIrd Year			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Subproject Implementation												
Establishment of GRC	X											
Selection of Monitoring Consultant and Third-Party Monitor	X											
Obtaining approval of SIA from World Bank	X											
Training and Capacity Building PIU and other Institutions		X										
Public Consultation		X	X	X	X	X						
Grievance Redressal		X										
Monitoring and Reporting Period												
Monitoring and reporting by PIU						X	X	X	X	X	X	X
Hiring Construction Supervision Consultant						X						
External Monitoring and reporting								X		X		X

12.2 Monitoring and Reporting of the SMP

190. The most crucial components/indicators to be monitored are specific contents of the activities. These indicators and benchmarks are of three kinds:

a. Process indicators including project inputs, expenditures, staff deployment, etc.
b. Output indicators indicating results in terms of numbers of complaints received from people during construction, etc. and
c. Impact indicators related to the longer-term effect of the subproject on people's lives.

191. Input and output indicators related to physical progress of the work will include items as following:

a. training of PIU staff completed
b. socio-economic studies completed
c. meetings of GRC
d. grievance redress procedures in-place and functioning
e. suggested mitigation measures are provided during construction
f. Monitoring reports submitted

192. The environment and social safeguards officer from JKPCC will monitor and review the progress and implementation of SIMP.

193. A quarterly report on social indicators and issues will submitted to World Bank by PMU. An independent project quality audit consultant will conduct a half yearly social audit of SIMP implementation, the audit report will be submitted to World Bank.

13 CONCLUSIONS AND RECOMMENDATIONS

194. **Conclusions:** The sub-project does not involve any private land acquisition for the construction of additional building. The additional block will be constructed within the existing boundary. Proposed land is owned by Government and possession of existing Lal Ded, Hospital administration. It was found in the SIA study that the proposed sub-project will have positive impacts in terms of addressing the need for better health services for female population in Kashmir Valley (State). Stakeholder's consultation was conducted to take suggestions from the patients and community.

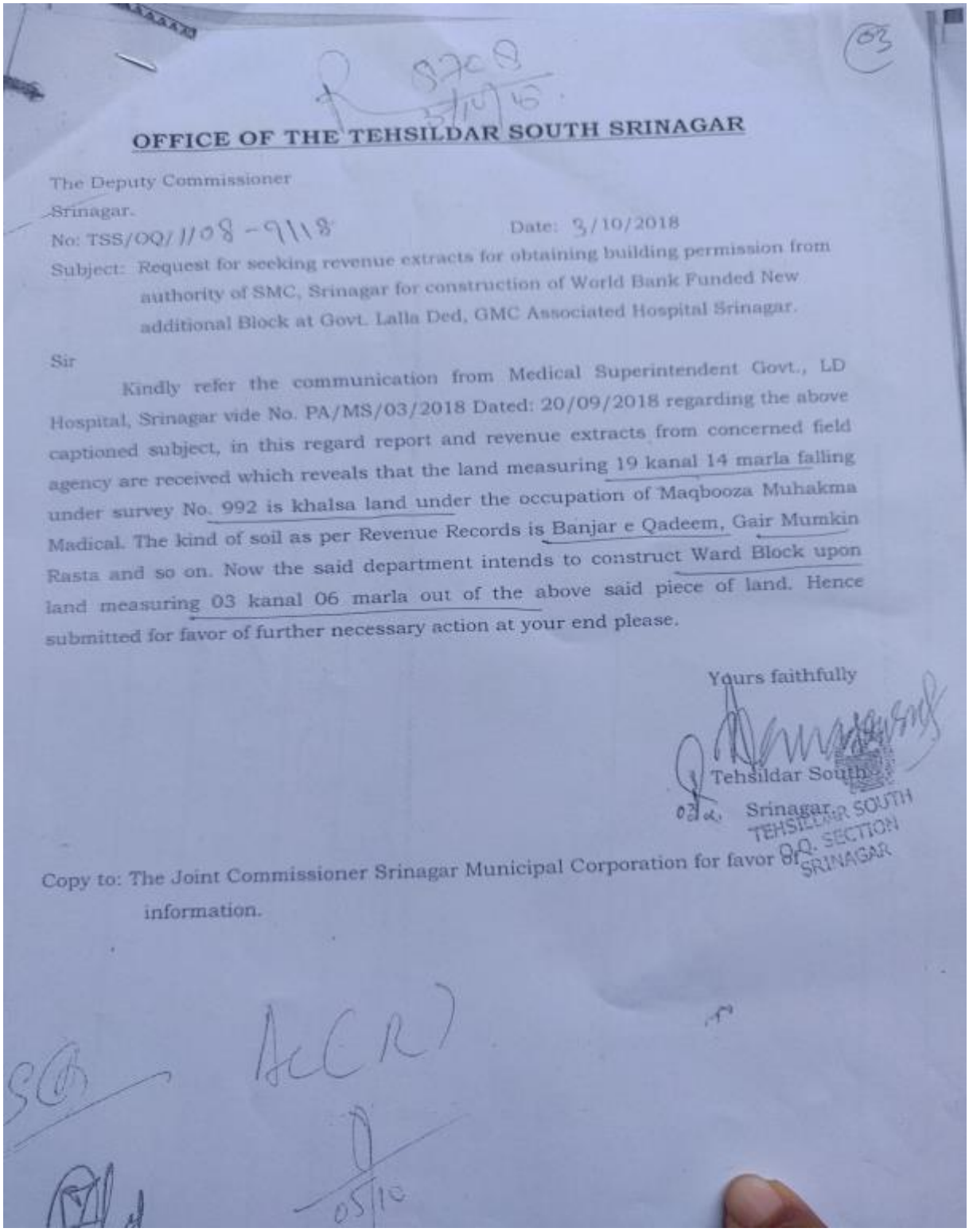
195. The sub-project might require labour force from outside the project area for some skilled activities. Labour related issues might arise during the construction stage due to influx of labour. To address the social issues, the SIA report includes a very comprehensive Social Management Plan which majorly focuses on labour issues. Mitigation measures have been proposed in the SMP to address any adverse impact of the sub-project.

13.1 Recommendations

- A Grievance Redressal committee, if not formed yet, need to be formed at project level to record, address and settle the grievances of construction labour during construction stage of the subproject.
- SMP and GMP of the subproject need to be implemented along with EMP prepared for the subproject activities.

ANNEXURE

ANNEXURE-1: LETTER OF REVENUE DEPARTMENT FOR LAND OWNERSHIP



OFFICE OF THE TEHSILDAR SOUTH SRINAGAR

The Deputy Commissioner
Srinagar.

No: TSS/OQ/1108-9118 Date: 3/10/2018

Subject: Request for seeking revenue extracts for obtaining building permission from authority of SMC, Srinagar for construction of World Bank Funded New additional Block at Govt. Lalla Ded, GMC Associated Hospital Srinagar.

Sir

Kindly refer the communication from Medical Superintendent Govt., LD Hospital, Srinagar vide No. PA/MS/03/2018 Dated: 20/09/2018 regarding the above captioned subject, in this regard report and revenue extracts from concerned field agency are received which reveals that the land measuring 19 kanal 14 marla falling under survey No. 992 is khalsa land under the occupation of Maqbooza Muhakma Madical. The kind of soil as per Revenue Records is Banjar e Qadeem, Gair Mumkin Rasta and so on. Now the said department intends to construct Ward Block upon land measuring 03 kanal 06 marla out of the above said piece of land. Hence submitted for favor of further necessary action at your end please.

Yours faithfully

Tehsildar South
Srinagar.

TEHSILDAR SOUTH
R.O. SECTION
SRINAGAR

Copy to: The Joint Commissioner Srinagar Municipal Corporation for favor of information.

ANNEXURE-2: SOCIO-ECONOMIC SURVEY QUESTIONNAIRE

Socio-economic –Lal Ded Hospital, Srinagar

Questionnaire No: **Date:**

LD HP		

Investigator Name _____

Location

Subproject (Name): _____

District: _____

Block: _____

Location: _____

A. Respondent's Identification

A1. Name of Respondent_____A2.Age_____A3.Sex

Male	Female

A4. Father's Name_____

A5. Social Category

Hindu	Muslim	Christian	Sikh	SC	ST	OBC	Others

A6. Economic Category

1. Farmer …… 2. Agriculture Labour: ……3 Business……4

Pensioner…….5. Govt. Service ..... 6 Pvt. Services……..7. Housewife…….Other: (Specify)…….....

A7. Do you migrate for health facilities'? 1. Yes 2. No

A8. If 'Yes' for what type of services in a year?_____

B. Health Care Facilities - Existing System and Gaps

B1. What are the common diseases in the area related to child birth ?

B2. How adequate is the healthcare facility at Lalla Ded Hospital?

B3. What are the general gaps of health care services at Hospital?

(√ the appropriate reasons)

01	Poor Registration Access	02	Lack of Bed/ utilities
03	Lack of Doctors	04	Lack of Nurses/ staffs
05	Lack of Medicine	06	Lack of facilitators (ASHA)
07	Lack of Awareness	08	Economic status
09	Others, Specify		

B4. How the general health care condition can be improved?

B5. Will hospital expansion benefit mother and child health in the area? Give reasons:

(√ the appropriate reasons)

01	More bed/utilities	02	Adquate Medicine
03	Doctors and staff	04	Others, Specify

B6. What are the general problem faced during services at Hospital?

01	Lack of facilities	02	Overloaded with work
03	Lack of management	04	Lack of facilitators (ASHA)
05	Lack of Medicine	06	Lack of Public Awareness
07	Economic/financial	08	Others, Specify

(√ the appropriate reasons)

B7. Is there HIV/ AIDS/ STD prevalent in region? (√)

B8. If yes, what measures can be taken to stop spread of STD/ HIV/ AIDS?

C. Other Facilities

C1. What is the main source of water?

For drinking ----------for other usage----------

C2. Is there electricity supply in hospital : Yes-1 No-2

C3. Is sanitation (toilet) facility available? Yes-1 No-2

C4. If yes specify: 1. Public 2. Pay and Use, 3. Open area, 4. Others

D. Gender

D1. Role of women in decision making for health related issues 1. Yes 2. No

D2. Common health problems associated with women and Child

Types of Diseases	How many times in a year	Type of Treatment*	Treatment Centre Govt. Hospital/Private Doctor

1. Allopathic 2. Homeopathic 3. Ayurvedic 4. Unani 5. Treatment at home 6. Any other specify

E. Govt. Development Schemes

E1. Have you availed any benefit under Central or State Govt. Scheme 1. Yes 2. No

Scheme	**CSS or State Govt.**	**Purpose**	**Amount Availed**	**Training**
SGSY				
JGSY				
NREGA				
PMRY				
DWACRA				

Others (Specify)				

F. Income and Expenditure

Income		**Expenditure**			
Source	**In Rupees**	**Items**	**In Rupees**	**Items**	**In Rupees**
Agriculture		Food & Cooking fuel		Electricity/Utilities	
Commercial				Water	
Service (Pvt./Govt.)		Clothing		Social events	
Livestock		Transport		Agriculture (labour/tools)	
Remittance (money order, etc)		Healthcare Medicines		Seeds/fertilizers/ pesticides	
Others (Specify)		Education		Others (specify)	
TOTAL				**TOTAL**	

G. Indebtedness

G1. Please indicate your borrowings during last one year

Source	**Amount taken (in Rs.)**	**Purpose of Loan**	**Amount returned (in Rs)**	**Balance**
Bank (sp. which bank)				
Private money lender				
Others (sp.)				

I. Assets available with family

S.No.	**Productive Assets**	**S.No.**	**Other Assets**
1	Vehicle (two / four weelers)	1	Refrigerator
2	Machine if any	2	Washing machine
3	others (specify)	3	Ceiling Fan
		4	Radio / Television

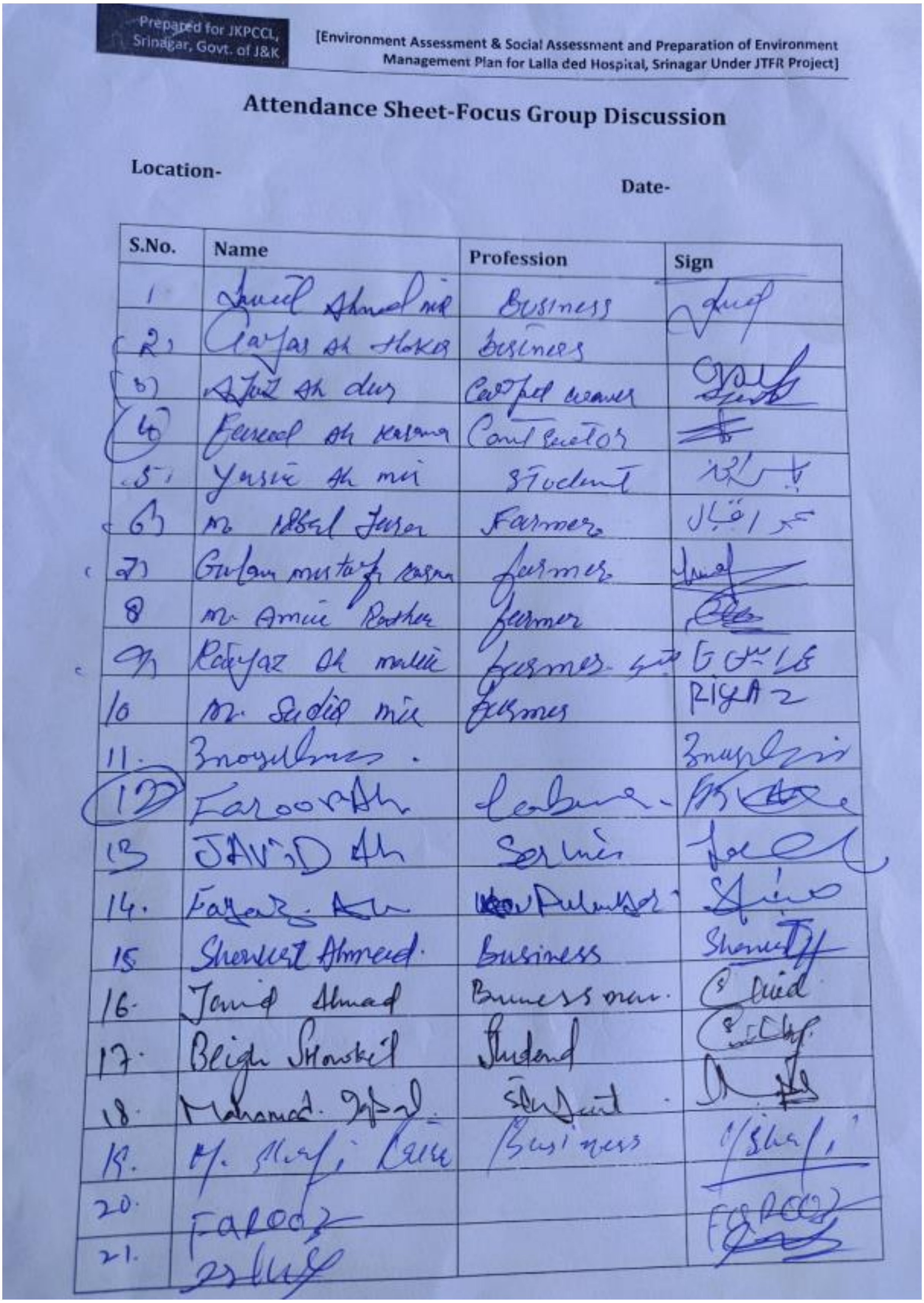
		5	Computer
		6	Others (specify)

H. Project Related Information

Are you aware of the proposed hospital expansion project		1	YES	2	NO
If yes what is the source	TV – 1	Newspaper – 2	Govt. officials – 3	Other villagers – 4	Other - 9

Positive impacts perceived		**Negative Impacts Perceived**	
Increase in employment/services	1	Loss of Income	1
Increase in facilities	2	Pressure on services with existing infrastructure	2
Increase in business opportunity	3	More visitors/population/footfall	3
Increase in better mother and child health	4	Conflict with private clinics/doctors	4
Better access to haelth services	5	Others (increase in incidents of Trafficking/ poor health services etc.)	0
Others	9		

I. Remarks of the Interviewer…….



Prepared for JKPCCL, Srinagar, Govt. of J&K

[Environment Assessment & Social Assessment and Preparation of Environment Management Plan for Lalla ded Hospital, Srinagar Under JTFR Project]

Attendance Sheet-Focus Group Discussion

Location-

Date-

S.No.	Name	Profession	Sign
1	Javeed Ahmad mir	Business	[signature]
2)	Aajaz Ah Hokar	Business	[signature]
3)	Afaz Ah dar	Carpet weaver	[signature]
4	Fareed Ah Rather	Contractor	[signature]
5	Yasir Ah mir	Student	[signature]
6)	Mr Iqbal Jusar	Farmer	[signature]
7)	Gulam mustafa Rather	farmer	[signature]
8	Mr Amin Rather	farmer	[signature]
9)	Riyaz Ah malik	farmer	[signature]
10	Mr. Sadiq mir	farmer	RIYAZ
11.	Znoyulmas.		[signature]
12	Farooq Ah	Labour	[signature]
13	JAVID Ah	Service	[signature]
14.	Fayaz Ah	Plumber	[signature]
15	Shawkat Ahmad	Business	Shawkat
16	Javid Ahmad	Business man	[signature]
17	Beigh Shawkat	Student	[signature]
18	Mohamad Iqbal	Student	[signature]
19	M. Ashraf Bhat	Business	[signature]
20	FAROOQ		FAROOQ
21	[illegible]		[signature]

22.	Farooq Ahmed		
23.	Sumaira.	Housewife	
24.	Mubeena	"	
25.	Ruksana.	"	
26.	Shazia	"	
27.	Tabish	"	
28.	Nusrat	"	
30.	Kulsuma	"	
31.	Ahmed	"	
32.	Rubia	"	
33.	Aafiya	Teacher.	
34.	Sahira	Housewife	
35.	Afsrat	"	
36.	Samiya	"	
37.	Mussarat	"	
38.	Mehraj	"	
39.	Mehwish - Nisa	Teacher	
40.	Samina Begh	House-wife	
41.	Gulshan Manzoor	Teacher	
42.	Shameena	house wife	
43.	joya	service	
44.	Shaista		

ANNEXURE-4: DETAILS OF SOCIO-ECONOMIC SURVEY RESPONDENTS

Q.No.	Location (Address)	Respondent's Details						Migrate for health services
		Name	Father/Husband Name	Age (Yr.)	Gender	Social Category(Religion)	Economic Category(Occupation)	Yes/No
	PATIENTS							
1	Hapchonor, Srinagar	Arosha	Imram Shekh	26	2	Muslim	7	2
2	Sunibal	Rubeena	Tarque Ahmed	32	2	Muslim	7	2
3	Kargaon	Nasreena	Altaf Bajard	26	2	Muslim	5	2
4	Hyderpor	S. Jabeena	Bashrat Ahmed	44	2	Muslim	7	2
5	Chotinor Badgaon	Parveena	Bashir Ahmed	36	2	Muslim	5	2
6	Bandipore	Abida	Javed Ahmed	26	2	Muslim	7	2
7	Bandipore	Tahira	Abdul Hamid	36	2	Muslim	7	2
8	Bandipore	Mymoona	Gulzar Ahmed	26	2	Muslim	7	1
9	Mitrigaon	Sharefa	Farooq Ahmed	26	2	Muslim	7	1
10	Palhalon	Kulsarma	Shabir Ahmed	34	2	Muslim	7	1
11	Bignour	Sumeera	Arshid Ahmed	32	2	Muslim	7	1
12	Batamaloo, Srinagar	Asnat	Reyez Ahmed	30	2	Muslim	7	2
13	Beeru, Budgaon	Sabe Lfeelane	Shouaib Farooq	34	2	Muslim	7	1
14	Rawalpore, Sirnagar	Dilshada	Tariq Ahmed	26	2	Muslim	7	2
15	Bandipore	Shefrq	Gulzar Ahmed	36	2	Muslim	5	1
16	Oamerwri, Srinagar	Saima	Abdul Ahemed Bhat	40	2	Muslim	7	2
17	Timag	Rubeena	Abdul Pasheed	26	2	Muslim	7	2
18	Shufipora	Tasleema	Firdous Ahmed	28	2	Muslim	7	2

19	Nuibagh	Naseema	Gulzar Ahmed	34	2	Muslim	5	2
20	Lolipora	Nusrat Tabasum	Feroz Ahmed Mohammed	34	2	Muslim	5	1
21	Surasyar, Budgam	Gafoor	Nawaz Mir	26	2	Muslim	7	1
22	Budgaon	Rafiqu	Mohammad Amin Mohammad	34	2	Muslim	7	1
23	Dasa Idorwan	Susoy	Shabir	30	2	Muslim	7	1
24	Gondrbal	Drsheda	Fareed Ahmed	36	2	Muslim	7	1
25	Bazar Bla. Tangmrg	Shaguffa Rahmi	Altaf Ahmed	26	2	Muslim	7	2
26	Guraz Badipore	Begam	Abdul Myandlone	60	2	Muslim	7	1
27	Nawnagaon Pul	Mubeema	Mohammad Iqbal	34	2	Muslim	7	1
28	Khonmoh	Naqsooda	Firdous Ahmed	28	2	Muslim	7	1
29	Magam Budgaon	Nagma	Mohammad Iqbal	25	2	Muslim	7	1
30	Pulwama	Zaina Begum	Bashir Ahmed	58	2	Muslim	7	1
31	Qasimabad	Riasham Ara	Syed Riouf Ahmed	26	2	Muslim	7	2
32	Saibugh Budgam	Sumira Bilal	Ahmed	28	2	Muslim	7	2
33	Tangmarg	Mymoona	Gowhir Ahmed	26	2	Muslim	7	2
34	Qazigord	Nelofar	Irshed Ahmed	25	2	Muslim	7	2
	ATTENDENT TO PATIENTS							
35	Other District	Javed Ahmed Bhat	Gulshan Mahidin Bhat	37	1	Muslim	1	1
36	Other District	Mohd. Iqubal	Abdul Khalid Wani	30	1	Muslim	5	1
37	Other District	Fayaz Ahmed	Ghulshan Mohd.	33	1	Muslim	5	1
38	Other District	Shalima	Abdul Quyam Khan	22	2	Muslim	1	1
39	Other District	Tabish	Javid Malik	32	2	Muslim	5	1
40	Other District	Aafiya	J. Manzoor	36	2	Muslim	5	1
41	Other District	Yashir Ahmed Mir	M. Ahmed Mir	42	1	Muslim	3	1
42	Other District	M. Shafi Fariqu	Fareed Fariqu	36	1	Muslim	3	1
43	Other District	Farookh	Javed Ahmed	38	1	Muslim	3	1

		Ahmed						
	STAFF							
44	Srinagar	Dr. Irtifa	Syed Jeelano	28	2	Muslim	5	2
45	Srinagar	Dr. Safia	A. Rashed Trag	31	2	Muslim	5	2
46	Srinagar	Dr. Drumer Hamid	Abdul Hamid Bhat	28	1	Muslim	5	2
47	Srinagar	Dr. Insha Shafi	Mohmd. Shafi Misfer	28	2	Muslim	5	2
48	Srinagar	Dr. Farukh Jabeen	M.R. Makhdaom	29	2	Muslim	5	2
	NURSE							
49	Srinagar	T. Daloma	Late S. Nanghal	55	2	Christian	5	2
50	Srinagar	Rafiqua Shiekh	Mohd. Maqsood Shiekh	46	2	Muslim	5	2
51	Srinagar	Gulshan Akhter	Gulshan Mohd. Wani	50	2	Muslim	5	2
52	Srinagar	Rehama Syed	Syed Mehraj-ud-din	27	2	Muslim	5	2
53	Srinagar	Shahlema Gull	Gull Mohd. Bhat	29	2	Muslim	5	2
54	Srinagar	Sheken Syad	Mohd. Afsul Syad	24	2	Muslim	5	2
	STAFF							
55	Srinagar	Farida	Gulshan Navi Mir	33	2	Muslim	5	2
56	Srinagar	Shalima	Farooqu Ahmed	50	2	Muslim	5	2
57	Srinagar	Bilas Rahim	A.B. Rahim Mir	40	2	Muslim	5	2
58	Srinagar	Bilal Ahmed Khan	Abdul Rashid Khan	50	1	Muslim	5	2
59	Srinagar	Shameena	Sudis Mir	32	2	Muslim	5	2
60	Srinagar	Rubiya Ahmed	Farooq Ahmed	29	2	Muslim	5	2
	VENDORS AND SERVICE PROVIDERS							
	Auto/Taxi							
61	Srinagar	Bashir Ahmed	Abdul Rashid	40	1	Muslim	8	1
62	Srinagar	Seikh Jakheram	Seikh Rehman	45	1	Muslim	8	2

63	Srinagar	Fareed Karena	Abdul Ahmed	38	1	Muslim	8	2
64	Srinagar	Altaf Ahmed	Farooq	42	1	Muslim	8	1
	Street Vendors							
65	Srinagar	Raiyaz Malik	Gulshan Malik	39	1	Muslim	8	1
66	Srinagar	Mohd. Subhan Beigh	Tara Wani	50	1	Muslim	8	2
67	Srinagar	Showkit Fayaz	Firoj Showkit	39	1	Muslim	8	1
68	Srinagar	Ahmed	Janid Ahmed	41	1	Muslim	8	2
	Pharmacy Shop							
69	Srinagar	Ab. Majid Sheikh	Hafi Ab. Aziz Dar	42	1	Muslim	3	2
70	Srinagar	Mukhlap	Abdul Aziz Sheikh	50	1	Muslim	3	2

Health Facilities-Exisiting System & Gap							Annual(Rs. in Lakh)		Project Impact		
Adequacy of health Facilties at Lalla Ded	**Gap in Health Service**	**Improvement areas**	**Hospital Expansion benefits**	**Women role in decision on Health requirement**	**Treatment preference**	**Govt. Schemes**	**Income**	**Expanses**	**Positive**	**Negative**	**Remark**
2	2	1	1	1	1	6	4.2	4	1		
1	2	1	1	1	1	6	2	1.8	1		
2	1	1	1	1	1	6	3.2	2.8	1		
2	2	1	1	1	1	6	3	2.6	1		

2	2	1	1	1	1	6	5	4	1
2	2	1	1	1	1	6	2	1.8	1
2	9	2	3	1	1	6	3.6	3	1
1	1	3	1	1	1	6	3	2.6	1
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2	2	4	1	1	1	6	5	4.8	1
2	2	2	3	1	1	6	2	1.8	1
1	2	1	1	1	1	6	3	2.6	1
1	4	1	1	1	1	6	3.5	3.2	1
2	2	3	1	1	1	6	3	2.8	1
2	3	1	1	1	1	6	4.9	4.8	1
2	2	1	1	1	1	6	3.8	3.4	1
1	4	3	1	1	1	6	3	3.2	1
2	9	4	1	1	1	6	3.6	3.6	1
1	1	3	1	1	1	6	4.9	4	1
2	3	1	1	1	1	6	6	3.6	1
1	2	1	3	1	1	6	2	1.8	1
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2	9	1	3	1	1	6	3.5	3.2	1
1	2	1	1	1	1	6	3	2.8	1
1	2	2	1	1	1	6	5	4.8	1
2	1	3	1	1	1	6	2	1.8	1

1	2	3	1	1	1	6	5.5	5	1
2	2	1	3	1	1	6	4.2	4	1
1	3	1	1	1	1		2	1.8	1
1	2	1	1	1	1	6	3.2	2.8	
2	3	1	1	1	1		3	2.6	1
1	2	3	2	1	1		5	4	1
1	2	1	1	1	1	6	3.3	3	
2	3	1	1	1	1		4	3.8	1
1	2	3	2	1	1		4.5	4	1
1	2	1	1	1	1				1
1	3	3	1	1	1				1
1	2	1	1	1	1				1
1	2	3	1	1	1				1
1	3	3	1	1	1				1
1	2	4	3	1	1				1
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2	4	3	3	1	1				1
2	4	3	3	1	1				1
1	2	4	3	1	1				1
2	2	1	4	1	1	6			1
1	2	1	4	1	1				1
1	2	1	3	1	1				1
2	2	1	3	1	1				1
1	2	1	3	1	1				1
2	2	1	3	1	1				1

1	2	1	3	1	1	1
1	3	1	4	1	1	1
1	3	1	4	1	1	1
1	2	1	3	1	1	1
1	2	1	3	1	1	1
1	3	1	4	1	1	1
1	2	1	3	1	1	1
1	3	1	4	1	1	1
1	2	1	3	1	1	1
1	2	1	3	1	1	1

ANNEXURE-5: LABOUR INFLUX MANAGEMENT

1. Introduction

Labour would be required during construction of the additional building for hospital. Preference would be given to offer these jobs to local people. In bid document specification can be made that the contractor shall give preference to local peoples for unskilled labour requirement. However skilled labour would also be required for technical support and construction. The skilled workers could be primarily migrant labours from places outside the state of J&K.

According to preliminary estimates, approximately 50 workers would be required on the project construction of which 30%-40% may be brought in from other states including Uttar Pradesh and Bihar. Details are given in Table -1. Migrant labor may be semi-skilled or may be brought in where requirement of labor is large. Location of construction camp has also been identified on the subproject and the contractor has commenced preparation of camp within the boundary of proposed site. The layout map of labour camp is given in Figure-1:

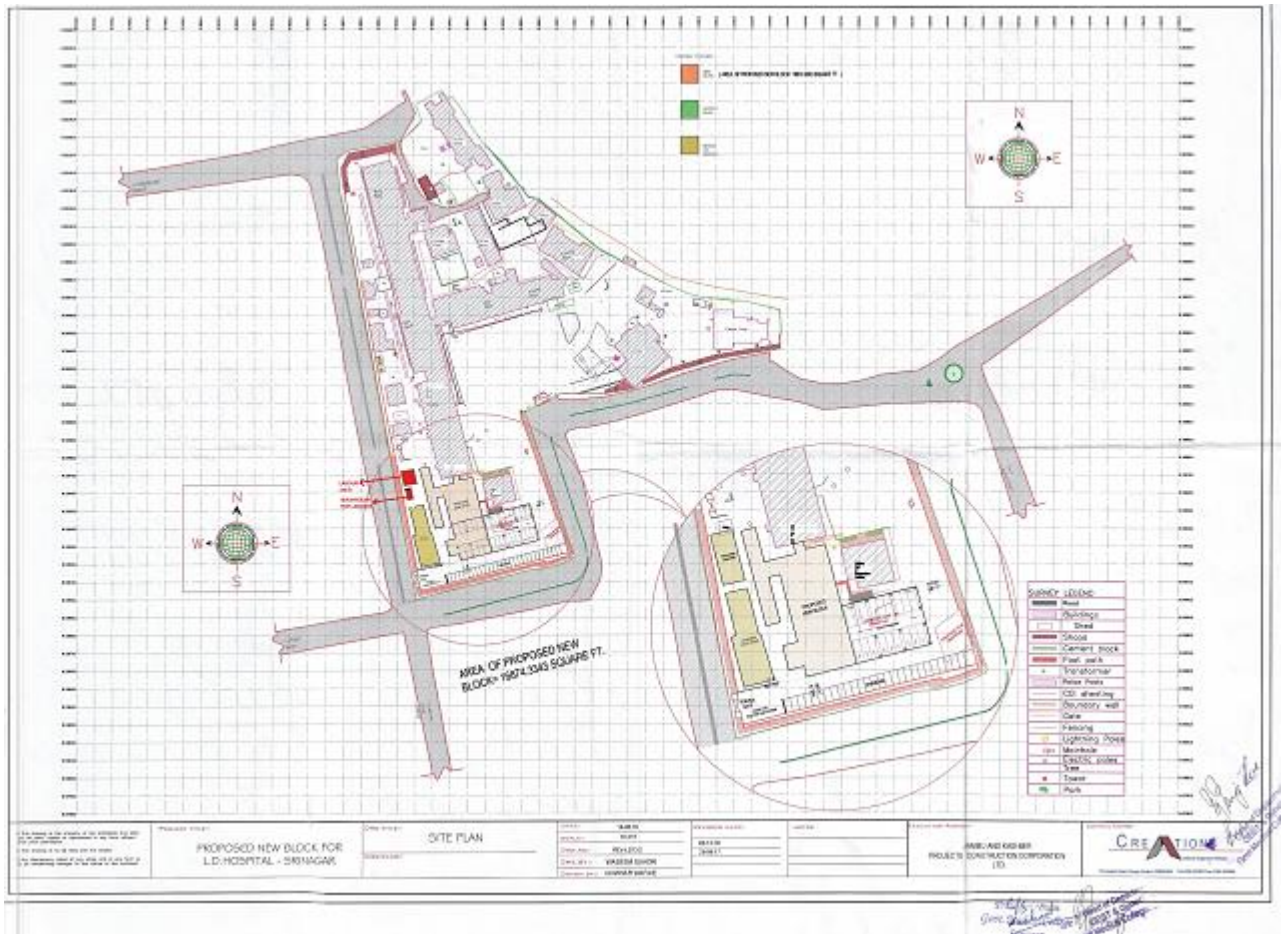

Figure-1 Layout of Labour camp

Table-1: Details of Construction activity of additional building at Lal Ded, Hospital

No.	Item	Description	Details
1.	Type of Development	Expansion Proposed	Expansion

2.	Manpower Requirement (Construction and Operation)	• Skilled • Unskilled • Staff Members (Medical and Non-Medical)	50
3.	Workers Details	• Number of workers working on site. • Residential • Non-residential	Residential
		• Details of Labor camps	• Labor camp shall be provided for the workers
		• Facilities for cooking or other food provision	
		• Provision of drinking water facilities for labour	• Will be available at the project site
		• Crèche for children's of worker or any other facilities	• Not applicable as no women workers will be employed at the project site
		• Details regarding Health check up camps for labour	• Periodically Health checkup shall be provided to the workers
		• Health screening report of workers	• Available
		• Provision of toilets and bathing facilities	• Toilet facility will be available at the site
		• Drainage and solid waste disposal facility during construction phase	• Disposal site at Lassipora and Achan
4.	Safety precaution during construction phase	• Display of safety boards	• Display of Safety board is available at the site
		• First aid room	• Available
		• Arrangement of portable fire extinguishers	• 10 numbers (as per the norms)
		• Mock drill frequencies for safety and fire	• Six Months shall be conducted by Safety Manager
		• Details Personal protective equipment (PPE) like shoes, safety helmets, gloves etc.	• Available as per the norms
5.	Social and Environmental Sensitivity	• Proposed project area occupied by sensitive man-made land uses such as hospitals, schools, places of worship	• Shrine of Hazrat Sheikh Abdul Qadir is located 2 kms from the project site. • Silk Factory at Rajbagh is located within 1.5 kms from the project site.
		• Eco-sensitive area such as wild life sanctuary, bird sanctuary, forest etc within 15km distance from project boundary	• No
		• Any archaeological site/historical monument within 15km distance from project boundary	• No

6.	Welfare Activity	➢ Help Desk to commute Sick Patients offered by Help Poor Voluntary Trust ➢ Blood donation Camps are organised by Blood Bank of the Lal Ded Hospital ➢ Govt. Lalla Ded Associated Hospital being a only Tertiary Care Maternity hospital is also funded for Janani Shushu Suraksha Karikaram (JSSK)by NHM Central Sponsored Scheme Providing Zero Expense

Source: Information provided by the Proponent

The basic issues related with migrant labour may include:

- Conflict amongst workers, and between workers and local community, based on cultural, religious or behavioural practices;
- Discontent amongst local community on engagement of outsiders;
- Mild outbreaks of certain infectious diseases due to interactions between the local and migrant populations. The most common of these are respiratory (TB), vector borne (Malaria, Dengue), water borne (Stomach infections, typhoid) and sexually transmitted diseases (HIV, Syphilis and Hepatitis);
- Security issues to local women from migrant workforce;
- Use of community facilities such as health centres, temples, transport facility etc. by migrant labour may lead to discontent with local community;
- In case contractors bring in unskilled migrant labour, there stands the risk of exploitation of a labourer. This can happen in the form of hiring underage labourers, low and unequal wage payments, forced labour and discrimination on basis of the basis of caste, religion or ethnicity.

2. Potential Adverse Impacts

Labour influx for construction works can lead to a variety of adverse social risks and impacts.

a. Risk of social conflict: Conflicts may arise between the local community and the construction workers, which may be related to religious, cultural or ethnic differences, or based on competition for local resources, such as water which is already scarce for the host communities. Tensions may also arise between different groups within the labor force, and pre-existing conflicts in the local community may be exacerbated. Ethnic and regional conflicts may be aggravated if workers from one group are moving into the territory of the other.

b. Increased risk of illicit behaviour and crime: The influx of workers and service providers into communities may increase the rate of crimes and/or a perception of insecurity by the local community. Such illicit behaviour or crimes can include theft, physical assaults, substance abuse, prostitution and human trafficking. Local law enforcement may not be sufficiently equipped to deal with the temporary increase in local population.

c. **Influx of additional population:** Especially in project with large footprints and/or a longer timeframe, people can migrate to the project area in addition to the labor force, thereby exacerbating the problems of labor influx. These can be people who expect to get a job with the project, family members of workers, as well as traders, suppliers and other service providers (including sex workers), particularly in areas where the local capacity to provide goods and services is limited.

d. **Impacts on community dynamics:** Depending on the number of incoming workers and their engagement with the host community, the composition of the local community, and with it the community dynamics, may change significantly. Pre-existing social conflict may intensify as a result of such changes.

e. **Increased burden on and competition for public service provision:** The presence of construction workers and service providers (and in some cases family members of either or both) can generate additional demand for the provision of public services, such as water, electricity, medical services, transport, education and social services. This is particularly the case when the influx of workers is not accommodated by additional or separate supply systems.

f. **Increased risk of communicable diseases and burden on local health services:** The influx of people may bring communicable diseases to the project area, including sexually transmitted diseases (STDs), or the incoming workers may be exposed to diseases to which they have low resistance. This can result in an additional burden on local health resources. Workers with health concerns relating to substance abuse, mental issues or STDs may not wish to visit the project's medical facility and instead go anonymously to local medical providers, thereby placing further stress on local resources. Local health and rescue facilities may also be overwhelmed and/or ill-equipped to address the industrial accidents that can occur in a large construction site.

g. **Gender-based violence:** Construction workers are predominantly younger males. Those who are away from home on the construction job are typically separated from their family and act outside their normal sphere of social control. This can lead to inappropriate and criminal behaviour, such as sexual harassment of women and girls, exploitative sexual relations, and illicit sexual relations with minors from the local community. A large influx of male labour may also lead to an increase in exploitative sexual relationships and human trafficking whereby women and girls are forced into sex work.

h. **Local inflation of prices:** A significant increase in demand for goods and services due to labor influx may lead to local price hikes and/or crowding out of community consumers.

i. **Increased pressure on accommodations and rent:** Depending on project worker income and form of accommodation provided, there may be increased demand for accommodations, which again may lead to price hikes and crowding out of local residents.

j. **Increase in traffic and related accidents:** Delivery of supplies for construction workers and the transportation of workers can lead to an increase in traffic, rise in accidents, as well as additional burden on the transportation infrastructure.

3. Mitigation Measures and Labour Law Compliance

All migrant workers are envisaged to be accommodated in temporary campsite within the project area. If migrant workers are accompanied by their families, provisions should be made accordingly. Inclusion of requirements for labour camp required to be established by contractor during construction phase of the project. Contractor shall ensure implementation of the measures to minimise the potential negative impacts. The following checklist contains formats for labour-related data to be maintained by the contractor and to ensure compliance with applicable laws:

CHECKLIST FOR TRACKING LABOUR-RELATED ISSUES

	1. PROJECT DATA			
1.1	**Name of Project**			
1.2	**Duration**			
1.3	**Start Date**			
1.4	**Estimated Completion Date**			
1.5	**Location**			
1.6	**Name and Contact Information (email/phone) of Contractor**			
1.7	**Name and Contact Information (email/phone) of all sub-Contractors**			
1.8	**Type of Project (project description)**			
1.9	**Types of activities undertaken phase wise, with timeline**	*Phase 1 (timeline)*	*Phase 2 (timeline)*	*Phase 2 (timeline)*
		Phase 1 (type of activity)	*Phase 2 (type of activity)*	*Phase 2 (type of activity)*

	2. LABOUR PROFILE *This data is to be collected for each <u>individual</u> labourer working on the project, including temporary labour, labour hired through sub-contractors or labour contractors / groups*				
2.1	Number of labourers by sex	*Male*	*Female*		***Total***
2.2	Number of labourers by skill	*Skilled*	*Semi-skilled*	*Unskilled*	***Total***
2.3	Number of	*Local (same or*	*Other state*	*Other*	***Total***

	labourers by origin	*adjoining districts)*			*Country*	
2.4	Number of labourers by age	*14-18*	*18-25*	*25-50*	*Above 50*	***Total***
2.5	No. of labourers by Source	*Contractor*	*Subcontractor*	*Independent*	*Other*	***Total***

	3. WAGES			
3.1	Amount of wages paid per month (men)	*Skilled*	*Semi-skilled*	*Unskilled*
3.2	Amount of wages paid per month (women)	*Skilled*	*Semi-skilled*	*Unskilled*
3.3	Rate of wages below, equal to or more than Minimum Wage?			
3.4	Frequency of payment (daily/weekly/monthly)			
3.5	Deductions made, if any (with details)			
3.6	Mode of Payment (cash / Bank transfer / cheques)			
3.7	Is overtime paid, and if so, at what rate?			
3.8	Is Overtime Register maintained at work-spot as per Form IV of Minimum Wages Central Rules			
3.9	Is Muster maintained at work-spot as per Form V of Minimum Wages Central Rules			
3.10	Is Register of Wages maintained at work-spot as per Form X of Minimum Wages Central Rules			
3.11	Is Labor provided with Wage Slip as per Form XI of Minimum Wages Central Rules			
3.12	How many hours is the working day?			
3.13	How many leaves in a week			

	does the labor get?	

	4. MAINTENANCE OF OTHER LABOR RECORDS	
4.1	Is a copy of photo ID of each laborer kept with the employer?	
4.2	Is verification of qualifications / experience for all semi-skilled and skilled labor done? If so, by which documents?	
4.3	Is contact information of labor's next-of-kin kept for each laborer?	
4.4	How many labourers have been employed from State Employment Exchange?	

	5. FACILITIES				
5.1	Details of labor camps	Number	Permanent/Temp.	Location	Distance from nearest habitation
		1…			
		2…			
5.2	Type of housing in labor camp on leased land (temporary shelters/kuchha/pukka)				
5.3	Is there any housing on public land like roadsides, open fields and other spaces?				
5.4	Is there any housing in rented accommodation in residential areas? If so, who is it rented by?				
5.5	How many laborers have families on/near worksite?				
5.6	Is drinking water available on site and at the campsite?				
5.7	Are latrines and urinals provided on site and at the campsite?				
5.8	Are First Aid facilities provided on site?				
5.9	Does a doctor visit the worksite / campsite regularly?				

5.10	Is there a tie-up with a hospital or dispensary near the worksite / campsite	
5.11	Is woolen clothing/rainwear provided?	
5.12	Is there a provision for a crèche/nursery?	
5.13	Is there a facility for cooking / canteen facility for all labor?	
5.14	Are leisure activities / facilities available for all labor	
5.15	Is transport to and from the worksite provided to labor?	

	6. SUPERVISION BY LABOR OFFICIALS	
6.1	Has the worksite / campsite been inspected by a labor official?	
6.2	How many times has the worksite / campsite been inspected by a labor official since commencement of work?	
6.3	What documents were inspected by labor officials?	
6.4	What documents were maintained and which ones were not?	
6.5	What directions were given by labor officials?	
6.6	What is the mode of compliance with such directions?	
6.7	Are you facing any legal proceedings on labor issues in Labour Court/ Commissioner for Employees' Compensation/ Other?	

	7. ACCIDENTS, EMERGENCIES AND INCIDENTS	
7.1	What is the nature of accidents / emergencies usually occurring at a worksite like yours?	
7.2	Is a functioning First Aid available at the campsite / worksite?	
7.3	Is functioning fire-fighting equipment available at the campsite / worksite?	
7.4	Which is the nearest doctor / clinic / dispensary?	

7.5	Which is the nearest hospital?	
7.6	Which is the nearest Police Station?	
7.7	Are details of nearest doctor / clinic / dispensary / hospital / Police station available and prominently displayed at worksite / campsite?	
7.8	What is the system of informing next of kin?	
7.9	Do you have ESI / ECA coverage?	
7.10	What is your familiarity with accident reporting procedures?	
7.11	What is your familiarity with police reporting procedures?	
7.12	Has an Internal Complaints Committee been constituted, and other appropriate measures undertaken at the workplace as per the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013?	