### SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

**Country:** India  
**Project Title:** Assam Urban Infrastructure Investment Program

<table>
<thead>
<tr>
<th>Lending/Financing Modality:</th>
<th>Multitranche Financing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Division:</td>
<td>South Asia Department</td>
</tr>
<tr>
<td></td>
<td>Urban Development and Water Division</td>
</tr>
</tbody>
</table>

#### I. POVERTY ANALYSIS AND STRATEGY

**A. Links to the National Poverty Reduction Strategy and Country Partnership Strategy**

India's Eleventh Five-Year Plan, 2007–2012 stresses reducing the incidence of poverty and deprivation in India's cities and towns. The government aims to reduce urban poverty by, among other ways, implementing integrated development schemes through its national urban development program, the Jawaharlal Nehru National Urban Renewal Mission, which focuses on slum improvement, infrastructure development, solid waste management, water supply and sanitation, local governance, and community participation. The Asian Development Bank (ADB) country partnership strategy, 2009–2012 for India is closely aligned with India’s 11th Five-Year plan. The strategy aims to improve urban residents’ access to water supply and sanitation facilities, with a focus on states like Assam that are poor and have weak capacity. The Assam Urban Infrastructure Investment Program links to the government’s and ADB’s poverty reduction strategies as it aims to meet basic needs for water supply, sanitation, solid waste management, and urban transport in Dibrugarh and Guwahati. The investment program includes strong community planning and participation components to benefit the poor and women.

**B. Poverty Analysis**

**Targeting Classification:** Targeted intervention—MDGs

**Key issues.** Assam has a poverty rate of 36%, which is higher than the national average of 26% in 1999–2000. Urban poverty in Assam encompasses close to 4% of the state's population. Assam ranks 14th in the Human Development Index for India. Non-income poverty levels are high, and many towns lack access to basic services such as drinking water supply and sanitation. Migration from rural areas continues to expand the population of Dibrugarh and Guwahati. In Guwahati, which has a population of 2.6 million, 23% of residents live below the poverty line and/or live in extreme poverty pockets. Only 30% have access to piped drinking water, and only 56% have toilets. Access to potable water in slum areas is less than 10% in Guwahati. Dibrugarh district (including Dibrugarh municipal area, which has a population of 134,000) has a large poor population of migrant tea workers and nine notified slum areas. About 30% of the population lacks clean drinking water, 27% has no drainage, and 44% lacks access to any credit institutions or banks. Access to potable water is nonexistent in slum areas of Dibrugarh. The poor depend on open, unprotected water sources; wells; hand pumps; and stand posts. In addition, more than 80% of the slum population lacks access to safe sanitation in Guwahati and Dibrugarh. Lack of access to an efficient drainage system exacerbates the vulnerability of slums to recurrent flooding and loss of livelihood in Dibrugarh.

**Design features.** The investment program will contribute to the Millennium Development Goal 7, Target 3: halving, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. It will address both income and non-income poverty in Dibrugarh and Guwahati through (i) improved access to urban services in water supply, sewerage, solid waste management, drainage, and urban transport and (ii) community awareness and livelihood components in poor and other areas. Tranche 1 subprojects will include the following pro-poor features: (i) a baseline survey of service areas within both cities for identifying poor and vulnerable households, including those headed by women, and allowing targeted interventions in project activities for water, sewerage, and solid waste management; (ii) local awareness campaigns to expand understanding of the project and its benefits; (iii) behavior change programs in hygiene, sanitation, and 3R in slum and other areas; and (iv), in Dibrugarh only, livelihood programs to train and promote income opportunities for the poor in primary waste collection and alternative livelihoods in recyclable products and composting. The project is expected to benefit households in notified slum areas and also poor households in other areas, providing better access to basic urban services. Apart from improved access to water supply and sanitation, the provision of drainage in the slum areas and other poorly drained areas will reduce vulnerability to flooding and the resulting loss of livelihoods and incomes.
SOCIAL ANALYSIS AND STRATEGY

A. Findings of Social Analysis

Key issues. The urban poor are exposed to infectious diseases from municipal solid waste, respiratory diseases from air pollution, insecure access to safe drinking water, and the risk of food poisoning from soil and groundwater contamination. Socioeconomic surveys and consultations indicate that water and sanitation problems are significant for poor households in Dibrugarh and Guwahati. In Assam, waterborne disease including diarrhea is a common cause of death among children and accounts for 23% of all waterborne diseases. In Dibrugarh, only 60% of women are literate. The unemployment rate, according to the 2001 census, is a high 44%, and workforce participation in urban areas is 34%, even lower at 29% for women. The construction and operation of solid waste management and drainage facilities will generate jobs for the local community.

B. Consultation and Participation

1. Provide a summary of the consultation and participation (C&P) process during project preparation.
2. What level of C&P is envisaged during the project implementation and monitoring?
   - Yes
   - No
3. Was a C&P plan prepared for project implementation?
   - Yes
   - No

To support the program management unit and project implementation units in their implementation of community awareness and social development programs, a nongovernment organization (NGO) will be responsible for (i) ensuring meaningful local participation through community planning and awareness creation to support constructive public relations in Dibrugarh and Guwahati; (ii) mobilizing communities in Dibrugarh to form local primary waste collection groups to promote segregating and recycling at the source, (iii) designing and implementing behavior-change programs in relation to health-seeking behavior, hygiene and sanitation, and in promoting a reduce, reuse, recycle (3R) strategy, segregating and recycling of waste at the source (waste features in Dibrugarh only) through, among other methods, a sustained campaign of information, education, and communication in local communities; and (iii) providing training in livelihood skills using recyclable materials (Dibrugarh only). These activities will occur within the service areas of the project and target poor communities and women. A robust community awareness program and behavior-change communications strategy requires the participation of various stakeholders. The NGO will therefore seek the support of the following civil society representatives: (i) community influencers, religious leaders, and other civil society representatives; (ii) community-based organizations and women's groups; (iii) vendor associations and labor union federations; (iv) ward councilors, ward members, and citizen forums; (v) the public at large; and (vi) contractors.

C. Gender and Development

Key issues. In Assam, 69% of married women aged 15–49 suffer anemia, as do 45% of men. Compromised immunity makes women highly vulnerable to waterborne diseases that thrive in poor sanitation, while at the same time women must continue to perform household chores and bear the burden of caring for their children, the sick, and the elderly. Because women are primarily responsible for household work, lack of access to piped water requires them to spend more time fetching water, preventing them from engaging meaningfully in income generation or education, particularly in the case of young and adolescent girls. Tight supplies of water causes households to be highly judicious in its use, adversely affecting cleanliness and health. Assam's female workforce participation rate is only 16%, much lower than the 25% in the rest of India (NSS report 531, 2007–2008). One of the main reasons for the low rate in Assam is the heavy domestic responsibilities of women, which include collecting water and taking care of the sick and elderly. In Assam, 63% of women are literate, as are 76% of men (National Family Health Survey III, 2005–2006). This low rate of basic literacy keeps many women from participating meaningfully and productively in labor markets.

Key actions. Measures included in the design to promote gender equality and women's empowerment—access to and use of relevant services, resources, assets, or opportunities and participation in decision-making process:
   - Gender action plan
   - Other actions or measures
   - No action or measure

A gender action plan was prepared and will be implemented by an NGO recruited under the loan. The plan includes (i) conducting a baseline survey to identify households headed by women in the service area for targeting project activities and monitoring; (ii) conducting community awareness and behavior-change workshops with community members in water conservation, hygiene, sanitation, and 3R with 30% of participants to be women; (iii) conducting training workshops in livelihood skills using recyclable materials, with 30% of participants to be women; (iv) training the staff of urban local bodies in social-inclusive and gender-responsive O&M and financial management; (v) conducting community awareness campaigns on social, gender, health, and sanitation issues, conducted in all urban local bodies in Dibrugarh and Guwahati; and (vi) ensuring that at least 50% of facilitators and participants in sanitation campaigns are women. A system of collecting sex-disaggregated data will be developed by the NGO in collaboration with the program management unit to monitor the achievement of the gender and pro-poor targets.
### III. SOCIAL SAFEGUARD ISSUES AND OTHER SOCIAL RISKS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Significant/Limited / No Impact</th>
<th>Strategy to Address Issue</th>
<th>Plan or Other Measures Included in Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involuntary Resettlement</td>
<td>Tranche 1. Limited</td>
<td>Resettlement plans were prepared for tranche 1 subprojects in accordance with ADB’s Safeguard’s Policy Statement (2009).</td>
<td>☑ Resettlement plan  ☑ Resettlement framework</td>
</tr>
<tr>
<td>Indigenous Peoples</td>
<td>No impact</td>
<td>No impact on indigenous peoples is anticipated, as all works are planned within urban areas. An indigenous peoples planning framework was prepared to guide the preparation of tranche 2 subprojects.</td>
<td>☑ Indigenous peoples planning framework</td>
</tr>
<tr>
<td>Labor</td>
<td>Limited</td>
<td>Local labor opportunities will become available through construction contracts. The generation of employment will be promoted through the solid waste management scheme. Training will be provided under the project.</td>
<td>☑ Other action</td>
</tr>
<tr>
<td>Affordability</td>
<td>No impact</td>
<td>NA</td>
<td>☑ No action</td>
</tr>
<tr>
<td>Other Risks and/or Vulnerabilities</td>
<td>Limited</td>
<td>Awareness raising on HIV/AIDS and human trafficking will be conducted by the NGO among civil works contractors.</td>
<td>☑ Other action</td>
</tr>
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</table>

### IV. MONITORING AND EVALUATION

Are social indicators included in the design and monitoring framework to facilitate monitoring of gender and social development activities and/or social impacts during project implementation? ☑ Yes ☐ No

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*a* Recently published Planning Commission data (2011) show that 26% of India’s urban population lives below the poverty line, defined as Rs574 monthly expenditure per head.


*e* Dibrugarh Vision Document 2025.