
**The Project for Building Dhulikhel Hospital
Trauma and Emergency Center**

**Abbreviated Resettlement Action Plan
(ARAP)**

(Final, February 2023)

**Dhulikhel Hospital
Ministry of Health and Population (MoHP)**

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(Final Abbreviated Resettlement Action Plan: February 2023)

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Currency Equivalents

(As of 24th of Jan. 2022)

Currency Unit	-	Nepal Rupee (NPR)
NPR 1.00	=	US\$ 0.00841
US\$ 1.00	=	NPR 118.95

Abbreviations

ADB	Asian Development Bank
AP	Affected Person
ARAP	Abbreviated Resettlement Action Plan
CDC	Compensation Determination Committee
COD	Cut-off Date
COI	Corridor of Impact
D/D	Detailed Design
DH	Dhulikhel Hospital
DMS	Detailed Measurement Survey
DOR	Department of Roads
DPAP	Direct Project Affected Person
DPs	Displaced Persons
EIA	Environmental Impact Assessment
EM	Entitlement Matrix
EMA	External Monitoring Agent
ESMF	Environment and Social Management Framework
F/S	Feasibility Study
GL	Guidelines
GoN	Government of Nepal
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
GRO	Grievance Redress Officer
HH	Household
IMA	Internal Monitoring Agent
IOL	Inventory of Loss
IOL	Inventory of Loss Assets
JICA	Japan International Cooperation Agency
JST	JICA Study Team
LA	Land Acquisition
LARC	Land Acquisition and Resettlement Committee
MOHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
NCD	Non Communicable Diseases
NGO	Non-governmental Organization
NHSS	Nepal Health Sector Strategy
NPC	National Planning Commission
NPR	Nepalese Rupees
PAH	Project Affected Household
PAHs	Project Affected Households
PAPs	Project Affected Persons
PMU	Project Management Unit
RAP	Resettlement Action Plan
RCS	Replacement Cost Survey

ROW	Right of Way
RP	Resettlement Plan
SAHs	Severely Affected Households
SES	Socio-Economic Survey
SES	Socio-Economic Survey
SLC	School Leaving Certificate
SPS	Safeguard Policy Statement
SRN	Strategic Road Network
TOR	Terms of Reference
UNDP	United Nation Development Programme
URAP	Updated RAP
USD	United States Dollar
VAHs	Vulnerable Affected Households
WB OP	World Bank Operational Policy

CHAPTER 1 Introduction

1.1. Background of the Project

Federal Democratic Republic of Nepal (hereinafter referred to as "Nepal") is one of the poorest countries in the South Asia region and the country ranks 149th out of 189 countries in the Human Development Index (UNDP, 2018). In the National Health Care Policy (2019), the government of Nepal (hereinafter referred to as "GoN") has set the medium and long term policy goal of "provision of quality medical services to all citizens from basic to advanced health care". In order to achieve the goal, GoN is dealing with issues through the implementation of the Nepal Health Sector Strategy (NHSS) (2015/16 to 2020/21 period), which identified specific actions to be taken. One of the key strategies of the NHSS is to strengthen preparedness for public health emergencies and disasters including emergency medical services. With the increase in vehicular traffic, the number of road accidents increased by about 3.5 times to 14,000 per year between 2000 and 2012, trauma accounted for 10% of cause of death (the global average is about 6%). The number of accidents is particularly high in the central and eastern regions of Nepal.

Dhulikhel Hospital is also a regional hub medical institution and one of the largest tertiary hospital in Nepal, receiving patients from 21 districts in the coverage area. When the Nepal Earthquake occurred in 2015, the hospital accepted patients immediately after the quake and served as a hub for disaster medical care. Since the hospital is located near the intersection of Sindhuli and Arniko roads, a major point of transportation, it receives a large number of emergency trauma patients including those injured in road accidents (16,292 in 2016/17). The hospital is short of equipment and beds due to the rapid increase in emergency stroke and heart disease patients because of the spread of Non-Communicable Diseases (hereinafter referred to as "NCDs") caused by dietary changes and urbanization associated with economic development. With the number of trauma and emergency patients on the rise, the hospital is expected to strengthen the capacity to cope with cases, including increase of its equipment and beds. The hospital also serves as a teaching hospital of Kathmandu University and trains a wide range of medical professionals, including doctors, nurses, and physical therapists. The hospital is highly important as a medical education institution and only university in the county which has bachelors course for physical therapists.

With regard to the measures against COVID-19, Dhulikhel Hospital has been designated as one of the five highest level (Level 3) hospital, and is expected to strengthen its capacity to cope with severe cases of COVID-19.

"The Project for Building Trauma and Emergency Medical Center at Dhulikhel Hospital " (hereinafter referred to as "the Project ") is a high-priority project in the field of health and medical services in Nepal, which aims to develop facilities and provide medical equipment for strengthening of regional medical services by constructing the Trauma and Emergency Medical Center.

Japan's Country Assistance Policy for Nepal (September 2016) set "poverty reduction and improvement of quality of life" as a priority area and "improvement of education and health services" as a development goal. In addition, JICA Country Analysis Paper for Nepal (June 2020) stated that JICA will address "poverty reduction and improvement of quality of life" and improve health and medical services through the development of tertiary medical facilities. The project is in line with these policies and analysis.

The project is consistent with the development goal and policies in Nepal, and the cooperation policy of Japan and JICA. The project will contribute to the improvement of health care services quality in Nepal through the construction of facilities and the provision of medical equipment to address the increasing stroke and heart disease patients due to the spread of NCDs, as well as the rapidly increasing trauma patients due to the increase in traffic accidents. In addition, the project is expected to contribute to SDG Goal 3 (to ensure healthy lives and promote the welfare of all people of all ages). Therefore, there is a strong need to support the implementation of the project.

1.2. Outline of the Project

Main project activities are building of the Dhulikhel Hospital Trauma and Emergency Center including medical equipment as shown below.

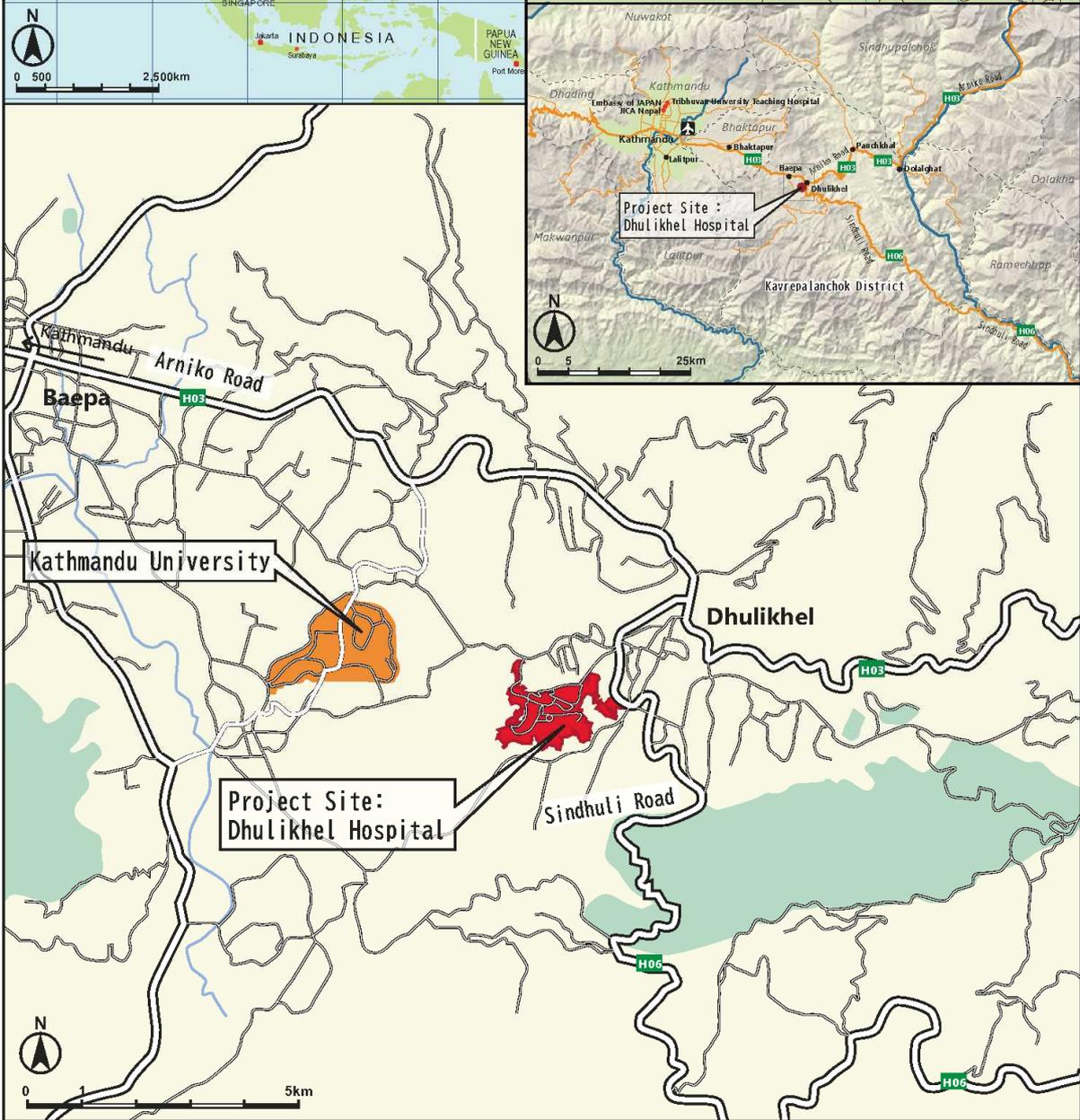
Table 1.1 Construction Facilities in Trauma and Emergency Medical Center

Name of Facility	Specification	
	Contents	Building Construction Area (Tentative Specification as of October 2021)
1. Facilities	Emergency treatment room, outpatient room, ward, laboratory, radiology department, operation room, ICU	<ul style="list-style-type: none"> · Number of Bed: 100 Beds · Compound Area: App. 0.62 ha · Total built up Area: 0.65 ha · Number of Floor : 6 floors · * Ground 3 floors and basement 3 floors · * Land fill and cutting land volume is less than 20,000 m³
2. Equipment	MRI, CT scan, digital X-ray apparatus, defibrillator, ventilator, complete set of surgical equipment, blood testing equipment, autoclave, power generation equipment, emergency power supply	-
3. Service	Trauma and emergency medical care, Trauma and Emergency inpatient and outpatient services, Trauma and Emergency operation, ICU and HDU services, Radiology services, Laboratory services, Blood transfusion, Physiotherapy, Pharmacy	Total 218 technical and non-technical staff Physician, Trauma surgeon, General surgeon, Orthopedic, Neurosurgeon, Cardiothoracic and vascular surgeon, Anesthetist/Critical care, Medical officer, Staff nurse, Health Assistant, Laboratory staff, Radiographer, Pharmacist, Maintenance/Biomedical, Ambulance paramedics, Ambulance driver, Administrative officer/Manager, Account section officer, Security, Secretarial/Receptionist, Hygiene, Ward boys/girls, Social worker/public relation officer, Medical recording and statistics

Source: JICA Study Team

1.3. Study Area

The project area is located in Dhulikhel Municipality, Kavrepalanchok District as shown below.



Source: JICA Study Team

Figure 1.1 Project Location Map-1



Source: JICA Study Team based on the Google Earth Map

Figure 1.2 Project Location Map-2 (Site A)

CHAPTER 2 Land Acquisition and Resettlement Scope

2.1. Project Layout Plan and Affected Property

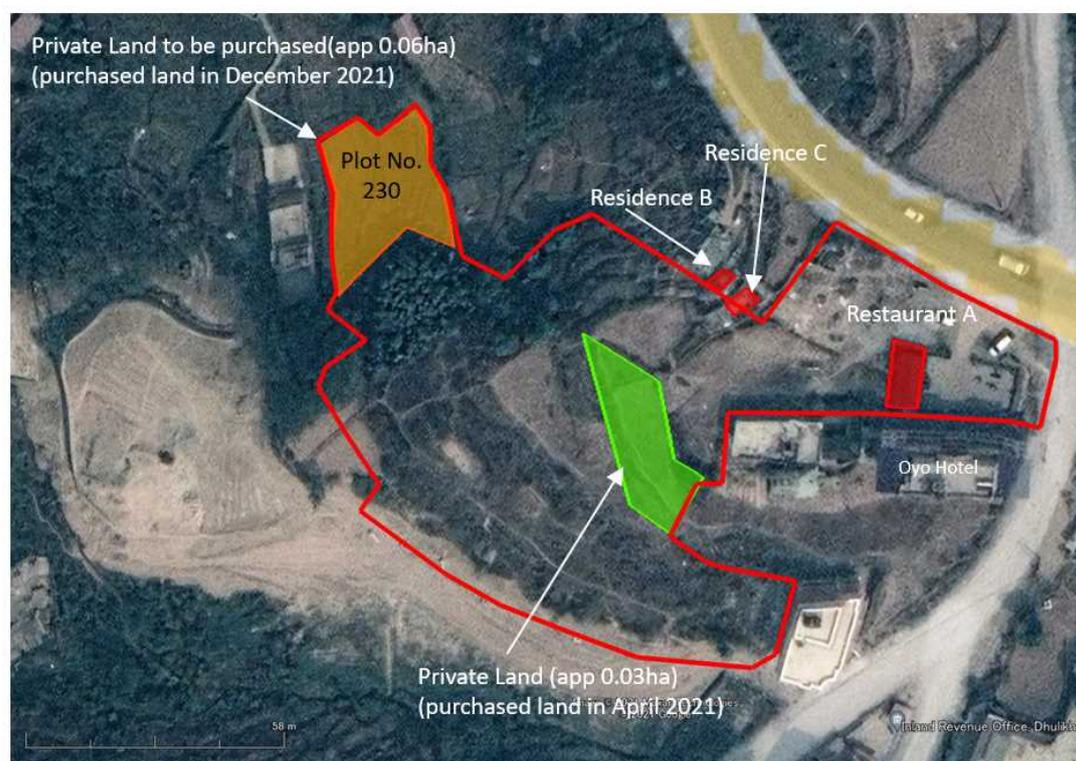
The project area is approximately 6,000m² and building area of 1600 m². There are a 5-story building with ground 2 floors and basement 3 floors.

1 plot of the private land, 2 residences and 1 restaurant are located in the project site, the feature of affected properties are shown below;

Table 2.1 Affected Properties by the Project

Affected Property	Specification	Current Status as of End of Dec. 2021
1. Restaurant (Cottage-A)	All structures of restaurant is located in the Project area (Leased land of Dhulikhel Hospital)	<ul style="list-style-type: none"> The lease contract between Ministry of Industry and the Kathmandu University has contracted for 30 years 9th of June, 2014 Payment was done in Sep. 2022
2. Residence -B	A part of residence is located in the project area	<ul style="list-style-type: none"> A family (4 persons) is living this residence. Payment was done in Sep. 2022
3. Residence-C	Approximately 50% of residence is located in the project area.	<ul style="list-style-type: none"> A family (7 persons) is living this residence. Payment was done in Sep. 2022
4. Private Land –A (0.03ha)	This private land plot is located in the center of project area	Dhulikhel Hospital side has purchased at replacement (market) price and registered this plot app 0.03ha on 13 th of April, 2021.
5. Private Land –B (0.06 ha)	This private land plot is located in the center of project area	Dhulikhel Hospital side has purchased at replacement (market) price and registered this plot app 0.06 ha on 28 th of December 2021.

Source: JICA Study Team



Source: JICA Study Team

Figure 2.1 Affected Properties and Land to be Secured in the Project Area(as of Dec. 2021)

2.2. Efforts to avoid or minimize negative impact on land acquisition and Resettlement

As a result of alternative analysis for the selection of the project site, Site-A (current project site) has been selected from the view of the proximity to Dhulikhel Hospital, the safety of the approach road and the feature of geology. Although the private land acquisition area has been minimized approximately 900 m² of land with 2 landowners, 2 dwellings and 1 restaurant, it is not avoided a few households are impacted by the project.

2.3. Objective of Resettlement Action Plan

The main objective of this Resettlement Action Plan is to ensure that no affected persons are worsened off as a result of the Project, and that:

- 1) Adverse social and physical impacts are avoided, minimized, and mitigated;
- 2) Stakeholders, and more importantly the Project-Affected Persons (PAPs), will benefit from the Project;
- 3) All PAPs who stand to lose their respective houses, land or other livelihood assets due to construction/ improving of the project are provided with sufficient compensation and assistance which will help them improve or at least restore their pre-project standard of living; and
- 4) Resettlement activities are implemented with appropriate disclosure of information, consultation, and the informed participation of those PAPs.

2.4. Potential Impacts

In the preliminary design stage, selecting the alignment that will entail minimal involuntary resettlement and disturbance to the community, particularly in terms of displacement was the main concern for this project. It is however still inevitable that some properties would be affected. In terms of extent and duration of impacts, it will be permanently or temporarily, partially or fully from land acquisition as a result of the Project.

2.5. Summary of Project Impacts

2.5.1. Summary of Project Affected Households and Persons

As a result of the census survey, it was found that the total number of affected households (PAHs) of the project was 5, in which three PAPs are tenant and the total number of affected persons (Project Affected Persons: PAPs) was 27. Table 2.2 shows the breakdown of the number of affected households and the number of affected persons.

Table 2.2 Summary of Project Affected Households and Persons

Affected Number Affected Item	Total		of which			
			Relocation Households		Vulnerable households	
	No. of PAHs	No. of PAPs	No. of PAHs	No. of PAPs	No. of PAHs	No. of PAPs
1. Landowner	2	12	0	0	0	0
2. Resident (tenant) at residence	2	11	2	11	2	11
3. Commercial worker (tenant) at cottage restaurant	1	4	1	4	0	0
Total (1+2)	5	27	3	15	2	11

Source: JICA Study Team

2.5.2. Inventory of Affected Fixed Assets

Summary of the affected properties such as land, structures, are shown below;

Total PAHs and PAPs are 5 and 27 respectively, and affected land area is approximately 0.6 ha. Total affected private land area is 0.09 (ha) and 0.57 (ha) is lease land from the Ministry of Industry. The lease agreement had done between Kathmandu University (KU) and Ministry of Industry on 9th of June, 2014 for 30 years. On the other hand, private land has been purchased at market price by the Dhulikhel Hospital and registered on 13th of April, 2021.

During the inventory survey, 2 residences (Residence B and C) and 1 restaurant have been observed, and maize crop fields have been observed in the project site.

Table 2.3 Summary of Project Affected Properties

Affected Number Affected Item	Total		of which			
			Replacement/Relocation Households		Vulnerable households	
	No. of PAHs	No. of PAPs	No. of PAHs	No. of PAPs	No. of PAHs	No. of PAPs
1. Land	2	12	0	0	0	0
2. Structure(including residence)	3	15	3	15	2	11
3. Trees and Crops	0	0	0	0	0	0
4. Other Properties (fence/wall secondly structures)	0	0	0	0	0	0
Total (1+2+3+4)*	5	27	3	15	2	11

Note) *Vulnerable Households: Landless (2 HHs:PAH03 and 04), Under poverty line (1 HH: PAH03), Elderly(1 HH: PAH04)

Source: JICA Study Team

Table 2.4 Summary of Lands to be Acquired

No. of Affected Land Owner (No.)	Affected Area (ha)	Land use
2	0.09	Open land

Source: JICA Study Team

Table 2.5 Inventory of Affected Structures

No. of Structure Affected	Structure Type	Secondary Structure Affected	Material
2	Residence (tenant land)	Wall, fence	Bamboo, Galvanized iron and clay-soil
1	Restaurant	Wall, fence	made by bamboo, Galvanized iron and wood

Source: JICA Study Team

2.5.3. Summary of Socio-Economic Survey Result

Summary of socio-economic surveys are shown below;

Table 2.6 Summary of Socio-Economic Survey Result

Item	Summary of Result		
1) Gender	Male-15; Female- 12		
2) Ethnicity (person)	Ethnic group (Janjati)- 23 persons ; Upper caste (bramhn, Chhetri, Thakuri)- 4 persons		
3) Religion	Hindu (5 HHs)		
4) Language	Nepali (5 HHs)		
5) Education Level of Household Heads	Bachelor level (1 HH), Primary School (1 HH), Secondary School (1 HH), Normal reading and writing (not enrolled in school) Level (2 HHs)		
6) Occupation of Household Heads	Business (Private land Restaurant owner (2 HHs), Business (1 HH), Farmer cum wage earner (2 HHs)		
7) Annual Income and Expenditure of PAHs	PAH	Annual Income	Annual Expenditure
	PAH01	6.0 million NPR	5.0 million NPR
	PAH02	1.8 million NPR	1.5 million NPR
	PAH03	0.02 million NPR	0.02 million NPR
	PAH04	0.045 million NPR	0.04 million NPR
8) Vulnerability	Landless (2 HHs:PAH03 and 04), Under poverty line (1 HH: PAH03), Elderly(1 HH: PAH04)		
	9) Project Acceptability		
	Accept (if appropriate compensation is provided)		

Note) [Definition of vulnerable people] elderly more than 60 YO, woman head, under poverty line, disable, indigenous people and landless people.

Source: JICA Study Team

CHAPTER 3 Census and Socioeconomic Studies

3.1. Overview and Current Status (as of December 2021)

This section analyzes the findings of the Socio-economic Survey (SES) relevant to the PAHs and PAPs by land acquisition of the project. This section will also analyze findings from the Census and Inventory of Loss Assets (IOL) Survey specific to four households impacted by land acquisition and structures loss in Dhulikhel Municipality ward no 6, Kabhre district under Bagmati province. All compensation and resettlement activities shall follow from these surveys, including individual household compensation entitlements.

Land acquisition of a private landowner for the Private Land-A and Land-B has completed on 13th of April and 28th of December 2021 respectively through negotiation between Dhulikhel Hospital and the landowners.

3.2. Methodology for Census and Socioeconomic Survey

The section discusses the methodologies for the SES, Census and IOL and analyses findings relevant to impacted households as defined by this RAP. The Census and IOL of first stage were identification of all PAPs at the time of declaring the Cut-Off Date (COD) and all the assets of those PAPs that will need to be compensated. The census and socioeconomic survey was conducted after the cut-off date declaration **on 24th of July 2021 and 13th of November, 2021.** Those surveys were conducted by JICA study team joined by officers/staffs from the Dhulikhel Hospital and Dhulikhel Municipality.

As the project is in preliminary stage, delineation of affected structures and identification of project-affected persons was based on preliminary design of the Project for Building Dhulikhel Hospital Trauma and Emergency Center. The land area of the project is plotted in cadastral map and affected land parcels were noted down. One affected private land and tenant structure owners were interviewed with open questionnaires. This census and socio economic survey covers every single household impacted by land acquisition and structure loss. Data of the survey includes information of households affected by the project, information regarding presence of vulnerable people. Moreover, data needed for formulation of necessary relocation assistance schemes for tenant households (HHs) were also collected. Summary of survey components and methodology is presented in Table 3.1.

Table 3.1 Summary of Survey Components and Methods

	Survey Component	Method	No. of Survey target
1	Inventory data of occupied land and assets of each household	<ul style="list-style-type: none"> Counting number of facilities Measuring size 	5 Project Affected Households (PAHs) in which 3 PAHs are tenants (2 residences and 1 restaurant) and 2 PAHs are landowners
2	Land use condition	<ul style="list-style-type: none"> Collection of secondary data Direct observation of sites 	
3	Socioeconomic condition of affected households Perception of the household heads regarding the project	By face-to-face interview with questionnaire form including: <ul style="list-style-type: none"> Baseline information on household (name of household head, location etc.) Family structure and education level Income and expenditures by source House structure Properties Owned Period of living and/or business Registration and/or ownership Project awareness/preference 	

Source: Field Survey July 2021: JICA Study Team

3.3. Results of the Survey

3.3.1. Profile of Project Affected Households

(1) Gender

Table 3.2 shows the number of PAHs based on the census survey. According to the survey result, out of 5 PAHs, 4 are male headed and 1 is female headed households.

Table 3.2 Gender of PAHs

Gender of Household Head	No.	Rate (%)
Male headed HH	4	80%
Female headed HH	1	20%
Total	4	100%

Note) Address of the affected area: Dhulikhel Municipality Ward-6

Source: JICA Study Team

(2) Ethnicity

Distribution of PAHs by ethnicity is presented in Table 3.3. It is found that 4 HHs are from janjati (ethnic) and 1 HH is upper caste (Chhetri).

Table 3.3 Ethnicity of PAHs

Janjati	Brahmin/Chhetri	Others	Total
4	1	0	5

Source: JICA Study Team

(3) Religion

Table 3.4 shows the distribution of PAHs by religion in the project site. As a result of the survey, 100% of the PAHs in the project area are Hindu.

Table 3.4 Religion of PAHs

Hindu	Christian	Islamic	Hindu	Total
5	0	0	0	5

Source: JICA Study Team

(4) Daily Languages of PAHs

Daily language used by PAHs is shown in Table 3.5. It shows that all of the PAHs in project area communicate in Nepalese languages on daily basis. However, sometime they communicate on their native language too.

Table 3.5 Daily Language Used by PAHs

Nepali	Tamang	Others	Total
5	0	0	5

Source: JICA Study Team

(5) Education Level of Household Heads

The education level of household heads shown in Table 3.6. In accordance with the surveyed results, there are 2 household heads that have the informal education (not enrolled in school), 1 household head has secondary level, 1 household head has completed the higher secondary level, and remaining 1 household head accomplished University/Graduate level.

Table 3.6 Education Level of Household Heads

Education Level	No.	Rate(%)
No education	0	0.0
Informal education: normal reading and writing (not enrolled in school)	2	40.00
Secondary level	1	20.00
High School	1	20.00
Bachelor level	1	20.00
Total	5	100.0

Source: Field Survey July 2021 by JICA Study Team

(6) Occupation of Household Heads

Table 3.7 shows the main occupation of household heads in the project area where the Trauma and Emergency Medical Center is going to be built. It is found that in Dhulikhel Municipality ward no 6, 3 household heads are business person in which one is operating hotel/restaurant, other one is grocery business, another one is clothing business. Remaining two household heads in the same village are wage earner and do some farming in tenant land. However, wage earning is their main occupation. The percentage ratio is 60 percent have business related occupation and remaining 40 percent are wage earner. This result shows that the business and wage earner are the major occupation in the project area.

Table 3.7 Occupation of Household Heads

Category	No.	%
Business	3	60.00
Wage Earner	2	40.00
Total	5	100.0

Source: JICA Study Team

3.3.2. Socioeconomic Condition of Project Affected Households

(1) Annual Income and Expenditure of PAHs

Table 3.8 shows the annual income and expenditure of the PAHs in the project area. According to the survey result, the PAHs have an annual income between 20,000 – 6,000,000 NPR and expenditure is between 20,000 and 5,000,000 NPR in the project area.

Since the poverty line in Nepal is 191.1 (22,371 NPR), 1 AHH is categorized as a “Under Poverty Line.

Table 3.8 Annual Income and Expenditure

PAH	Annual Income (NPR)	Annual Expenditure (NPR)
PAH-A	6,000,000	5,000,000
PAH-B	1,800,000	1,500,000
PAH-C	20,000	20,000
PAH-D	45,000	40,000
PAH-E	300,000	250,000

Source: JICA Study Team

(2) Vulnerability

In Nepal, there is no official definition of vulnerable groups at present. In this project, however, particular attention is paid to respective groups. For vulnerable groups, the project defines a household headed by woman, a household headed by elderly (over 60 years old), a household including a person with disability, a household below the poverty line, a household including indigenous peoples, a household headed by child and a landless households by referring JICA and other international practices.

Regarding with the poverty line, according to the Government of Nepal, 18.7 percent Nepali population are living under the poverty line currently. Per capita annual income is NPR 22,371 and 191.121 USD. Table 3.9 shows that there are 2 vulnerable households in the project area. The survey shows that, these two HHs are tenant and they do not have their own land. Hence, the project categorized them as a vulnerable HHs based on landless criteria.

Table 3.9 Number of Vulnerable People among PAHs

Category	No.
Household headed by woman	0
Household headed by elderly person (over 60)	1
Household including a person with disability	0
Household below the poverty line and/or landless households	2
Household including indigenous peoples	0
Household headed by child	0
Total	2

Note) 1 PAH(Project Affected Household) is landless and under the poverty line

Source: JICA Study Team

(3) Project Acceptability

As shown in Table 3.10, 100 % of PAHs expressed a positive response or accepted the project. The raised positive and negative opinions are as follows;

[Opinions]

- Since the project improves emergency health facilities particularly for fatal injuries by road accident or other cause, implementation of the project should be conducted soonest.
- However sufficient and fair compensation should be paid on time

Table 3.10 Project Acceptability

Yes		No	
Number	%	Number	%
5	100	0	0

Source: Field Survey July 2021 by JICA Study Team

CHAPTER 4 Policy and Legal Framework

4.1. Relevant Laws and Regulations in Nepal

Currently in Nepal, there is a major act for land acquisition and resettlement if Land Acquisition Act 1977 with subsequent amendment in 1997 and 2020. The Land Acquisition Act, enacted in 1977 is still the legal basis for land acquisition in Nepal. Besides, Land Acquisition, Resettlement and Rehabilitation Policy (2015) is another policy prepared by the National Planning Commission of Nepal. The Land Acquisition Act 1977 determines the land acquisition for public infrastructure construction. Resettlement-related issues are depicted in some of the existing laws and regulations. However, the LA act 1977 ensures that notwithstanding anything contained elsewhere in this Act, Government of Nepal may acquire any land for any purpose through negotiations with the concerned landowner. It shall not be necessary to comply with the procedure laid down in this Act while acquiring lands through negotiations relevant Nepal laws and regulations for land acquisition and resettlement that are applicable to Building Trauma and Emergency Medical Center at Dhulikhel Hospital. Below table presents Relevant Laws in Nepal.

<ul style="list-style-type: none">- Constitution of the Federal Republic of Nepal, 2015- Land Acquisition Act, 1977 (Amended in 1997 and 2020)- Land Acquisition, Resettlement and Rehabilitation Policy, 2015- Environmental & Social Management Framework (ESMF), 2007 with amendment 2013- Local Self Governance Act, 1999- The Land Revenue Act, 1992- Guthi Sansthan Act, 1976- The Forest Act, 2019- Gender Equality Act, 2006- Land Reform Act, 1942- Child Labour Act, 2000

Source: Nepal Law Commission

Among these national laws, relating clauses in key laws are shown as follows.

1) Land Acquisition Act (1977)

The Land Acquisition Act, 1977 has been enacted to integrate the laws for Acquisition of Land, and partially updated in 1997 and 2020 by its subsequent amendment. The process of land acquisition for public purpose has two types as follows.

In this project, since there are few private land owners, the hospital will negotiate directly. Additionally, based on the Land Acquisition Guidelines (1989), related governmental organizations shall grasp the living standards of affected households. In addition, the amount of compensation for land and buildings is determined with reference to similar market prices.

- a) Establishment of Compensation Determination Committee
In the case of public works projects that require negotiations with a large number of landowners, an organization called the Compensation Determination Committee (CDC) will be formulated to negotiate with the landowners that has been provisioned in LA act 1977.

b) Direct Negotiation with Landowners

In the case of small businesses or individual purchases that require negotiations with a small number of landowners, the business entity negotiates with the landowners themselves. The act reveals that, notwithstanding anything contained elsewhere in the act, Government of Nepal may acquire any land for any purpose through negotiations with the concerned landowner. It shall not be necessary to comply with the procedure laid down while acquiring lands through negotiations.

2) Environmental and Social Management Framework (ESMF), DOR, (2007 with subsequent amendment in 2013)

The project is not categorized as road project, however, the hospital side has agreed to follow this ESMF through discussion with JICA Study Team in April, 2021.

This Environmental and Social Management Framework report (ESMF) is prepared for the Department of Roads (DOR) to compile in an overview and guidance manner, various safeguard and compliance aspects of environmental and social issues related with the Sector Wide Road Program and the Priority Investment Plan Study for Nepal's Strategic Road Network (SRN) planning for 2007 to 2016. The Study commenced in September 2005 and was completed in December 2006. The ESMF intends to provide technical and managerial inputs and guidance into the design of the strategic roads (both designated for rehabilitation and, to lesser extent, to new construction), through identification of key environmental and social issues related to the foreseen projects (hereunder referred as "SRN sub-projects"), mitigate potential impacts and concerns and, devise opportunities to enhance the benefits. The framework integrates in a step-wise approach the most important environmental and social considerations into all stages of project preparation, implementation, monitoring and operation and is applicable to all future sub-projects funded under the SRN program. The ESMF is applicable to all proposed subproject activities and through all stages of the subproject cycle, i.e. from pre-planning, planning and design, implementation to post- implementation. The design flow of ESMF activities will be coordinated and integrated into the project cycle.

4.2. JICA's Policy on Resettlement

JICA has policies on resettlement, which are stipulated in JICA Guidelines on Environmental and Social Considerations (April, 2010). The key principle of JICA policies on involuntary resettlement is summarized below:

- a. Involuntary resettlement and loss of means of livelihood are to be avoided when feasible by exploring all viable alternatives.
- b. When, population displacement is unavoidable, effective measures to minimize the impact and to compensate for losses should be taken.
- c. People who must be resettled involuntarily and people whose measures of livelihood will be hindered or losses must be sufficiently compensated and supported, so that they can improve or at least restore their standard of living, income opportunities and production levels to pre-project levels.
- d. Compensation must be based on the full replacement cost¹ as much as possible.

-
- e. Compensation and other kinds of assistance must be provided prior to displacement.
 - f. For projects that entail large-scale involuntary resettlement, resettlement action plans must be prepared and made available to the public. It is desirable that the resettlement action plan include elements laid out in the World Bank Safeguard Policy, OP 4.12, Annex A.
 - g. In preparing a resettlement action plan, consultations must be prompted in the planning, implementation, and monitoring of resettlement action plans.
 - h. Appropriate and accessible grievance mechanisms must be established for the affected people and their communities. In addition to the above policies, JICA also applies for the following policies stipulated in World Bank OP 4.12.
 - i. Affected people are to be identified and recorded as early as possible in order to establish their eligibility through an initial baseline survey (including population census that serves as an eligibility cut-off date, asset inventory, and socioeconomic survey), preferably at the project identification stage, to prevent a subsequent influx of encroachers or others who wish to take advantage of such benefit.
 - j. Eligibility of Benefits include, the PAPs who have formal legal rights to land (including customary and traditional land rights recognized under law), the PAPs who don't have formal legal rights to land at the time of census but have a claim to such land or assets and the PAPs who have no recognizable legal right to the land they are occupying.
 - k. Preference should be given to land-based resettlement strategies for displaced persons whose livelihoods are land-based.
 - l. Provide support for the transition period (between displacement and livelihood restoration).
 - m. Particular attention must be paid to the needs of the vulnerable groups among those displaced, especially those below the poverty line, landless, elderly, women and children, ethnic minorities etc.
 - n. For projects that entail land acquisition or involuntary resettlement of fewer than 200 people, an abbreviated resettlement plan is to be prepared.

4.3. Gap Analysis

In principle, there are no significant gaps between the JICA Guidelines and Nepal laws. The comparisons between the Nepal laws and JICA Guidelines for Environmental and Social Considerations (April, 2010) are shown in table below.

Table 4.1 Comparisons between Laws in Nepal and JICA Guidelines

No .	JICA Guidelines	Laws and Guidelines in Nepal	Gap between JICA GL and Laws in Nepal (Lower column)	Project Policy
1	Involuntary resettlement and loss of means of livelihood are to be avoided when feasible by exploring all viable alternatives. (JICA GL)	The adverse impacts can be minimized or avoided or dealt with positive and constructive ways (1.1.1, ESMF)	There is no significant difference.	Follow JICA GL
2	When population displacement is unavoidable, effective measures to minimize impact and to compensate for losses should be taken. (JICA GL)	-The adverse impacts can be minimized or avoided or dealt with positive and constructive ways (1.1.1, ESMF) -Government of Nepal may, if it so deems necessary, acquire any land at anyplace for any public purpose, subject to compensation under this Act (Article 3, Land Acquisition Act)	There is no significant difference.	Follow JICA GL
3	People who must be resettled involuntarily and people whose means of livelihood will be hindered or lost must be sufficiently compensated and supported, so that they can improve or at least restore their standard of living, income opportunities and production levels to pre-project levels. (JICA GL)	Thus, the affected persons in the project will be entitled to various types of compensation and resettlement assistance that will help in the restoration of their livelihoods, at least, to the pre-project standards (7.3.1, ESMF)	There is no significant difference.	Follow JICA GL The project considers the assistance to improve or restore the livelihood.
4	Compensation must be based on the full replacement cost as much as possible. (JICA GL)	When GON requires assets, national law does not specify about the provision of mandatory replacement cost. Therefore, ESMF strongly recommended that: Practical provisions must be made for the compensation for all lost assets to be made at replacement cost without depreciation or reductions for salvage materials. Efforts must be made to assess the real replacement costs of land to the extent possible. A procedure should be established for determining compensation rates accurately plus rigorous efforts to assess the replacement costs and market rates for all assets, including labour costs for construction.	There might be gaps on determination of compensation rate between Nepali side and the JICA Environment Guidelines. In the past cases, deduction and/or using government fixed rate lower than market price are common.	Follow JICA GL The result is compared with the government's official unit price for determining validity.

No	JICA Guidelines	Laws and Guidelines in Nepal	Gap between JICA GL and Laws in Nepal (Lower column)	Project Policy
5	Compensation and other kinds of assistance must be provided prior to displacement. (JICA GL)	ESMF referred OP 4.12: The measures (i.e. the RP) include provision of compensation and of other assistance required for relocation, prior to displacement, and preparation and provision of resettlement sites with adequate facilities, where required.	There is no significant difference.	Follow JICA GL
6	For projects that entail large-scale involuntary resettlement, resettlement action plans must be prepared and made available to the public. (JICA GL)	ESMF regulated RAP preparation and disclose to the PAPs	There is no significant difference.	Follow JICA GL The project will hold consultations with the affected people and their communities on sufficient information made available to them in advance
7	In preparing a resettlement action plan, consultations must be held with the affected people and their communities based on sufficient information made available to them in advance. (JICA GL)	-In Chapter 5, the section of 2.2.1: The Procedural Steps in Road IEEs and EIAs of ESMF, and other sections covers all conditions concerning public participation/consultation. -Domestic EIA procedure supported by some conditions in ESMF requires public consultation meeting	There is no significant difference.	Follow JICA GL The consultation will be held at initial stage and after preparation stage during JICA's preparatory survey.
8	When consultations are held, explanations must be given in a form, manner, and language that are understandable to the affected people. (JICA GL)			Follow JICA GL The project considers appropriate explanation when consultations are held by using local language.
9	Appropriate participation of affected people must be promoted in planning, implementation, and monitoring of resettlement action plans. (JICA GL)			Follow JICA GL The project considers the appropriate participation of affected people.
10	Appropriate and accessible grievance mechanisms must be established for the affected people and their communities. (JICA GL)	5.1 and 7.5 of ESMF stipulated establishment of grievance redress mechanism (GRM)	There is no significant difference.	Follow JICA GL The project considers the grievance redress mechanism by utilizing the existing administration system to be convenient for PAPs.
11	Affected people are to be identified and recorded as early as possible in order to establish their eligibility through an initial baseline survey (including population census that serves as an eligibility cut-off date, asset inventory, and socioeconomic survey), preferably at the project identification stage, to prevent a subsequent influx of encroachers of others who wish to take advantage of such benefits. (WB OP 4.12)	N/A *Cut-off date is recommended to set as the date of Census survey (7.2.3, ESMF)	There is no direct regulation of recommendation regarding the item.	Follow JICA GL Based on the JICA's Environmental Guidelines, the cut-off date is explained at the 1st time stakeholder meetings. In case that certain time, e.g. two years, will have passed since the cut-off-date declaration before land acquisition is commenced, Census and other relevant field surveys shall be updated and revised with the latest situation.

No	JICA Guidelines	Laws and Guidelines in Nepal	Gap between JICA GL and Laws in Nepal (Lower column)	Project Policy
	Para. 6)			
12	Eligibility of benefits includes, the PAPs who have formal legal rights to land (including customary and traditional land rights recognized under law), the PAPs who don't have formal legal rights to land at the time of census but have a claim to such land or assets and the PAPs who have no recognizable legal right to the land they are occupying. (WB OP 4.12 Para. 15)	In the proposed project, the absence of formal titles will not be able to resettlement assistance and rehabilitation. (7.3.1, ESMF)	In Nepal laws and applicable ESMF prescripts, that the persons who does not have any evidence are not compensated. On the other hand, JICA guidelines stipulates to compensate for the persons who don't have formal legal rights.	Follow JICA GL The project considers eligibility for assistance to all households whose income sources or assets are confirmed as affected due to project implementation.
13	Preference should be given to land-based resettlement strategies for displaced persons whose livelihoods are land-based. (WB OP 4.12 Para. 11)	Not Applicable	Cash for land is the common way of compensation for both formal and informal land cases in Nepal, and PAPs also prefer to cash compensation generally.	Follow JICA GL The project considers the land-based resettlement strategies.
14	Provide support for the transition period (between displacement and livelihood restoration). (WB OP 4. 12, para.6)	Not Applicable	The item is not clearly mentioned even in ESMF. Some kinds of assistance have a function to support such transition period.	Follow JICA GL The project considers the support for the transition period.
15	Particular attention must be paid to the needs of the vulnerable groups among those displaced, especially those below the poverty line, landless, elderly, women and children, ethnic minorities, etc. (WB OP 4.12 Para. 8)	8.3 of ESMF or the part of Entitlement Matrix stipulated the considerations scheme for such vulnerable groups	There is no significant difference.	Follow JICA GL The project pays particular attention to vulnerable groups.

Source: JICA Study Team

CHAPTER 5 Compensation Entitlements and Entitlement Matrix

5.1. Cut-off Date for Entitlement

The Cut-Off Date (COD) for entitlements is recognized by international institutions such as WB and JICA. It is a tool to determine eligibility for entitled assistance. The COD is set on in order to avoid influx of population into the project area, and people who encroach on the area after the COD are not entitled to compensation or any other form of resettlement assistance. Although the census begins normally on the COD, the COD could also be the date the project area was delineated, prior to the census, provided that there has been an effective public dissemination of information on the area delineated, according to World Bank OP 4.12. Based on the concept, the COD for this project was declared on **24th of July and 13th of November 2021** by Dhulikhel Hospital under MoHP. In addition, PAPs (Project Affected Persons) were reminded verbally several times during PAPs meetings, census, Socio-Economic Survey (SES) and interview surveys.

As mentioned, additional land and structure development is to be limited after the COD, and the policy is being explained and understood among the PAPs in occasions such as public consultation meetings, interviewing, etc. In addition, local administrations and local officials of MOHP in charge of the matter monitor the situation and try to collect information on unfair development or illegal encroachment of people from the dwellers and so on.

5.2. Entitlement Matrix

The entitlement matrix is a matrix to systematically show the relations of compensation, which includes type of loss, application, person entitled, assistance policy and responsible entity. The matrix is developed based on the impact identified through the census survey and other related activities. In this Project, the Entitlement Matrix was prepared to show the eligibility conditions and the main compensation measures proposed to PAPs according to the type of impact. It should be noted that depending on the type of impact, the PAP may be eligible for one or more compensation measure.

Table 5.1 Entitlement Matrix

	Type of loss/ impact	Application	Eligible Persons	Entitlements	Implementation issues
1	Land				
1.1	Residential or Farm Land	Full or Partial Impact	Land owner/ Occupant or a person who has recognizable right to claim to the land	(A) Cash compensation at replacement cost for the affected land area or Provide full title to land of equal area and productivity acceptable to owner in the vicinity. (B) Resettlement assistance in lieu of compensation for land occupied (land, other assets, employment) at least restore their livelihood living standard to pre- displacement levels (C) In the case of farm land, the PAPs will be entitled the cultivation disruption allowance equal to one-year production.	a) Valuation for land undertaken by the project authorities should respect the results of replacement cost survey and the RAP supported by JICA's preparatory survey b) Direct negotiation with the landowner can be done for land valuation as per Land Acquisition Act clause 27 c) Notice to vacate will be served at least 35 days prior to acquisition. d) Compensation and relevant assistance must be paid and conducted in advance at least before the notification of relocation
			Loss of leasehold due to end of agreement before expiry (Tenant)	(A) Allowance for finding of new land is paid for 6 months of rent * if the landlord refund lease fee, this is not applicable	a) Notice to vacate will be served at least 35 days prior to acquisition. c) Compensation and relevant assistance must be paid and conducted in advance at least before the notification of relocation
2	Structure				
2.1	Private Residential House	Loss of partial or full houses	House owner regardless of tenure status	(A) Cash compensation at full replacement cost with no depreciation, according to house type. For houses and structures the market cost of the materials and labor to build a replacement structure of a similar quality or better than the affected structure. (B) If the owner wants to relocate using the materials of the current building, the cost of dismantling, transporting, reassembling are paid in cash. (C) Assistance to repair the remaining portion of structure in case of partial impacts, or full compensation is carried out from the view of safety	a) Valuation for structures undertaken by the project authorities on the basis of standard norms of Department of Urban Development should respect the results of replacement cost survey and the RAP supported by JICA's preparatory survey b) Construction material can be salvaged by PAPs c) Deduction from the full replacement cost is not allowed d) Displaced households will receive a housing displacement allowance and transportation cost. e) Notice of relocation will be given at least 35 days prior to the land clearance f) Compensation and relevant assistance must be paid in advance at least before the notification of relocation

	Type of loss/ impact	Application	Eligible Persons	Entitlements	Implementation issues
2.2	Other Private Structure (Secondly Structure)	Loss of partial or full structure	House owner regardless of tenure status	Same as 2.1	In addition to above conditions of the case of 2.1: a) Other structures include: fence, walls etc. b) Only the case of loss of structures is not eligible for the displacement allowance.
3	Loss of Business/work/e employment				
3.1	Loss of Business (Hotel/ Restaurant other business)	Direct impact the business	Owners of the business (hotel/shop/restaurant/other business)	(A) One time cash assistance for the income loss during the period of the business disruption while the remaining structure is being repaired	a) One-time cash assistance will be paid equivalent to two (2) -month's income based on the nature of business for re- establishing the businesses at the alternative premise. Shifting allowance (transport plus loading / unloading charges) will be paid to affected businessmen (if applicable), on actual cost basis. The amount of deposit or advance payment paid by the business tenant to the landlord will be deducted from the payment of the landlord
3.2	Loss of wages by Employees	Income reduced during period of readjustment	Employees of business	(A) One-time financial assistance to hired employees equivalent to 30 days wages to be computed based on local wage rate as determined by Compensation Determination Committee (CDC).	a) APs who are eligible for semi-skilled and unskilled labor will be given priority employment opportunities in the Project's implementation works
4	Rehabilitation Assistance				
4.1	Relocation stabilization assistance		Displaced household	Housing displacement allowance for loss of own residential accommodation.	a) Displaced households will receive a displacement allowance equal to 90 days minimum wage rate as established at the national or local level. b) Allowances will be paid at the time of serving the notice to vacate.
4.2	Special assistance for vulnerable people		Women headed households, Dalit households, disable, elderly more than 60 y.o. and below poverty level, landless people.	Special allowance for stabilization of livelihood	a) Cash assistance for 90 days at the local agricultural wage rate for respective district. b) Assistance in re-establishment and improvement of livelihood. c) Preferential employment of the project to the extent possible.
4.3	Transportation Assistance		Relocation household	(A) One-time cash assistance for transportation cost for moving	a) The transportation assistance amount will be determined during the RAP updating

Source: JICA Study team

CHAPTER 6 Implementation Framework

With regard to the land acquisition of privately owned land in this project, the Dhulikhel hospital (DH) has formed a committee to acquire land directly through negotiation with the landowner. The DH has already been acquired 300 m² private land from the one landowner on April 2021 through negotiation process which is also stipulated in the Land Acquisition act 1977 (clause 27) of Nepal. This process is carried out under the supervision of the Ministry of Health and local governments. The process and organization of the land acquisition and compensation is shown in as shown below

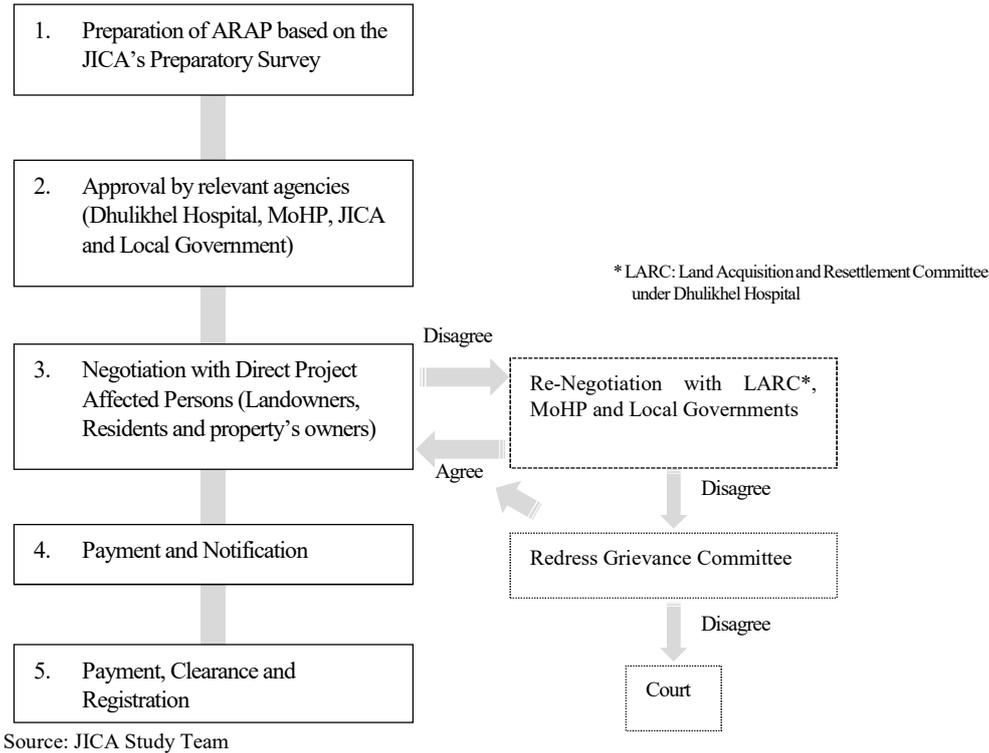


Figure 6.1 Process of the ARAP Implementation

Table 6.1 Roles of Organizations to Implement the Resettlement Action Plan

Organization	Composition	Major Roles
1. Land Acquisition and Resettlement Committee under Dhulikhel Hospital (LARC)	Representative members of Dhulikhel Hospital	<ul style="list-style-type: none">• Overall Execution of the Project• Directs the PMU• Responsibilities for approving Updated ARAP (UARAP), if necessary• Securing resources for compensation based on the final approved ARAP
2. Project Management Unit (PMU)	Ministry of Health and Population (MoPH) Board Member of Dhulikhel Hospital	<ul style="list-style-type: none">• Responsibilities to update ARAP during the Detailed Design Stage, if necessary• Responsibility to coordinate all organizations concerned on ARAP activities after the preparatory survey stage• To supervise ARAP implementation activities after the preparatory survey
3. Local Government (Dhulikhel Municipality, Kavrepalanchowk districts, Bagmati Province)	MoHP, DH and Dhulikhel municipality	<ul style="list-style-type: none">• To monitor encroachment of illegal settlers into the project area after declaration of the Cut-off-Date• To cooperate negotiation between Dhulikhel Hospital and Direct Project Affected Persons
4. Grievance Redress Committee	Member of LARC, Local Government, MoHP, NGO (if PAPs request)	<ul style="list-style-type: none">• Resolution of opposition from PAPs

Source: JICA Study Team

CHAPTER 7 Grievance Redress Mechanism

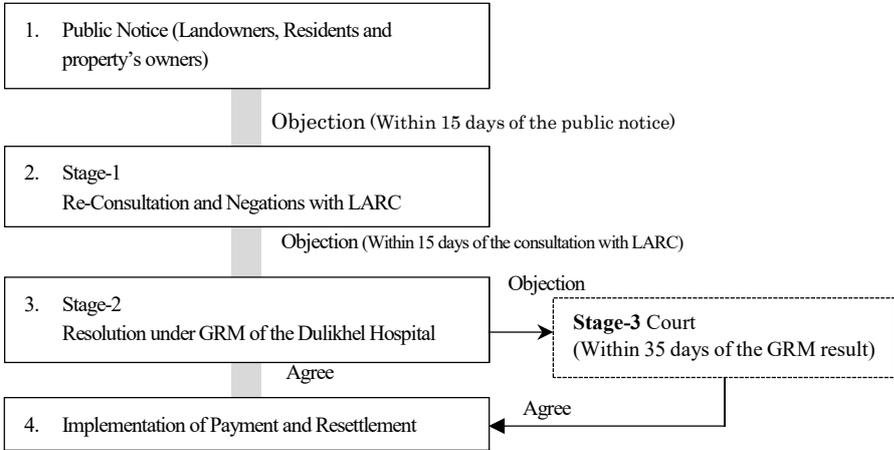
Agencies in charge of implementing the procedure for handling grievance during compensation and land acquisition in the project affected areas should be established as Grievance Redress Committee (GRC) of the Project. Detailed procedures on handling grievances will be established for the Project to ensure that PAPs have the opportunity to present their complaints about compensation and resettlement. PAPs have formal option to appeal GRM of the Dhulikhel Hospital and the court as shown in Table 7.1

Table 7.1 Process and Role Grievance Redress Mechanism

Stage	Process
Stage-1	Complaints of PAPs on any aspect of compensation, resettlement, or unaddressed losses shall in first instance be settled verbally or in written form in Land Acquisition and Resettlement Committee (LARC) of the Dhulikhel Hospital. The complaint can discuss with member(s) of LARC in an informal meeting. LARC shall explain detailed compensation policy such as the entitlement and eligibility and survey results.
Stage-2	If the conflict(s) between LARC and PAP(s) is not solved, PAP(s) is able to appeal with GRM. The PAP(s) can be accompanied by NGOs, village/community leader(s) in the discussion of GRM. GRM shall reassess the findings and then arbitrate the complaint.
Stage-3	If the PAP(s) is not satisfied with the decision of the GRM, within 35 days of the complaint, the PAP(s), in his/her last resort, may submit its case to the court.

Source: JICA Study Team

Proposed mechanism for grievance resolution is given below:



Source: JICA Study Team

Figure 7.1 Grievance Redress Mechanism and Process

CHAPTER 8 Monitoring Activity

Internal and external monitoring for the implementation of ARAP in the project shall be carried out in accordance with relevant laws and guidelines. The main purpose of monitoring is to ensure that PAPs have been adequately compensated and paid for lost assets in accordance with the policies and procedures set out in the ARAP. The main tasks and responsible bodies for internal and external monitoring are as follows.

8.1. Internal Monitoring

Internal monitoring will be carried out by LARC. The main activities are as follows.

- a) Appropriate management and monitoring of the implementation of approved RAPs
- b) Ensuring timely and appropriate compensation payments based on agreements with PAPs
- c) Recording of all complaints from PAPs and their resolution process and results.

8.2. External Monitoring

External monitoring is carried out by an independent body employed by LARC, if necessary. The main activities are as follows.

- a) Monitoring the implementation of appropriate compensation and resettlement in accordance with the ARAP
- b) Recommendations for implementing RAP in accordance with JICA guidelines and related laws, if necessary

Examples of RAP monitoring form and TOR for External Monitoring are shown in **Appendix** .

CHAPTER 9 Information Disclosure, Consultation and Participation

9.1. Background and objectives of the consultation

Public consultation is an important phase in the implementation and success of RAP implementation. It is an activity that consists of holding meetings to inform the public about the Project and gather the opinions and suggestions of the affected people. The objective is to sufficiently involve the populations to obtain their adhesion to the Project. Thus, the Project must inform, consult and give the opportunity for the Project Affected Persons to participate in all stages of the process in a constructive manner.

Insofar as the land acquisition and resettlement for public purpose is the Government action that may affect the well-being of the population, it is mandatory that the people affected by the Project be fully informed of the intentions of the public authorities. Project disclosure and consultation at an early stage provides a good venue for PAPs to express their opinions, apprehensions, and even objections. It opens grounds for discussion, and allows the Implementing Office to address issues raised, most of which can be incorporated into the final design and resettlement plan.

Generally in the ARAP preparation process, meetings inviting PAPs in different two stages are planned, firstly prior to the preparation of ARAP and secondly after preparation of Draft ARAP. Table 9.1 shows the general objectives of the meeting in each stage.

Table 9.1 Activities for ARAP Meetings

Objectives (Date and Venue)	Agenda	Major Participants	Announcement
1st Meeting for 2 residences and 1 structure owner (11:00-14:00, 24 th of July, 2021/ Project site /Dhulikhel Hospital)	<ol style="list-style-type: none"> 1. Introduction of project 2. Explanation of necessity of resettlement and relocation 3. Explanation of Cut of Date 4. Explanation of Census and Socio-economic survey 5. Explanation of basic compensation policy 6. Implementation of ARAP Survey 	<ul style="list-style-type: none"> • Participants Project Affected Persons (PAPs- non title holders/tenants), Dhulikhel hospital, JICA Study Team (Local consultant) • Number of Total Participants: 13 (Male: 10, Female: 3) <ul style="list-style-type: none"> - PAPs: 7 - Dhulikhel Hospital: 1 - JICA Study Team (Local consultant): 5 	<ul style="list-style-type: none"> • Method: Direct inviting by telephone • Language: Nepali
1st Meeting for 1 land owner for Plot No.230 (12:00-13.30, 13 th of November, 2021/ venue: Project Site)	<ol style="list-style-type: none"> 1. Introduction of project 2. Explanation of necessity of resettlement and relocation 3. Explanation of Cut of Date 4. Explanation of Census and Socio-economic survey 5. Explanation of basic compensation policy and the entitlement matrix 6. Implementation of ARAP Survey 	<ul style="list-style-type: none"> • Participants Project Affected Persons (PAPs, Dhulikhel hospital, JICA Study Team (Local consultant) • Number of Total Participants: 7 (Male: 5, Female: 2) <ul style="list-style-type: none"> - PAPs: 2 - Dhulikhel Hospital: 1 - JICA Study Team (Local consultant): 3 - Community people: 1 	
2nd Meeting for the 2 residences and 1 structure owner Explanation of draft ARAP report and the Entitlement Matrix (14:00-16:00, 13 th of November, 2021/ Venue: Project site)	<ol style="list-style-type: none"> 1. Introduction of project 2. Explanation of compensation policy (the Entitlement Matrix) 3. Conclusion of the consensus of compensation policy 	<ul style="list-style-type: none"> • Participants Project Affected Persons (PAPs- non title holders/tenants), Dhulikhel hospital, JICA Study Team (Local consultant) • Number of Total Participants: 14 (Male: 9, Female: 5) <ul style="list-style-type: none"> - PAPs: 10 - Dhulikhel Hospital: 1 - JICA Study Team (Local consultant): 3 	

Source: JICA Study Team

9.2. Result of the PAPs Meeting

The main opinions and answers are as follows. Some opinions were raised regarding the implementation of this project, but there were no objection of the implementation of the project, and it is understood that a basic consensus on the implementation of the project was formulated.

Table 9.2 Major Opinions and Answers in the ARAP Meeting

ARAP Meeting	Opinion/Question (Questioner)	Answer (Respondent)	Reaction of Questioner	Item to be reflected to the Project or ARAP
1 st ARAP Meeting (For 2 residences and 1 restaurant owner) (24 th of July, 2021)	1. When the construction starts?	The schedule of the project implementation is not fixed yet, however, the hospital side would like to proceed a series of land acquisition process after the meeting (Dhulikhel Hospital side)	Accept the answer	Nothing
	2. Will prior notice publish for demolish of structures	The Hospital management will issue prior notice	Accept the answer	Reflected to the Entitlement Matrix
	3. How does valuation carry out for the structures?	Valuation will be carried out by the competent engineer from Dhulikhel Hospital as a market rate without depreciation	Accept the answer	Reflected to the Entitlement Matrix
	4. Does landlord refund the advance payment?	Project (resettlement team) will facilitate to landlord for refund	Accept the answer	Nothing
1 st ARAP Meeting (For 1 landowner of Plot No. 230) (13 th of November, 2021)	1. When the construction starts?	The schedule of the project implementation is not fixed yet, however, the hospital side would like to proceed a series of land acquisition process after the meeting (Dhulikhel Hospital side)	Accept the answer	Nothing
	2. When will conduct ownership transfer of the land?	Most probably by the end of December 2021.	Accept the answer	Nothing
	3. Is there any employment opportunity for a family member?	During and after construction, occupation vacancy may be announced. DH will consider based on the capability.	Accept the answer	Nothing
	4. Is there any discount provided for the treatment?	Not yet known.	Accept the answer	Nothing
2 nd ARAP Meeting (For 2 residences and 1 restaurant owner) 13 th of November, 2021	1. When compensation and other allowances will be distributed?	After approval of final ARAP by the DH and JICA	Accept the answer	To be confirmed in the monitoring
	2. Is unskilled labour get opportunity in construction works?	Contractor, JICA and DH will decide on this. Not yet known	Accept the answer	Nothing
	3. When does ownership transfer of plot 230 take place?	Most probably by the end of December 2021.	Accept the answer	Nothing

Source: JICA Study Team

9.3. Activity on Information Disclosure

Another important activity for promoting the people's understanding of the Project is information disclosure. Explanation and discussion in the public consultation is part of the information disclosure and the ARAP document and the related information of the ARAP is

required to be disclosed in accordance with JICA guideline and WB OP4.12. Apart from the public consultation (socialization), the activity of information disclosure is planned as below.

1) Preparatory Survey stage (ARAP preparation stage)

In the Preparatory Survey stage, the finalized this ARAP (in English) will be uploaded on JICA's website and made available to the public.

Additionally any PAPs can read and make copy the approved ARAP in Nepali and English at the Dhulikhel Hospital and Dhulikhel Municipality.

2) Detail Design stage (Updated RAP)

ARAP will be updated if the affected area and/or affected project persons are added during detailed design stage. After updating ARAP in DD stage, the approved updated ARAP will be translated into Nepali and disclosed in the location where APAPs can access it, such as local administration offices.

CHAPTER 10 Cost and Financing

The affected area of the project has been fixed at the preparatory survey stage, and the land acquisition of private land was completed in April and December 2021 by the Dhulikhel Hospital side before implementation of actual site survey under the preparatory survey. However, cost of relocated structures, acquired land, economic loss, rehabilitation cost and administration cost is valued and calculated in this chapter.

10.1. Basic Calculation for Compensation Amount

10.1.1. Basic Methodology for the Estimation Cost

In this ARAP, approximate costs are estimated based on the results from the Replacement cost survey (RCS), socio-economic survey and other related information. Basic calculation methods are as follows and valuation and detailed calculation method is provided in **Appendix**.

- Cash compensation for the loss of all types of lands including (Crop Land, Garden Land, and Residential Land): the amount is calculated based on current market prices and information obtained by interviews with local PAPs and local government as well as examples of a neighboring similar projects.
- Cash compensation for the affected structures: this amount is calculated based on market prices of construction materials, construction fee and interviews with the structure owners. Additionally, the cost for structures have been valued by engineers and architect of the Dhulilhel Hospital and calculated. It is noted that depreciation of the asset and value of salvage materials are not taken into account.
- Vulnerable allowance for the Vulnerable People such as (i) Under poverty line households, (ii) Female headed households, (iii) Households including a person with disability, (iv) Households headed by elderly, (v) landless households, (vi) ethnic minority are applied up to 90 days of district agriculture wage rate/day in this Project based on minimum subsistence level.
- Other special assistance such as relocation stabilization assistance are referring to other projects as well as coordinated with the plan of road section.

10.1.2. Result of Replacement Cost Survey

The result of valuation survey for the structures are shown below. Additionally valuation of the land price has been carried out from the view of validation.

As described in previous article, valuation of structures has been conducted by the architect, and validation of land price has been done by interview with local government and real estate companies.

Table 10.1 Result of Replacement and Relocation Cost Survey

Item		Result of Valuation	Result of Validation
Structure	Restaurant Cottage-A (33.48 m ²) (including secondly structures)	281,892 NPR (Relocation Cost*)	Market price without depreciation
	Residence B (25.92 m ²) (including secondly structures)	81,676 NPR (Replacement Cost)	
	Residence C (25.92 m ²) (including secondly structures)	75,487 NPR (Replacement Cost)	
Land	Private Land-A Open land (0.03 ha) along the Sindhuli Road	1. Concluded Price (as of April, 2021) • Unit Price : 66,667 NPR/m ² 2. Local Government Unit Price • Unit Price : 2,017 NPR/m ² 3. Market Price (Average of Real Estate Companies) Unit Price • Unit Price : 68,300 NPR/m ²	The concluded price is higher than government and market price
	Private Land-B Open land (0.065 ha) not along the Sindhuli Road	1. Concluded Price (as of September, 2021) • Unit Price: 37,736 NPR/ m ² Local Government Unit Price • Unit Price : 2,001 NPR/m ² 2. Market Price (Average of Real Estate Companies) Unit Price • Unit Price : 38,116 NPR/m ²	

Note) * Relocation cost is including dismantling of current structure, transporting of material from current structure and reassembling at the relocated place

Source: JICA Study Team

10.2. ARAP Implementation Budget

The estimated ARAP implementation budget for the Project is summarized in Table 10.2. Major cost includes for land, structures, and vulnerable allowance associated with other cost.

Dhulikhel Hospital and MoHP are responsible for providing adequate funds for land acquisition and resettlement related to the Project. It is important to note that these figures need to be updated during updating of the ARAP in the Detailed Design stage, if the implementation of ARAP is postponed after the Detailed Design.

Table 10.2 ARAP Implementation Budget

No.	Item	Cost (NPR)
1	Compensation for the PAPs	
1.1	Private Land-A ^{*note-1} (Purchased Land in April 2021)	(20,000,000) ^{*note}
1.2	Private Land-B ^{*note-2} (Plot No.230)	24,372,173
1.3	Structures (Replacement of 2 residences and relocation** of 1 restaurant) including secondly structures	439,055
1.4	Relocation stabilization assistance for displaced house	126,000
1.5	Special allowance for vulnerable people (2 Households)	126,000
1.6	Transportation (2 Residence Heads)	20,000
1.7	Updating of ARAP during Detailed Design stage (if necessary)	1,000,000
1.8	Contingency of compensation for 1.2-1.7 (20%)	5,216,646
	Sub-Total for 1(not include 1.1 20,000,000 NPR)	31,299,874
2	ARAP Management Cost	
2.1	External ARAP Monitoring, if necessary (sub-contract with external organization)	1,500,000
	Sub-total for 2	1,500,000
	Grand Total	32,799,874

Note-1: Private Land-A has already been purchased before the preparatory survey and registered as the property of Dhulikhel Hospital on 13th of April, 2021, thus land cost will be deducted from sub-total 1 and grand total

Private Land-B has been purchased after preparation of draft final ARAP on 28th of December, 2021. The cost is included in above table.

Note-2: Relocation cost is including dismantling of current structure, transporting of material from current structure and reassembling at the relocated place.

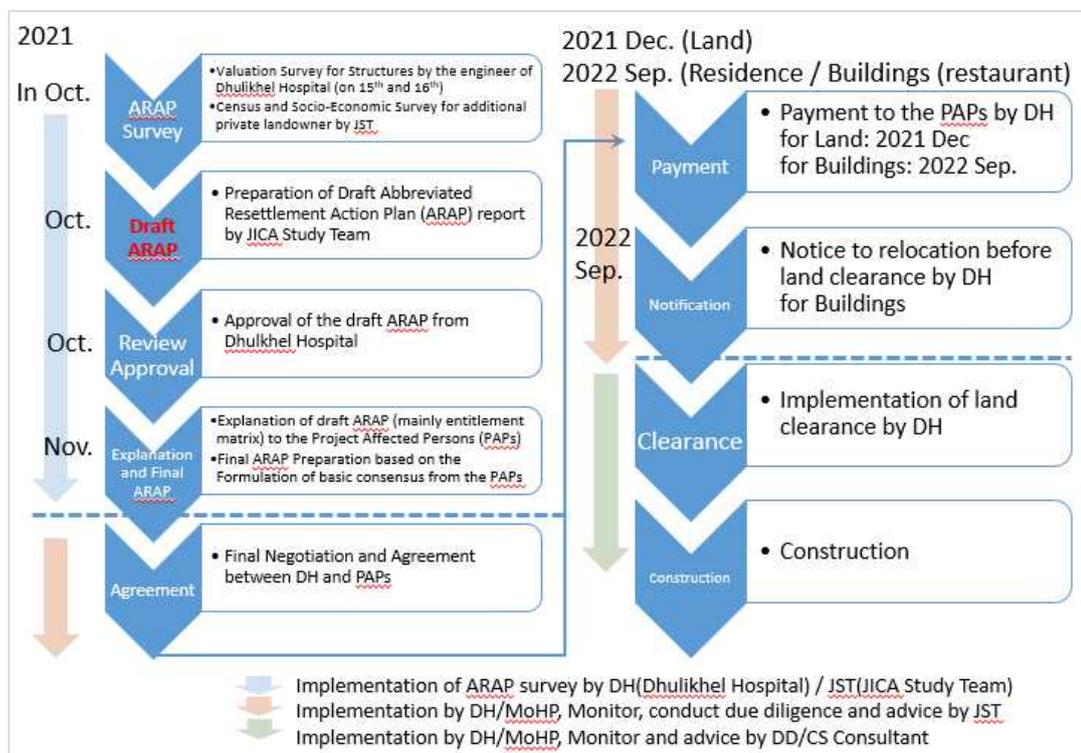
CHAPTER 11 Implementation Schedule

The expected ARAP approval and implementation schedule is shown below.

With regard to the land acquisition, a part of the land was secured before the start of the field survey for this preparatory survey (April 2021). In addition, as shown in the figure below, after preparation of draft ARAP in October 2021, the draft ARAP was reviewed and approved by Dhulikhel Hospital.

In September 2022, resettlement and compensation payment, removal, and relocation of buildings (residential and restaurant) were implemented. It was confirmed that a series of compensations, payments, and resettlement were implemented in accordance with the approved ARAP in accordance with JICA Guidelines and relevant laws in Nepal.

The expected process and schedule is shown in below;



Source: JICA Study Team

Figure 11.1 Process of the ARAP Implementation

Table 11.1 ARAP Implementation Process

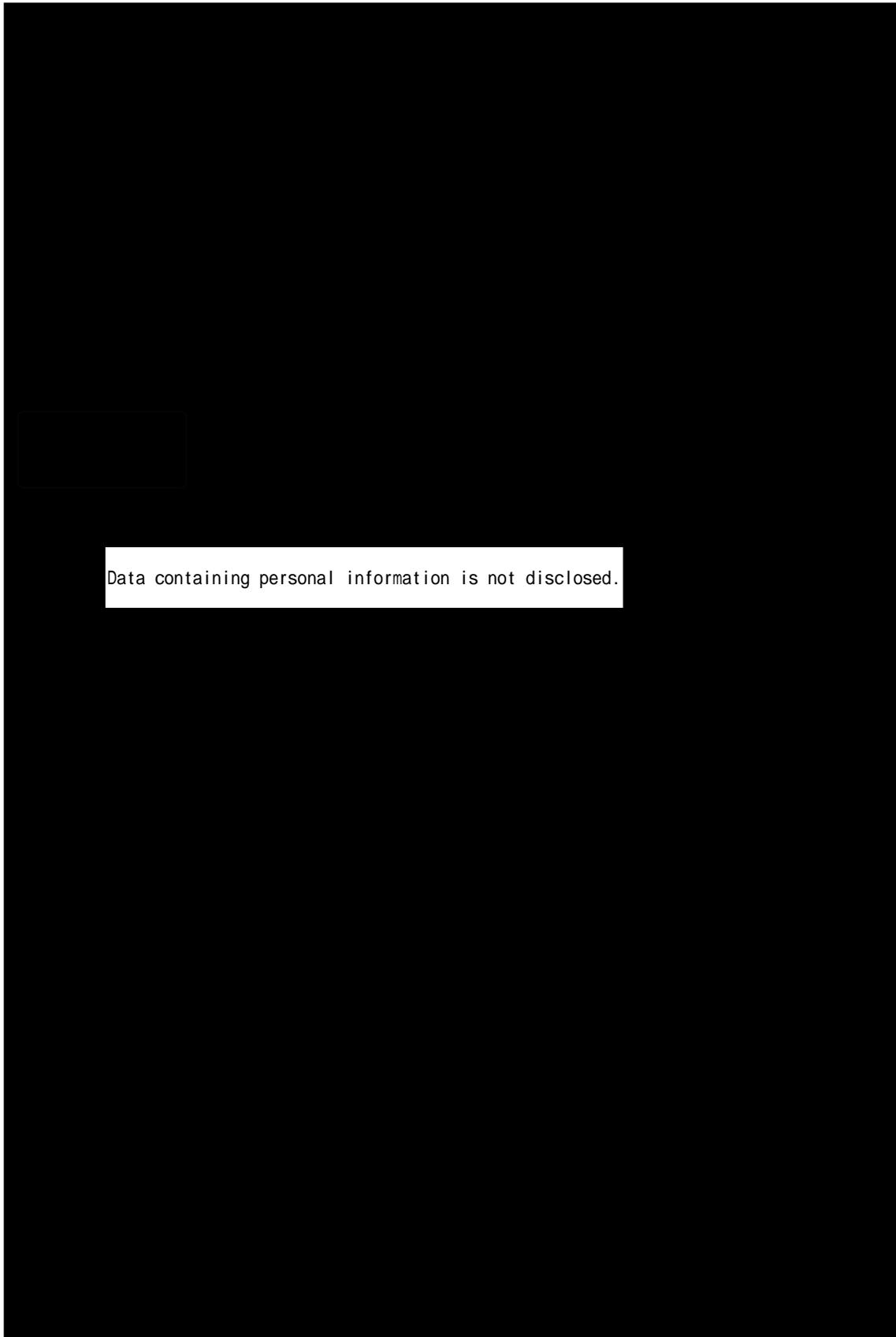
Item		2021					2022					DD/Const.			
		Aug	Sep	Oct	Nov	Dec	Jan	Feb		Dec					
1	Draft ARAP Preparation				● Final explanation to PAPs										
2	Approval of ARAP by DH														
3	Implementation of ARAP (Final Negotiation, Agreement, Payment)					● For the Land				● For the resettlement and buildings					
4	Monitoring (by JICA Study Team)														
5	Monitoring (Livelihood Level of Resettlers), if necessary														

Source: JICA Study Team

APPENDICES

Appendix A Relating Materials to ARAP Meeting

1. Meeting Minutes for the 1st ARAP Meeting for 3 structures on 24th of July, 2021

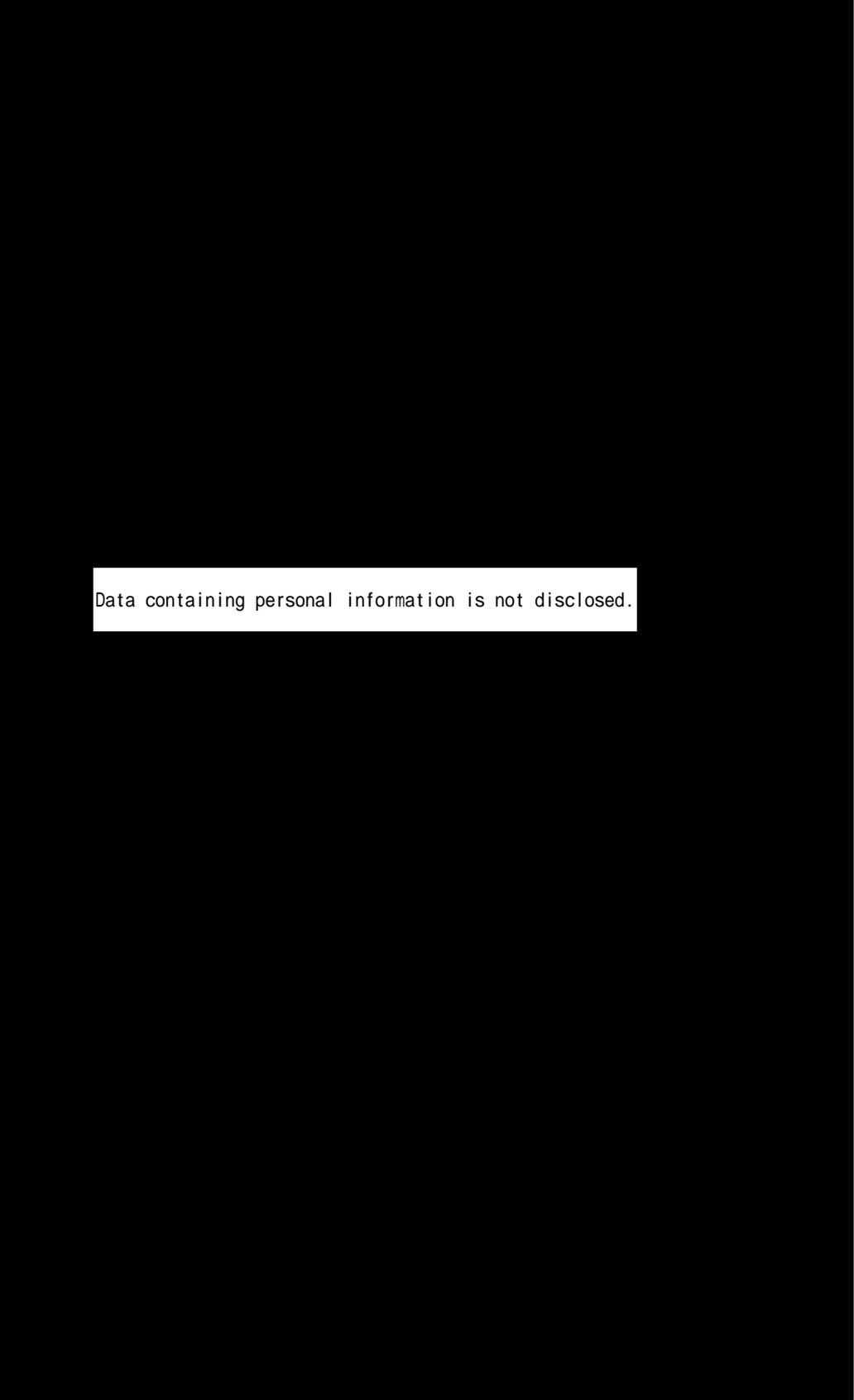


Data containing personal information is not disclosed.



Data containing personal information is not disclosed.

2. Meeting Minutes for the 1st ARAP Meeting for 1 land owner (Plot 230) on 13th of November, 2021

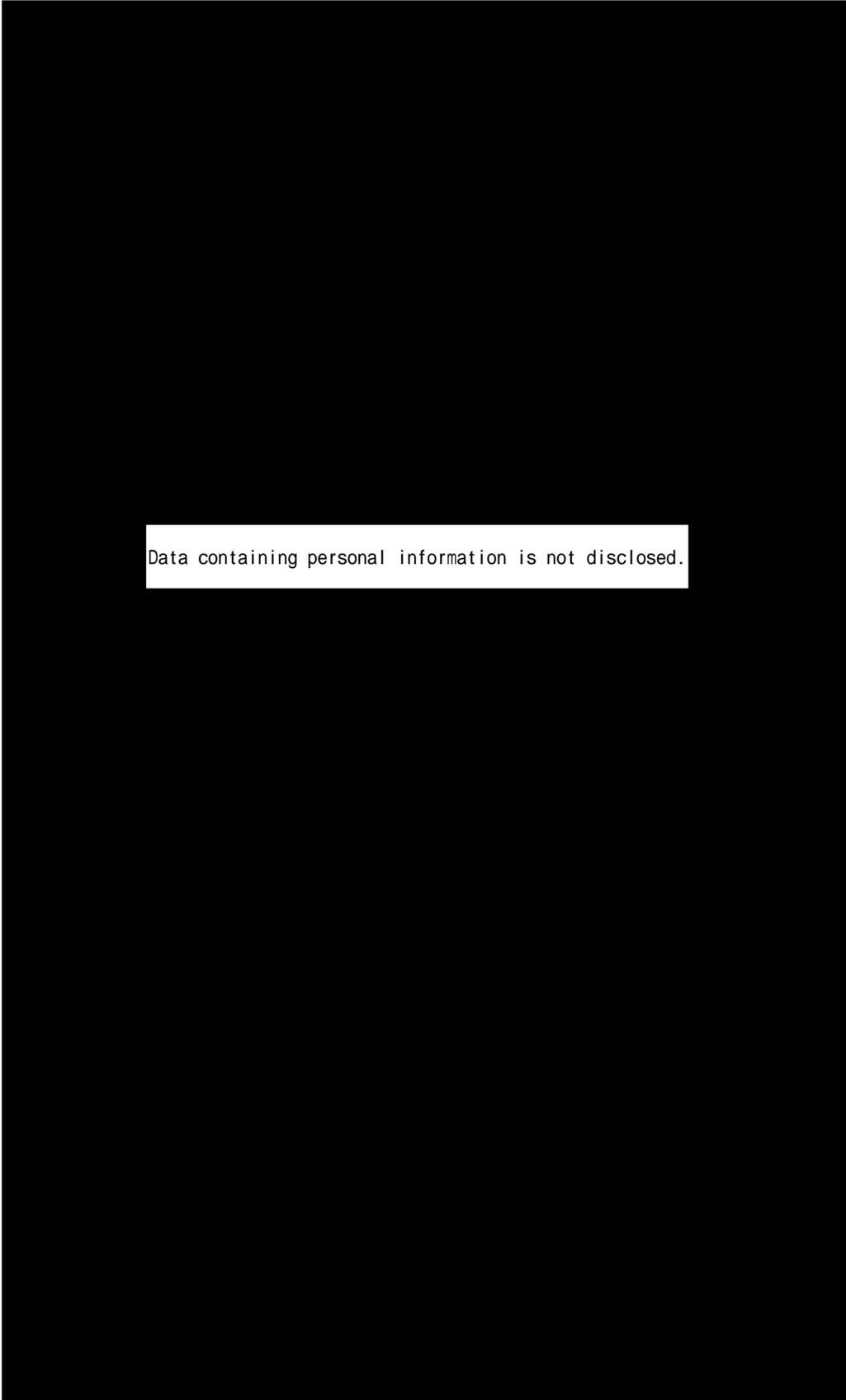


Data containing personal information is not disclosed.



Data containing personal information is not disclosed.

3. Meeting Minutes for the 2nd ARAP Meeting (Explanation of Draft ARAP) for 3 structures and 1 land owners



Data containing personal information is not disclosed.

Data containing personal information is not disclosed.

Appendix B Photographs of ARAP Meetings

1. Photographs of the 1st ARAP Meeting for 3 structures on 24th of July 2021



Data containing personal information is not disclosed.

2. Photographs of the 1st ARAP Meeting for 1 Landowner (Plot 230: Private Land-B)



Data containing personal information is not disclosed.

3. Photographs of the 2nd ARAP Meeting for 3 Structures and 1 Landowner (Private Land-A)



Data containing personal information is not disclosed.

Appendix C Calculation Methodology for Compensation Amount

1. Replacement Costs of Land

Dhulikhel Hospital has acquired private land through direct negotiation with the landowner of Private Land-A and Private Land-B landowner (plot 230). Dhulikhel Hospital (DH) side has invited affected persons for negotiation of land as per Land Act 1977 (clause 27). The landowner propose to adopt the current market rate and then the negotiation has been succeed.

According to replacement cost survey for the private land, the land rate by the Government is much cheaper than purchased rate, and it is almost the same as real state rate. Thus the landowner of the Private Land-A was satisfied the proposed rate from the DH side. With regard to the Private Land-B (app. 0.06 ha) and DH side is under initial negotiation as of December, 2021. The DH has paid NPR 900,000 as an advance payment for the land.

Table C-1 Replacement cost survey result for Land

Kind of Price	Unit Price		Remarks
	Private Land-A (App. 0.03 ha)	Private Land-B(Plot No.230) (App. 0.06 ha)	
Concluded Unit Price	66,667 NPR/m ² (13 th of April, 2021)	37,736 NPR/ m ² (29 th of September, 2021)	Based on market price and willing to sell price by the landowner
Government Land	2,017 NPR/m ²	2,001 NPR/ m ²	Fixed land price for public project
Real Estate Companies	68,300 NPR/m ²	38,116 NPR/ m ²	Average unit cost based on the interview with real estate companies

Source: JICA Study Team

2. Replacement Cost of Structures

The cost has been valuated engineers and architects of the Dhulikhel Hospital without any depreciation by using market price cost of the materials.

Table C-2 Replacement and Relocation cost survey result for Structures

Item		Result of Valuation	Result of Validation
Structure	Restaurant Cottage (33.48 m ²) (including secondly structures)	281,892 NPR (Relocation Cost*)	Market price without depreciation
	Residence B (25.92 m ²) (including secondly structures)	81,676 NPR (Replacement Cost)	
	Residence C (25.92 m ²) (including secondly structures)	75,487 NPR (Replacement Cost)	

Note) * Relocation cost is including dismantling of current structure, transporting of material from current structure and reassembling at the relocated place

Source: JICA Study Team

3. Relocation Stabilization Assistance

Displaced household can receive following one-time livelihood assistance.

Table C-4 Relocation Stabilization Assistance Cost

Item	Calculation Unit Rate/ Quantitate	Total Cost (NPR)
Relocation Stabilization Assistance Cost	90 days minimum wage rate as established at the national or local level. Wage Rate 700 NPR/day x 90 days x 2 residence (700 NPR/day x 90 days x 2 residences)	126,000

Source: JICA Study Team

4. Vulnerable Assistance

Vulnerable household can receive following one-time livelihood assistance

Table C-5 Vulnerable Assistance Cost

Item	Calculation Unit Rate/ Quantitate	Total Cost (NPR)
Vulnerable Assistance Cost	90 days minimum wage rate as established at the national or local level. Wage Rate 700 NPR/day x 90 days x 2 households (700 NPR/day x 90 days x 2 households)	126,000

Source: JICA Study Team

5. Transportation Cost

One-time cash assistance for transportation cost for moving is estimated 25,000 NPR/Displaced residential households.

Table C-6 Transportation Cost

Item	Calculation Unit Rate/ Quantitate	Total Cost (NPR)
Transportation Cost	10,000 NPR (Lump Sum) x 2 households	20,000

Source: JICA Study Team

Appendix D Photographs of Affected Structure and Land



Data containing personal information is not disclosed.

Appendix E Land Transfer Certificate

Land-A



Data containing personal information is not disclosed.

Data containing personal information is not disclosed.

Land-B



Data containing personal information is not disclosed.

Data containing personal information is not disclosed.

Appendix F Lease Agreement Between Ministry of Industry and Kathmandu University

1. Lease Agreement was done between Ministry of Industry and Kathmandu University (KU): please refer highlighted part in the scanned copy from 1 to 5
2. Agreed date: 9 June, 2014
3. Agreed duration: For 30 years
4. Agreed purpose of land use is to build Trauma Center having advanced services with adequate infrastructures
5. Land Area: 0.85 hectare

1. न्त सरकार, उद्योग मन्त्रालयको नाममा रहेको जग्गा ट्रमा सेन्टर सञ्चालनको लागि काठमाण्डौ विश्वविद्यालयलाई लिजमा उपलब्ध गराउने सम्बन्धी समझदारीपत्र ।

उद्योग मन्त्रालयको नाममा दर्ता चेस्ता कार्यमा रहेको काभ्रेपलाञ्चोक जिल्ला, धुलिखेल नगरपालिमा वडा नं. १ का २३ वटा कित्ताहरू (किन २६४, २३६, २६२, ३०२, २६९, २२४, २४६, २२७, २४६, २४३, २४८, २६६, २३९, २७०, ३७४, २३७, २६४, २४४, २०४, ३८६, ३३२, ३७३ र २६३) को जग्गा ५६-१०-०-१ टोपनी जग्गा ट्रमा सेन्टर निर्माणको लागि अर्थ मन्त्रालय, शिक्षा मन्त्रालय, उद्योग मन्त्रालय र काठमाण्डौ विश्वविद्यालयबीच आपसी सत अवस्थाको सहमतिको आधारमा ३० (तीस) वर्षको लागि लिजमा उपलब्ध गराउन समझदारीपत्र गर्न नेपाल सरकार, भन्विपरिषद्को मिति २०७०/०८/२७ को निर्णयबाट सैद्धान्तिक स्वीकृति प्राप्त भएकोले निम्न बमोजिम हुने गरी आज मिति २०७१/२/२६ मा अर्थ मन्त्रालय, उद्योग मन्त्रालय, शिक्षा मन्त्रालय र काठमाण्डौ विश्वविद्यालयबीच यो समझदारीपत्र (MOU) सा हस्ताक्षर गरिएको छ ।

समझदारीपत्रका सर्तहरू

- उक्त जग्गाहरूको स्वामित्व नेपाल सरकार, उद्योग मन्त्रालयको नाममा रहने र धुलिखेल अस्पताल तथा काठमाण्डौ विश्वविद्यालयले उक्त जग्गाको उपयोग गर्न मात्र पाउने ।
- धुलिखेल अस्पताल, काठमाण्डौ विश्वविद्यालयले ट्रमा सेन्टर निर्माणार्थ उक्त जग्गामा स्थायी प्रकृतिमा आवश्यक भवन निर्माण गरी अत्याधुनिक सेवा सहितका आवश्यक सबै पूर्वाधारको व्यवस्था गर्नुपर्नेछ ।
- ट्रमा सेन्टर र अस्पतालको बाहिरइ विभाग जोडने आवश्यक सडक, न्याम्प लगायतका पूर्वाधार काठमाण्डौ विश्वविद्यालय, धुलिखेल अस्पतालद्वारा निर्माण गर्नुपर्नेछ ।
- उक्त जग्गा ट्रमा सेन्टरको प्रयोजनको लागि मात्र प्रयोग गर्न भाईनेछ । यदि उक्त जग्गामा ट्रमा सेन्टर संचालन हुन नसकेमा यो समझदारीपत्र स्वतः निष्कृय भएको मानिनेछ ।
- उक्त जग्गामा ट्रमा सेन्टर संचालन भए, नभएको, काठमाण्डौ विश्वविद्यालयले यस समझदारीपत्र अनुरूप कार्य गर्दै, नगरेको तथा नियमित रूपमा भाडा तिरे, नतिरेको सम्बन्धमा उद्योग मन्त्रालय, शिक्षा मन्त्रालय र अर्थ मन्त्रालयबाट समय समयमा संयुक्त रूपमा निरीक्षण तथा अनुगमन हुनेछ । यद्यपि

२१/११/२०७१

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21/11/2015

21.3.2015

गमन समितिले अनुगमन गरी दिइएका निर्देशनहरु पालना गर्नु धुलिखेल अस्पताल र काठमाडौं विश्वविद्यालय (ट्रमा सेन्टर) को कर्तव्य हुनेछ।

उक्त जग्गाको लिज (भाडा) बापत काठमाडौं विश्वविद्यालयले नेपाल सरकार, उद्योग मन्त्रालयलाई प्रत्येक वर्ष अग्रिम रूपमा वार्षिक रु. ४५,०००/- (अक्षरूपी पैतालिस हजार) भुक्तानी गर्नेछ। भाडा बापतको रकम काठमाडौं विश्वविद्यालयले प्रत्येक वर्षको वैशाख मसान्तभित्र उद्योग मन्त्रालयको राजश्व खातामा जम्मा गरी सोको सबकलै दोस्रो प्रति भौचर उद्योग मन्त्रालयमा बुझाउनु पर्नेछ। भाडा बापतको रकममा प्रत्येक वर्ष १०% (दश प्रतिशत) का दरले बृद्धि हुनेछ।

समझदारीपत्रको अवधि यो समझदारीपत्रमा हस्ताक्षर भएको मितिले ३० वर्षसम्म कायम रहनेछ र यो समझदारीपत्र हस्ताक्षर भएको मिति देखि प्रारम्भ हुनेछ।

यो समझदारीपत्रको अवधि समाप्त भई नेपाल सरकार (मन्त्रिपरिषद्) बाट अर्को निर्णय नभएको अवस्थामा उक्त जग्गा र सोमा निर्माण भएका भौतिक संरचना चालू अवस्था (Tenable condition) मा नेपाल सरकार, उद्योग मन्त्रालयमा हस्तान्तरण हुनेछन्।

उक्त जग्गाको उपयोग गरे बापत र भौतिक पूर्वाधार निर्माण गर्दा वा अन्य कार्य गर्दा लाग्ने स्थानीय शुल्क तथा अन्य सेवा शुल्कहरु बुझाउने सम्बन्धी सम्पूर्ण दायित्व काठमाडौं विश्वविद्यालयले वहन गर्नेछ।

यो समझदारीपत्रमा उल्लेख हुन नसकेका अन्य विषयहरु प्रचलित कानूनमा उल्लेख भए बमोजिम रहनेछ।

यो समझदारीपत्र बमोजिम कार्य गर्दा कुनै विवाद उत्पन्न भएमा अर्थ मन्त्रालय, उद्योग मन्त्रालय, काठमाडौं विश्वविद्यालय ट्रमा सेन्टर र शिक्षा मन्त्रालय समेत बसी आपसी सहमतिमा विवाद समाधान गर्नेछे। यसरी विवाद समाधान हुन नसकेमा विवाद समाधान सम्बन्धी प्रचलित कानून बमोजिम रहनेछ।

शिक्षा मन्त्रालयको तर्फबाट

नाम धर: गोपालदेव पन्त
पद: उपसचिव

अर्थ मन्त्रालयको तर्फबाट

नाम धर: चन्द्रकुमार श्रेष्ठ
पद: उपसचिव

उद्योग मन्त्रालयको तर्फबाट

नाम धर: रुद्र बहादुर मल्ल
पद: उपसचिव

काठमाडौं विश्वविद्यालयको तर्फबाट

नाम धर: डा. राजेन्द्र कोजु
पद: एसोसियेट डिन

Appendix G ARAP Monitoring Form and TOR for External Monitoring

Resettlement Monitoring Sheet

Name of HH: _____

1. Progress of Resettlement

Progress	Date	Check	Remark
Official Notice			
Confirmation on survey results of inventory			
Survey on relocation site if any			
Negotiation 1 st 2 nd 3 rd 4 th			
Agreement on compensation and relocation			
Compensation payment			
Vacation of land			

2. Post Resettlement Monitoring

Date	Location	Occupation if change	Income Level	Perception	Remark

Note: biannually for 2 years after relocation

3. Record of Grievance / Perception and Redress

Date	Grievance	Redress	Results	Check by independent organization if any

Dhulikhel Hospital / Ministry of Health and Population

Term of Reference

(TOR)

for

External Resettlement Monitoring Experts

(Draft)

1. Introduction

The Project for Building Trauma and Emergency Medical Center at Dhulikhel Hospital is a joint undertaking of the Government of Nepal (the GoN) and the Japan International Cooperation Agency (JICA). The Project was approved on dd/mm/yy and became effective on dd/mm/yy.

The Project, however, will provide not only the positive outcome above mentioned but also negative impacts such as disturbance in livelihood to the people in the Project area. In order to restore their livelihood, the Project developed the Abbreviated Resettlement Action Plan (the ARAP) with assistance for loss of assets and income source, resettlement and vulnerable groups.

In order to implement activities planned for assistance securely, regular monitoring of progress and appropriateness by the project implementing agency itself (i.e. internal monitoring) and by the third party (i.e. external monitoring) is necessary. Then, the terms of reference (the TOR) are prepared by the project implementer (the Client) to conduct external monitoring (the Work) by the contracted expert(s) (the Expert) for the Project.

2. Project Area

The areas to be monitored are along and adjacent them determined by the Project. The overview of project location is shown in Figure.



Figure 1 Overview of Project Location

3. Objective of External Monitoring

The main objectives for the external monitoring by the individual expert are as follow:

- To monitor the progress of assistance activities;
- To assess the living restoration of PAPs compared to the one before the resettlement;
- To assess the effectiveness and impact of assistance activities; and
- To identify the issues/ future risk facing the PAPs after the resettlement, and suggest how to mitigate / overcome those issues.

4. Scope of Works

The major tasks and activities of the Expert are as below. The details of activities shall be decided based on the discussion between the Client and the Expert.

No.	Main Tasks	Contents of Tasks
I. Living restoration of PAPs		
1	Review and analyze the profile of the project affected persons(PAPs)	(1)To review relevant reports such as resettlement work plan, income restoration program and existing monitoring reports/ records to collect detailed information of PAPs/PAHs and their socio-economic condition. (2)To conduct additional socio-economic survey to obtain detailed data of PAPs/PAHs, if necessary.
2	Observe and collect the data for verifying the effectiveness of resettlement work (Field Monitoring)	(1)To observe the relocation site as well as the Project Area for verifying the effectiveness of resettlement works (2)To conduct household survey with PAPs, Host Community and people (not PAPs) who are living in relocation site, following the ‘Monitoring Sheet’ developed by JICA Expert Team. (3)To conduct key informant interview and group discussion with stakeholders such as PAPs, government officer, and other concerned actors in order to identify the issues facing PAPs and government staff on resettlement work. (4)To identify issue and suggest how to mitigate and overcome those issues facing PAPs and government staff on relocation
3	Verify the effectiveness of grievance redress mechanism	To verify the record of grievance redress; i) whether grievance redress mechanism works effectively, and ii) raised grievance is managed properly
II. Income Restoration		
1	Observe and collect the data for verifying the progress of income restoration (Field Monitoring)	(1)To conduct household survey with PAPs, community representative and non-PAPs who are living in relocation site, using the check sheet. (2)To conduct key informant interview and group discussion with stakeholders such as PAPs, government officer, and other concerned actors in order to identify the issues facing PAPs and government staff on restoration. (3)To identify issue and suggest how to mitigate and overcome those issues facing PAPs and government staff on relocation
III. Monitoring Report		
1	Prepare and submit the monitoring report to the Client	(1) To prepare the monitoring report on the survey result of I &II (2) To submit the monitoring report to the Client

5. Key Qualifications

The Expert must have experience of the external monitoring work of involuntary resettlement activities in a project or should have done monitoring work on similar nature of works in the past.

Qualification and experience of the Expert should include:

- 1) Experience and expertise in monitoring and evaluation in involuntary resettlement activities in infrastructures development projects and rehabilitation of PAPs;
- 2) Sufficient knowledge in livelihood improvement, participatory community development and mobilization and dealing with the poor and vulnerable groups; and
- 3) Familiar with relevant laws and regulation in Myanmar regarding land acquisition, compensation and infrastructure project as well as the JICA Guidelines for Environmental and Social Considerations (April 2010) and the World Bank's Environmental and Social Safeguard Policies.

6. Frequency of Monitoring

The Expert should carry out monitoring of all activities of resettlement aspect of all affected areas of selected districts 1) before, 2) during and 3) after construction, and check compliance of the implementation of all requirements as per the project document. The details of schedule shall be decided based on the discussion between the Client and the Expert.

7. Output Submission

The Expert shall submit following outputs:

No	Report	No. of Report	Contents to be Included	Submission Timing
1	Monitoring Report(s)	2 set of hardcopy and soft copy in CD in English/English	Field monitoring records	Within two weeks after data collection by the field survey finish
2	Completion Report	- Main Report: 2 sets of hardcopies and CDs - Set of filled original forms - Photo book of the field monitoring	Compilation of all of above	By the end of final monitoring and within contract period
