

REPUBLIC OF IRAQ

MINISTRY OF PLANNING

**Iraq “Social Fund for Development” Project
(SFDP)**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN
(ESMP)**

**FOR THE
CONSTRUCTION
OF**

**HEALT CENTERS IN 4 VILLAGES (AL KHAZIFI,
GEWIZRAT, ARAB AL KABEERA, AND AZIZ BALAD)
VILLAGES**

**IN
SALAH AL-DIN GOVERNORATE**

22nd January 2020

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List of Abbreviations

CDGs	Community Development Groups
ESMP	Environmental and Social Management Plan
EHS	Environmental, Health, and Safety
ESMF	Environmental and Social Management Framework
GIIP	Good International Industry Practice
GOI	Government of Iraq
GRM	Grievance Redress Mechanism
GBV	Gender Based Violence
MOE	Ministry of Environment
MOP	Ministry of Planning
MSDS	Material Safety Data Sheets
MWMP	Medical Waste Management Plan
OP	Operational Policy
PAPs:	Project Affected Peoples
PMO	Project Management Office
PPE	Personal Protective Equipment
RE	Resident Engineer
SFD	Social Fund Development
TOR	Terms of Reference
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

INTRODUCTION	This ESMP is prepared in accordance to the ESMF requirements of the SFD project. The main objective of the ESMP is to assess the environmental and socio-economic impacts of the subprojects (during construction and operation phases) and to propose mitigation measures to mitigate the impacts associated with subproject. This subproject includes the Construction of four Health centers in four villages in Salah Al-Din governorate. The subprojects are expected to result in significant socio-economic benefits for the local communities and surrounding areas as it will improve the health and wellbeing of local residents and also to create a caring, secure environment so that all in health center feel a sense of worth.		
PROJECT DESCRIPTION	The subproject consists of the construction of four health centers in 4 villages. The 4 villages are: Aziz Balad, Arab Al Kabeera, Al Khazifi and Gewizrat in Shlah Al-Din governorate which are located about 102km, 7km, 25km and 108km from Tikrit (the administrative city of Salah Al-Din) respectively. The construction of each health center will need about 20-30 worker per day. Workers are expected to be hired locally, however if a construction camp is deemed necessary, it will be installed on vacant state-owned land. Also, equipment and construction materials will be stored on vacant state-owned land. The anticipated duration of all works is around 240 days for all health centers including mobilization and demobilization of contractors. Each health center will be constructed on an area of 350 square meters and consists of one-story building with 10 rooms (physician room, dressing room, pharmacy, vaccine room, dentist room, ticket room, admin room, waiting room) corridors and a fence		
ENVIRONMENTAL AND SOCIAL BASELINE CONDITIONS	Climate	Salah Al-Din governorate is located in the northern mid-East part of Iraq, which has a semi-desertic climate. The major rain, is about 177 mm yearly, falls during the period November thru February, with a spread showering in March. The average annual temperature is 29.7 °C.	
	Air quality	The ambient air quality is within normal range.	
	Land	No additional land for the work is needed to proceed with these sites.	
	Biodiversity	No protected areas or endangered species (there is no critical or high biodiversity values that might be affected) in the vicinity of the sites.	
	Culture heritage	The sites adjacent areas do not include any historical or cultural sites.	
POLICY AND LEAGAL FRAMEWORK	Applicable Iraqi laws		Applicable WB Policies
	• Law no. 37 of 2008 Institutional arrangements for the Ministry of Environment		• OP 4.01 Environmental Assessment
	• Law no. 27 of 2009 New Environmental Framework		• OP 4.12 Involuntary Resettlement
	• Regulations no. 2 of 2001 Preserving water resources		• OP 4.11 Physical and Cultural Resources

	<ul style="list-style-type: none"> • Law No.3 issued in 1997 for environmental protection 	<ul style="list-style-type: none"> • WB General Environmental, Health, and Safety guideline
	<ul style="list-style-type: none"> • Law No. (55) Issued in 2002 Law of heritage and antiques 	<ul style="list-style-type: none"> • WBG Environmental, Health, and Safety guideline for healthcare facilities
	<ul style="list-style-type: none"> • Law No. 37 of 2015 labor law 	Grievance Redress Service (GRS)
ENVIRONMENTAL AND SOCIAL IMPACT ANALYSIS	Environmental Receptor	Impact Significance
	Air Quality	Medium
	Noise	Medium
	Water Resources	Low
	Soil	Low
	Solid and hazardous wastes	Low
	Flora & Fauna	Not significant
	Topography and landforms	Not significant
	Impacts on local traffic	Low
	Health and Safety	High
	Socio-Economic impacts	Low
	Child Labor	Medium
PUBLIC CONSULTATION RESULTS	Two modalities of consultations were carried out for this subproject. Public consultation was conducted in all 4 villages with men only due to the tribes' habit where 47 participants attended. The second approach was one-to-one interviews with both men and women to have their views and concerns of potential impacts during implementation. The number of individuals interviewed was 19 women and 18 men.	
GRIEVANCE REDRESS MECHANISM	The SFD is in the process of establishing a free hotline and is expected to be functioning within the next few months. Meanwhile, in order to comply with the WB requirements, SFD has temporary assigned three staffs as focal points with their cell phone numbers to be disseminated at each health center site for receiving calls and handling complaints. The contact details will be posted at site signboard and the complaint boxes will be installed in each location.	

Main Report

1. INTRODUCTION

According to the Environmental and Social Management Framework (ESMF) which was prepared for the Social Fund for Development project (SFDP) and disclosed locally and on the WB website, an Environmental and Social Management Plan (ESMP) should be prepared, cleared and publically consulted upon and disclosed prior to the commencement of any construction activities for the proposed health centers.

This ESMP was developed to identify, assess and mitigate the environmental and social risks and impacts associated with the construction and operation of the four health centers in 4 villages in Salah Al-Din governorate. The ESMP is developed following the WB operational policies and Iraqi environmental and social standards. The ESMP should be implemented by all relevant parties.

The objectives of this ESMP are to:

- Provide practical and achievable actions to ensure that the construction adverse environmental and social impacts are properly avoided or mitigated;
- Illustrate the institutional arrangements for implementing and monitoring the mitigation plans;
- Integrate community views and input on the environmental and social impacts related to the implementation of these health centers;
- Comply with WB and national requirements;
- Provide information to the local community on the subproject activities, the associated risks and impacts, mitigation measures and introduce the Grievance Redress Mechanism (GRM) system.

2. PROJECT DESCRIPTION

This subproject involves the construction of four health centers located in the Governorate of Salah Al-din northeast of Baghdad as one contract package. The construction of one health center will be on an area of 350 square meters each where works constitute the construction of one floor building with 10 rooms (physician room, dressing room, pharmacy, vaccine room, dentist room, ticket room, admin room, waiting room) corridor and a fence. These health centers will serve Aziz Balad, Arab Al Kabeera, Al Khazifi and Gewizrat villages which are located about 102km, 7km, 25km and 108km respectively from Tikrit city the capital of Salah Al-Din governorate. Please refer to the below figure for the proposed locations of the health centers.



Figure 1: Google map showing the location of the health centers

2.1 Objective of the Construction Works

The objective of the subproject is to construct four new Health Centers in the four villages. The subproject will improve the health care services in these villages and will support mitigating the effects of war to attract displaced citizens to their villages.

2.2 Scope of Work

Construction of the health centers in Salah Al-Din Governorate will include:

- a) Setup of a camp in the area near each health center on vacant state-owned lands for storage of equipment and construction materials.
- b) Workforce will include around 20-30 local workers per day for each health center. Workers from other villages will need to have their accommodation facilities in the camp, during the construction phase.

- c) Civil works for the main building and the fence including (site preparation and earth works, masonry works, structural works including concrete works, and finishing works which include painting, tiling as wells as sanitary and electrical works

The anticipated duration of construction works is around 240 days, from contract signature to mobilize equipment and deliver the building for all health centers.

3. BASELINE CONDITIONS

3.1 The Project Area

The subproject is located in the governorate of Salah Al-Din that is situated in mid-north of Iraq, sharing internal boundaries with the governorates of Baghdad, Diala, Kirkuk, Mosel, Erbil, Sulaymaniyah and Ramadi (as shown in figure 2 below). The proposed location of these health centers will be in an open area where there is no river, or agricultural lands very close to these sites.

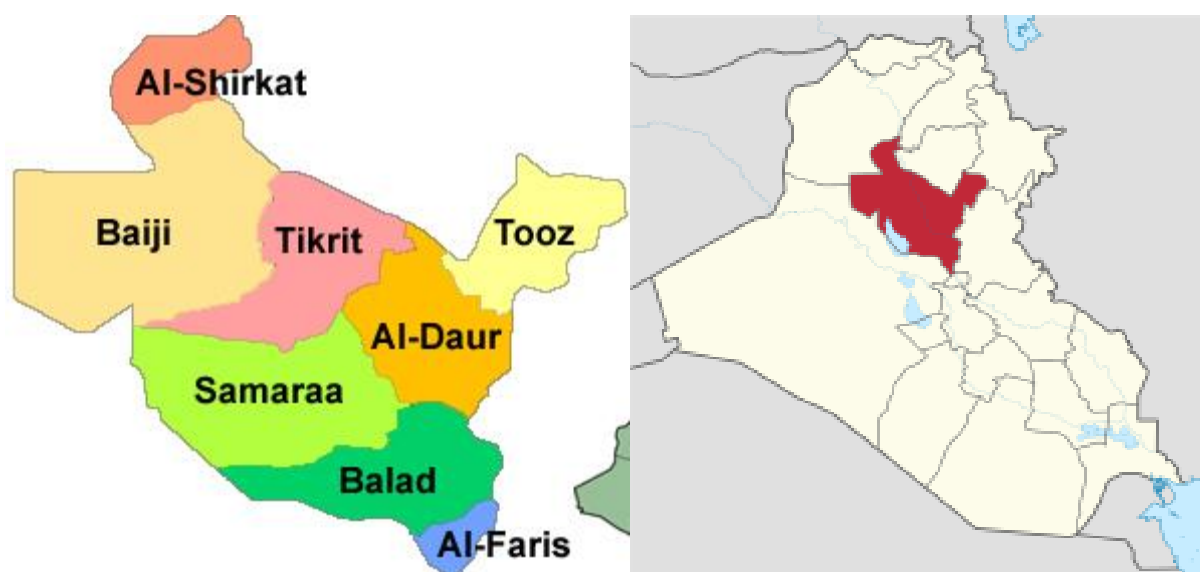


Figure 2: Map of Iraq on the right and Salah Al-Din governorate on the left.

The health centers are located in flat areas. The area adjacent to the project sites is characterized as rural residential and semi desertic to agricultural in some area. Although there is some houses close to some of the proposed health centers, however, there are no buildings or sensitive receptors located to the subprojects site for about 25m.

The coordinates for the locations of these health centers are shown in the table below:

Table 1: Information about the villages

Village	Latitude	Longitude
Gewizrat	34°3'4.7988"N	44°9'30.4704"E
AL Khazifi	34°44'17.35"N	43°46'53.10"E
Arab Al Kabeera	34°34'49.99"N	43°43'43.11"E
Aziz Balad	34°2'49.272"N	44°10'1.164"E



Figure 3: Proposed location for the health center in Aziz Balad village



Figure 4: Proposed location for the health center in Gewizrat village



Figure 5: Proposed location for the health center in Al Khazifi village



Figure 6: Proposed location for the health center in Al Arab Al Kabeera village

3.2 Environmental and Social Baseline Conditions

The environmental baseline section is presented to give clear overview of the environmental and social conditions in the vicinity of the subproject locations prior to commencement of works.

3.2.1 Climate

Salah Al-Din governorate is located in the northern mid part of Iraq and has a semi- desertic climate. The climate in the subproject areas is called a semi desert climate. The major rain falls during the period November thru February, with a spread showering in March. During the year, about 177 mm of precipitation falls annually. Highest temperatures occur in July and August and reach over 45 °C, while the average annual temperature is 29.7 °C. The driest weather is in June, July & August, September when no rainfall (precipitation) occurs. While, the wettest weather is in February & March when rainfall (precipitation) occurs. The average monthly wind velocity is 2.7m/s.

3.2.2 Air Quality

The subproject sites are located in open areas, so the expected concentration of air pollutants is low. Air pollutants in the villages are caused mainly from movement of vehicles and trucks. Therefore, the ambient air quality is expected to be within the WHO ambient air quality standards.

3.2.3 Site Topography

No natural land obstacles are presented in the subproject areas. The subproject areas are free of mountains, cliffs, and valleys.. There are no protected areas or endangered species (there is no critical or high biodiversity values that might be affected) in the vicinity of the sites (more than 1 Km). There are no close buildings or sensitive receptors located to the subprojects site for more than 100 m.

3.2.4 Land use

The current land use of the proposed sites is mostly open areas with no value agricultural lands except for dry grass and small natural plants that are not expected to be affected by the construction activities. Additionally, these sites are chosen to be in a reasonable distance from residential and commercial structures to avoid potential impacts. The lands which will be used for the implementation of the health centers are all state-owned land.

3.2.5 Flooding

There are no records of flooding that occurred previously in the area.

3.2.6 Noise

Currently, there is no traffic congestion and consequently the existed noise level is within the normal levels.

3.2.7 Heritage Environment

There are no sites of historical or cultural importance in the area. There are no cemeteries, historical-cultural monuments, churches, mosques near the project that need to be removed or will be impacted due to the construction activities.

3.2.8 Traffic Level

No traffic problem or traffic congestion will be expected during the construction phase or in the operation phase.

3.2.9 Land acquisition

The construction activities of proposed health centers will be built on state land and hence there are no issues related to land acquisition. Contractors are expected to use part of these lands temporary for the storage of their equipment and materials. No permanent or temporary land acquisition is anticipated, and the construction activities will not cause relocation of people and any individuals.

3.2.10 Social Aspects

The population in each village is about 3309, 1409, 2882 and 3665 persons in Al Khazifi, Gewizrat, Arab Al Kabeera, and Aziz Balad respectively. There are no close residential complexes or community structures in close proximity to these health centers. All the areas around and within the sites remain clear of any settlement or economic use and are ready for construction works, no interference was registered from the local community who are eager for the works to be start.

4. LEGAL ASPECTS

4.1 Iraqi environmental legislations

During construction and operation phases of the subproject, the work must follow the Iraqi laws and regulations for the environmental standards. These are:

1. Laws of the environment protection No.3 issued in 1997 and its relevant published regulations. No environmental regulations for gaseous emissions, noise and other air pollution standards are in force and legally binding. However, limits for water disposal in any surface waters and main sewers are regulated according to the regulations no. (25)/1967 and their update modifications released from the Ministry of Health (MOH) and the Ministry of Environment (MOE).
2. New environmental framework Law No. 27 of 2009 by the Iraqi National Government was introduced but the executive decrees remain to be prepared. There are as yet no formally adopted requirements for environmental assessment.

3. Regulations governing contact with archaeological sites extend also to encompass developmental activities like road construction and rehabilitation wherever these developmental activities lie within archaeological vicinity.
4. Regulations of the MOE on sanitary waste must be followed, and for the rubbles (construction & demolition waste) the regulations, legislations and instruction of both MOHE and MOCHPM.

Presents Iraqi's laws applicable to such activity.

No environmental regulations for gaseous emissions, noise and other air pollution standards are in force and legally binding. Law of heritage and antiques no. (55) Issued in 2002, while for a sanitary waste (municipal) the regulations of the MOE must be followed, and for the rubbles (construction & demolition waste) the regulations, legislations and instruction of both MOHE and MOCHPM must be followed. It is important also to mention that, the contractor will sign employment agreement with all construction workers by following labor law of Iraq no 37 of 2015.

It should be noted that legislation relating to social safeguards issued in Iraq since 2003 has focused primarily on the ratification of international conventions and protocols on issues such as cultural heritage. As yet there are no formally adopted requirements for social assessments relating to construction works. Hence, social safeguards issues remain very largely uncovered except to the extent they are referred to under environmental laws.

Table 2: Applicable Laws and Regulations in Iraq

Law	Subject
Law no. 37 of 2008 for Ministry of Environment	Describes institutional arrangements of the Ministry of Environment and Outlines policies and roles and responsibilities toward protecting the environment.
Law no. 27 of 2009	Protection and Improvement of Environment Environmental protection from pollution resulted from petrol and natural gas extraction
Regulations no. 2 of 2001	Preserving water resources.
Law no. (55) Issued in 2002	Law of heritage and antiques
Law No. 37 of 2015.	Labor Law Labor codes, general labor and employment acts

4.2 The World Bank Safeguards Policies

In addition to the Iraqi laws and regulation the ESMP follows key policies and procedures of the World Bank; the following section presents the WB operational policies relevant to the construction and operation of the health centers.

4.2.1 OP/BP 4.01 - Environmental assessment.

4.2.2 OP/BP4.12 Involuntary Resettlement

4.2.3 OP/BP 4.11 Physical Cultural Resources

4.3 WBG EHS: The Environmental, Health, and Safety (EHS) Guidelines

These are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP). When one or more members of the WB Group are involved in a project, these EHS Guidelines are applied as required by their respective policies and standards.

5. IMPACT ASSESSMENT AND MITIGATION MEASURES

5.1 Construction Phase

This section of the report describes the environmental and social impacts that are likely to result from the construction and operation of these health centers, and the mitigation measures addressing them. The Environmental mitigation plans, procedures and responsibilities as required during the construction phase must comply with the available specifications, legislation, laws issued by the MOHE.

The construction contractor(s) will be responsible for compliance with the ESMP provisions during the construction phase of the health centers. The contractor will be also in charge of undertaking construction works in a manner which complies with all relevant environmental procedures, adheres to all legislative requirements, and ensures that all environmental objectives associated with the contract are achieved. The overall assessment of the key environmental and social impacts is summarized below. According to the above environmental baseline and mitigation measures, it can be expected that the impact significance is low for most of the environmental indicators due to the minimum concentrations (as a background) for some parameters while health and safety has a high impact due to the fact this issue is related directly with the health and safety for the workers and staff as shown in the table below:

Table 3: Summary of Impact Assessment during Construction

	Environmental Indicators	Impact Significance
1	Air Quality	Medium
2	Noise	Medium
3	Water Resources	Low
4	Soil	Low
5	Solid and hazardous wastes	Low
6	Flora & Fauna	Not significant
7	Topography and landforms	Not significant
8	Impacts on local traffic	Not significant
9	Health and Safety	High
10	Socio-Economic impacts	Low
11	Child labor	Medium

5.2 Operational Phase

During the operational period, the health centers are expected to result a positive health socio-economic outcome for the local communities. Socially harmful consequences of health centers are not anticipated. However, the continued operation of a GRM for one year following opening of these health centers will ensure that local community members have an accessible, fair and transparent means of reporting any emerging adverse impacts, and a means of obtaining mitigation.

During operation of the health center, hazardous and nonhazardous wastes will be generated during routine operations (e.g., consumable materials and vaccinations, dental materials, and cleaning agents). Therefore, the impact from these wastes should be according to the medical waste management plan (MWMP) which should be followed and implemented as referred in Annex 4. Also, sanitary wastewater will be generated during the operation phase of the project. Wastewater will be collected in the collection tank (septic tanks) and then transported periodically to the nearest authorized wastewater treatment plant as there is no sewage network available in the area of these health centers.

6 ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

In this section, the identified mitigation measures will be summarized. The responsibility for implementation of the mitigation measures will be mostly upon the contractor. However, the supervision and assurance that the mitigation measures are implemented will be the responsibility of the Resident Engineer who represents the governorate as the Project Owner.

The Resident Engineer (RE) will be assisted by a team of environmental and social officers who will be responsible for supervising the daily activities of the contractor and will report non-compliances to the Resident Engineer in order to take necessary actions towards the contractor in addition to the OHS aspects. Regular supervision site visits will also be conducted by the PMO environmental/social officer in association with a qualified environmental and social consultant who will provide technical advice in case there is a need to modify or add new mitigation measures as work necessitates.

The costs of mitigation measures are estimated based on the average market rates for similar activities in Iraq and can be used as indicative costs. It is the sole responsibility of the contractor to estimate the costs associated with the recommended mitigation measures based on his work experience.

In terms of hazardous waste, the following mitigation should be followed:

- Provide adequate sanitation facilities serving all workers (mentioned in HSE).
- Paints with toxic ingredients or solvents or lead-based paints will not be used.
- All waste should be deposited through licensed haulers/transporters to licensed and regulated landfill sites appropriate to the type of waste generated (e.g. solid, household, hazardous).

The following tables summarize the mitigation measures during the construction and operation phase which are required to be undertaken to avoid any negative impacts on the environment. Responsibilities and estimated costs are also presented. Annex 4 represents the medical waste management plan (MWMP) for the medical waste that will be generated during the operation phase.

Table 4: Mitigation Measures during Construction Phase.

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
1	Air quality	<ul style="list-style-type: none"> • Unpaved roads, e.g. which may be utilized for construction vehicles movement or transportation of construction materials should be prepared in a way to avoid dust emissions. Watering to suppress dust should take place regularly. • Watering or increase of the moisture level of the open materials storage piles to reduce dust levels. • Enclosure or covering of inactive piles to reduce wind erosion. • Loads in all trucks transporting dust-generating materials have to be sprayed with water to suppress dust, as well as wheels of means moving inside and outside of the construction-site. • Limiting Speed for vehicles approaching the site to less than 40 km/hr. On site, speed limit should not exceed 20 km/hr. 	Contractor	Resident engineer	1000
		<ul style="list-style-type: none"> • Engines of vehicles and other machinery are kept turned on only if necessary, avoiding any unnecessary emission. • Machines and equipment are periodically checked and maintained to ensure their good working condition. • All equipment and machines must be maintained and tested for compliance with standards and technical regulations for the protection of the environment and have appropriate certifications. • Activities are carried out using the minimum required number of means at the same time. • Electric small-scale mechanization and technical tools are used when available and feasible. 	Contractor	Resident engineer	Included in contractor cost
2	Noise	Construction activities are to take place within reasonable hours during the day and early evening although there are no close residential buildings. Night-time activities near noise sensitive areas, such as residential buildings, should not be allowed.	Contractor	Resident engineer	Included in contractor cost
		<ul style="list-style-type: none"> • Equipment must be kept in good working order and where appropriate fitted with silencers which are kept in good working order. • Equipment to run only when necessary • Positioning of the noise sources in a concealed area with respect to acoustic receptors, consistent with the needs of the construction site. 	Contractor	Resident engineer	Included in contractor cost

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
		Use of personal protection equipment for workers especially those who use jack hammers or near noisy engines or compressors.	Contractor	Resident engineer	1000
3	Water resources	Wastewater from the worker rest areas or construction offices should be contained in sealed containers and should be removed regularly from site by means of authorized contractors.	Contractor	Resident engineer	1000
		In case of the need to change engine, oils or refuel some construction equipment, a proper maintenance workshop or shelter should be installed to ensure containment of any fuel or oil spills via provision of secondary containment, drip trays or other overflow and drip containment measures, for hazardous materials containers at connection points or other possible overflow points	Contractor	Resident engineer	1000
		<ul style="list-style-type: none"> In case of using septic tanks on site, the engineering drawings of these tanks should be presented to the Resident Engineer for approval. The wastewater in these tanks should be collected and then transported periodically to the nearest authorized wastewater treatment plant. 	Contractor	Resident engineer	Included in contractor cost
4	Soil	<ul style="list-style-type: none"> To prevent soil contamination by oil/grease spills, leakages or releases, all manipulations of oil derivatives in the process of construction and provision of the fuel to the machines should be performed with maximum care; leak proof containers should be used for storage and transportation of oil/grease and wash off from the oil/grease handling area shall be drained through drains and collected and disposed properly Construction waste and debris shall be collected on a regular basis and disposed of at designated landfills; Only authorized quarries shall be used for purchasing soil to be used for embankment, padding, bedding, backfilling during construction; and It must be prohibited to operate equipment and vehicles outside the designated work areas and roads. 	Contractor	Resident engineer	Included in contractor cost
		<ul style="list-style-type: none"> No hazardous waste storage to take place directly on soils. Appropriate and enclosed containers away from direct sunlight, wind and rain. Provide adequate ventilation where volatile wastes are stored. Limiting access to hazardous waste storage areas to employees who have received proper training 	Contractor	Resident engineer	1000

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
5	Solid and hazardous wastes	<ul style="list-style-type: none"> Minimizing hazardous waste generation by implementing stringent waste segregation to prevent the commingling of non-hazardous and hazardous waste to be managed. Provision of readily available information on chemical compatibility to employees, including labeling each container to identify its contents Limiting access to hazardous waste storage areas to employees who have received proper training Simple waste management plan for specific waste streams must be developed. Non- hazardous or municipal waste must be collected and transported to local council approved disposal sites. Food wastes must be collected, where practicable, considering health and hygiene issues, for disposal off-site through licensed contractors. Waste containers must be located at each worksite. Chemical wastes must be collected in 200-liter drums (or similar sealed container), appropriately labeled, for safe transport to an approved chemical waste depot or collection by a liquid waste treatment service. Storage, transport and handling of all chemicals must be conducted in accordance with all legislative requirements, through licensed contractors and in coordination with the local authority. All hazardous wastes must be appropriately stored in bounded areas and should be clearly identified as “hazardous”. Transportation and disposal of hazardous wastes should be done through licensed contractors and in close coordination with the relevant local authority and in compliance with the legal requirements and instructions of the ministry of science and technology previously. Hazardous liquids, such as solvents, rust proofing agents and primer must be managed in accordance with the requirements of relevant legislation and industry standards. Material Safety Data Sheets (MSDS) for hazardous materials must be available on-site during construction and made available and explained to workers. Hydrocarbon wastes, including lube oils, must be collected for safe transport off-site for reuse, recycling, transport or disposal at approved locations. 	Contractor	Resident engineer in coordination with the local authority and ministry of science and technology regarding hazardous wastes	1000
6	Flora & Fauna	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
7	Topography and landforms	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8	Traffic	<ul style="list-style-type: none"> Where practicable, truck deliveries must be restricted to daytime working hours. Clear traffic signs and signs signals must be installed on-site to provide for safe traffic. 	Contractor in coordination with the Local Traffic Department	Resident Engineer	500
9	Health and Safety	<ul style="list-style-type: none"> Limit speed of construction vehicles and provide road signage for drivers and local community. 	Contractor	Local traffic department in coordination with the Resident engineer	1000
		<ul style="list-style-type: none"> Having a clear set of OHS Plan and Procedures. Having a detailed emergency plan including the nearest Health center and the location of the first aid kits. Qualified personnel must be employed for the construction equipment, and personnel must be trained for health and safety issues. Personal protection equipment such as eyeglasses, gloves, hard heads and safety belts must be supplied and continuously used by all workers, technicians, engineers and site visitors. 	Contractor	Resident engineer	1500
		<ul style="list-style-type: none"> Testing structures for integrity prior to undertaking work; Implementation of a fall protection program that includes training in climbing techniques and use of fall protection measures; An approved tool bag should be used for raising or lowering tools or materials to workers on structures; Use of helmets and other protective devices will mitigate against scratches, bruises, punctures, lacerations and head injuries due to dropping objects. Adherence to local and international guidance and codes of practice on EHS management during construction; management, supervision, monitoring and record-keeping; implementation of EHS procedures as a condition of contract with contractors and their 	Contractor	Resident engineer	Included in contractor cost

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
		<ul style="list-style-type: none"> sub-contractors; clear definition of the EHS roles and responsibilities of the companies involved in construction and to individual staff (including the nomination of EHS supervisors during construction and an EHS coordinator during operation); pre-construction assessment of the EHS risks and hazards associated with construction and operation, including consideration of local cultural attitudes, education level of workforce and local work practices; provision of appropriate training on EHS issues for all construction and operation workers, including initial induction and regular refresher training, taking into account local cultural issues; provision of health and safety information; regular inspection, review and recording of EHS performance; 			
		<ul style="list-style-type: none"> Any accidents to be reported and treated within site as a first aid procedure. Safety training for the workers. Fuel and oil changing shelters should be equipped with necessary firefighting and safety equipment First aid boxes should be available all times onsite and trained staff on emergency aids should be identified. 	Contractor	Resident engineer in coordination with health and safety officials.	1000
		<ul style="list-style-type: none"> Provide surveillance and active screening, and immunization Provide treatment on-site or in community health care facilities Eliminate unusable impounded water, and apply vector control programs Erect suitable and adequate warning signage along culvert cleaning and excavation sites Collaborate with local communities and responsible authorities to improve signage and visibility Avoid uncovered piles of aggregates and other construction materials Avoid burning waste in worksites Avoid or minimize driving through community areas and dangerous routes during daytime Alert drivers on local speed limits, and monitor implementation Minimize traffic by purchasing from the local markets to the extent possible 	Contractor	Resident engineer in coordination with health and safety officials.	1000

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
10	Handling Complaints	<ul style="list-style-type: none"> A complaints register will be kept on site and this will feed into the GRM. Details of complaints received will be incorporated into the audits as part of the monitoring process. 	Resident Engineer	PMO	Included in contractor cost
11	Cultural Heritage	<ul style="list-style-type: none"> In case of accidental discovery stop all works and contact the responsible authority within 24 hours; Provide training to the construction crew on the mode of conduct in case of accidental findings Chance find procedures will be used as follows: Stop the construction activities in the area of the chance find; Delineate the discovered site or area; Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be present until the responsible local authorities and the Ministry of Culture take over; Notify the supervisory Engineer who in turn will notify the responsible local authorities and the Ministry of Culture immediately (within 24 hours or less); Responsible local authorities and the Ministry of Culture would be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archeologists from the Department of Antiquities and the Ministry of Culture (within 72 hours). The significance and importance of the findings should be assessed according to the various criteria relevant to cultural heritage; those include the aesthetic, historic, scientific or research, social and economic values; Decisions on how to handle the finding shall be taken by the responsible authorities from DA and the Ministry of Culture. This could include changes in the layout (such as when finding an irremovable remain of cultural or archeological importance) conservation, preservation, restoration and salvage; Implementation for the authority decision concerning the management of the finding shall be communicated in writing by the Ministry of Culture; and Construction work could resume only after permission is given from the responsible local authorities and the Ministry of Culture concerning safeguard of the heritage 	Contractor	Resident engineer in coordination with health and safety officials.	Included in contractor cost

Potential Impact		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
12	Child labor and Gender Based Violence	<ul style="list-style-type: none"> Rigid obligations and penalties will be added to the contractor contracts in order to warrantee no child labor exist in the subproject The PMO will oblige the contractor to keep a copy of IDs of laborers in order to monitor the hired staff (Chapter 11 of the 2015 Labor Law of Iraq sets the age for hazardous works 18 years old). Labor influx should also be managed by contractor and ensure Code of Conduct is introduced and applied to avoid impact on local community and provide mitigation measure for GBV risks The contractor also will be obliged to maintain daily attendance sheets in order to verify the attendance of workers in case of accidents and provide the injured persons with proper health insurance The code of conduct for workers/contractors should be introduced to prevent misconducts, including prevention of sexual harassment and gender-based violence and also training and awareness rising for workers should be continued, through daily toolbox talks and other training opportunities. 	Contractor	Resident engineer	Included in contractor cost
Total cost US\$ (rehabilitation phase)					10,000

Table 5: Mitigation Measures during Operation Phase.

Receptor		Mitigation Measures	Responsibility	Supervision	Total estimated Cost in US\$
1	Air quality	• The net impact of the Project on air quality is not significant and temporary and will be limited to Construction Period.	Not Applicable	Not Applicable	Not Applicable
2	Noise	• Negligible noise levels associated with the operation of the health center during operating time.	Not Applicable	Not Applicable	Not Applicable
3	Sanitary Waste	• Wastewater (sanitary waste) will be collected in the collection tank (septic tank) and then transported periodically to the nearest authorized wastewater treatment plant as there is no sewage network available in the area of these health centers.	Local authorities	Local authorities	municipal budget
4	Soil	Not applicable	Not applicable	Not applicable	Not applicable
5	Solid and hazardous wastes	<ul style="list-style-type: none"> • During the operational period, some littering and waste generation resulting from the repair activities will occur. Littering may occur due to wind action. • In addition, the used oil produced from engines (generator if present) can be stored in an air-tight container that can be sealed with a screw on cap and then transferred to the nearest recycling facility i.e the hazardous waste, the storage, collection, transportation and disposal of hazardous waste should be handle properly. • All waste should be deposed through licensed haulers/transporters to licensed and regulated landfill sites appropriate to the type of waste generated. • Medical waste should be managed according to MWMP which is in annex 4. 	Local Authority (Municipality)	Local Authority (Municipality)	Within municipal budget
6	Flora & Fauna	Not applicable	Not Applicable	Not Applicable	Not Applicable
7	Topography and landforms	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8	Handling Complain	The continued operation of a GRM for one year following operating of the health centers for use will ensure that local community members have an accessible, fair and transparent means of reporting any emerging adverse impacts, and a means of obtaining mitigation.	Local authorities	Local authorities	No cost
9	Health and Safety	<ul style="list-style-type: none"> • Having a clear set of emergency Plan and Procedures. • provision of health and safety information; • regular inspection, review and recording of EHS performance; • Medical waste should be managed according to MWMP which is in annex 4. 	Contractor	Resident engineer	Included in contractor cost
10	Accessibility	<ul style="list-style-type: none"> • Health centers should be accessible to all patients with disabilities, including wheelchair users. • The project should have measures to make health centers accessible to men and women, such as include separate toilets for men and women, 	Contractor	Resident engineer	Included in contractor cost
Total cost US\$ (Operation phase)					No Cost

7 ENVIRONMENTAL AND SOCIAL MONITORING PLAN

7.1 Environmental and Social Monitoring

In order to ensure full compliance of the performed activities to the environmental and social requirements, regular monitoring should be performed. For this purpose, an environmental and social monitoring program has been established for the construction phase to ensure the proper implementation of the environmental and social mitigation measures.

7.2 ESMP Institutional Arrangements

In order to ensure full compliance with the environmental and social requirements which are described above, PMO nominated a qualified engineer to act as the focal point for environmental and social affairs at the central level. On the field level, PMO nominated two engineers in Salah Al-Din to act as environmental and social officers. Those engineers will be trained on monitoring and reporting of environmental and social impacts and how to fill the checklist to be used during field visits before implementation starts.

The Resident Engineer will be the officially responsible staff member for ensuring environmental and social compliance. S/He will be assisted by the designated environmental and social field officers.

In addition, a qualified consultant is recruited by the PMO to provide technical assistance and capacity building to the environmental and social team both at the central level and at the field level.

7.3 Reporting requirements

In order to ensure that the mitigation and monitoring measures are being carried out effectively with the required frequency, a clearly defined and regular reporting and response system must be established. The needed frequency of report generation for inspection is to be monthly, and for auditing twice a year, environmental monitoring is once per year.

The information will be made available to the relevant regulatory authorities as required. In addition to the monitoring and reporting requirements documented in the relevant sections of the ESMP, the following reporting regime will be implemented:

- a) All incidents or accidents during the rehabilitation should be reported immediately to relevant authorities.
- b) All corrective measures must be discussed to ensure compliance with laws and regulations.
- c) Reports for personnel training on environmental issues or emergency practices must be produced.
- d) Progress reports, environmental monitoring report and other inspections reports must be produced periodically.

The PMO environmental and social field officers will provide the Resident Engineer with a weekly report briefing their observations and recommendations for action. Whereas the Resident Engineer shall prepare an environmental and social management report on monthly basis to PMO in Baghdad.

Table 6: Monitoring Activities during Construction Phase.

Indicator		Monitoring Activities	Monitoring Indicators	Frequency	Responsibility	Supervision	Total estimated
1	Air quality	<ul style="list-style-type: none"> Investigate dust complaints from workers and residents Visual inspection of vehicles and equipment operating or entering the site and Measurements of exhaust emissions (CO, SO_x, NO_x, PM₁₀, PM_{2.5}) 	<ul style="list-style-type: none"> Recorded and documented complaints Record the status of equipment and vehicles on site (excessive black or white smoke) 	<ul style="list-style-type: none"> Daily visual inspection Once every six months 	Resident Engineer	PMO	1,500
2	Noise	Investigate noise complaints from workers and neighboring communities in the affected locations	<ul style="list-style-type: none"> Recorded and documented complaints Recorded tests results 	<ul style="list-style-type: none"> Weekly inspection of complaints Only in case of complains 	Resident Engineer	PMO	1,000
3	Water resources	<ul style="list-style-type: none"> Investigate implementation of mitigation measures and observe any oil or fuel spills. Investigate wastewater disposal measures 	Site Investigation report	Daily Investigation	Resident Engineer	PMO	No cost
4	Soil	<ul style="list-style-type: none"> Observe any soil contamination with oil or fuel Observe any accumulation of wastes 	Site Investigation report	Monthly	Resident Engineer	PMO	No cost
5	Solid and hazardous wastes	<ul style="list-style-type: none"> Maintain records on waste types and quantities Maintain records from licensed hazardous wastes transporters to authorized disposal site. Observe any waste accumulation in un approved locations 	<ul style="list-style-type: none"> Waste management contracts with authorized contractors Waste delivery receipts from local authorities and licensed transporters. 	<ul style="list-style-type: none"> Weekly Weekly 	Resident Engineer	PMO	No cost

Indicator		Monitoring Activities	Monitoring Indicators	Frequency	Responsibility	Supervision	Total estimated
6	Health and safety	<ul style="list-style-type: none"> Ensure compliance of workers to Health and Safety requirements Maintain log on incidents and accidents 	Observation report Accidents report	Weekly	Resident Engineer	PMO	No cost
7	Flora & Fauna	Record any observation about wild animals or plants on site or nearby and report to the Environmental Authority	Observation report	Upon occurrence	Resident Engineer	PMO	No cost
8	Topography and landforms	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
9	Traffic	Ensure speed limits and warning signs are installed	Road signs are installed.	Monthly	Resident Engineer	PMO	No cost
10	Handling Complaints	Ensure that the GRM is effective and well communicated	Number of complaints received, analyzed and responded to.	Weekly	Resident Engineer	PMO	No cost
11	Child labor and Gender Based Violence	<ul style="list-style-type: none"> Ensuring that children and minors are not employed directly or indirectly on the project. Ensure to prevent misconducts, including prevention of sexual harassment and gender based violence. 	<ul style="list-style-type: none"> A copy of IDs of laborers and labor registry. Percentage of workers that have attended the code of conduct training and number of GBV training delivered. 	Weekly	Resident Engineer	PMO	No cost
Total cost US\$ (Operation/Maintenance phase)							2,500

Table 7: Monitoring Activities during Operation Phase

Receptor		Monitoring Activities	Monitoring Indicators	Frequency	Responsibility	Supervision	Total estimated Cost in US\$
1	Air quality	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	No cost
2	Noise	Investigate noise in the affected	<ul style="list-style-type: none"> Recorded and documented 	Only in case of	Local authorities	Local authorities	No cost

Receptor		Monitoring Activities	Monitoring Indicators	Frequency	Responsibility	Supervision	Total estimated Cost in US\$
		locations	complaints • Recorded tests results	complains			
3	Water resources	Investigate wastewater disposal measures	Site Investigation report	Not applicable	Local authorities	Local authorities	No cost
4	Soil	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	No cost
5	Solid and hazardous wastes	<ul style="list-style-type: none"> • Maintain records on waste types and quantities. • Please refer to Annex 4 for medical waste management plan • Maintain records from licensed hazardous wastes transporters to authorized disposal site. 	<ul style="list-style-type: none"> • Waste management contracts with authorized contractors • Waste delivery receipts from local authorities and licensed transporters. 	Weekly	Local authorities	Local authorities	No cost
6	Health and safety	<ul style="list-style-type: none"> • Please refer to Annex 4 for medical waste management plan 	<ul style="list-style-type: none"> • Observation report • Accidents report 	Weekly	Local authorities	Local authorities	No cost
7	Flora & Fauna	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	No cost
8	Topography and landforms	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	No cost
10	Handling Complaints	No monitoring required	Not applicable	Not applicable	Not applicable	Not applicable	No cost
11	Child labor and Gender Based Violence	<ul style="list-style-type: none"> • Ensuring that children and minors are not employed directly or indirectly on the project. • Ensure to prevent misconducts, including prevention of sexual harassment and gender based violence. 	<ul style="list-style-type: none"> • A copy of IDs of laborers and labor registry. • Percentage of workers that have attended the code of conduct training and number of GBV training delivered. 	Weekly	Local authorities	Local authorities	No cost
Total cost US\$ (Operation phase)							No cost

The environmental and social consultant will prepare a monthly environmental and social supervision report after conducting site supervision visits.

On quarterly basis, PMO shall prepare an environmental and social progress report which will be submitted to the international financial institution (WB) for review and disclosure.

7.4 Capacity Development and Resources Requirements

PMO dedicated sufficient human resources to undertake the environmental and social management requirements as explained above. The assigned staff at the central and field levels are competent in the field of engineering and have variable practical experience. For the staff who will be responsible for undertaking the environmental and social tasks, they will require some capacity development.

All construction personnel and contractors are required to undertake appropriate environmental training and induction programs including, importantly, on GRM procedures.

All managers and supervisors will be responsible for ensuring that personnel under their control have the requisite competencies, skill and training to carry out their assigned tasks in accordance with the requirements of the ESMP. They will also be responsible for identifying additional training and competency requirements.

All project supervisors and managers will receive additional detailed training on the use and implementation of the ESMP. The following Table presents the proposed institutional strengthening program and capacity development requirements.

Table 8: Capacity Development Requirements

Capacity development topic		Provider(s)	Duration	Estimated Cost (US\$)
1	Environmental Impact Assessment Environmental and social Management in Construction Sites	Consultant	3 Days	1,500
2	Iraqi Environmental Legal Requirements	Ministry of Environment	1 Day	500
3	World Bank Environmental and Social Safeguards	Consultant	2 Days	1,000
Total Estimated Cost				\$3,000

In order to ensure full compliance of the environmental and social requirements, regular site visits should be conducted. Dedicated office spaces, office equipment and supplies in addition to adequate means of transportation should be made available for the environmental and social management team at the central level and most importantly on the field level. MOP PMO should ensure the allocation of sufficient budget resources to ensure availing the required resources to achieve the required tasks.

8 PUBLIC CONSULTATION RESULTS

8.1 Consultation Process:

The public consultations were carried out in the four villages for construction of the health centers on Oct 1, 2019. The public consultations included only men and the number of participants was 47 in these villages. Accordingly, a questionnaire was formatted to cover the key environmental and social aspects related to the implementation of the health centers. The consultation started by providing briefs about the subproject activities, potential impacts and future benefits.

In addition to public consultation, one on one interviews were conducted on Oct 2, 2019. The formatted questionnaire was then addressed to 19 women and 18 men in the surrounding community randomly to have their opinions and thoughts regarding the construction activities.

8.2 Consultation Results:

All participants in these four villages mentioned that there are no health centers and the only available medical services are 4 caravans and are non—functioning which require transferring the patients and injured people to Balad general hospital or Adholoiya center for treatment. They stressed that the health centers are their priorities. Additionally, the participants from these villages agreed that, the construction of these health centers will have a positive impact on their social daily life. Please refer to annex 1 for public consultation photos, annex 2 for sample of public consultations in Aziz Balad and annex 3 for sample of individual interviews for both men and women.

The full list of participants for public consultations and individual interviews are attached in standalone document to reduce the size of the instrument.

As per the questionnaire prepared for individual interview, the below are the main findings.

1. All interviewed locals agreed that the construction of the health centers will have a positive impact from the social perspectives on the locals.
2. No claims from any locals were recorded or alleged regarding the ownership of the land; all agreed that it is governmental land property.
3. No vegetation covers, crops, plants, trees...etc. will be removed in order to execute the construction activities of these Roads.
4. The interests of the locals will not be affected in any way by the construction activities.
5. No infrastructure within the project area will be affected negatively due the construction activities.
6. No deportation, dislocation of any of the local community will be needed due to these activities.

9 GRIEVANCE REDRESS MECHANISM (GRM)

The SFD is in the process of establishing a free hotline and is expected to be functioning within the next few months. SFD is planning to set up a digital system with multi-channels for receiving complaints, inquiries, feedbacks or comments like WhatsApp, Facebook, email and complain boxes for each health center site. Additionally, focal points will be assigned at local level and central level to be in charge of handling complaints.

Meanwhile, in order to comply with the WB requirements, SFD has temporary assigned three staffs as focal points with their cell phone numbers to be disseminated at each local level for receiving calls and handling complaints. The contact details will be posted at subproject signboard and the complaint boxes will be installed in each location as shown in the below table.

Table 9: Contact Information for GRM

#	Name	Job Title	Phone Number	E-mail
1	Ahmed Ibrahim	clerk	07701830500	Basmamohammed337@yahoo.com
2	Hussam Shaael	Translator	07827793093	hussamshail@yahoo.com
3	Ibtisam Jasim	Deputy head	07724674469	Sfd.iraq.2018@gmail.com

The process of managing complaints will be as follows:

- 1- Complaints should be sorted out according to complexity;
- 2- Simple inquiries should be resolved on the spot by concerned staff members in 3-6 working days as a maximum and should be documented and archived as per the relevant procedure;
- 3- Complex issues should be investigated and communicated with higher management for final decisions within a timeframe of 20 working days as a maximum;
- 4- After the completion of the proceedings, the complaint is closed, and information is included in the system, including the action(s) taken and the result(s) required; and
- 5- The complainant shall be notified of the result and the action taken immediately and shall be informed of the possibility of objecting to the procedure.

In addition to Project Management Office (PMO) at the Ministry of Planning (MOP), and the project offices in governorate, and Community Development Groups (CDGs) at the local level, the World Bank's Grievance Redress System (GRS) can also be approached by any impacted person(s) for reporting and resolving issues.

10 ANNEXES

10.1 Annex (1): Public Consultations Photos



During the public consultation at Aziz Balad Village



During the public consultation at Gewizrat Village



During the public consultation at Arab Al Kabeera Village



During the public consultation at AL Khazifi Village

10.2 Annex (2): Sample of Public Consultation at Balad Aziz Village

اسم القرية:

عزير بلد / قرية الجوزاج

موقع القرية:

حصانة / علاء الدين وحاء / بلد تاحيه / عزير بلد

أولويات القرية:

١- تأصيل محطة المياه الخاصة بالقرية
٢- إنشاء مركز صحي فرعي في تاحيه

أسباب اختيار المشاريع:

١- أن تاحيه من أهم قرى المحافظة، ولها أهمية كبيرة في التنمية الاقتصادية والاجتماعية، ولذا فإنها تحتاج إلى مشاريع تنموية في مختلف المجالات.
٢- حالة المياه في تاحيه لا تتناسب مع احتياجات السكان، ولذا فإن إنشاء محطة مياه خاصة بالقرية هو الحل الأمثل.
٣- إنشاء مركز صحي فرعي في تاحيه هو الحل الأمثل لتوفير الخدمات الصحية للسكان.

وصف المشاريع:

١- تأصيل محطة المياه (تحتوي على ١٠٠٠ متر مكعب) وتحتوي على ١٠٠٠ متر مكعب من المياه، وتحتوي على ١٠٠٠ متر مكعب من المياه، وتحتوي على ١٠٠٠ متر مكعب من المياه.
٢- إنشاء مركز صحي فرعي في تاحيه، وتحتوي على ١٠٠٠ متر مكعب من المياه، وتحتوي على ١٠٠٠ متر مكعب من المياه، وتحتوي على ١٠٠٠ متر مكعب من المياه.

الاسم	التوقيع	التمثيل
١- بشارة ابراهيم احمد		
٢- هادي لطيف صالح		
٣- باسم صابر مهدي		
٤- تيم احمد عبد الله		
٥- عدنان حسن اسى علي		
٦- مسكان مرصون		
٧- مصطفى صاكر ابراهيم		
٨- ثابت ابراهيم احمد		
٩- رباح حسن ماجد		
١٠- ياسين حسن عبد الله		
١١- علي طه محمد / تاحيه / عزير بلد		
١٢- عذرة عيسى / عزير بلد		

10.3 Annex (3): Sample individual interviews for both men and women

(الشيخ)

اسم المشروع: **انشاء مركز صحي (مخيا)**
 الاسم: **صناد شاكر ابراهيم**
 الجنس: ☒ ذكر ☐ أنثى
 المهنة: **رجل بي**

ت	السؤال	نعم	كلا	الملاحظات
١	هل تعتقد ان عملية اعمار المشروع لها اثر ايجابية من الناحية الاجتماعية بالنسبة للسكان القاطنين في المناطق القريبة من المشروع	<input checked="" type="checkbox"/>		
٢	هل هناك ادعاءات او مطالبات من قبل السكان المحليين بعتاقبة الارض المقام عليها المشروع؟	<input checked="" type="checkbox"/>		
٣	بسبب اعمار الاصل ، هل هناك عمليات رفع لمخاضيل زراعية او اشجار او اي غطاء نباتي تعود عائلته لمواطنين او السكان المحليين؟	<input checked="" type="checkbox"/>		
٤	هل تضررت مصالح المواطنين القاطنين بالقرب من المشروع بسبب اعمار الاصل؟	<input checked="" type="checkbox"/>		
٥	هل هناك اي بنى تحتية دائمية او مؤقتة تلعب دورا اساسيا في النشاطات الحيوية اليومية للسكان مستأثر بعملية اعمار المشروع؟	<input checked="" type="checkbox"/>		
٦	هل ان اعمار اعمار المشروع مستشيب باجراءات اعادة توطين للشخص او لاشخاص الي مناطق جديدة؟	<input checked="" type="checkbox"/>		
٧	هل تمت عملية استخدام ارض المشروع من قبل السكان المحليين، علما ان الارض تابعة للدولة؟	<input checked="" type="checkbox"/>		
٨	هل تتوقع وجود تأثيرات اجتماعية سلبية بالمنطقة نتيجة اعمار المشروع؟	<input checked="" type="checkbox"/>		
٩	هل هناك تغيير ديموغرافي او ضرر في النسيج الاجتماعي نتيجة عمليات الاعمار؟	<input checked="" type="checkbox"/>		
١٠	هل يحتاج المواطنون القريبون من المشروع لوضع علامات تحذيرية او استلاالات لزيادة معدلات الامان؟	<input checked="" type="checkbox"/>		

التوقيع: **صناد شاكر ابراهيم**
 الاسم: **صناد شاكر ابراهيم**
 التاريخ: **2019 / 1 /**

(الشيخ)

اسم المشروع: **انشاء مركز صحي مخيا / الويل الكبير**
 الاسم: **صالح محمد مجيد**
 الجنس: ☒ ذكر ☐ أنثى
 المهنة: **موظف - حكومي - مشرف على سوق**

ت	السؤال	نعم	كلا	الملاحظات
١	هل تعتقد ان عملية اعمار المشروع لها اثر ايجابية من الناحية الاجتماعية بالنسبة للسكان القاطنين في المناطق القريبة من المشروع	<input checked="" type="checkbox"/>		مهم من ناحية اساسية لجهد مشاريع
٢	هل هناك ادعاءات او مطالبات من قبل السكان المحليين بعتاقبة الارض المقام عليها المشروع؟	<input checked="" type="checkbox"/>		
٣	بسبب اعمار الاصل ، هل هناك عمليات رفع لمخاضيل زراعية او اشجار او اي غطاء نباتي تعود عائلته لمواطنين او السكان المحليين؟	<input checked="" type="checkbox"/>		
٤	هل تضررت مصالح المواطنين القاطنين بالقرب من المشروع بسبب اعمار الاصل؟	<input checked="" type="checkbox"/>		
٥	هل هناك اي بنى تحتية دائمية او مؤقتة تلعب دورا اساسيا في النشاطات الحيوية اليومية للسكان مستأثر بعملية اعمار المشروع؟	<input checked="" type="checkbox"/>		
٦	هل ان اعمار اعمار المشروع مستشيب باجراءات اعادة توطين للشخص او لاشخاص الي مناطق جديدة؟	<input checked="" type="checkbox"/>		
٧	هل تمت عملية استخدام ارض المشروع من قبل السكان المحليين، علما ان الارض تابعة للدولة؟	<input checked="" type="checkbox"/>		
٨	هل تتوقع وجود تأثيرات اجتماعية سلبية بالمنطقة نتيجة اعمار المشروع؟	<input checked="" type="checkbox"/>		
٩	هل هناك تغيير ديموغرافي او ضرر في النسيج الاجتماعي نتيجة عمليات الاعمار؟	<input checked="" type="checkbox"/>		
١٠	هل يحتاج المواطنون القريبون من المشروع لوضع علامات تحذيرية او استلاالات لزيادة معدلات الامان؟	<input checked="" type="checkbox"/>		

التوقيع: **صالح محمد مجيد**
 الاسم: **صالح محمد مجيد**
 التاريخ: **2019 / ٧ / ٩**

10.4 Annex (4): Medical Waste Management Plan (MWMP)