

SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country: Kiribati	Project Title: South Tarawa Sanitation Improvement Sector Project
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Lending/Financing Modality:	Sector	Department/Division:	Pacific Department/Urban, Social Development and Public Management Division
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I. POVERTY ANALYSIS AND STRATEGY

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

The project supports the Kiribati Development Plan (KDP), 2008–2011 and the Asian Development Bank’s Kiribati country partnership strategy^a through its objectives of infrastructure development, poverty reduction, and improved public health.

Economic growth and poverty reduction, health, and the environment are three of the six key performance areas (KPAs) of the current KDP, 2008–2011. Strategies to achieve economic growth and poverty reduction include developing and improving economic infrastructure including utilities and water, and encouraging human resource development for both domestic and foreign labor markets. The health KPA includes promoting safe water and improved sanitation to increase child survival and reduce infant mortality. The environment KPA includes increasing public awareness of the sustainable use of water and the protection of water reserves and, more specifically, upgrading and maintaining existing and potential water and sanitation systems to mitigate the effects of urbanization in South Tarawa. Relevant key indicators included in the KDP for monitoring the success of these strategies are infant and child mortality rates, and the proportion of the population with access to improved sanitation (flush or water-seal latrines).

ADB’s country partnership strategy 2010–2014 upholds the KDP and refers to the high rates of population growth in the urban areas of South Tarawa, which puts stress on existing water and sanitation infrastructure, resulting in a high incidence of waterborne disease among the local population. The strategy supports improved delivery of sustainable infrastructure services, with priority sectors being water supply and municipal infrastructure. Without external assistance, Kiribati is unlikely to achieve at least three of the seven Millennium Development Goals, namely Goal 1 (Eradicating Poverty), Goal 6 (Curbing the Spread of Diseases such as HIV/AIDS), and Goal 7 (Environment Sustainability) by 2015.

B. Poverty Analysis **Targeting Classification:** General intervention

1. **Key issues.** Kiribati’s per capita gross domestic product, estimated to be \$1,593 per capita in 2010, is among the lowest in the Pacific region. Opportunities for economic growth are limited with the economy narrowly based on copra, interest from overseas investments, remittances from I-Kiribati working abroad (especially as seafarers), license fees from foreign-owned fishing vessels, foreign development assistance, and a Revenue Equalization Reserve Fund that is used to fund budget deficits.

An estimated 24.2% of South Tarawa’s population lives below the Basic Needs Poverty Line (compared with 21.8% for all of Kiribati).^b Many households are struggling to meet their basic living expenses on a daily or weekly basis, particularly those expenses that require cash payments. Families frequently have experienced constant debt to cope with day-to-day living expenses and community obligations. The poorest households are those with no source of wage income. Unemployment is high (6.1% in 2005, or 65.4% if village workers are included, i.e., those who would seek paid employment, if they believed work for cash payment was available in their communities), with few opportunities for formal employment outside of the public service, and intense competition for the few jobs available. Drift of populations to the urban center of South Tarawa, especially among young men, leads to higher levels of unemployment and growing numbers of people living in poor quality housing conditions and squatter-type settlements, without adequate access to safe water and sanitation. Overcrowding, low quality housing, lack of access to safe water and sanitation, and close living proximity to pigs and domestic animals contribute to poor health and to disease outbreaks, especially among children. Through consultations during project preparation, the main constraints to having a toilet are lack of money, followed by lack of space. Slightly more than 20% of households in the project area are female-headed households.

2. **Design features.** The project will reduce the burden of labor to collect water for flushing toilets, and it will improve groundwater drinking quality, which is a main source of drinking water for poor households. Improvement of sewage outfalls to effectively and safely discharge pathogens and nutrients from human excreta to the ocean beyond the reef zone will improve the sanitary condition of beaches and improve the marine environment, which is an important source of food for South Tarawa residents, particularly subsistence-based households. Through a combination of public awareness, core and candidate subprojects, and partner infrastructure projects by other development partners, open defecation will be reduced and hygiene practices improved. This will have a significant public health benefit on the reduction of diarrhea, leading to reduced infant mortality in the long term.

The project will increase access to safe water and sanitation for the poor. Appropriately funded Public Utilities Board (PUB) operations and maintenance costs will ensure the ongoing maintenance of services while providing relief to subsistence-based urban households.

II. SOCIAL ANALYSIS AND STRATEGY

A. Findings of Social Analysis

Key issues. South Tarawa, the capital of Kiribati, comprises a string of seven small islands separated by shallow tidal passages joined by causeways and stretching about 30 kilometers (km) from east to west. Almost half of Kiribati’s population (50,010 people)^c lives in South Tarawa on a land area of under 15 square km (km²). This results in densely populated settlements averaging 4,150 persons per km². For the largest urban area, Betio, the current density is 10,610 persons per km². Population growth is high, due to migration from outer islands and natural increase. Between 2005 and 2010, the South Tarawa population increased 27% (from 40,311) or by about 10,000 persons, indicating a continuing growth of about 4.4% per annum. If population trends continue unabated, annual growth of about 3.9% can be expected.^d Natural resources and

public health on South Tarawa are already stressed and are coming under increasing pressure from the combined impacts of population growth, limited water resources, and poor sanitation practices.

The deteriorating condition of the existing sewer systems—coupled with widely-practiced open defecation and the apparent lack of appreciation of the linkages among health, hygiene, and effective sanitation systems—all contribute to poor levels of public health. Kiribati has a high incidence of waterborne diseases, with an infant mortality rate amongst the highest in the Pacific^e at 46 per 1,000 live births. The high rate has been attributed mainly to infantile diarrhea.^f World Health Organization and health officials report^g an average of two or three outbreaks of diarrhea annually, which can be directly linked to inadequate sanitation, unsafe practices, and poor public hygiene. On all environmental health indicators of preventable diseases, South Tarawa scores poorly in relation to the national average of other Pacific countries.

During 2010, 10,677 cases of diarrhea and dysentery were reported in South Tarawa, with one person in five requiring a visit to a health clinic. Forty percent of these reported cases came from clinics in the crowded Betio area. A reported four infants and/or children die of diarrheal disease every month on South Tarawa.^h Some of the wells tested have higher than safe nitrate levels (in some cases, 20 times the safe level). Infants who are fed water or formula using water high in nitrate are at risk of developing methemoglobinemia, which, if untreated, can lead to coma and death. In late 2010, after a prolonged 4-month period of dry weather, water supplies on South Tarawa became scarce, and without dilution from rainfall, the degraded water lenses become heavily polluted with concentrated human and animal wastes, resulting in fever and vomiting among children living in Betio and South Tarawa. The World Health Organization assessed this as a likely typhoid fever outbreak.

Beneficiaries of the project will include: (i) households in the urban areas of Bairiki, Betio, and Bikenibeu who will be provided with access to improved sanitation; and (ii) all households in South Tarawa that will benefit from improved awareness on the links between health, hygiene and sanitation, as well as improved quality of groundwater and saltwater in nearshore areas. Extension of the outfall beyond the reef area will improve beach conditions for all residents, but will disproportionately benefit poor households, who use the marine area for subsistence fishing. Other beneficiaries include poor households in densely populated settlements outside the sewerred areas who rely on polluted wells and practice open defecation, particularly at beaches. Women and caretakers of children will benefit from improved sanitation and hygiene practices promoted through the community awareness activities.

B. Consultation and Participation

1. Extensive stakeholder consultations were carried out during project preparation including (i) workshops with key stakeholders; (ii) informal interviews with residents of South Tarawa; (iii) consultations with government and nongovernment agencies including the PUB, Ministry of Public Works and Utilities (MWPU), Ministry of Health, Ministry of Interior and Social Affairs, Ministry of Lands Environment and Agriculture Development, National Statistics Office, Kiribati Association of NGOs, National Women's Association, protestant and catholic churches, and town councils; (iv) church-based village *maneaba* (village decision-making house) meetings; (v) hygiene and sanitation behavior focus group discussions with women, youth, and primary school students; (vi) social survey of households from two representative villages (sewerred and nonsewerred); and (vii) consultation with development partners and other externally-funded projects on experiences and lessons learned. The consultation raised the level of awareness of the project and gained local support, as well as providing information on sanitation needs and barriers for the poor, women, and vulnerable households to inform the project planning.

2. What level of consultation and participation (C&P) is envisaged during project implementation and monitoring?

Information sharing Consultation Collaborative decision making Empowerment

Community consultation and participation is a major focus of the project to promote ownership and long-term behavior change. The requirements for C&P are incorporated in the design for project implementation and reflected within the project gender action plan (GAP), environmental assessment and review framework, resettlement framework, and the contract provisions recommended for the implementation of the project.

3. Was a C&P plan prepared? Yes No

C. Gender and Development

Gender Mainstreaming Category: Effective gender mainstreaming

1. **Key issues.** Women in Kiribati are economically, socially, and legally disadvantaged overall, and gender gaps exist in land rights and access, political participation, and labor participation rates. I-Kiribati women constitute the vast majority of unemployed village and family care givers without an income (70%). In the project areas, the socioeconomic survey revealed that women bear most of the responsibility for domestic duties, but are not always the main caregivers of children—grandparents and older siblings often are. When men are absent, working at sea or abroad, the domestic burden for women increases. Women are generally not active in community politics and local decision making. They do not usually speak at the *maneaba*, with young girls the least likely to speak out; with the consequence that they are unable to negotiate better rights, services, and facilities at the village and community levels. I-Kiribati women are underrepresented in formal government institutions such as local island councils and parliament. Female-headed households are more likely to be impoverished than households headed by men. Overall, about 20% of households are reported as being headed by women, while on South Tarawa the proportion was 25% among those households in the bottom three deciles in 2005.

Women treat, store, ration, and use water; and they and young girls are responsible for cleaning latrines. Women and men are both responsible for carrying well and sea water for pour flushing when sea water flushing facilities break down (frequently). Open defecation is a serious problem, practiced by 57% of households in the project area. Women use the sea at night for toilet purposes, in groups for safety reasons, but this poses security risks. Lack of space in dwellings, the high cost of toilets and connections, and cultural constraints are obstacles to the purchase of toilets. The present poor community health impacts unequally on women, as the caregivers within the household. Improved sanitation and the community awareness programs of the project will contribute to improved community health and reduce the worries and burden for women who, otherwise, bear the brunt of family sickness and the management of family circumstances where the primary income earners in the family are incapacitated and unable to take part in productive activities or where sick children require

high levels of care.

Key actions. The most critical changes needed are behavior changes to hygiene, sanitation, and open defecation practices, which can be expected to promote greater demand for improved toilet facilities. A widespread and sustained public awareness and education campaign, especially targeting women, is required to bring about behavior change and to create demand for improved sanitation. The majority of project outputs include specific gender design features to facilitate and ensure women's participation and access to project benefits, involving an awareness campaign and increasing the number of trained women at the MPUW and PUB. Project impacts will include improved public awareness of health, hygiene, and improved sanitation, from which women can benefit directly. The project will help in gender mainstreaming by ensuring that women participate fully in community-oriented project activities, and awareness raising activities. Project gender strategies include (i) separate consultations with men and women to ensure that women's opinions are heard; (ii) awareness and behavior change campaigns tailored for target audiences of female caregivers of children, young men, and school children; (iii) consultation with women on their design needs for candidate subprojects, e.g., public toilets; (iv) actively working with women's church committees at the community level; (v) engagement of both women and men as sanitation promoters; (vi) provision of 50% of scholarship opportunities for engineers and technicians to women; and (vii) provision of gender sensitivity training to project implementers, including the project management team, and PUB and MPWU staff. A project GAP has been prepared to ensure that any potential harmful effects on women are avoided, with specific actions that will allow women to benefit from the project. A part-time international community engagement and gender specialist, a full-time national community engagement and gender specialist, and a critical number of national gender and sanitation community mobilizers will be appointed to design and run awareness campaigns; promote gender inclusiveness in all aspects of the project; and implement, monitor, and report on the project GAP.

Gender plan Other actions/measures No action/measure

III. SOCIAL SAFEGUARD ISSUES AND OTHER SOCIAL RISKS

Issue	Significant/ Limited/ No Impact	Strategy to Address Issue	Plan or Other Measures Included in Design
Involuntary resettlement	Limited	Rehabilitation of the sewer infrastructure is within the footprint of existing structures. New installations will be sited on government land. Limited temporary social impacts during construction. A land acquisition resettlement framework has been prepared to guide land resettlement and compensation for candidate subprojects.	<input checked="" type="checkbox"/> Resettlement plan <input checked="" type="checkbox"/> Resettlement framework
Indigenous peoples	No impact	Indigenous peoples safeguards will not be triggered, as there are no such communities in South Tarawa.	<input checked="" type="checkbox"/> No action
Labor <input checked="" type="checkbox"/> Employment opportunities <input type="checkbox"/> Labor retrenchment <input type="checkbox"/> Core labor standards	Limited	The project will create employment opportunities in project management, construction, and operation of core and candidate subprojects; and for awareness activities.	<input checked="" type="checkbox"/> Other action
Affordability	Limited	A fund to offset operations and maintenance costs will operate while a user-pays approach for sanitation is gradually adopted.	<input checked="" type="checkbox"/> No action
Other risks and/or vulnerabilities <input checked="" type="checkbox"/> HIV/AIDS <input type="checkbox"/> Human trafficking <input type="checkbox"/> Others (conflict, political instability, etc.)	No impact	Spread of HIV/AIDS by construction workers is a limited risk. Prevention programs will be provided to raise awareness.	<input checked="" type="checkbox"/> Other action

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
Indicators include infant mortality rate, incidence of dysentery and diarrhea in South Tarawa, access to sanitation, rates of handwashing, and percentage of government staff who participate in gender sensitivity training.

^a ADB. 2010. *Country Partnership Strategy: Kiribati, 2010–2014*. Manila.

^b Kiribati National Statistics Office and United Nations Development Programme. 2010. *Analysis of the 2006 National Income and Expenditure Survey*. Bairiki.

^c National Statistics Office. 2010. *Census, Household and Population Count on South Tarawa*. Bairiki.

^d Estimates based on preliminary findings of National Statistics Office. 2010. *Census, Household and Population Count on South Tarawa*. Bairiki.

^e Mortality rates in 2005 for children under the age of 15 years in the Pacific and selected countries. World Health Organization. 2005. *Country Health Information Profiles*. Geneva.

^f UNICEF. 2008. *Country Profile – Kiribati Maternal, Newborn and Child Survival*. Geneva.

^g Discussions in October 2009.

^h Pacific Infrastructure Advisory Center. 2010. *South Tarawa Water, Sanitation and Solid Waste Management Program*. Bairiki.

Source: Asian Development Bank.