SOCIAL IMPACT ASSESSMENT REPORT

September: 2021

Social Impact Assessment of Bone and Joint Hospital at Barzulla, Srinagar.

Jhelum Tawi Flood Recovery Project

(World Bank Funded)

Client

Public Works (R&B) Department, Kashmir (Govt. of Jammu & Kashmir)

NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED

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ABBREVIATION

CHC	Community Health Center
COVID	Corona Virus Disease
CPR	Common Property Resources
DH	Divisional Hospital
EA	Executing Agency
ESMF	Environment Social Management Framework
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
ICU	Intensive Care Units
IMD	Indian Meteorological Department
J&K	Jammu and Kashmir
JTFRP	Jhelum and Tawi Flood Recovery Project
LA	Land Acquisition
NH	National Highway
NPCC	National Project Construction Corporation Ltd.
OP	Operational Policy
PHCs	Primary Health Centres
PHED	Public Health Engineering Department
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 Design, Construction and AMC of 120 Bedded Specialized Orthopedic Units Including Six Bedded ICU in Bone & Joint Hospital in Barzulla at Srinagar is one the subproject identified and being prepared in World Bank financing under JTFRP.

3. The Bone and Joint Hospital at Barzulla was conceived by late Prof. Farooq Ashai. It came into existence through his extraordinary efforts. It was dedicated to public in 1982. It started as 150 bedded hospital. The Postgraduate Department of Orthopedics, Govt Medical College, Srinagar (Hospital for Bone and Joint surgery Srinagar) was started in 1959. The Department of Orthopedics at its inception was an extension of the main general surgery department. 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.

4. Govt. of J & K, intends to set up a 120 Bedded specialized Ortho Unit including six bedded ICU and three modular operation theaters in the existing Hospital premises by demolishing the Nurses Hostel and a vacant residential unit at Bone & Joint Hospital at Barzulla, Sri Nagar J&K.

5. In view of above and to fulfil the World Bank Safeguard requirements, M/s. GSI planning and management, New Delhi has been engaged 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.

6. The overall objective of carrying out Social Impact Assessment (SIA) study is to identify potential 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.

7. The proposed new building is geographically located at 34°2'48.90"N, 74°48'24.63"E within the premises of existing 150 bedded Orthopaedic Hospital at Barzulla, District- Srinagar, Jammu and Kashmir. The subproject is proposed construction of new building for 120 bedded with ground cover

area 6255 square meter of total plot area of 18902 square meter. The estimated project cost is Rs.89 Cr.

8. 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 within the Hospital Campus, city of Srinagar and no impacts on indigenous peoples are envisaged. So, OP 4.10 is also not triggered.

9. 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 the mapping process it was found that there are basically two types of stakeholders, internal and external. The External stakeholders (Primary Respondents) includes Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners. And the internal stakeholders (considered as secondary respondents) included Staff from Hospital including Doctors, Nurses, Technicians, security and other staff. The stakeholder survey is derived into parts (i) Socio-economic profile of primary and secondary respondents; and (ii) Identification of gaps in health facility and services in existing hospital. The views of all stakeholders' consultations were helpful in assessing the potential impacts, to assess the gaps and to propose management measures in Social Management Plan (SMP) for the subproject.

10. 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.

11. 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 local community, business opportunities, 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, will generate employment opportunities for both skilled and un-skilled personnel
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	Parking and traffic movement	The limited parking space and increase in traffic from construction activities will lead impact on health service in case emergency.

12. Due to COVID -19, the consultations were limited to one to one discussion following the guidelines of social distancing. The external and internal stakeholders 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.

Stakeholder Consultation during COVID 19 Pandemic

13. The Covid-19 global pandemic has disrupted planned stakeholder and community engagement programmes and eliminated many of our tactical options, with face-to-face engagement no longer possible during this time of physical distancing. Engagement with stakeholders is help us for social impact assessment and understand the need of stakeholders.

14. To meet best practice approaches, the project we have opted the following practices for stakeholder engagement:

- Consultation Approach –Social Impact Assessment Team employed digital tools to spread project information and consultation questionnaire among various stakeholders for consultation.
- A team was deployed at site with all precautions suggested for COVID -19 pandemic for gathering information through questionnaires consultation among stakeholders.
- Telephonic Consultation: In view of public health related restrictions during COVID -19; telephonic discussion/consultation were made by social expert with help of on ground team. Experts were talked to the various stakeholder and brief the information on project, seeks their views on advantages and disadvantages of the project
- Informed participation and feedback: information have been provided to and widely distributed among all stakeholders in an appropriate format; opportunities provided for communicating stakeholders' feedback, for analysing and addressing comments and concerns.
- Inclusiveness and sensitivity: stakeholder identification was undertaken to support better communications and build effective relationships.

15. Consultation was conducted during the Month of June & July 2020: Stakeholder consultation was limited to the stakeholders:

Table E 2: Stakeholder Consultation During the month of June & July 2020

Details	Participants (No.)			
Stakeholder consultation	30 NOs			
Male	23 NOs			
Female	07 NOs			
Activities	**Type of Stakeholders**			
	Doctors	**Medical Staff**	**Patients**	**Patients attendant**
Dissemination project Information among stakeholders	√	√	√	√
Telephonic Consultation	√	√	√	√
Stakeholder Consultation through Questionnaire	√	√	√	√
Impact and Need Assessment	√	√	√	√

16. The details of consultation with major stakeholders were given below:

Table E 2: Details of Stakeholder's Consultation

Date and Place of Meetings	Type and Number of Stakeholders	Issues discussed	Views and Suggestions received
Date: 17th June to 22th June 2020 Place: Bone & Joint Hospital, Srinagar	Medical staff, attendants to patients and patients and local community (23 Male and 7 female)	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.
		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 inside the hospital is problem for staff, patients and community.	Parking layout and traffic movement plan for hospital area need to prepare and implement. Separate entry & exit for construction vehicle need to provide.
		The canteen facility is inadequate and unhygienic.	The Canteen facility need to improve within increase capacity the premises.
		High un-employment in local community	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

17. 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
Construction vehicles movement	• Parking layout for private vehicles for staff, patients and auto/taxi	• Planning for separate entry and exit gate for construction vehicles • Prepare and implement parking layout for private vehicles and auto/taxi for smooth traffic movement inside the hospital campus
Migrant Workers & Issue of Sanitation and hygiene at construction camps	• Health risks due to communicable diseases and sexually transmitted diseases • Outbreak of COVID-19 patients • Potential conflict with local community	• Follow COVID-19 guidelines issued time to time by GoI and local government • 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 sanitation and health care issues and safety matters, and on the specific hazards of their work • Provide adequate drainage facilities throughout the campus 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 COVID-19, 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 contractor's 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, COVID-19, 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

18. 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 to 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 to local women while hiring workers for the construction activities; • 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	Contractor
Safety and Security concerns	• Regular consultations with women groups during implementation stage to address any safety related issues faced by the female workers and local women;	Construction	Contractor, PWD, R&B department

	• Provision of basic facilities for female workers at labour camp to reduce interphase with male workers at construction and camp site and also with local community; • Conduct awareness generation programs for the workers and for the local community in project area.		
Grievance Redressal	• Head, GRC will be designated as Gender Focal Point for all women related grievances. • The contact details of the Gender Focal Point should be displayed at the project site and at the camp site. The concerned person should be easily accessible.	Pre-Construction stage to operation	PMU-PWD, R&B department

19. 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

20. 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.

21. 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.

22. 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).**

23. 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

24. "Jhelum and Tawi Flood Disaster Recovery Project" in J&K envisages "Reconstruction and strengthening of critical infrastructure" as a part of Component 1. The Design, Construction and AMC of 120 Bedded Specialized Orthopedic Units Including Six Bedded ICU in Bone & Joint Hospital in Barzulla at Srinagar is one the subproject identified and being prepared in World Bank financing under JTFRP.

25. The Bone and Joint Hospital at Barzulla was conceived by late Prof. Farooq Ashai. It came into existence through his extraordinary efforts. It was dedicated to public in 1982. It started as 150 bedded

hospital. The Postgraduate Department of Orthopaedics, Govt Medical College, Srinagar (Hospital for Bone and Joint surgery Srinagar) was started in 1959. The Department of Orthopedics at its inception was an extension of the main general surgery department. 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.

26. Govt. of J & K, intends to set up a 120 Bedded specialized Ortho Unit including six bedded ICU and three modular operation theaters in the existing Hospital premises by demolishing the Nurses Hostel and a vacant residential unit at Bone & Joint Hospital at Barzulla, Sri Nagar J&K.

27. The proposed new building/additional block is geographically located at 34°2'48.90"N, 74°48'24.63"E within the premises of existing 150 bedded Orthopedic Hospital at Barzulla, District-Srinagar, Jammu and Kashmir. The subproject is proposed construction of an additional block for 120 bedded with ground cover area 6255 square meter of total plot area of 18902 square meter.

28. The site under the existing Hospital admeasuring 4.67 acres approx. is located off the Airport Road on the banks of Doodh Ganga Canal on its north eastern face and residential / commercial areas on southern and eastern sides. The site is linear in nature and the only approach is from the Western end as depicted in Figure -1 below.

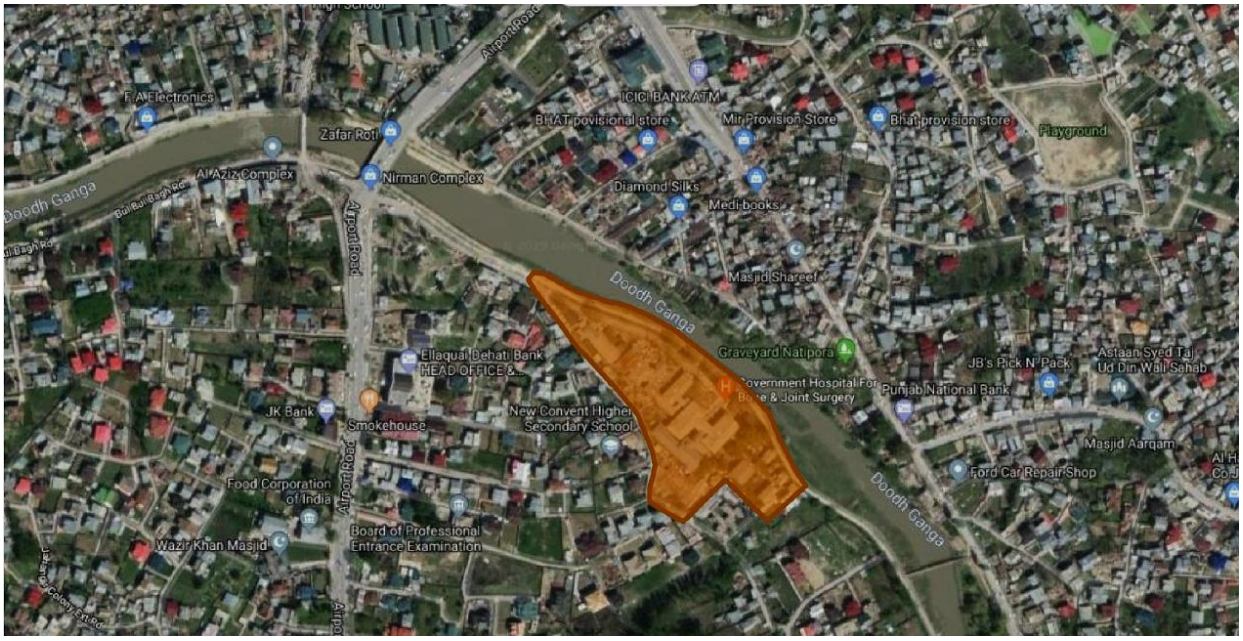


Figure 1: Location of project site

29. 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.

30. In view of above and to fulfil the World Bank Safeguard requirements, Government of Jummu & Kashmir through NPCC 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 (JTFRP).

1.3 Broad Scope of the Assignment

31. The overall objective of carrying out Environmental and Social Impact Assessment (ESIA) study is to identify the 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.

32. 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

33. 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.

34. Scope of this report is to provide social assessment of proposed 120 bedded specialized Orthopaedic additional block hospital Project and to prepare Social Management Plan for design, construction and operational phases of the project. Feedback from stakeholders to identify gaps in services and on conditions of existing facilities were also done to cover holistic assessment and to improve in proposed facility. This section of the report is mainly dealt with Social Impact Assessment and preparation of Social Management Plan for proposed 120 bedded specialized Orthopaedic hospital Project.

1.5 Proposed Project Benefits

35. The Postgraduate Department of Orthopaedics, Govt Medical College, Srinagar (known as Bone and Joint Hospital Srinagar) Hospital Srinagar has been established for Orthopaedic care and it is an associate hospital Department of Orthopaedic Govt. Medical College Srinagar. Lot of damages and causalities were reported during 2014 flood event in the absence of resilient infrastructure and proper planning. As this Bone and Joint Hospital is an important hospital of the valley for bone and joint surgery which annually serve thousands of patients and 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 necessary to construct. Therefore, it has been decided by the authorities to construct a new 120 bedded hospital which will ease the increasing pressure and demand for improved facilities, including the needs of present and future and to create a more resilient infrastructure. The proposed project will not only provide advance medical treatment facilities in orthopaedic but also provide employment opportunities both during construction and operation phase thereby enhancing the socio-economic and of living standard the locality.

1.6 Need for Social Impact Assessment (SIA)

36. 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.

37. 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

38. 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

39. The main objective of this study is to map and understand potential social impacts associated with construction of new 120 bedded hospital building and also to enhance the common environmental infrastructure i.e water, wastewater, biomedical waste, solid waste management, storm water drainage, parking etc. of the existing hospital by incorporating social assessment findings in Design. 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

40. 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 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

41. 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.

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

2.4 Study Methodology

43. 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 or beneficiary, 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[1] and enumerators.

2.4.1 Screening of the sub-project and Reconnaissance survey

44. 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.

2.4.2 Review of Relevant Documents

45. 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. The landownership revenue record document obtained from revenue department confirms that the land is owned by the hospital authority (attached as **Annexure-4**). Thus, the proposed new 120 bedded hospital is within the existing hospital campus hence no land acquisition is required for the proposed subproject.

2.4.3 Stakeholder Consultations

46. As part of the SIA study, the mapping of key stakeholders of the subproject have been 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 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[2] 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

Stakeholder	A Brief Description of the Consultation
NPCC (National Projects Construction Corporation Limited), Srinagar	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.

[1] An enumerator under the supervision of a Social Expert was deployed to collect the socio-economic data and consultation.

[2] Amid COVID-19 the consultation sessions were limited only to individual discussion.

Internal – Working staff of existing health facilities	Initial meeting with administrative officer, doctors, nurses, technician staff, security personnel and helpers for sanitation and cleaning.
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.

(a) Stakeholder Consultation during COVID 19 Pandemic

47. The COVID-19 global pandemic has disrupted planned stakeholder and community engagement programmes and eliminated many of our tactical options, with face-to-face engagement no longer possible during this time of physical distancing. Engagement with stakeholders helps us for social impact assessment and understand the need of stakeholders.

48. To meet best practice approaches, the project we have opted the following practices for stakeholder engagement:

- Consultation Approach –Social Impact Assessment Team employed digital tools to spread project information and consultation questionnaire among various stakeholders for consultation.
- A team was deployed at site with all precautions suggested for COVID -19 pandemic for gathering information through questionnaires consultation among stakeholders (refer **Annexure-1**).
- Telephonic Consultation: In view of public health related restrictions during COVID -19; telephonic discussion/consultation were made by social expert with help of on ground team. Experts were talked to the various stakeholder and brief the information on project, seeks their views on advantages and disadvantages of the project
- Informed participation and feedback: information have been provided to and widely distributed among all stakeholders in an appropriate format; opportunities provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- Inclusiveness and sensitivity: stakeholder identification were undertaken to support better communications and build effective relationships.

49. Consultation was conducted using one to one discussion as part of socio-economic and gap analysis survey during the Month of June & July 2020: Stakeholder consultation was limited to the stakeholders as give below:

Stakeholder Consultation During the month of June & July 2020				
Stakeholder consultation	30 NOs			
Male	23 NOs			
Female	07 NOs			
Activities	**Type of Stakeholders**			
	Doctors	Medical Staff	Patients	Patients attendant
Dissemination project Information among stakeholders	√	√	√	√
Telephonic Consultation	√	√	√	√

Stakeholder Consultation through Questionnaire	√	√	√	√
Impact and Need Assessment	√	√	√	√

50. 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

51. 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 30 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, income & expenditure pattern 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-1**) 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

52. Bone & Joint Hospital at Barzulla is an institution under Postgraduate Department of Orthopaedics, Govt Medical College, Srinagar in Kashmir valley providing health care facilities for Orthopaedic. The hospital provides exclusive services, emergency and interventional care related to bone and joints health care services. In the devastating floods of 2014, the water level was of 3 feet above the ground floor slab level causing huge loss to infrastructure and services.

53. 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

54. The Bone and Joint Hospital is a government orthopaedic hospital which provides exclusive services, emergency and interventional care for orthopaedic cases comes from valley. It also provides expert management for all aspects of musculoskeletal conditions. This includes outpatient care, inpatient surgical treatment, rehabilitation and orthotics and prosthetics.

55. The total plot area of the entire Bone & Joint Hospital campus is approximately 18902 Sq.m which comes to around 4.67acres. Existing built-up area is approx. 13283 sq.m. on 6255 sq.m. ground area. In the present site plan of Bone and Joint Hospital campus, there are 6 non-residential buildings that include main hospital blocks. Apart from this, 5 services infrastructure buildings and 5 residential and garage building also exists on the site. Area statement and block details of existing hospital are given in Table-2 adjacent to this text while layout plan is shown in Figure-3.

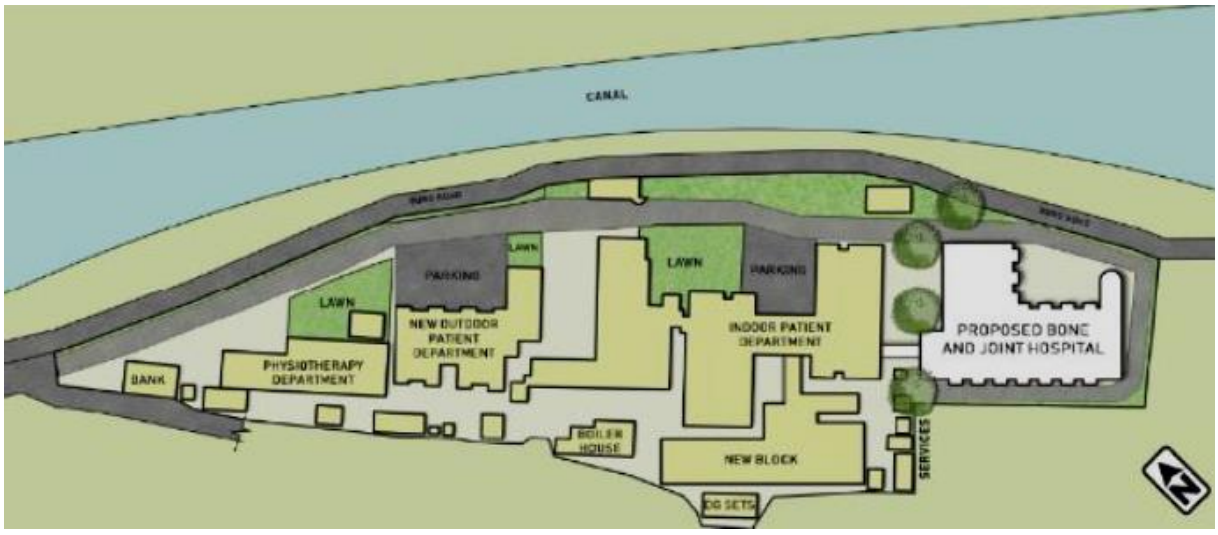


Figure 3: Layout plan of proposed building and Bone & Joint Hospital, Barzulla (kashmir)

Table 2: Area Statement of existing and proposed hospital building

Phase	Block(s) Demolished	Built-Up Area Reduced (sqm)	Block(s) Constructed	Built-Up Area Added (sqm)
1	Staff & Doctors Quarters	1898	120 Bedded Orthopedic Unit	7994
2	MRI & Physiotherapy Block	552	Block 1 (Casualty, Blood Bank & Wards)	3450
3	OPD Block	887	Block 2 (OPD, Admin & Physiotherapy)	2520
4	Blood Bank & Casualty	1695	Block 3 (Radiology & Labs)	3520
5	O.T. & Wards Block	7515	Block 4 (Kitchen, Laundry & CSSD), Block 5 (Wards & O.T.) & Doctors' Hostel	8300
	Miscellaneous Structures	736	Services	1200
	Total Demolished:	**13283**	**Total Constructed:**	**26984**

AREA STATEMENT				
S. No.	Block	Floors	Ground Coverage (sqm)	Built Up Area (sqm)
CURRENT PHASE				
1	120 Bedded Orthopedic Unit	G+5	1636	7994
SUBSEQUENT PHASES				
2	Block 1 (Casualty, Blood Bank & Wards)	G+5	575	3450
3	Block 2 (OPD, Admin & Physiotherapy)	G+3	630	2520
4	Block 3 (Radiology & Labs)	G+3	880	3520
5	Block 4 (Kitchen, Laundry & CSSD)	G+3	370	1480
6	Block 5 (Wards & OT)	G+3	880	3520
7	Connecting Corridor		600	1800
8	Doctors' Hostel	G+4	300	1500
9	Services		430	1200
	TOTAL:		6301	26984
			Ground Coverage = 33%	FAR = 1.43

56. Infrastructure, facilities and block wise building details of the existing hospital are summarized below:

Table 3: Block wise details of the existing facilities

S.N.	Details	Story
Non-residential Buildings		
1	MRI Unit	Single Storied
2	Physiotherapy & ALC Block	Single Storied
3	OPD Block	Single Storied
4	Casualty, Emergency Ward & Blood Bank	Double Storied
5	Old IPD Block	Triple Storied
6	J&K Bank	Single Storied
Service Infrastructure		
1	Water Treatment Plant	Single Storied
2	Boiler Room	Single Storied
3	Electric Sub-station	Single Storied
4	Garbage Shed	Single Storied
5	Generator House	Single Storied
Residential Buildings		
1	PG Hostel	Triple Storied
2	MS Quarter	Single Storied
3	Nurses Hostel	Triple Storied
4	Residential Quarter	Double Storied
5	Garage	Single Storied

3.3 Details of Facilities in Existing Hospital

57. Details of existing facilities available at present in the Bone & Joint Hospital are summarized below:

- Waiting Hall & Registration Counter
- Outpatient Department (OPD)
- Operation Theatres:
- Blood Bank
- Central Sterile Supply Department (CSSD)
- Pharmacy

58. Existing facilities in the Bone & Joint Hospital are overloaded due to number of patients reporting for health services. There is urgent need for construction of additional building block (which

is now being proposed under JTFRP) to overcome space limitation to create more advance medical facilities.

3.4 Proposed Additional Block in Existing Hospital

59. The proposed new building/block site is located within the premises of Bone & Joint Hospital at Barzulla, District- Srinagar, Jammu and Kashmir. The proposed 120 bedded Orthopaedic unit built up area estimated as 26984 sqm with ground coverage 1636 sqm. Maximum height of proposed block is ground + 5 floor structure is considered 22.6 meters height and total constructed area is estimated to be 26984 sq.m.

60. The proposed construction of additional block will be a 120 bedded Specialized Orthopaedic Unit with separate facilities such as 120 bedded wards, 2 private rooms, 6 bedded ICU, 12 bedded Pre-OP and Post-OP rooms, 3 Modular OTs, Radiology, Physiotherapy rooms and Faculty rooms. Certain existing facilities such as Kitchen, Laundry, CSSD, MGPS etc. are to be augmented.

61. The proposed new 120 bedded Specialized Orthopaedic Unit is within the existing Bone & Joint Hospital campus.. The new 120 bedded orthopedic unit will be connected with the existing IPD (Ward) Block and OT Block by a connecting corridor at 1st and 2nd floor levels with a view to achieve maximum economy, utility and efficiency. The new structure proposed for new hospital unit in existing hospital campus is explained in Figure-4.

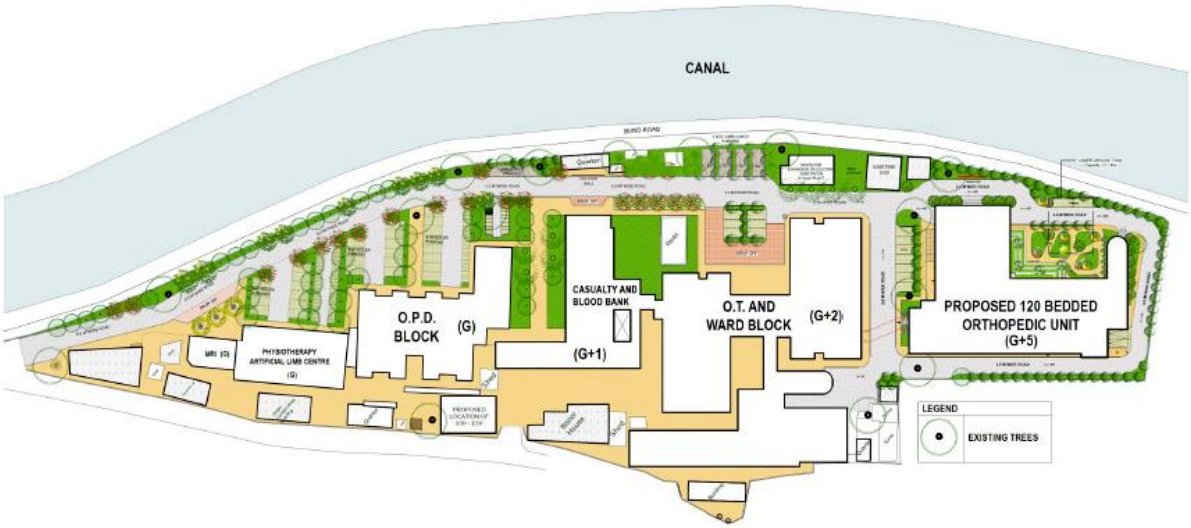


Figure 4: Existing Site Layout and Proposed Block of 120 Bedded Hospital

62. Floor wise details of proposed facilities to be provided in the additional block is given in below Table-4.

Table 4: Floor wise details of the propose facilities in additional block

Floor	Facilities
Ground Floor	Service Area Waiting Area Cafeteria Parking Area Physiotherapy Shop Toilets Lift Lobby Staircase etc.
First Floor	Radiology ward Female X-Ray CT Scan Pantry Dressing Room Toilets Lift Lobby Staircase etc.
Second Floor	OT Complex CSSD ICU Private Ward Toilets Lift Lobby

Floor	Facilities
	Staircase etc.
Third Floor	Wards Lab Pantry Dressing Doctor Cabin Toilets Lift Lobby Staircase etc.
Fourth Floor	Wards Lab Pantry Dressing Doctor Cabin Toilets Lift Lobby Staircase etc.
Fifth Floor	Teaching ADM Server Room Toilets Lift Lobby Staircase etc.
Terrace Floor	

3.5 Construction activities to be undertaken

63. Construction activities will entail:

a) Pre- construction stage

64. This involves:

- Design and drawing of specific architectural plans for proposed 120 bedded 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.

b) Demolition Stage

- Total 13283 sqm built up area demolished Total quantity of Construction and demolition waste generated during demolition was disposed off in line with C&D waste Management Rule 2016.
- Demolition and dismantling plan strictly followed during demolition activities.

c) 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.

3.6 Project Budget

65. The awarded project cost is Rs.89 Cr. and construction will be completed in two years period.

4 POLICY, LEGAL AND REGULATORY FRAMEWORK

4.1 Introduction

66. 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

67. 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)

68. 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 State 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:

69. **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.

70. **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.

71. **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.

72. **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.

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

73. The key (National and State) Acts and regulations on social aspects that may apply for this subproject are given in Table-5.

4.3 Operational Policies of the World Bank

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

4.3.1 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.

4.3.2 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".

75. 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.

4.4 Applicability of policies and Bank Ops in the sub-project

76. The applicability of the above discussed National legislations and policies and World Bank OPs is given in below table-5.

77. 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 5: 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 does not involve any land acquisition and the construction activities will be carried out on existing land available within the hospital boundary.	
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).	PW(R&B) Department J&K and NPCC (Implementing agency)
4	Contract Labour Act, 1970	This Act regulates the employment of contract labours in certain establishments and prohibits for its abolition in certain circumstances. R&B/NPCC and its contractors would comply with the requirements of these regulations.		PW(R&B) Department J&K and NPCC
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. R&B/NPCC and its contractors would comply with the requirements of these regulations.		PW(R&B) Department J&K and NPCC

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
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. R&B/NPCC and its contractors would comply with the requirements of these regulations.		PW(R&B) Department J&K and NPCC
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.		PW(R&B) Department J&K and NPCC
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.		PW(R&B) Department J&K and NPCC
9	The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996			PW(R&B) Department J&K and NPCC
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.		PW(R&B) Department J&K and NPCC
11	The Jammu and Kashmir Natural Calamities Destroyed Areas Improvement Act, 1955 and	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.		PW(R&B) Department J&K and NPCC

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
	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.			
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.		PW(R&B) Department J&K and NPCC
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 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.	**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 land or structure is required for development of additional block under this subproject.	

S. No.	Acts/ Rules/ Notifications/ Guidelines	Key Features	Applicability	Responsibility
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

78. The state of Jammu and Kashmir is the northern-most state[3] 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 are 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.

Geographical Features

79. The State is divided into three divisions, i.e., Kashmir, Jammu and Ladakh Provinces for administrative purposes. 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.

80. 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.

81. 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.)

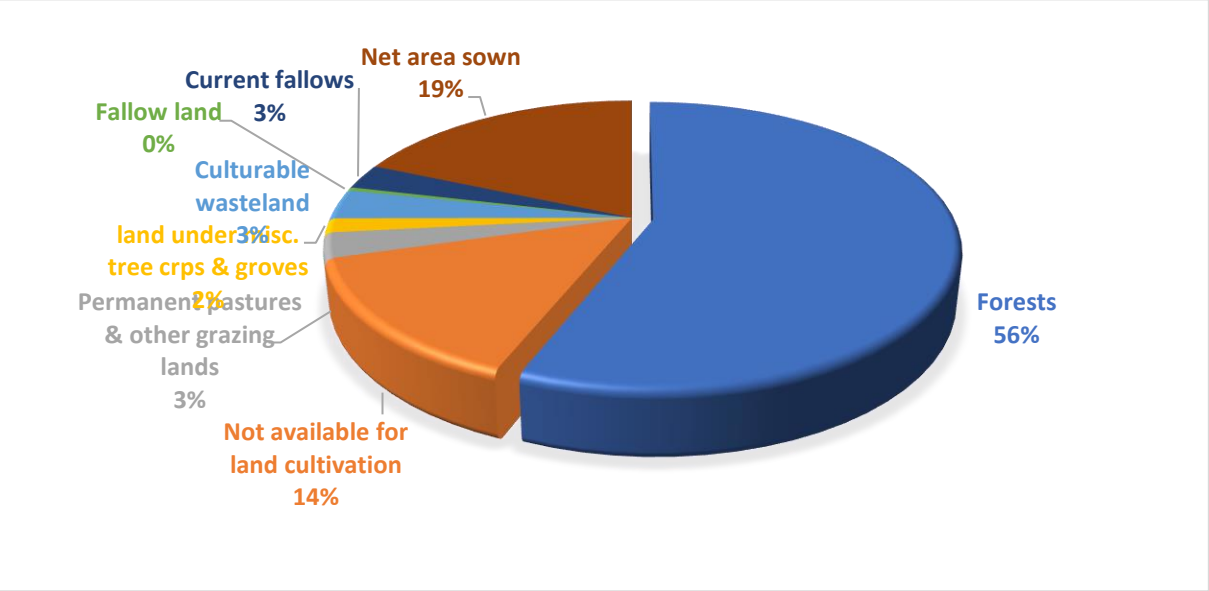
82. The state is endowed with a rich array of forest types from tropical to alpine. The forest area in the state constitutes roughly about 20% of the state's geographic area covering about 20,230 sq. km. Of this, 8128 sq. km (about 51%) is located in Kashmir Valley and the remaining 12,066 sq. km is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

[3] The act re-constituted the erstwhile state of Jammu and Kashmir as two union territories, 'Jammu and Kashmir' and 'Ladakh', with effect from 31 October 2019.

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 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.

83. As per the ISFR (2017), Department of ecology Environment and Remote Sensing, Government of Jammu & Kashmir, the net sown area is 741 thousand hectares, accounting to be 18.47 percent of the total reported area. Around 134 thousand hectares area accounts for not available for cultivation land. An area of 114 thousand hectares i.e. 2.84 percent of the land is under fallow land. Approx. 56.20 percent land is under forest land constitutes 2254 thousand hectares land. The land use statistics are shown in below Figure 5.

Figure 5: Land Use Pattern of State



Source: Envis Center J&K (ISFR, 2017)

Figure 6: Map of Jammu & Kashmir

Demographical Features

84. 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 6).

85. The sex ratio in Jammu & Kashmir and Ladakh union territories 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.

86. Literacy rate in Jammu & Kashmir union territory 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 6: Demographical Indicators of the Jammu & Kashmir union territory

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	

87. 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.

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

89. 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.

Economy

90. 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.

91. 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.

92. 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.

93. 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.

Agriculture

94. 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.

95. 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.

96. The state holds first position in the production of temperate fruits like apple. As per the 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

Resources and power

97. 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.

Tourism and Handicraft

98. 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.

99. 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.

100. 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 make 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.

Transportation

101. 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.

102. 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.

Health Facilities

103. 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. The Infant Mortality Rate (IMR) of the region (Jammu & Kashmir and Ladakh) has lower downed by eight points from 34 to 26 in a single year of 2018 which is highest among all states.

104. 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 7: 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

105. 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[4] 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.

106. With the launch of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana Janani (PM-JAY), total 6,02,720 families are covered under the scheme as per SECC/RSBY data which is 29% of total population. Under this scheme total 157 number of hospitals are empanelled out of 126 number of public and 31 numbers are private hospitals.

107. According to data from the National Health Authority (NHA), a total of 13,068 patients were treated under the scheme in the Union Territories of Jammu, Kashmir and Ladakh. Of these, 8,491 patients were treated in the larger Kashmir region; up to 4,330 patients were hospitalized in Jammu; and 85 were treated in Ladakh-based hospitals.

[4] As per the Indian Public Health Standards (IPHS) norms, J&K still requires 69 new community Health Centres, 222 PHCs and 1396 Sub Centres.

108. Further based on vehicle accident data for year 2019 from Jammu and Kashmir Traffic police, there were total 7532 number of persons reported for injuries. Total 996 nos. of person were killed in vehicle collision in the state. The below Table-8, shows data on persons injured in accident of last three years in the state.

Table 8: Accident data of the State for last three years

Year	Nos. of persons involved			
	Killed	Grievous Injury	Minor Injury	Non-Injury
2017	926	458	6961	7419
2018	984	4169	3676	7845
2019	996	4224	3308	7532

Source: http://jktrafficpolice.nic.in/stat_main.html

109. From data on accident, it can observed that there is immediate need of traffic safety and hospital for treatment of injured persons due to increasing trend in grievous injuries cases.

Education

110. 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.

111. 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.

112. 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

5.2 The Subproject District

113. 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.

Socio-Economic Indicators

114. 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 9). 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.

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

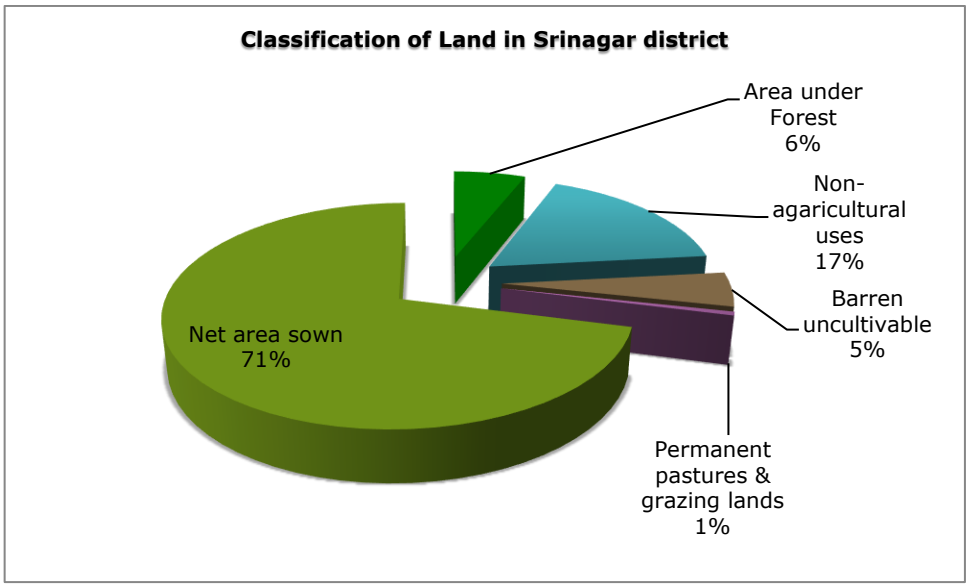
Table 9: **Demographic Profile of the Srinagar District**

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	

Land Use Pattern

116. 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



5.3 Socio-Economic Profile - Srinagar City

117. 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.

118. 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.

119. 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.

120. 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.

121. 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

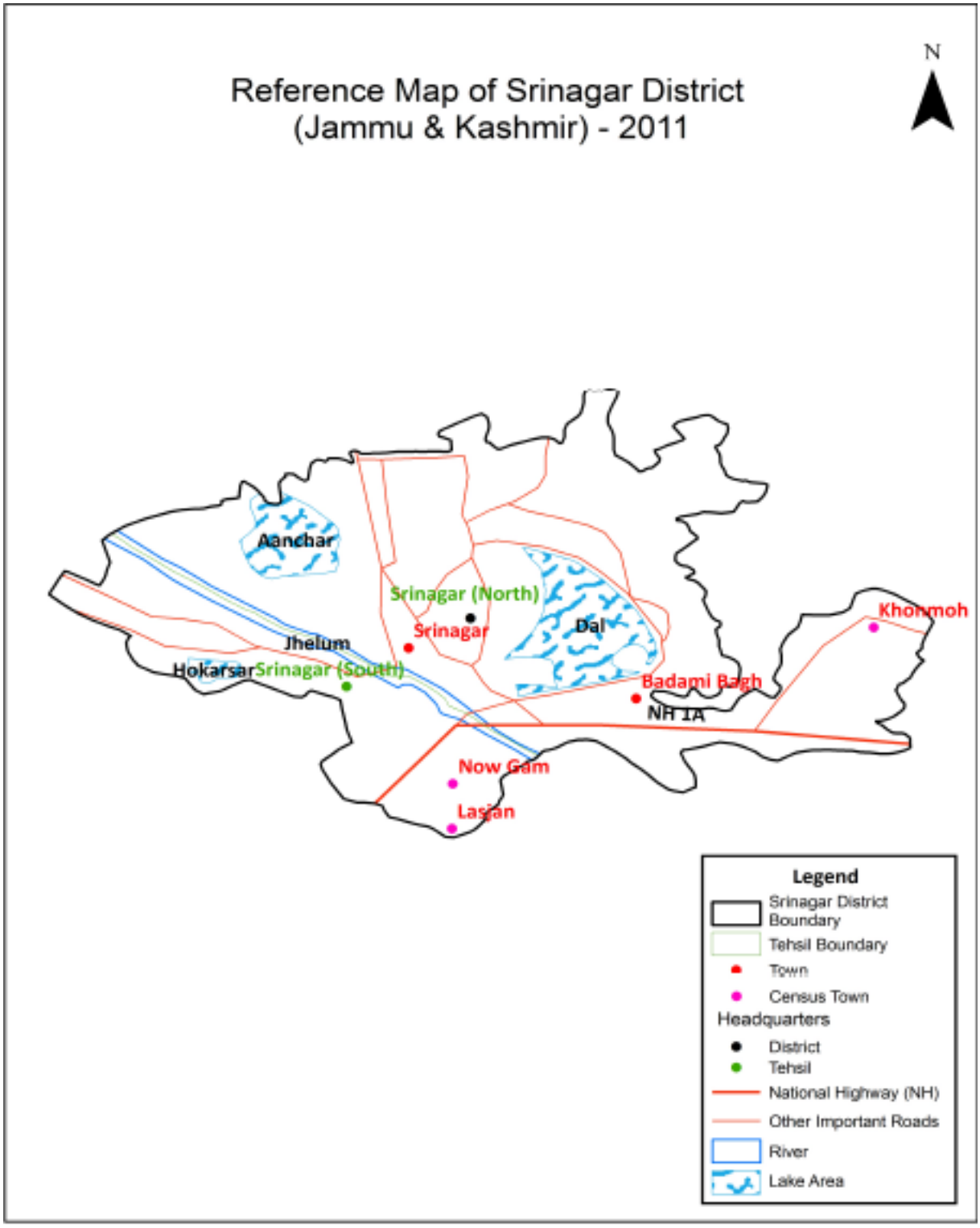
contribute 3% of the total population. Female Sex ratio per 1000 male in Muslims was 946 in Hindus are 188.

122. 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.

123. 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.

124. 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.

Figure 8: Map of Srinagar District



5.4 Bone & Joint Hospital, Srinagar

125. The proposed additional building for hospital is situated in Barzulla area of Srinagar district headquarter and summer capital of Jammu and Kashmir union territory. The Barzulla area falls under Srinagar Municipal Corporation area. The socio-economic profile of surveyed peoples, access to civic amenities in the subproject area are mentioned in following sections.

5.5 Socio-Economic Survey

126. A socio-economic survey (SES) was undertaken during month of June 2020 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 30 which has representation of all types of stakeholder.

127. The construction of additional block will directly benefit the patients needing Orthopaedics care. Considering this, the patients and attendants to patients 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 33% of the surveyed persons are from the local community nearby the hospital area 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 -10.

Table 10: Details of Socio-economic survey

S.N.	Category	Persons (No.)	% age
1	Patients	6	20
2	Attendants	4	14
3	Staff	10	33
4	Local community	10	33
Total		**30**	
Source: Socio-Economic Survey, June 2020			

5.5.1 Sex wise distribution of surveyed persons

128. The hospital facility, at Barzulla for bone and joint treatment serves local population of the Valley and other areas of J&K. This hospital is common health care facility providing treatment to the patients of both genders. The major percentage (76%) of the respondents was male. Only 24% persons surveyed were female. The female respondents 2 no. medical staff, 4 no. attendant to patients being treated at hospital and 1 no. were from local community. The details are presented below in Table -11.

Table 11: Sex wise distribution of surveyed persons

S.N.	Person	Number of Respondents	% age
1	Male	23	76
2	Female	7	24
Total		**30**	**100.0**
Source: Socio-Economic Survey, June 2020			

129. The survey revealed that 90 % of the stakeholder was Muslim, 6% were Sikh and 4% were Hindu by religion.

5.5.2 Demographic details of the respondents

130. The distribution of respondents according to their age suggests that majority (68%) of them were young of age in the range of 30-45years (ears) specifically patients. There were 16% of

respondents of age group of 20-30 years and 05% of 45-50 years age group. The respondents of 30-45 years age group were found in both local community and working staff at hospital. The details are presented in Table 12 below.

Table 12: Age wise Distribution of respondent persons

S.N.	Age Category	Number of Person	% age
1	20-30	5	16
2	30-45	20	68
3	45-50	5	16
Total		**30**	**100.0**
Source: Socio-Economic Survey, June 2020			

5.5.3 Occupational pattern of the surveyed persons

131. Distributing respondent by their occupational categories, it was found that 44 % of respondents (majorly hospital staff) were govt. service. Rest of them are engaged in private service, business and agriculture activities. There are 20 percent of total respondents (from local community) were working as labour/daily wages. The female respondents are mainly serving as nursing staff in the hospital and housewife. The details are given in Table 13.

Table 13: Occupational Category of respondents

S.N.	Occupational Category	Number of Person	% age
1	Agriculture	2	6
2	Business (local vendors)	3	10
3	Housewife	3	10
4	Labour/Taxi/Auto	6	20
5	Govt. Service	13	44
6	Pvt. Service	3	10
Total		**30**	**100.0**
Source: Socio-Economic Survey, June 2020			

132. The annual income and expenditure of respondents (16 number out of 30 number shared information, except medical staff) was calculated broadly on various available economic sources. It was found that average annual income varies in the range from Rs. 85000 to 150000. The details of income of respondents those disclosed their annual income are given in Table 14.

Table 14: Annual Income of Respondents

S.N.	Annual Income	Number of Person	% age
1	> 50000	1	6
2	50000-100000	11	69
3	>100000	4	25
Total		**16**	**100**
Source: Socio-Economic Survey, June 2020			

133. The interviewed persons from direct beneficiaries group i.e. either patients or attendants and local community are of lower income group persons. This indicates that the government hospital

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.

5.5.4 Access to Social Services and Civic Amenities

134. 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.

135. In the subproject area, the respondents (70% of total surveyed) or the members of their families were not found migrating to other city for health care services related to bones & joints. Besides; patients from other districts come to Bone & Joints Hospital to avail services regarding health check-up and related health services. Health Status in Project Influence Area

136. In the survey, from medical staff (doctors & nursed) it was found that fractures, sport injuries, knee joint pain & dislocation, spinal injuries and issues of back pain, accidental injuries cases are common among patients visiting the facility. The patients & attendants interviewed during socio-economic survey having treatment of fracture, back pain, knee problem, joint dislocation and injuries. As reported in the survey, approx. 25 number of accidental cases per day are being registered for treatment in the existing hospital facility.

137. On the adequacy of health care facilities, all the respondents replied that the existing hospital facility for Orthopaedic treatment is the only government hospital available in the Valley region. The treatment facility at Government Hospital for Bone & Joint at Srinagar in comparison to PHCs and district hospitals in the valley have more advance and the treatment by expert doctors. According to respondents, lack of infrastructure, number of specialized doctors and staff with respect to number of patients visiting Government Hospital for Bone & Joint at Barzulla are major gaps. Further, they said that expansion of hospital facility in existing campus or development of a new facility in the valley region can improve bone & joint treatment facility.

138. There was high demand from local community and working staff for expansion of existing hospital capacity to ease the way of health services for treatment of emergency cases and other Orthopaedic issues prevailing in the local community. All the respondents i.e. 100 % were in favor of new building construction. Increase in capacity of existing infrastructure and strength of doctors in Hospital at Barzulla, will help to serve peoples of Srinagar and nearby district more efficiently.

5.6 Gap Analysis in Existing Health Facility

139. All participants of survey prefer treatment at government hospital and does not travel outside the state for any Orthopaedic problems. The information on gap in existing hospital facility was also collected as a part of socio-economic survey from the direct stakeholders. The collected information on gaps in existing facility is analysed based on responses given by below respondent group;

(i) Patients & attendants-who has visited the hospital, here primary respondent;

(ii) Medical staff-working in hospital facility, here secondary respondent.

140. In response to the question on satisfaction from service of existing facility, more than 90% of respondents of both groups rated the services as average or below average and mostly not satisfied. Respondents were not majorly satisfied as the treatment facilities in the hospital are missing or are not functioning properly either due to poor maintenance or lack of staff to operate.

141. The primary respondents have rated the services as an average mainly due to shortage of staff (doctors, nurses & ward boy), non-availability of facilitator and medicines in the existing facility. The secondary respondents have rated the services as an average due to lack of working facilities, overloaded staff and shortage of equipment and medicines.

142. On suggestions to improve health services, the respondents (100%) are positive that the construction of new building block will help in expansion of hospital capacity. The additional building block for 120 bedded orthopaedic unit including six bedded ICU in existing facility will provide additional space, modern equipment, medicines and additional working staff to provide timely and better services to patients.

143. In relation to general problems the primary respondents are facing less managed resources, outdated technology, shortage of facilitator and cost implications from hospital. Similarly, working staff is facing poor management of resources, overloaded working conditions, shortage of ward attendants and lack of awareness and proper communication in patients as general problems.

144. The primary respondent has flagged the use of same lift for patients and medical staff may be leading delay in treatment and service. Further, the maintenance of left is not proper in the hospital as informed by respondents. However, the ramps in the existing building are with proper slope and well maintained as per user's response.

5.6.1 Hygiene and Cleanliness

145. In existing hospital, the maintenance of ward room in terms of cleanliness and ventilation is average as marked by primary respondents. The lack of ventilation, poor lights and old whitewash/paints are issues to rate average of ward rooms. The medical working staff has also rated ward rooms as an average in terms of cleanliness and hygienic conditions due to non-cleaning, poor ventilation and patient's bed arrangement in room.

5.6.2 Water Source

146. Water is being supplied by PHED Department for existing hospital and Hospital administration has already approached to PHED Department for water supply to the new 120 bedded hospital. The water source is PHED department Govt. of J&K for 120 bedded new hospital unit. PHED department augmented water from surface water source i.e. river and supplied to the facility after proper treatment. The supplied water was also used for bathing and sanitation. The respondents (60%) has reported water quality and supply of satisfactory level for drinking purposes. There is proper drainage system installed and maintained in facility to minimise the risk of water borne diseases in the area.

5.6.3 Parking area

147. The parking facility and traffic movement plan inside the facility is major problem faced by primary and secondary respondents. There is lack of parking space for vehicles leading to problems in

free movement of vehicles in case of emergency. With one gate for entry and exit in hospital facility, the traffic circulation is not proper and causing delay in services for treatment. All secondary respondents have raised the issue on additional space requirement for vehicles parking with layout and traffic movement separate for emergency and normal cases. The primary respondents also requested for proper parking layout for private vehicles and auto/taxi separately with increased capacity hospital facility.

5.6.4 Sanitation Facilities

148. During survey, 80% of (Patients & attendants) respondents has said that toilet facilities were not available in ward rooms at Bone & Joint Hospital. Rest (20%) of respondents (Patients & attendants) confirmed that the toilet facilities is available in their ward-room. There is 40 % of (Medical Staff) respondents, has answered no to question on separate toilet for female staff in hospital facility. On cleanliness and hygiene of toilets all (Patients & attendants and Medical Staff) respondents (100%) have rated as poor to average good category due to poor maintenance and unhygienic sanitation facilities. There is request from respondents for separate toilet facilities for attendants. Working staff including doctors, nurses and technician also responded on requirement of separate toilets for female staff and cleanliness of sanitation facilities in hospital.

5.6.5 Associated Facilities

149. The facilities like canteen and resting area for attendants were discussed as associated in hospital. All respondents have informed that canteen is available in the existing hospital building, but the cleanliness and hygienic conditions are main problem in the canteen area. The primary respondent (100%) has rated canteen area as poor in terms of cleanliness.

150. During survey, primary respondents has said that resting facility for attendants has been established in the hospital, However, the maintenance of toilets and hall is not satisfactory to use. There is request of separate washrooms for male and female in resting area from respondents to survey.

5.6.6 Electricity

151. 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.

5.7 Facilities for Female Patients, Attendants and Staffs

152. In the project area Female (respondents) are majorly found engaged in household activities followed by working as nursing staff at hospital. The respondents also mentioned that female have equal role in decision making in selection of orthopaedic health care facilities during health problems. The government hospital is preferred for treatment over private hospital due to difference in cost and services.

153. According to the primary respondents (50%), the existing facility has an established system for separate registration by female staff for the female patient, while 50% were not aware about the system. There are no proper signages used in the existing facility in terms of use of facilities (seats/wards) for female as per 90% of primary respondents. **Hospital Administration confirmed**

separate registration facility by female staff for female patients in proposed new 120 bedded hospital with proper sign boards and information displayed regarding this facility.

154. The working staff (90% of total respondents) also informed that in the existing facility there is lack of gender promotional material like signs and poster. There is need to promote gender sensitization in hospital facility. The secondary respondent has requested to put a separate resting area for female staff, similar to female doctors. However, in the hospital facility no case of gender discrimination and sexual harassment has been reported.

5.8 Income and Expenditure Pattern

155. The respondents were found engaged in various economic activities. An attempt was made to understand their economic status 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. 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. At the same, their income and expenditure data revealed that they end up spending most of the earning and their saving was negligible, which makes them economically vulnerable. Here, the construction of additional building block within the hospital campus will help to increase treatment capacity with better health facility in the area. This subproject will enhance must needed modern equipment along with increase intake capacity of the Government Hospital for Bone & Joint, which will be available for local community including economically vulnerable population.

5.9 Community perception on improvement due to additional building

156. Out of total primary respondents (20), about 75% respondents thought that the with the construction of additional block will increase bed and other facilities in the existing hospital. However, 30% individuals also looking on the increase in doctors/staff strength as benefit of the project development. All primary respondents considering this additional building construction as opportunity to get modern technology for Orthopedic treatment in the area, see Table-15.

Table 15: Community perception on improvement due to additional building

S. No.	Social Impacts	Respondents (Nos.)	Percentage
1	More bed/facilities	15	75
2	Adequate medicines	8	40
3	Increase in doctors/staff	6	30
4	Advance Technology	20	100
Source: Socio-Economic Survey, June 2020			

157. Most of the respondents look at the hospital expansion project as to increase patient intake capacity for treatment and ICU ward to provide emergency treatment with modern technology to the peoples from valley.

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

158. An attempt was made to understand the subproject related awareness among 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.

159. 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.

6 SOCIAL IMPACTS ASSESSMENT

6.1 Introduction

160. The sub-project proposed for construction of additional building which will further strengthen the medical facilities being provided at Bone & Joint hospital at Barzulla. 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

161. The proposed hospital building construction will be done on the Government owned land and would not have any impact on private land and structures. Neither, it will not have any adverse impacts on other assets nor it will cause any disruption to livelihood. The available land is characterized as hospital land where the staff and doctor's quarter were located. As per the revenue record, the land over which the construction is proposed belongs to Department of Health & Medical Education, Government of J&K. The revenue record is annexed as Annexure-4. Thus, the sub-project does have adverse impact on any Private land or other private assets. Further, outside the hospital campus, there are retails shops but they are not within construction zone and their operation will not be impacted due to any of the construction activities.

6.3 Assessment of Impacts

162. 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 hospital administration and government departments for various public utilities ensured that the arrangement has already been made to meet the increased demand for utilities without any negative impact of supply of basic utilities to local community.

163. However, the proposed subproject will have positive impact on 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**

164. The 120 bedded new hospital block is proposed to meet health facilities due to increased population of the state. The findings of socio-economic survey also indicate that the construction of new 120 bedded additional unit in Government hospital will entail significant positive impact on people living in Srinagar and Kashmir valley region of J&K union territory. Views of respondents were collected on impacts of proposed subproject including gaps in present health facilities at Bone & Joint Hospital, Srinagar. A large number (80%) of respondents in socio-economic survey thought non-availability of facilitator in hospital and lack of bed are the major gaps in this hospital (as per 60% respondents), refer table-16.

[5] As per the revenue records the land is under possession of of Maqbooja Muhakama Medical.

Table 16: Community perception on gaps in existing facility

S. No.	Social Impacts	Respondents (Nos.)	Percentage
1	Poor Facilities	3	15
2	Lack of bed	12	60
3	Lack of doctors	7	35
4	Lack of nursing staff	6	30
5	Lack of Medicines	7	35
6	Lack of facilitator	16	80
7	Lack of Awareness	12	60
8	Others	0	0
Source: Socio-Economic Survey, June 2020			

165. The sub-project proposes to provide additional 120 bedded Orthopedic facility, thus addressing the concern of the patients regarding shortage of bed facility.

- **Business Opportunities for local community**

166. Currently in the hospital vicinity there were approx. 15 nos. of commercial set up and approx. 20 nos. of street vendors, to provide secondary services to visitor/patients as information collected from local community in the hospital area during the survey. The services include retail shops for general items, clothes at hospital, food stall, and pharmacy, Xerox and printing, fruits shops and restaurant. There were about 40 nos. of auto and 15 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 150 peoples were engaged in supplying material to commercial set up in nearby location.

167. 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**

168. The expansion of health care facilities will provide employment opportunities in all these highly technical and skilled categories. The employment opportunities will be generated for both genders and more likely for female staff for nursing in the health facility at Hospital.

169. The sub-project will generate employment opportunities for local labour during construction stage. During construction stage (for 2 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.

170. 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**

171. The potential primary beneficiaries of the subproject are the local community from the valley region. 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.

172. The bone and joint hospital at Barzulla being a facility for local community, serves male and female population of the state. Considering the type of service, it provides employment to both genders i.e. ward boy and nursing staff. 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 as well as male in the category of Doctors, Nurses, para-medical staffs and fourth class workers.

B) Negative Impacts:

- **Impacts due to Labour Influx**

173. It is envisaged that during construction phase of the project, labourers for various jobs such as civil, mechanical and electrical works will be hired from local as well as migratory depending on skills. 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 located away from the project site to avoid interface with the nearby community and patients visiting the hospital. 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 including COVID-19 pandemic and other communicable viral diseases;
- Security issues to local women from migrant workforce;
- Use of community facilities such as health centres, religious places, 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**

174. 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. There are risks associated with COVID-19 pandemic disease outbreak in the area. The executing agency has to follow the covid 19 pandemic protocols and guidelines for labour camp and work site. Proper thermal scanning and sanitation arrangement would require at working site. 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.

175. 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.

- **Construction Vehicle movement**

176. There are retail shops located outside the hospital campus. The Construction activities proposed within hospital campus, therefore no significant impact anticipated on their business during construction of the sub-project.

177. There will be increase in heavy vehicle movement in the hospital premises for material and equipment through single gate for entry and exit. This will further increase problem of traffic movement and parking space. There is need of traffic plan to separate construction vehicles and dedicated entry and exit.

- **Occupational, Health and Safety**

178. 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

179. The sub-project has both positive and negative impacts which has already been discussed in above sections. To address the negative impacts mitigation measures, need to be adopted and accordingly a Social Management Plan, Labour Influx Management Plan and Gender Action Plan need to be prepared. The social impacts have been summarized as below Table -17.

Table 17: 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 rather the sub-project will generate employment opportunities for both skilled and un-skilled personnel's
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	Parking and traffic movement	The limited parking space and increase in traffic from construction activities will lead impact on health service in case emergency.

7 Analysis of Alternatives

7.1 Introduction

180. 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

181. 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 orthopaedic; which is under tremendous pressure due to increase in patients with population growth.

182. 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 emergency case in the Kashmir Valley.

Table 18: Overview of positive and negative impacts in two scenarios: (i) With-project and (ii) No-Project impacts

S.No.	Impacts in "With-Project" Scenario		Impacts in "No-Project" Scenario	
	Positive	Negative	Positive	Negative
1	More peoples 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 professionals in operational stage	Nil	Nil	The professional miss the opportunity of getting employed locally.

8 Stakeholder's Consultation

8.1 Introduction

183. 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 finalizing the mitigation measures and preparation of management plan.

184. 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

185. 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 and other staff. And the External stakeholders includes Patients, Attendants to patients, Street vendors, Taxi /Auto service provider, Shopkeeper and restaurants owners. Apart from these two types of stakeholders, NPCC 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

186. 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. Due to COVID-19 pandemic situation at the time of stakeholder consultation for the subproject, one to one interview process was adopted with obligation of national restrictions for containing the spread of COVID-19 issued by Government of India (https://www.mygov.in/covid-19) and World Health Organization guidance (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance). The community feedback as process for consultation in relation to subproject also conducted by recording concerns on one to one basis. The details of consultation with each type of stakeholders is given below:

8.3.1 Discussion with Hospital Authority and government agencies

187. A Stakeholder's consultation meeting was held at Office of Deputy Medical Superintendent with hospital administration and other government agencies 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.

8.4 Consultation with Internal and External stakeholders

188. Due to COVID -19, the consultations were limited to one to one discussion following the guidelines of social distancing[6]. The external and internal stakeholders 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. There were consultation conducted at existing hospital from 17th June to 10th July 2020 on one to one basis and using virtual means of communication to disseminate the information regarding construction of new 120 bedded orthopedic hospital unit within in existing hospital campus. The data collection and discussion with various stakeholders was done by NPCC staff at project site with continuous support from Environment and Social Expert. It involved a total of 30 participants 23 males and 7 females. There were 10 number from medical staff and rest were (20) local community, patients and attendants to patients. The key proceeding of field survey is given in Table-19.

Table 19: Key proceedings of consultation process for the subproject

S.No.	Date	Participants	Action
1.	15th June 2020	NPCC staff at project site	Sharing Consultation Survey format with staff at project site
2	16th June 2020	NPCC staff and a respondent from Medical staff	Virtual Training on data collection in the shared format for socio-economic and gap analysis
3	17th to 22nd June 2020	NPCC staff and Medical Staff[7]	Shared format with Medical staff and contact number for discussion over phone to clarify on questions, if any.
5	17th to 8th July 2020	NPCC staff and Patients and attendants to Patients	One to one discussion following COVID-19 guidelines to record response
4	17th to 10th July 2020	NPCC staff and Local Community	One to one discussion following COVID-19 guidelines to record response
6	11th July 2020	NPCC staff	Shared filled formats with Environment & Social Impact Assessment Team
7	19th July 2020	Environment & Social Impact Assessment Team	Digitalization of data received from field survey

189. The apprehensions and suggestions received at stakeholder's consultations are presented below in Table 20.

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: 17th June to 10th July, 2020	Medical staff, attendants to patients and patients and local	Delay in implementation of project	Timeline should be fixed for project implementation.
		Access to existing and new facilities (which will be	Both facilities (existing and new) should be integrated

[6] No Group Consultation were held due to social distancing and COVID-19 pandemic guidelines

[7] Roaster working was followed by Medical staff due to COVID-19 guideline in the Hospital during survey

Place: Bone & Joint Hospital, Srinagar	community. Total 30 respondents (23 Males and 7 Female)	constructed under this project) will be difficult for patients.	through single and safe access.
		Increase in infrastructure is required in the existing facility.	Construction of new 120 bedded hospital proposed by hospital administration to meet the requirement
		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.
		Noise pollution during construction period	Proper fencing and covering the construction site to minimize the possible impacts. Fencing is proposed as noise barrier to avoid noise pollution
		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 inside the hospital is problem for staff, patients and community.	Implementing agency will ensure timing and heavy vehicle movement route for construction material during construction in consultation with hospital authority to avoid inconvenience for patients. Separate entry & exit for construction vehicle need to provide.
		The canteen facility is inadequate and unhygienic.	Proper canteen facility proposed in new 120 bedded hospital to avoid inconvenience
		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

8.5 Stakeholder's Engagement Plan

190. 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 21 below are not exclusive; the PMU may choose to disclose more information upon request by stakeholders.

Table 21: 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 NPCC for GRM, grievance mechanism, timeline of construction, basic details of subproject.	• Prior to construction • During project implementation update on grievances on requirement/on complaints from local community.
Regional Public/ Community	Information board, mass media, internet, documents on request in local news paper		

Addressed Stakeholders	Communication method	Information to be disclosed	Timeframe
Construction Workers	Information boards and meetings in construction camp	• Health and safety requirements of project • vacancies • workers protection requirements • workers' grievance mechanism	• Prior to construction • updates during construction.

9 SOCIAL MANAGEMENT PLAN

9.1 Introduction

191. 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

192. 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. One of the major impacts that may arise during the project implementation is related to labour influx in the project area.

193. 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, located outside the project site. 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-22.

Table 22: 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 lifts for patients • Odour and foul smell from toilets • Health affects to accident patients due to cold weather conditions • Noise during construction • Improvement of Canteen facility including cleanliness and hygiene • Basic facilities like toilets, waiting and resting areas for attendants, fooding area and drinking water supply are not adequately available. • Parking layout for private vehicles for staff, patients and auto/taxi	The points raised related to access, emergency exist, ramp & lifts, cold weather conditions, canteen facility, waiting hall and parking facilities' has been addressed as part of design and DPR preparation for new block/this project.	Design Consultant, NPCC	PWD, R&B department
Construction Phase					
2	Entry & Exit for construction vehicles and parking space	• Common entry & exit gate for all vehicles • Vehicle parking and Traffic movement in hospital	• Provision of Separate gate for construction vehicles is proposed for construction period. • Increase in 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.	NPCC, Hospital Administration	PWD, R&B department
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 to avoid conflict with locals	Contractor	PMU

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
		• Facilities for the Labour in labour camp outside hospital campus	• Providing accommodation facilities to the migrant labours with proper ventilations. • 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 wastewater 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.	Contractor	PWD-R&B department, PMU Monthly monitoring

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			• Conducting awareness programme about COVID-19, 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.		
		• Facilities at work site	• Provision for safe drinking water • Separate toilet 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 work site along with water sewerage treatment facilities. No waste water should be discharge to any surrounding area without required permission and proper treatment. • Proper solid waste collection and disposal system at work site. • Conducting awareness programme about COVID-19, sexually transmitted diseases among the migrant workers, labourers and for community around project site;		

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			• 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 or any other party related to applicable law and facilities • Gender based violence and sexual harassment	• Arrangement to register and redress grievance of workers. • Grievance Redressal System for the project to address such issues including sexual harassment at the workplace	NPCC	PWD, R&B department, 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; • Separate entrance and exist will be proposed for construction site • Following and implementation of guidelines[8] of GoI and local government on COVID-19. • Access restriction for patients/attendants at the construction site	Contractor, NPCC	PWD, R&B department C, PMU Monthly monitoring

[8] National restrictions for containing the spread of COVID-19 must be complied with and in developing the health and safety management plan Government of India (https://www.mygov.in/covid-19) and World Health Organization guidance (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) should be followed. Contractor to ensure adequate sanitation and welfare facilities including for hand washing and personal protective equipment are provided and to consider the ability of communities to comply with protective measures such as regular handwashing and for the local health care facilities capacity to deal with any infections. Emergency preparedness and response plan to deal with situation should any construction worker or community member be diagnosed with COVID-19 during the course of the works. Given the specialist nature of responding to COVID-19 public health officials/experts to be consulted in undertaking the risk assessment and management planning for COVID-19.

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			• Undertaking regular surveillance at site to check on Hygiene conditions for disease control. • Creating mass awareness on HIV and STDs;		
5	Occupational health and safety	• Injury and sickness of labour • COVID-19 pandemic risks and other communicable viral diseases	• Provide training on health and safety to all 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 within the hospital campus. • 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	Contractor, NPCC	PWD, R&B department, PMU Monthly monitoring

S.No.	Project Phase/Activity	Issues/ Potential impacts	Proposed Mitigation Measures	Responsibility	Monitoring Agency/ Frequency
			communication for all workers on regular basis. • H&S risk assessment and planning for adequate attention to be given to the risks associated with COVID-19 pandemic and other communicable viral diseases.		
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 daily wages casual workers and regular staff.	Hospital authority	PMU Quarterly monitoring
		• Injury/ mortality from emergency situation	• Induction training to all the new employee and six-monthly refresher training for emergency response team would be organized.	Hospital authority	PMU Quarterly 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	Hospital authority	PMU Quarterly monitoring

9.3 Gender Action Plan

194. The SIA study also covered the gender issues that might arise mainly during the implementation of the project. Though the construction of new 120 bedded hospital will benefit the 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 in various stages of subproject, 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 -23.

Table 23: Overview of Gender Action Plan

Issues	Actions	Project Phase	Responsibility
Employment opportunities and facilities	• Equal employment opportunities should be provided to local women while hiring workers for the construction activities; • 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	Contractor
Safety and Security concerns	• Regular consultations with women groups during implementation stage to address any safety related issues faced by the female workers and local women; • Provision of basic facilities for female workers at labour camp to reduce interphase with male workers at construction and camp site and also with local community; • Conduct awareness generation programs for the workers and for the local community in project area.	Construction	Contractor, PWD, R&B department
Grievance Redressal	• Head, GRC will be designated as Gender Focal Point for all women related grievances. • The contact details of the Gender Focal Point should be displayed at the project site and at the camp site. The concerned person should be easily accessible.	Pre-Construction stage to operation	PMU-PWD, R&B department

10 INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENT

10.1 Implementing Agencies

195. 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.

196. The Chief Executive Officer (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.

197. 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

198. PWD, R&B department, Govt. of J&K, will execute the Bone & joint hospital at Barzulla sub-project through NPCC as contractor. The executing unit in PMU in PWD, R&B department 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 NPCC. Social Safeguards Specialist positioned in PMU will monitor the implementation of SMP/LMP/GAP with the support of NPCC 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 24: Institutional Roles and Responsibilities

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

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, NPCC-National Projects Construction Corporation Ltd. TAQAC- Technical Assistance and Quality Audit Consultants, DC- Design Consultants*

10.3 Training and Capacity Building

199. 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 -25.

Table 25: 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/ R&B/NPCC) 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

200. 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

201. 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.

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

203. **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 Panchayat.[9]

204. **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 Panchayat Member
f. A Prominent Women (Retired Officer/ Academicians/ Development Professional)
g. A senior representative of SC/ST Welfare Board[10].
h. A representative of PAPs who can articulate well.

205. **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 Srinagar. This committee should meet every quarter to solve grievances received in office and will take decision within 90 days of receiving the

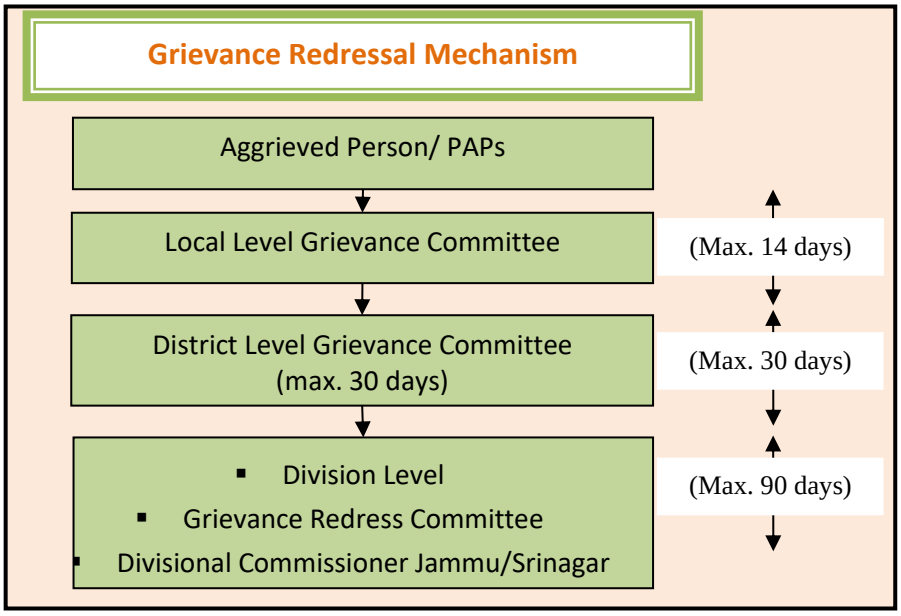
[9] In case grievance pertains to SC/ST population presence of SC/ST member is must.
[10] In case grievance pertains to SC/ST population presence of senior representative/officer of SC/ST Welfare Board /Committee is must

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.

206. 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 9: Grievance Redressal Mechanism



11.3 Procedure of Grievance Redressal

207. 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 R&B/NPCC. 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).

208. 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.

209. 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

210. 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

211. 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

212. Implementation of SMP mainly consists of suggested mitigation measures during construction stage of the subproject on traffic and staff management activities includes labour and gender issues. 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 26: 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	X						
Grievance Redressal		X	X	X	X	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

213. 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 and addressed, etc. and
c. Impact indicators related to the longer-term effect of the subproject on people's lives.

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

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

215. The environment and social safeguards officer from R&B/NPCC will monitor and review the progress and implementation of SMP.

216. 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 SMP implementation, the audit report will be submitted to World Bank.

13 CONCLUSIONS AND RECOMMENDATIONS

217. **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 Bone & Joint, Hospital administration, the land ownership document is given in Annexure-4. 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 community in Kashmir Valley Stakeholder's consultation was conducted to take suggestions from the patients and community.

218. 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: SOCIO-ECONOMIC SURVEY QUESTIONNAIRE

Survey Questionnaire (Part-I: Socio-economic and Part-II: Gap Analysis)

Questionnaire No:

CB		

Date:

Investigator Name _____

Project Details: Subproject (Name)-_____
District: _____Block:_____
Location: _____

PART-I: SOCIO-ECONOMIC

A. Respondent's Identification

A1. Name of Respondent_____Father's Name_____

A2.Are you attendant or Patient?

1. Attendant 2. Patient

A3.Age_____**A4.**Gender

Male	Female

A5.Religion

Muslim	Hindu	Christian	Sikh	Other

A6. Category

GEN	SC	ST	OBC	Others

A7. Occupation

1. Farmer …… 2. Agriculture Labour: ……3 Business……4 Pensioner…....5. Govt. Service ..... 6 Pvt. Services……..7. Housewife…….Other (Specify)…….

A8. Household's Annual Total Income Rs. ----------and Total Expenditure Rs. ----------

A9. Govt. Health Schemes

Have you availed any benefit under Central or U.T. govt. Scheme 1. Yes 2. No

Health Scheme Name	Year of taken	Requirement	Remarks, if any

B. Gender issues in health services

B1. During the health emergency in your family who take decision to visit the hospital?

1. Men 2. Women 3. Both

B2. Which health service is preferred for treatment of orthopaedic health problems? (Select from list and write name of hospital/clinic).

Type of Treatment*	Treatment Centre (Govt. Hospital/Private Doctor)

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

B3. Where you prefer to go for treatment?

1. Govt. 2. Private

B4. When did you visit hospital last and where?

Year	Name of Hospital

B5. Did you find gender friendly services (priority in registration or separate line of registration for men/women) in Hospital facility at Barzulla?
1. Yes 2. No

B6. Did you find gender friendly signs (e.g. priority seat signs, parking for women etc)
1. Yes 2. No

B7. Did you find separate toilet for Women/Man in Hospital facility?
1. Yes 2. No

B8. Did you find gender friendly awareness/ promotional material like signs, bulletins etc. in the hospital?
1. Yes 2. No

B9. For whom do you think the facilities in the existing hospital at Barzulla are lacking?
1. Female 2. Male

Give suggestions to improve in proposed hospital building.

PART-II: GAP ANALYSIS IN HEALTH SERVICES (for all respondents)

C. Health Care Facilities - Existing System and Gaps

C1. When you/ your patient was admitted in the hospital?

_____

C2. What is the health Problem?

C3. Are you satisfied with the present arrangement and healthcare facilities in Bone & Joint Hospital at Barzulla?
1. Yes 2. No

C4. What type of health facilities related to orthopaedic diseases are not available in the hospital?

C5. What are the general gaps of health care services at Hospital? (√ the appropriate reasons)

01	Poor Registration	02	Lack of Bed/ utilities
03	Lack of Doctors	04	Lack of Nurses/ staffs
05	Lack of Medicines	06	Lack of facilitators
07	Lack of information education & communication		
08	Others, Specify		

C6. Do you need to go out of state for treatment of orthopedic health problems?

1. Yes 2. No

C7. How would you rate heath care services in the hospital?
1. Poor 2. Average 3. Good 4. Very Good 5. Excellent

C8. Suggestions to improve health care services in the proposed hospital building under WB funding?

C9. How hospital expansion will enhance community health services in Srinagar? Give reasons: (√ the appropriate reasons)

01	More bed/utilities	02	Adequate Medicine
03	Doctors and staff	04	New Technology
05	Others (specify)		

C10. What are the general problem faced during services at Hospital?

01	Lack of health technology	02	Overburdened staff
03	Lack of management	04	Lack of ward boys
05	Lack of Medicines	06	Lack of Awareness efforts by hospital administration
07	Cost implications	08	Lack of facilitators
09	Others, Specify	10	Testing laboratory facilities

C11. Is lift for patients/attendants working properly and maintained in the existing building?

1. Yes 2. No

If no what are the issues? Please explain

C12. Is ramps for patients/trolley properly sloped and working in the existing building?

1. Yes 2. No

If no what are the issues? Please explain

C13. Is resting area available for attendants in the existing building?

1. Yes 2. No

D. Hygiene and Cleanliness

D1. How ward rooms are maintained?

1. Poor 2. Average good 3. Very good 4. excellent

D2. What are the issues with the maintenance of ward rooms?

1. Lack of cleanliness ----------2. No proper Ventilation ----------
3. No white wash/Painted----------4. Lights----------
5. Bed arrangement/Layout poor 5. Any other issue……

D3. What is the main source of water of drinking water?

1. Treated water supply (PHED) ----------2. Ground water ----------
2. Tanker supply---------- 4. Packed bottled water----------

D4.How is the quality of water?

1. Poor 2. Average good 3. Very good 4. excellent

D5. How is drainage and cleanliness at drinking water facility?

1. Poor 2. Average good 3. Very good 4. excellent

D6. Is toilet and bathroom facility available in Wards for Patients and for Attendants in resting area?

1. Yes 2. No

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

D7. How are the conditions of toilet and bathroom facilities in the Hospital ?

1. Poor 2. Average good 3. very good 4. excellent

D8. Is there any interruption in electricity supply in hospital : 1. Yes 2. No

If yes : 1. Frequent 2. Occasionally, 3. Rarely 4. Not known

D9. Is following area established in Hospital area?

Facility	Response		Remark
	Yes	No	
Canteen			
Resting area			

Parking facility			

D10. How is the hygiene and sanitation in the below mentioned facilities in Hospital area?

Facility	Response			Remark
	Poor	Satisfactory	Good	
Canteen				
Resting area				
Parking facility				

D11. Suggestions to improve hygiene and sanitation in canteen/resting area/water point/nursing station in the proposed new building?

E. Proposed 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

F. Remarks of the Interviewer……..

Survey Questionnaire
Part-I: Socio-economic and Part-II: Gap Analysis

Questionnaire No:

IS		

Date:

Investigator Name _____

Project Details: Subproject (Name)-_____
District: _____Block:_____
Location: _____

PART-I: SOCIO-ECONOMIC

A. Respondent's Identification

A1. Name of Respondent_____Father's Name_____

A2.Age_____**A3**.Gender

Male	Female

A4.Religion

Muslim	Hindu	Christian	Sikh	Other

A5. Category

GEN	SC	ST	OBC	Others

A6. Occupation

1. Shopkeeper …… 2. Street vendor: ……3 Pharmacist ……4 Auto Driver…....5. Govt. Service ..... 6 Pvt. Services……..7. Food stall …….Other:

(Specify)……

A7. Household Total Annual Income-Rs.---------- and Annual Expenditure Rs.

A 8. Govt. Development Schemes

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

Scheme Name	CSS or State Govt.	Purpose	Amount Availed	Training

A9. Household Indebtedness

Please indicate your borrowings for running business if taken.

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

B. Gender issues in health services

B1. During the health emergency in your family who take decision to visit the hospital?

1. Man 2. Women 3. Both

B2. Which health service is preferred for treatment of orthopaedic related health problems? (Select from list and write name of hospital/clinic).

Type of Treatment*	Treatment Centre (Govt. Hospital/Private Doctor)

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

B3. Where you prefer to go for treatment?

2. Govt. 2. Private

B4. Have you visited Bone & Joint Hospital facility at Barzulla?

Year	Treatment (as Patient or Attendant)

B5. Did you find gender friendly services (priority in registration or separate line of registration for men/women) in Hospital facility at Barzulla?

2. Yes 2. No

B6. Did you find gender friendly signs (e.g. priority seat signs, parking for women etc)

2. Yes 2. No

B7. Did you find separate toilet for Women/Man in Hospital facility?

2. Yes 2. No

B8. Did you find gender friendly awareness/ promotional material like signs, bulletins etc. in the hospital?

2. Yes 2. No

B9. For whom do you think that facilities in the existing hospital at Barzulla are lacking? Give suggestions to improve in proposed hospital facility.

1. Female 2. Male

PART-II: GAP ANALYSIS IN HEALTH SERVICES (for All respondents)

C . Health Care Facilities - Existing System and Gaps

C1. Whether any of your family member is/ was admitted in this hospital.

1. No 2. Yes

C2. What is/was the health Problem?

C3 Have you visited the hospital premises?

1. Yes 2. No

▪

C4. Are you satisfied with the present arrangement and healthcare facilities in Bone & Joint Hospital at Barzulla?

2. Yes 2. No

C4. What type of health facilities related to orthopaedic diseases are missing in the hospital?

C5. What are the general gaps of health care services at Hospital? (√ the appropriate reasons)

01	Poor Registration	02	Lack of Bed/ utilities
03	Lack of Doctors	04	Lack of Nurses/ staffs
05	Lack of Medicines	06	Lack of facilitators
07	Lack of information education & communication		
09	Others, Specify		

C6. Do you need to go out of state for treatment of orthopedic health problems?

1. Yes 2. No

C7. How would you rate heath care services in the hospital?

2. Poor 2. Average 3. Good 4. Very Good 5. Excellent

C8. Suggestions to improve health care services in the proposed hospital building under WB funding?

C9. How hospital expansion will enhance community health services in Srinagar? Give reasons: (√ the appropriate reasons)

01	More bed/utilities	02	Adequate Medicine
03	Doctors and staff	04	New Technology
05	Others (specify)		

C10. What are the general problem faced during services at Hospital?

01	Lack of health technology	02	Overburdened staff
03	Lack of management	04	Lack of ward boys
05	Lack of Medicines	06	Lack of Awareness efforts by hospital administration
07	Cost implications	08	Lack of facilitators
09	Others, Specify	10	Testing laboratory facilities

D. Hygiene and Cleanliness

D1. How ward rooms are maintained?

2. Poor 2. Average good 3. very good 4. Excellent

D2. What are the issues with the maintenance of ward rooms?

1. Lack of cleanliness ----------2. No proper Ventilation ----------
3. No white wash/Painted----------4. Lights----------
5. Bed arrangement/Layout poor 5. Any other issue……

D3. What is the main source of water of drinking water?

3. Treated water supply (PHED) ----------2. Ground water ----------
4. Tanker supply---------- 4. Packed bottled water----------

D4. How is the quality of water?

1. Poor 2. Average good 3. very good 4. excellent

D5. How is drainage and cleanliness at drinking water facility?

1. Poor 2. Average good 3. very good 4. Excellent

D6. Is toilet and bathroom facility available in wards for patients and for attendants in resting area?

1. Yes 2. No

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

D7. How are the conditions of toilet and bathroom facilities in Hospital area?

1. Poor 2. Average good 3. very good 4. Excellent

D8. Is there interruption in electricity supply in hospital : 1. Yes 2. No

If yes : 1. Frequent 2. Occasionally, 3. Rarely 4. Not known

D9. Is following area established in Hospital area?

Facility	Response		Remark
	Yes	No	
Canteen			
Resting area			

D10. How is the hygiene and sanitation in the mentioned facilities in Hospital area?

Facility	Response			Remark
	Good	Satisfactory	Poor	
Canteen				
Resting area				

D11. Suggestions to improve hygiene and sanitation in ward room/ canteen/resting area/water point/nursing station in the proposed new building?

E. Impact of hospital expansion on business/livelihood/Structures

E1. What is your source of income? Monthly income approx. (Rs…)?

E2. How many visitors/customers daily come to your business?

E3. Are you expecting any direct/indirect negative impact on the structure or business establishment due to sub-project related activities?

1. Yes 2. No

If yes, Give details

E4. Do you think that expansion of hospital will increase business opportunities in the area?

1. Yes 2. No

E5. Can you explain, how?

F. 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

G. Remarks of the Interviewer……..

Survey Questionnaire
Part-I: Socio-economic and Part-II: Gap Analysis

Questionnaire No:

MS		

Date:

Investigator Name _____

Project Details: Subproject (Name)-_____
District: _____Block:_____
Location: _____

PART-I: SOCIAL DETAILS

A. Respondent's Identification

A1. Name of Respondent_____Father's Name_____

A2. Age_____**A3**.Gender

Male	Female

A4.Religion

Muslim	Hindu	Christian	Sikh	Other

A5. Social Category

GEN	SC	ST	OBC	Others

A6. Designation/Working as

1. Doctor …… 2. Nurse: ……3 Ward Boy……..……4 Security person……5. Lab Attendant ……..... 6 Pharmacy ……...7. Radiology ……Other: (Specify)……..

B. Gender issues

B1. Have you noted role of women in decision making for health related issues among the patient coming for treatment?

1. Yes 2. No

B2. Commonly preferred treatment by Local Community in relation to Bone and Joints?

Type of Treatment*	Treatment Centre (Govt. Hospital/Private Doctor)

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

B3. Did you ever faced any discrimination on account of your gender while working at Hospital?

3. Yes 2. No

B4. What hospital administration does to promote gender sensitization? If Yes, Please mention.

1. Yes 2. No

B5. Are you aware of Sexual harassment of Women at Workplace Act, 2013?

1. Yes 2. No

B6. Did you find gender promotional material like signs poster etc. in the hospital?

1. Yes 2. No

B7. Do you have separate retiring room facility for both men and women?

1. Yes 2. No

B8. What hospital administration does to promote gender sensitization? Please mention

B9.For whom do you think that facilities in the existing hospital at Barzulla are lacking? Give suggestions to improve in proposed hospital building under WB funding.

2. Female 2. Male

Suggestions:

PART-II: GAP ANALYSIS (for all respondent)

C. Health Care Facilities - Existing System and Gaps

C1. Do you or your family member migrate for orthopedic related health facilities?

1. Yes 2. No

C2. If 'Yes' for what type of services in a year?

_____

C3. What are the common diseases related to orthopedic in Kashmir? _____

_____

C4. Number of accidental cases having bone and joint injury comes in the hospital. Approximately.

C5. How would you rate health care facilities available to the patients in the hospital?

2. Poor 2. Average good 3. Very good 4. Excellent

C6. What are the general gaps of health care services in the Hospital? (√ the appropriate reasons)

_____

01	Lack of Working Facilities	02	Lack of equipment
03	Staff Overburdened	04	Lack of facilitators
05	Lack of Medicines	06	Lack of Bed/utilities
07	Lack of Resting Facilities	08	Parking for vehicles
09	Others, Specify		

C6. Do you think expansion of hospital will in turn enhance community health services in Srinagar?

1. Yes 2. No,

if yes, how?

01	More bed/utilities	02	New equipment
03	Strength of Doctors and staff will increase	04	Modern State of the art building
05	New testing facilities	06	Others, Specify

C7. What are the general problem faced by community/patients during treatment at Hospital?

01	Lack of facilities	02	Overburdened doctors and staff
03	Lack of management	04	Lack of ward attendants
05	Lack of Medicine	06	Lack of Public Awareness efforts like IEC
07	Cost implications	08	Lack of facilitators
09	Others, Specify		

C8. Any major equipment/technology which you think is required in the hospital but not available and patients moves out of the UT/Valley to avail same.

IIa. Hygiene and Cleanliness

D1. How would you rate cleanliness in the retiring rooms of the doctors?

1. Poor 2. Average good 3. Very good 4. Excellent

D2. How would you rate cleanliness in nursing stations in the hospital?

1. Poor 2. Average good 3. Very good 4. Excellent

D3. How would you rate cleanliness in ward rooms in the hospital?

1. Poor 2. Average good 3. Very good 4. Excellent

D4. What are the issues with the maintenance of ward rooms?
1. Lack of cleanliness ----------2. No proper Ventilation ----------
3. No white wash/Painted----------4. Lights----------
5. Bed arrangement/Layout poor 5. Any other issue……

D5. What is the main source of drinking water?
5. Treated water supply (PHED) ----------2. Ground water ----------
6. Tanker supply---------- 4. Packed bottled water----------

D6.How is the quality of water?
3. Poor 2. Average good 3. Very good 4. Excellent

D7. How is drainage and cleanliness at drinking water facility?
1. Poor 2. Average good 3. Very good 4. excellent

D8 Do you have separate toilet facility for both male and female doctors in the hospital?
1. Yes 2. No

D9. How would you rate the cleanliness in the toilets?
1. Poor 2. Average good 3. Very good 4. Excellent

D10. Is the following area established in Hospital area?

Facility	Response		Remark
	Yes	No	
Canteen			
Resting area			
Parking for Doctors/Nurses			

D11. How is the hygiene and sanitation in the mentioned facilities in the Hospital ?

Facility	Response			Remark
	Poor	Satisfactory	Good	
Canteen				
Resting/Retiring area				
Parking for Doctors/Nurses				

D12. Can you suggest facilities/services for the differently abled people which you think are absent in the old building and can be proposed in the new building coming up under WB funded project?

D13. Suggestions to improve hygiene and sanitation in ward room/ canteen/resting area/water point/nursing station in the proposed new building?

E. 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

F. Remarks of the Interviewer……..

ANNEXURE-2: LIST OF PARTICIPANTS IN SURVEY

Indirect Stakeholders

S.No.	A1		A2	A3	A4	A5
	Name of Res.	**Father Name**				
1	Ali Mohm	Mohd Sultan	40	M	Muslim	G
2	Bashir Ahmed	Ab.Salam	40	M	Muslim	G
3	Mohd Maqool		40	M	Muslim	G
4	Jamshood Noor	Bakaol Noor	42	M	Muslim	SC
5	Faroo-Ah- Dar	Wal-Mohd-Dar	34	M	Muslim	G
6	Maninder Singh	Manjeet Singh	35	M	Sikh	G
7	Bilal Ahmed	Salam Ahmed	43	M	Muslim	G
8	Fayaz-Ah-Mir	Mohd-Ranzan-Mir	40	M	Muslim	G
9	Ghulson	Ab.Saluiman	38	F	Muslim	OBC
10	Parvaiz	Gul-Mohd	45	M	Muslim	G

Medical Staff

S.No.	**A1**		**A2**	**A3**	**A4**	**A5**
	Name of Res.	**Father Name**				
1	Mir G.R Wali	Wali Mohd.	33	M	Muslim	G
2	Dr. Mudassr Malik	Gh.Mohd.Malik	37	M	Muslim	G
3	Dr.Ansarulhaq	Ab.Jabarlone	32	M	Muslim	ST
4	Dr.Iftihkar Wani	Mohd.Abdulah	40	M	Muslim	G
5	Kuldeep Juakoo	Pardeep Juakoo	36	M	Hindu	G
6	Azad Ahmad Shah	Mohd.Yusuf Shah	35	M	Muslim	Other
7	Mohd.Iqbal.Chera	Mohd.Sultan.Chera	50	M	Muslim	G
8	Azad Hussain	Ramzaan Hussin	48	M	Muslim	G
9	Nasreena-Jan	Ali. Mohd.	35	F	Muslim	G
10	Shaika Manzoor	Manzoor Ahmed Dar	28	F	Muslim	G

Community Beneficiary

S.No.	**A1**		**A2**		**A3**	**A4**	**A5**	**A6**
	Name of Res.	**Father Name**	**1**	**2**				
1	Jasaduq Gulzar	Gulazar Wani	0	1	20	M	Muslim	G
2	Masarat-Jan	Abdul-Wahid	0	1	28	F	Muslim	G
3	Mohd.Abdulah	Mohd Gulzar	1	0	30	M	Muslim	G
4	Banojan	Mohd.Ismal	1	0	38	F	Muslim	OBC
5	Manpreet Kaur	Harmidar Singh	1	0	25	F	Sikh	OBC
6	Nadeem-Shaban	Mohd-Shaban	1	0	34	M	Muslim	G
7	Nisar-Ah	Mohd-Isnail	0	1	42	M	Muslim	G
8	Ab.Hassan-Wani	Ab.Gaffer-Wani	0	1	52	M	Muslim	G
9	Haaja Begam	Qadir Khan	1	0	52	F	Muslim	ST
10	Danish-Ah	Rayees-Ah	1	0	26	M	Muslim	G

ANNEXURE-3: 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 Union Territory 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 location map of labour camp is given in Figure-1:

Figure-1 Location of Labour camp

Table-1: Details of Construction activity of additional building at Bone & Joint, Hospital

No.	Item	Description	Details
1.	Type of Development	Expansion Proposed	Expansion
2.	Manpower Requirement (Construction and Operation)	• Skilled • Unskilled	50
3.	Workers Details	• Number of workers working for sub-project Residential – workers stay at site in labour camp Non-residential- not staying in labour camps	Residential/Non-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 of worker or any other facilities	Facility of Separate room for Children and Separate toilet for women workers at project site.
		• Details regarding Health check up camps for labour	• Periodically Health check-up shall be provided to the workers
		• Health screening report of workers	• The Screening reports will be made available as per applicable regulations.
		• Provision of toilets and bathing facilities	• Separate Toilet and bathing facility will be available at the site for male and female workers.
		• 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.	• Will be issued 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	• No
		• Eco-sensitive area such as wildlife sanctuary, bird sanctuary, forest etc within 15km distance from project boundary	• No
		• Any archaeological site/historical monument within 15km distance from project boundary	• No

Source: Information provided by the Proponent (NPCC)

The basic issues related with migrant labour may include:

- Conflict amongst workers, and between workers and with 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 labourers by origin	*Local (same or adjoining districts)*	*Other state*		*Other Country*	***Total***
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?	

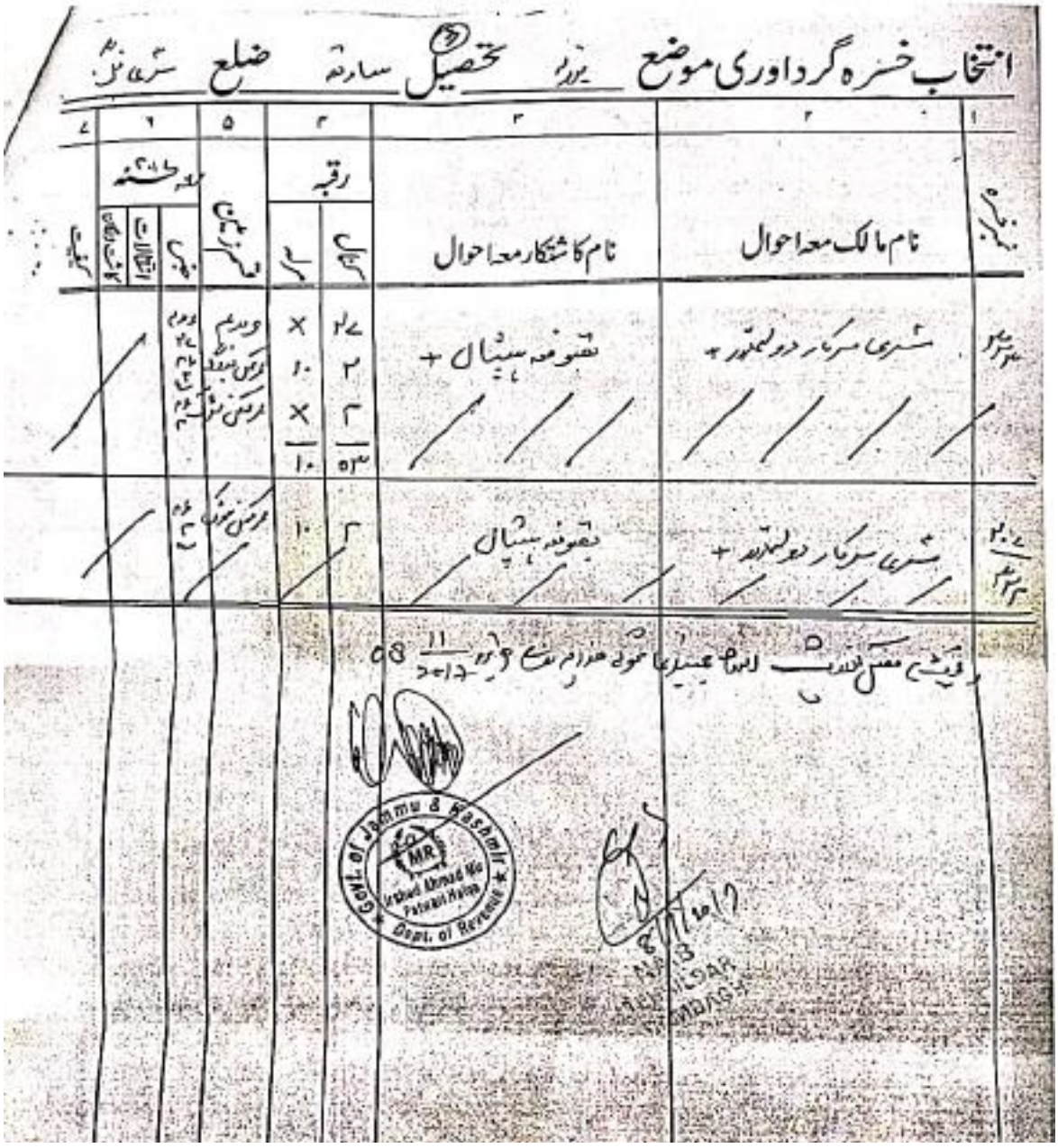
	5. FACILITIES

5.1	Details of labor camps	Number	Permanent/Temp.	Location	Distance from nearest habitation
		1…			
		2…			
5.2	Type of housing in labor camp (temporary shelters/kuchha/pukka)				
5.3	Provide information about land use in terms of structures and buildings around the labor camp.				
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 separate for male and female?				
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 including insurance?	
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?	

ANNEXURE-4: LAND OWNERSHIP DOCUMENT



Translated Copy of Revenue Extract of land used for the Construction of New Block at Bone & Joint Hospital Srinagar J&K

Extract of Khasra Girdawari (Harvest Inspection Register) for the Village: Barzulla Tehsil: South, District: Srinagar Kashmir

1	2	3	4		5	6			7
Khasra No.	Name of the Owner	Name of the tenant	Area		Type of Land	Rabi (Spring Harvest)			Remarks
			Kanal	Marla		Type	Mutation	Cultivation & Tax/ Levies	
323	State Govt.	Hospital	47	0	(Banjar Kadeem)	-	-	-	-
			2	10		-	-	-	-
			4	0					
			53	10					
207/324	State Govt.	Hospital	4	10	(Banjar Kadeem)				

Note: *Extract of Khasra Girdawari issued on 08/11/2017.*

Note: Above statement issued by the order of Tehsildar Dated: 08/11/2017

Issued by Irshad Ahmad Mir, Patwari Halqa, Dept. of Revenue Govt. of J&K

Translated by Revenue Dept JKBFA. 25.1.18