

APPENDIX 8.1

Preliminary SIA Primary Data Collection (14 January-14 February 2008)

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Appendix 8.1

Preliminary SIA Primary Data Collection (14 January-14 February 2008)

The Preliminary social survey made use of primary data collected by informal discussions with some key informants and focus groups, an impact questionnaire and public hearing. Objectives achieved included:

- Identifying some stakeholders and interests in the Wider Project Area;
- Initiating a dialogue with stakeholders of the Wider Project Area's 6 largest communities.
- Providing guidance for Project planning, specifically in relation to CORC employee relocation;

For this survey CERS consultants, engaged leaders, administrative officials, the industrial sector, women's cooperative members, NGOs, with 11 Focus group discussions held in the localities of El Khosos, El Nawara, El Margue.¹ There was a workshop in Mostorod, for CORC employees. NGOs consulted were:

- 1- Abnaa Horus Organization for Environment.
- 2- El Margue Development Organization.
- 3- Integrated Care Organization.
- 4- Egyptian Society For Environmental Research

The industrial sector FGD included labours, engineers, management and environmental officers. The school FGD included teachers (male and female), management, a sociologist, physician, a safety officer and students. Leaders were consulted according to their "helpful behaviour" namely:

- El Khosos Mayor
- Heads of selected NGO's

The National Women's Council for Kalyoubia and Cairo Governorates were also consulted.

Questionnaires were conducted with employees, villagers and 'voiceless groups' in the Wider Project Area. The impact questionnaire commenced in El Khosos with household heads and then continued in El Matareya, El Nawara and El Margue. 700 questionnaires were distributed but completion rate was low (416).*

¹ There was a training workshop for FGD methods, tools and roles of community members in Focus Group formation. This was particularly important for the locally selected field surveyors.

* Note: in one part CERS reports completion rate was 560, in another it was 416.

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City or village	Sample size		Respondents	
	Male	Female	Male	Female
El Khosos	200	68	150	34
El Nawaara	100	100	97	91
El Margue	100	32	40	32
Mostorod	50	30	20	15
Total	450	248	367	183

The number and types of consultations are summarized in Table 7.2 and Annexes K and L of the CERS Preliminary ESIA.

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Survey Method	El Khosos	El Nawara	El Margue	Mostorod	CORC
FGD	<ul style="list-style-type: none"> The Mayor 1 Driver 2 workers 4 unemployed University graduates 16 Teachers 5 workers in school 	<ul style="list-style-type: none"> Head of Abnaa Horus Association 7 workers in pig farms 8 garbage collectors 	<ul style="list-style-type: none"> Head of Local Development Association General secretary of Local Development Association 1 Board Member of Abnaa Horus Association 2 housewives 2 Merchants 2 workers 1 driver 3 salesmen 3 employees 	<ul style="list-style-type: none"> Head of Integrated Care Library Financial Manager of Integrated Care Library 1 worker 5 housewives 3 merchants 3 Drivers 1 Teacher 2 Lawyers 6 Employees 5 students 3 unemployed 1 librarian 	3 meetings including <ul style="list-style-type: none"> Chairman 1 consultant 1 Safety Sector Head 1 Fire fighter technician 1 Maintenance sector head 2 Operation technicians 1 Welding operator
Public Hearing	<ul style="list-style-type: none"> The Mayor Delegate of the Head of El Khosos Chairman of Board of the Egyptian Society for Scientific and Environmental Research 1 Arts specialist 1 student 	<ul style="list-style-type: none"> 4 members of Abnaa Horus Association 1 student 	<ul style="list-style-type: none"> 2 members of El Margue development Association 1 Merchant 2 Librarians 	<ul style="list-style-type: none"> 2 students 2 housewives 2 merchants 2 employees 1 employee of Integrated Care Association 1 worker in Integrated care Association 	<ul style="list-style-type: none"> President President's Assistant General Manager 32 Employees General Manager Assistant Head of Environmental Department Head of CORC Labour Syndicate Committee 1 consultant 3 Drivers
Total number	34	21	21	42	50

Understanding the January-February 2008 survey findings proved challenging due to the Preliminary SIA data quality being affected by:

- Limited knowledge of stakeholders about the Project;
- PAPs concerns due to previous history of polluting industries;

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- Lack of trust between people and government;
- Lack of understanding of Project Description and disclosure of Project information;
- Lack of systematic sampling in an appropriately defined area;
- Level of tools used and processes employed;
- Lack of experienced SIA sociologists on the Team.

After review, analysis and discussions of the survey, it was decided that not only gaps as identified by the funders review should be met but that the above collected data sources should be verified before use, if at all. Planning for the final SIA took this into consideration.²

² Any social risk caused by these consultations would also have to be addressed with appropriate commitment from ERC Managers.

Appendix 8.2

Impact Consultation Focus Group Discussions: Facilitators' Guidelines: Consultation Team

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Appendix 8.2

Impact Consultation Focus Group Discussions: Facilitators' Guidelines: Consultation Team

Introductions and Welcome

- Thank participants for coming.
- Introduce the ERC Team attending the meeting
- Introduce purpose of the meeting
- Tell the group that anything they say will be confidential – it may go in our public (ESIA) report but not linked to their names.
- Explain that other survey teams (Socio-Economic, Health and Environment) will also be working in the area.
- Pass around attendance sheet. Say that it will help if they give us their contact details so we can get in touch with them again to give feedback or follow up on questions BUT stress that they do not have to give these details if they prefer not to. Help people who cannot write to fill out the attendance sheet. See attached attendance sheet.

Project Description/ Background

Verbally explain:

- The Egyptian Refinery Company (ERC) has been set up to build an expansion to the Cairo Oil Refinery Company (CORC) in Mostorod.
- CORC is an old refinery built in the 1960s. It produces 'heavy' fuel which the ERC will further process using new technology to produce 'light' fuel, like diesel. This will reduce air pollution in Egypt. Egypt currently imports its diesel and other product. When ERC is operational the quantity of imports will thus decrease, saving the Egyptian economy LE1.08 Billion a year.
- The ERC Project will progress in two phases:
 - Construction (September 2008 until November 2011)
 - Operations (from December 2011 for about 30 years).

On map show, and explain:

- ERC has two Project Plots: one in the Chini factory site near El Karatssa; and the other in the CORC site near Arab El Hessn.
- During construction ERC will also use a Laydown Area at ESCO El Naml.
- There will be two transport routes from the Laydown Area, one to the North Plot and one to the South Plot.
- Show the permanent traffic entrances to the North and South Plots.

Verbally explain

- The Project will be funded by Egyptian and regional investors and international and Egyptian banks and owned by an Egyptian company. The funders have environmental and social policies. These policies mean that the project will have to:

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- Apply Egyptian and International environmental standards (whichever are stricter) for air emissions, water emissions etc, and monitor against these standards.
- Consult people from neighbouring communities about their concerns and preferences about the Project. We will tell them later about the mechanisms that we are setting up for communications between ERC and neighbouring communities.

Discussion on Impacts

- Do the participants have questions or comments about the project?
- For the impacts in the table, below, ask:
 - How do they think the impact could affect them/ others?
 - Do they think the management/mitigation measures will be effective?
 - Do they propose any other management/mitigation measures?

Potential Impacts	Possible Management/ Mitigation
<p>Employment Construction contractors will employ 6000 possibly more ERC will employ 600 permanent staff.</p>	<ul style="list-style-type: none"> • ERC will give preference to hiring locally if they have correct skills. • A skills audit ERC be conducted. • Advertise jobs in local communities – e.g. in Community Development Centres • ERC will use a fair and transparent recruitment procedure to avoid nepotism? • Monitoring of contractor recruitment practices.
<p>Construction Nuisance Construction noise and dust could affect residents and businesses.</p>	<ul style="list-style-type: none"> • Have rules that no loud work happens at night • Wetting the site, access roads to reduce dust. • At El Karatssa – build barriers to protect from nuisances such as noise and dust • Construction Storage Area – they will backfill the land to make a hard surface so less dust and garbage removed. Will leave access route through middle, fenced off.
<p>Environment Impacts As explained earlier ERC will remove polluting chemicals from the fuel produced. Also ERC will help to modernise CORC equipment to improve its water effluents and emissions.</p>	<ul style="list-style-type: none"> • ERC will meet Egyptian European/ World Bank standards • Environmental monitoring (checked by an international environmental consultant). • ERC will support Community Health Monitoring
<p>Waste Management</p>	<ul style="list-style-type: none"> • Waste will be transferred to official dumps outside the project area.
<p>Impacts on North Plot The North Plot will be close to two communities (El Karatssa and Naguib) with schools, businesses and apartments</p>	<p>Show North Plot detailed layout map</p> <ul style="list-style-type: none"> • ERC will arrange facilities in the site to have the least active equipment next to the community. • Naguib - the old access road will NOT be used during construction. During operations it may only be used for passenger cars NOT by heavy vehicles or buses. There will be permanent equipment constructed in this site – it may only be used for storing tools and small equipment.
<p>Transport The project will have an impact on traffic – construction vehicles (average 31 truck trips a day but 100s during peak constriction) and employees travelling to the sites.</p>	<ul style="list-style-type: none"> • ERC and construction contractors will provide buses for staff. • ERC and contractors will allow only management staff to travel to work by car, and allow parking only on the ERC site. • The ERC shifts will be different from CORC shifts to avoid everyone arriving and leaving at once. • ERC will train drivers in a road safety campaign to avoid

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Potential Impacts	Possible Management/ Mitigation
	<p>dangers for pedestrians/ businesses on the transport corridor.</p> <ul style="list-style-type: none"> ERC and construction vehicles will be required to meet exhaust emission and noise standards. ERC provide clear road signs and improve site entrances. (Arab el Hessn) ERC will hire community safety officers to supervise traffic at site entry and assist pedestrian/ community traffic
Resettlement	<ul style="list-style-type: none"> No houses will be resettled apart from those households living inside the CORC site.

Discussion on Communications

Show the Public Information Leaflet and read out the information on how to communicate with the company. Also explain that:

- ERC will be holding public meetings in July which anyone interested can attend. The dates and venues will be publicised nearer the time.

Then ask:

- Who do they think would be a good spokesperson to speak to the Project on their behalf?
- What do they think is the best way for ERC to raise awareness in the community about the Project/ give out project information?
- Which groups might be hard to reach with information (e.g. illiterate)? How could we best reach these groups?
- What would be the easiest way for them to contact the Project/ lodge a complaint?

Final overview question

Ask them what they think are the most important things that need to be done for their community/ quality of life to improve?

Handout Public Leaflet

Appendix 8.3

Discussion Guide for Secondary Stakeholder Interviews

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Appendix 8.3

Discussion Guide for Secondary Stakeholder Interviews: Consultation Team

1. Brief Introduction of Project

The Egyptian Refinery Company (ERC) has been set up to build an expansion to the Cairo Oil Refinery Company (CORC) in Mostorod.

- CORC is an old refinery built in the 1960's. It produces 'heavy' fuel which the ERC will further process using new technology to produce 'light' fuel, like diesel. This will reduce air pollution in Egypt. Egypt currently imports its diesel and other product. When ERC is operational the quantity of imports will thus decrease, saving the Egyptian economy LE1.08 Billion a year.

The ERC Project will progress in two phases:

- Construction (September 2008 until November 2011)
- Operations (from December 2011 for about 30 years).

Show project sites on Map.

2. Ask if any general questions/ comments about the project

3. Discussion Points, in addition to questions tailored to each stakeholder:

- In their opinion, what are the **main social impacts/ risks** of this type of project (particularly in relation to their sector)?
- Are there any **existing programmes that the Project could link with** in order to help mitigate negative impacts or ensure people's access to project benefits (give examples relevant to sector, e.g. schemes to rehabilitate street children, waste recyclers, employment training programmes, job referral systems etc)?
- We want to make sure that we consult and manage the impacts to vulnerable groups in the affected communities (in line with IFC Performance Standards). Do they have/ use a **definition of vulnerable groups**? What vulnerable groups they think that we need to make a special effort to reach?
- Do they have **secondary data** on the issue (as appropriate to stakeholder: poverty, child labour, women's employment, women in governance etc) at the national or governorate level that we could use?

Appendix 8.4

Attendance Sheet: Consultation Focus Group Discussions

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Appendix 8.4

Attendance Sheet: Consultation Focus Group Discussions

Focus Group Title:

Target Group:

Location:

Date:

Name	Sex	Age	Religion	Occupation	Contact details (address/ phone)	Literate/ Illiterate

Appendix 8.5

Public Information Leaflet

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Appendix 8.5 Public Information Leaflet



The ERC Project

The Egyptian Refinery Company (ERC) has been established to operate alongside the Cairo Oil Refinery Company (CORC) in Mostorod. Heavy fuel from CORC will be further processed by ERC, with the result that the products which will be used in the Cairo area will be significantly improved in terms of reducing emission of harmful gases into the air.

ERC has two Project sites, one in the Chini factory site near El Karatssa, and the other in the CORC site near Arab El Hessn. During construction ERC will also use a storage site at ESCO El Naml.

The ERC Project will progress in two phases:

- Construction (September 2008 until November 2011)
- Operations (from December 2011 for about 30 years)

The ERC Project will:

- The Egyptian Government will realize revenues and savings of over LE 1.08 billion each year;
- Provide Egypt's first European quality fuels which reduce the amounts of sulphur released into the air
- Provide a range of job opportunities, including welders, engineers, drivers, administrators, and labourers and employ 6000 people during construction and 600 during operations; and
- Follow World Bank and European Standards to ensure that ERC is a good neighbour to local communities and supports and protects environmental and social characteristics of the Project neighbourhood.

Social and Environmental Protection

World Bank and European Bank standards require that social and environmental scientists do the following to protect people and the environment:

- Conduct surveys and interviews in communities to understand the potential impact of the Project on lives and livelihoods
- Measure air, noise and water quality
- Conduct health surveys
- Understand community skills and education levels
- Conduct meetings to give community members an opportunity to discuss the ERC Project

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- Establish Community Development Centres as places for people to receive information about ERC, report any concern and have questions answered.

Following World Bank, European Bank and Egyptian standards ERC is doing all the above actions to protect people, their health, their homes and the environment.

ERC has already been consulting community members about the Project.

Questions asked most often about ERC are answered below:

- **Will jobs at ERC only go to outsiders and expatriates?** ERC will give preference to employing Egyptians and specifically people from neighbouring communities who have the skills needed by the Project. ERC has already hired community members for Project development.
- **How will ERC make sure that the Project does not pollute neighbouring communities?** ERC will meet Egyptian, World Bank and European environmental standards, and will set up an environmental monitoring system which will be audited by an international environmental consultancy over many years.
- **Will the Project affect our children's health?** The ERC Project is designed to refine CORC's heavy fuel oil. Further refining this fuel oil reduces harmful emissions. This should have a positive impact on children's health. ERC will undertake air quality monitoring and health monitoring to ensure children are protected over many years.
- **Will any houses be demolished to make way for the Project?** The ERC Project is being built on industrial sites (inside the CORC and Chini industrial sites). Some CORC employees living in apartments in the CORC sites are moving, but no houses outside ERC sites will be demolished.
- **What will ERC do about nuisances (noise and dust)?** ERC have put together a plan to minimise construction nuisance to local residents (for example no construction work will be carried out at night and sites will be watered and barriers erected to reduce dust). This plan will be part of the Social and Environmental Management Plan which you will be able to see when it is made public in July 2008 at a meeting open to everyone who is interested.
- **How will the Project affect traffic in the area?** ERC will provide transport for Project workforce, to ensure they do not take up space on public transport, and employees will work in shifts which start and stop at different times to other industries in the area. ERC will also conduct a road safety campaign for its drivers and will maintain trucks to reduce accidents, noise and traffic fumes.

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- ***Will ERC take our opinions into account and will we get feedback on our discussions with ERC?*** ERC have a Community Relations Manager whose office will be the focal point for consultation and feedback to the community. This office will issue feedback and information through Community Liaison Officers, as well as leaflets, publications and the ERC web-site. ERC will also hold regular community meetings and the Community Development Centres in El Karatssa and Atef will have open hours when you can drop in to discuss your ideas, concerns or suggestions.

How Can You Contact ERC?

If you have a question about the Project you can contact ERC in a number of ways.

- Phone ERC's Community Relations Manager, Engineer Sayed El-Shinawi: Mobile 010 222 0027.
- Contact ERC's Community Liaison Officers working in Community Development Centres. These centres are being set up with details of address and open hours to be published soon.
- Use ERC's confidential Grievance Procedure, which is being developed. There will be a free phone contact number, and leaflets will be available at the Community Development Centres. ERC thanks you for your cooperation during the surveys from May to July 2008 and for your continued partnership with ERC.

Appendix 9.1

Preparatory Site Visits for Socio-Economic Survey

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Appendix 9.1 Preparatory Site Visits for Socio-Economic Survey

Site		Purpose of the visit
El Karatssa	21/03/2008	Investigate local context and estimate number of households and accordingly sample size in the area
Arab El Hessn	21/03/2008	
El Karatssa	22/03/2008	Confirm sample size estimation and conduct open ended interviews with key informants in order to establish contacts in preparation of field work activities
Arab El Hessn	22/03/2008	
Lay Down Area	07/05/2008	Investigate local context and estimate number of households and accordingly sample size in the area
Ezbet Naguib	07/05/2008	
Lay down area	12/05/2008	Confirm sample size estimation and conduct open ended interviews with key informants in order to establish contacts in preparation of field work activities
Ezbet Naguib	12/05/2008	
Ezbet Atef	27/05/2008	Investigate local context, estimate number of households and accordingly sample size in the area and conduct open ended interviews with key informants in order to establish contacts in preparation of field work activities

Appendix 9.10

Health Focus Group Discussions

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Appendix 9.10 Health Focus Group Discussions

Twelve focus group discussions were conducted during the time period 24 May – 1 June 08 (inclusive). They were all conducted by the same moderator (Prof. Youssef Waheeb) with the help of a qualified assistant for note-taking.

Focus group discussions were audio-taped (with the approval of persons attending the discussion). The average number of participants was about 7 per meeting, allowing effective interaction with fair chance for everyone to contribute to the discussion. Separate discussions were held for males and females, so as to allow unrestrained expression for everyone. For the same reason, each focus group was structured so as to be internally homogeneous as much as possible with regard to education and social class. On the other hand, the twelve focus groups were meant to represent a wide variety of community groups along the following parameters:

1. **Age groups:** youth, adults, elderly
2. **Sex:** Male, female
3. **Geographical location:** northern site (affiliated to Qalioubiya governorate) and southern site (affiliated to Cairo governorate)
4. **Occupation and employment:** farmers, craftsmen, unemployed, etc.

Two focus group meetings were also organized for two groups considered to be of special significance: NGOs leaders as well as representatives of an influential family in the Karatssa area, who gave their name to the area (the Kerdassy family). The following table lists the twelve conducted focus groups.

Focus group interviews conducted in relation to health aspects.

Serial	Membership Characteristics	Area
1.	Young men	North Plot (Karatssa)
2.	Representatives of Kerdassy family	North Plot (Karatssa)
3.	Young men	North Plot (Naguib)
4.	Educated female youth (high school or university graduates)	South Plot (Arab El Hessn)
5.	Middle aged women (mostly illiterate)	South Plot (Arab El Hessn)
6.	Middle aged farmers and agricultural workers	South Plot (Arab El Hessn)
7.	NGOs leaders (all male)	South Plot (Arab El Hessn)
8.	Educated male youth (high school or university graduates)	South Plot (Atef)
9.	Craftsmen (all male – construction, painting, car repair, electricity repair, coffee shop workers)	South Plot (Atef)
10.	Teachers (all male)	South Plot (Atef)
11.	Elderly men (mostly illiterate)	South Plot (Atef)

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Serial	Membership Characteristics	Area
12.	Elderly women (mostly illiterate)	South Plot (Atef)

Focus Groups Discussions Guide

1. What are the most prevailing health problems in the area; among children, adult males and females (above 20 years old)? What would you think might be the possible causes?
2. Since when have the Oil refineries started its activities in this area? Were they of benefit to the community? Did the community benefit from their offered health care services? Do they affect negatively the environmental or the community health status?
3. What are the sources of pollution in the area (up to your knowledge)?
4. Are there factories other than oil refineries in the area? How do they affect the population health status?
5. From where do you get water? What about its purity?
6. What about sewage disposal?
7. Is noise a nuisance in this area? What is its source? How does it affect your life and health?
8. What about accidents in this area (types, causes, and average number)?
9. Where do sick people go for medical care services? Is this service affordable? Satisfactory? How to improve health care services in the area?
10. Are there any NGOs in the area? Do they support environmental, community development, or health care services delivery?
11. What are the main occupations/professions in the area? How do they affect the existing population health? (In-depth probing of agriculture, pigs breeding and foundries activities).
12. (For health personnel only) - What are the main reproductive health problems in the area? What about hepatitis C? (Any reported cases!). What about sexually transmitted diseases? (Any reported cases!). What are the possible direct and/or indirect risk factors for these diseases in this targeted community?

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FOCUS GROUP DISCUSSIONS BY TARGET GROUP AND AREA

Target Group	North Plot		South Plot		Total		
	Karatssa & Naguib		Arab El Hessn & Atef		Male	Female	All
	Male	Female	Male	Female			
Workers	12	-	8	-	20	-	20
House Wives	-	-	-	8	-	8	8
Teachers	-	-	5	-	5	-	5
Farmers	-	-	11	-	11	-	11
Students	-	-	8	8	8	8	16
NGOs Board Members	-	-	4	-	4	-	4
Senior Citizens	-	-	9	8	9	8	17
Business Men	4	-	-	-	4	-	4
Total	16	-	45	24	61	24	85

Appendix 9.11

Health Household Survey Questionnaire

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Appendix 9.11 Health House Hold Survey Questionnaire

Household unique identifier (ID):
Egyptian Refinery Company
Health Status Baseline Assessment
Mostorod Project

○○Section (A)	
1. Name of household head:
2. Address:
3.1 Tel. (home):
3.2. Mobile phone:
4. Zone and household codes:
5. Respondent's name:
6. Interview date:	First visit: ○○○Second visit:

7. Interviewer's Name: Code: Signature:

8. Supervisor's Name: Code Signature:

Section (B)					
Data of household members (serial by age) (mark members other than spouse and sons and daughters and indicate her/his relation to household head)					
Serial	Name	Sex	Age	Education (Last certificate or current educational year)	Occupation (in details) and Employment status
1.					
2.					
3.					
4.					
5.					
6.					
7.					

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8.				
9. Household appliances:	9.1. Refrigerator 9.2. Color TV 9.3. Electric Heater 9.4. Air Conditioner			
10. Sanitary disposal:	10.1. Public system		10.2. Tank	
11. Natural gas supply:	11.1. Yes		11.2. No	
12. Use of household pesticides:	12.1. Yes		12.2. No	
If Yes, (specify):				

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Section (C) (Interview Questions about household health care utilization, health problems, reproductive history of married women, & dietary pattern)		
1. Are any household members covered by national health insurance (HIO)?		
1.1. Yes 1.2. No		
If Yes, specify: (use the family member serial number mentioned above in section B)		
2. Is there any other health insurance system or health care schemes?		
2.1. Yes 2.2. No		
If Yes, Specify such system:		
2.1.1. Member serial number ()	2.1.2. Type of health insurance/health care ()	
2.2.1. Member serial number ()	2.2.2. Type of health insurance/health care ()	
3. Specify your/your family usual health provider(s)		
3.1.		
3.2. Are you satisfied with the provided service? 3.2.1. Yes 3.2.2. No		
if no, mention why:		
4. Total household expenditure on health care during the previous two weeks:		
4.1. Medicines:LE		
4.2. Lab/X-rays):.....LE		
4.3. Doctors (including dentists):.....LE		
4.4. Hospital (inpatient care):LE		
4.5. Total:LE		
5. Cost of medicines purchased from pharmacies on the day of the interview or the day before: () LE		
6. Last visit to a doctor (including private clinic/hospital or emergency visits)		
6.1. Name and address of doctor:		6.2. Date :
6.3. Cost (if within the last two weeks): () LE		
6.4. Cause of visit (if within the last two weeks):		
7. Last hospital admission: (if after last Ramadan)		
7.1. Name and address of hospital:		7.2. Date:
7.3. Cause of admission:		
7.4. Length of stay:		7.5. Cost: () LE
8. Last deliveries of married women (only within the last three years)		
8.1. Place:		8.2. Date:
8.3. Provider:		Remarks:
9. Reproductive history of married women:		
9.1. Number of surviving live births ()		
9.2. Number of live-births who died:	Died at what age	Cause of death
	9.2.1. ()	

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	9.2.2. ()	
	9.2.3. ()	
9.3. Number of stillbirths ()		
9.4. Number of abortions ()		
9.5 Consanguinity? 9.5.1. Yes 9.5.2. No		
If yes, specify:		
9.6. (In case of possibility of presence of several married females in the same household, repeat question number 9, and write down the answer at the back of the page indicating the presence of relevant data).		
10. Presence of congenital anomalies in any live or stillbirth (Accurate detailed description)		
10.1.		
10.2.		
10.3.		
11. (For the RESPONDENT only): What were the items of the following meals (including bread & beverages):		
11.1. Today's Breakfast: (to be post-coded)		
11.2. Last lunch: (to be post-coded)		
11.3. Last dinner: (to be post-coded)		
11.4. Between meals food intake for the last 24 hours: (to be post-coded)		
12. (For RESPONDENT only): number of daily hours of sleep (including siesta/nap): () hours		
13. Where there any last household death (N.B: should have been living with household before death)		
13.1. Name:		
13.2. Age at death: () years old 13.3. Date:		
13.4. Cause of death (only if occurred during the last 5 years): ()		

Section D (to be answered by the respondent for ALL household members) (indicate household member serial number in front of the relevant case)	
1. Did a doctor inform any household member that s/he has got:	
1.1. Hypertension	
1.2. Diabetes	
1.3. Arthritis	
1.4. Heart disease (specify):	
1.4.1. Congenital 1.4.2 Heart Failure 1.4.3. Angina 1.4.4. Other(specify):	
1.5. Bronchial asthma or emphysema	
1.6. Gout	
1.7. Tumours (specify):	
1.8. Peptic ulcer	
1.9. Liver diseases (specify):	
1.10. Urinary stones	
1.11. Vision problems (specify):	
1.12. Hearing problems (specify):	
1.13. Renal failure	
1.14. Thyroid problems	
1.15. Mental retardation	

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ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

1.16. Mental or psychiatric problems
2. Does a household member have a complain from:
2.1. Cough (most of the days)
2.2. Phlegm (most of days)
2.3. Headache (specify its type):
2.4. Sleep problems (specify):
2.5. Dermatological problems (specify):
2.6. Dyspnea at rest
2.7. Dyspnea going upstairs (specify number of stairs or floors):
3. Does a household member have a complain from:
3.1. Visual disability (specify):
3.2. Hearing disability (specify):
3.3. Locomotor disability (specify):
3.4. Mental disability (specify):
3.5. Is there a member who uses eye glasses or contact lenses?
3.5.1. Yes 3.5.2. No
3.6. Did s/he work at a noisy worksite before: 3.6.1. Yes 3.6.2 No
If Yes, specify place and duration:
4. Is there a household member who is unable to:
4.1. Put on clothes by her/himself 4.1.1. Yes 4.1.2. No
4.2. Bathe her/himself 4.2.1. Yes 4.2.2. No
4.3. Take food by her/himself 4.3.1. Yes 4.3.2. No
4.4. Go outdoors unaccompanied 4.4.1. Yes 4.4.2. No
5. Is there a household member who got sick leaves from work or school (after last Easter)?
5.1. Yes 5.2. No
5.3. If Yes, mention the cause: 5.4. number of absence days: ()
6. Is there a household member who uses medicines on regular basis?
6.1. Yes 6.2. No
If Yes, specify the cause:
6.1.1 Hypertension 6.1.2 Arthritis 6.1.3 Diabetes
6.1.4 Other (specify):
7. Is there a household member who currently smokes?
7.1. Yes 7.2. No
If Yes, 7.1.1 who is s/he:
7.1.2 Age at start: 7.1.3 Daily quantity: 7.1.4 Type:

Section E (Hepatitis C and its risk factors)
1. Has a doctor ever informed any household member that s/he got Hepatitis C?
1.1. Yes 1.2. No
If Yes, 1.1.1. who is s/he:
2. Was this diagnosis based on Lab. Test? 2.1. Yes 2.2. No
3. Has any household member ever had blood transfusion? 3.1. Yes 3.2. No
If Yes, 3.1.1. Who is s/he: 3.1.2. Through whom:
4. Has any household member ever donated blood? 4.1. Yes 4.2. No
4.1.1. Who is s/he: 4.1.2. Through whom:
5. Has any household member ever received parenteral (injection) for bilharziasis? 5.1. Yes 5.2. No

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5.11. Who is s/he:	5.1.2. Through whom:
6. Has any household member received any medicated injection during the last two weeks? 6.1. Yes 6.2. No	
6.1.1. Who is s/he:	6.1.2. Through whom:
7. Has any household member ever been tattooed? 7.1. Yes 8.2. No	
7.1.1. Who is s/he:	7.1.2. Through whom:
8. Has any household member ever used the mini-section "the hijamah"?	
8.1. Yes 8.2. No	
8.1.1. Who is s/he:	8.1.2. Through whom:

Section F (for members chosen for examination At Home)	
1. Measurement of weight: () Kgm	
2. Measurement height: () cm	
3. Measurement of waist circumference (only for adults older than 20): () cm	
Only For adults older than 20 years old:	
4. Measurement of blood pressure: (/) Hg	
5. Pulse: / minute	
6. Measurement of respiratory function (Peak flow meter findings): ()	
Household Code:	Interviewer Code:
Name:	
Age:	
Section G (for members chosen for Medical Examination)	
1. Measurement of weight: () Kgm	
2. Measurement height: () cm	
3. Measurement of waist circumference (only for adults older than 20): () cm	
Only for adults older than 20 years old:	
4. Measurement of blood pressure: (/) Hg	
5. Pulse: / minute	
6. Visual Acuity:	
6.1. Right eye (/)	6.2. Left eye (/)
6.2. With eye glasses ()	6.4. Without eye glasses ()
To be post-coded:	
7. Findings of clinical heart exam, registering the positive indicators:	
8. Findings of clinical chest exam, registering the positive indicators:	
9. Findings of clinical abdomen exam, registering the positive indicators:	
10. Findings of clinical skin exam, registering the positive indicators:	
11. Findings of oral & teeth exam, registering the positive indicators:	
12. Measurement of intelligence quotient (IQ) (for a sub-sample of children)	
13. Findings of urine test by urine strips (indicators):	
13.1. Leucocytes (LEU)	

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13.2. Nitrites (NIT)
13.3. Urobilinogen (URO)
13.4. Protein (PRO)
13.5. pH value (pH)
13.6. Blood (BL)
13.7. Specific gravity (SG)
13.8. Ketones (KET)
13.9. Bilirubin (BIL)
13.10. Glucose (GLU)
14. Audiometry findings (Only for members older than 12 years old):
15. Measurement of respiratory function (Peak flow meter findings):

Appendix 9.2 Key Informant List

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SOCIAL APPENDICES

Appendix 9.2: Key Informant List

Northern Site		
El Karatssa		
1	Haj Hussein	Landlord
2	Ashour Abou El Seoud	012-6922097
Ezbet Naguib		
3	Waleed Mostafa	012-1326432
4	Haj Sobeih Abdel Hamid Ibrahim	012-6491360
5	Haj Hussein Abdel Maqsoud	
Southern Site		
Arab El Hessn		
6	Ibrahim Salama	016-5258756
7	Mahmoud Kamal Mohamed	012-6078386
8	Mona Mohamed Abdel Rahman	010-0987352
9	Farouk Mohamed Mahmoud	010-1735433
Ezbet Atef		
10	Magdi Yassin Ramadan	010-4190522
11	Ramadan Abdel Salam Hemdan	016-4342905
Arab El Tawyla		
12	Fatma ahmed Faramawy (El Hanna NGO)	010-5067467
13	Sayed Mohamed Soliman	011-5403030
Lay Down Area		
E Kattawy		
14	Metwally Mohamed el Hady	010-1188075
Ezbet Shaker		
15	Haj Abdel Fattah Saleh	012-00242344

Appendix 9.3

Structured Key Informant Interviews

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Appendix 9.3 Structured Key Informant Interviews

#	Name	Sex	Age	Education
El Karatssa (shopkeepers and owners)				
1	Mahmoud Ismail	Male	60	Read and write
2	Omm Karim	Female	55	Illiterate
3	Omm Doha	Female	29	Read and write
4	Rasha Ahmed Mohamed	Female	25	Secondary
5	Mohamed Mahmoud Gouda	Male	23	University degree
6	Waheed Abdel Azeem	Male	49	Preparatory
7	Fawzi Abdella	Male	38	Secondary
8	Omm Adham Essam	Female	26	University degree
9	Omm Maged Badeii	Female	54	Illiterate
10	Waleed Fathi	Male	23	Secondary
11	Mohamed Adel	Male	21	Secondary
12	Shimaa Fouad Ahmed	Female	25	Secondary
13	Emad Adel	Male	27	University degree
14	Mahmoud Mohamed Emam	Male	21	High Institute
15	Ahmed Mohamed	Male	25	Secondary
El Karatssa (workshops)				
16	Magdi Issac	Male	40	Secondary
17	Ayman Ahmed	Male	33	Secondary
18	Aly Mahmoud	Male	33	Secondary
19	Mostafa Hamed Rabeii	Male	45	Secondary
20	Haj Abdel Monsef	Male	53	Illiterate
21	Samy Abdou Abdel Rahman	Male	40	University degree
22	Fathi Abdel Meseeh	Male	42	Read and write
23	Ahmed Ibrahim Aly	Male	27	Illiterate

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Naguib (shopkeepers and owners)				
24	Doaa Sayed Eid	female	30	Primary
25	Karam Mahmoud Ismail	Male	25	Secondary
26	Abdel Nabi	Male	40	Illiterate
27	Omm Yasser	Female	55	Illiterate
28	Fathi Mohamed	Male	24	Preparatory
Naguib (workshops)				
29	Waleed Sayed Mostafa	Male	28	Read and write
30	Mohamed Ahmed	Male	20	Illiterate
31	Abdel Geleel Nassr	Male	62	Preparatory
32	Khaled Abdel Geleel	Male	43	Secondary
Arab El Hessn (smelters)				
33	Ibrahim Zaki	Male	36	Illiterate
34	Shaaban El Sayed	Male	51	Read and write
35	Reda Sayed	Male	28	Secondary
Atef (shopkeepers and owners)				
36	Abou El Hassan Hefzi	Male	42	Illiterate
37	Sayed Salama Ramadan	Male	72	Illiterate
38	Omm Mido	Female	40	Primary
39	Hossam Shaker	Male	26	Secondary
40	Omm Walaa	Female	38	Illiterate
41	Shoukry Abdel Mageed	Male	68	Secondary
42	Omm Mohamed Abdel Atty	Female	52	Illiterate
43	Kareema Nasser	Female	42	Read and write
Laydown Area (male residents)				
44	Galal Mohamed	Male	59	University degree
45	Hassan Ibrahim	Male	33	Primary
46	Mohamed Abdel Fadel	Male	40	Illiterate

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47	Mohamed El Hadi Metwally	Male	58	Primary
48	Mahmoud Mohamed Ismail	Male	39	University degree
49	Ghareeb Mohamed El Sayed	Male	43	Illiterate
Laydown Area (female residents)				
50	Omm Hamada	Female	45	Secondary
51	Omm Mohamed Ezzat	Female	46	Illiterate
52	Nagah Sobhi	Female	24	Illiterate
53	Rateeba Abdallah	Female	50	Illiterate
54	Samira Mohamed Aly	Female	47	Illiterate
55	Fekria Abdel Hamid Zaki	Female	47	Illiterate
56	Neffisa Mohamed Mahmoud	Female	23	Secondary
57	Wafaa Mokhtar	Female	29	University degree
Laydown Area (shopkeepers and owners)				
58	Nashaat Shamroukh Sadek	Male	55	University degree
59	Rabeii Mohamed	Male	20	Read and write
60	Mohamed El Sayed Zayed	Male	46	High Institute
61	Yasser Shawki	Male	33	University degree
62	Abdel Nabi Shehab	Male	52	Primary
63	Mahmoud Aly Mahmoud	Male	28	Illiterate
64	Rabeii Reyoush Badran	Male	59	University degree
Laydown Area (workshops)				
65	Magdi Ismail	Male	48	Illiterate
66	Khaled Farouk	Male	28	Illiterate
67	Abdel Salam Mohamed	Male	69	Illiterate
68	Sayed Emam	Male	46	Preparatory
69	Mohamed Zakaria	Male	42	Secondary
70	Reda Ahmed Ghoneim	Male	45	Secondary
Route to Laydown (street vendors)				

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71	Saad Zaghloul Mohamed	Male	40	Secondary
72	Maher Tayeii	Male	24	Secondary
73	Abdou Mohamed	Male	26	Primary
74	Mansour Abdeen	Male	35	Secondary

Appendix 9.4

Socio-Economic Household Questionnaire

Appendix 9.4 Socio-Economic Household Questionnaire

Egyptian Refining Company ERC

Serial

Area: 1- Arab El Hessn 2- El Karatssa
3 - Naguib 4 - Laydown

()			

Social Study of Petroleum Refinery in Mostorod Household HH Questionnaire

Name of Respondent: Name of Field Controller:
 Address: Name of Desk Controller:
 Name of Surveyor: Name of Entrant:
 Date: /05/ 2008 Date of Entry: /05/ 2008

May 2008

Information in this questionnaire is confidential and will only be used for social research purposes



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Section one: Population and Demographic Characteristics

All HH members

1.01	1.02	1.03	1.04	1.05	1.06	1.07	1.08	1.09	1.10
Code of family member	Name	Residence	Sex	Age	Relation to head of HH	Place of birth	Duration of residence	Place of previous residence	Marital status
	Full names of all HH members beginning with the head of HH	1. Present residents 2. Absent resident 3. Non resident (if 3 go to next member)	1. Male 2. Female	Completed years only	1- Head of HH 2- Spouse 3- Son/daughter 4- Parents 5- Other relation	0- Same area 1- Rural 2- Urban 3- Frontier 4- Other	Full years only	0- NA 1- Rural 2- Urban 3- Frontier 4- Other	1- Underage 2- Never married 3- Married 4- Divorced
1									
2									
3									
4									



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Section two: Education

All HH members

	6 years and above			10 years and above	
	2.01	2.02	2.03	2.04	2.05
Code of family member	Formal schooling 1- No, never 2- Yes, not completed 3- Yes, currently studying 4- Yes, completed	Informal education 1. No, never 2. Yes, not completed 3. Yes, currently studying 4- Yes, completed	Level of education (Completed level) 1. Primary 2. Preparatory 3- Secondary 4- University	Professional training & skills 1- yes 2- No	Type of training 1- Computer/typing 2- Administrative 3- Languages 4- Security 5- Construction 6- Mechanics 7- Welding/metals 8- Carpentry 9- Driving 10- Other
1					

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2														
3														
4														
5														
6														
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10														
11														
12														
13														



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Section three: Employment and livelihoods

Only HH members 10 years and above

	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08	3.09
Code of family member	Work status 1- Working now 2- worked before 3- Seeking first job 4- Student 5- Dependent 6- Housewife 7- Income recipient/ retiree 8- Economically inactive	Occupation	Type of Work 1. Self employed/independent 2. Wage earner 3- Family business	Type of economic activity 1- Industrial 2- Agricultural 3- Commercial 4- Service 5- Handicraft 6- Fishing 7- Other	Employment status 1- Permanent 2- Temporary 3- Seasonal 4- Occasional	Mode of payment 1- Per day 2- Per week 3- Per month 4- Per piece	Estimated wage per month	Duration of un employment For how long have you been unemployed/ looking for work	Reasons for not working 1- Lack of skills for available jobs 2- Cannot find work 3- Cannot find suitable work



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Section four: Health conditions (conducted in scoping phase only, HCl conducts health baseline in May-June 2008 surveys)

All HH members

	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
Code of family member	Have you been sick during the last month	Type of illness	Duration of illness	Have you consulted a medical provider	Reasons for not consulting	Disability	Child vaccination (Only children less than 2 years)	Most three common diseases in the area (Head of HH only)
		1. Cold/flu 2. Fever 3. Diarrhoea/ Vomiting 4. Colic pain 5. Respiratory 6- Eye infection 7- Other	(Total duration in days)	1- Yes, PHU 2- Yes, P hospital 3- Yes, private clinic 4- Yes, traditional 5- None	1- Not available 2- Not necessary 3- Too costly 4- Too far 5- Other	1- Seeing 2- Hearing 3- Speaking 4- Mobility 5- Mental 6- Other	1- Yes totally 2- Yes, partially 3- No, not at all	1- Digestive () 2- Chronic () 3- Kidney/liver failure () 4- Cancer () 5- Respiratory () 6- Eye infections () 7- HIV/Aids () 7- Other ()



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Section five: Economic environment

5.01	5.02	5.03	5.04	5.05
Type of dwelling	Tenure status	Water supply	Toilet facility	Sanitation
1- Apartment in a building 2- Brick built house 3- Other	1- Owned 2- Rented 3- Occupied rent free 4- Other	1- Piped water inside dwelling 2- Piped water outside dwelling 3- Manual water pump 4- Tanker supply/water vendor 5- Other	1- Pit latrine 2- Water borne system (WC) 3- Toilet facility outside dwelling 4- Other	1- Public network 2- Trench/Septic tank 3- Other
()	()	()	()	()
5.06	5.07	5.08	5.09	
Cooking fuel	Lighting fuel	Waste disposal	Facilities owned by the HH	
1- Electricity 2- Gas	1- Electricity 2- Gas	1- Collected 2- Public containers on the	1- Television () 2- Oven () 3- Refrigerator ()	



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3- Kerosene	3- Kerosene	street	4- Satellite dish	()
4- Fire wood	4- Torch/oil lamp/candle	3- Dumped on the street	5- Cell phone	()
5- Other	5- Other	4- Dumped in the canal/drain	6- Computer	()
		5- Burned	7- Air conditioner	()
		6- Other	8- Private car	()
			9- Motorcycle	()
()	()			()



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Section six: Income and expenditure

6.01		6.02	6.03
HH income sources (More than one response)		Main income source (Use codes from previous column)	Total HH monthly income
1- Salary	()		
2- Agricultural enterprise	()		
3- Non Agricultural enterprise	()		
4- Savings' interests	()		
5- Real estate revenues	()		
6- Pension	()		
7- Regular donations (charity, begging...etc)	()		
8- Irregular donations (charity, begging...etc)	()		
9- Other	()		
6.04		6.05	
Item	Monthly expenditures	Yearly expenditures	
1. Food			
2. Cigarettes and drinks			



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3.	Housing (rent/water/electricity)		
4.	Furniture and equipments		
5.	Health care and services		
6.	Transportation and communication		
7.	Education		
8.	Recreation		
9.	Social ceremonies		
10.	Cloths, shoes.....etc		
11.	Maintenance (home. Equipments.....etc)		
12.	Other		
Total Expenditures			



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Section seven: Residents' expectations

In your opinion, if a new petroleum refinery is opened in this area, what kind of effect will such a project have on local residents here?

7.01	7.02	7.03
Environmental 1- Degradation () 2- No significant changes () 3- Local improvements () 4- Don't know () 5- Other ()	Employment 1- More employment opportunities for locals () 2- More employment opportunities for nationals () 3- No changes regarding employment opportunities () 4- Don't know () 5- Other ()	Economy 1- Boom in the economy () 2- Improvements in people's quality of life () 3- No significant changes () 4- Don't know () 5- Other ()
7.04		

Do you have any other comments to add in this regard?

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Appendix 9.6

Social Service and infrastructure Questionnaire

**Appendix 9.6 Social Service and infrastructure Questionnaire
Egyptian Refining Company ERC**

Serial				
Area:	1- Arab El Hessn	2- El Karatssa		
	3 - Naguib	4 - Laydown	()	

**Social Study of Petroleum Refinery in Mostorod
Infrastructure and Social Services' Questionnaire
(Community level)**

Name of Key Informant:
Name of Surveyor:
Name of Controller:
Date: / 5/ 2008

2008

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Social Service	Number	Social Infrastructure	Yes	No
Police Unit		Land Line Service		
Mosque		Cell Phone Network		
Church		Electricity Network		
Health Service	Number	Potable Water Network		
Hospital		Sanitation Network		
Health Unit		Postal Service		
Dentistry		Internet Service		
Public Clinic				
Private Clinic				
Pharmacy				
Educational Service	Number	Other Services	Number	
Nursery/Kindergarten		Youth Centres		
Primary School		Oriental Café		
Preparatory School		Cafeteria		
Secondary School		Fire Engines		
Institutes		Cemeteries		
Training Centres		NGOs/CBOs		
Public Libraries				

Appendix 9.7

Income Generating Activities Questionnaire

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Appendix 9.7 Income Generating Activities Questionnaire

Egyptian Refining Company ERC

Serial				
Area:	1- Arab El Hessn	2- El Karatssa	()	
	3 - Naguib	4 - Laydown		

Social Study of Petroleum Refinery in Mostorod Income Generating Activities IGAs Questionnaire (Community level)

Name of IGA Manger:	Name of Field Controller:
Address:	Name of Desk Controller:
Name of Surveyor:	Name of Entrant:
Date: / 5/ 2008	Date of Entry: / 5/ 2008

May 2008

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for social research purposes

1- Type of activity:

2- The year of establishment:

3- Status of activity

1. Branch of a company ()
2. Individual enterprise ()
3. Family enterprise ()
4. Cooperative ()
5. NGO ()

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4- Legal status:

1. Registered/licensed ()
2. Not registered/licensed ()

5- Current number of employees ()

6- Main type of produce/goods/services:

.....

7- Place of production

1. Purpose built or hired unit ()
2. Same as the place of residence ()
3. No specific place ()
4. Other ()

In your opinion, if a new petroleum refinery is opened in this area, what kind of effect will such a project have on your income generating activity here?

8- Environmental

1. Degradation ()
2. No significant changes ()
3. Local improvements ()
4. Don't know ()
5. Other ()

9- Employment

1. More employment opportunities for locals ()
2. More employment opportunities for nationals ()
3. No changes regarding employment opportunities ()
4. Don't know ()
5. Other ()

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10- National economy

- 1. Boom in the economy ()
- 2. Improvements in people's quality of life ()
- 3. No significant changes ()
- 4. Don't know ()
- 5. Other ()

11- Do you have any other comments to add on positive or negative impacts of the project on your business?

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Appendix 9.8

Secondary Health Data Analysis

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Appendix 9.8 Secondary Health Data Analysis

Data was collected from the National Information Centre, MOHP sources, CAPMAS sources and National Planning Institute. In addition data provided by ERC (the socio-economic scoping survey) and data on health providers and demographic information and household survey or utilization of health services was considered.

I. The North Plot

Health facilities in North Plot:

The North Plot health care is officially supplied by El Khosos Health Office – affiliated to Ministry of Health & Population, and serving the following concerned residential areas:

- a. El Khosos
- b. El Karatssa
- c. Ezbet Naguib

The El Khosos Integrated Hospital is under renovation which might end within few months.

Official Health Facilities in El Khosos – Affiliated to Ministry of Health & Population:

Governorate	Unit	Address	Tel	Key Person
Qalubia (for North Plot) Undersecretary : Dr. Mamdouh Khalaf Mob: 0105573238	El Khosos Health District	El Khosos city		Dr. Sayed Mohamd El Kasaby
	El Khosos Health Centre	El Khosos city		Dr. Labib Mikhail
	El Khosos Integrated Hospital	El Khosos city	0224370909	Dr. Saif

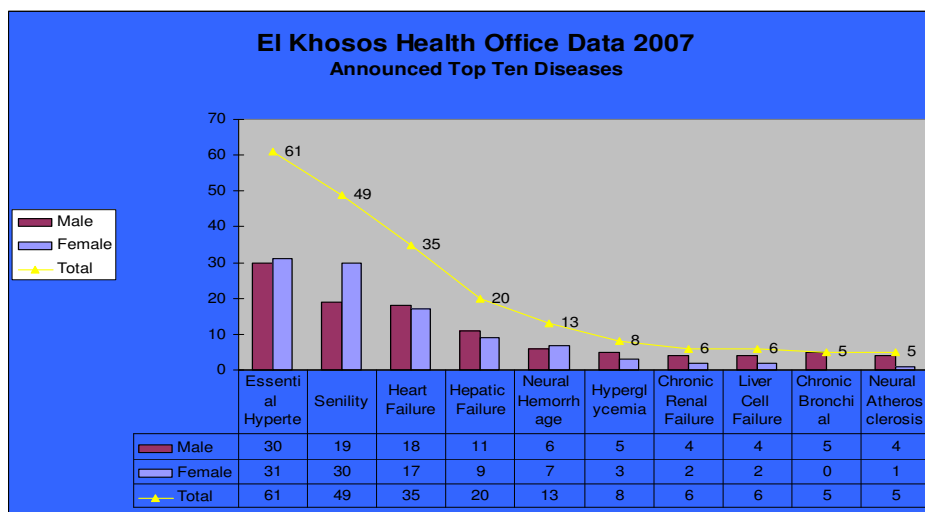
The Top Ten Causes of Death (Reference: National Information Centre, MOHP)

I- El Khosos Health Office Data in 2007

Disease Code	Disease Name	Males	Females	Total
I 10	Essential Hypertension	30	31	61
R 54	Senility	19	30	49
I 50	Heart Failure	18	17	35
K 72	Hepatic Failure	11	9	20
I 61	Neural Haemorrhage	6	7	13
R 73	Hyperglycaemia	5	3	8
N 18	Chronic Renal Failure	4	2	6
K 72.9	Liver Cell Failure	4	2	6
J 44.9	Chronic Bronchial Asthma	5	0	5
I 66	Neural Atherosclerosis	4	1	5

The top three cause of death in Khosos are essential hypertension, senility and heart failure

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II. The South Plot

It is affiliated to Matareya District in Cairo Governorate.

Health facilities in the South Plot

The South Plot health care is officially supplied by Arab El-Tawayla Health Office – affiliated to Matareya Health & Population Directorate, Ministry of Health & Population.

Name	Address	Tel.
Arab El-Tawayla Health Office	Arab El El-Tawayla St.	26539418

It serves the following residential areas:

- a. Arab El-Tawayla
- b. Arab El Hessn
- c. Ezbet Atef (the health office is located in its centre)

Arab El-Tawayla Health Office space is hosting the Women's club of this area.

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Health Facilities - Affiliated to Ministry of Health & Population:

Governorate	Unit	Address	Tel	Key Person
Cairo (for South Plot) Undersecretary : Dr. Nebal Awad	Matareya Health District (region)	144 Masr wa El Sudan St.	0226848416 0226834448	Dr. Iman Abdel Hameed, Director
	Arab El-Tawayla Health Office	El Wahda El Aarabia St. off El Aarbaain St.	0226539418	Dr. Husam Helmy, Director
	El Aakad Health Office	Matareya Square	0222509653	
	Matareya 2 nd Health Office	Gobian St. El Masala	0226542953	
	Matareya Polyclinic (El Hamala)	Mary Tree St. El Matarawi St.	0222504339	
	Endemic Diseases Centre	Mary Tree St. El Matarawi St.	0222504339	

Family Planning Centers:

Name	Address	Tel.
Family Planning Center inside Arab El-Tawayla Health Office	Arab El-Tawayla St.	26539418
Mobile Clinic (A)	El Tawfikia St. – Arab El-Tawayla	

Ambulance/Emergency Centers in Matareya District – Affiliated to Ministry of Health & Population:

Name	Address	Tel.
Ambulance/Emergency Center inside Matareya Health Office	Gobian St.	26542395

Private Hospitals in the South Plot:

Hospital Name	Address	Tel.
El Anwar El-Mohamadia Hosp.	10 El Matareya St., El Matareya Square	22507149
El Bahrawy Specialized Hosp.	9 Ezzat Basha, Matareya	22504076
El Nour El Mohamady Hosp.	El Mesala Square, Matareya	22517341
El Shefaa Hosp.	36 A El Arbaeen St., Matareya	24919869
El Hak Islamic Hosp.	73 El Mashrooa St., Ain Shams	22524226
El Kholafaa El Rashedeen Hosp.	El Kablat St., Matareya	22529727
Eleish Islamic Hosp.	2 Ahmed Badawy St., Matareya	24918157
El Matareya Medical Center	1 Hamad St. off El Matarawy St Matareya	22508238
Bassam Hosp.	8 El Ahdaf St., Ain Shams	22519776
El Kablat Specialized Hosp.	1 El Khamasiny Canal, Matareya	22547937

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Hospital Name	Address	Tel.
Dr. Mohamed Abdel Aal Hosp.	2 El Abady St., Ain Shams	22838282
Fahmy Ramadan Hosp.	57 El Matarawy St, Matareya	22516035
El Safwa Hosp.	64 El Matarawy St, Matareya	26504394
Tabark Hosp.	16 Yossef El Degwy St., Ezzbat El Nakhl	24951127
The Virgin Lady Hosp.	8 Ibrahim St., Matareya	22557181
El Tawheed Specialized Hosp.	6 El Trolley St., Matareya	22507350
Bahaa El Din Hosp.	26 Soliman El Refae, Matareya	22519265

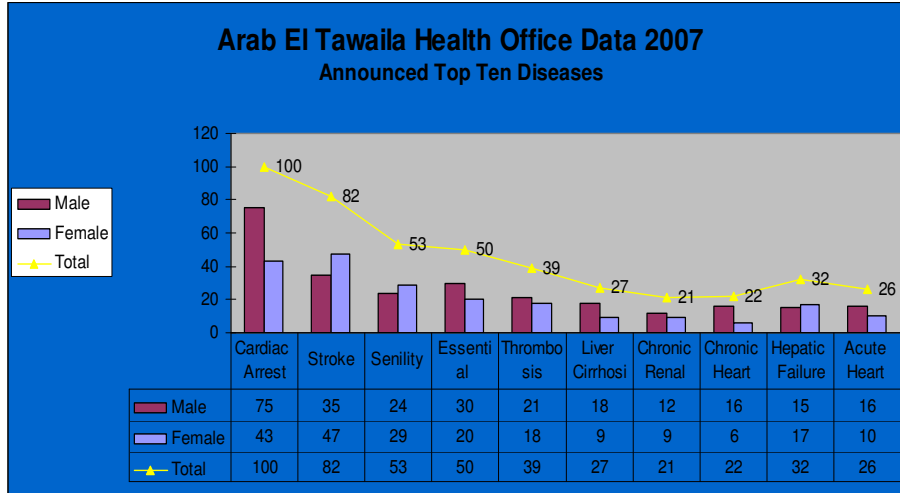
The Top Ten Causes of Death (Reference: National Information Centre, MOHP)

Arab El El-Tawayla Health Office Data in 2007

Disease Code	Disease Name	Males	Females	Total
I 46	Cardiac Arrest	75	43	118
I 63	Stroke	35	47	82
R 54	Senility	24	29	53
I 10	Essential Hypertension	30	20	50
I 74	Thrombosis	21	18	39
K 74	Liver Cirrhosis	18	9	27
N 18	Chronic Renal Failure	12	9	21
I 50	Chronic Heart Failure	16	6	22
K 72	Hepatic Failure	15	17	32
I 21	Acute Heart Failure	16	10	26

As we see in the above table the top three causes of death in Arab El El-Tawayla are cardiac arrest, stroke and senility.

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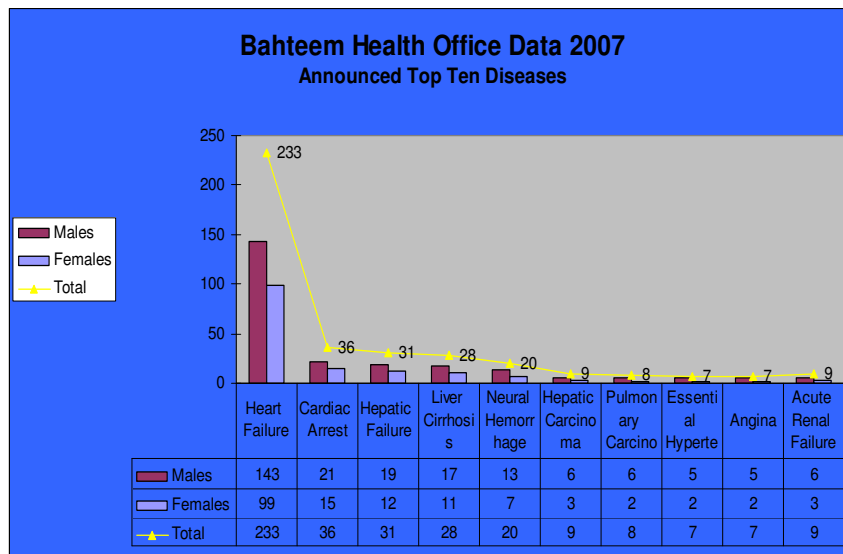
III. The Laydown Area

The Top Ten Causes of Death (Reference: National Information Centre, MOHP)
Bahtem 1st Health Office Data in 2007:

Disease Code	Disease Name	Males	Females	Total
I 50	Heart Failure	143	99	242
I 46	Cardiac Arrest	21	15	36
K 72	Hepatic Failure	19	12	31
K 74	Liver Cirrhosis	17	11	28
I 61	Neural Haemorrhage	13	7	20
C 22	Hepatic Carcinoma	6	3	9
C 34	Pulmonary Carcinoma	6	2	8
I 10	Essential Hypertension	5	2	7
I 20	Angina	5	2	7
N 17	Acute Renal Failure	6	3	9

The top three causes of death in Bahtem are heart failure, cardiac arrest and hepatic failure.

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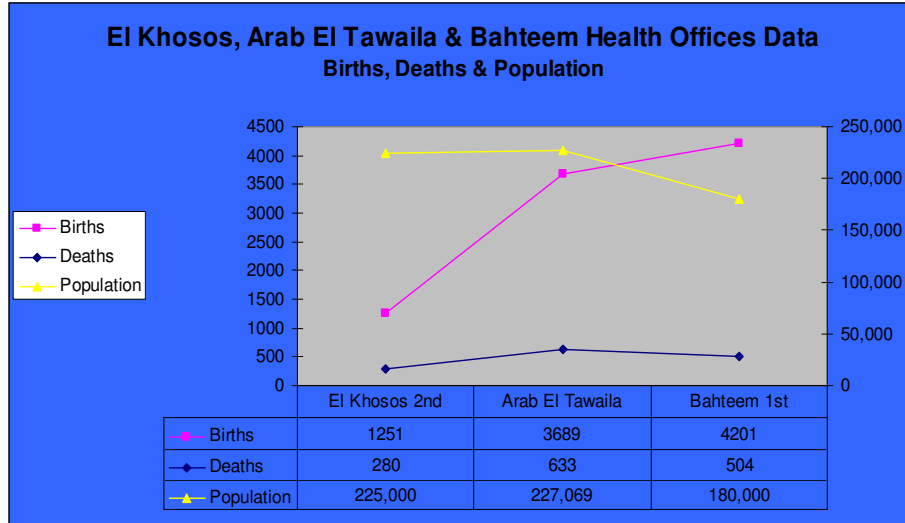


Analysis of El Khosos, Arab El El-Tawayla, and Baateem Health 2007 Data

Births, Deaths, Population, and Vaccination Coverage, National Information Centre, MOHP:

Data		El-Khosos	Arab El-Tawayla	Baateem 1 st
Births		1251	3689	4201
Deaths		280	633	504
Population		225,000	227,069	180,000
Vaccination	B.C.G	1184	3454	4189
	D.P.T 3rd Dose	1203	3334	3548
	Polio 3rd Dose	1203	3334	3548
	Measles	1219	3305	3372
	Hepatitis 3rd Dose	1203	3334	3548
Tel.		224381401	26539418	48266210

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As clarified above, the vaccination coverage during 2007 was:

In El-Khosos:

- The % of vaccinated children with B.C.G to total births is 94.64%
- The % of vaccinated children with D.P.T to total births is 96.16%
- The % of vaccinated children with Polio to total births is 96.16%
- The % of vaccinated children with measles to total births is 97.44%
- The % of vaccinated children with Hepatitis to total births is 96.16%

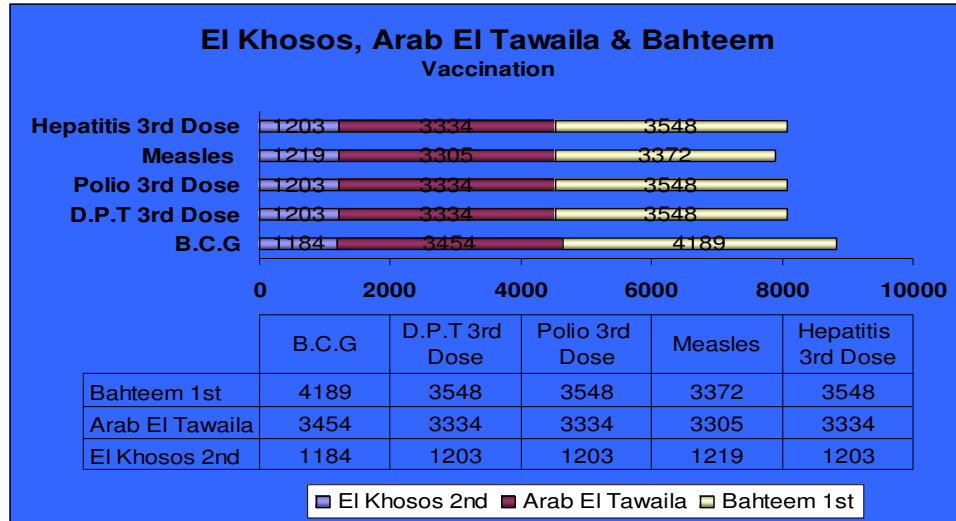
In Arab El-Tawayla:

- The % of vaccinated children with B.C.G to total births is 93.63%
- The % of vaccinated children with D.P.T to total births is 90.38%
- The % of vaccinated children with Polio to total births is 90.38%
- The % of vaccinated children with measles to total births is 89.6%
- The % of vaccinated children with Hepatitis to total births is 90.38%

In Bahteem 1st:

- The % of vaccinated children with B.C.G to total births is 99.7%
- The % of vaccinated children with D.P.T to total births is 84.46%
- The % of vaccinated children with Polio to total births is 84.46%
- The % of vaccinated children with measles to total births is 80.27%
- The % of vaccinated children with Hepatitis to total births is 84.46%

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The Top 10 Cases OF Admission in the Project Area (2007)

#	Name of Case
1	Single Normal Labour
2	Acute Appendicitis
3	Acute Tonsillitis
4	Gastroenteritis & Infected Diarrhoea
5	Abortion of Unknown Causes
6	Open Cut Wounds Of Scalp
7	Skin Abscess
8	Acute Bronchitis
9	Renal Colic
10	Uterine Bleeding& Vaginal Bleeding
11	Piles
12	Inguinal Hernia

(Reference: National Information Centre, MOHP)

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The Top 10 Infectious Diseases in the Project Area (2007)

#	Name Of Disease
1	Viral Hepatitis
2	Pneumonia and Bronchopneumonia
3	Typhoid and Paratyphoid
4	Erysipelas
5	Measles
6	Chicken Pox
7	Puerperal Sepsis
8	Tuberculosis (T.B)
9	Rubella
10	Brucellosis
11	Viral Hepatitis A

(Reference: National Information Centre, MOHP)

Percentage of Food and Water Conforming Samples from the Project Areas (2007)

Health Office	Khosos 2 nd	Arab El-Tawayla	Bahteem 1 st
% of Food Conforming Sample	99.50%	91%	96%
% of Water Conforming Sample	88.60%	98%	87%

(Reference: National Information Centre, MOHP)

Appendix 9.9

Health Key Informant Interview Summary

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Appendix 9.9 Health Key Informant Interview Summary

The Key informants' in-depth interviews in Mostorod Area (Arab El Hessn and Atef villages in Mataria , Cairo Governorate and in Kaesa, and Naguib villages in Khosos, Qlubiya Governorate) is one of the effective approaches for identifying and collecting qualitative data and information that helps in analyzing the healthcare services in the area. The intended outcome of those interviews are designed to be a mean for identifying the vision of the key persons in the area to invest on their official roles as decision makers, their personal experience, and their community roles as representatives of different community sectors. Those KI interviews have defined, from their viewpoints, the current and future situations and challenges facing the health sector. The Health Team conducted 20 interviews to ensure a comprehensive involvement of various sectors. Being a multidisciplinary study, its objectives cover many categories.

Objectives:

1. *To collect information from Key Informants (KI)*
 - *To provide an overview of the population's current health status;*
 - *To identify priority health needs;*
 - *To identify health resources;*
 - *To identify the view of the key informants about the most important health care problems in the area..*
 - *To view the role of private sector in primary and secondary care provision.*
2. *To identify the role of already established companies towards community needs*
3. *To crosscheck the obtained data from KI interviews with those collected through other tools and sources.*

First: General Overview

1. Identifying the current general status of the community.
2. Identifying the most common jobs/activities that residences practice.
3. Identifying the level of population's culture awareness, and education...
4. Identifying that the KI are with or against establishing new industries in the area, as well as positive/negative effects from their perspective.
5. Specifying the prominent activities exerted by the officials to develop the area and community?
6. Identifying the role of already existing industrials/factories in the area to support the citizens and community.

Second: Health Problems

1. Identifying the most dominant health problems in the area.
2. Specifying the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems.
3. Identifying any reported/announced source of pollution in the area Focusing on water sources, drain water, foundries, and pigs)
4. Identifying the beneficial/adverse effect on health from agricultural environment.
5. Identifying beneficial/adverse effect on health the dust, exhaust, noise.

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6. Identifying any prevalence signs of potential hearing loss, fatigue and/or mental disturbance among the community.
7. Identifying any existing health problem that health care delivery system is incapable of dealing with.
8. Identifying needs to address the problems that you have been described.
9. Identifying the major reproductive health problems in the area concerning both genders (males & females) (Special emphasis on STD's...and Hepatitis C.

Third: Health Care services.

1. Identifying the extent of availability of governmental health services and other services for the poor sector, and specifying the categories and the districts deprived from these services.
2. Identifying the general mix of available health care services in the area.
3. Identifying that several health sectors care in the area are providing health services effective enough to meet the people needs.
4. Identifying where the poor, can they access governmental clinics, and if not these were available, from where they can get their needed health service.
5. Identifying methods for health providers to be more effective in the area.
6. Identifying the status of health insurance coverage in the area,
7. Identifying the measures that can be done to improve the quality of the health services provided in the area and to improve health status of people residing in this area.

Fourth: Private and NGO Sector Roles.

1. Identifying the services they can afford to the community by the NGO(s).
2. Identifying the role of the private sector at the primary care level and hospital care level in the area.
3. Identifying the users of the private (including NGO) health care services among normal level, moderate level, poor, non-insured, insured, and other.

1.1 Selection Criteria of Key Informants:

- Selection was carried out according to their background, and knowledge of the actual situation of the health services provided to Arab El Hessn, Atef village, Naguib village, Karatssa, and Lay down area.
- Different sectors and categories are represented, which included Local health care providers in the governmental, private, the formal and informal leaders in the community that may be able to provide information on health issues in the area (NGO Leaders, Elected council members, Company mangers, Family elders, and Agricultural workers.
- Specifying and selecting KI was done through our coordinators in each area, who provided the team with all the needed support in all selection stages, specifying places and timing of the interviews, solving all problems facing the study team. So, we feel obliged to thank them and appreciate his great support.

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- The team prepared the guideline for the interview and a guideline for the interviewers to demonstrate techniques of discussion and its implementation. Questions were revised and introduced to the interviewers and with ERC team, which has been reviewed and modified to reach the final frame to execute the interviews.
- Dr. Said Khalil, Dr. Sayed Aql and Dr. Alla Afifi interviewed the 20 KIs. They were assisted by the coordinators.

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1.2 Data and Information Collection:

15 KIs agreed to perform audio recording beside the written documentation. Only 5 KIs refused to have their speech recorded, out of 20 participants.

In the following page a table, this demonstrates titles & name of the KIs interviewed:



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KEY INFORMANT INTERVIEWS BY TARGET GROUP AND AREA

Target Group	North Plot Area		South Plot Area		Laydown Area	Total
	El Karatssa	Naguib	Arab El Hessn	Esbet Atef		
Ministry of Health	1			2		3
Ministry of Education			1	1		2
Ministry of Justice		1	2			3
Ministry of Endowments (Awkaf)	1					1
Ministry of Transportation			1			1
Ministry of Finance				1		1
*Councillor		1	1			2
Private Factory (Leathers)					1	1
NGO's	1		1			2
Community	1	2		1		4

*Councillor, Cairo Governorate represents Arab El Hessn & Ezbet Atef

*Councillor, Qlubiya Governorate represents Karatssa & Lay down area

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KEY INFORMANTS

#	Name	Organization	Position	Date of Interview	Venue of Interview
NORTH PLOT					
El Karatssa					
1.	Labib Micheal Rezik	Ministry of Health	Director Medical Centre, Khosos	25 May,2008	Medical Centre Khosos
2.	Sobhy Ahmed El-Morsi	Ministry of Endowments (Awkaf)	Mosque Emam (Karatssa)	29 May,2008	Nasr Elsalam Meeting Room
3.	Hussuin Abdo Emam El-Kerdasy	Community	Community Leader (Un-official)	29 May, 2008	Nasr Elsalam Meeting Room
4.	Hussain Fathy	Nasr Elsalam NGO	Accountant	4 June,2008	Nasr Elsalam Meeting Room
Naguib					
1.	Sobaieh Abd El Hamid Ibrahim	Community	Community Leader (Un-official)	6 June, 2008	Coffee Shop Naguib Village
2.	Mohamed Hussuin Abd El-Maksood	Community	Community Leader (Un-official)	6 June, 2008	Coffee Shop Naguib Village
3.	Khalid Nofal	Ministry of Justice	Lawyer	6 June, 2008	Coffee Shop Naguib Village
4.	Zakaria El-Barkoshy	Qlubiya Governorate	Head Councilor	6 June, 2008	Coffee Shop Naguib Village

#	Name	Organization	Position	Date of Interview	Venue of Interview
SOUTH PLOT					
Arab El Hessn					
1.	Abdallah Mohamed Ibrahim	Ministry of Education	Director of NGO	23 May,2008	NGO Office(Laqa Elagaeal)

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#	Name	Organization	Position	Date of Interview	Venue of Interview
2.	Magdy Yassin	Laqa Elagaeal, NGO	Chairman, BOD	23 May,2008	NGO Office(Laqa Elagaeal)
3.	Salem Massoud	Cairo Governorate	Councilor	1 June,2008	Masood Office Khosos
4.	Ahmed Abd El-Baseit	Ministry of Transportation	Employee	2 June,2008	NGO Office(Laqa Elagaeal)
5.	Ramadan Marzouk	Ministry of Justice	Lawyer	2 June,2008	NGO Office(Laqa Elagaeal)
6.	Mohmoud Ali Ghanim	Ministry of Justice	Lawyer	2 June,2008	NGO Office(Laqa Elagaeal)
Esbet Atef					
1.	Yousef Amin	Ministry of Health	Pharmacist	22 May, 2008	NGO Office Atef Village
2.	Ahmed Mohamed Abdo	Ministry of Education	Teacher	24 May,2008	NGO Office(Atef Village)
3.	Ahmed Ragab	Ministry of Health	Pharmacist	24 May,2008	Ragab Pharmacy Atef Village
4.	Magdy Sayied Kamil	Bank Nasser	Deputy Chairman, Anwar El-Maghfera NGO	23 May,2008	NGO Office(Laqa Elagaeal)
5.	Salem Abo Aredyia	Community	Community Leader (Un-official)	23 May,2008	NGO Office(Laqa Elagaeal)
LAYDOWN AREA					
1.	Abd El Nabi Abd El Moniem Shehab	Private Factory (Kataway)	Owner	4 June,2008	Abd El-Maksood Village

Summary of Health Survey Key Informant Interviews

Twenty key informant interviews were conducted in relation to the health component of the project.

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Interviews were conducted by three senior physicians experienced in the interviewing process. A guideline of 22 interview questions was flexibly used as a basis for the interviewing process.

Synopsis of answers to questions addressed to key informants

A. Overview Questions:

A-1. How would you rate the current health status in the area?

Low to very low: 14

Average: 3

Variable among different groups: 2

Good: 1 (in the lay down area)

A-2. What are the most common jobs practiced?

Craftsmen – garbage collectors – foundries and smelting workers – charcoal manufacturers – carpenters – blacksmiths – construction workers – street vendors – few governmental employees. Unemployment rates are high.

A-3. Are you supporting or opposing establishment of new factories in the area? What are the pros and cons?

All support establishing new factories, to reduce unemployment PROVIDED safety to health and environment is guaranteed.

A-4. What is the current educational and cultural status of the community?

Cultural: average to low

Educational: high illiteracy, but many young persons are high school or even university graduates.

A-5. What are the main services provided by elected officials to help develop the community?

Limited, mainly helping resolve disputes among individuals.

A-6. Do already existing factories help the community? Give examples.

No, one respondent described them as "isolated islands".

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B. Health Problems:

B-1. What are the most important health problems in the area?

Chest infections – gastroenteritis - reduced hearing – diabetes – hypertension – liver diseases – skin diseases – bronchial asthma – eye diseases – renal failure- bilharziasis.

B-2. Do existing factories (like oil refineries, glass and pottery factories) harm community health?

The majority did not perceive any harm, but they thought that factories might harm health even if they were unable to detect the link between factories and ill health.

Few respondents linked noise to reduced hearing acuity and smoke to chest diseases.

B-3. Are there any other sources of pollution in the area? (Related to water – sewage-disposal – metal smelting – pig farms, etc..)?

- Water supply is irregular.
- Sewage disposal system is inefficient (sewage overspill).
- Garbage.
- Metal foundries.
- Dust.
- Pig farms.
- Wood burning to make charcoal.

B-4. Does nearby agriculture affect community health?

No, agriculture has sharply receded; agricultural land is being used for "illegal" house construction.

Two respondents however expressed concerns about the quality of irrigation water and its effect on health and mosquito breeding, with possible associated risks to health.

B-5. What are the effects of dust, exhaust and noise on health?

Dust: chest diseases, eye diseases.

Exhaust: chest diseases, allergy, asthma, cancer.

Noise: reduced hearing, lack of sleep, fatigue, psychiatric problems.

One respondent referred to possible harmful effects of amplifying antennae for mobile phones, although not addressed by the question.

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B-6. Are there are any health problems, not adequately dealt with by the health care system?

Health care services are limited. The concept of health care system was not grasped by many respondents, so they responded that "it does not exist in the area".

B-7. What can be done to control mentioned health problems?

- Encouraging businessmen and rich people to donate for health.
- Paving roads and reducing unemployment (since dust and unemployment are risk factors for health).
- Health education community programs
- Using new (more safe) technology in factories and refineries.
- Recycling garbage through modern equipment.

B-8. What are the reproductive health problems in the area (with emphasis on sexually transmitted diseases)?

Most interviewees were reluctant to elaborate on this issue. Few mentioned early marriage and infertility.

There were few non-specific references to improper sexual conduct and related health problems

C. Health Care Services:

C-1. From where do different socioeconomic population groups get health care (rich – poor – insured – uninsured)?

The rich go to private hospitals. The poor go to dispensaries affiliated to mosques or Khosos governmental hospital. Other respondents mentioned: Matareia Teaching Hospital, private clinics (offices), Sayed Galal (Azhar University) Hospital, governmental health insurance clinics,

The respondent from the lay down area mentioned Bahtim Hospital and Nile Hospital (a governmental health insurance hospital at Shubra El-Khaima).

C-2 Are provided services adequate to meet community health care needs?

Services are mostly inadequate.

C-3. If the poor are unable obtain the required health services from governmental providers where do they go?

Mosque affiliated dispensaries or general practice private clinics.

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C-4. What are the obstacles hindering health care providers from effective performance?

- Inadequate resources.
- Low levels of community health awareness and knowledge.
- The area receives little public attention (in the words of one of the interviewees: "The area is not on the map from the beginning.")
- High population density.

C-5. What is the extent of health insurance coverage in the area?

- Mostly for regular employees (usually governmental), which is the exception rather than the rule in both communities (Northern and Southern), most are craftsmen practicing on their own.
- Petroleum refinery workers have got an adequate health care system.
- The problem with governmental health insurance is not only one of coverage, but also of quality, services are grossly inadequate.
- It is noteworthy that none of the interviewees referred to school health insurance, although, by law, all school students are health insured.

C-6. What can be done to improve the quality of health care services in the area?

Building a well equipped large hospital and training of practicing physicians.

D. Role of NGOs in the area

D-1 Give examples for NGOs in the area and their services to the community.

Services rendered by NGOs are quite limited due to their limited resources. Their services are focused on the poor, orphans and widows. Sometimes they offer training opportunities on computer programs to young men and women.

D-2 What is the role of the private sector in the area?

The private sector is self – centered and did not contribute to community development. They have a potential role in alleviating unemployment, paving roads, environmental protection and building schools and hospitals.



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Key Informants Interview

North Plot – El Karatssa						
#	Questions	Answers				KI 4
		KI 1	KI 2	KI 3		
General Health Status						
1	What is the current general health status of this community?	Average	Bad	Bad and unsatisfactory	Below average	
2	What are the most common jobs/activities that residences practice?	Governmental employment, Hand crafts men	Hand crafts men	Limited	Workers	
3	What is the level of population's culture awareness, and education....etc?	Few university, Mid level education	Average culture orientation, High literacy,	Few university, Mid level education	High schools are maximum	
4	Are you with or against establishing new industries in the area? What are positive/negative effects from your perspective?	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	Agree with new factories	
5	What are the prominent activities exerted by the officials to develop the area and community?	Nothing	Limited	Limited	Nothing	
6	Did the already existing industrials/factories in the area support the inhabitants and community? How? Specify giving examples..	Nothing at all	Nothing at all	Nothing at all	No	
Health Problems						
1	What are the most dominant health problems in	Liver, skin, chest	Liver, chest diseases	Liver, asthma	Viral Hepatitis and Chest	



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North Plot – El Karatssa				
#	Questions	Answers		
		KI 1	KI 2	KI 3
	the area? Specify.	diseases, bronchial asthma		KI 4 Diseases
2	Are the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems?	Has effect due to flame	No effect	Smoke and flame Yes, but burning of waste products give more pollution
3	Is there any reported/announced source of pollution in the area? If yes, specify.....; (Focus on water sources, drain water, foundries, and pig farms)	Garbage, sewage, polluted water	Garbage burning, cars, sewage	Sewage, Waste products, rubbish,
4	Does the agricultural environment have a beneficial/adverse effect on health? How?	agricultures land become very limited	No effect, Agricultures land become very limited	It has no effect as it became very small
5	From your point of view, What is the effect of dust, exhaust and noise on health	Dust & exhaust cause Chest diseases and asthma for children.	Has bad effect on children	Dusts affect children
6	Is there any existing health problem where the health care delivery system is incapable of dealing with?	Resources are very limited	Yes, because health services is very limited.	There is no health system here
7	In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?	Improve health services.	Establishing hospital or polyclinic, pave roads, employment.	Building a hospital or polyclinic
8	What are the major reproductive health problems in the area concerning both genders	Present according to socioeconomic status	No problems.	All problems are here

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North Plot – El Karatssa					
#	Questions	Answers			
		KI 1	KI 2	KI 3	KI 4
	(males & females) Special emphasis on STD's...and Hepatitis C.				
Health Care Services					
1	Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?	Public health centre, and some private clinics	Some to health insurance, others to medical centre and private clinics.	There is medical centre in Khosos or private with 3 LE fees	El-Matarya Hosp. or Sayed Galal Hosp
2	What is the general mix of available health care services in the area? Do you think that these sectors are able and effective enough to meet the people needs?	Medical center provide all services, but resources	No health services because no resources.	Services are limited	Limited, we should buy all medicine and syringes for the hosp.
3	The poor, can access governmental clinics, and if not available, from where they can get their needed health service?	Mataria hospital or private polyclinics.	From private polyclinic, but limited.	El Nor El mohamady, private clinic& polyclinic.	El-Anwar El-Mohamadia Hosp.
4	Which obvious barriers prevent health providers to be more effective in the area?	The area is very big and only the medical centre.	No resources, increase population.	The area is away	There is no service provider here
5	What is the status of health insurance coverage in the area, (if applicable)?	Applicable, but the providers are not present.	Only for Government employee, others have no insurance.	Only for Government employee, others have no insurance.	N/A
6	Based on your experience in the area, what can be done to improve the quality of the health services provided in the area and to improve health status of people residing in this area?	We do what we can	Establishing polyclinic or hospital	Establishing polyclinic, dealing with unemployment	Build a hospital or polyclinic



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**ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES**

North Plot – El Karatssa				
#	Questions	Answers		
		KI 1	KI 2	KI 3
Role of Private Sectors and NGOs				
1	Is there any NGO serving the communities? What are the services they can afford to the community? Specify the NGO(s) and give examples of its/their services.....	NGO's present but does not provide services.	No	NGO's present but does not provide services.
2	How important is the private sector role in the area?	Could be has effective population.	Has a great role in employment and establish hospital.	Could be has effective role to serve population.
3	Who uses the private (including NGO) health care services among those segments (normal level, moderate level, poor, non-insured, insured, and other)?	The medical centre does not provide any services.	There is private clinic with 3 LE fees, otherwise go to Demerdas or Sayed Galal hospital	All people but no treatment available in the public medical centre, the patient pays the cost.
				Yes but with poor resources
				Very important
				Rare people who can pay



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SOCIAL APPENDICES**

North Plot – Naguib					
Questions		Answers			
		KI 1	KI 2	KI 3	
KI 4					
General Health Status					
1	What is the current general Health status of this community?	Very weak	Very weak	Very weak	weak
2	What are the most common jobs/activities that residences practice?	Wage earner	Wage earner, few Gov. employees	Wage earner, few Gov. employees	Wage earner, unemployment
3	What is the level of population's culture awareness, and education....etc?	All are ignores	Secondary schools	Secondary schools	Secondary schools
4	Are you with or against establishing new industries in the area? What are positive/negative effects from your perspective?	Yes without bad effects	Yes if it helps us	Agree if they help people	Agree if they help people
5	What are the prominent activities exerted by the officials to develop the area and community?	Nothing	Nothing	Limited	Help people end give them social services
6	Did the already existing industrial/factories in the area support the inhabitants and community? How? Specify giving examples.	No	No	No	No
Health Problems					
1	What are the most dominant health problems in the area? Specify.	Hearing disorders	Diabetes, hypertension and hearing disorders	Gastroenteritis and chest diseases	Gastroenteritis and acute bronchitis



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SOCIAL APPENDICES**

North Plot – Naguib				
	Questions	Answers		
		KI 1	KI 2	KI 3
		KI 1	KI 2	KI 3
				KI 4
2	Are the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems?	No	No effects	Yes
3	Is there any reported/announced source of pollution in the area? If yes, specify,; (Focus on water sources, drain water, foundries, and pig farms)	Water	No	No
4	Does the agricultural environment have a beneficial/adverse effect on health? How?	No	No	No
5	From your point of view, What is the effect of dust, exhaust and noise on health	Hearing disorders	Hearing disorders	Chest diseases and hearing disorders
6	Are there any existing health problems where the health care delivery system is incapable of dealing with?	No health services	There is no health system here	Severe shortage in health facilities
7	In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?	The situation is very bad	Business men should pay more to support community	Business men should pay more to support community men
8	What are the major reproductive health problems in the area concerning both genders (males & females) (Special emphasis on STD's....and Hepatitis C.	No	No	No



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SOCIAL APPENDICES**

North Plot – Naguib					
Questions			Answers		
KI 1			KI 2		KI 4
Health Care Services					
1	Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?	NGOs and Mosques polyclinics	Rich people go to private clinics, poor to polyclinics	Rich people go to private clinics, poor to polyclinics	Rich people go to private clinics, poor to polyclinics
2	What is the general mix of available health care services in the area? Do you think that these sectors are able and effective enough to meet the people needs?	low medical services	Very limited services	Inadequate medical services	Very limited services
3	The poor can access medical services from the public hospitals. And if not available, from where they can get their needed health service?	Polyclinics of Mosques	Polyclinics of NGOs and Mosques	Polyclinics of NGOs and Mosques	Polyclinics of NGOs and Mosques
4	Which obvious barriers prevent the health providers to be more effective in the area?	No recourses	No money	Inadequate resources	No recourses
5	What is the status of health insurance coverage in the area, (if applicable)?	N/A		For employees only	For employees only
6	Based on your experience in the area, what can be done to improve the quality of the health services provided in the area, in the area and to improve health status of people residing in this area?	Big hospital and physicians	Big hospital, physicians and health centres	Building a big hospital and health promotion	Building a big health centre and health promotion



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SOCIAL APPENDICES**

North Plot – Naguib				
Questions		Answers		
		KI 1	KI 2	KI 3
Role of Private Sectors and NGOs				
1	Is there any NGO serving the communities? What are the services they can afford to the community? Specify the NGO(s) and give examples of its/their services.....	Limited	Limited	Limited
2	How important is the private sector role in the area?	No	No	No
3	Who uses the private (including NGO) health care services among those segments (normal level, moderate level, poor, non-insured, insured, and other)?	Poor people	Poor people	All people
				Yes but limited role



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SOCIAL APPENDICES**

South Plot – Arab El Hessn							
#	Questions	Answers				KI 6	
		KI 1	KI 2	KI 3	KI 4		KI 5
General Health Status							
1	What is the current general health status of this community?	Bad health status due to poverty	Unavailable health facilities	Very Bad	40% good % 60% bad	Very bad	Bad because of the environmental pollution, unemployment/ drug abuse
2	What are the most common jobs/activities that residences practice?	Garbage collector, shop owner, Labourer	Unemployment, Governmental employment, wage earner	Craft men – Garbage Collector- Wood burning (charcoal)	25% employees - Craft men – Garbage Collector	Employees 20% , Craft men	Craft men – Garbage Collector
3	What is the level of population's culture awareness, and education....etc?	Low	Few university, Mid level education	Average and below average	Week, due to absence of schools at the area.	The culture awareness is poor	Education is poor because of poverty
4	Are you with or against establishing new industries in the area? What are positive/negative effects from your perspective?	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	With establishing new industries to serve the community without pollution	With if there will be job opportunities and against if it will cause diseases	With, if improves the socio-economic level. Against if affects the environment	With as this will provide job opportunities and against if it will affect the environment
5	What are the prominent activities exerted by the officials to develop the area and community?	Nothing	Limited ,only in disasters	They provide what they can do, but the area needs more	There are no activities	There is no activities	Unclear and unlimited role. Only few contribution in solving people's problems
6	Did the already existing industrials/factories in the area	Nothing at all	Nothing at all	No	No	They did not provide any	They did not provide any services for the



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SOCIAL APPENDICES**

South Plot – Arab El Hessn											
#	Questions	Answers				area					
		KI 1	KI 2	KI 3	KI 4		KI 5	KI 6			
General Health Status											
	support the inhabitants and community? How? Specify giving examples.										
Health Problems											
1	What are the most dominant health problems in the area? Specify.	Chest diseases	Chest, eye diseases	Liver, respiratory and skin diseases	Respiratory diseases, hearing problems, Hypertension, Diabetes, Vision weakness	Chest and eye diseases	Chest diseases and Gastro-enteritis				
2	Are the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems?	Bad effect, affect chest due to exhaust	Bad effect, affect chest due to exhaust	No. It may be very limited	The flam and the noise all have negative impact	The flam and the noise all have negative impact on the general health	The flam leads to asthma and affect the hearing				
3	Is there any reported/announced source of pollution in the area? If yes, specify.....; (Focus on water sources, drain water, foundries, and pig farms)	Garbage, Pig farms, sewage, wood burning (charcoal),& dust	Petroleum industries, dust, demolition debris construction, Garbage, sewage, pig farms.&	Garbage burning, dust, smelting , there is no sanitary sewage disposal	Garbage, charcoal and animal barns	Garbage, charcoal and pig barns	Smelting, Garbage, charcoal and pig barns				



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SOCIAL APPENDICES**

South Plot – Arab El Hessn							
#	Questions	Answers					
		KI 1	KI 2	KI 3	KI 4	KI 5	KI 6
General Health Status							
4	Does the agricultural environment have a beneficial/adverse effect on health? How?	Negative effect due to animal farms, also irrigation cause spread of insects	Has bad effect due to the sheep feed on garbage	No, because it is very small	Agriculture used underground water, there are many mosquitoes	There is a slum buildings, as the farmers stop agriculture	The agriculture environment decreases as there is a slum buildings
5	From your point of view, What is the effect of dust, exhaust and noise on health	Chest disease , noises affect hearing	Chest disease , noises affect hearing & tumours	They cause diseases for adults and children	These will affect the hearing and cause insomnia	Dyspnoea, hearing loss and insomnia	Chest, eye and ear disease
6	Is there any existing health problem where the health care delivery system is incapable of dealing with?	Only Matria hospital which can not deal with all cases	No health system, only Matria hospital deal with emergency	No, and they need more support as there is a lake of services in the area	There is no health care system in the area	There is no health care system in the area	There is no health care system in the area
7	In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?	This research is the start to identify the needs and support the community.	Participation of business men & private sector is essential.	Funds to build a hospital and school and to support people	Contributions of the businessmen	Contributions of the businessmen and the private sector in establishing health centres, and improve the health awareness	Use of high technology to reduce the pollution. Establishment of health centre.



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SOCIAL APPENDICES**

South Plot – Arab El Hessn							
#	Questions	Answers					
		KI 1	KI 2	KI 3	KI 4	KI 5	KI 6
General Health Status							
8	What are the major reproductive health problems in the area concerning both genders (males & females) Special emphasis on STD's...and Hepatitis C.	Not allowed to talk about this, because of traditions	No problems in this issues	Of course, there are problems	There are some early delivery cases, There is no STD	There is no STD, only some early delivery cases	There is no STD
Health Care Services							
1	Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?	Matraia hospital, NGO's clinics	Poor through governmental. High income through private sector.	To Mataria hospital or Al-Nour Mohamady	The rich people go to the private sector and the poor to El-Matareya Hospital or to the NGOs	The rich people go to the private hospitals/ Heliopolis Hospital, The poor will go to the NGO's clinics	The rich people go to the private sector and the poor to El-Matareya Hospital or to the NGOs
2	What is the general mix of available health care services in the area? Do you think that these sectors are able and effective enough to meet the people needs?	Private clinics depend upon popularity of the physician.	Governmental sector is not available, only NGO's in Massala (Mataria).	Very limited services and is not enough for the population needs	There are no public health services. The only available is Anwar Al-Maghfera NGO	The public health sector is not available, the NGO's clinics are under resourced	The public services are weak and is not enough for the people's needs
3	The poor, can access governmental clinics, and if not available, from where they can get their needed health service?	Polyclinic, private clinics	Governmental sector is not available, poor through NGO's & in emergency to Mataria	Al-Nour Mohamady Hospital	There is no public clinics, The poor will go to the NGO's clinics	They will go to the NGO's clinics e.g. Anwar Al-Maghfera	Al-Nour Mohamady centre

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SOCIAL APPENDICES**

South Plot – Arab El Hessn							
#	Questions	Answers					
		KI 1	KI 2	KI 3	KI 4	KI 5	KI 6
General Health Status							
4	Which obvious barriers prevent health providers to be more effective in the area?	No Governmental hospital, private clinics are not equipped	No health providers are available in the area.	Difficult access to the population in the area	Insufficient resources	There is no health care providers	There is no health care providers in the area
5	What is the status of health insurance coverage in the area, (if applicable)?	Not applicable, but employee of industries has insurance	Insurance only for Governmental employee, for others no except immunization.	Not applicable	There is no health insurance except for the employees	Only for employees	The health insurance is for the employees only, the Craft men do not have
6	Based on your experience in the area, what can be done to improve the quality of the health services provided in the area and to improve health status of people residing in this area?	Polyclinic centre, train the physicians	Establishing polyclinic centre.	Improve the health services and to build a health centre, but where?	Sanitary sewage disposal, lightning the street, establishment of a hospital or a health centre, and schools for children	Establishment of health centres and improve the health awareness	Increase health awareness, training of physicians, Establishment of a health Centre, Fight illiteracy & establishment of schools
			There are, but with limited support to the poor	There is only one: Lekaa Al-Agjal, it is new and its services is not clear yet		They are few in number, and have no active role, they look for money	

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SOCIAL APPENDICES**

South Plot – Arab El Hessn							
#	Questions	Answers					
		KI 1	KI 2	KI 3	KI 4	KI 5	KI 6
General Health Status							
Role of Private Sectors and NGOs							
1	Is there any NGO serving the communities? What are the services they can afford to the community? Specify the NGO(s) and give examples of its/their services.....	Few, serve poor	5 NGO's Limited resources Support poor & widows., opportunities on computer program	Big role in supporting the people, build health facilities/ pave roads, improve social status by providing job opportunities	There is no role for the private sector, it should contribute in the community development	The private sector did not provide any services, They should work on the community development	There is no role, but they should contribute in the community development, fight unemployment and provide social services
2	How important is the private sector role in the area?	Role of private sector is limited, business men are away from the area, Industries does not serve	No participation of private sector at all, this concept is not available	All people as there is no medication at he public hospital (Matareia Hospital)	The poor	The poor	The poor
3	Who uses the private (including NGO) health care services among those segments (normal level, moderate level, poor, non-insured, insured, and other)?	Poor	Poor	Very Bad	40% good % 60% bad	Very bad	Bad because of the environmental pollution, unemployment/ drug abuse

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SOCIAL APPENDICES

South Plot – Ezbet Atef						
#	Questions	Answers				
		KI 1	KI 2	KI 3	KI 4	KI 5
General Health Status						
1	What is the current general health status of this community?	Unsatisfactory	Ask health professionals	Less than average	Very bad	Very bad due to poverty, unemployment
2	What are the most common jobs/activities that residences practice?	Hand crafts men, Foundries, Garbage collector	Hand crafts men, Blacksmith, Garbage collector	Hand crafts men, Garbage collector	Governmental employment, wage earner, Hand crafts men	Governmental employment, wage earner,
3	What is the level of population's culture awareness, and education....etc?	High literacy, Mid level education	Average culture orientation, High literacy,	Less average	Low culture orientation, low education	Average culture orientation, low education
4	Are you with or against establishing new industries in the area? What are positive/negative effects from your perspective?	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment	With establishing new factories, provided safety to health & environment
5	What are the prominent activities exerted by the officials to develop the area and community?	Limited	Nothing	Away from their interest	Nothing	Limited ,only in immunization
6	Did the already existing industrials/factories in the area support the inhabitants and community? How? Specify giving examples.	Nothing at all	Nothing at all	Nothing at all	Nothing at all	Nothing at all



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SOCIAL APPENDICES**

South Plot – Ezbet Atef						
#	Questions	Answers				
		KI 1	KI 2	KI 3	KI 4	KI 5
Health Problems						
1	What are the most dominant health problems in the area? Specify.	Skin, liver, chest diseases	pollution	Liver, skin diseases, bronchial asthma, water pollution	Chest diseases	Diabetes, hypertension, Renal, failure, Bilharzias
2	Are the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems?	Has effect, but also Garbage, smelting burning smoke has effect,	No effect, except flame	Has effect	Bad effect, affect chest due to exhaust and affect agriculture farms	Bad smell when flame off & affect agriculture farms.
3	Is there any reported/announced source of pollution in the area? If yes, specify; (Focus on water sources, drain water, foundries, and pig farms)	Garbage, foundries, charcoal, dust	No sewage system & clean water	Sure, foundries, garbage, charcoal, industries, sewage drainage, dust & smoke of burning.	Charcoal, flame, garbage burning, dust, noises	Garbage, Flame, & foundries
4	Does the agricultural environment have a beneficial/adverse effect on health? How?	No, limited agriculture area	No effect	No effect	No effect	No effect
5	From your point of view, What is the effect of dust, exhaust and noise on health	Cause diseases, for children	Smoke and mobile centers cause tumours	Chest diseases, & affect hearing	Dust 7 exhaust affect chest ,allergy, asthma, lack of sleep	Chest diseases
6	Is there any existing health problem where the health care delivery system is incapable of dealing with?	Many, and there is no health facilities	No answers	Yes, no access to services.	No health system	No health system



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SOCIAL APPENDICES**

South Plot – Ezbet Atef						
#	Questions	Answers				
		KI 1	KI 2	KI 3	KI 4	KI 5
7	In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?	Establishing school and polyclinic	Change all officials	Improve socioeconomic status and improve sewage and water supply.	Boxes for garbage, polycliniques, & insecticide	Dealing with garbage, & paving roads.
8	What are the major reproductive health problems in the area concerning both genders (males & females) Special emphasis on STD's...and Hepatitis C.	All problems are available	No problems.	All health problems are present including reproductive health.	Low birth rate due to poverty	Low birth rate due to poverty
Health Care Services						
1	Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?	EI Nor EI Mohamady Hospital, Matarria	Only Matarria hospital, Sayed Galal, & Nor Mohamdy in Matarria	Matarria hospital Or EI Nor EI mohamady	Rich people through private. Poor through NGO's	Poor has no access. Rich through private sector
2	What is the general mix of available health care services in the area? Do you think that these sectors are able and effective enough to meet the people needs?	Services are very limited, not coping with community needs	Does not cope with the needs.	Very unsatisfactory services.	Lack of equipment, can't cope with needs.	Governmental sector is not available, only NGO's with limited resources.
3	The poor, can access governmental clinics, and if not available, from where they can get their needed health service?	Polyclinic, private clinics	No place for them to go	EI Nor EI mohamady, private clinic & polyclinic.	Polyclinics in NGO's	Polyclinics in NGO's
4	Which obvious barriers prevent health providers to be more effective in the area?	The area is not in the map	Change all officials	Scarce resources	No public hospitals & private sector not equipped.	No health providers are available in the area.
5	What is the status of health insurance coverage in the area, (if applicable)?	Not applicable	Not applicable	Not applicable	No health insurance, only immunization.	Not applicable



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SOCIAL APPENDICES**

South Plot – Ezbet Atef						
#	Questions	Answers				
		KI 1	KI 2	KI 3	KI 4	KI 5
6	Based on your experience in the area, what can be done to improve the quality of the health services provided in the area and to improve health status of people residing in this area?	Support the area by school, hospital to serve the population	Establishing polyclinic, dealing with garbage & unemployment.	Preplanning area, sewage drain system, and establishing polyclinic centre.	Establishing polyclinic centre, with equipment.	Establishing polyclinic centre, with equipment.
Role of Private Sectors and NGOs						
1	Is there any NGO serving the communities? What are the services they can afford to the community? Specify the NGO(s) and give examples of its/their services.....	There is NGO's but the recourses are weak & help the poor	4 NGO's Support poor, orphans and provide food during Ramadan month	Present, but has no resources.	5 NGO's Limited resources Support poor& widows.	Laqa ElAgaal could be serve the community
2	How important is the private sector role in the area?	The role is great to support infrastructure, employment, school& hospital	Has a great role	Can help Government and establish projects to serve community.	No participation of private sector at all	No participation of private sector at all
3	Who uses the private (including NGO) health care services among those segments (normal level, moderate level, poor, non-insured, insured, and other)?	All levels, services in Governmental hospital is bad	Very limited	Only rich use private sector, poor can't afford cost.	Poor & not insured.	Poor



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SOCIAL APPENDICES**

Laydown Area	
#	Questions
Answers	
KI 1	
General Health Status	
1	What is the current general Health status of this community?
	The health status is good
2	What are the most common jobs/activities that residences practice?
	Craft men and employees
3	What is the level of population's culture awareness, and education....etc?
	There is high education and literacy percentage is few
4	Are you with or against establishing new industries in the area? What are positive/negative effects from your perspective?
	With establishment of new industries to serve the area
5	What are the prominent activities exerted by the officials to develop the area and community?
	There is no activities
6	Did the already existing industrial/factories in the area support the inhabitants and community? How? Specify giving examples.
	No
Health Problems	
1	What are the most dominant health problems in the area? Specify.
	Pollution from the factories, smoke and chest diseases
2	Are the already existing industries in the area (as petrol Refining Company, Glass Company, and clay Pottery Company) have a reported/announced influence on health problems?
	There is pollution from the flam
3	Is there any reported/announced source of pollution in the area? If yes, specify.....: (Focus on water sources, drain water, foundries, and pig farms)
	The factories, there is no sanitary sewage disposal, water, Garbage burning,
4	Does the agricultural environment have a beneficial/adverse effect on health? How?
	The people build on the agriculture area, and now it became limited



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Laydown Area	
#	Questions
Answers	
KI 1	
5	From your point of view, What is the effect of dust, exhaust and noise on health
6	Are there any existing health problems where the health care delivery system is incapable of dealing with?
7	In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?
8	What are the major reproductive health problems in the area concerning both genders (males & females) (Special emphasis on STD's...and Hepatitis C.
Health Care Services	
1	Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?
2	What is the general mix of available health care services in the area? Do you think that these sectors are able and effective enough to meet the people needs?
3	The poor can access medical services from the public hospitals. And if not available, from where they can get their needed health service?
4	Which obvious barriers prevent the health providers to be more effective in the area?
5	What is the status of health insurance coverage in the area, (if applicable)?
6	Based on your experience in the area, what can be done to improve the quality of the health services provided in the area, in the area and to improve health status of people residing in this area?



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SOCIAL APPENDICES**

Laydown Area	
#	Questions
	Answers KI 1
Role of Private Sectors and NGOs	
1	Is there any NGO serving the communities? What are the services they can afford to the community? Specify the NGO(s) and give examples of its/their services.....
2	How important is the private sector role in the area?
3	Who uses the private (including NGO) health care services among those segments (normal level, moderate level, poor, non-insured, insured, and other)?
	They are present but they services are very limited to support the poor
	There is no role, even it is very important to support people
	All levels except the poor

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SOCIAL APPENDICES

Key Informant Interviews Guide

A- Introduce yourself and the co-researcher (recorder) *"Al Salamu Alikom (Hello), we are (names) working for ERC project....."*

B- Reiterate the purpose of the visit. *"Please let me re-clarify why I'm here today? (Some sort of rapid review of the written summary on ERC Project).*

C- Outline the interview specifying the time and use of tape recording. Stress on confidentiality. Gain consent. *"Interviews usually take about 30-60 minutes (based on the position, availability, relevancy & richness of the experience of the Key Informant(s)) I'd like to use a tape recorder.... Is that ok?"*

D- Activate Tape Recorder

E- Key Informant Interview Questions:

General Overview

7. What is the current general status of the community in this area?
8. What are the most common jobs/activities/professions/occupations that residents practice?
9. What is the level of the population's culture, awareness, and education, etc?
10. Are you with or against establishing new industries/factories in the area? What are positive/negative effects from your perspective?
11. What are the prominent activities exerted by the officials to develop the area and the community?
12. Do the already existing industries/factories in the area support the inhabitants/population and the surrounding community? How? Specify giving examples.

Health Problems

10. What are the most dominant/prevaling health problems in the area? Specify
11. Are the already existing industries/factories in the area (as petrol Refining Company, Glass Company, and Clay Pottery Company) having a reported/announced reverse/negative influence on the population health status?
12. Is there any reported/announced source of pollution in the area? If yes, specify.....; (Focus on water sources, drain water, foundries, and pigs, or other)
13. Does the agricultural environment have a beneficial/adverse effect on the community health status?
14. Does the dust, exhaust, noise have an adverse effect on the population health status? What is the effect?
15. Are there any prevalent signs of potential hearing loss, fatigue and/or mental disturbance among the community?
16. Is there any existing health problem where the health care delivery system is incapable of dealing with?

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17. In your opinion, what could be done and/or what resources would be needed to address the problems that you have just described/specified?
18. What are the major reproductive health problems in the area concerning both genders (males & females) (Special emphasis on STD's...and Hepatitis C) (What about the reported cases).

Health Care Services

8. Where do the different socioeconomic groups seek health care (normal level, moderate level, poor, non-insured, insured, others)?
9. What are the available health care services in the area?
10. As you mentioned, health care services are provided in the area by several health sectors ... Do you think that these sectors are capable of meeting the community needs?
11. For the poor, can they access governmental clinics, and if this is not the case, from where can they get their needed health service?
12. Which obvious barriers/obstacles exist for health care providers to be more effective in the area?
13. What is the status of health insurance coverage in the area, (if applicable)?
14. Based on your experience in the area, what can be done to improve the quality of the health care services provided in the area and to improve the health status of the population residing in this area?

Private and NGO Sector Roles

4. Is there any NGO serving the community? What are the services that they can afford to the existing community? Specify the NGO(s) and give examples of these services.....
5. How important is the private sector role at the primary care level and hospital care level in the area?
6. Who uses the private health care services (including the NGOs) among those segments (normal level, moderate level, poor, non-insured, insured, and other)?

E. End interview

Thank the Key Informant for her/his time. Explain that a summary of the results will be forwarded to them when they are finalised and will be available to the public as well.

Ask the Key Informant if there is someone else s/he feels that her/his input would be of good help to be interviewed.....if feasible.

If appropriate, elicit the KI help in convening focus groups (if needed)

Appendix 10.1

Community Perceptions of Project Impacts and Proposed Mitigation Measures

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Appendix 10.1 Community Perceptions of Project Impacts and Proposed Mitigation Measures

Summary Discussion of Data Collected During Socio-Economic Baseline Survey May – June 2008

North Plot

El Karatssa

Perceived Positive Impacts

Residents in El Karatssa stated that likely positive Project impacts of ERC were mainly related to job creation. They expect ERC will provide job opportunities especially for the youth (FGDs 3 & 4). Respondents stated the Project should recruit residents from local communities to gain their support (KIIs 16-23). Respondents believe that providing 600-700 jobs 'is realistic' and it would be possible to find janitors and maybe even engineers from local communities (KIIs 1-15). As for traffic and transport impacts, female residents do not see any problem especially since the entrance of the ERC 'does not interfere' with El Karatssa (FGDs 3 & 4).

Shopkeepers also state transportation is not a problem since people already use different roads, e.g., El Zeiton and Ein Shams. (KIIs 1-15). Noise does not seem a concern: "noise will be tolerated since it is far from the residential area which is already noisy". More important to them is the Project potential positive impact of providing garbage dumpsites and improving the sewerage network (KIIs 16-23).

Perceived Negative Impacts

There are concerns from PAPs that none of the residents will have any chance of being recruited by ERC (FGDs 3 & 4); "it takes a lot of money to get recruited" (FGD 1 & 2); "and our husbands are over the age of 30" (FGDs 3 & 4). Meanwhile, shopkeepers said that: "600 jobs are never enough to solve the unemployment problem in the area" (KIIs 1-15). Female residents mentioned negative impacts related to solid waste generated by the ERC that may cause health and environmental problems: "this will cost us over LE 100 a month for doctors' visits" (FGDs 3 & 4). As for other environmental impacts, owners of workshops are convinced that negative environmental impacts will happen in the surrounding area or the refinery (KIIs 16-23). Shop owners are concerned about indirect negative economic impacts, i.e., sudden increase in rent rates (KIIs 1-15). Female residents are worried about fires (FGDs 3 & 4), while shopkeepers anticipate environmental problems with sanitation if the refinery uses the same sewerage network, or if it disposes industrial waste in the canal (KIIs 1-15). Transportation and traffic was stated as a potential negative impact of ERC by all participants in all FGDs and KIIs as: "the problem will get more complicated"; "traffic will get worse, especially with public transportation"; "our kids will be late for school and never arrive on time" (FGDs 1-5 and KIIs 1-23).

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Mitigation of Impacts as Proposed by Residents of El Karatssa

PAPs have proposed certain mitigation measures to enhance positive benefits and reduce negative impacts of the ERC in El Karatssa namely: providing jobs for women (FGDs 3 & 4) and making sure the hiring process is bribe free (KIIs 1-15). Using up to date technology is also mentioned as a measure to mitigate air pollution (KIIs 16-23). Providing an alternative route on the “other side of El Karatssa” or on the back road is proposed to avoid traffic jams in the area (KIIs 16-23). In addition residents stated that daytime construction working hours should be kept under strict supervision (KIIs 1-15).

Naguib

Perceived Positive Impacts

Naguib residents’ main expectation of benefits from ERC was stated as: “recruitment is possible during construction phase” (FGDs 1-4). Workshop owners and workers believe there will be positive impacts in terms of: “recruitment of locals, the refinery’s ability to develop an effective management plan, install an efficient sanitation network, make sure the environment is safe and pollution free, widen the main road, and implement industrial safety measures” (KIIs 16-23). On the other hand, shopkeepers showed some reservation concerning job opportunities: “it will all depend on whether the refinery will recruit workers from the area or not” (KIIs 1-15).

Perceived Negative Impacts

Male residents in Naguib have reservations regarding job opportunities in terms of insufficiency, “600 job opportunities are not enough to absorb unemployed folk here”. From their point of view, locals are neither skilled nor experienced, and have no access to connections to secure jobs at the refinery. There is a wide consensus among all Naguib participants (FGDs 6 & 7 and KIIs 24-32) that the chance of recruiting locals is nil due to lack of skills, experience and connections. Sceptical, workshop owners even stated: “jobs are only propaganda to win locals support” (KIIs 29-32); “the refinery will already have its own trained staff” (FGD 7). In terms of environmental impacts, they regard fumes and emissions from the refinery as a potential cause of air pollution related diseases. Toxic waste and roads not getting fixed or paved were also mentioned as potential negative impacts. Sanitation issues are a concern, especially as the sanitation network is designed for a small area, not for a refinery (FGD 6). Female residents raised problems concerning water supply shortage in addition to fumes and toxic waste (FGD 7). There is again extensive concern among all participants regarding constant traffic jams and dust resulting from company cars, trucks and heavy machinery driving on unpaved roads during the construction phase (FGDs 6 & 7 and KIIs 24-32). Female residents have concerns about the sanitary network and its malfunction if serving both the residential area and the refinery. Environment linked health issues are a priority concern for most respondents (FGDs 6 & 7 and KIIs 24-32). However, only shopkeepers raised concerns regarding the negative impact of construction and noise on the foundation of the buildings and houses in the area (KIIs 24-28).

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Mitigation of Impacts as Proposed by Residents of Naguib

Advertising for jobs in Naguib is seen as a solution to enhance the potential benefit of ERC regarding local recruitment and thus avoiding bribery and ‘hiring by connections’ (nepotism). Environmental mitigation measures suggested by residents in Naguib include: control of toxic emissions by using higher chimneys and establishing pipelines under the ground for the smoke to go through. For sanitation, residents proposed installing a separate sanitation network for the refinery to avoid malfunction of the network. It was also proposed to widen the main road and appoint traffic officers to control transportation and traffic impacts during construction and operation (KIIs 29-32). It is also suggested, that working hours during construction should be fixed to day time (from 8 am until 8 pm), and no work should be carried out in the evenings to mitigate the potential negative impact of noise nuisance (KIIs 24-32).

South Plot

Arab El Hessn

Perceived Positive Impacts

There is a consensus amongst respondents in Arab El Hessn, that the ERC is a benefit for all “Egyptians”, in terms of economic growth and development, “the ERC is a benefit for all of us” (IGAs). It was also expected that new job opportunities will benefit youngsters (FGD 8 & 9), and would include women (FGD 8) and poor people in the area (KII 33-35). It was specified that the refinery should be made strictly responsible to recruit locals and not outsiders; “The refinery should hire people from the local community, upgrade the area and improve our housing conditions” (IGAs). Improvements in the physical environment of the area, especially infrastructure and specifically sanitation, are also perceived as potential positive impacts of the ERC (FGD 8 & 9). Street lighting and paving is also expected (KIIs 33-35 & IGAs). Provision of social services, mainly hospitals and health centres is also expected (FGD 8). Garbage collectors and sorters (FGD 9) expect better housing conditions and opportunities. It was clearly expressed that: “we hope the refinery will have a positive impact, in terms of infrastructure improvements, e.g. streets’ paving and lighting, sanitation.... etc” (IGAs); and “if the refinery would benefit the area and local people, that would be good” and: “we look forward for any benefit” (IGA s). Worth mentioning here is that all participants of FGDs, KIIs and IGAs agreed that the ERC should commit itself to ‘a social responsibility plan’ with clear measures and actions, and the Government should also take constructive actions in this regard.

Perceived Negative Impacts

In Arab El Hessn, it was stated that: “positive economic impacts will only profit the private sector, but not us; we never benefited from refineries that already exist in the area” (IGAs); “the refinery will not recruit any of us, they will recruit educated people only” (FGD 10); “The refinery will never recruit illiterates like us” (KIIs 33-35). Another perceived negative impact is the threat of land acquisition, which might result in evicting and possessing buildings to build the refinery (FGD 8 &

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KIIs 33-35). Another concern is the threat of resettlement of residents on the side of Arab El Hessn site, i.e. garbage collectors and sorters (KIIs 33-35). These issues, though not true, were mentioned; which represents insecurity and vulnerability. Negative impacts on health and pollution related diseases are crucial concerns raised in all FGDs, KIIs and IGAs. All participants confirmed negative impacts on people's health in the area, in particular respiratory problems and chest congestions. In some FGDs and KIIs, negative health impacts were specific to children (FGD 8 & 9). It was expressed that "the refinery will positively impact the economy, but smoke will negatively impact people's health" (IGAs). The raised expectation of improved infrastructure for Arab El Hessn is also a potential negative impact unless experienced consultation specialists manage this expectation.

Mitigation of Impacts as Proposed by Residents of Arab El Hessn

To ensure minimisation of environmental degradation and deterioration of health in Arab El Hessn area, it was proposed during community meetings to: a) commit ERC to a social responsibility plan with clear measures and actions (all FGDs, KIIs and IGAs); b) enforce the implementation of effective industrial safety measures (FGD 8); and c) establish an efficient system and install efficient filters to control smoke and fumes emission (FGD 10 and KIIs 33-35).

Ezbet Atef

Perceived Positive Impacts

Male residents of Ezbet Atef are convinced ERC will recruit locals (FGD 11), while female residents believe that they will only recruit one or two residents as propaganda to satisfy locals (FGD 12). Shopkeepers stated that residents would benefit from this recruitment process since they live close by (KIIs 36-43). As for environmental impacts, there is a belief that ERC will use modern effective technology to ensure 'air pollution abatement' (FGD 13). Farmers see no problem with traffic (FGD 14), while workers state they can endure noise, as people are used to noise in the area (KIIs 36-43). As for sanitary and drainage issues, all participants see no damage as efforts are already being made to develop sanitary networks by local government (FGDs 11-14 and KIIs 36-43).

Perceived Negative Impacts

Reservation about local recruitment is a repeated negative impact. Recruiting through connections and not recruiting locals due to the lack of skills, experience and training is the major concern for all residents in Ezbet Atef (FGDs 11-14 and KIIs 36-43). Employment opportunities are perceived as fake promises (KIIs 36-43). Negative environmental impacts and consequent health problems for the elderly and children is a pressing concern for male residents (FGD 11); fires are a negative impact perceived by female residents (FGD 12); while smoke and crops "growing too soon because of the smoke" is a perceived negative impact raised by concerned farmers (FGD 14). Many participants are convinced that the refinery means "only pollution" (FGD 13). The negative impact on traffic and transportation was raised in many discussions (FGD 13 & 14 and KIIs 36-43).

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Impacts of 'noise' (construction nuisance) on the foundations of "delicate" housing were raised as a potential negative impact in only one discussion (FGD 13).

Mitigations of Impacts as Proposed by Residents of Ezbet Atef

A number of impact mitigation measures are proposed by Ezbet Atef respondents: use updated technology (FGD 11); ensure industrial safety (FGD 12); commit the ERC to recruit locals from the area (FGD 14); widen roads and organise traffic; establish new roads away from residential areas (KIIs 36-43); restrict work to day time (FGDs 12 & 13 and KIIs 36-43); and install a new, independent sanitary network for the refinery (FGDs 11-14 and KIIs 36-43).

The Laydown Area

Perceived Positive Impacts

Participants of Key Informant Interviews in the Laydown Area mentioned a few positive impacts of the Project regarding local economic development due to increased traffic flow around the Laydown Area. This includes: benefits for workshops and shops (KIIs 58-70) and, that the refinery needs a large number of employees and will probably have to recruit locals from surrounding areas (KII 58-70). "Even if job opportunities for locals are not ensured, the economy will benefit". (KII 44-49 & 58-64). Traffic jams and environmental issues do not seem a crucial concern: "it is only a warehouse for storage, so what is the problem"? (KIIs 44-49 & 65-70). The development of a sanitation network by the Project is an expected positive benefit (KIIs 58-70).

Perceived Negative Impacts

Respondents perceive that recruitment of locals is not possible due to lack of skills and experience PAPs (KIIs 44-57 & 65-70). Again, 600-700 new job opportunities are perceived as insufficient to absorb the large numbers of unemployed (KIIs 50-57). They stated recruitment would benefit residents in the communities as they are closer to the ERC North and South Plot sites but not residents close to the Laydown Area (KIIs 65-70). Again, hiring through connections and bribery remains a concern (KIIs 44-64). Participants are also concerned about negative impacts on the environment which negatively impacts on their Quality of Life, e.g. air pollution and solid waste management issues (KIIs 44-49); dust of unpaved roads when traffic flow increases due to the Project (KIIs 50-57 & 65-70); burning of chemical waste (KIIs 44-49); and respiratory diseases due to the air pollution "we will be living in a closed box" (KIIs 50-57). Blocking the Jalal Abd El Hafez Road will force residents to take alternative roads (KIIs 58-64). Nuisance due to construction works and traffic flow is believed to be a significant negative impact (KIIs 58-70) as is solid waste management and the need for an adequate, alternative dumpsite given the Laydown Area may now not be used (KIIs 58-64). Finally, if the expected economic development, jobs and sanitation network do not happen, this may create the negative impact of social risk/dissatisfaction.

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Mitigation of Impacts as Proposed by Residents of the Laydown Area

There is a consensus, among all participants, that the ground of the Laydown Area and Road 18 (leading to the Ring Road) should be paved to minimise dust and air pollution. The Canal Street should be used instead of the Mosque Road, and alternative roads should be used during construction to provide easier and secure access to the area and to reduce risk of accidents and blockages. ERC jobs should also be advertised in the Laydown Area communities.

Vendors on the Route to the Laydown Area

These small-scale businessmen operating in the transport right of way (as discussed in Chapter 9) and thus receptive to increased traffic flow stated that they would be both positively (economically) and negatively (pollution) impacted by ERC. For mitigation of these impacts (and some confused this with compensation for the negative impacts i.e. toilets) they stated: upgrading and paving roads; improving public transportation and constructing public toilets under the bridge for use by all street vendors given they will have to endure increased traffic due to the Project.

Appendix 11.1

Comparison Table between Egyptian Laws and International Standards for Involuntary Resettlement

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Appendix 11.1 Comparison Table between Egyptian Laws and International Standards for Involuntary Resettlement

Egyptian Laws	International Guidelines
<p>Egypt's Law 10/1990 mandates the Egyptian General Survey Authority EGSA to handle property acquisition at the central level together with other ministries or local governmental bodies. The executing agency is responsible for paying the compensation to affected groups through EGSA or under its supervision, offering alternative resettlement options. The law presents detailed procedures for acquisition, compensation and grievance methods.</p> <p>No legal reference to economic and social assessment of impacts resulting of involuntary resettlement in Egyptian laws and regulations.</p>	<p>World Bank Operational Policy 4.12 - Involuntary Resettlement</p> <p>This policy covers direct economic and social impacts that both result from Bank-assisted investment projects and are caused by:</p> <p>(a) the involuntary taking of land resulting in:</p> <p>(i) relocation or loss of shelter; (ii) loss of assets or access to assets; or (iii) loss of income sources or means of livelihood, whether or not the affected persons must move to another location; or</p> <p>(b) The involuntary restriction of access to legally designated parks and protected areas resulting in adverse impacts on the livelihoods of the displaced persons.</p>
<p>Required measures for involuntary resettlement</p>	
<p>No legal reference to any specific measures for addressing involuntary resettlement in Egyptian laws and regulations.</p>	<p>World Bank Operational Policy 4.12- Involuntary Resettlement</p> <p>To address the impacts covered under para. 3 (a) of this policy, the borrower prepares a resettlement plan or a resettlement policy framework (see paras. 25-30) that covers the following:</p> <p>(a) The resettlement plan or resettlement policy framework includes measures to ensure that the displaced persons are:</p> <p>(i) informed about their options and rights pertaining to resettlement;</p> <p>(ii) consulted, offered choices among, and provided with technically and economically feasible resettlement alternatives; and</p> <p>(iii) provided prompt and effective compensation at full replacement cost for losses of assets attributable directly to the project.</p>

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(b) If the impacts include physical relocation, the resettlement plan or resettlement policy framework includes measures to ensure that the displaced persons are:

(i) provided assistance (such as moving allowances) during relocation; and

(ii) provided with residential housing, or housing sites, or, as required, agricultural sites for which a combination of productive potential, locational advantages, and other factors is at least equivalent to the advantages of the old site.

(c) Where necessary to achieve the objectives of the policy, the resettlement plan or resettlement policy framework also includes measures to ensure that displaced persons are:

(i) offered support after displacement, for a transition period, based on a reasonable estimate of the time likely to be needed to restore their livelihood and standards of living; and

(ii) provided with development assistance in addition to compensation measures described in paragraph 6(a) (iii), such as land preparation, credit facilities, training, or job opportunities.

In projects involving involuntary restriction of access to legally designated parks and protected areas (see para. 3(b)), the nature of restrictions, as well as the type of measures necessary to mitigate adverse impacts, is determined with the participation of the displaced persons during the design and implementation of the project. In such cases, the borrower prepares a process framework acceptable to the Bank, describing the participatory process by which:

(a) specific components of the project will be prepared and implemented;

(b) the criteria for eligibility of displaced persons will be determined;

(c) measures to assist the displaced persons in their efforts to improve their livelihoods, or at least to restore them, in real terms, while maintaining the sustainability of the park or protected area, will be identified; and

(d) potential conflicts involving displaced persons will be resolved.

The process framework also includes a description of the arrangements for implementing and monitoring the process.

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To achieve the objectives of this policy, particular attention is paid to the needs of vulnerable groups among those displaced, especially those below the poverty line, the landless, the elderly, women and children, indigenous peoples, ethnic minorities, or other displaced persons who may not be protected through national land compensation legislation.

Payment of cash compensation for lost assets may be appropriate where:

(a) livelihoods are land-based but the land taken for the project is a small fraction of the affected asset and the residual is economically viable;

(b) active markets for land, housing, and labour exist, displaced persons use such markets, and there is sufficient supply of land and housing; or

(c) livelihoods are not land-based.

Cash compensation levels should be sufficient to replace the lost land and other assets at full replacement cost in local markets.

For impacts covered under para. 3(a) of this policy, the Bank also requires the following:

(a) Displaced persons and their communities, and any host communities receiving them, are provided timely and relevant information, consulted on resettlement options, and offered opportunities to participate in planning, implementing, and monitoring resettlement. Appropriate and accessible Grievance Mechanisms are established for these groups.

(b) In new resettlement sites or host communities, infrastructure and public services are provided as necessary to improve, restore, or maintain accessibility and levels of service for the displaced persons and host communities. Alternative or similar resources are provided to compensate for the loss of access to community resources (such as fishing areas, grazing areas, fuel, or fodder).

(c) Patterns of community organization appropriate to the new circumstances are based on choices made by the displaced persons. To the extent possible, the existing social and cultural institutions of resettlers and any host communities are preserved and resettlers' preferences with respect to relocating in pre-existing communities and groups are honoured.

Eligibility for benefits

No legal reference to specific criteria of World Bank Operational Policy 4.12- Involuntary

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eligibility. However, legal aspects of requisition of property described above comply with IFC criteria.

Resettlement

Upon identification of the need for involuntary resettlement in a project, the borrower carries out a census to identify the persons who will be affected by the project (see the <http://Inweb18.worldbank.org/Institutional/Manuals/OpManual.nsf/58AA50B14B6BC071852565A30061BEB6/46FC304892280AB785256B19008197F8?OpenDocument> Annex A, para. 6(a), to determine who will be eligible for assistance, and to discourage inflow of people ineligible for assistance.

The borrower also develops a procedure, satisfactory to the Bank, for establishing the criteria by which displaced persons will be deemed eligible for compensation and other resettlement assistance. The procedure includes provisions for meaningful consultations with affected persons and communities, local authorities, and, as appropriate, nongovernmental organizations (NGOs), and it specifies Grievance Mechanisms.

Criteria for Eligibility. Displaced persons may be classified in one of the following three groups:

(a) those who have formal legal rights to land (including customary and traditional rights recognized under the laws of the country);

(b) those who do not have formal legal rights to land at the time the census begins but have a claim to such land or assets—provided that such claims are recognized under the laws of the country or become recognized through a process identified in the resettlement plan (see <http://Inweb18.worldbank.org/Institutional/Manuals/OpManual.nsf/58AA50B14B6BC071852565A30061BEB6/46FC304892280AB785256B19008197F8?OpenDocument> Annex A, para. 7(f)); and

(c) those who have no recognizable legal right or claim to the land they are occupying.

Persons covered under para. 15(a) and (b) are provided compensation for the land they lose, and other assistance in accordance with para. 6. Persons covered under para. 15(c) are provided resettlement assistance in lieu of compensation for the land they occupy, and other assistance, as necessary, to achieve the objectives set out in this policy, if they occupy the Project Area prior to a cut-off date established by the borrower and acceptable to the Bank.

Persons who encroach on the area after the cut-off date are not entitled to compensation or any other

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form of resettlement assistance. All persons included in para. 15(a), (b), or (c) are provided compensation for loss of assets other than land.

Resettlement planning, implementation and monitoring

Law 10/1990, Chapter one, Articles 1-4, Chapter Two, Articles 5

Procedures start with a declaration of public interest pursuant to a Presidential Decree accompanied with a memorandum on the required project and a complete plan for the project and its buildings.

Law 59/1979 and Law 3/1982 provides that the Prime Minister issues the decree. The decree and the accompanying memorandum must be published in the Official Egyptian Gazette. A copy for the public should also be sited in the main offices of the concerned local government unit.

Operational steps are explained as follows:

The delegate of the entity in charge of the procedures of acquisition shall immediately upon publication, have the right to access the land which have been resolved as necessary for the public interest works in order to conduct technical and surveying operations, and to set down bordering signs in preparation of obtaining necessary information concerning the land or real estate. However, concerned parties (owners) should be informed thereof via confirmed registered mail letter prior to having access to land.

The real estate and establishments which have been resolved to be necessary for public interest shall be assessed by a Committee of delegates of the entity in charge of acquisition, and also one officer of the local administration and the cashier.

Prior to any assessment of the properties, the date of assessment shall be announced and sited in the main offices of the concerned local government unit, premises

World Bank Operational Policy 4.12- Involuntary Resettlement

To achieve the objectives of this policy, different planning instruments are used, depending on the type of project:

(a) a resettlement plan or abbreviated resettlement plan is required for all operations that entail involuntary resettlement unless otherwise specified (see para. 25 and Annex A);

(b) a resettlement policy framework is required for operations referred to in paras. 26-30 that may entail involuntary resettlement, unless otherwise specified (see Annex A); and

(c) a process framework is prepared for projects involving restriction of access in accordance with para. 3(b) (see para. 31).

The borrower is responsible for preparing, implementing, and monitoring a resettlement plan, a resettlement policy framework, or a process framework (the "resettlement instruments"), as appropriate, that conform to this policy. The resettlement instrument presents a strategy for achieving the objectives of the policy and covers all aspects of the proposed resettlement. Borrower commitment to, and capacity for, undertaking successful resettlement is a key determinant of Bank involvement in a project.

Resettlement planning includes early screening, scoping of key issues, the choice of resettlement instrument, and the information required to prepare the resettlement component or subcomponent. The scope and level of detail of the resettlement instruments vary with the magnitude and complexity of resettlement. In preparing the resettlement component, the borrower draws on appropriate social, technical, and legal expertise and on relevant community-based organizations and NGOs.

The borrower informs potentially displaced persons at an early stage about the resettlement aspects of the project and takes their views into account in project design.

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of the City Head (Mayor).

In addition, all concerned parties shall be informed about the said-time limit via confirmed registered mail letter. All owners or property holders shall have to attend before the Valuation Committee has started any action.

Main actions involve preparing list of properties subject to acquisition, and names and addresses of each owner or property holder. After authenticating this information, committee members as well as owners and property holders shall sign the lists.

The full costs of resettlement activities necessary to achieve the objectives of the project are included in the total costs of the project. The costs of resettlement, like the costs of other project activities, are treated as a charge against the economic benefits of the project; and any net benefits to resettlers (as compared to the "without-project" circumstances) are added to the benefits stream of the project. Resettlement components or free-standing resettlement projects need not be economically viable on their own, but they should be cost-effective.

The borrower ensures that the Project Implementation Plan is fully consistent with the resettlement instrument.

As a condition of appraisal of projects involving resettlement, the borrower provides the Bank with the relevant draft resettlement instrument which conforms to this policy, and makes it available at a place accessible to displaced persons and local NGOs, in a form, manner, and language that are understandable to them.

Once the Bank accepts this instrument as providing an adequate basis for project appraisal, the Bank makes it available to the public through its InfoShop. After the Bank has approved the final resettlement instrument, the Bank and the borrower disclose it again in the same manner.

The borrower's obligations to carry out the resettlement instrument and to keep the Bank informed of implementation progress are provided for in the legal agreements for the project.

The borrower is responsible for adequate monitoring and evaluation of the activities set forth in the resettlement instrument. The Bank regularly supervises resettlement implementation to determine compliance with the resettlement instrument.

Upon completion of the project, the borrower undertakes an assessment to determine whether the objectives of the resettlement instrument have been achieved. The assessment takes into account the baseline conditions and the results of resettlement monitoring.

If the assessment reveals that these objectives may not be realized, the borrower should propose follow-up measures that may serve as the basis for continued Bank supervision, as the Bank deems appropriate (see also BP 4.12, para. 16).

Resettlement instruments

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<p>No legal reference to resettlement instruments. Only operational steps are described within Law 10/1990</p>	<p>World Bank Operational Policy 4.12- Involuntary Resettlement Resettlement Plan Resettlement Policy Framework Process Framework</p>
<p>Valuation of compensation</p>	
<p>Law 10/1990, Chapter Two, Article 6-7</p> <p>The value of properties subject to land acquisition for public interest shall be assessed by a Valuation Committee. This committee is formed in each Governorate by a decree from the Minister of Public Works and Water Resources and constitutes of delegates f:rom:</p> <ul style="list-style-type: none"> - Egyptian General Survey Authority EGSA, chief of committee - Agricultural directorate, member - Housing and Utilities directorate, member - Real Estates' Taxes Directorate, member <p>Compensation shall be evaluated according to market value at the time of acquisition, where the entity requesting acquisition shall deposit the amount of determined compensation within a period not exceeding one month of the date of issue of the decree to the entity in acquisition charge.</p> <p>Upon owners' agreement, full or part of compensation can be received in kind.</p> <p>After depositing the compensation, the entity in acquisition charge shall prepare lists with the real estate subject to acquisition, areas, locations, names of owners and property holders, their addresses, and the value of compensations stipulated. These lists and respective maps showing the location of all properties, shall be sited in the head office of the entity in charge, the premises of EGSA at the Governorate capital, and the city or village</p>	<p>World Bank Operational Policy 4.12- Involuntary Resettlement</p> <p>With regard to land and structures, "replacement cost" is defined as follows: For agricultural land, it is the pre-project or pre-displacement, whichever is higher, market value of land of equal productive potential or use, located in the vicinity of the affected land, plus the cost of preparing the land to levels similar to those of the affected land, plus the cost of any registration and transfer taxes.</p> <p>For land in urban areas, it is the pre-displacement market value of land of equal size and use, with similar or improved public infrastructure facilities and services and located in the vicinity of the affected land, plus the cost of any registration and transfer taxes.</p> <p>For houses and other structures, it is the market cost of the materials to build a replacement structure with an area and quality similar to or better than those of the affected structure, or to repair a partially affected structure, plus the cost of transporting building materials to the construction site, plus the cost of any labour and contractors' fees, plus the cost of any registration and transfer taxes.</p> <p>In determining the replacement cost, depreciation of the asset and the value of salvage materials are not taken into account, nor is the value of benefits to be derived from the project deducted from the valuation of an affected asset.</p> <p>Where domestic law does not meet the standard of compensation at full replacement cost, compensation under domestic law is supplemented by additional measures so as to meet the replacement cost standard. Such additional assistance is distinct from resettlement measures to be provided under other clauses in OP 4.12, para. 6.</p> <p>Provision of health care services, particularly for pregnant women, infants, and the elderly, may be important during and after relocation to prevent increases in morbidity and mortality due to malnutrition, the psychological stress of being</p>

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council for one month. All partners, owners and property holders shall be informed via confirmed registered mail letter.

A week prior of this, an announcement shall be published in the official Egyptian Gazette and two daily widespread newspapers including all information about the project and time limits for hanging up the lists and maps.

Owners and property holders are then informed about eviction in a maximum time of five months via confirmed registered mail letter.

uprooted, and the increased risk of disease.

Negative impacts that should be anticipated and mitigated include, for rural resettlement, deforestation, overgrazing, soil erosion, sanitation, and pollution; for urban resettlement, projects should address such density-related issues as transportation capacity and access to potable water, sanitation systems, and health facilities.

Experience has shown that local NGOs often provide valuable assistance and ensure viable community participation.

OPN 11.03, Management of Cultural Property in Bank-Financed Projects.

In case some of the displaced persons lose more than 10% of their productive assets or require physical relocation, the plan also covers a socioeconomic survey and income restoration measures.

Grievance Mechanisms

Law 10/1990, Chapter Three, Articles 8-13

The concerned owners and holders of rights have the right to object to the information contained in such lists within 30 days from the date of posting and publishing the lists and information of the expropriated properties.

The objection is made to the main offices of the Acquisition Entity or the administration to which it is attached within the governorate in which the property is located.

In case of dispute between several individuals or parties on a single property, each party should present all evidences or documents that proof his/her rights within the next 90 days from submitting the memorandum of objection/ grievance. In

World Bank Operational Policy 4.12- Involuntary Resettlement

Grievance procedures:

Affordable and accessible procedures for third-party settlement of disputes arising from resettlement; such Grievance Mechanisms should take into account the availability of judicial recourse and community and traditional dispute settlement mechanisms.

An abbreviated resettlement plan covers the following minimum elements:

- institutional responsibility for implementation and procedures for grievance redress;

The resettlement policy framework covers the following elements, consistent with the provisions described in OP 4.12, paras. 2 and 4:

- a description of grievance redress mechanisms

When a resettlement policy framework is the only

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case of failing to submit those required evidences, the grievance would be considered as not submitted.

The responsible body for acquisition has the right to request additional documents deemed necessary and define proper period for submitting these documents.

Usually these documents include:

- Registered contracts
- Cadastre registers, to determine source of ownership (or the history of the properties)
- Real estate tax registers (the compilation of these registers depended on the cadastre registers)
- "Forms of Change," which enabled the authorities to determine the changes in ownership of each property before the date of completing cadastre.
- Any official documents recognizing the rights of the claimers such as court decision "*Seha wa Nafaz*".

The ruling of the Acquisition Entity on the grievance can be appealed to the court of first instance within whose jurisdiction the expropriated property is located. The appeal must be made within 60 days from the date of notifying the concerned parties with the Expropriating Entity's ruling on their objection.

- The Acquisition Entity and the concerned owners and holders of rights have the right within 4 months from the last date on which the lists and other information are posted (1 month after the posting date) to object to the determination of compensation by EGSA before the competent court of first instance.

- A list of properties for which no objection or appeal is made shall be prepared. No objection or dispute may thereafter arise with respect to these particular properties. Payment made to the owners and holders of rights in these properties shall be conclusive as to the fulfilment of the Acquisition Entity's payment obligations.

- Non-objecting concerned persons shall

document that needs to be submitted as a condition of the loan, the resettlement plan to be submitted as a condition of subproject financing need not include the policy principles, entitlements, and eligibility criteria, organizational arrangements, arrangements for monitoring and evaluation, the framework for participation, and mechanisms for grievance redress set forth in the resettlement policy framework. The subproject-specific resettlement plan needs to include baseline census and socioeconomic survey information; specific compensation rates and standards; policy entitlements related to any additional impacts identified through the census or survey; description of resettlement sites and programs for improvement or restoration of livelihoods and standards of living; implementation schedule for resettlement activities; and detailed cost estimate.

Specifically, the process framework describes participatory processes by which the following activities will be accomplished.

Potential conflicts or grievances within or between affected communities will be resolved. The document should describe the process for resolving disputes relating to resource use restrictions that may arise between or among affected communities, and grievances that may arise from members of communities who are dissatisfied with the eligibility criteria, community planning measures, or actual implementation.

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execute and sign transfer of title forms in favour of the Acquisition Entity. For properties for which signed forms cannot be obtained, a ministerial decree declaring such transfer shall be issued in lieu thereof. The signed forms and the ministerial decree shall be deposited with the concerned Real Estate Office. The deposit thereof shall result in the full transfer of title ordinarily associated with a recordation of a deed of sale.

The non-deposit of the executed forms or ministerial decree with the concerned Real Estate Registrar for a period exceeding 2 years from the date of publishing the expropriating decree shall render the decree as null and void with respect to the properties for which the executed forms or the decree have not been deposited.

- No objection or appeal shall prevent the property owner or holder of rights therein from collecting the estimated compensation amount.

- Under current law and practice, the Government has wide powers in determining whether a project is a public interest project. This falls within the full discretion of the Government. Accordingly, objections to an expropriation decree cannot interfere with or limit the Government powers in this respect except where there is a clear misuse or abuse of this right that amount to bad faith on the part of the Government. Allowable objections are usually based on whether the amount of compensation is sufficient or whether the property falls within the area defined under the expropriation decree.

- The involvement of right holders usually results in one of the following scenarios with respect to objection procedures:

- The holders of rights may object to the amount of compensation in the event that they are of the opinion that the decided amount is not fair and that the title owner has not taken any objection. In such case, the holders of rights may use the right of their debtor (the titleholder) to preserve their interest.

- If the holders of rights decide not to object to the amount of compensation on behalf of the titleholder, they effect an attachment of the compensation amount to repay

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amounts due to them from the titleholders,
if any.

Additional comment:

In Egypt, Court cases are known to require long periods of time before settlements can be reached. It is therefore proposed here to make available a first tier of grievance management mechanisms, which will be taken care of by the Project, and which will provide aggrieved people with an avenue for amicable settlement without necessarily opening a Court case. Aggrieved people would however remain free to open a Court case without having registered their grievance with this first-tier mechanism.

Appendix 11.2
Information on the 21 affected households
(Source: CORC)

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Appendix 11.2: Information on the 21 affected households (Source: CORC)

Questionnaire number	Apartment number	ID number	Tenant	Number of cohabiting family members in each household
1	Build.1 –Apt.3	1050	Mohamed Hussein AbdRabou	6
2	Build.1 –Apt.5	1113	Mohamed Abdel Aziz Mohamed Abd Rabou	5
3	Build.3 –Apt.8	1630	Marwan Ali Marwan Ibrahim	6
4	Build.1 –Apt.9	756	Ibrahim Abd El Hamid Eissa	6
5	Build.2 –Apt.5	651	Mohamed Amre Ahmed Saad Qutb	6
6	Build.3 –Apt.7	1653	Mohamed Zaki Soliman	4
7	Build.3 –Apt.3	2674	Mahmoud AbdelHalim Mahmoud Ahmed Abuzana	5
8	Build.3 –Apt.9	2083	Ashraf Tewfik Yassin	4
9	Build.1 –Apt.8	416	Talaat Ibrahim Ahmed Abd-el-Karim	4
10	Build.3 – Apt.10	1628	Sobhi Moslem Salaama	6
11	Build.3 –Apt.4	2341	Kamal Abd-El-Azim Emam Moussa	4
12	Build.2 –Apt.3	334	Ahmed AbdelHamid Ahmed	8
13	Build.2 –Apt.8	1854	Mostafa Mohamed Ragab Gohar	6
14	Build.3 – Apt.1B	1021	Ibrahim AbulFotouh Azazi Mohamed	5
15	Build.2 –Apt.4	528	Ali El Sedeeq Mohamed Ismail	5
16	Build.3 –Apt.6	2231	Abdel Nabi Ali Soliman	5
17	Build.3 – Apt.1A	1811	Ismail Mohammed Ismail Abdel Motelleb	4
18	Build.1 –Apt.4	182	Ibrahim Mohamed Aly	?
19	Build.1 – Apt.10	1904	Atef Ahmed Abdel Qadar	5

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Questionnaire number	Apartment number	ID number	Tenant	Number of cohabiting family members in each household
20	Build.2 – Apt.2B	1248	Ismail Abdel Aziz Abu Hashem	8
21	Build.2 –Apt.7	1120	Ahmed Hassan Ahmed Ismail	4
			TOTAL	107

Appendix 11.3

South Plot 1 Tenant Household Questionnaire (English)

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Appendix 11.3 South Plot 1 Tenant Household Questionnaire (English)

ERC Mostorod Hydro-Cracking Complex Project

South Plot 1 Resettlement

Household Questionnaire

QUESTIONNAIRE NUMBER:

INTRODUCTION

The purpose of this questionnaire is to collect some basic socio-economic information from each household that will be resettled as a result of Egyptian Refining Company (ERC) acquiring the South Plot 1 site from Cairo Oil Refining Company (CORC). ERC is acquiring the land for the purpose of building a hydro-cracking complex. ERC and CORC are committed to making sure families are not worse off because of the move. Furthermore, in response to concerns raised by the employees, CORC and ERC, there is a need to understand how the affected households' lives might be changed by the move. As a result, the information collected in this questionnaire will be used to facilitate and plan a successful resettlement. You are under no obligation to answer the questions in this questionnaire should you feel uncomfortable with them. We will endeavour to give you the opportunity to check the information we have collected from you at a later date. We also recommend that you verify the information you provide in this questionnaire with each member of your household.

HOUSEHOLD IDENTITY

Family name:
Name of family representative filling in the questionnaire (full name):

VERIFICATION

Print name of person interviewed	Signature
Print name of interviewer	Signature
Date (dd/mm/yyyy) and start and end time of interview	

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FAMILY DETAILS

	A	B	C	D	E	F	G
	<p>Make a complete list of all individuals who normally live and eat their meals together in this household starting with the family representative being interviewed . Include children who are in boarding school and family members who are working elsewhere as migrant labourers.</p> <p>(Please state their full name)</p>	Sex	<p>What is the relationship to family representative?</p> <p>(Wife/ husband, son, daughter, grandchild, brother, sister, grandparent, etc)</p>	Age	<p>Occupation</p> <p>(paid employment, housewife, in education, retired, etc)</p>	<p>Transport most frequently used in daily life</p>	<p>Health or Disability issues</p>
1							
2							
3							
4							
5							
6							

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	A	B	C	D	E	F	G
7							

QUESTIONS

- How long have you been resident in this flat?
- What is the tenancy agreement you have with CORC?
- How much rent do you pay?
- How many rooms do you have in your house? *(Please specify what their use, e.g. kitchen, bathroom, etc)*
- What sources of energy do you use in your house for cooking, heating, lighting and other power needs?

Approximately how much does this cost (per month)?

Electricity	
Gas	
Other (specify)	

- Do you have any problems with these sources of energy?
- Do you have to pay for water? If yes, how much per month?
- Do you have any problems with water?
- Which places do household members travel to on a regular basis, why, and how do you travel there?

(Schools, Mosque/church, Shops, Work, Family and friends, etc)

- What communications/media devices do you have in the flat?

Phone	
Satellite dish	

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Internet	
Other	

11. What do you like about living in this flat, or see as the advantages or opportunities for living here?

(Please list in order of importance)

12. What don't you like about living in this flat, or what are the limitations, issues or shortcomings of this flat/location?

(Please list in order of importance)

13. What do you think of the location of the new flats? (*see map attached*)

14. What do you think about the new flats themselves?

15. Do you have any questions or concerns?

16. Other comments

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ERC Health and Safety statement

The ERC refinery design philosophy is to provide sufficient process safeguards to protect personnel and equipment and *de facto* the surrounding community. These include, but are not limited to, the following:

- The refinery design is based on one of the best licensed technology. Well proven and safely operated in several other refineries worldwide.
- Adequate design pressure, temperature and metallurgy of all equipment.
- Pressure relief devices are provided, as per the relevant operating/design codes.
- Smokeless elevated Flare (approx 130 meter high).
- Emergency isolation valves are provided, as per design codes.
- De-pressurisation facilities.
- Hazardous emissions detectors.
- Protective instrumentation & controls with sufficient redundancy.
- Emergency shutdown instrumentation.
- Emergency alarms.
- Fire protection systems are provided, as per design codes.
- Complete waste water treatment system.
- Noise design basis does not allow having over 80db at one meter from each item of equipment, thus an inherently quiet design, with anticipated low noise disturbance outside the site boundary.

The refinery operation and maintenance will be in accordance with the best international practice, and based on approved procedures and instructions. Industry standard safe systems of work will be practiced and delivered by a high level of training for all plant operatives.

Appendix 11.4

Requirements for a Resettlement Policy Framework (RPF)

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APPENDIX 11. 4 Requirements for a Resettlement Policy Framework (RPF)

The Equator Principles require that projects in non-OECD countries (including Egypt) must refer to the applicable Internal Finance Corporation (IFC) Performance Standards. In relation to resettlement, the applicable standard is Performance Standard 5: Land Acquisition and Involuntary Resettlement.

IFC Performance Standard 5 describes a Resettlement Action Plan (RAP) as a document drafted by the company (in this case, ERC) or other parties responsible for resettlement, specifying the procedures it will follow and the actions it will take to properly resettle and compensate affected people and communities. The RAP is the company's commitment to financial institutions and to the affected people that it will meet its obligations arising from involuntary resettlement.

Proper resettlement planning can enhance the development impact of a project. The IFC urges sponsors to avoid involuntary resettlement wherever feasible or to minimize it by exploring alternative project design or siting. The RAP must identify the full range of people affected by the project and justify their displacement after consideration of alternatives that would minimize or avoid displacement.

The RAP outlines eligibility criteria for affected parties, establishes rates of compensation for lost assets, and describes levels of assistance for relocation and reconstruction of affected households.

The RAP process involves;

- collection and analysis of socio-economic data regarding the households losing assets or resources;
- creation of a resettlement baseline as part of the resettlement–compensation methodology;
- estimation of the impact that resettlement will have on people and property (land, crops, and access to forest and grazing resources);
- definition and description of eligibility criteria and compensation categories;
- determination of valuations of land, crops, buildings and all other property, including cultural property such as graves, sacred sites and monuments;
- determination of various income restoration strategies (including assistance in sustainable agricultural techniques);
- definition of individual, household and community compensation agreements;
- structuring of the complaints and grievance procedures;
- preparation of a comprehensive budget and schedule for the implementation of the RAP;
- preparation of a monitoring and evaluation process for the RAP implementation;
- identification of the monitoring and evaluation indicators; and
- provision of recommendations as to resettlement implementation.

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Paragraph G23 of the 2007 IFC Guidance Notes for Performance Standard 5 states that: “A project may include subprojects or multiple components that cannot be identified at project appraisal or that may be implemented sequentially over an extended period (such as a highway project in which all interchanges have not been determined or a mining project for which land acquisition cannot be planned at one time). Under these circumstances, a Resettlement Framework should establish the principles, procedures, entitlements and eligibility criteria, organizational arrangements, arrangements for monitoring and evaluation, the framework for participation, and mechanisms for redressing grievances by which the client will abide during the project implementation. A Resettlement Action Plan consistent with this Resettlement Framework should be prepared for each subsequent subproject or project component that entails physical and/or economic displacement. The Resettlement Action Plan for each subproject or subcomponent will be reviewed and approved by IFC.”

The IFC Handbook for Preparing a Resettlement Action Plan allows for the submission of a **Resettlement Policy framework** for *“projects with subprojects or multiple components that cannot be identified before project approval. This instrument may also be appropriate where there are valid reasons for delaying the implementation of the resettlement provided that the implementing party provides an appropriate and concrete commitment for its future implementation.”*³

The World Bank Operational Policy 4.12 on Involuntary Resettlement defines a resettlement policy framework as follows; *“The purpose of the policy framework is to clarify resettlement principles, organizational arrangements, and design criteria to be applied to subprojects to be prepared during project implementation.”*⁴

According to the World Bank Operational Policy 4.12: *“When a resettlement policy framework is the only document that needs to be submitted as a condition of the loan, the resettlement plan to be submitted as a condition of subproject financing need not include the policy principles, entitlements, and eligibility criteria, organizational arrangements, arrangements for monitoring and evaluation, the framework for participation, and mechanisms for grievance redress set forth in the resettlement policy framework. The subproject-specific resettlement plan needs to include baseline census and socioeconomic survey information; specific compensation rates and standards; policy entitlements related to any additional impacts identified through the census or survey; description of resettlement sites and programs for improvement or restoration of livelihoods and standards of living; implementation schedule for resettlement activities; and detailed cost estimate.”*⁵

³ International Finance Corporation Handbook for Preparing a Resettlement Action Plan - page xi

⁴ World Bank Operational Manual
<http://wbln0018.worldbank.org/Institutional/Manuals/OpManual.nsf/toc2/46FC304892280AB785256B19008197F8?OpenDocument>

⁵ World Bank Operational Policy 4.12 Annex A
<http://wbln0018.worldbank.org/Institutional/Manuals/OpManual.nsf/toc2/46FC304892280AB785256B19008197F8?OpenDocument>

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Furthermore the Annex of the Operational Policy outlines the key elements to include within a RPF as follows;

1. A brief description of the project and components for which land acquisition and resettlement are required, and an explanation of why a resettlement plan as described in paras. 2-21 or an abbreviated plan as described in para. 22 cannot be prepared by project appraisal;
2. Principles and objectives governing resettlement preparation and implementation;
3. A description of the process for preparing and approving resettlement plans;
4. Estimated population displacement and likely categories of displaced persons, to the extent feasible;
5. Eligibility criteria for defining various categories of displaced persons;
6. A legal framework reviewing the fit between borrower laws and regulations and IFC and WB policy requirements and measures proposed to bridge any gaps between them;
7. Organizational procedures for delivery of entitlements, including, for projects involving private sector intermediaries, the responsibilities of the financial intermediary, the government, and the private developer;
8. A description of mechanisms for consultations with, and participation of, displaced persons in planning, implementation, and monitoring;
9. Methods of valuing affected assets;
10. Description of the implementation process;
11. A description of grievance redress mechanisms;
12. A description of the arrangements for funding resettlement, including the preparation and review of cost estimates, the flow of funds, and contingency arrangements;
13. Arrangements for monitoring by the implementing agency and, if required, by independent monitors.

Appendix 11.5 Resettlement Avoidance

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Appendix 11.5 Resettlement Avoidance

Resettlement avoidance and alternatives analysis: ERC has attempted to avoid and minimise resettlement at the South Plot 1 through a number of measures, including:

- Gaining access to land through voluntary land acquisition or (in the case of the South Plot) leasing;
- Locating ERC within an existing industrial area, rather than using other land used for housing, agriculture or other productive use;
- Minimising the Project footprint through efficient layout of the facilities.

ERC had several alternatives which could have been considered which would have had different resettlement impacts. The brief assessment of alternatives below indicates that the current measures are the most preferable feasible alternative in terms of avoiding and minimising resettlement.

Alternative 1: Another site within the existing CORC refinery

Current information indicates that CORC selected the South Plot as the best site to lease to ERC as this was the only sufficient area within the refinery boundaries that did not contain immovable project structures. There is currently no documented information available about:

- The extent to which ERC was able to influence the decision of CORC as to the location of the site;
- Whether ERC specifically requested CORC to minimise any social impacts, particularly avoiding resettlement, through the selection of the site;
- The feasibility of CORC leasing a suitable area of land which could have avoided relocation of the tenant employees or whether the existing site was the only feasible option.

Alternative 2: A site adjacent to the existing CORC refinery

Any site adjacent to the refinery would have to involve physical and/or economic resettlement on a much larger scale, as the area is densely populated and any land is intensively farmed and would be likely to require involuntary land acquisition. Alternative 2 would therefore have resulted increased resettlement and is therefore not a preferred option.

Alternative 3: Location away from CORC refinery

Alternative sites would likely have several disadvantages including:

- Increased footprint due to the requirement for pipelines (and/or other means to transport inputs and products) from the CORC refinery;
- Possibility of requiring involuntary land acquisition to acquire sufficient land;
- Significant delays to schedule;
- Significant increases in budget.

Based on current available information, there does not appear to be a feasible site for Alternative 3 which would result in resettlement avoidance.

Appendix 11.6

Laydown Area Survey Tools

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Social Study of Garbage Based Livelihoods in Mostorod (ERC Laydown)
FOCUS GROUP DISCUSSION WITH RESIDENTS - CHECKLIST

Name of Surveyor:

Name of Entrant:

Time of Consultations:

No of attendees Male Female

Date of Survey: / / 2008

Date of Entry: / / 2008

1a) Do you use the Laydown Area/dump site for any social or economic purposes?

1b) What purposes?

1c) Can you do these activities anywhere else?

1d) If so where?

1e) If not why not?

2 a) Do any other members of your family use the Laydown Area/dump site for any social or economic purposes?

2b) What purposes?

2c) Can they do these activities anywhere else?

2d) If so where?

2e) If not why not?

3a) Do you or your family dump your HH waste at the Laydown/dump site?

3b) What type of waste?

3c) Why do you/your family dump it here?

3d) If the Laydown was closed what would you/your family do?

3e) Do you have any ideas what should be done in this regard?

4a) Are there any problems in Living near to a dump site?

4b) Do you want the Laydown Area/dump site cleaned up?

4c) If yes why?

4d) If no why not?



Social Study of Garbage Based Livelihoods in Mostorod (ERC LAYDOWN) Network and Time Study

Name of Surveyor:	Name of Entrant:
Time of Survey:	Collector/Sorter or Garbage Dumper.....
Date of Survey: / / 2008	Date of Entry: / / 2008

Laydown Area Livelihoods Questionnaire - If interview cannot be obtained the survey sheet will be completed by applied observation to achieve number of collectors/disposers, age, sex, basic activity/process and time study information. Willing/unwillingness of interview will indicate degree of sensitivity

APPLIED OBSERVATION QUESTIONNAIRE NUMBER

INTERVIEW QUESTIONNAIRE NUMBER

Information in this questionnaire is confidential and will only be used for social research purposes for the ERC



1A) Information on Garbage Collector/Garbage Disposer - Quantitative

Name of Respondent	Place of Residence (give name of your community and distance from Laydown)	Sex	Age	Place of birth	Number of HH members dependent on this Livelihood	Laydown Activity (can be more than one)	Do other members of your HH come to the Laydown for garbage collection/disposal	Occupations (s) Do you have other occupations or is waste business the only occupation
		a) Male b) Female		a) Same area b) Rural c) Urban d) Frontier e) Other		a) Disposing garbage b) Sorting garbage c) Collecting garbage d) Recycling e) Other	a) Yes b) No c) If yes who? Brother/sister/father/ mother/aunt/uncle/ cousin/other	a) Only occupation b) Other occupations

1B) Information on Garbage Collector/Garbage Disposer - Qualitative

1Bi) Why do you come to the Laydown Area?

.....
.....
.....

1Bii) Are there any social reasons for coming to the Laydown Area? Yes/No. If yes please explain

.....
.....
.....



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2A) Process and Time Study - Quantitative

Type(s) of Garbage Collected	How long have you been using the Laydown Area for Garbage Collecting/Disposal?	Frequency of Activity – Collection/Dumping, sorting	Start Time	End Time	Total Time Spent at Laydown	Appliances/ Tools Used	Where do you sort the garbage?	Where do you take the Garbage? Give name and distance from Laydown	Transport used
a) Cardboard/paper b) Metal c) Clothes d) Plastic e) Foodstuffs f) Construction waste/bricks g) Other	a) For more than a year b) For a year c) For six months or more d) For less than six months e) For a month f) For less than a month g) If more than a year give number of years	a) Once per day b) Once per week c) Once per month d) Occasional (less than 5 times/year)				a) Large sacks b) Small bags c) Boxes d) Hammes e) Other	a) On the Laydown Plot b) In Laydown community c) Elsewhere in Mostorod d) Elsewhere in Cairo	a) Truck b) Donkey Cart c) Car d) Bicycle e) Public transport f) Walk g) Other	

2B) Process and Time Study - Qualitative

2Bi) Did you collect garbage before using the Laydown Area/or do you collect garbage from elsewhere? Yes/No.

2Bii) If yes explain where you collected or sorted rubbish before you started using the Laydown and why did you stop using this place and start using the Laydown

.....
.....

2Biii) If yes explain where you dumped rubbish before you started using the Laydown and why did you stop using this place and start using the Laydown Area as a dumpsite.....

.....
.....

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**ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES**

2Biv) Please give more detail on how you use the garbage.. ..
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ERC

**ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
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3A) Livelihood Significance – Quantitative

Use of Garbage (more than one use can be circled)	Income from Selling Garbage	Where/to whom do you sell the garbage?	Value of using Garbage at Home?	How dependent is your HH or business on this activity
a) To sell b) Recycling to be used for other purposes c) Use at Home d) Other	a) Average/day b) Average/week c) Average/month		a) High Value b) Some value c) Only a little value	a) Very b) Moderate dependency c) Not very dependent

3B) Livelihood Significance – Qualitative

3Bi) Explain why and how garbage is used at home

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3Bii) Explain why you think it is of high value/some value/only a little value

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3Biii) Who buys the waste and why?

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WorleyParsons
resources & energy

ERC



**ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES**

4) Livelihood Alternatives

4A) If you could not dump garbage at the Laydown area where would you dump it?.....

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4 B) If you could not use the Laydown Area for collecting garbage what will you do/where will you go?

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4 C) If you could not use the Laydown area for sorting/recycling garbage what will you do/where will you go?

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4D) Do you have any ideas/preferences for collecting garbage elsewhere if the Laydown area was closed?

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5) General
Observations.....

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