

Environmental and Social Monitoring Report

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July – 2026

Pakistan: Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

Prepared by Project Management and Implementation Unit, Department of Health,
Government of Khyber Pakhtunkhwa, Pakistan for the Asian Development Bank (ADB).

NOTES

1. The fiscal year (FY) of the Government of the Islamic Republic of Pakistan and its agencies ends on 30 June.
2. In this report, "\$" refers to United States dollars.

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Executive Summary

- This Semi-Annual Environmental and Social Monitoring Report (SAESMR) presents the safeguards and implementation status of the Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP) for the period of January to June 2026. The program supports improvements in secondary healthcare quality, infrastructure, medical equipment, human resources, service standards, governance, and access for vulnerable groups across Khyber Pakhtunkhwa.
- During the reporting period, physical civil works had not yet commenced. Implementation therefore focused on design readiness, procurement, institutional strengthening, environmental screening, phased Initial Environmental Examination (IEE) and Environmental Management Plan (EMP) preparation, and coordination among the Department of Health, PMIU, Communication and Works (C&W) Department, NESPAK, Khyber Pakhtunkhwa Environmental Protection Authority (KP-EPA), and the Asian Development Bank (ADB). Designs and Bills of Quantities (BoQs) for 29 District Headquarters Hospitals were handed over to C&W, the Notice Inviting Tender was issued in May 2026, and contractor selection was under scrutiny, with mobilization anticipated after completion of procurement.
- Safeguards capacity improved with the onboarding of Environmental and Social Safeguards Specialists in the Project Management and Implementation Unit (PMIU). The Phase I IEE was submitted to ADB, Phase II remained under PMIU review, and Phase III and IV IEEs were under preparation. KP-EPA clarified that activities strictly limited to revamping, renovation, and internal repair, without specified expansion or threshold-triggering components, do not require IEE/EIA submission to KP-EPA; however, ADB's phase-wise safeguard requirements continue to apply.
- The Grievance Redress Mechanism (GRM) has been updated as a three-tier system to ensure timely, accessible, gender-responsive and transparent resolution of project-related concerns. Grievances will first be received and addressed at the field or hospital-site level, unresolved cases will be escalated to the PMIU/C&W level, and complex or unresolved cases will be referred to the Department of Health level. The updated GRM also includes arrangements for complaint registration, multiple access channels, information disclosure, community outreach, and a Gender-Based Violence Committee for sensitive gender-related complaints.
- Progress was also recorded in non-infrastructure components. Biomedical equipment valued at PKR 2.571 billion was supplied, tagged, and registered across 32 DHQ hospitals. Queue management systems were installed, hospital quality and gender-related measures advanced, mental health desks and workplace inquiry committees were established, and recruitment and training activities continued. Since this is a Result-Based Lending (RBL) project, procurement is being carried out in accordance with applicable government procurement guidelines.
- No construction-related environmental monitoring trends or unforeseen environmental and social impacts were recorded because works had not started. The main anticipated risks for the next reporting period relate to dust, noise, waste and wastewater, traffic, occupational and community health and safety, continuity of hospital services, healthcare waste management in operational hospitals, and timely grievance resolution. These risks will be managed through the IEE/EMP, contractor site-specific plans, monitoring arrangements, stakeholder consultations, and the three-tier GRM.

- Priority actions for the next reporting period are to complete and secure clearance of the remaining IEE/EMP packages, finalize contractor procurement and mobilization, operationalize site-specific environmental, health and safety plans before construction, strengthen hospital waste management and staff capacity, fill remaining critical PMIU vacancies, disclose and operationalize the three-tier GRM, maintain stakeholder engagement and grievance records, and commence regular safeguards monitoring and reporting once civil works begin.

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Abbreviations

ADB	Asian Development Bank
BoQ	Bill of Quantities
C&W	Communication and Works Department, Government of Khyber Pakhtunkhwa
CC	Construction Contractor
DED	Detailed Engineering Design
DHQP	District Headquarters Hospital
DLI	Disbursement-Linked Indicator
DOH	Department of Health
DSC	Design and Supervision Consultant
ELV	Extra-Low Voltage Systems
EMP	Environmental Management Plan
ESS	Environmental and Social Safeguards Specialist
GOKP	Government of Khyber Pakhtunkhwa
GRM	Grievance Redress Mechanism
HWMP	Hospital Waste Management Plan
IA	Implementing Agency
ICT	Information and Communication Technology
IDAP	Infrastructure Development Authority of Punjab
IEE	Initial Environmental Examination
KP-EPA	Khyber Pakhtunkhwa Environmental Protection Agency
KPHSSP	Khyber Pakhtunkhwa Health Systems Strengthening Program
KPPRA	Khyber Pakhtunkhwa Public Procurement Regulatory Authority
MSDS	Minimum Service Delivery Standards
NESPAK	National Engineering Services Pakistan Pvt. Ltd.
NIT	Notice Inviting Tender
OHS	Occupational Health and Safety
PDWP	Provincial Development Working Party
PMIU	Project Management and Implementation Unit
REA	Rapid Environmental Assessment
RSHC	Revamping of Secondary Healthcare Program
SAESMR	Semi-Annual Environmental and Social Monitoring Report
SHC	Secondary Healthcare
SPS	Safeguard Policy Statement
TA	Technical Assistance

1. Introduction

A. Preamble

- 1 This Semi-Annual Environmental and Social Monitoring Report (SAESMR) presents the environmental and social safeguards monitoring status of the Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP), implemented by the Department of Health (DOH), Government of Khyber Pakhtunkhwa (GOKP). This report covers the period from January-June 2026.
- 2 The report summarizes progress on safeguards planning, institutional arrangements, environmental screening, Initial Environmental Examination (IEE) preparation, stakeholder engagement, grievance redress arrangements, and the status of civil works readiness. It also records issues requiring continued follow-up during the next reporting period.
- 3 Khyber Pakhtunkhwa continues to face substantial health system challenges, including pressure on tertiary hospitals, gaps in secondary healthcare infrastructure, and the need to strengthen quality, access and equity in service delivery. The KPHSSP supports the Government of Khyber Pakhtunkhwa in addressing these challenges through improvements in secondary healthcare infrastructure, equipment, service standards, human resources and management systems.
- 4 In line with ADB's Strategy 2030 and the Pakistan Country Partnership Strategy, the program contributes to universal health coverage, strengthened institutional capacity, women's equitable access to health services, climate resilience and improved governance in the health sector.
- 5 The difference between the broader government program and the Results-Based Lending (RBL) program is summarized below.

Table 1: Program scope

Item	Broader Government Program	Results-Based Lending Program
Outcome	Enhanced coverage and access to essential health services, especially for poor and vulnerable groups; measurable reduction in disease burden; improved human resource management; and improved governance, regulation and accountability.	Quality of care of secondary hospital services in Khyber Pakhtunkhwa enhanced.
Key Outputs	Infrastructure of secondary healthcare facilities improved; human resources strengthened; hospital equipment upgraded; Hospital Management Information System introduced; services contracted to private sector; services standardized and hospitals accredited; selected clinical services subsidized.	Clinical protocols, standards and guidelines available and implemented at secondary hospitals; hospital infrastructure and medical equipment modernized; planning of human resources and health services reinforced; medicine supply chain upgraded; service delivery effectiveness improved.
Activity Types	Revamping of infrastructure, upgrading of medical equipment, expansion of human resources, improvement of the pharmaceutical	Infrastructure upgraded to international standards; medical equipment modernized and functional; gender-based violence

Item	Broader Government Program	Results-Based Lending Program
	supply chain, standardization of hospital protocols across the province, and enhancement of the health management information system.	training provided; reproductive health and mental health counseling desks available; clinical pathways developed and implemented; quality committees established and operational; and procurement, financial management and governance systems improved.

2. Project Description and Current Activities

A. Project Overview

- 6 The ADB's RBL initiative under KPHSSP supports the Government of Khyber Pakhtunkhwa's Revamping Secondary Healthcare (RSHC) Program for FY2022-FY2026. The program focuses on strengthening secondary healthcare services, particularly for vulnerable populations, while improving human resource management, governance, accountability and service quality.
- 7 The program is implemented through the Department of Health and the Project Management and Implementation Unit (PMIU). The infrastructure component is now being executed through the Communication and Works Department (C&W), with design and supervision support from NESPAK Pvt. Ltd. in joint venture with Techno Engineers Services.

B. Project Objectives

- Implement standardized clinical protocols and service delivery standards across secondary hospitals.
 - Upgrade hospital infrastructure and medical equipment in line with accepted healthcare standards.
 - Strengthen human resource planning, recruitment and service management.
 - Improve medicine supply chain management and the availability of essential medicines.
 - Improve the effectiveness, responsiveness and accountability of secondary healthcare services.
 - Ensure environmental and social safeguards compliance during planning, procurement and implementation.
- 8 A comprehensive list of participating hospitals is provided in **Annexure 1**.

C. The Results-Based Lending Program: Impact and Outcome

- 9 The RBL program aims to deliver accessible, equitable and high-quality healthcare in Khyber Pakhtunkhwa. The anticipated outcome is improved quality of secondary care hospital services, benefiting the provincial population through strengthened patient referral systems, emergency services, maternal care and hospital management systems.
- 10 The program outcome and output structure is linked to Disbursement-Linked Indicators (DLIs). Key indicators include increased outpatient and inpatient service utilization, improved maternal care, strengthened quality assurance, infrastructure upgrading, equipment modernization, human resource availability, gender-sensitive services, medicine supply chain improvements, service delivery efficiency and fiduciary management.

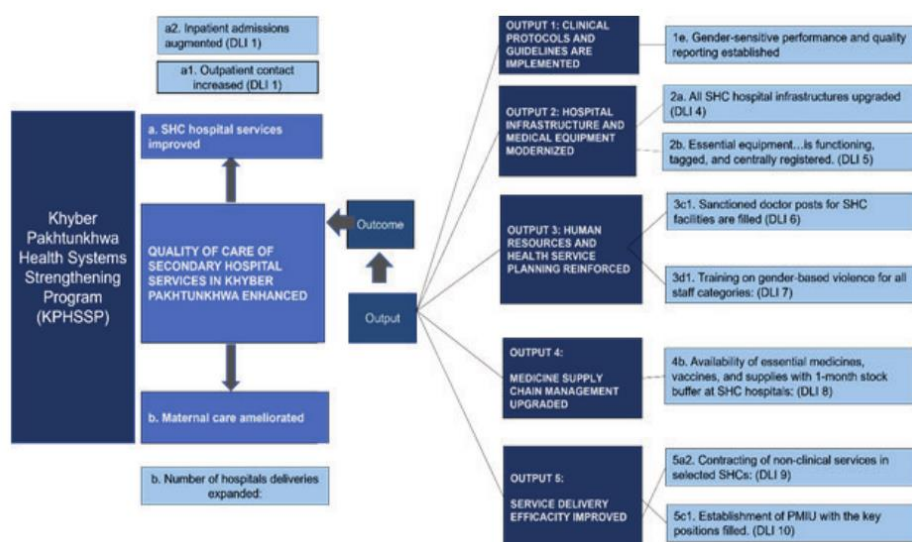


Figure 1: Outcome, output and DLI flow chart

- 11 Output 1 focuses on clinical standards, including gender-sensitive clinical protocols, quality reporting and monitoring of hospital hygiene and clinical procedures. Output 2 covers infrastructure and equipment modernization. Output 3 strengthens human resources and health service planning. Output 4 upgrades the medicine supply chain. Output 5 improves service delivery efficiency, procurement transparency and financial management. Mainly, environmental safeguards will be triggered under the DLI for infrastructure improvement in this program.

D. Financing and Governance

- 12 ADB, in collaboration with the Department of Health and the Government of Khyber Pakhtunkhwa, has structured financing to support healthcare quality improvement, institutional reforms and strengthened medical management. Disbursement-Linked Indicators and agreed performance benchmarks provide measurable targets to ensure accountability and track progress toward program objectives.
- 13 Financing and governance arrangements continue to emphasize transparency, procurement compliance, financial reporting and verification of results. The Auditor General of Pakistan acts as the Independent Verification Agent for relevant results prior to disbursement.

E. Program Systems and Implementation Arrangements

- 14 The Department of Health serves as the executing agency (EA), while the PMIU under the RSHC Program serves as the implementing agency (IA) for KPHSSP. Strategic oversight is provided through the relevant steering and coordination mechanisms led by the Department of Health. Program results are independently verified before ADB disbursements, and PMIU coordinates with government departments, consultants and development partners to ensure harmonized implementation.

- 15 For the civil works component, the execution responsibility has been assigned to C&W. The Design and Supervision Consultant supports C&W and PMIU in design finalization, BoQ preparation, safeguards input, contractor coordination and supervision requirements.

F. PMIU Roles and Responsibilities

- 16 The PMIU is responsible for overall program coordination and monitoring across technical, financial, human resource, procurement, outsourcing, safeguards and managerial domains. It reports to the Department of Health and coordinates with C&W, ADB, KP-EPA, DSC and hospital administrations as required.
- 17 During the reporting period, the institutional capacity of PMIU improved. The Project Director, Director Operations, Environmental Safeguards Specialist and Social Safeguards Specialist have joined PMIU. Four PMIU positions remain vacant: Deputy Project Director, Project Manager (Civil), Project Officer (HR), and Pathology Specialist.

Table 2: PMIU-KPHSSP implementation organizations

Role of Organization	Organization	Personnel / Status	Designation / Responsibility
Technical Assistance	Asian Development Bank	Ms. Shazia Shahid	Environment Specialist
Technical Assistance	Asian Development Bank	Mr. Abdul Hadi	Environment Specialist - TA Consultant
Implementing Agency	PMIU, Department of Health	Dr. Shahzad Faisal	Project Director
Implementing Agency	PMIU, Department of Health	Mr. Haider Ali Javed	Environmental Safeguards Specialist
Implementing Agency	PMIU, Department of Health	Ms. Nariman Bisma	Social Safeguards Specialist

Table 3: Updated PMIU staffing and vacancies

Category	Position / Status
Filled / Joined	Project Director
Filled / Joined	Director Operations
Filled / Joined	Environmental Safeguards Specialist
Filled / Joined	Social Safeguards Specialist
Vacant	Deputy Project Director
Vacant	Project Manager (Civil)
Vacant	Project Officer (HR)
Vacant	Pathology Specialist

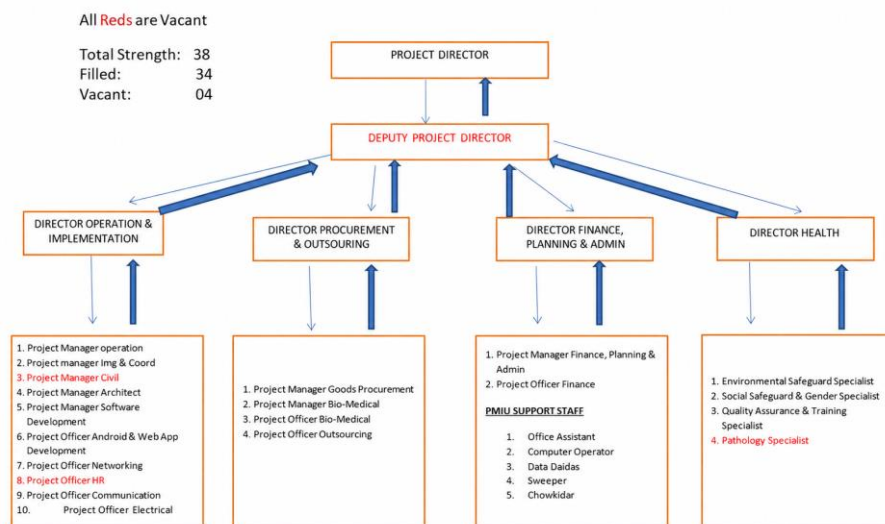


Figure 2: Organizational Chart of PMIU

- 18 The safeguards specialists will support IEE/EMP review, monitoring, reporting, contractor safeguards coordination, consultations, grievance management and compliance with ADB SPS and applicable provincial requirements.

G. Details of Construction Activities

- 19 The four revised PC-1s for the Revamping Secondary Healthcare Program have been rationalized in line with the current scope and financial realities. The Provincial Cabinet, in its 9th meeting held on 27-05-2024, decided to assign execution of civil works to the C&W Department, Government of Khyber Pakhtunkhwa, and to terminate the previous arrangement with the Infrastructure Development Authority of Punjab (IDAP). Due to this, there has been a delay in the start of the infrastructure component under this program.
- 20 Subsequently, a MoU between the Department of Health and C&W was signed on 25-06-2025. NESPAK Pvt. Ltd. in joint venture with Techno Engineers Services has been selected for design and supervision. All revised PC-1s have been approved by the Provincial Development Working Party (PDWP), Khyber Pakhtunkhwa.
- 21 With the engagement of C&W, the Design Supervision Consultant prepared the Detailed Engineering Design, which has been approved. Bills of Quantities and designs for 29 District Headquarters Hospitals, prepared by NESPAK, have been handed over to C&W. Contractor hiring is in process for 29 DHQ hospitals. The Notice Inviting Tender was floated in May 2026, and tenders are currently at various stages of scrutiny and selection. Contractors are expected to be selected by the end of July 2026.

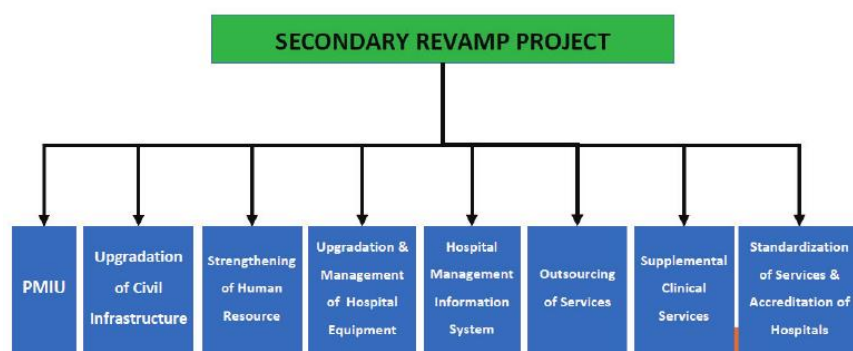


Figure 3: Secondary Revamp Project components

H. Implementation Status

- 22 Implementation during the reporting period focused on institutional strengthening, design readiness, procurement preparation, environmental screening and phased IEE preparation. Physical civil works had not yet commenced during the reporting period. During the reporting period, significant progress was made against the Program's Disbursement-Linked Indicators (DLIs), particularly in areas related to service delivery, biomedical equipment, quality assurance, gender and equity measures, and institutional strengthening. On the civil works side, implementation has also advanced, with contractor selection for 29 DHQ hospitals currently in process following issuance of the NIT and ongoing bid scrutiny.

Table 4: Implementation status during the reporting period

Component	Updated Status
Infrastructure development	- Execution of civil works assigned to C&W as per the Provincial Cabinet decision dated 27-05-2024. The previous agreement with IDAP has been terminated. The DoH-C&W MoU was signed on 25-06-2025. - All revised PC-1s have been approved by PDWP. - Contractor hiring is in process for 29 DHQ hospitals; NIT was floated in May 2026; tenders are under scrutiny and selection. - Contractor mobilization expected by the end of July 2026
Designs and BoQs	- BoQs and designs for 29 DHQs, prepared by NESPAK, have been handed over to C&W. - The DED prepared by the DSC has been approved. - Contractor mobilization expected by the end of July 2026
Environmental safeguards	Environmental screening reports were prepared and submitted to KP-EPA for categorization and guidance. KP-EPA, through letter No. EPA/EIA/General/HealthDeptt./26/999 dated 16/02/2026, clarified that activities limited strictly to revamping, renovation or internal repairs, without capacity enhancement, structural expansion, incinerator installation or solar projects falling under the threshold, do not require IEE/EIA submission to KP-EPA.

Component	Updated Status
	• ADB requirements for phased IEE preparation are being followed.
IEE/EMP preparation	• IEE report for Phase I has been submitted to ADB for review and approval. • Phase II IEE is under review at PMIU and will be shared with ADB after finalization. • Phase III and Phase IV IEEs are under development with consultants and are expected to be furnished within the next reporting cycle.
Recruitment	• Four positions remain vacant in PMIU: Deputy Project Director, Project Manager (Civil), Project Officer (HR), and Pathology Specialist. Environmental Safeguards Specialist and Social Safeguards Specialist have joined PMIU. • 53 Data Entry Operators recruited for the Project during the reporting period. • Out of the total 309 sanctioned positions in the project, 111 staff have been recruited. • Recruitment is still in progress.
DLI progress	• Several DLIs remain on track. • Infrastructure-related activities are delayed but now moving through design approval, tendering and contractor selection.
Medical Waste Management	• A draft Medical Waste Management Plan has been prepared by PMIU. PMIU is also exploring alternative waste treatment solutions beyond incineration.
Service Continuity	• Despite fiscal constraints, DHQ hospitals have maintained outpatient and inpatient services, with service data systematically recorded.
Capacity Building	• Training on Minimum Service Delivery Standards (MSDS) was conducted for 32 DHQs through the Health Care Commission (HCC). • Training of doctors has begun at PGMI. • Training and orientation of Data Entry Operators on HMIS component conducted for 53 Data Operators.
Patient Support Services	• Counseling desks for mental health services have been established in all project DHQs. • Recruitment of Reproductive Health Officers in process.
Biomedical Equipment	• Equipment valued at PKR 2.571 billion has been provided to 32 DHQs. The equipment has been tagged and registered, enabling liquidation of USD 10 million against DLI-5 of KPHSSP. • Since this is a RBL project, the procurement is being carried out following the Government procurement guidelines.
Queue Management	• Outpatient Department (OPD) Queue Management Systems have been installed in 32 DHQs.
HMIS Institution	• 23 major software modules enlisted & hardware specifications worked out. • Assessment of Hospital IT infrastructure completed. • Software firm will be hired to execute the project.

Component	Updated Status
	HR for HMIS component of the project recruited and carried out the aforementioned assessment of IT in DHQs.
Outsourced Services	- In January 2026 Security and janitorial services were outsourced, with 1,763 personnel deployed across 32 DHQs. However, the contract of the contractor of outsourced janitor and security services was terminated for non-compliance. - New Contracts to be awarded by 13th July 2026.
Human Resources	- Seven Emergency Medical Officers and 15 Management Support Staff have been deployed in six DHQ hospitals since June 2022. 53 Data Entry Operators for HMIS hired during current reporting period. - Training and Orientation for 53 Data Entry Operators for HMIS conducted.
Quality Assurance	- Internal audits of 22 DHQ hospitals have been completed and reports shared with the concerned MS for response. - Hospital quality committees notified & annual quality reports by hospitals initiated. - Annual quality reports have been submitted by all project DHQs. - Training on Minimum service delivery standards completed for all DHQs. - Clinical protocols for 10 most common diseases in medical and allied specialties developed.
Gender and Equity Measures	- Mental health desks have been established in all 32 DHQs. - Workplace harassment and violence inquiry committees have been formed in 32 DHQs. More than 74% of staff have been trained on gender-based violence, with women comprising 30% of trainees. - Recruitment of Reproductive Health Officers in process.
Safeguards Capacity	- The Environmental and Social Safeguards Specialist position at PMIU has recently been filled. IEE report of Phase I has already been submitted. - ADB will arrange environmental, Social & Gender safeguards training in due course.

I. Project Activities during Current Reporting Period

- 23 No physical construction activities were undertaken during the reporting period. Sites remain at baseline condition until contractor mobilization. The period primarily involved finalization and approval of designs, BoQs, civil works tendering, safeguards planning, IEE preparation and PMIU staffing improvements.
- 24 The PMIU continued coordination with C&W, NESPAK, KP-EPA and ADB to ensure that construction readiness is aligned with safeguard requirements. Environmental screening was completed and submitted to KP-EPA, while phased IEE reporting is being carried out to meet ADB requirements.

- 25 Non-infrastructure components continued to support service delivery improvements, including hospital equipment management, outsourced services, quality assurance measures, patient support services and gender-related interventions.
- 26 During the current reporting period, significant progress was made against the Program's DLIs, particularly in areas related to service delivery, biomedical equipment, quality assurance, gender and equity measures, institutional strengthening, and safeguards capacity. On the civil works side, contractor selection for 29 DHQ hospitals is in process following the issuance of the Notice Inviting Tender (NIT) in May 2026. Tenders are currently under scrutiny and selection, and contractor mobilization is expected by the end of July 2026.
- 27 The execution of civil works has been assigned to the C&W Department of Khyber Pakhtunkhwa in accordance with the Provincial Cabinet decision dated 27-05-2024. The previous agreement with the Infrastructure Development Authority of Punjab (IDAP) has been terminated, and a Memorandum of Understanding between the Department of Health and C&W was signed on 25-06-2025. All revised PC-1s have been approved by the Provincial Development Working Party (PDWP). Contractor hiring for 29 DHQ hospitals is currently in process, with tenders at different stages of scrutiny and selection.
- 28 BoQs and designs for 29 District Headquarters Hospitals (DHQs), prepared by NESPAK, have been handed over to C&W. The Detailed Engineering Design (DED) prepared by the Design and Supervision Consultant (DSC) has also been approved. Contractor mobilization is expected by the end of July 2026.
- 29 Environmental screening reports were prepared and submitted to the KP-EPA for categorization and guidance on the required environmental assessments. KP-EPA, through letter No. EPA/EIA/General/HealthDeptt./26/999 dated 16/02/2026, clarified that activities limited strictly to revamping, renovation, or internal repairs, without capacity enhancement, structural expansion, incinerator installation, or solar projects falling under the threshold, do not require submission of IEE/EIA to KP-EPA. However, ADB requirements for phased IEE preparation are being followed.
- 30 The IEE report for Phase I has been submitted to ADB for review and approval. The Phase II IEE is under review at PMIU and will be shared with ADB after finalization. IEEs for Phase III and Phase IV are under development with consultants and are expected to be furnished within the next reporting cycle.
- 31 Recruitment activities also continued during the reporting period. Four positions remain vacant in PMIU: Deputy Project Director, Project Manager Civil, Project Officer HR, and Pathology Specialist. The Environmental Safeguards Specialist and Social Safeguards Specialist have joined PMIU. Out of the total 309 sanctioned positions under the project, 111 staff members have been recruited, while recruitment for the remaining positions is still in progress.
- 32 Several DLIs remain on track. Infrastructure-related activities have experienced delays; however, progress is now being made through design approval, tendering, and contractor selection. These steps are expected to support acceleration of implementation in the next reporting period.
- 33 A draft Medical Waste Management Plan has been prepared by PMIU. The PMIU is also exploring alternative waste treatment solutions beyond incineration to improve environmentally sound healthcare waste management practices across DHQ hospitals.

- 34 Despite fiscal constraints, DHQ hospitals have continued to maintain outpatient and inpatient services. Service delivery data is being systematically recorded, which supports monitoring of hospital performance and progress against relevant DLIs.
- 35 Capacity-building activities were also undertaken during the reporting period. Training on Minimum Service Delivery Standards (MSDS) was conducted in 13 DHQs through the Health Care Commission. In addition, training of doctors, nurses, and other staff has commenced at the Postgraduate Medical Institute (PGMI).
- 36 Patient support services have been strengthened through the establishment of counseling desks for reproductive and mental health services in DHQ hospitals. These desks are intended to improve patient guidance, counseling, and access to essential support services.
- 37 Biomedical equipment valued at PKR 2.571 billion, comprising 2,500 items, has been provided to 32 DHQs. The equipment has been tagged and registered, enabling liquidation of USD 10 million against DLI-5 of KPHSSP.
- 38 Outpatient Department (OPD) Queue Management Systems have been installed in 32 DHQs. These systems are expected to improve patient flow, reduce waiting times, and strengthen service delivery efficiency in outpatient departments.
- 39 Under the HMIS component, 23 major software modules have been enlisted, and hardware specifications have been worked out. Assessment of hospital IT infrastructure has been completed. A software firm will be hired to execute the project, while operational human resources have already been recruited.
- 40 Security and janitorial services had been outsourced, with 1,763 personnel deployed across 32 DHQs. However, the contract of the contractor was terminated due to non-compliance. New contracts are expected to be awarded by 13th July 2026.
- 41 Seven Emergency Medical Officers and 15 Management Support Staff have been deployed in six DHQ hospitals since June 2022. These deployments continue to support hospital operations and service delivery.
- 42 Quality assurance activities continued during the reporting period. Internal audits of 22 DHQ hospitals have been completed, and annual quality reports have been issued by 15 DHQs. Training on Minimum Service Delivery Standards has been completed for all DHQs. Hospital quality committees have been notified, annual quality reporting by hospitals has been initiated, and clinical protocols have been developed.
- 43 Gender and equity measures have also progressed. Mental health desks have been established in all 32 DHQs. Workplace harassment and violence inquiry committees have also been formed in all 32 DHQs. More than 74% of staff have been trained on gender-based violence, with women comprising 30% of trainees. Recruitment of Reproductive Health Officers is also in process.
- 44 Safeguards capacity has been strengthened with the recent filling of the Environmental and Social Safeguards Specialist position at PMIU. The IEE report for Phase I has already been submitted, and ADB will arrange environmental, Social and Gender safeguards training in due course.

J. Changes to Project Design

- 45 The main design-related change remains the transfer of civil works execution from IDAP to C&W. Following C&W's engagement, the DSC prepared the Detailed Engineering Design,

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which has been approved. The revised PC-1s and approved designs define the updated scope for 29 DHQ hospitals.

- 46 The updated infrastructure scope includes civil works, plumbing and fire-fighting systems, storm drainage, roads and paved areas, electrical systems, ICT and ELV systems, natural and medical gas systems, HVAC systems, geotechnical investigations, and implementation of the Environmental Management Plan, including monitoring, training, occupational health and safety measures and safeguards reporting.
- 47 Design and BoQ packages have been handed over to C&W. Contractor procurement is under scrutiny following the NIT issued in May 2026.

K. Changes to Construction Methods

- 48 Construction activities have not yet commenced at hospital sites. Therefore, there were no construction-method changes during the reporting period. Method statements, site-specific Environmental Management Plans, Health and Safety Plans, traffic and waste management arrangements, and environmental monitoring procedures will be reviewed after contractor selection and before mobilization.

L. Key Challenges

- **Infrastructure delays:** Civil works have been delayed due to the transition from IDAP to C&W and the subsequent design, approval and tendering process.
- **Contractor procurement:** Tenders for 29 DHQ hospitals are under scrutiny and selection; timely finalization is critical for progress in the next semester.
- **Safeguards documentation:** Phased IEE/EMP documentation must be completed and cleared in line with ADB requirements before civil works commence.
- **Vacant PMIU positions:** Four positions remain vacant and should be filled to further strengthen implementation capacity.
- **Waste management:** Hospital waste management systems require continued strengthening across the DHQ hospitals.

M. Environmental Monitoring and Compliance

- 49 Environmental monitoring under KPHSSP follows applicable national and provincial requirements and ADB Safeguard Policy Statement (SPS) (2009). Since construction has not yet started, site-level instrumental monitoring trends are not available for this reporting period. Monitoring of air quality, noise, drinking water, wastewater, waste handling, occupational health and safety, and community health and safety will be initiated after contractor mobilization and commencement of civil works.
- 50 Environmental screening reports were submitted to KP-EPA. KP-EPA clarified through letter No. EPA/EIA/General/HealthDeptt./26/999 dated 16/02/2026 that strictly limited revamping, renovation or internal repair activities, without capacity enhancement, structural expansion, incinerator installation or threshold-level solar projects, do not fall within the listed schedules requiring IEE or EIA submission to KP-EPA. However, ADB's requirements for phase-wise IEE reports are being followed.
- 51 The IEE report for Phase I has been submitted to ADB for review and approval. The Phase II IEE is under PMIU review and will be submitted to ADB after finalization. IEEs for Phase III and Phase IV are under development by the consultants and are expected to be completed by the end of July 2026 or within the next reporting cycle, subject to final technical review.

Medical Waste Management

- 52 Hospital waste management remains an important safeguard issue. The program will continue to strengthen segregation, collection, storage, transportation, treatment and disposal practices at DHQ hospitals. The PMIU will continue to review suitable medical waste treatment options and ensure that hospital-level waste management practices align with environmental and public health requirements.

Occupational Health and Safety

- 53 Occupational health and safety measures will be incorporated into contractor site-specific plans before mobilization. These will include provision of personal protective equipment, worker training, safe access arrangements, emergency response procedures, hazard signage, incident reporting and monitoring of contractor compliance.

Environmental Monitoring Results

- 54 No environmental monitoring trends can be reported for the current period because civil works have not yet commenced. Future reports will include monitoring results and trends once construction begins.

N. Monitoring and Evaluation System

- 55 The program's monitoring and evaluation system is supported by PMIU, relevant DOH units, the Independent Monitoring Unit and the Independent Verification Agency. Key mechanisms include quarterly and semi-annual progress reporting, independent verification of results, review missions, procurement updates and reporting against Disbursement-Linked Indicators.

Table 5: DLI indicators and progress

Indicator	Measurement	Status
DLI 1: SHC services improved	Increase in outpatient and inpatient admissions	On track
DLI 2: Maternal care enhanced	Increase in hospital-based deliveries	On track / monitoring continued
DLI 3: Gender-sensitive quality assurance	Establishment of monitoring mechanisms and gender-sensitive quality reporting	On track
DLI 4: Infrastructure upgraded	Facilities meeting quality benchmarks	Delayed; contractor hiring is in process for 29 DHQs. NIT issued in May 2026. Bid scrutiny is in process and contractors are expected to be selected by the end of July 2026.
DLI 5: Equipment modernization	Key medical equipment functional, tagged and registered	On track
DLI 6: Qualified HR availability	Increased recruitment and retention of qualified staff, including female doctors	Delayed / ongoing
DLI 7: Gender considerations	Training on gender-based violence and related health services	On track

Indicator	Measurement	Status
DLI 8: Medicine supply chain	Essential medicines available with minimum stock buffer	Delayed / ongoing
DLI 9: Service delivery efficiency	Private sector engagement in hospital services; contracting of clinical and non-clinical services	On-going. RFPs have been completed and the procurement committee has been functionalized. PO/award is expected in July 2026.
DLI 10: Fiduciary management	Financial audits and procurement transparency; establishment of PMIU; procurement plans updated and published on KPPRA website; financial and internal audit reports submitted to DOH	On-going for PMIU establishment and procurement plans. PD, Director Operations, Environmental Safeguards Specialist and Social Safeguards Specialist have joined. Four positions remain vacant. Financial/internal audit reporting is delayed: audit executed in 16 hospitals; reports shared with hospitals; only two hospitals have responded so far; coordination with remaining hospitals is ongoing.

O. Safeguards for Environment and Society

- 56 Safeguards implementation during this reporting period focused on screening, IEE preparation, institutional strengthening, stakeholder engagement readiness and grievance redress arrangements. The program remains classified as Category B for environmental safeguards under ADB's Safeguard Policy Statement, requiring IEE and EMP preparation for relevant civil works packages.
- 57 **Managing Medical Waste:** An assessment of existing waste disposal practices has been carried out, and the PMIU is reviewing appropriate waste treatment and management options for hospitals. Strengthened waste segregation, storage, transport, treatment and disposal arrangements will remain a priority.
- 58 **Building Capacity:** PMIU Environmental and Social Safeguards personnel are now onboarded. ADB will deliver formal training on environmental safeguards, including SPS requirements, EMP implementation, monitoring and reporting.
- 59 **Addressing Grievances:** A transparent three-tier GRM has been created to collect, record and address concerns from local communities, patients, hospital staff, workers and other persons affected by the program. The system will be operationalized through field-level/site arrangements, PMIU/C&W-level review, and Department of Health-level escalation, in coordination with hospital administrations, contractors, consultants and PMIU safeguards staff.
- 60 **Development of IEE/EMP:** The IEE/EMP for Phase I has been submitted to ADB. The Phase II IEE is under PMIU review. IEEs for Phase III and Phase IV will be completed by the end of July 2026, subject to technical finalization and review.

3. Environmental and Social Safeguards Activities

A. Description of Environmental Safeguards Measures

- 61 According to ADB's SPS, 2009, the civil works component of the RBL program has been classified as Category B for environmental safeguards. This classification requires the preparation of an IEE and an EMP prior to the commencement of construction activities.
- 62 The Rapid Environmental Assessment (REA) conducted at the program's inception triggered the application of relevant principles of ADB's SPS, particularly Principles 1 through 7 and 10. The implementation of these principles is summarized below:

Table 6: ADB SPS Principles and Application to the Program

ADB SPS Principle	Application to the Program
Principle 1: Project Screening	Initial project screening is critical to prevent the financing of Category A projects. The RBL program holds a Category B classification, requiring an IEE.
Principle 2: Environmental Assessment	Each project undergoes environmental assessment. Being Category B, the RBL program requires preparation of an IEE and EMP.
Principle 3: Analysis of Alternatives	While the RBL program has limited viable alternatives, the IEE/EMP will examine possible impacts and identify suitable mitigation measures.
Principle 4: Environmental Planning and Mitigation	Environmental planning and mitigation strategies will be implemented to reduce potential adverse impacts. An EMP will be prepared as part of the IEE study.
Principle 5: Consultation and Grievance Redress	Continuous consultation with affected communities will be carried out, accompanied by the establishment of a grievance redress mechanism.
Principle 6: Information Disclosure	Environmental assessments, including the EMP, will be made publicly available to relevant stakeholders.
Principle 7: EMP Implementation and Monitoring	The EMP will be implemented, and monitoring reports will be prepared and shared with relevant stakeholders.
Principle 8: Critical Habitats and Protected Areas	Project activities will not be located in critical habitats, protected areas, or environmentally sensitive zones.
Principle 9: Pollution Prevention and Control	Measures for pollution prevention and control will be enacted to manage hospital waste, air quality, water quality, and related environmental concerns.
Principle 10: Occupational Health and Safety	Workers will be provided with safe working conditions and appropriate personal protective equipment.

- 63 Based on the above criteria, the civil works component of the RBL program will remain classified as Category B, requiring the preparation and implementation of an IEE and EMP before the commencement of construction activities, as applicable.
- 64 Updated REAs have been completed and forwarded to both KP-EPA and ADB for additional review, environmental categorization, and determination of the number and scope of IEEs required going forward.
- 65 Given the existing gaps in hospital waste management at designated Secondary Health Care facilities, the program will deliver capacity-building training focused on environmental

safeguards, hospital waste management, occupational health and safety, and climate change resilience.

B. Environmental and Social Safeguard Implementation

- 66 The environmental assessment process will continue to follow ADB's SPS principles, including project screening, environmental assessment, mitigation planning, consultation, disclosure, EMP implementation, monitoring and reporting. Contractor-specific environmental, health and safety requirements will be incorporated into bidding documents and contracts, and site-specific Environmental Management Plans will be required prior to construction.
- 67 The updated REAs and phased IEEs will guide management of anticipated construction and operational impacts, including dust, noise, construction waste, wastewater, traffic, occupational health and safety, community safety and hospital waste management. No critical habitats or protected areas are expected to be affected by the proposed civil works.

C. Action Plan for Environmental Safeguards

Table 7: Action Plan for Environmental Safeguards

Safeguard Area	Updated Status / Action
Building Safeguard Capability	The Environmental Safeguards Specialist and Social Safeguards Specialist positions in PMIU have been filled. Their onboarding has strengthened PMIU capacity to manage environmental and social safeguard requirements, coordinate with ADB and relevant departments, and support implementation of safeguard actions before commencement of physical works.
Hospital Waste Management Plan (HWMP)	The Hospital Waste Management Plan (HWMP) will be developed, implemented, and operationalized before program completion. Relevant hospital staff will be trained on environmentally sound healthcare waste handling, including segregation, collection, storage, internal transportation, treatment, and final disposal in accordance with applicable standards.
Development of IEE/EMP	The IEE report for Phase I has been submitted to ADB for review and approval. The Phase II IEE is under review at PMIU and will be shared with ADB after finalization. IEEs for Phase III and Phase IV are under development with the consultants and are expected to be furnished within the next reporting cycle.
Climate Change Measures	Climate adaptation strategies have been integrated into SHC designs and equipment choices to address extreme weather-related risks before commencement of physical activities and procurement. These measures will support climate-resilient infrastructure and reduce vulnerability of health facilities to heat, heavy rainfall, drainage issues, and other climate-related events.
Air and Water Quality Management	Implementation will include dust suppression, water conservation, and wastewater management measures. A comprehensive EMP has been developed as part of the IEE reports and submitted to ADB for review. The EMP will guide mitigation, monitoring, reporting, and corrective actions during construction and operation.

Safeguard Area	Updated Status / Action
Worker Health and Safety (OHS)	Worker health and safety measures will include provision and proper use of personal protective equipment (PPE), site-specific hygiene protocols, safe access and movement arrangements, proper handling and storage of construction materials, control of dust and noise exposure, first-aid arrangements, emergency preparedness, fire safety precautions, and regular OHS orientation for workers and healthcare personnel. Contractors will be required to implement site-specific health and safety plans, maintain incident records, provide toolbox talks, and ensure that construction activities do not compromise the safety of patients, staff, attendants, or visitors in operational hospital settings.

- 68 During the early stages of the project, the environmental consultant conducted a REA, which identified important gaps within KP DoH systems, particularly the absence of a comprehensive hospital waste management plan. A representative sample of 10 Secondary Healthcare facilities (SHCs) was assessed to identify and address these concerns. The revised REAs reveal inadequate practices in hospital waste management. As more changes occur in the work scope, which may have improved waste management technologies, a Medical Waste Management Plan will be created and implemented by the conclusion of civil works under the KPHSSP infrastructure component. Once the plan is finalized, formal training on hospital waste management, will be provided to the hospital staff by the PMIU staff.
- 69 The project complies with the Khyber Pakhtunkhwa Environmental Protection Act, 2014 also, which regulates environmental assessment requirements for projects that may have significant environmental impacts. Based on the current scope, the subprojects do not meet the EIA/IEE threshold.

D. Results from Rapid Environmental Assessment (REA)

- 70 A REA was conducted during the initial phase of the program using a structured questionnaire to evaluate environmental, health, and safety conditions at selected SHCs. The assessment identified concerns related to insufficient water supply, contaminated drinking water, inadequate sewerage infrastructure, and improper hospital waste management. These issues will be addressed through a comprehensive EMP covering both construction and operational phases.
- 71 The assessment further indicated that many SHCs are located in highly populated areas where water supply constraints, wastewater management challenges, and insufficient waste disposal arrangements are common. The key REA findings are summarized below.

Assessment Area	Key Findings and Proposed Response
Physical Environment	Water supply is primarily dependent on tube wells, while some hospitals face insufficient water storage and distribution capacity. Wastewater disposal arrangements vary across facilities, and some facilities discharge untreated wastewater into local waterways, creating potential water quality risks. These issues will be addressed through EMP measures, including water conservation, improved wastewater management, and monitoring.
Ecological Environment	No SHCs are located near environmentally sensitive or protected areas; therefore, impacts on flora and fauna are expected to be

Assessment Area	Key Findings and Proposed Response
	minimal. If any tree removal is required, approval will be obtained from the relevant authorities and compensatory plantation will be carried out in accordance with applicable requirements.
Socioeconomic Context	Most SHCs are located in areas with access to basic social services. Climate-related risk remains low considering the nature and scope of the planned works. Consultations regarding program interventions will be conducted with relevant communities, including the Kalash people where applicable, with support from the Chitral district administration and the safeguard staff.
Recommendations	Recommendations from the REA, including climate adaptation and environmental mitigation measures, have been incorporated into project planning for all SHC locations. These recommendations will be further reviewed and implemented through the IEE/EMP process and relevant contractor obligations.

E. Program Action Plan

- Complete environmental screenings and IEE/EMP preparation in line with the finalized design packages.
- Ensure that climate-resilient design measures and appropriate equipment considerations are incorporated where relevant.
- Evaluate medical waste treatment alternatives and strengthen hospital waste management systems.
- Conduct environmental safeguards and medical waste management training for PMIU and relevant hospital staff.
- Ensure meaningful consultations with hospital staff, communities and relevant stakeholders before construction begins.
- Implement the EMP after civil works commencement and report compliance through semi-annual monitoring reports.

4. Results of Environmental and Social Monitoring

A. Unforeseen Environmental and Social Impacts or Risks

- 72 No unforeseen environmental or social impacts were identified during the reporting period. Because construction has not yet started, risk monitoring mainly focused on readiness, planning, screening and documentation. Future reports will continue to record any unexpected environmental, social, health and safety, or community-related impacts.

B. List of Plans Developed as Part of the IEE

- 73 The following plans have been developed as part of the IEE during the current semester for implementation during the construction phase of the project and throughout the life of the project. These plans are intended to guide contractors, supervision consultants, PMIU, and hospital administrations in managing environmental, health, safety, social, operational, and community-related risks associated with the revamping works in operational DHQ hospitals.

Source basis: IEE Report Volume I, Chapter 9 and related chapters; Volume II Annexures VII to XV, with supporting annexures where relevant.

Table 8: Main Environmental, Social, HSE and Operational Plans

S. No.	Plan / Instrument	Purpose / Coverage	Implementation Phase
1	Environmental Management Plan (EMP)	Overall framework for implementing mitigation measures, monitoring requirements, institutional responsibilities, reporting, non-compliance handling, and EMP cost provisions.	Construction and operational/life-cycle phase
2	Environmental Mitigation and Management Matrix	Identifies key environmental and social impacts, mitigation measures, implementation responsibilities, and supervision requirements.	Mainly construction; also operational safeguards
3	Environmental Monitoring Plan / Monitoring Schedule	Defines environmental monitoring arrangements, including parameters such as air quality, noise, drinking water, wastewater/surface water, monitoring frequency, and responsibilities.	Construction and operation
4	Resource Conservation Plan	Promotes efficient use of water, energy, materials, and other resources, including waste minimization, reuse, recycling, and conservation measures.	Construction and operation
5	Traffic Management Plan	Manages construction traffic, material delivery routes, traffic diversion, pedestrian safety, signage, flagmen, emergency access, and coordination with relevant authorities.	Primarily construction phase

S. No.	Plan / Instrument	Purpose / Coverage	Implementation Phase
6	Sanitation Plan	Ensures hygienic site conditions through adequate toilets, handwashing facilities, drinking water, cleaning schedules, waste collection, and prevention of contamination and disease risks.	Construction and operation
7	Waste Management Plan	Covers collection, segregation, storage, handling, transportation, reuse/recycling, and disposal of construction waste and other project-generated waste streams.	Construction and operation
8	Service Continuity Plan	Ensures uninterrupted hospital services during construction through phasing, temporary relocation, emergency access, utility continuity, safe movement routes, IPC measures, and coordination with hospital administration.	Construction phase, especially live hospital works
9	Emergency Response Plan / Emergency Preparedness and Response Framework	Provides arrangements for responding to emergencies such as fire, accidents, spills, utility failures, natural disasters, and other incidents affecting workers, patients, staff, and visitors.	Construction and project life-cycle
10	Chance-Find Procedure	Provides steps to be followed if archaeological, cultural, historical, or religious objects/sites are discovered during excavation or civil works.	Construction phase
11	Tree Plantation Plan	Provides plantation and landscaping measures to offset vegetation disturbance and improve the environmental quality of hospital premises.	Construction close-out and operation
12	HSE Management Plan / Guideline HSE Plan	Guides occupational health and safety management, PPE use, accident reporting, first aid, training, health and safety focal person roles, and construction safety checklist requirements.	Construction phase
13	Change Management Plan	Provides a mechanism for updating the IEE/EMP if design changes, new impacts, changed site conditions, or additional mitigation requirements arise.	Throughout project implementation
14	Grievance Redress Mechanism (GRM)	Provides institutional arrangements and procedures for receiving, recording, resolving, and escalating complaints from communities, patients, staff, and other stakeholders.	Construction and operation

S. No.	Plan / Instrument	Purpose / Coverage	Implementation Phase
15	GBV / SEA-SH Committee and Response Arrangement	Provides a specific arrangement to address gender-based violence, sexual exploitation and abuse, and sexual harassment-related complaints or risks.	Construction and project life-cycle
16	Consultation, Participation and Information Disclosure Strategy (CPID)	Guides stakeholder consultation, information disclosure, recording of concerns, and communication with hospital staff, patients, attendants, nearby communities, and departments.	Pre-construction, construction, and operation
17	Site-Specific Environmental Management Plan (SSEMP)	To be prepared by the contractor for each hospital to translate the IEE/EMP into site-specific method statements, mitigation actions, monitoring arrangements, and reporting procedures.	Before mobilization and during construction

- 74 **Supporting Annexures and Assessment Tools:** In addition to the above management plans, Volume II of the IEE includes several supporting annexures that provide the basis for planning, monitoring, and implementation. These include the Scope of Work, Area of Influence (AOI) Maps, Environmental Monitoring Report, Land Use and Sensitive Receptors, Social Survey Tools, and Impact Evaluation Matrix. These documents support the EMP and help define site-specific risks, receptors, baseline conditions, and impact significance.

C. Social Safeguards and Stakeholder Engagement

- 75 Social safeguards are an essential part of ADB's SPS and are integrated into PMIU's safeguards responsibilities. No involuntary resettlement impact is anticipated because program activities and civil works are expected to remain within the boundaries of existing hospital facilities. The program will avoid activities that would alter the safeguards category or create land acquisition or displacement impacts.
- 76 Consultations have been conducted with key stakeholders, including relevant government departments, hospital staff, patients, neighboring communities, local representatives and other affected or interested groups. During the consultations, program objectives, construction scope, implementation schedule, GRM, health and safety measures, and safeguards responsibilities were shared with the stakeholders by PMIU consultants. A summary of the consultations is provided below and pictures are attached in annexure.

D. Summary of Stakeholder Consultations

- 77 Stakeholder consultations were undertaken with relevant government departments, general public and hospital staff. The departmental consultations were held with 9 departments of KP. Across Phases I-IV, 29 public consultation meetings were held at project hospitals, involving 300 participants.

E. Departmental Consultations

- 78 Number of consultations: 9 consultations, conducted with the following departments/organizations.

Table 9: Departmental Consultations

No.	Department/Organization	Short Summary of Issues/Points Raised
1	Environmental Protection Agency, Khyber Pakhtunkhwa	Proper segregation, treatment and disposal of healthcare/construction waste; stronger infection-control systems; treatment of pathological and liquid waste; regulatory audits and compliance.
2	Culture, Tourism, Archaeology & Museums Department, Khyber Pakhtunkhwa	Improved hospitals would support tourists and local hospitality services; no known archaeological sites were identified within the listed hospital premises.
3	Khyber Pakhtunkhwa Wildlife Department	No known protected areas or protected species were reported within the listed hospital premises.
4	Khyber Pakhtunkhwa Forest Department	No known protected areas or protected species were reported within the listed hospital premises.
5	Khyber Pakhtunkhwa Fisheries Department	No known protected areas or protected species were reported within the listed hospital premises.
6	Water and Sanitation Services Peshawar	Concern over hazardous solid and liquid waste mixing with municipal waste; need for segregation, pretreatment/on-site treatment, MoUs and coordination for safe disposal.
7	Local Government, Elections and Rural Development Department	Further coordination was proposed to assess feasible mitigation measures and implementation capacity.
8	Irrigation Department, Khyber Pakhtunkhwa	Untreated hospital wastewater and solid waste could enter drains and irrigation water; treatment systems and septic tanks were emphasized.
9	Khyber Pakhtunkhwa Health Care Commission	Compliance with international indicators and hospital design standards; appropriate proximity of ICU, CCU and operation rooms; energy-efficient double-glazed windows.

79 **Overall summary:** Officials generally supported the project. Key themes were healthcare and liquid-waste management, inter-agency coordination, continuity of services, patient and staff safety, and hospital design standards.

80 Public Consultations were also held, the details of which have been provided in the IEE drafts.

- 81 **Total public consultations:** 29 meetings with 300 participants, including hospital staff, patients, attendants and nearby community members/commuters.

Table 10: Public Consultations

Phase	Consultation Location	Participants
Phase I	Naseerullah Khan Babar Hospital, Peshawar	7
Phase I	Molvi Jee Hospital, Peshawar	13
Phase I	DHQ Hospital, Charsadda	14
Phase I	DHQ Hospital (Women and Children Block), Abbottabad	13
Phase I	DHQ Hospital, Haripur	8
Phase I	DHQ Hospital, Karak	14
	Phase I Total (6 consultations)	69
Phase	Consultation Location	Participants
Phase II	DHQ Hospital, Bannu	10
Phase II	DHQ Hospital, Nowshera	6
Phase II	DHQ Hospital, Timergara	8
Phase II	DHQ Hospital, Upper Dir	9
Phase II	DHQ Hospital, Kohat	9
Phase II	DHQ Hospital, D.I. Khan	8
	Phase II Total (6 consultations)	50
Phase	Consultation Location	Participants
Phase III	DHQ Saidu Sharif	10
Phase III	DHQ Batkhela	12
Phase III	DHQ Battagram	9

Phase	Consultation Location	Participants
Phase III	DHQ Chitral	20
Phase III	DHQ Kohistan	8
Phase III	DHQ Lakki Marwat	9
Phase III	DHQ Mansehra	8
Phase III	DHQ Shangla	15
Phase III	DHQ Tank	10
Phase III	DHQ Mardan	12
	Phase III Total (10 consultations)	113
Phase	Consultation Location	Participants
Phase IV	DHQ Khar, Bajaur	12
Phase IV	DHQ Landi Kotal, Khyber	15
Phase IV	DHQ Ghallanai, Mohmand	11
Phase IV	DHQ Wana, North Waziristan	10
Phase IV	DHQ Parachinar, Kurram	3
Phase IV	DHQ Miran Shah, South Waziristan	9
Phase IV	DHQ Mishti Mela, Orakzai	8
	Phase IV Total (7 consultations)	68
	Grand Total (29 consultations)	300

82 **Key Issues Raised and Responses Given**Table 11: *Key Issues Raised and Responses Given*

Consultation	Issues/Points Raised	Responses/Commitments
Phase I - Naseerullah Khan Babar Hospital	Patient relocation and limited space; emergency gate access; disturbance from daytime works.	Phased construction and relocation planning; back gate for materials; use of available rooms; work after OPD hours where feasible.
Phase I - Molvi Jee Hospital	Simultaneous renovation, noise, demolition dust/indoor air quality, and need for an ambulance.	Phased works; noise controls and off-peak scheduling; indoor-air monitoring; ambulance request to be processed separately because it is outside the project scope.
Phase I - DHQ Charsadda	Insufficient waiting areas, toilets, drinking water and staff rest areas; possible water-supply disruption.	Waiting areas to be renovated; water and sanitation services maintained; contractor to promptly repair utility damage.
Phase I - Abbottabad Women and Children Block	Traffic/parking constraints; poor OPD reception; operation-theatre flooring; noise and vibration.	Traffic management and controlled parking; reception upgrade; avoidance/control of high-impact work near sensitive areas.
Phase I - DHQ Haripur	Covered movement between wards; construction waste; local employment; dust, noise and patient relocation.	Roofed walkways; waste-management plan and municipal coordination; pollution controls and patient-relocation planning.
Phase I - DHQ Karak	Staff rooms; saline/odorous water; security during construction and operation.	Works within approved scope; renewal of water supply; construction security and hospital protocols.
Phase II - Six Hospitals	Service and emergency-access disruption; dust, noise and vibration; health and safety; waste and WASH; local jobs; privacy, security, gender-responsive facilities and accessibility.	Hospital coordination; off-peak scheduling and pollution controls; barricading/signage; continued emergency access; approved waste disposal; maintained WASH; local hiring where feasible; improved safety, privacy, gender facilities and access within scope.

Consultation	Issues/Points Raised	Responses/Commitments
Phases III and IV	The provided consultation attendance sheet contains hospital-wise participant numbers only.	No issue-wise concerns or responses were included in the provided Phase III/IV source document; these may be added when the detailed consultation records are available.

Commented [L2]: From whom?

- 83 **General perception:** Most participants considered the project beneficial and expected improved healthcare services, hygiene and sanitation, together with local employment opportunities.
- 84 The Social Due Diligence Report (SDDR) will be prepared in line with the finalized civil works scope and design. It will verify the absence of involuntary resettlement impacts, document consultations, identify any social risks, and recommend mitigation measures where required.
- 85 The program includes a DHQ hospital in Chitral district, near areas where the Kalash population resides. The program is expected to improve access to healthcare services and will not create negative impacts on Kalash communities. Consultations will be carried out by PMIU to ensure equitable access and participation in program benefits. After the consultations with Kalash population, Social Safeguard and Gender Specialist will develop an action plan in consultation with ADB.

F. Grievance Redress Mechanism (GRM)

- 86 The GRM will address grievances arising from the environmental and social impacts of the project. It will provide a transparent, accessible and timely process for receiving, reviewing and resolving concerns raised by communities, patients, attendants, hospital staff, workers and other stakeholders during project design, preparation and implementation. The GRM will remain operational throughout project implementation and will not restrict complainants from seeking administrative or legal remedies available under national law.
- 87 In the first instance, the project will aim to avoid grievances through meaningful consultations, participation, advance information disclosure and implementation of the approved Environmental Management Plan. However, where concerns arise, the GRM will ensure that complaints are documented, investigated and addressed through appropriate corrective actions. The mechanism will be gender-responsive, culturally appropriate, free of cost and accessible without fear of retaliation.
- 88 Typical grievances anticipated during construction and implementation may relate to noise, dust, vibration, restricted access within or around hospital facilities, disruption to hospital services or utilities, occupational health and safety risks, community health and safety concerns, traffic management, unsafe material storage, worker conduct, wage or working-condition issues, inadequate prior notice of construction activities, improper waste disposal and delayed or inadequate response to complaints.

Commented [L3]: Please specify the status, whether the GRM has been notified? And is it effective now? If both complied, please specify and annex the notifying letters also.

G. Structure of the GRM

- 89 The formal GRM for the project has a three-tier structure: (i) field or hospital-site level grievance redress through Site Grievance Focal Points/Site Grievance Committees and GRC-I; (ii) project-level review through PMIU/C&W and GRC-II; and (iii) Department of

Health-level review through GRC-III for complex or unresolved cases. Grievances will first be registered and addressed at the field level. Cases that remain unresolved will be escalated to the PMIU/C&W level, and any grievance not resolved at that stage will be referred to the Department of Health for final consideration and resolution.

Table 12: Three-tier Grievance Redress Mechanism

Tier / Level	Responsible forum	Main role and timeline
Tier I: Field / Hospital Site Level	Site Grievance Focal Point or Site Grievance Committee, supported by hospital administration, PMIU safeguards staff, supervision consultant and contractor representatives.	Receives, records, acknowledges, investigates and resolves site-level complaints related to construction, service disruption, OHS, environmental concerns and community safety. Resolution will be attempted within 7 working days, wherever possible.
Tier II: PMIU / C&W Level	Project-level GRC at PMIU/C&W, headed by the concerned Project Director or designated senior project authority, with relevant technical, environmental, social, hospital and contractor representation.	Reviews unresolved Tier I complaints, examines records, obtains further evidence, conducts site visits where required, and communicates the decision to the complainant and concerned site authority. Resolution will normally be completed within 15 days of receipt at this level.
Tier III: Department of Health Level	DoH-level GRC, headed by a designated senior official of the Department of Health, with relevant PMIU, C&W and technical representation as required.	Reviews complex or unresolved cases escalated from Tier II, seeks additional information where necessary, finalizes recommendations and communicates the decision to the complainant and concerned authorities within 14 days of receipt at this level.

H. Complaint recording and access channels

- 90 Each Tier-I mechanism will maintain a Complaint Register documenting the complainant's name and contact details, date of complaint, summary of the issue, findings, recommendations, GRC decision, date of communication, implementation status and escalation status where applicable. Multiple channels will be available for lodging complaints, including in-person submissions at the field office or contractor's site office, meetings with project or hospital staff, dedicated telephone or helpline numbers, written complaints submitted to PMIU staff or social mobilizers, email submissions through official project email addresses and complaint/suggestion boxes placed at accessible locations within or near the project sites.

I. Information dissemination and community outreach

- 91 The GRM will include an information dissemination system to inform hospital staff, patients, attendants, workers and nearby communities about their rights under applicable regulations, occupational health and safety standards and project safeguards. Stakeholders will be informed about the GRM structure, complaint submission process, site-level focal points, project-level GRC, escalation to PMIU/C&W and Department of Health, and the contact details of relevant focal persons at each level.

- 92 Site-level focal points will acknowledge complaints upon receipt and inform complainants about planned site visits, meetings and expected timelines. Complainants will be kept informed throughout the grievance resolution process and facilitated to participate in proceedings at both site and project levels, where required. The PMIU safeguards team will maintain consolidated grievance records, track follow-up actions, coordinate with C&W, DSC, contractors and hospital management, and include grievance status in safeguards monitoring reports.

J. Grievance resolution process

- Each hospital site will establish a Site Grievance Focal Point or Site Grievance Committee as the first point of contact for complaints related to construction, service disruption, occupational health and safety, environmental concerns and community safety.
- Complaints received at the site will be registered, acknowledged and investigated by the Tier-I mechanism with support from hospital administration, PMIU safeguards staff, the supervision consultant and contractor representatives. Resolution at the site level will be attempted within 7 working days wherever possible.
- Unresolved complaints, or complaints where the complainant is not satisfied with the site-level decision, will be forwarded to the PMIU/C&W-level GRC. The Tier-II GRC will register the case, acknowledge receipt, undertake fact-finding and communicate its decision within the applicable timeline.
- Complaints not resolved at the PMIU/C&W level, or where the complainant remains dissatisfied with the Tier-II decision, may be escalated to the Department of Health-level GRC. The Tier-III GRC will review the case and communicate its decision within 14 days of receipt.
- At any stage, complainants retain the right to seek remedies through the court of law or other competent administrative forums if they are not satisfied with the outcome of the GRM. The GRM does not restrict access to legal recourse.

5. Conclusions and Recommendations

A. Next Steps and Recommendations

- Finalize contractor selection for 29 DHQ hospitals by the end of July 2026 and ensure safeguard requirements are incorporated into contracts.
- Complete and submit the remaining phased IEE reports to ADB after PMIU review and technical finalization.
- Ensure site-specific EMPs, OHS plans and waste management arrangements are prepared and approved before contractor mobilization.
- Strengthen hospital waste management systems across all program hospitals, including segregation, storage, treatment and disposal arrangements.
- Deliver ADB safeguards training to PMIU safeguards staff and relevant implementation partners.
- Operationalize the three-tier GRM, including site-level focal points or committees, PMIU/C&W-level escalation and Department of Health-level review, and ensure public disclosure of access points and complaint handling procedures.
- Continue close coordination among PMIU, C&W, NESPAK, KP-EPA, ADB and hospital administrations.
- Fill the remaining PMIU vacancies to strengthen technical, civil works, HR and pathology-related implementation capacity.
- Ensure regular environmental and social monitoring once construction begins and include monitoring results in the next semi-annual report.

B. Conclusion

- 93 During January-June 2026, KPHSSP progressed mainly through design approval, civil works tendering, safeguards screening, phased IEE preparation and institutional strengthening. The assignment of civil works to C&W, approval of revised PC-1s, completion of DED, handover of BoQs/designs for 29 DHQ hospitals and onboarding of PMIU safeguards staff represent important steps toward implementation readiness.
- 94 Civil works have not yet commenced; therefore, construction-phase environmental monitoring results are not available for this period. The next reporting period should focus on completion of contractor selection, finalization of remaining IEE/EMP documents, operationalization of the GRM, training of safeguards personnel, and preparation for site-specific EMP implementation. Continued attention to medical waste management, OHS, stakeholder engagement and timely safeguards compliance will be essential for sustainable program delivery.

Annexure 1: List of Hospitals included in KPHSSP as per Revised PC-1s

Sr. No.	Name of Hospital	District	Category
1	DHQ Hospital Abbottabad	Abbottabad	B
2	DHQ Hospital, Charsadda	Charsadda	A
3	DHQ Hospital Haripur	Haripur	B
4	DHQ Hospital Karak	Karak	B
5	Naseer Ullah Babar Memorial Hospital, Kohat Road	Peshawar	B
6	Molvi Ameer Shah Hospital	Peshawar	C
7	DHQ Hospital Bannu	Bannu	A
8	DHQ Hospital D.I. Khan	D.I. Khan	A
9	DHQ Hospital Timergara	Dir Lower	A
10	DHQ Hospital Dir Khas	Dir Upper	B
11	DHQ Hospital KDA	Kohat	A
12	DHQ Hospital Nowshera	Nowshera	B
13	DHQ Hospital Swabi	Swabi	B
14	DHQ Hospital Battagram	Battagram	C
15	DHQ Hospital, Daggar	Buner	B
16	DHQ Hospital Chitral	Chitral	B
17	DHQ Hospital Hangu	Hangu	C
18	Saidu Group of Teaching Hospitals, Saidu Sharif	Swat	A
19	DHQ Hospital Lakki Marwat	Lakki Marwat	B
20	DHQ Hospital Batkhela	Malakand	A
21	King Abdullah Teaching Hospital	Mansehra	A
22	DHQ Hospital Mardan	Mardan	A
23	DHQ Hospital Dasso	Kohistan	C
24	DHQ Hospital Alpuri	Shangla	B
25	DHQ Hospital Tank	Tank	C
26	DHQ Hospital Khaar	Bajaur	A
27	DHQ Hospital Ghallanai	Mohmand	C
28	DHQ Hospital Landi Kotal	Khyber	A
29	DHQ Hospital Mishti Mela	Orakzai	C
30	DHQ Hospital Parachinar	Upper Kurram	B
31	DHQ Hospital Miran Shah	North Waziristan	B
32	DHQ Hospital Wana	South Waziristan	A

Total: 32 districts / 32 DHQ hospitals.

Annexure 2: Pictures



	
<i>DHQ Hospital Bannu, (Dated February 18, 2026)</i>	<i>DHQ Hospital Bannu, (Dated February 18, 2026)</i>
	
<i>DHQ Hospital Timergara, (Dated; February 20 2026)</i>	<i>DHQ Hospital Bannu, (Dated; February 18 2026)</i>
	
<i>DHQ Hospital Timergara, (Dated; February 20, 2026)</i>	<i>DHQ Hospital Timergara, (Dated; February 20, 2026)</i>

Photo log for consultations and socioeconomic survey



Naseerullah Khan Babar Memorial Hospital



DHQ Hospital Charsadda



DHQ Hospital Charsadda



DHQ Hospital Karak



DHQ Hospital Charsadda



DHQ Hospital Kohat

Photo Log (Meetings with Heads of Hospitals)



Meeting with MS – Dr. Mamoon (Naseerullah Khan Babar Hospital)



Meeting with DMS – Abe Kausar (Molvi Jee Hospital Peshawar)



Meeting with MS – Javed Sattar (DMS DHQ Hospital Charsadda)



Meeting with DMS – Dr. Haroon (DHQ Hospital Nowshera)



Meeting with MS – Bakhtzada Akhonzada (DHQ Hospital Timergara)



Meeting with MS – Dr. Khalid (DHQ Hospital Dir Khas)



Meeting with DMS – Dr. Sahira (DHQ Hospital Haripur)



Meeting with DMS – Dr. Atif Hussain (Women and Children Hospital Abbottabad)



Meeting with MS – Dr. Qazi Naeem Shah (DHQ Hospital KDA Kohat)



Meeting with MS – Dr. Ali Asghar (DHQ Hospital Karak)



Meeting with DMS – Dr. Inayat (DHQ Hospital Bannu)



Meeting with Hospital Director – Dr. Farrakh Jameel (MTI DHQ Hospital DI Khan)



DHQ Chitral



DHQ Malakand



DHQ Swat



DHQ Landi Kotal

Community Consultations



DHQ Lakki Marwat



DHQ Mansehra



DHQ Mardan



DHQ Tank



DHQ Bajaur



DHQ North Waziristan



DHQ Batkhela, Malakand

DHQ Landi Kotal

Annexure 3: List of Equipment for Revised PC-1

Equipment list for revised PC-1 - Secondary Revamp Project

List of Equipment for revised PC-1- Secondary Revamp Project		
Department	SR NO	Equipment
Diagnostic Laboratory	1	Semi-Automated Chemistry Analyzer with Stabilizer and UPS
	2	Fully Automatic Clinical Chemistry Analyzer
	3	Hematology Analyzer 3 Part differential with Stabilizer and UPS
	4	Electrolyte Analyzer
	5	Blood Gas Analyzer
	6	Binocular Microscope
	7	Water Bath
	8	Dry Heat Sterilizer/Hot Air Oven
	9	Laboratory Distilled Water Plant
	10	Auto Pipettes (complete set)
	11	Centrifuge Machine (Bench Top)
	12	Laboratory Refrigerator
	13	Elisa Machine (Reader, incubator shaker and Washer) Programmable with Stabilizer and UPS
Radiology Department	14	X-Ray Plant 500mA with inbuilt or external AVR and UPS
	15	Mobile X-Ray plant 300 mA/125KV AC & Battery Operated
	16	DR system for existing X-ray machines with compatible UPS
	17	Digital OPG X-Ray
	18	Dental Xray
	19	Lead apron and X-Ray Personal Protective Equipment
	20	Densitometer Personal
	21	Lead glass shield (As per requirement)
	22	Walls coated with Lead/Inbuilt Concrete (As per Requirement)
	23	X-Ray Processor
	24	Ultrasound machine (General purpose) within built trolley mounted
	25	Grey-Scale Portable UltraSound
	26	Color Doppler Machine
	27	Cardiac Monitor
	28	Temporary Pacemaker
	29	Defibrillator
	30	Cardiac Monitor with Defibrillator
	31	ECG Machine 12 channels
	32	ECG Machine Three Channel
Coronary Care Unit	33	ETT Machine
	34	Echo-cardiography Machine 2D
	35	Color Doplor (Cardiology)
	36	Suction machine Heavy Duty/ Electric suction Machine
	37	Blood Bag Shaker
Blood Bank	38	Blood Cabinet
	39	Blood Bag Tube Sealer
	40	Blood Warmer
	41	Centrifuge Machine
	42	Binocular Microscope
Dialysis Unit	43	Reverse Osmosis Plant
	44	Computrized Hemo Dialysis Machine
	45	Dialysis Chairs
Nursery	46	Baby Cot
	47	Phototherapy Unit
	48	Infant Warmer
	49	Pulse Oximeter for Paeds

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	50	Infant Incubator
	51	Hospital Grade Infant Nebulizer
	52	Anesthesia Machine with Ventilator
	53	Bed-side Monitor (4 Parametres)
	54	ICU Monitor
	55	Defibrillator
	56	Electrosurgical Unit
	57	Electro-mechanical Operation Table
	58	Laparoscope machine for Gynea /OBS and General
		Shadow less lamp (Ceiling type) or Ceiling OT light for minor OT or Ceiling OT light for post mortem
		Model LED/D620/620
		Hefei Health Science and technology
	59	China
	60	Autoclave Automatic 200Lwith Sliding Door
	61	Autoclave horizontal (Capsule) type (100 Liters)
	62	Resuscitation Trolley With Crash Cart
	63	Mobile Operation Table Light
	64	Shoe Covering Machine
	65	Ortho Operation Theatre Table
	66	Orthopedic Drill
	67	Pneumatic Drills for inter lock Nailing
	68	Plaster Cutting Pneumatic
	69	C-arm Machine /Image intensifier
	70	Grey-Scale Portable/Mobile Ultrasound
	71	Autoclave Automatic 100 Liters
	72	Delivery Table
	73	ICU monitor (7 Parametres)

	74	Gynae Vacuum Suction Apparatus/Vacuum extractor with trolley
	75	CTG Machine
	76	ECG Machine Three Channel
	77	Delivery Table Lights
	78	Baby Cot
	79	Sonic Aid Machine/ Fetus Heart Detector
	80	Sphygmomano metre Wall Mounted Type
	81	Sphygmomano metre Floor Type
	82	Sphygmomano metre Desktop/Handheld Type
	83	Gurney with Footsteps
	84	ECG Machine 3 channels
	85	Central oxygen available on number of Beds
	86	Nebulizer for Paeds Heavy Duty
	87	Nebulizer for adults Heavy Duty
	88	Suction machine Heavy Duty/ Electric suction Machine
	89	Crash Trolley with Assessories
	90	Instrument cabinet (Large Size)
	91	Suction machine Heavy Duty/ Electric suction Machine
	92	Electro Mechanical Operation Table
	93	Shadow less lamp (Ceiling type) or Ceiling OT light
	94	EMERGENCY LIGHT WITH SINGLE REFLECTOR AC/DC OR EXAMINATION LIGHT AC/DC
	95	Dry Heat Sterilizer/Hot Air Oven
	96	Autoclave horizontal (Capsule) type (100 Liters)
	97	Anesthesia Machine with Ventilator
	98	Bed-side Monitor (4 Parametres)
	99	ICU monitor (7 Parametres)

	100	Defibrillator
	101	Electrosurgical Unit
	102	Steam Sterilizer 200L
	103	Resuscitation Trolley With Crash Cart
	104	Gurney with Footsteps
	105	Laryngoscope for adults
	106	Laryngoscope for paed's
	107	Shoe Covering Machine
Intensive Care Unit	108	Instrument cabinet Large Size
	109	Motorized Patient bed with bed side, Mattress, IV stand
	110	Attendant bench
	111	Gurney with Footsteps
	112	Sucker machine
	113	Nebulizer Heavy Duty
	114	Resuscitation Trolley With Crash Cart
	115	Cardiac Monitor with Defibrillator
	116	Defibrillator
	117	Pulse- oximeter
	118	ICU monitor (7 Parametres)
	119	Cardiac Monitor
	120	ECG Machine 3 channel with trolley
	121	Sphygmomanometer Wall Mounted
	122	Sphygmomanometer Floor Mounted
	123	Infusion Pump
	124	Ambu bag for adults with mask
	125	Ambu bag for paed's with mask
	126	Shoe Covering Machine

Emergency Ward	127	Vein Detector
	128	ECG machine(with trolley)
	129	Pulse- oximeter
	130	Bedside-monitor (4 Parametres)
	131	Nebulizer HD
	132	Ambu bag for adults with masks
	133	Ambu Bag for Paeds with Masks
	134	Sucker machine
Burn Unit	135	Motorized Burn Recovery Bed with Air mattress covered with McIntosh/Rexene, bed cover, IV stand, side table & attendant bench
	136	Sphygmomanometer Wall Mounted / B.P Apparatus wall type
	137	Suction Machine
	138	Cardiac Monitors with defibrillator
	139	Refrigerator for Drugs
	140	Instrument Trolley
	141	Medicine Trolley
	142	Instrument Cabinet Stainless Steel /Medicine Cupboard
	143	Ambu bag for adults with mask
	144	Ambu bag for paed's with mask
	145	Burn Ward Linen Set
	146	Central Oxygen System (Bed side Outlets)
	147	Oxygen Flow meter
	148	Patient Washing Trolley With Showering and Water Conditioning
	149	Air Purifier
	150	Door Air Curtain
	151	Bath Tub (Temperature controlled)
	152	Stretcher (Adjustable)

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	153	Electric Dermatomes with 100 Blades
	154	Mobile Operation Theatre Light
	155	Burn Unit Instrument set
CT Scan	156	CT Scan Machine 64 slices
Central Oxygen Supply	157	Central Oxygen Supply with flow metres, 50 cylinders, copper piping & fitting, venturi suction, valve box, automatic manifold and compressor with 50 Bed Head Units
	158	BiPAP(Bipressure Positive Air-Pressure)
	159	CPAP (Continuous Positive Air-Pressure)
	160	Air Cylinder 240 Cft
	161	Air Cylinder 48 Cft
Mortuaries	162	Pedestal Autopsy Table
	163	90-Dissecting Bridge A Bridge shaped stainless steel dissecting table with HDPE Dissecting board
	164	Electric Autopsy Saw 230 VAC, (2-1/2" RND Autopsy Saw Blade without Arbor - 10)
	165	Scale-Chatillon 13" Dial 9 Kg x 10 g W/PAN 3-Rev
	166	Scale-Brecknell PS2000 Floor Scale 1000KG Capacity
	167	Three body Refrigerator with Casters 220v 50Hz
	168	Standard Body Tray, With Hand Slots, Stainless Steel
	169	Standard Carrier For Standard Body Tray, stainless
	170	Rubbermaid Cart Shelf 24" x 36"
	171	Complete set of surgical instruments, includes: Head Block, All Surgical Autopsy Instruments, Viscera bags, cadaver bags, toe tags
Waste Management	172	Incinerator
Physio Therapy Unit	173	Cold Packs

	174	Refrigerator
	175	Vepo-coolant Spray
	176	Electrical Heating Pads
	177	Infra-Red Radiations
	178	Hot pack,
	179	Hot pack unit
	180	Paraffin bath
	181	Therapeutic ULTRASOUND unit
	182	Shortwave Diathermy unit
	183	TRANSCUTANEOUS ELECTRIC NERVE STIMULATOR TENS/ELECTRIC STIMULATOR
	184	Treadmill
	185	Mats
	186	Quadriceps Bench
	187	Ergometer Cycling
	188	Dumbell Rack – Double (Holds 10 Pairs)
	189	Mirror
	190	Floor Mounted Parallel Bars
	191	Balance Boards
	192	Wedges
	193	Pully System
	194	Treatment Couch
	195	Bench
	196	Stool
	197	Trolleys
Dental Unit	198	Dental unit with all accessories (ultrasonic scaling, curing lights, endomotor system etc)
	199	Mini Autoclave for Dental Unit
	200	Dental X-Ray unit

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	201	Dental cabinet
	202	Dental examination/surgical instrument sets
Patient Beds	203	Fowler beds with Mattress, bed side locker, over-bed table and attendant bench
	204	Bed side lockers
	205	Attendant benches
Medicine Stores	206	Medicine (Iron Racks) 8x6x2 (Required)
	207	Moveable Iron Stairs
	208	Refrigerator Glass Door / Ice liners
	209	Lifters (Required)
	210	Pallets 3x4 (Plastic) (Required)
	211	Dehumidifier (Required)
	212	Insect Killer (Required)
Others	213	Stretcher
	214	Wheel chair
	215	Foot support
	216	Sphygmomano metre/ BP Appratus Wall-mounted
	217	Sphygmomano metre/ BP Appratus Floor-mounted Moveable
	218	Sphygmomano metre/ BP Appratus Desktop Type
	219	Dressing Trolley
	220	Dry Clean Trolley
	221	Instrument Trolley
	222	Patient Trolley
New Functionalities	223	Electro-therapy Unit
	224	Endoscope
	225	Mamograph
	226	Phacoemulsification Machine
	227	Auto Refractor with Keratometer

	228	Biometre
	229	Ophthalmic Operative Microscope
	230	Pure Tone Audiometry equipment
	231	Point of care Testing (POCT) analyzer
	232	Fluoroscopy Machine
	233	Yag Laser
Instruments	234	AO Basic Set
	235	AO Small Fragment Set
	236	Appendectomy Surgery Set
	237	Automatic Pipette (Full Set)
	238	Bone Set Large, Small and Medium
	239	Cataract Surgery Set
	240	Cholecystectomy Set
	241	Colostomy set
	242	C-Section set
	243	Cutting Instrument Set
	244	D & C Set
	245	DCR Instrument Set
	246	Dental Instrument complete Set
	247	DHS Set
	248	Dissecting Instrument Set
	249	Dissection Box for Post-Mortem with all Accessories/Mortuary Instrument Set
	250	Dressing Set for Ward
	251	Dressing Set with Trolley
	252	E & C Set
	253	Ear Surgery Instrument Set with Operating Microscope
	254	Electric Foreign Body Set

255	General Instrument Set
256	Glaucoma Set
257	Haemorrhoidectomy set
258	IMN Set
259	Inter locking Nail set (Full instruments)
260	Kidney Stone Removal Set
261	Laminectomy Set
262	Laparotomy set
263	Large Fragment Set
264	Myringoplasty Set
265	Normal Delivery set
266	Obs/ General Gynae set
267	Obstetric surgery set minor and major
268	Prostatectomy Set
269	Rhinoplasty Set
270	Small Fragment Set
271	SMR Set
272	Squint Surgical Set
273	Thoracotomy set
274	Thyroidectomy Set
275	Tonsillectomy Set
276	Urethral Dilator set
277	Vaginal Hysterectomy set
278	Varicose Vein set
279	Vascular Set
280	Dilating complete set
281	ENT Diagnostic Set (Adult & Peads)

Annexure 4: Project Contracts and Management Responsibilities

A team of Design Supervision Consultants will support C&W in the infrastructure upgrading component of KPHSSP. The Environment Specialist from the consultants will support PMIU and C&W in ensuring adequate environmental management in accordance with legal agreements, ADB policies and applicable regulations.

- Support PMIU and C&W in implementing environmental safeguards in accordance with ADB SPS and relevant provincial requirements.
- Provide training to PMIU and contractors on environmental laws, regulations, ADB SPS, EMP implementation, occupational health and safety and GRM procedures.
- Assist PMIU and C&W in meaningful consultation and information disclosure before construction starts, including disclosure of construction scope, schedule, contact points, GRM and health and safety measures.
- Assist PMIU in establishing and operationalizing the GRM and training GRM access points.
- Review and approve contractors' site-specific EMPs and health and safety management plans.
- Conduct periodic environmental inspections and safety audits during construction.
- Identify environment-related implementation issues, propose corrective actions and prepare corrective action plans where required.
- Ensure that EMP and OHS implementation and monitoring are reflected in annual project financial and physical activity plans.
- Train PMIU in preparing semi-annual environmental monitoring reports for submission to ADB and inclusion in project progress reporting.

The construction contractor will be required to follow the IEE/EMP, good construction practices and site-specific Environmental Management Plan requirements. Prior to construction, the contractor will prepare a detailed SSEMP, including health and safety measures, waste management arrangements, spill prevention, emergency response, community liaison, incident reporting and site clean-up procedures.

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