Social Due Diligence Report

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India: Assam State Tertiary Healthcare Augmentation Project

Part 1

Prepared by Assam Health Infrastructure Development & Management Society (AHIDMS), Medical Education and Research Department, Government of Assam for the Asian Development Bank (ADB).

CURRENCY EQUIVALENTS
(as of 1 September 2025)

Currency Unit	–	Indian rupee/s (₹)
₹1.00	=	$0.0113
$1.00	=	₹88.176

ABBREVIATIONS

ADB	-	Asian Development Bank
AHIDMS	-	Assam Health Infrastructure Development & Management Society
AMCH	-	Assam Medical College & Hospital
ASSIST	-	Assam State Secondary Healthcare Initiatives for Service Delivery Transformation
ASTHA	-	Assam State Tertiary Healthcare Augmentation
COE	-	center of excellence
GBV	-	gender-based violence
GMCH	-	Gauhati Medical College and Hospital
GRM	-	grievance redress mechanism
GRSI	-	gender-responsive and socially inclusive
HR-MIS	-	Human Resource Management Information System
HRMS	-	Human Resource Management System
MERD	-	Medical Education and Research Department
MMCH	-	Mahendra Mohan Choudhury Hospital
NCD	-	non-communicable diseases
NHP	-	National Health Policy
PHC	-	primary health centres
PIU	-	project implementation unit
PMC	-	project management consultant
PMU	-	project management unit
PWD	-	Public Works Department
SMCH	-	Silchar Medical College & Hospital
SPS	-	Safeguard Policy Statement (SPS, 2009) of ADB
SSUHS	-	Srimanta Sankaradeva University of Health Sciences
ST	-	Scheduled Tribe
ToR	-	Terms of Reference

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I. INTRODUCTION

A. Background and Rationale

1. This is a social due diligence report on involuntary resettlement and Indigenous Peoples which has been prepared for the project "Assam State Tertiary Healthcare Augmentation Project. The executing agency of the project is Medical Education and Research Department (MERD), Government of Assam and the implementing agency is Assam Health Infrastructure Development and Management Society (AHIDMS)

2. **Socioeconomic context.** Assam serves as a connectivity and commercial hub for India's northeastern region. As per 2023 census population projections, Assam has a population of 35.7 million (2.6% of Indian population).[1] The state's gross domestic product is estimated to have increased by 7.8% (at constant prices) in fiscal year 2025 over the previous year (compared to India's 6.5%).[2] Its economy, however, faces several challenges such as heavy reliance on agriculture (47.2% of population in agriculture), vulnerability to disasters, infrastructure gaps in rural connectivity, logistics, and industrial infrastructure, and increasing climate and environmental risks.[3] Its per capita income is 34% less than that of the average of all Indian states.[4] Thus, the population's capacity to spend on non-food items including medical care is limited, highlighting the crucial role of the state government in healthcare service provisions.

3. **Health issues.** Despite the recent improvements in healthcare indicators, the state faces persisting and emerging healthcare challenges. Assam has the lowest life expectancy of 66 years among northeastern states, below the national average of 69 years.[5] The maternal mortality ratio is persistently high, which stands at 125 per 100,000 live births—is fifth highest among all states in India and much higher than national average (88).[6] Child mortality rate remains high, with 68% of children between 6 months and 5 years suffering from anemia.[7] Air pollution, poor dietary habits, smoking, and inactive lifestyles are major contributors to premature deaths. Unsafe drinking water and poor sanitation further exacerbate health risks. Noncommunicable diseases account for 51.2% of the total disease burden in the state.[8] From January 2020 to May 2023, Assam registered 746,122 coronavirus disease (COVID-19) cases and 8,035 deaths.[9] The state's health system was overwhelmed by the pandemic because of (i) lack of doctors, nurses, and allied health staff; (ii) shortage of medical equipment; (iii) weak disease surveillance systems; and (iv) limited public health capacity including secondary and tertiary care beds.

4. **Inadequate access to quality tertiary care.** Assam has only 0.48 hospital beds at all levels of care and 0.1 dedicated tertiary care beds per 1,000 population in the public sector.[10] This is very low in comparison with other states (3.9 hospital beds in Karnataka and 2.8 hospital

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[1] Projected data on population growth rate, dependency ratio, population density, and urban population is sourced from "Population Projections for Indian States 2011–2036" by the Technical Group on Population Projections, National Commission on Population, Ministry of Health and Family Welfare, Government of India.

[2] PRS Legislative Research. Assam Budget Analysis 2025–2026 (accessed on 31 May 2025).

[3] *Periodic Labour Force Survey 2023-24.* Ministry of Statistics and Programme Implementation. Annual Report. https://dge.gov.in/dge/sites/default/files/2024-10/Annual_Report_Periodic_Labour_Force_Survey_23_24.pdf

[4] Government of India, NITI Aayog. India Climate and Energy Dashboard (accessed on 31 May 2025).

[5] The Assam Tribune. 2025. At 66 years, life expectancy in Assam lowest in the Northeast: Experts. 10 April.

[6] Sample registration system (SRS). Special bulletin on maternal mortality in India (2020-22), Office of Registrar General, GoI, June 2025.

[7] Government of India. Ministry of Health and Family Welfare (MOHFW). 2020. *National Family Health Survey-5, 2019–2020. State Fact Sheet: Assam.*

[8] Institute of Health Metrics and Evaluation. 2017. Assam: Disease Burden Profile, 1990–2016.

[9] Government of India. MOHFW. COVID-19 State-wise Status (accessed on 31 May 2025).

[10] World Health Organization. 2022. Harmonization of Purchasing Functions for Health Insurance Schemes of Government of Assam – Supplementary Report. Data based on National Health Profile 2019 and Census of India population projected for 2020.

beds in Kerala).[11] The state only has 67 private hospitals, which is approximately 0.0013 hospitals for every 1000 population,[12] accentuating the reliance on public hospitals to meet the healthcare needs of the population. Further, private hospitals are concentrated in urban cities whereas rural areas dominate much of Assam, where lower income levels and dispersed populations reduce the market potential for private hospitals. Assam is also a healthcare referral hub, serving the northeast population of India and those from across the border, straining the system even further. In addition, many of the public medical colleges and tertiary care hospitals were designed decades ago and now face critical infrastructure obsolescence. Outdated layouts hinder patient-centric workflows, while aging equipment limits the ability to deliver high-quality, specialized care. These facilities often fail to meet modern building codes, clinical standards, as well as safe and all-weather access, thus undermining efficiency and safety. Unless access to quality tertiary care is ensured in these government tertiary hospitals, strengthening the primary and secondary sector alone will not have the desired health outcomes. It will create a weak and lopsided referral chain structure, that will keep operating sub optimally even when health insurance schemes funded by the central and state governments strive to provide cashless healthcare services to the poor population for critical cases. Thus, there is an urgent need to modernize and enhance tertiary care facilities to meet current and future demands and cater to changing disease patterns and climate change-related stressors.

5. **Inadequate human resources for health, including doctors, specialists and pharmacists.** Assam's healthcare system is grappling with a significant shortage of medical personnel, causing strain on health institutions across the state. The lack of sufficient doctors, nurses, and other allied healthcare workers has led to concerns about the quality of care provided to patients. Assam has 0.66 doctors per 1,000 population, which is much lower than the World Health Organization recommendation of 1 per 1,000. The actual numbers of practicing doctors may be even lower, as many doctors with Assam registration are serving outside the state and even abroad. This has resulted in about 500 doctors' posts lying vacant at the district level, undermining healthcare provision.[13] There is also a 10.80% shortfall of specialist doctors against the sanctioned posts. Additionally, there is a 30.02% shortage of lab technicians and an ongoing shortage of other paramedical staff.[14] Supply of pharmacists are also low, being 0.43 per 1,000 population, compared to all India averages of 0.81. This acute shortage of healthcare workers impacts service delivery and also impedes efforts to adapt to climate-induced health impacts, especially for the vulnerable population.

6. **Limited access to medical education**. Currently, 13 government medical colleges in Assam offer 1,600 undergraduate medical seats, while the new All India Institute of Medical Sciences Guwahati offers another 50 seats.[15] Only 722 post graduate seats and 44 super specialist seats are offered competitively through the government medical colleges.[16] These are grossly inadequate to meet the demands in the state. India gets 19.2 applicants per medical seat, while Assam gets 29.9, underscoring the wide gap between supply and demand.[17] Further, private medical colleges cost almost six times as much as government medical colleges.[18] Finally,

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[11] S. Chandrasekhar, K. Naraparaju, and A. Sharma. 2021. Spatial Disparities in Household Earnings in India: Role of Urbanization, Sectoral Inequalities and Rural-Urban Differences. Indira Gandhi Institute of Development Research, Mumbai.

[12] The Indegenous. Healthcare in Assam Needs a Serious Upgrade.

[13] *The Times of India*. 2022. Poor Doctor-Population Ratio Blocking Way to Healthcare for All in Assam. 13 December.

[14] Assam Health Institutions Facing Shortage of Medical Personnel | Guwahati News - Times of India

[15] Career World, NEET UG Guidance. Statewise Institutes. Government Medical Colleges in Assam 2025 (accessed on 28 May 2025).

[16] Data shared by the state government.

[17] Stats of India. 2022. How many MBBS seats do we have in India? *X*. 2 March.

[18] A. Dutt. *The Indian Express.* 2022. Rs 11.5 lakh per year median fee in private medical colleges: NMC expert group. 20 December.

of the existing government medical colleges, 278 faculty positions remain unfilled.[19] One key reason highlighted is lack of quality health and medical infrastructure. Health staff also have few opportunities to upgrade or update their skills continuously, as it is not mandatory either at the national or state level. The government of Assam has now instituted measures such as upgraded and new medical college infrastructure,

7. **Weak institutional mechanisms for medical education.** The National Medical Council issued a new competency-based medical education curriculum in 2024 and medical colleges in Assam need support to deliver the new curriculum.[20] Further, the institutes of pharmacy and paramedical courses have a wide variation in standards in terms of physical infrastructure, human resources, teaching standards, and learning outcomes to deliver the Minimum Standard Requirements (MSR). The education system in the state lacks collaboration with established institutions to elevate teaching standards and research capabilities. Most colleges have limited partnerships with national or global institutions, restricting access to collaborative and new-age research, faculty development, and participation in knowledge networks. This inhibits innovation, curriculum modernization, and exposure to global best practices—elements critical for a high-quality, future-ready health workforce development and continuous quality improvement. Additionally, there is a need for modernizing curriculums to integrate state-of-the-art technologies and innovative teaching methods aligned to the national and state councils. These include telemedicine, virtual labs including artificial intelligence and machine learning modules, and simulation-based training, which may supplement traditional teaching and help address learning gaps. The training programs should also integrate climate resilience and gender sensitivity. Thus, the state's medical education requires upgraded and digitally smart teaching facilities, and will benefit from centers of excellence (COEs) to support continuous efforts for quality education and training.

8. **Regional medical hub for patients and students from neighboring states and countries.** Assam's three oldest and most established medical institutions—AMC**,** SMC, and GMCH**—**also hold significance for not only Assam but also the broader northeastern region and neighboring countries of Bangladesh and Bhutan. GMCH**,** located in the state capital Dispur-Guwahati, is the largest tertiary care institution in the northeast region and serves as the central referral center for the state and the entire northeast India, including Meghalaya, parts of Nagaland, Manipur, and neighboring countries of Bangladesh and Bhutan. GMCH has emerged as a nodal institution for super-specialty services, medical education reforms, and emergency response systems (such as trauma and cardiac care). Its strategic urban location, better connectivity, and institutional capacity also make it a preferred destination for regional medical tourism. AMC in Dibrugarh is the oldest medical college in northeast India and has long served as the apex referral institution for populations living in difficult-to-reach hills and tea garden areas. AMC has built strong capabilities in specialties like oncology, internal medicine, and infectious diseases, and is an emerging hub for academic research and public health training. In the southern part of the state**,** SMC serves the Barak Valley region and is the only tertiary care provider catering to three districts—Cachar, Karimganj, and Hailakandi—as well as to populations along the Bangladesh border and parts **of** southern Mizoram and Tripura**.** SMC's presence is vital for disaster response, cross-border disease surveillance, and maternal and child health services in a region that historically faced weak connectivity and health infrastructure. Further, improved tertiary healthcare infrastructure, facilities and capacities will have regional benefits providing accessible high-quality care to patients and enrollment of medical students from the neighboring countries.

[19] *Northeast Now News.* 2024. Assam's Medical education hub dream stalled by faculty shortages. 30 May.
[20] Assam State level assessment and introduction of the new competency based medical education curriculum. *India Today.* 2024. NMC releases new Competency-Based medical education guidelines for 2024. 2 September

9. **Gender equality and social inclusion concerns.** The Government of Assam has taken various steps to improve the status of women. However, progress on attaining sustainable development goal 5: gender equality has been slow with the state recording the lowest index value of 25 as against 48 for India in 2024.[21] Gender disparities in health sector are prominent as reflected in high maternal mortality ratio and anemia rates among women.[22] Further, while diabetes, hypertension, thyroid, and heart disease are significant among both males and females, the thyroid and heart diseases are more prevalent among females as compared to males.[23] Gender gaps are also seen in healthcare seeking behavior as reflected in low cancer screening rates for women (0.2%) as against 2% for men and the lower probability of taking medicines to lower their blood glucose level (3% of men vs 1% of women) (NFHS-5). While social issues like women's inability to take their own decisions related to health care is a major barrier, limited access to health care facilities and lack of awareness are also critical barriers. There is a gender parity in in-patient admission data of the tertiary care hospitals.[24] However, gender responsive facilities like adequate number of separate toilets, menstrual hygiene, privacy screens in wards, waiting rooms, etc. are missing. Capacities of the healthcare professionals on gender concerns are also limited. This is most visible in the negligible role of medical professionals in addressing gender-based violence (GBV), although it is well recognized as a public health issue in national and state health policies. This is despite of the fact that women in Assam are highly vulnerable to GBV—the state has the fourth highest rate of rapes in India[25] and over a third (34%) of women experience domestic (physical or sexual) violence (NFHS-5). Addressing gender concerns and GBV requires a gender balanced as well as gender sensitive workforce. As per the HR survey of Assam Health Infrastructure Development and Management Society (AHIDMS), as of December 2024, around 36% of the medical and allied professionals were women. However, 58% of the women are working as staff nurses, reflecting the need to focus on increasing the availability of women doctors in the state. Equally important is to increase the understanding of the existing workforce in serving women keeping in mind socio-cultural sensitivities, especially for GBV.

10. **Climactic vulnerability.** Average temperatures are rising rapidly in India, exacerbating health challenges related to heat stress. Located in the Himalayan region, Assam is one of the most climatically vulnerable states in India.[26] Assam experiences droughts and flash floods, which could significantly impact the health of the population, especially with vector-borne and diarrheal diseases. India's National Action Plan for Climate Change and Human Health, which Assam adopted as early as 2015, includes green and climate-resilient healthcare facilities as a key element. The plan considers the impact of climate risk on vulnerable communities, land use patterns and energy efficiency elements to inform the design of green and climate-resilient health infrastructure and health system. The National Center for Disease Control prepared guidelines for green and climate-resilient healthcare facilities, including solar power design, natural ventilation, use of recycled building materials, waste minimization, efficient lighting systems, and rainwater harvesting. Further, the Public Works Department of Assam decided to construct all major government buildings including medical colleges and hospitals (over 2,500 square meters) as sustainable and green buildings. These initiatives will increase the health sector's sustainability and resilience and contribute to India's commitment to the Paris Agreement

[21] Sustainable development goals (SDG) India Index and dashboard. Niti Ayog, Government of India. 2021.
[22] International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21: Assam.
[23] Women's Condition in Assam. National Council for Applied Economic Research (NCAER). January 2025.
[24] As reflected in the HMIS portal data received from AHIDMS in June 2025.
[25] National Crime Records Bureau (NCRB), Crime in India, 2021. Volume 1.
[26] Government of India. MOHFW. 2025. State Action Plan on Climate Change and Human Health. Assam.

11. **Government initiatives.** India's National Health Policy (NHP), 2017 envisages the attainment of the highest possible level of health and well-being for all at all ages.[27] In line with the NHP, the Assam government adopted the Vision 2030 in 2016 and became the first state in India to adopt sustainable development goals for its development path. The state outlined 'augmenting healthcare facilities and physical and human infrastructure to ensure universal access.'[28] To realize Vision 2030, the state committed to building 24 medical colleges (including teaching hospitals) of which 13 new colleges have already been constructed. The Assam government introduced several measures to incentivize, attract and retain medical college faculty, including car loans, international seminar funding, supporting new-age research works, and career promotion schemes.[29] Notably, GMCH is set to transform into a 5,000-bed facility, and the state aspires to make Guwahati as an important healthcare hub for the northeast and the ASEAN region.[30] The state is also collaborating with development partners like the World Bank and Japan International Cooperation Agency (JICA) to upgrade secondary and tertiary care facilities.[31] To develop new medical colleges expeditiously, the state government has also engaged project management agencies. In addition, Assam is implementing the Ayushman Bharat Digital Mission[32] supported by the Government of India to improve access, promote quality, and strengthen accountability of health care.

12. **Rationale for ADB support**. Despite Vision 2030 and various central and state government initiatives, Assam faces challenges in achieving its objectives. ADB's sector assessment and consultations in the state show that (i) the state has poor quality tertiary care delivery due to deficiencies in infrastructure, equipment, and processes; (ii) there is a lack of quality doctors, specialists, paramedical staff and pharmacists at the state level requiring increased supply and improved quality of education adopting digital tools and new approach of learning; and (iii) state systems for continued capacity building, ongoing healthcare needs assessment, gender mainstreaming, research on emerging issues, establishing partnerships and new approaches of learning need institutionalization. Assam has requested ADB support to fill these gaps and strengthen medical education and tertiary care delivery in the state.

B. Project Impact, Outcome and Output

13. The proposed project aims to strengthen Assam's tertiary care and medical education. The project will be aligned with the following impact: quality health care services provided to all citizens of Assam.[33] The outcome will be access to resilient, quality, and affordable tertiary health care and medical education in Assam improved. The project will achieve the outcome through three outputs including (i) quality of tertiary care services enhanced with focus on affordability, resilience, inclusion, and gender responsiveness; (ii) quality of medical, paramedical and pharmacy education improved; and (iii) state systems for quality tertiary care and medical education strengthened. All three outputs will strategically deploy digital technologies to drive transformation.

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[27] Government of India, MOHFW. 2017. National Health Policy 2017.
[28] Government of Assam. 2016. *Vision Assam: 2030. Everything for Everyone – Achieving Inclusive Sustainable Development*.
[29] *The Sentinel. Assam News.* 2025. Assam Government Introduces AIIMS -Equivalent Facilities for Medical College Faculty: CM Sarma. 24 February.
[30] *Healthworld.com*. 2025. Guwahati important healthcare hub for NE, ASEAN bloc: Himanta. 6 June.
[31] Government of India, Ministry of Health and Family Welfare. 2023. Update on Medical Colleges in Aspirational Districts. 21 July.
[32] Government of India, Press Information Bureau. 2021. Prime Minister of India launches countrywide Ayushman Bharat Digital Mission. Press release. 27 September.
[33] Government of Assam. Transformation and Development Department. 2018. *Assam Agenda: 2030. Strategies and Actions for Achieving Sustainable Development Goals.*

14. **Output 1: Quality of tertiary care services enhanced with focus on affordability, resilience, inclusion, and gender responsiveness.** The project will help the state transform the quality of tertiary healthcare delivery in selected tertiary care hospitals. Output 1 will include (i) establishing a state-of-the-art medical and teaching hub in GMCH incorporating green, climate- and disaster-resilient, and gender-responsive and socially inclusive (GRSI) designs;[34] (ii) strengthening digital systems in hospital operations, patient management, streamlining access to and utilization of hospital services at GMCH; (iii) improving processes and practices to attain quality accreditation for various departments at GMCH and other medical college hospitals; (iv) providing medical equipment at GMCH and other medical college hospitals to enhance tertiary care delivery, especially for women and children; (v) introducing performance-based incentives to targeted hospital staff at GMCH and other medical college hospitals from health insurance payments to encourage them to prioritize poor patients covered by insurance schemes; (vi) enhancing private sector engagement by outsourcing key services within GMCH for efficiency gains and user-friendly access; and (vii) establishing a state-of-the-art, one-stop crisis center for GBV (including management of sexual assault cases) at GMCH.

15. **Output 2: Quality of medical, paramedical and pharmacy education improved.** This output will (i) upgrade teaching and learning infrastructure to 'digitally smart' ones at Assam Medical College and Hospital (AMCH) and Dibrugarh and Silchar Medical College and Hospital (SMCH) to improve the quality of education for doctors, specialists, paramedical staff and pharmacists in the state; (ii) strengthen digital systems by establishing a medical, paramedical and pharmacy data management system portal in Assam; and (iii) improve state medical, paramedical and pharmacy education curriculum (by including the latest developments in digital, gender mainstreaming, and climate change) and pedagogic practices, under the guidance of the national and state commissions.

16. **Output 3: State systems for quality tertiary care and medical education strengthened.** The project aims to strengthen and institutionalize state systems for continuous improvement of tertiary care and medical education. For this, this output will strengthen the Srimanta Sankaradeva University of Health Sciences (SSUHS), an apex health university in the northeast which affiliates and governs 97 health institutes across medical, nursing, pharmacy, and paramedical disciplines in the state, as a COE. SSUH infrastructure and capacity will be enhanced to conduct research related to medical education and healthcare based on state priorities, including gender, and help establish partnerships with national and global institutions. The COE will conduct training for medical college staff on GRSI and GBV response (as recommended by the World Health Organization or the Government of India) will be incorporated in the training program and implementation of such response will be monitored. The COE will also (i) support the deployment of digital tools for machine learning modules and simulation-based training in addition to capacity building of faculty to integrate state-of-the-art technologies and innovative teaching methods; (ii) establish a private sector engagement cell to undertake upstream work and identify areas where private sector investment and expertise can be mobilized for enhancing the availability and quality of healthcare and medical education services in the state. The cell would support with diagnostic studies to identify areas for PPP and in contracting out of key services at tertiary level facilities; and (iii) establish gender equality cells for promoting gender responsiveness in AHIDMS and at GMCH. The cell will work closely with COE to promote gender mainstreaming within tertiary health care and medical education and develop a gender friendly workplace strategy for medical colleges.

[34] Gender-responsiveness considers how infrastructure, services, goods, and other resources meet the distinct needs of men, women, and people of other genders, including privacy, confidentiality, and dignity of care principles. Social inclusion refers to inclusion of women and girls as well as other vulnerable groups who are at risk of exclusion within a particular context. Hence, gender-responsive and socially inclusive policy and program actions include all the above concerns in design and delivery.

C. Overall Project Scope

17. The proposed project aims to support the state of Assam to strengthen tertiary healthcare and medical education system. The investment loan will upgrade the Guwahati Medical College and Hospital (GMCH), the largest hospital in northeastern India, into a modern super specialty medical care facility. This will reduce the patients who seek medical care in other large metro cities, while help establish Assam as an affordable medical tourism destination for northeast region and several neighboring South Asian countries. The project will also improve medical, paramedical, and pharmacy education in Assam Medical College and Hospital (AMCH), Dibrugarh and Silchar Medical College and Hospital (SMCH), and develop them as a network of centers of excellence under the Srimanta Sankaradeva University of Health Science (SSUHS) in Guwahati which will be upgraded to a hub. It will bolster the tertiary care and medical education infrastructure and quality service delivery in the state significantly. The project would include adoption of best practices in state-of-the-art infrastructure development, digital solutions, gender responsive and socially inclusive services, climate change adaptation and mitigation, and collaborations with international super-specialty hospitals

D. Key Project Components

18. The project components include both physical and nonphysical components. Under the physical components, there will be civil works which are both major civil works as well as minor civil works. The major civil works will include demolition of old structures and construction of new structures and infrastructure. Minor civil work components will cover the repair work and no demolition or construction of new structures. Nonphysical components include installation of equipment within the existing hospitals without requiring civil work. Key scope is described below.

19. **Components with civil works**

- Guwahati Medical College and Hospital (major civil construction)
- Srimanta Sankaradeva University of Health Sciences (SSUHS)- (major civil construction)
- Assam Medical College & Hospital (AMCH), Dibrugarh (minor civil work)
- Silchar Medical College & Hospital (SMCH)- (minor civil work)

20. **Components For Equipment**

- MCH Wings, GMCH
- Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH
- Nalbari Medical College
- Nagaon Medical College
- Assam Medical College & Hospital (AMCH) Dibrugarh
- Silchar Medical College & Hospital (SMCH)
- Pragjyotishpur Medical College & Hospital

E. Objective and Scope of The Social Due Diligence Report

21. The objective of the due diligence is to assess and confirm project's impact on land acquisition, involuntary resettlement and indigenous peoples and other social issues. The due diligence confirms Project's category on IR and IP as per ADB's Safeguard Policy Statement (SPS), 2009. The objective is to provide recommendations pertaining to mitigation measures through construction management, institutional roles and responsibilities and grievance redress mechanism including monitoring mechanism. The scope covers all the project components proposed under ADB financing.

F. Approach and Methodology

22. The approach and methodology of the due diligence are based on primary and secondary sources. Following approach and methodology were adopted to prepare the due diligence report:

- Review of project documents including the detailed project report especially for the GMCH and SSUHS
- Collection of data on patient footfalls
- Site visit to various facilities
- Multi stakeholders' consultations including the executing agency (EA), implementing agency (IA), hospital authority, beneficiaries especially the patients, consultations with medical and para medical staff, medicine stores/shops, residential owner near to the hospital and other allied service providers
- Consultations with the officials of other multilateral agencies such as World Bank and also with JICA who are implementing similar projects for the same EA and IA
- Consultations with the contractors who are involved in similar construction activities
- Consultation with the labor workforce involved in the ongoing construction activities
- Consultations with line agencies such as PWD and municipality corporation
- Checking of the land ownership details of facilities
- Analysing the construction methods to be adopted
- Assessing the institutional arrangements and capacity
- Compilation of data and writing of the reports

II. PROJECT DESCRIPTION

A. Overview

23. The project components include physical and non-physical intervention. The physical intervention is related to the civil works to be undertaken in four locations such as (i) Guwhati Medical College and Hospital (GMCH), (ii) Srimanta Sankaradeva University of Health Sciences (SSUHS), (iii) Assam Medical College & Hospital (AMCH) Dibrugarh and (iv) Silchar Medical College & Hospital (SMCH). The non-physical items are related to installation of equipment in seven existing hospitals; such as (i) Maternal and Child Health (MCH) Wings, GMCH, (ii) Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH, (iii) Nalbari Medical College, (iv) Nagao Medical College, (v) Assam Medical College & Hospital (AMCH) Dibrugarh, (vi) Silchar Medical College & Hospital (SMCH) and (vii) Pragjyotishpur Medical College & Hospital. District wise location of various facilities is provided in Table 1.

Table 1: Components and Districts

#	Name of the Components	Name of the District
A	**Civil Work**	
1	Guwhati Medical College and Hospital (GMCH)	Kamrup Metro District
2	Srimanta Sankaradeva University of Health Sciences (SSUHS)	Kamrup Metro District
3	Assam Medical College & Hospital (AMCH) Dibrugarh	Dibrugarh
4	Silchar Medical College & Hospital (SMCH)	Silchar
B	**Installation of Equipment**	
1	Maternal and Child Health (MCH) Wings	Kamrup Metro District
2	Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH	Kamrup Metro District
3	Nalbari Medical College	Nalbari
4	Nagaon Medical College	Nagaon
5	Assam Medical College & Hospital (AMCH) Dibrugarh	Dibrugarh
6	Silchar Medical College & Hospital (SMCH)	Silchar
7	Pragjyotishpur Medical College & Hospital	Kamrup Metro District

Source: AHIDMS

1. Components with Civil Construction

1.1 Gauhati Medical College and Hospital

1.1.1 Background

24. The Gauhati Medical College & Hospital (GMCH) is the largest tertiary care hospital in the entire northeast, set up in the year 1960. GMCH is located in the city of Guwahati which is the largest city of the Indian state of Assam, and also the largest metropolis in northeastern India. It provides extensive medical services ranging from routine health services, emergency services and super speciality services with critical care. The facility, inter alia, offers super speciality services in urology, cardiology, endocrinology, gastroenterology, haematology, nephrology, neurology, neurosurgery, oncology, plastic surgery CTVS, paediatric surgery and surgical gastroenterology. The hospital not only caters to the entire population of Assam and the northeast but also to the neighbouring south Asian countries like Bhutan Bangladesh, Nepal etc. The college

offers undergraduate, postgraduate, diploma and post-doctoral courses to students from all parts of the country.

1.1.2 Patient Footfall

25. The patient data of GMCH in 2024 shows that a total of 35911 IPD patients having government health insurance schemes had received the treatment. This constitutes 31.6% of the total IPD patients of GMCH. Ayushman Bharat - Pradhan MANTRI Jan Arogya Yojana (AB-PMJAY) is the largest health assurance scheme financed by the government which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to poor and vulnerable families. This indicates that about one-third of the registered IPD patients were poor, who had utilized the healthcare services of GMCH.

26. The patient data also shows that female patients constitute nearly half of the total IPD patients (49%) admitted in 2024. The trend is similar for OPD patients with 49% of the total OPD patient is female. The proportion of female patients that undergone major surgery in GMCH is higher than the male counterpart. The analysis shows that a large proportion of the patient from poor and marginalized section are taking the benefits of healthcare services of GMCH. Patient profile is described in Table 2.

Table 2: Patient profile in GMCH in 2024

Sl no.	Particulars	Total patient in numbers	Male patient in numbers	Female patient in number
1	Total IPD patient in 2024	113749	58044	55705
2	IPD Patients under Ayushman Bharat - Pradhan MANTRI Jan Arogya Yojana (AB-PMJAY) in 2024	34319	NA	NA
3	IPD Patients under Mukhya Mantri Ayushman Yojna (MMYA)	1592	NA	NA
4	IPD Patient under RBSK	1593 (IPD)	NA	NA
5	Average duration of stay in IPD	6 days	6 days	6 days
6	Patients referred to other super speciality hospitals for treatment	956	NA	NA
7	Major OT patients	29516	12184	17332
8	Minor OT patients	19687	10391	9296
9	Total OPD patients in 2024	1012188	515355	496833
10	Average OPD patients in a day	3374	1721	1653

Source: GMCH, NA-Data not available

1.1.3 Project Location

27. The GMCH hospital campus is spread on a land parcel of 27 Acres providing best healthcare services in the Northeast Region. Location map is provided in in Figure-1 and existing site conditions of the GMCH is shown in Figure-2.

Figure 1: Location of GMCH

Figure 2: Existing Condition of the Proposed Site for GMCH Redevelopment

1.1.4 Project Features

28. The following are the reasons for which the GMCH campus need to be redeveloped:

- Unorganized planning creates difficult for patients for way finding to their respective departments.
- Uneven distribution of departments throughout the campus like OPD led to long walking for the patients.
- The campus on a large level lack of waiting areas with proper amenities.
- Since most of the drains are open and unorganized layout of services create hygiene issues which are not good for patient care.
- Lack of open green spaces which act as leisure/ relaxing spaces for habitants.
- Inadequate parking spaces.
- Chaos of traffic external may lead to delay in treatment specially in case of emergencies.
- Violation of norms like setbacks.
- No smooth transition of staff/ patients to the adjoining GMCH extended campuses.

29. The proposal enhances the following aspects for better patient care:

- Organized & compact planning for easy way finding for patients.
- Consolidation of departments like OPD to avoid long walks and better patient care.
- Ample waiting areas at every floor with facilities like kiosk or vending machines.
- Option of flyover will ease out the external traffic for betterment in the patient care.
- Large open green courtyards/ terraces/ podium relaxation for habitants.
- All norms are compiled like Ground coverage and setbacks.
- Adequate parking provided in basement & MLCP block for doctors, staff and patients.
- A FOB/ flyover adds smooth transition of staff/ patients to the adjoining GMCH extended campuses.

30. The new proposed development has been planned with the following facilities: -

- Total number of beds = 3000
    a. General Ward = 2250
    b. ICU Ward = 250
    c. Private Ward = 400
    d. Emergency = 100

- Total number of Operation Theatres are 22 no. of Major OT and 6 no. of Minor OT
- Radiology (MRI – 2nos., CT- 3nos., Ultrasound – 6 nos., DSA – 1no., Mammography, etc.
- Car Parking of 970 cars in basement and MLCP – 700 cars.
- Podium for visitors, patients seating area with green landscape at 2nd floor level.
- Ancillary services (Kitchen, Laundry, Workshop, Mortuary, Central Stores)
- Engineering services (STP/ETP @ 1800 KLD, UGT @ 2200 KLD, Electrical Load @ 17500 KVA)

31. The site falls under the jurisdiction of Guwahati Metropolitan Development Authority. The following are the applicable building byelaws/ regulations which are been considered. The building regulation details are provided in Table 3.

Table 3: Building Regulation

Parameters	Permissible
Ground Coverage	35%
F.A.R	175%
Height	Unrestricted
Setbacks	12.0m front & 10.0m other side

1.1.5 Components

32. The proposed planning has total 9 towers where 6 nos. of Hospital towers of B+G+8 floors accommodating 2600 beds with a single basement having car parking of 840 cars, Mortuary and PWLCS. Other 2 nos. of towers of B+G+6 floors are designated for private wards accommodating (400 beds) with a single basement having car parking of 200 cars. 1 no. of MLCP tower of G+4 accommodating Electric Substation and HVAC plant room at ground floor level and from 2^{nd} to 4^{th} floor level car parking of 300 cars.

33. All the 9 towers are interconnected at every floor level except MLCP which is only connected at 2^{nd} floor level or Podium level for ease in patient/ public movement across the campus with all weatherproof corridors. Campus has also kept a future expansion space for Night Shelter, or any other facilities desired by the client in the mere future.

The following are the facilities have been planned:

a) Pneumatic Tube System (PTS)
b) Pneumatic Waste and Laundry Collection System (PWLCS)
c) Automated Pharmacy Distribution System
d) Sewarage Management System
e) Hospital Management Information System
f) Queuing Management System
g) Automated Vertical Storage Retrieval System
h) CSSD, TSSU, Nurse Call System, IV Hanger System, Curtain Track System, etc.
i) LMO Tank and Gas manifold

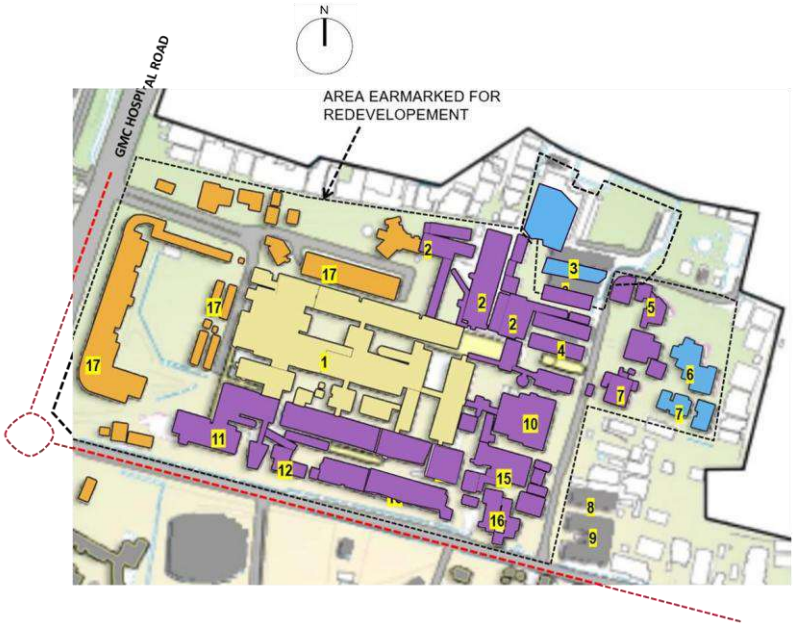
34. Figure 3 and 4 show the bird eye view of the proposed redevelopment. and Figure 5 and 6 show phase wise construction. Figure 7 shows the redevelopment layout plan of GMCH. The floor wise details including built up area is presented in Table 4.

Figure 3: Bird's Eye View

Figure 4: Bird's Eye View

Figure 5: Phase wise Demolition

Phase Wise Demolition of Blocks



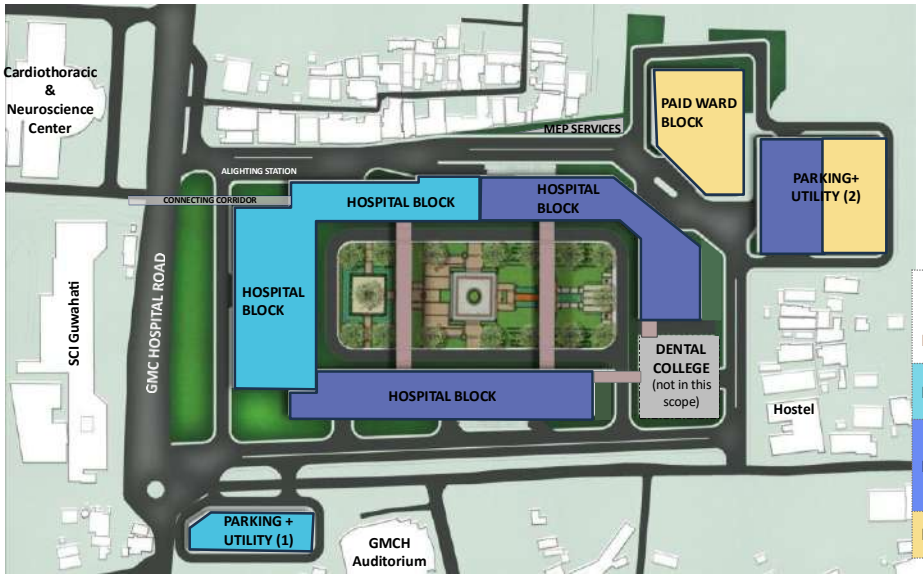
EAST SIDE EXISTING HOSPITAL ZONE BUILDINGS IN GMCH		
Sl.No.	Name of Building	Bldg. Config
1	Old Building- Main Hospital	G+2/G+3/ G+4/G+5
	Nephrology Block (bld visited last)	G+4
2	Eye Building	G+3
3	Regional Dental College Building	G+2
4	New Building	G+2
5	District Training Centre (ANM/GNM)	G+1
6	Post Mortem Building	G+1
7	ANM/FHW School of Nursing	G+2
8	Girls Hostel Regional Dental College	G+3
9	Nurse Staff Hostel	G+3
10	OT Building	G+4
11	Emergency Building	G+5
12	Mental Department	G+2
13	Gynae Department	G+3
14	New ICU & Dialysis Block	G+5
15	Kitchen	G
16	House	G
17	Parking	G

PHASE WISE DEMOLITION OF EXISTING GMCH	
Phase – 1	Demolition of temporary car parking, covid ICU ward & Paying cabins
Phase – 2	Demolition of Eye hospital, Orthopaedics block, OT Complex, Psychiatry block, Janani block, Emergency building Outpatient block, Gynae Department, New ICU & Dialysis Block, Kitchen, House
Phase – 2A	Demolition of Post Mortem Building, Girls Hostel Regional Dental College

GMCH Guwahati

Figure 6: Phase wise Construction

Phase Wise Construction of Hospital Building



PHASE-WISE PROPOSAL FOR REDEVELOPMENT	
PHASES	BUILDING PROPOSALS
PH-01	HOSPITAL-01
	UTILITY +PARKING (1)
PH-02	HOSPITAL-02
	UTILITY + PARKING (2)
PH-02A	PAID WARD BLOCK ,PARKING+ UTILITY

GMCH Guwahati

Note: Revisions as per latest comments in Progress

Figure 7: Drawing of GMCH

Table 4: Floor Wise Details of Building

AREA SHEET																	
							BUILT UP AREA										
S.No.	BUILDING BLOCK	TOWER	NO.OF FLOORS	PLINTH HEIGHT (IN METRES)	BASEMENT	PORCH	GROUND	FIRST FLOOR	SECOND FLOOR	THIRD FLOOR	FOURTH FLOOR	FIFTH FLOOR	SIXTH FLOOR	SEVENTH FLOOR	EIGHTH FLOOR	TOTAL (INCLUDING BASEMENT)
							(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)	(IN SQM.)
1	HOSPITAL BLOCK	T-1	B+G+8	0.60	8921.15	2192.80	3492.56	3492.56	3492.56	3492.56	3492.56	3492.56	3492.56	3492.56	3492.56	41427.01
2		T-2	B+G+8	0.60			4357.44	4357.44	4200.19	4200.19	3894.43	3894.43	3894.43	3894.43	3894.43	36587.41
3		STRECHER RAMP	B+G+8	0.60			232.18	232.18	232.18	232.18	232.18	232.18	232.18	232.18	232.18	2089.62
4																
1	HOSPITAL BLOCK	T-3	B+G+8	0.60	20570.35	4855.00	5248.76	4357.44	4200.19	4200.19	3894.43	3894.43	3894.43	3894.43	3894.43	61705.07
2		T-4	B+G+8	0.60			5248.76	4357.44	4200.19	6098.55	5787.79	5787.79	5787.79	5787.79	5787.79	48839.88
3		T-5	B+G+8	0.60			4357.44	4357.44	4200.19	4200.19	3894.43	3894.43	3894.43	3894.43	3894.43	36587.40
		T-6	B+G+8	0.60			2752.14	2752.14	2446.40	2446.40	2289.15	2289.15	2289.15	2289.15	2289.15	21042.81
		STRECHER RAMP	B+G+8	0.60			232.18	232.18	232.18	232.18	232.18	232.18	232.18	232.18	232.18	2089.58
1	PRIVATE WARD		B+G+5	0.60	4930.00		5145.00	5145.00	5145.00	5145.00	5145.00	5145.00	5145.00			40915.00
1	MLCP		S+4	0.60			4003.00		4003.00	4003.00	4003.00					16003.00
		Grand Total														309083.78
5	FLOOR HEIGHT HOSPITAL				6.00		4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	4.2	
6	FLOOR HEIGHT MLCP						7.2		3.6	3.6	3.6					

Source: AHIDMS

1.2 Srimanta Sankaradeva University of Health Sciences (SSUHS)

1.2.1 Background

35. Srimanta Sankaradeva University of Health Sciences (SSUHS) was established in 2009 by the Govt. of Assam vide "The Srimanta Sankaradeva University of Health Sciences Act, 2007". The SSUHS is the only Health University in the Northeast India under Govt. Sector. The Hon'ble Chief Minister of Assam by virtue of his Chair is the Chancellor of the University. The main objective of the University is to create, uphold and develop an intellectual, academic and philosophical environment and to establish uniformity of standard in education in the faculties of Modern System of Medicine, Dentistry, Nursing, Pharmacy, Ayurvedic, Homoeopathic and various Paramedical disciplines.

36. At present the University bears the academic monitoring responsibility of 96 affiliated institutions offering courses in different disciplines of Health Sciences. Besides offering various Degree/ Diploma courses, the University also offers Super Speciality courses like DM/M.Ch., Ph.D., Fellowship and also provides research grants to its scholars and faculty members. The University conducts various entrance examinations for admission into GNM, B.Sc. Nursing, Post Basic B.Sc. Nursing, M.Sc. Nursing, D. Pharm, B. Pharm and Paramedical Degree & Diploma courses. This University is undertaking collaborative research titled "Maternal and Perinatal Health Research Collaboration, India (Maat HRI)" in collaboration with Oxford University, UK. The University has also established academic collaboration with IIT Guwahati and Tezpur University. The Govt. of Assam has declared "Pragjyotishpur Medical College, Guwahati" as the Conducted College of SSUHS, which means this new Medical College will be maintained and managed by the SSUHS.

1.2.2 Location

37. The Srimanta Sankaradeva University of Health Sciences (SSUHS) is developing its permanent campus building within the campus of the Pragjyotishpur Medical College & Hospital

in Guwahati, Assam. This will be an upgradation work through design and build contract modality. The proposed site is an open area measuring 6,375 square meters. The proposed site has a temporary workers camp of M/s. L&T Contractors for ongoing construction work for the Pragjyotishpur Medical College & Hospital. The site will be cleared by the contractor as per the requirements. The location details are provided in Table 5 and the location map is shown in Figure 8. Existing site condition is depicted in Figure 9.

Table 5: Location Details of SSUHS

Total Plot Area:	6375 Sqm.
Location Of Site:	Inside the premises of Pragjyotishpur Medical College, Kalapahar, Guwahati.
Site Coordinates :	26°09'44"N , 91°44'49"E
Site Boundary:	363.3 m
Ground cover area	2275.4 sqm
Ground Coverage	35.6 %
Total Floors	(Basement + G +6)
Total Built Up Area	15096.21 sqm
Total Car Parking	44
Total two Wheeler	40

Source: AHIDMS

Figure 8: Location Map of SSUHS

Figure 9: Existing Condition of SSUHS

1.2.3 List of Facilities

38. List of facilities proposed are as below:

Basement Floor

- Parking (44 Cars), Servant's Room + Pantry +Toilet (2nos.)
- Services: Store (2 Nos.), Staircases (4 Nos.)

Ground Floor

- Entrance Lobby
- Auditorium, Equipment Room, Electrical Room, Green Room Male With Attached Toilet, Green Room Female with Attached Toilet, Backstage Area, Pre Function Area
- Canteen (40-Seater), Kitchen, VIP Lounge, Meeting Room/Dining, Pantry, Toilet
- Registration Branch, Certificate Branch, Waiting, Store (4 Nos.)
- Services: Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Security Control Room, Fire Control Room, Ahu (4 Nos.), Store, Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

First Floor

- Auditorium, Ahu Room (2 Nos.)
- Digital Library, Library (55 Pax), Librarian, Deputy Librarian, Store
- Registrar, Deputy Registrar, Pa To Registrar And Deputy Registrar
- Office Room Suites (30 Pax), Office Room Cabins (3 Nos.)
- Office Room (2nos.), Office Workspace (16 Pax) , Office Workspace (12 Pax), Store Room (2 Nos)
- Services: Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2nos.), Ahu (4 Nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

Second Floor

- Auditorium Balcony Seater
- Classroom (50 Seater-3nos), Classroom (60 Seater - 2 Nos), Office (8 Pax)
- Examination Hall (150 Seater), Store
- Services : Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2 Nos.), Ahu (4 Nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

Third Floor

- Secreatary (Registrar), Registrar Room + Toilet, Pa (Registrar), Ps (Registrar), Waiting Lobby (Registrar)
- Conference Room (20 Pax), Waiting Lobby
- Office Workspace (32 Pax), Store Room (2 Nos)
- Secretary (V.C),Vice Chancellor + Toilet+Pantry+Discussion/Dining Room+Restroom, Pa (Vc), Ps (Vc), Waiting Lobby (Vc)
- Services: Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2 Nos.), Ahu (4 Nos.), Store (2nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

Fourth Floor

- Research Room, Modern Research Laboratory, Dean (10 Nos.)
- Seminar Hall (150 Seater)
- Services : Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2nos.), Ahu (4 Nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

Fifth Floor

- FAO +Toilet, Consultant, Cashier, Account Branch (15 Pax)
- Office Room (42 Pax) , Deputy Registrar (2nos.), Examination Hall (150 Seater) , Conference Room (40 Seater)
- Services: Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2 Nos.), Ahu (4 Nos.), Store (2nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

Sixth Floor

- Deputy Controller Of Examination + Toilet (2 Nos.), Controller Of Examination + Toilet + Waiting Area, Pa (2 Nos.) + Waiting Area
- Strong Room, Room For Cap (48 Seater) , Office Room (76 Seater), Store Room
- Services : Staircases (4 Nos.), Lift (4nos.), Lift Lobby, Electrical Room (2 Nos.), Ahu (4 Nos.), Store (2nos.), Toilet (M) (2nos.), Toilet (F) (2 Nos.), Toilet (Ph) (2 Nos.)

1.2.4 Design Features

39. The proposed building has a total built-up area of 15,096.2 m^2, with a ground coverage of 2,270 m^2, constituting 35.6% of the site area. The structure comprises a basement, ground floor, and six additional floors (G+6 configuration). The floor wise details including built up area is presented in Table 6.

Table 6: Floor wise Built-up Area Statement of Proposed SSUHS Building

	MAIN BUILDING (B+G+6)
FLOOR HEIGHT	**3.9**
Ground Floor	2270.00 Sqm
First Floor	1899.25 Sqm
Second Floor	1848.10 Sqm
Third Floor	1663.44 Sqm
Fourth Floor	1663.44 Sqm
Fifth Floor	1663.44 Sqm
Sixth Floor	1663.44 Sqm
Basement Floor	2425.10 Sqm
Grand Total Area	**15096.21 Sqm**
Note: Canopy, Boxings and Mumty Areas not Counted in Area Calculation	

Source: AHIDMS

40. The design integrates a range of academic, administrative, and support functions. These include registration and certificate branches, classrooms of varying capacities, examination halls, seminar and conference halls, a digital library, modern research laboratories, and office spaces for faculty and administration. Dedicated rooms for the Vice Chancellor, Registrar, Deans, and Controllers of Examinations are provided, along with PA rooms, waiting lobbies, pantry spaces, strong rooms, and storage areas.

41. The building also features an auditorium with backstage and green rooms, canteen and kitchen areas, lift lobbies with multiple passenger lifts, accessible toilets, fire control rooms, and mechanical and electrical service areas. Accessibility is ensured through multiple ramps with appropriate slopes, and provision has been made for four-wheeler and two-wheeler parking slots. The layout emphasizes efficient space utilization, accessibility, and integration of essential academic infrastructure to serve the university's long-term operational needs.

42. Figure 10 shows the 3D view of the proposed SSUHS building and Figure 11 shows the site layout plan of SSUHS.

Figure 10: 3D View of the Proposed SSUHS Building

Soure: AHIDMS

Figure 11: Proposed Site Plan of SSUSH

Source: AHIDMS

1.2 Assam Medical College & Hospital (AMCH) Dibrugarh

43. The proposed work is upgradation of Infrastructure and establishing of Smart classrooms and labs in Paramedical College, Pharmacy College, Smart classrooms, labs of Assam Medical College and Hospital, Dibrugarh. This does not require major civil work except some minor repair and fittings work. There will be no demolition or construction of buildings. The AMCH in Dibrugarh was established in 1947. Photograph of the AMCH, Dibrugarh is depicted in Figure 12

Figure 12: Photograph of AMCH, Dibrugarh

1.3 Silchar Medical College & Hospital (SMCH)

44. The proposed work is upgradation of Infrastructure and establishing of Smart classrooms and labs in Paramedical College, Pharmacy College, Smart classrooms, labs of Silchar Medical College and Hospital, Silchar. This does not require major civil work except some minor repair and fittings work. There will be no demolition or construction of buildings. The SMCH in Dibrugarh was established in 1976. Photograph of the SMCH, Silchar is depicted in Figure 13.

Figure 13: Photograph of SMCH, Silchar

B. Components with Installation of Equipment

45. The project will procure various medical equipment and supplies for seven existing medical facilities in the state which are as below which will not involve any civil work.

- MCH Wings, GMCH (Guwahati, Kamrup Metropolitan District - 26° 9'34.55"N, 91°46'5.35"E)
- Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH (Guwahati, Kamrup Metropolitan District - 26°11'7.87"N, 91°44'26.50"E)
- Nalbari Medical College (Nalbari, Nalbari District - 26°24'47.27"N, 91°30'50.90"E)
- Nagaon Medical College (Nagaon, Nagaon District 26°21'57.17"N, 92°42'52.21"E)
- Assam Medical College & Hospital (AMCH) Dibrugarh (Dibrugarh, Dibrugarh District - 27°29'19.32"N, 94°56'25.94"E)
- Silchar Medical College & Hospital (SMCH)- (Silchar, Silchar District - 24°46'32.89"N, 92°47'42.03"E)
- Pragjyotishpur Medical College & Hospital (Guwahati, Kamrup Metropolitan District (26° 9'43.49"N, 91°45'4.24"E)

III. DUE DILIGENCE FINDINGS ON LAND ACQUISITION AND INVOLUNTARY RESETTLEMENT

A. Overview

46. This chapter provides an assessment of impacts on land acquisition and involuntary resettlement as per the findings of the due diligence. As per ADB's Safeguard Policy Statement, Project screening and categorization are undertaken to (i) determine the significance of potential impacts or risks that a project might present with respect to involuntary resettlement; (ii) identify the level of assessment and institutional resources required to address safeguard issues; and (iii) determine the information disclosure and consultation requirements. Using involuntary resettlement, screening checklist, the project is categorized. A proposed project is assigned to one of the following categories depending on the significance of the probable involuntary resettlement impacts:

> **Category A.** A proposed project is classified as category A if it is likely to have significant involuntary resettlement impacts. A resettlement plan, including assessment of social impacts, is required.
>
> **Category B.** A proposed project is classified as category B if it includes involuntary resettlement impacts that are not deemed significant. A resettlement plan, including assessment of social impacts, is required.
>
> **Category C.** A proposed project is classified as category C if it has no involuntary resettlement impacts. No further action is required.

47. A project's involuntary resettlement category is determined by the category of its most sensitive component in terms of involuntary resettlement (IR) impacts. The involuntary resettlement impacts of an ADB-supported project are considered significant if 200 or more persons will experience major impacts, which are defined as (i) being physically displaced from housing, or (ii) losing 10% or more of their productive assets (income generating). The level of detail and comprehensiveness of the resettlement plan are commensurate with the significance of the potential impacts and risks. A screening has been done (Refer to Appendix-1) for the project and based on the screening, the Project is categorized as "C" for involuntary resettlement as per the SPS, 2009. There will not be any land acquisition or land use restriction and all civil works will be within the fenced areas. The proposed subprojects will be based on the land available with the government with no land acquisition foreseen. Therefore, this due diligence has been prepared to conform the category "C" on IR.

.

B. Scope and Trigger

48. As per ADB's SPS, 2009, the involuntary resettlement safeguard covers physical displacement (relocation, loss of residential land, or loss of shelter) and economic displacement (loss of land, assets, access to assets, income sources, or means of livelihoods) because of (i) involuntary acquisition of land, or (ii) involuntary restrictions on land use or on access to legally designated parks and protected areas. It covers them whether such losses and involuntary restrictions are full or partial, permanent, or temporary.

C. Land Acquisition and Involuntary Resettlement Impact in the Project

49. The following section describes various project components and its impacts on land acquisition and involuntary resettlement.

1. Components with Civil Construction

1.1 Upgradation of Gauhati Medical College and Hospital

50. **Impact on land:** The project activities involve demolition of existing buildings and construction of new buildings. All the construction will be undertaken within the existing premises of GMCH. The main building proposed for the upgradation will be done in approximately 27 acres of land. The land belongs to the Health and Family Welfare Department of government of Assam. Copy of the land paper is provided in Appendix-2.

51. **Impact on physical displacement:** No physical displacement will occur. Construction will be done within the existing compound. The buildings to be demolished are government owned land and there is no presence of informal settlers inside the medical campus. The construction and upgrading of the GMCH will be undertaken in phased manner in order to avoid any unprecedented impacts. The staff quarters are government owned. Hospital authority will make necessary temporary arrangements for accommodating the staff during construction. The licensed service providers such as eateries, milk vendors, medicine stores operating within the hospital campus will be will be provided with designated temporary space for continued operation and will be reinstated in to a permanent place within the hospital once the new towers are constructed.

52. **Loss of trees and crops:** The construction does not require additional land acquisition. All the activities are to be undertaken within the fenced boundary of hospital campus. No cropping is allowed inside the hospital campus. There will be some trees to be cut which are not privately owned. Cutting of government owned trees within the campus will be covered under the environment report and mitigation will be proposed in the environment management plan.

53. **Loss of income and livelihood:** There will be no loss of income and livelihood due to the project. There are some licensed shops who cater to the patients and staff inside the GMCH which belong to various companies and does not belong to any specific individual owners. These shops will continue to operate during construction where alternate space will be provided temporarily and these will be reinstated to its permanent position post the construction. Additionally, there are several medicine shops, eateries, shops just beyond the medical campus but not within the campus. There will be no interruptions to the existing roads where patients are using for accessing these services and where the shop owners are earning their income and livelihoods. The access will not be blocked and contractors will not keep any barricade or raising boundary to hinder any access. With the continued access during and post construction, there will be no loss of income and livelihood.

54. **Approach road:** The approach roads are available. The main approach to the hospital is crowded with several shops and vendors. GMCH has planned to use separate approach road for construction so that the main approach to the hospital is not disturbed. The alternate approach rod is already existing Tas the hospital has more than one access roads. The detailed project report has the provision for such alternatives. There will be no new road to be constructed. Vehicular movements during construction may cause some traffic congestion which will be managed during construction by the implementing agency and contractor.

55. **Other associated impacts:** There are houses which are located outside of the hospital boundary, but not far from the boundary. These residences may face construction related impacts such as noise disturbance, dust pollution and traffic disruption. Contractors will ensure appropriate mitigations for such impacts for which a robust environment management plan will be developed. Contractors will arrange its own labour camps and material storage which will not cause any physical displacement.

56. **Indirect impacts:** The garbage materials and constructions waste will be dumped in the designated area as provided by the municipal corporation which are designated for dumping. International best practice construction standard will be followed to avoid any indirect or induced impacts such. The mitigation measures are highlighted in the IEE and EMP.

57. **Temporary impacts:** Temporary impacts during construction will not lead to any physical or economic displacement rather it will be more of environment related impacts which will be managed through the environment management plan. Any social impacts that may occur during construction will be assessed and documented and preproperate measures will be taken.

1.2 Construction of Srimanta Sankaradeva University of Health Sciences

58. **Impact on land:** The construction of administrative block of SSUHS (the medical university) will be constructed within an area of 6,375 square meter of land which is government owned land. There will be no need of land acquisition. SSUHS land belongs to TB hospital which is under Health and Family Welfare Department as confirmed by AHIDMS. The land has not been transferred in to the project proponent yet. The land will be transferred through government-to-government transfer. The site is being used for a labor camps by the L&T contractors for ongoing construction work for the Pragjyotishpur Medical College & Hospital. No objection certificate (NOC) has not been obtained yet, however, process for obtaining the NOC is under process. Copy of the NOC will be shared with ADB upon the formal receipt of NOC. The labor camp of L&T will be cleared prior to commencement of construction of the SSUHS. Timeline for clearing the labor camp will be communicated to ADB. Copy of Chitha[35] (land records) is attached in Appendix-3. A copy of request letter issued by AHIDMS to the Commissioner & Secretary to the Government of Assam for availing no objection certificate for land transfer is provided in Appendix-4. There is no impact on land acquisition and involuntary resettlement for this component.

59. **Impact on physical displacement:** There will be no impact on physical displacement. The labour camp which is currently existing is under the management of L&T (contractor). The labor camps will be cleared prior to the construction. The labor camp is used for the specific construction activities. No residential structures having legal title or non-titled persons are found to be present in the proposed land. No informal settlers are found to be present.

60. **Impact on crops and trees:** No crops and trees are found to be affected. As mentioned above, the site is currently used for labour camp

[35] In Assam, a "Chitha" refers to the most important register of land records maintained for each village or town part. It details information about each plot, such as the plot number, area, land class, revenue, and patta number. Essentially, it's a comprehensive record of land ownership and characteristics within a specific area. The Chitha Register serves as the primary source for land-related information within a village or town part. It includes crucial details about each plot, including: Plot number, plot area, land class, revenue associated with the plot, and patta number etc. he Chitha is a critical document for various land-related transactions, legal matters, and administrative purposes within the state

61. **Loss of income and livelihood:** No income generating activities are found to be present in the proposed land.

62. **Other impacts:** Approach road is available which will not cause any additional impacts. Temporary impacts during construction will not lead to any physical or economic displacement rather it will be more of environment related impacts which will be managed through the environment management plan. Any social impacts that may occur during construction will be assessed and documented and preproperate measures will be taken

1.3 Assam Medical College & Hospital (AMCH) Dibrugarh

63. This component does not require any new construction or demolition. This involves minor civil work inside the hospitals. The key scope of this component is Upgradation of Infrastructure and establishing of Smart classrooms and labs in Paramedical College, Pharmacy College, Smart classrooms, labs of Assam Medical College and Hospital, Dibrugarh. The infrastructure upgradation will be don through a minor civil work within the college and hospital such as repair, making of smart class etc. Therefore, there will be no land acquisition or requirement of additional land. Therefore, there will be IR impacts for this component.

1.4 Construction of Silchar Medical College & Hospital (SMCH)

64. This component does not require any new construction or demolition. This involves minor civil work inside the hospitals. The key scope of this component is Upgradation of Infrastructure and establishing of Smart classrooms and labs in Paramedical College, Pharmacy College, Smart classrooms, labs of Silchar Medical College and Hospital, Silchar. The infrastructure upgradation will be don through a minor civil work within the college and hospital such as repair, making of smart class etc. Therefore, there will be no land acquisition or requirement of additional land. Therefore, there will be IR impacts for this component.

D. Components with Installation of Equipment

65. The installation of equipment does not require civil construction. This is a nonphysical component where equipment will be installed within the existing hospital buildings. All the hospitals are well fenced with permanent boundary. Installation of equipment in the seven existing facilities will have no IR impacts either permanent or temporary.

1. Summary Involuntary Resettlement Findings

66. The project is classified as category “C” for involuntary resettlement impacts. All hospitals have sufficient space available within the existing boundaries and compounds to accommodate all works to be undertaken for new construction as well as installation of equipment. There will be no land acquisition under the project. All the intervention under the project will be confined to the existing hospitals and its premises. Therefore, there will be no impact on land acquisition and involuntary resettlement. Summary Impacts on land acquisition and involuntary resettlement of each subprojects/hospital are detailed in Table-7.

Table 7: Summary Findings on Land Acquisition and Involuntary Resettlement

#	Name of the Project Components	Type of Work	Total Area required (Acre)	Ownership of land	Land Acquisition Required	Impact on IR	Remarks
A	**New Construction**						
1	Guwhati Medical College and Hospital (GMCH)	Civil Construction (major civil work)	27 Acre	Government Owned Land belonging to Department of Health and Family Welfare, Government of Assam	Not required	No Impacts on involuntary resettlement as there will be no land acquisition and physical displacement	• All civil construction in DMCH, AMCH, Dibrugarh and SMCH, Silchar will be within the preexisting boundary of the hospitals where the land is available and owned by the government of Assam • SSUHS will be constructed in a land parcel which belongs to the department of health and family welfare of Government of Assam which is a government owned land as confirmed by AHIDMS. The land has not been transferred to the project proponent and no objection has not been obtained from the concerned department. The process of land transfer and obtaining NOC is under process and it will be done through inter departmental transfer • There is no legacy issue • There are no informal settlers within the hospital premises • There will be no loss of access or restrictions to the business/ shops etc which are operating outside
2	Srimanta Sankaradeva University of Health Sciences (SSUHS)	Civil Construction (major civil work)	6,375 square meters	Government Owned Land belonging to Department of Health and Family Welfare, Government of Assam (Currently belongs to the TB hospital)	Not required		
3	Assam Medical College & Hospital (AMCH) Dibrugarh	Civil Construction	Within the hospital premises	Government Owned Land	Not required		
4	Silchar Medical College & Hospital (SMCH)	Civil Construction	Within the hospital premises	Government Owned Land	Not required		

#	Name of the Project Components	Type of Work	Total Area required (Acre)	Ownership of land	Land Acquisition Required	Impact on IR	Remarks
							of the hospital boundary
B	**Installation of Equipment**						
1	Maternal and Child Health (MCH) Wings	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		Installation of equipment will be done within the existing premises of existing hospitals without requiring any additional land. The existing and available land within the hospital premises is not used by any informal settlers.
2	Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		
3	Nalbari Medical College	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		
4	Nagaon Medical College	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		
5	Assam Medical College & Hospital (AMCH) Dibrugarh	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		
6	Silchar Medical College & Hospital (SMCH)	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		
7	Pragjyotishpur Medical College & Hospital	Equipment	Within the existing hospital buildings	Government Owned Land	Not required		

IV. DUE DILIGENCE FINDINGS ON INDIGENOUS PEOPLES

A. Overview

67. A proposed project is assigned to one of the following categories depending on the significance of the potential impacts on Indigenous Peoples:

> **Category A**: A proposed project is classified as category A if it is likely to have significant impacts on Indigenous Peoples. An Indigenous Peoples plan (IPP), including assessment of social impacts, is required.
>
> **Category B:** A proposed project is classified as category B if it is likely to have limited impacts on Indigenous Peoples. An IPP, including assessment of social impacts, is required.
>
> **Category C:** A proposed project is classified as category C if it is not expected to have impacts on Indigenous Peoples. No further action is required.
>
> **Category FI:** A proposed project is classified as category FI if it involves the investment of ADB funds to, or through, a financial intermediary

68. A project's Indigenous Peoples category is determined by the category of its most sensitive component in terms of impacts on Indigenous Peoples. The significance of impacts of an ADB supported project on Indigenous Peoples is determined by assessing (i) the magnitude of impact in terms of (a) customary rights of use and access to land and natural resources; (b) socioeconomic status; (c) cultural and communal integrity; (d) health, education, livelihood, and social security status; and (e) the recognition of indigenous knowledge; and (ii) the level of vulnerability of the affected Indigenous Peoples community. The level of detail and comprehensiveness of the IPP are commensurate with the significance of potential impacts on Indigenous Peoples.

69. A screening has been done (Refer to Appendix-5) for the project and based on the screening; the Project is categorized as "C" for indigenous peoples. The activities are confined to the existing premises and the existing structures are not located on ST lands and there are no legacy issues Therefore, this due diligence has been prepared to conform the category "C" on IP.

B. Scope and Trigger of Indigenous Peoples

70. As per ADB's SPS 2009, The Indigenous Peoples safeguards are triggered if a project directly or indirectly affects the dignity, human rights, livelihood systems, or culture of Indigenous Peoples or affects the territories or natural or cultural resources that Indigenous Peoples own, use, occupy, or claim as an ancestral domain or asset. The term Indigenous Peoples is used in a generic sense to refer to a distinct, vulnerable, social and cultural group possessing the following characteristics in varying degrees: (i) self-identification as members of a distinct indigenous cultural group and recognition of this identity by others; (ii) collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories; (iii) customary cultural, economic, social, or political institutions that are separate from those of the dominant society and culture; and (iv) a distinct language, often different from the official language of the country or region. In considering these characteristics, national legislation, customary law, and any international conventions to which the country is a

party will be taken into account. A group that has lost collective attachment to geographically distinct habitats or ancestral territories in the project area because of forced severance remains eligible for coverage under this policy.

C. Scheduled Tribe Composition in Assam

71. This section describes about the presence of scheduled tribe population; however, they are not be affected or impacted. In Assam, the Scheduled Tribe (ST) population, according to the 2011 census, is 3,884,371, which constitutes 12.44% of the state's total population. The major Scheduled Tribes in Assam include the Boro, Mishing, Karbi, Rabha, and Kachari. There are 3 Autonomous Councils in the state of Assam; Bodoland Territorial Council, Dima Hasao Autonomous District Council and Karbi Anglong Autonomous District Council. Presence of ST population in these autonomous tribal council regions is much more than the Assam state average. For details, refer Table 8.

Table 8: Scheduled Tribe Population in Assam

#	District	Total Population	ST Population				Sex Ratio
			Total ST Population	% Age ST Population	Male	Female	
1	Kokrajhar	887142	278665	31.4	139579	139086	996
2	Dhubri	1949258	6332	0.3	3198	3134	980
3	Goalpara	1008183	231570	23.0	116013	115557	996
4	Barpeta	1693622	27344	1.6	13530	13814	1021
5	Morigaon	957423	136777	14.3	68382	68395	1000
6	Nagaon	2823768	115153	4.1	57759	57394	994
7	Sonitpur	1924110	232207	12.1	117685	114522	973
8	Lakhimpur	1042137	249426	23.9	126716	122710	968
9	Dhemaji	686133	325560	47.4	165449	160111	968
10	Tinsukia	1327929	82066	6.2	41769	40297	965
11	Dibrugarh	1326335	102871	7.8	51835	51036	985
12	Sivasagar	1151050	49039	4.3	24989	24050	962
13	Jorhat	1092256	139971	12.8	70795	69176	977
14	Golaghat	1066888	111765	10.5	56420	55345	981
15	Karbi Anglong	956313	538738	56.3	272460	266278	977
16	Dima Hasao	214102	151843	70.9	76520	75323	984
17	Cachar	1736617	17569	1.0	8736	8833	1011
18	Karimganj	1228686	1940	0.2	994	946	952
19	Hailakandi	659296	691	0.1	354	337	952
20	Bongaigaon	738804	18835	2.5	9377	9458	1009
21	Chirang	482162	178688	37.1	89273	89415	1002
22	Kamrup	1517542	182038	12.0	92094	89944	977
23	Kamrup Metropolitan	1253938	75121	6.0	37902	37219	982
24	Nalbari	771639	23364	3.0	11692	11672	998
25	Baksa	950075	331007	34.8	165634	165373	998
26	Darrang	928500	8419	0.9	4300	4119	958

#	District	Total Population	ST Population				Sex Ratio
			Total ST Population	% Age ST Population	Male	Female	
27	Udalguri	831668	267372	32.1	133550	133822	1002
28	**ASSAM**	**31205576**	**3884371**	**12.4**	**1957005**	**1927366**	**985**

Source: Census of India, 2011

72. According to 2011 census the family size among the tribal population was 4.9 and sex ratio was 985 was better than Assam total of 958. The overall work force participation rate was 43.99 % as against the corresponding figure of 48.71 % for all scheduled tribes of India according to the 2011 census. The literacy rate among tribal in Assam is 72.1%, which broadly mirrors the overall literacy rate of the state; and is well above the national average (Census, 2011). However, the gap between the male and female literacy rate (79% & 65% respectively) highlights that tribal women are still lagging behind on educational attainment. According to the 2011 census, the women workforce participation rate among the scheduled tribes of Assam is 43.99 per cent as against the corresponding figure of 48.71 per cent for all schedule tribes of India.

73. Article 366 (25) of the Constitution of India refers to Scheduled Tribes (ST) as those communities, who are scheduled in accordance with Article 342 of the Constitution. This Article says that only those communities who have been declared as such by the President through an initial public notification or through a subsequent amending Act of Parliament will be considered to be Scheduled Tribes. Government of India, under Article 342 of the Constitution, considers various characteristics to define indigenous peoples [Scheduled Tribes (ST) such as (i) tribes' primitive traits; (ii) distinctive culture; (iii) shyness with the public at large; (iv) geographical isolation; and (v) social and economic backwardness before notifying them as a Scheduled Tribe. Essentially, indigenous people have a social and cultural identity distinct from the 'mainstream' society that makes them vulnerable to being overlooked or marginalized in the development processes. STs, who have no modern means of subsistence, with distinctive culture and are characterized by socio-economic backwardness, could be identified as Indigenous Peoples. Indigenous people are also characterized by cultural continuity. The Constitution of India makes special provisions for the administration of the tribal dominated areas as well as provides various development schemes to the scheduled tribes as part of reservation.

D. Project's Impact on Indigenous Peoples

74. The general project impacts to the tribal people are assessed based on the following criteria: (a) customary rights of use and access to land and natural resources; (b) Customary governance system; (c) Cultural practice; (d) Language used; (e) socioeconomic status; (f) health, education, livelihood, and social security status; and (g) the level of vulnerability of the affected Indigenous Peoples community.

- Customary right to land and natural resources: The customary right to land is prevalent only amongst the hills tribal people of Assam viz. Karbi's and Dimasa's of Karbi Anglong and Dima Hasao Autonomous hills districts of Assam. It is confirmed that there is no such customary use of land or any other natural resources in the project area. There is no collective attachment to the project sites because all the sites are preexisting and being used as hospitals except the proposed land in SSUHS which is also a government owned land in the heart of Guwahati city which is currently used as labor camp.

- Customary Governance System: There is no customary governance system prevalent

amongst the tribe in the project area. They follow the governance system similar to the other mainstream communities of Assam. The project covers five districts such as Kamrup Metro District, Dibrugarh, Silchar, Nalbari and Nagaon. These districts do not fall under any scheduled area.

- Cultural Practice: The cultural practices of tribal people are similar to the mainstream people of Assam though there is diversity. The tribal people do not live within any of the project area. All the proposed activities will be within the existing perimeter of existing hospitals except for the SSUHS which will be constructed in a new land which is government owned land situated in the city of Guwahati and is currently used as labor camps; therefore, no cultural practice will be impacted as no indigenous people live inside the project boundary.

- Language: Though the tribal people have their own dialect, they do follow Assamese as their medium of instruction in schools and also use Assamese language for all official correspondences. The patients availing the hospital facilities are referral cases and there is help desk in every hospital where tribal people are provided with assistance when there is need of assistance for any language barrier.

- Socio-economic status: The socio-economic status of the tribal people is similar to the mainstream community of Assam.

- Health, education, livelihood, and social security status: The health, education, livelihood, and social security status of the tribal people are similar to the mainstream people of Assam, especially those who live near the project area of Assam. STs access the same privileges as all Assamese peoples, such that ST children participate mainstream schooling and health services.

- Level of vulnerability of the affected Indigenous Peoples community: The level of vulnerability of the STs/indigenous people will not be impacted. The Project will not impact the people negatively and the project will not make ST vulnerable or add to their pre-existing vulnerabilities. Admission to the hospitals of any patient is not based on any vulnerability category and it is same for all patients.
- Differential impacts: The project will not have any differential impacts. All the patients are treated equally upon admission

E. Project Output and its Impact on Indigenous Peoples

75. Project's output and its impacts are summarized in Table 9.

Table 9: Output and Impact on IP

#	Components	IP Impacts	Remarks
1	Output 1: Quality of tertiary care facilities and systems enhanced with focus on affordability, resilience, inclusion and gender responsiveness.	None	• No acquisition of land owned by the indigenous people • No physical displacement of indigenous people • No loss of restrictions to natural resources • No loss of access to ancestral domain • No loss of cultural asset of any tribals

#	Components	IP Impacts	Remarks
3	Output 2: Availability of quality, gender balanced, and responsive Human Resources for Health (HRH) increased	None	• No loss of access to ancestral domain such as losing customary land and also no loss of access to cultural asset • No differential impacts
3	Output 3: State system to deliver quality and affordable tertiary care and medical education strengthened.	None	

F. Impact Matrix on Indigenous Peoples

76. A detailed impact matrix covering various areas of IP impacts is provided in Table 10.

Table 10: Social Impact Matrix on Indigenous Peoples

#	Impact Domain	Impacts for Assessment	Status	Assessment	Impacts/Remarks
1	Economic Benefits	Increased employment during construction	Relevant	The project will provide limited short-term employment opportunities for low skilled and semi-skilled workers in the project area There will be opportunities for creation of temporary jobs during the project construction contractor will engage local labor during construction where feasible. All those local labors who will be engaged temporarily will be provided with health and safety tools for construction work.	No Impact This is an opportunity to both tribal and non-tribal. This is not a targeted benefits to ST population
2	Social Benefits	Provision for better health facilities to patients	Relevant	This is an upgradation of existing medical infrastructure and additions of modern equipment in the existing hospitals where the health system and facilities will be enhanced	No Impact The benefits are not differential and equal to all patients irrespective of tribal people
3	Resettlement (Physical or Economic)	Loss of land, dwellings, and other physical resources	Not relevant	No land acquisition and involuntary resettlement as all the infrastructure development will be undertaken within the available land of the existing hospitals and government owned land which are free from encumbrances	No Impact

#	Impact Domain	Impacts for Assessment	Status	Assessment	Impacts/Remarks
4	Resettlement (Physical or Economic)	Loss of crops and trees	Not relevant	No crops and trees to be affected by the project	No Impact
5	Resettlement (Physical or Economic)	Loss of natural resources and grazing land and access to natural resources for traditional medicines	Not Relevant	The project will not affect natural resources because the civil work and equipment installation will be done within the existing premises of various hospitals.	No Impact
6	Resettlement (Physical or Economic)	Loss of land rights and entitlements and livelihood	Not Relevant	The IPs will not lose any land rights as there is no land acquisition and economic displacement	No Impact
7	Resettlement (Physical or Economic)	Disruption of social networks and relationships	Not relevant	The project is not anticipated to disrupt social networks and relationships.	No impact
8	Resettlement (Physical or Economic)	Disruption of shrines and cultural and religious and heritage properties/ resources	Not relevant	No impacts found where IPs shrines or religious setup will be disturbed	No impact
9	Resettlement (Physical or Economic)	Temporary restrictions to existing structures/buildings/shops in market area due to project	Partially relevant	Only traffic related issues which will be mitigated by the contractor	Low impact
10	Food Insecurity	Disruption to the ability of affected people to grow/produce food (equivalence for agricultural sustenance depends on labor, productivity and cash)	Not relevant	The project is not anticipated to have any impacts on ability of people to produce food as there will be no loss of agricultural land or any traditionally source of food production by the IPs.	No Impact
11	In-Migration and Population Growth/Concentration	Temporary influx of outside workers in the communities, risking	Relevant	The project is not anticipated to pose significant influx risks. Contractor will bring the labors only during the construction and will be residing inside the labor camps with strict	Low impact This will be mitigated through the core labor standards and

#	Impact Domain	Impacts for Assessment	Status	Assessment	Impacts/Remarks
		tensions between outside (partly possibly expatriate) labor and local population, due to differences in wealth and culture		adherence to contractual clauses. Project's interventions are in the city and town area and no indigenous communities will be affected.	environment management plan
12	Health and Welfare	Increased crime	Not Relevant	The project will be constructed under the strict supervision of the EA and IA and the project management consultants.	No impact
14	Health and Welfare	Management of community concerns linked to impacts associated with construction phase issues (like air and dust emissions, traffic, influx and community safety and security, noise and vibration, etc.) and adverse impact/inconveniencies resulting from it.	Partially Relevant	There may be some indirect impact which will be addressed in the environmental assessment.	Low Impact: Mitigation measures are proposed under the environment management plan
15	Health and Welfare	Access to sufficient potable water	Not relevant	Access to potable water in the project area is not going to be affected by the project setting.	No impact: Project will arrange its own water requirements and will avail required clearances for any water use.
16	Social Conflicts	Disruption of social networks and relationships and disruption due to competition between groups for	Not relevant	The project is not anticipated to disrupt social networks and relationships as there is no such permanent influx of in-migrant population except some temporary laborers.	No impacts

#	Impact Domain	Impacts for Assessment	Status	Assessment	Impacts/Remarks
		employment and other economic benefits			
17	Social Conflicts	Disruption due to tensions between resettles household and residents in host areas and neighboring areas	Not relevant	No physical displacement and no involuntary resettlement	No Impacts
18	Governance Impacts	Increased demand for basic infrastructure and services	Not relevant	No impact	No impact
19	Dignity, human rights and culture of Indigenous People	Disruption of existing socio-cultural setup of indigenous peoples due to project intervention and construction	Not relevant	The scheduled tribe population living in the project area are well integrated to mainstream population. No impacts on dignity of indigenous people are perceived. The project does not involve any land acquisition of tribal people. Patients are treated in the hospital with equal dignity for tribal and non-tribal patients	No Impacts
20	Territories or natural or cultural resources that Indigenous Peoples own, use, occupy, or claim as an ancestral domain or asset.	Project's impact on land acquisition or disrupting the ancestral domain	Not relevant	The project will not acquire and land which are privately owned or owned or used by IPs and will not be located in the sixth schedule area of the Indian constitution.	No Impacts
21	Commercial development of the cultural resources	Nature of project activities and intervention	Not Relevant	The proposed project and the intervention have no such components which lead into commercial development of any cultural resources that belong to the tribal community. The project is upgradation of health facilities of existing hospitals.	No Impacts

Social Due Diligence Report

PUBLIC

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India: Assam State Tertiary Healthcare Augmentation Project

Part 2

Prepared by Assam Health Infrastructure Development & Management Society (AHIDMS), Medical Education and Research Department, Government of Assam for the Asian Development Bank (ADB).

CURRENCY EQUIVALENTS
(as of 1 September 2025)

Currency Unit	–	Indian rupee/s (₹)
₹1.00	=	$0.0113
$1.00	=	₹88.176

G. Summary Findings on Indigenous Peoples

77. The project will not result in any impacts on indigenous peoples and project benefits will be availed by individuals voluntarily i.e. by visiting the hospitals. SR 3 will not be triggered as the project will not "directly or indirectly affects the dignity, human rights, livelihood systems, or culture of Indigenous Peoples or affects the territories or natural or cultural resources that Indigenous Peoples own, use, occupy, or claim as their ancestral domain". There will be no involuntary land acquisition and physical displacement in the Project affecting indigenous communities. The project covers five districts such as Kamrup Metro District, Dibrugarh, Silchar, Nalbari and Nagaon. These districts do not fall under any scheduled area. The tribal people do not live within any of the project area. All the proposed activities will be within the existing perimeter of existing hospitals except for the SSUHS which will be constructed in a new land which is government owned land situated in the city of Guwahati and is currently used as labor camps. STs/IPs availing services at the hospitals will not trigger the Safeguard Requirement-3 (SR-3) of ADB's SPS, 2009 as there are no differential treatment or benefits.

78. The Project will not have any adverse impacts on indigenous peoples, their cultural identity, survival, cultural resources or livelihood systems. The Project will not affect any traditionally owned customary land. The project will not involve commercial development of cultural resources and will not have any impact on the knowledge system of indigenous peoples. The GMCH caters services to Assam and all Northeastern states including some patients from Nepal and Bangladesh. The patients come through a referral. There are several patient footfalls everyday who come from various sections of society which include both IPs and non-IPs. Patients usually come as referrals whereas they have access to modern medical systems at their respective native place. Patients are not treated differentially and are treated equally irrespective of their socio-cultural identity. Language is not a bar for the patients coming from the IP communities as the hospital has help desk where patients are facilitated for any kind of help, they may require. The project is not about constructing new hospitals in the IP areas or for the IPs. The patients belonging to the scheduled tribe population have the access to modern medical treatment and have access to the public health care systems in their locality and they will avail the new facilities under the Project for referral. Although, there are footfalls of patients which may be from the ST or IP community, however, there will be no differential impacts. Both IPs and non-IPs are covered under government health schemes such as insurance for medical treatment. Although there are footfalls of patients from the IP communities, however, there will be no impacts. The project is designed to be patient friendly with modern infrastructure, equipment and education to make it an inclusive development in the health sector in Assam and northeast India. Impacts of project components on IP are summarized in Table 11.

Table 11: Output and Impact on IP

#	Name of the Project Components	Type of Work	Impact on IP
A	**Civil Construction**		
1	Guwhati Medical College and Hospital (GMCH)	Civil Construction	None
2	Assam Medical College & Hospital (AMCH) Dibrugarh	Civil Construction	None
3	Silchar Medical College & Hospital (SMCH)	Civil Construction	None
4	Srimanta Sankaradeva University of Health Sciences (SSUHS)	Civil Construction	None
B	**Installation of equipment**		
1	Maternal and Child Health (MCH) Wings	Equipment	None

#	Name of the Project Components	Type of Work	Impact on IP
2	Mahendra Mohan Choudhury Hospital (MMCH) Annexed to GMCH	Equipment	None
3	Nalbari Medical College	Equipment	None
4	Nagaon Medical College	Equipment	None
5	Assam Medical College & Hospital (AMCH) Dibrugarh	Equipment	None
6	Silchar Medical College & Hospital (SMCH)	Equipment	None
7	Pragjyotishpur Medical College & Hospital	Equipment	None

V. CONSULTATION, PARTICIPATION AND DISCLOSURE

A. General

79. The purpose of the stakeholder consultation and public participation process is to ensure that stakeholders, interested and affected parties as well as the public are informed of the proposed project and activity, to solicit their views and opinions about the project. According to the ADB Safeguard Policy Statement (2009): “The borrower and client will carry out meaningful consultation with affected people and other concerned stakeholders, including civil society, and facilitate their informed participation. Meaningful consultation is a process that:

(i) Begins early in the project preparation stage and is carried out on an ongoing basis throughout the project cycle;
(ii) Provides timely disclosure of relevant and adequate information that is understandable and readily accessible to affected people;
(iii) Is undertaken in an atmosphere free of intimidation or coercion;
(iv) Is gender inclusive and responsive, and tailored to the needs of disadvantaged and vulnerable groups; and
(v) Enables the incorporation of all relevant views of affected people and other stakeholders into decision making, such as project design, mitigation measures, the sharing of development benefits and opportunities, and implementation issues.

80. Stakeholders’ consultations were carried out during the due diligence. The project will enhance tertiary health system in Assam and north east India where patients will avail better services and will be the primary beneficiaries of the Project. Key stakeholders are doctors, nurses, paramedical staff, service providers within the hospital premises, local community residing in the vicinity of GMCH and other hospitals, municipality and other government line agencies.

81. Consultations were conducted with key stakeholders of the project such as patients and parents of the patient of GMCH, doctors of GMCH, and nursing staff of GMCH. The views and opinions of patients and their parent regarding the quality of hospital service, access to various facilities including government health insurance, and cost of treatment were obtained. Similarly, the discussion with doctors and nursing staff were focused on awareness about the proposed project, various benefits and impacts of the project, adverse impact of the project if any, existing grievance redressal system in the hospital, project implementation issues and suggestion for gender and social inclusion.

B. Findings of Consultations

82. Findings of each consultation are provided below and photographs are provided in Appendix-6.

1. Consultation with Doctors (Pediatric department of GMCH)

83. GMCH has a 120-bed pediatric ward. The ward caters to the patients coming from all 12 districts of Assam and other neighboring states. Due to high footfalls the existing ward area is overcrowded, especially in summer months. The upgradation of the GMCH will include upgrading the infrastructure and other facilities of the pediatric ward.

84. All the doctors felt that the new and improved infrastructure of pediatric ward under the proposed project will be beneficial in many ways. The new design and infrastructure will reduce the overcrowding of patients and the chances of infection. The increase in beds for inpatients will meet the increasing demand and patient load. At present there is no room for equipment such as Bronchoscopy. The upgradation will have a separate room for the Bronchoscopy machine. The limited number of MRI machines and other equipment leads to delay in conducting the tests. The provision of more equipment for advanced tests under the proposed project will address this problem
Most of the doctors mentioned that the number of faculty rooms is not sufficient as 3 to 4 doctors sit in one room. Also, the space of the existing room is not enough to conduct the patient consultations smoothly. The new infrastructure will offer a greater number of faculty rooms with adequate space for the doctors.

85. Due to the unavailability of advanced equipment and specialists some of the advanced and complicated cases from GMCH are referred to super specialty hospitals in Hyderabad, Calcutta, and Delhi. The proposed project will address this gap by providing equipment and facilities for treatment of advance cases in GMCH. Hence, there will be a reduction of migration of patients to other big hospitals.

86. There is a Composite Rehabilitation Centre (CRC) for the treatment of people with disability (PWD). However, the existing toilets are not disability friendly and child friendly. The new structure will have provision of disable friendly toilets.

2. Consultation with mother of a patient

87. The patient is a child aged 4 years. The patient was with his mother and being admitted in the pediatric ward of GMCH for treatment. They belonged to South Salmara village of Mankachar district. The child has nephrotic kidney problem. They initially visited a private clinic. The doctor of the clinic suggested them visit the GMCH for treatment.

88. The child has a Rashtriya Bal Swasthya Karyakram (RBSK) card. RBSK under the National Health Mission of India is a program to improve the overall quality of life of children enabling all children achieve their full potential. This program involves screening of children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management, including surgeries at tertiary level.

89. The mother mentioned that the child was admitted in the GMCH after producing the birth certificate in the counter. The entire treatment is free of charge. The free treatment helped the poor family save out of pocket expenditure incurred on the treatment. The mother expressed

satisfaction with the quality of care received in the GMCH. She felt that the hospital is very crowded. She suggested that the pediatric ward should be more specious.

3. Consultation with beneficiary of PM-JAY (Pradhan Mantri Jan Arogya Yojana)

90. The patient, Dielowara Begum, was admitted in the ENT ward of GMCH for treatment. The girl initially visited the nearby primary health Centre (PHC). Since there was no ENT doctor available in the PHC she came to the GMCH for treatment. The patient's family is a beneficiary of Pradhan Mantri Jan Arogya Yojana (PM-JAY). PM-JAY is one of the two components of Ayushman Bharat, a flagship scheme of Government of India to achieve the vision of Universal Health Coverage (UHC). This scheme has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind."

91. PM-JAY is the largest health assurance scheme financed by the government which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crores poor and vulnerable families that form the bottom 40% of the Indian population. It provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.

92. The parent of the patient mentioned that the girl was admitted in the ENT ward since the family is a beneficiary of PM-JAY. GMCH has a special counter for admission of PM-JAY beneficiary. They produced the PM-JAY cards and other supportive documents for admission in the ENT ward. The parents expressed satisfaction with the process of admission though they had to wait for some time to complete the formalities. Being a beneficiary of PM-JAY helped them to get admission and access the treatment free of cost. They belonged to a poor family and the cashless treatment is a big respite for them from the high treatment cost.

93. The parent of the patient highlighted that the hospital is very old and crowded with patients. He suggested that there should be more number ENT wards to accommodate large number of patients coming from various parts of the state of Assam

4. Consultation with a patient family who is not a beneficiary of PM-JAY

94. The patient, Neelabh Malakar, was admitted to the ENT ward of GMCH for treatment of nose. The boy was accompanied by his mother. The family is from pathsala village of Bajali district of Assam. The village is about 150 km from the hospital. They came to the hospital by train since it is a cheaper mode of transportation. They initially visited a private clinic, but the clinic did not have the facility to undertake the nose surgery. The doctor at the clinic recommended them to come to GMCH as it has all the facilities.

95. The mother of the patient informed them the help desk of GMCH helped them to get the admission in ENT ward. Since the family is not a PM-JAY beneficiary, the hospital charges the cost for nose surgery. The mother mentioned that the nose surgery is already completed, and they will be discharged soon. The cost of the nose operation is Rs. 15000/. The mother felt that treatment cost is much cheaper as compared to private hospitals.

96. The mother of the patient was happy with the quality of treatment. She highlighted that the doctors and nursing staff in the hospital are experienced. Also, all the facilities including laboratory test facilities are available in the hospital. However, the admission process took longer due to the

presence of many other patients. The discharge process is also lengthy as approvals need to be taken from various places.

5. Consultation with nursing staff of GMCH

97. GMCH is the largest government tertiary care hospital in Assam, and it caters to the patients coming from all the districts of Assam. Being a government hospital, it attracts many patients from the poorer section of society who are beneficiaries PM-JAY, RBSK and other government schemes. Patients from other neighboring states such as Meghalaya, Arunachala Pradesh and other northeastern states also come here for treatment. There is high footfall in the OPDs, and the area is overcrowded due to less space.

98. Most of the nursing staff are aware of the proposed upgradation of the GMCH. They felt that the upgrading of the infrastructure, provision of more equipment and other support facilities will address the problem of overcrowding and will strengthen the service quality. Some of the nurses highlighted that they need more instruments and equipment to meet the high patient load. For them, space is a constraint as there is not enough space for sitting to carry out their non-clinical functions.
There are 2 nursing hostels in GMCH, and the nursing students stay in the hostel. GMCH has deployment of private security guard and home guard to maintain the security within the premises including safety of women. The hospitals have measures in place to ensure safety of female doctor. A female security guard accompany the female doctor during the night visit of patients.

99. Most of the nurse highlighted the issue of safety and security of the women. The cases of attendants and patient becoming violent to nurse and doctor is increasing. They suggested that round the clock security should be in place, especially for female doctor and nurse, to protect them from violent behavior of patient and attendant.

100. The nurses acknowledged that GMCH has a grievance redressal system. In case of any grievance or complaint, it is brought to the relevant authority through a written application. Some of the nurses suggested that the relevant authority should also include a female for redressal of grievances coming from the female staff of the hospital. Some of the nurses suggested that in the proposed upgradation of GMCH they need a day care facility within the premises for the kids of nursing staff.

6. Consultation with Residential Owner near GMCH

101. Consultation was held with woman who is owner of a residential house whose house is situated just outside of the proposed boundary of GMCH. She is aware about the project from the project team. Modern health care facilities are always welcomed by the people, and she supports the project. The concern was related to construction related impacts such as dumping of waste materials in front of the house. Noise at nights, dusts during daytime construction etc. She also suggested for putting safety net during the construction so that no accident occur. She also suggested for high skilled nursing staff to be engaged in the new facilities and suggested proper communication signs and helpdesk in the new facilities for the patients to get easy access to right departments. Project team ensured that there will be environment management plan which will be strictly implemented by the contractor and the implementation will be monitored and supervised by the supervision consultants. The Project team also apprised about the proposed grievance redress mechanism to file any complaints which will be redressed by the project authority.

7. Consultation with Shop Owners

102. Consultations were undertaken with the shop owners especially the medicine shop owners and small eateries who have been operating since many years just outside of the GMCH's boundary wall. They are not inside the boundary, but they operate on their own land which is next to the edge of GMCH boundary. Currently, there is access to these shops from inside the hospital premises as well there is an existing road which gives access outside of the hospital boundary. Their main concern is about uninterrupted access during the construction and post construction. They raise the concern that they may lose customers and business if access is blocked. They will continue to operate from the same place as these shops are existing since a long time (from 1990s). The project team along with the official from the PWD ensured that the access will not be blocked or interrupted during the construction or post construction. The shop owners expect more business due to increase number patients after the construction new towers and modern health facilities. People generally welcome the project.

C. Future Consultation Strategy

103. The process of consultation will be continued during project implementation. Future consultations will be carried out with all the stakeholders. Consultations will be undertaken with the implementing agencies, hospital authorities, doctors, nurses and other service providers to collect information for better project design and its implementation. During construction, consultations will be undertaken by the implementing agency (AHIMDS) with the hospital authority to manage the phase wise construction and managing uninterrupted services to the patients. Consultations will also be undertaken with various line agencies such as municipal corporation for disposal of construction waste, PWD for effective construction management, police and traffic department for traffic and vendors management. Contractors will consult with the residents residing near the immediate vicinity of GMCH regarding the construction schedule and disclosure of environment management plan. Involvement civil society is limited because the project does not involve creation of new facilities rather it is an upgradation of existing facilities where there will be no land acquisition, involuntary resettlement, economic displacement and alienation of tribal people from the ancestral domain.

D. Consultation and Participation Plan

104. Building on the initial consultations held with various stakeholder groups during project preparation further consultations will be conducted throughout the project implementation. The target audience, mechanisms for participation, entities responsible for implementation and indicative schedules are set out in Table 12.

Table 12: Consultation and Participation Plan

Issue	Target Audience	Means of Communication	Responsible	Timing
Information dissemination and consultation on project design, risk and mitigation measures	Beneficiaries, affected persons if any, local community residing near the hospital premises, vendors near the hospitals, residential welfare association, service providers within the	Public consultation meetings	AHIDMS through its Project Management Unit, (PMU), Project Implementation Unit (PIU), contractor and Project	During finalization of project design

Issue	Target Audience	Means of Communication	Responsible	Timing
	hospital premises and outside the hospital premises, municipality corporation, PWD, hospital staff, district and city administration and other line agencies as relevant		Management Consultant (PMC)	
Project impacts (positive, negative), project benefits, implementation arrangements	Beneficiaries, affected persons if any, local community residing near the hospital premises, vendors near the hospitals, residential welfare association, service providers within the hospital premises and outside the hospital premises, municipality corporation, PWD, hospital staff, district and city administration and other line agencies as relevant	Public consultation meetings	AHIDMS through its Project Management Unit, (PMU), Project Implementation Unit (PIU), contractor and Project Management Consultant (PMC)	Before start of construction and during construction
Implementation schedule of construction of civil works	Beneficiaries, affected persons if any, local community residing near the hospital premises, vendors near the hospitals, residential welfare association, service providers within the hospital premises and outside the hospital premises, municipality corporation, PWD, hospital staff, district and city administration and other line agencies as relevant	Public consultation meetings	AHIDMS through its Project Management Unit, (PMU), Project Implementation Unit (PIU), contractor and Project Management Consultant (PMC)	Prior to construction and following approval of loan and during construction
Functioning of project grievance redressal mechanism, redressal of complaints on social, environmental, health and safety issues	Beneficiaries, affected persons if any, local community residing near the hospital premises, vendors near the hospitals, residential welfare association, service providers within the hospital premises and outside the hospital premises, municipality	Public consultation meetings	AHIDMS through its Project Management Unit, (PMU), Project Implementation Unit (PIU), contractor and Project Management Consultant (PMC)	At completion of project design and during construction and post construction (up to 1 year)

Issue	Target Audience	Means of Communication	Responsible	Timing
	corporation, PWD, hospital staff, district and city administration and other line agencies as relevant			

E. Disclosure

105. Project information containing project scope, potential impacts, and mitigation measures will be disclosed through a brochure at project sites situated at various project locations. Special attention will be given to GMCH and SSHUS sites where major civil work will be undertaken. AHIDMS with support from PMU and PMC and contractors, will continue the disclosure process during project implementation by providing relevant information in a timely manner, in an accessible place, and in a form and language understandable to community and other stakeholders. The social safeguards due diligence report will be made available in corporate and at the project site office of concerned contractors. The social due diligence reports will be disclosed on the websites of ADB as well as on the website of AHIDMS. Project's safeguards monitoring reports will also be disclosed on ADB' website and on the website of AHIDMS.

VI. GRIEVANCE REDRESS MECHANISM

A. Overview

106. ADB SPS requires the establishment of a responsive, readily accessible, and culturally appropriate grievances redress mechanism (GRM) capable of receiving and facilitating the resolution of affected persons' concerns and grievances about the physical, social and economic impacts of the projects. The GRM aims to: (i) reduce conflict, risk of undue delay and complication in project implementation; (ii) improve quality of project activities and outputs; (iii) ensure that the rights of affected parties are respected; (iv) identify and respond to unintended impacts of projects on individuals; and (v) maximize participation, support, and benefit to local communities. The fundamental objectives of the Grievance Redress Mechanism are:

- To reach mutually agreed solutions satisfactorily to both the project and the affected people, and to resolve any project-related grievance locally, in consultation with the aggrieved party;
- To facilitate the smooth implementation of the Environmental Management Plan and prevent delays in project implementation.
- To democratize the development process at the local level, while maintaining transparency as well as to establish accountability to the affected people.
- To facilitate an effective dialogue and open communication between the project stakeholders; and
- To have clear definition of roles and responsibilities of the various parties involved in consideration and resolution of grievances.

107. GRM is an accessible and trusted platform for all the affected persons to seek solutions and relief for their project-related problems and grievances, without resorting to lengthy and costly judicial processes. The GRM will not deal with matters pending in a court of law. Its success and legitimacy will depend on the affected persons' capacity for consultations and desire to resolve

grievances through discussion and negotiation. AHMIDS will ensure that all the stakeholders participate in project activities and understand the role and functions of GRM in resolving problems and grievances pertaining to any concerns related to project.

B. Proposed Grievance Redress Mechanism for the Project

1. General

108. The project's grievance will be addressed and redressed through various mechanisms at different layers which are; Proposed GRM Portal, Complaints Box with complaints Form, Complaints Registrar at sites and proposed Toll-free number

2. GRM Portal

2.1 Background

109. Government of Assam is implementing World Bank funded "Assam State Secondary Initiatives for Service Delivery Transformation (ASSIST)" Project in the state of Assam. With the project, new District Hospitals will be constructed, and existing secondary health care facilities will be renovated for improved functionality and patient & staff experience. The GRM will give an opportunity to a person who is directly or indirectly impacted by the activities under the project to express his/her concern or complaints/grievances. There may be complaints which are directly related to the project activities or out-of-project activities. The complaints thus received will provide an opportunity to identify the gaps and risks that are posing as hindrances in the progress of the project. And effectively addressing these complaints forms a core component of managing the risk and gaps. The GRM shall be equipped to receive, register, and facilitate resolution of complaints. A GRM Portal is proposed to be developed for addressing the grievances.

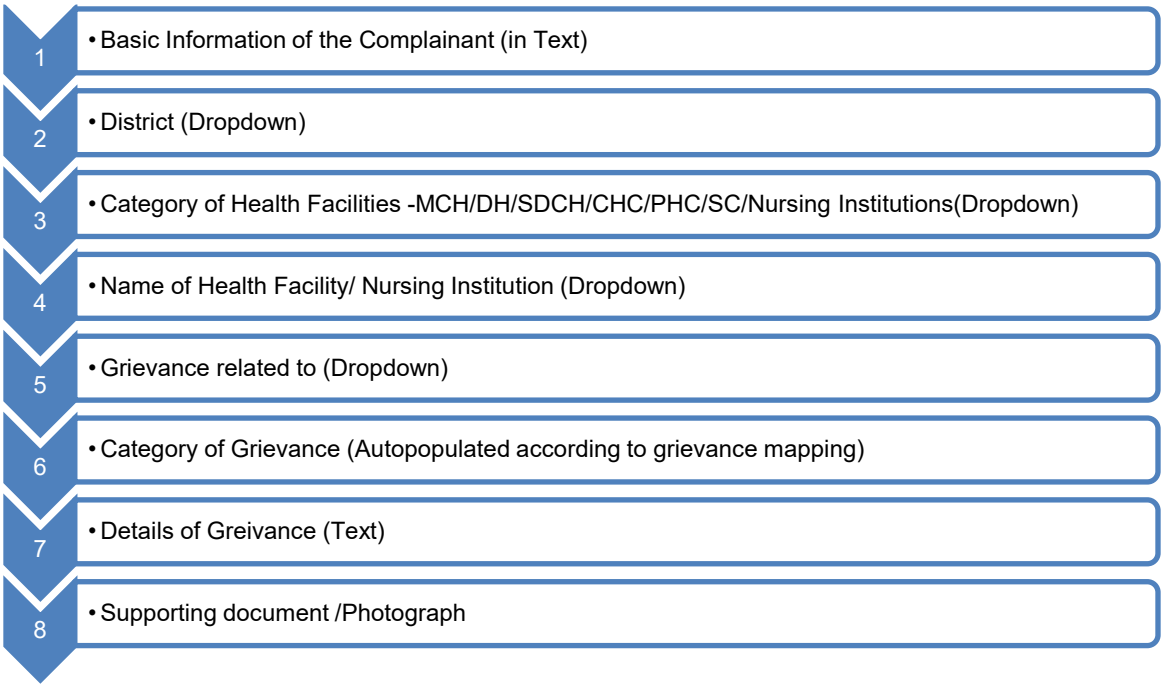
110. AHIDMS suggested and has agreed that the same portal will be used for the proposed ADB financed ASTHA project. The portal is under development by a professional developer. In principal approval has been taken by the management and a file has been put to this effect to formalize the portal. While the nature of complaints may be similar for World Bank funded components and ADB funded components, the concern was raised by ADB team on how to segregate the complaints for both the entities. ADB mission has discussed about the possible integration of grievance pertaining to ADB financed components into the portal. Serval discussions were held with the developer of the portal and suggestions were also given to the developers for further improvement of the portal. It is agreed that the complaints will be screened and segregated at the source and the system will forward the complaints to the relevant PMUs and PIUs and officials.

2.2 Lodging of Complaints

111. Complainants may lodge the complaint in the following ways:

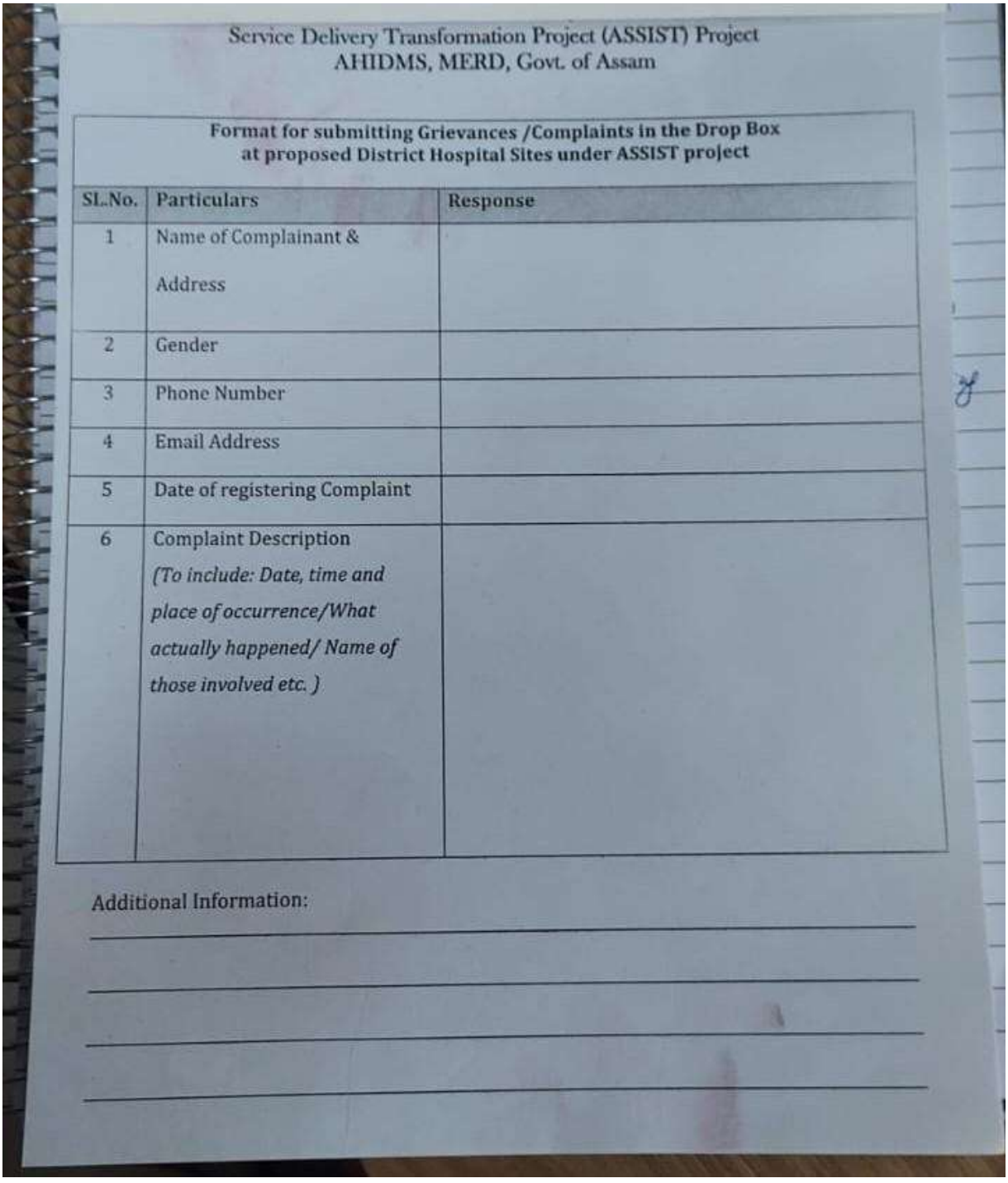
Online submission of complaints in the GRM Portal of ASSIST by login: The portal will have a homepage where login options will be there. There will be a flow of information to be put into the portal. The flow of information is shown below in Figure 14.

Figure 14: Flow of information in submitting the grievances in the proposed GRM Portal



Physically registering complaints at health care facilities, project intervention sites and entities; Office of AHIDMS in person and by posts by using the complaints form: The complainants can file the complaints through physical mood by using the complaints forms and complain box placed in project site locations. The contractor's EHS expert and PMC expert will assist the complainant in filling in the forms. Once the forms are received, the project team will forward it to the concerned officials and at the same time it will be reverted to the online portal for registering it in the portal. Copy of the form is shown in Figure 15.

Figure 15: Flow of information in submitting the grievances in the proposed GRM Portal



Service Delivery Transformation Project (ASSIST) Project
AHIDMS, MERD, Govt. of Assam

Format for submitting Grievances /Complaints in the Drop Box at proposed District Hospital Sites under ASSIST project

Sl.No.	Particulars	Response
1	Name of Complainant & Address	
2	Gender	
3	Phone Number	
4	Email Address	
5	Date of registering Complaint	
6	Complaint Description *(To include: Date, time and place of occurrence/What actually happened/ Name of those involved etc.)*	

Additional Information:

Sending GRM email of ASTHA to the PMU: An email will be created for the ASTHA project where people can raise their complaints through writing email to the email address which will be handled by the project's PMU team. The PMU team will then register it in the portal.

Registering the complaints in the complaints registrar to be placed at project sites: A complaints register will be placed at each construction site where the contractor's EHS expert and the PMC expert will assist the complainants to register the complaints in the register/complaint book. The sample of complaint book is described in Table 13

Table 13: Sample format of Complaint Register

#	Name of the complainant	Address of complainant (Village, Taluk, Dist)	Type of component and wok	Details of Complains	Name of contractor	Date of complaint received	Action taken (Yes/No)	Status of the Complaint (resolved/ pending
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Calling in the GRM toll free number/phone number (to be established): A toll-free number will be established for the world Bank funded project, ASSIST. The same will be used for the ADB funded ASTHA project. The setting up toll free number administrative approval which is under process and the timeline for operationalizing the toll-free number will be communicated to ADB once the approval is obtained. Broad scope of the toll free is provided in Appendix 7.

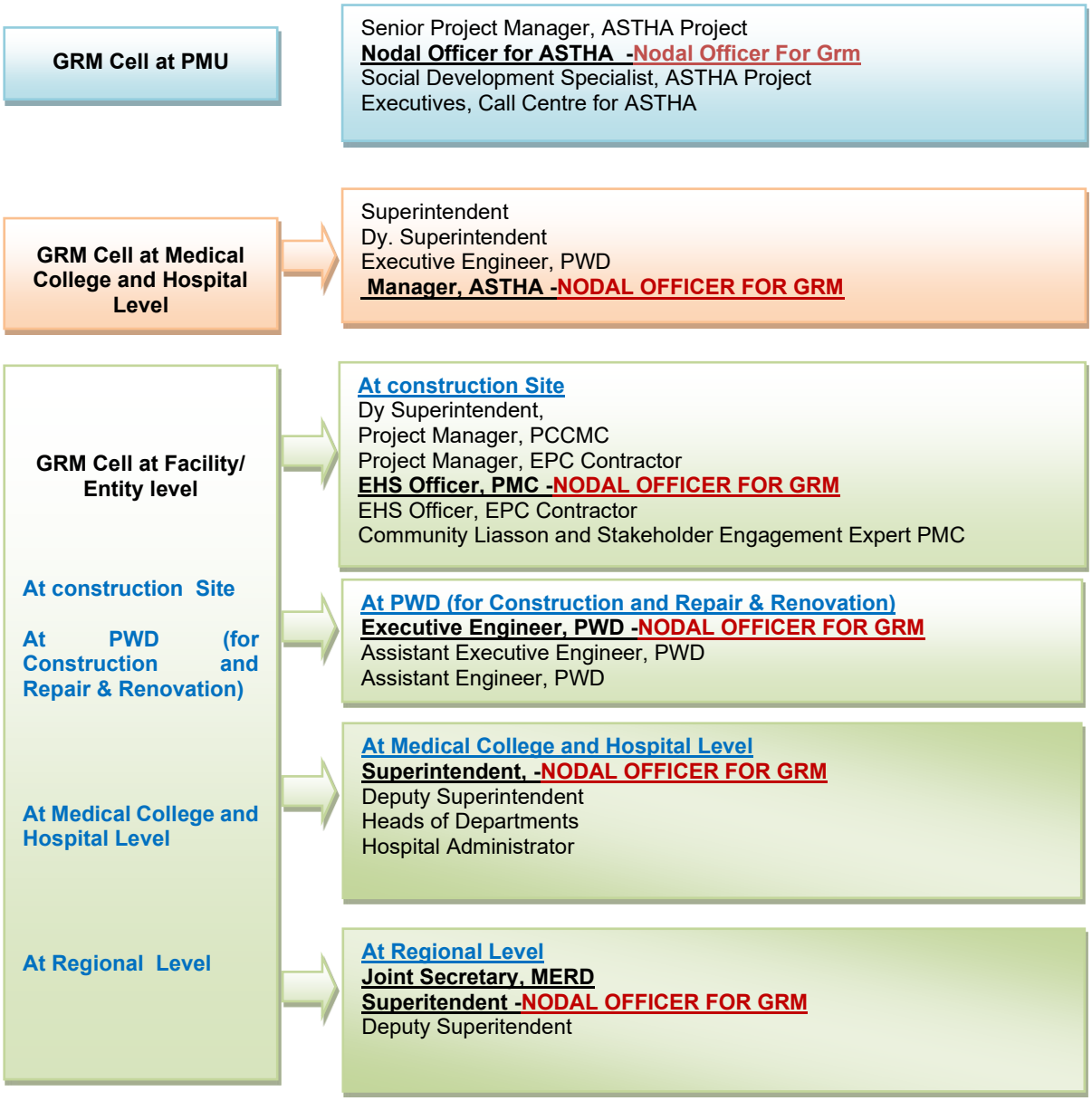
2.3 Categories of Grievance

112. The categories of grievances that are expected to receive by the proposed GRM Portal are categorized under Project grievance and non-Project grievance. Anticipating the type of grievances to be received in the GRM Portal from the citizen's end, a list of probable grievances has been prepared to be accessed by them in the portal in dropdown tab while submitting their grievances. A bottom-up mapping of grievances by the GRM portal has been proposed for ease of categorization of the same. The bottom-up approach is provided in Appendix 8.

2.4 Institutional Arrangements for GRM

113. The institutional arrangements are depicted below in figure 16.

Figure 16: Institutional Arrangements for GRM



2.5 Level of Escalation

114. There will be two levels of escalation viz. 1st Level & 2nd Level for the ASTHA Project Grievances. These are as follows (Table 14):

Table 14: Level of Escalation

Level	Details	Timeline
1st Level	The Grievances registered at GRM Portal will be forwarded to Nodal Officers at the Facility/Intervention Sites/	**Time to redress & close grievance:** 1.First action is to be taken in **24 hours** at the Facility/ Intervention Sites/Entities level by the

	Entities concerned, notified for the purpose.	Nodal Officers with the support of official deputed by him**.** 2. Grievance to be redressed in **10 to 30 days**, depending on the nature of complaints as per 3. If it could not be addressed in the given timeframe, it needs to be resolved in another 30 additional days. 4. If grievance is not resolved in the additional time period of 30 days, it needs to be escalated to 2nd level.
2nd Level	The 2nd Level has 2 (two) parts. **A.** If the grievances received at 1st level by Nodal Officers at the Facility/Intervention Sites/ Entities concerned could not be redressed, it will be escalated to the 2ndlevel which comprises the PMU/ Comm & Secy, MERD.	**Time to redress & close grievance:** 1. Grievance to be redressed in 10 to 30 days, depending on the nature of complaints as per 2. If could not be addressed in the given timeframe, it needs to be redressed & closed in another 30 days.
	B. If any grievance is received at the PMU level (submitted by email, post, call, in person), it will be registered in GRM Portal and redirected to the respective Nodal Officers at the Facility/ Intervention Sites/ Entities notified for the purpose as soon as it is received or max 24 hours.	**Time to redress & close grievance:** Grievance to be redressed in 10 to 30 days, depending on the nature of complaints. If it could not be addressed in the given timeframe, it needs to be redressed & closed in another 30 days.

2.6 Addressal of Grievance Redressal

115. Grievance redressal will follow the following steps

- All Complaints to be registered and integrated in GRM Portal of ASSIST and Unique ID to be created for each of the complaints
- Acknowledgement SMS with the Unique ID to be sent to the Complainant.

SMS format

Grievance received. The Unique ID of your complaint is ……   Please track status of your grievance @ ……

SMS sender header :ASSIST (6 characters only)

- Total nos. of Grievances received and redressed to be reflected in Dashboard of GRM Portal of ASSIST
- Credentials to log in to the GRM Portal of ASSIST have to be created for the Nodal Officers and PMU to whom the grievances will be forwarded (As per Flow chart at 2.3.1 and Table-2).
- SMS communicating escalation/forwarding of grievance is to be sent to all the Nodal Officers.

Format of SMS to be sent to the Nodal Persons

Grievance with Unique ID……..is forwarded to ……   1st action is to be taken in 24 hours at HCF/Intervention level

- If the grievance is redressesd,

  a. Complainant to be communicated about redressal through SMS

Grievance with Unique ID…….. has been redressed.   Please Log in to ……..for knowing the status.

  b. Action taken Report to PMU
  c. Closing of Grievance & Final Report to be kept in file at respective level of redressal

- If the grievance not redressed,

  d. Action taken Report to PMU
  e. Respective stakeholders to escalate the grievance to PMU/ Comm & Secy, MERD
  f. PMU to take up grievance with agency/department concerned

2.7 Other Platforms for Addressing Grievance

116. There are three other supplementary avenues that are opened for the affected persons to resolve their problems, complaints, and grievances with regard to the project and its implementation.

2.7.1 ADB India Resident Mission and Human and Social Development Sector Office

117. An aggrieved party can directly contact ADB's resident mission in New Delhi regarding a grievance or problem that GRM has failed to resolve. The party in writing informs the resident mission and initiates a good faith negotiation to solve the problem by working with the concerned resident mission's specialists and, if necessary, with ADB's Human and Social Development Sector Office at the head quarter. The aggrieved party can use English or any local language to send the complaint to the resident mission or to the sector group, energy, and the arbitration can be done in the preferred language of the aggrieved party.

2.8 ADB Accountability Mechanism

118. Affected people can access any resort at any given point of time. However good faith efforts with operations should be made prior to Accountability Mechanism. The affected party can use the ADB's Accountability Mechanism by writing to the Complaint Receiving Officer at the ADB Headquarters in Manila. The Accountability Mechanism has two arms: the first is the Office of the Special Project Facilitator. The facilitator deals with the complaints with the help of the project personnel and the aggrieved party through a consultative process; the second arm of the Accountability Mechanism deals with the complaints against ADB regarding its failure to abide by its own safeguard policy requirements. Information on the ADB Accountability Mechanism will be included in the project information kit to be distributed among the affected communities as a part of the project GRM.

2.9 India's Judicial System

119. If the GRM of the project cannot resolve a grievance or the aggrieved party feels that it has not received a fair hearing or award, the party can access the country's court system for relief at any stage of the deliberations in GRCs. In such an event, the GRC immediately terminates its hearing.

C. GRC Record Keeping and Cost

120. Submission of grievance will be through local language and English translation of the local language as well. Illiterate people can submit their grievance orally that will be translated into written local language. Records of all grievances received, including contact details of the complainants, dates the complaints received, nature of grievances, agreed corrective actions and when they were implemented, and the outcome are recorded and kept in the project office. The number of grievances recorded and resolved, and the outcomes will be displayed/disclosed at the project office especially in the PIU and PMU of AHIDMS. A summary of this information will be included in the periodic monitoring report. If ADB involves grievance resolution, it will maintain records of its proceedings and disclose them to all parties engaged in the hearings. All costs incurred related to GRM will be borne by AHIDMS. ADB will bear the cost of its own involvement in grievance resolution. The complainants are not charged any fee for the service.

VII. INSTITUTIONAL ARRANGEMENTS

A. Overview

121. The Executing Agency (EA) for the project will be The Medical Education & Research Department (MERD). Assam Health Infrastructure Development & Management Society (AHIDMS) will be the implementing agency. The project governance structure will include (a) a Project Steering Committee chaired by the Chairman of the governing body of AHIDMS, and (b) a Project Executive Committee (PEC), headed by the Chairman of the executive committee of AHIDMS. Medical Education and Research Department, Assam State Government will be the executing agency. Assam Health Infrastructure Development and Management Society will be the implementing agency.

122. One PMU (21 staff) and five PIUs (22 staff) are being established. The ASTHA PMU will be headed by the Commissioner and Health Secretary, designated as the Project Director. The ASTHA PMU and GMCH, SSUHS and DME PIUs will be based in Guwahati and AMCH and SMCH PIUs will be based in Dibrugarh and Silchar, respectively.

123. In the Ministry of Health and Family Welfare of Government of Assam, a separate Medical Education and Research Department has been created[36], by bifurcating it from the Health and Family Welfare Department to provide adequate focus to the medical education and tertiary health care facilities in the state. The proposed ADB project (Assam State Tertiary Healthcare Augmentation Project) will be implemented by the Assam Health Infrastructure Development and Management Society (AHIDMS), which is under the administrative control of the Medical Education and Research Department.

124. AHIMDS has a functional PMU established for the World Bank funded project and the same PMU is assisting in the preparatory work of the proposed ADB financing project. AHIMDS's PMU for the World Bank Project has dedicated social and environment safeguard specialists in the PMU. Mission discussed about the requirements of establishing dedicated PMU for the ADB funded project with the inclusion of staff on social and environment safeguards for the implementation and monitoring of ADB funded components.

B. Proposed PMU

125. AHIMDS will establish a dedicated project management unit (PMU) for the implementation of ADB funded components. The PMU's team will include a dedicated Social Development Specialist to assist the PMU team in planning and implementation of social issues. The broad scope of the PMU's social development specialist will be but not limited to the following:

- Work closely with the task teams and other PMU/ Directorate colleagues to social issues and concerns under the project, as well as provide support on developing strategies, guidelines, and oversee implementation of social safeguard activities including consultations and disclosure.
- Provide operational support on social risk management including undertaking regular field visits to field level officials/ teams in identifying social risks, planning mitigation measures,

[36] As per notification No. AR.28/2022/6 dated 05/05/2022 by the Govt. of Assam

support towards implementation, reviewing social risk management documentation, monitoring and reporting to ensure that social issues are adequately addressed

- Stakeholder engagement and community consultations, grievance redress, labor and working conditions, community health and safety concerns; and other requirements for management of social risks and moving towards social sustainability under the program.
- Identifying social risks and preparation of corrective action plan
- Assessing any undenied impacts and assessing temporary impacts that may arise during construction and advise contractors in developing mitigation measures and implementation of mitigation measures
- Will be responsible for helping implement corrective action plans/mitigation plans
- Work closely with the PMC's community liaison and stakeholders' engagement specialist in implementing the corrective action plansocial mitigation plans, undertaking consultations, dissemination of project information and monitoring the implementation of social aspects of the Project
- Work closely with the PMU's environment specialist and ensuring contractor's effective implementation of the environment management plan with particular attention to social issues
- Provide input on social issues to the environment monitoring report and input to progress report

C. Proposed Project Management Consultant

126. A Project Management Consultant (PMC), a consulting firm, will be engaged to support AHIMDS in the implementation and Monitoring of ADB funded project. The Terms of Reference (ToR) for the PMC is under preparation and it is proposed that a social development and community engagement specialist will be included in the PMC's team. The PMC's social development specialist will be working closely with the PMU and contractor in implementation and monitoring of social issues.

D. Contractor

127. The civil contractors will be responsible for construction related activities. As a standard practice the contractors will have environment specialist and health safety specialist to implement the environment management plan (EMP). However, the contractors will be responsible for highlighting any social issues that may need mitigation measures. The PMU's and PMC's social development specialists will further assess and prepare mitigation or correction actions on such social issues. The contractors will report to the PMU and PMC regarding any unprecedented impacts that may be caused by the contractors during the construction and appropriate measures will be taken. The contractors will be responsible for providing information to the local people on the construction schedule, construction timings, traffic management and will ensure the community health and safety.

E. Capacity Building

128. AHIDMS society has previous experience of implementing projects funded by multilateral development banks. Currently, AHIDMS is implementing two ongoing health sector projects in Assam being supported by the World Bank and Japan Investment Guarantee Agency (JICA).

AHIMDS has a functional PMU established for the World Bank funded project and the same PMU is assisting in the preparatory work of the proposed ADB financing project. However, AHIDMS does not have any experience in implementing ADB funded projects. However, the ADB appointed TA consultants have been working closely with the AHIDMS team. ADB will organize capacity building training sessions as part of ADB's regular training program and the AHIDM team will be invited to participate in such training program.

VIII. CONCLUSION RECOMMENDATIONS AND MONITORING

A. Summary Conclusion

129. The Project is categorized as "C" for involuntary resettlement and indigenous peoples as per ADB's SPS, 2009. The major component of the Project is the upgradation of Guwahati Medical College & Hospital which involves major civil construction followed by infrastructure development in SSUHS. Remaining components under the civil construction require small scale civil work. Equipment will be installed within the existing facilities which will not require civil construction. There will be no land acquisition in the Project. There will be no physical and economic displacement. Construction will be undertaken within the existing boundaries of the hospitals. The project's objective is to provide better health facilities for the patients in general and does not target any specific group of people or any vulnerable group including scheduled tribe population. The project will not impact indigenous people or scheduled tribe population. The program will not have any adverse impacts on indigenous peoples, their cultural identity, survival, cultural resources or livelihood systems. The Project will not affect any traditionally owned customary land. The project will not involve commercial development of cultural resources and will not have any impact on the knowledge system of indigenous peoples. There will be no differential impacts of the project to the indigenous people, therefore, there will be no impact on indigenous people.

B. Recommendations

130. The project does not have impact on land acquisition, involuntary resettlement and indigenous peoples. However, there will be other social issues which the community may face during the construction activities especially for the upgradation of GMCH and SSUH because these facilities are within the city of Guwahati. There will be issues related to dust, noise, traffic congestion, construction waste materials, labor management etc. There will be an environment management plan (EMP) to deal with such issues and these impacts will be mitigated. However, it is recommended that these issues shall be mitigated and handled through community consultation and engagement. AHIDMS will ensure that contractor informs the local community regarding the EMP, construction schedule and plan for traffic management as well as managing the dust and noise during consultation. The project's information will be disseminated to the local community. Information about the GRM and the portal shall be disclosed to the people. The social development specialist in the PMU and PIU will work closely with the contractor, community residing nearby and the government line agencies for smooth implementation of the project. Any impacts that may arise during construction will be assessed and mitigation measures will be developed and the same will be informed to ADB prior to developing any mitigation measures. Change of any design shall avoid land acquisition and involuntary resettlement. The no objection letter for land allotment for SSUHS will be shared with ADB upon the receipt from the concerned department. No civil work will be commenced unless the land allotment paper is submitted to ADB. AHIDMS will allocate the budget for addressing any social issues.

C. Budget

131. A tentative budget is estimated as provisional cost which shall be part of counter fund budget to be borne by AHIDMS. The funds will be used as per the requirements and AHIDMS will be the deciding authority on when and how to use the budget. Details are provided in Table 15.

Table 15: Tentative Budget

Item	Cost in INR
Consultation and Information Disclosure	30,00,000
GRM related cost	40,00,000
Hiring of PMU Social Development Specialist	80,00,000
Misc Cost (Administrative and Other Mitigation)	50,00,000
Total (INR)	**2,00,00,000**
Total (USD)	**2,40,964**

D. Monitoring

1. Overview

132. **Contractors.** During construction, the EPC contractors will prepare the monthly progress reports on EMP implementation and submit them to the PIU. The EPC contractor monthly progress reports will include compilation of daily/weekly monitoring sheets that is duly signed by the PIU engineers.

133. **PIUs will be responsible for safeguards monitoring.** The PIUs with support of PMU and PMC social development specialist will regularly monitor compliance of EPC contractors, conduct site visits, and check their monthly progress reports on EMP and social management plan (if any) implementation. The PIUs will submit these results in a consolidated form as part of the semi-annual monitoring reports and safeguards section to the PMU who will further review performance and compliance of the EPC contractors with contract agreements. The PIUs with support of PMU and PMC will work with the EPC contractors to rectify any failures to comply with safeguards commitments, as covenanted in the legal agreements and exercise corrective actions to bring into compliance, as appropriate.

134. **PMU will be responsible for safeguards reporting to ADB.** The PMU will review the information submitted by the PIUs and further submit the reports to ADB semi-annually. The safeguards monitoring reports will be publicly disclosed on the AHIDMS website. The same will be disclosed on the website of ADB.

2. Monitoring Indicators

135. The following will be the key monitoring indicators to be further elaborated during implementation:

Consultations: Key indicators are but not limited to the following:

- Type of Subproject
- Location of Subproject
- Number of Consultations undertaken
- Number of participants (male/Female)
- Issued discussed
- Actions Taken
- Record maintained (Yes/No)
- Project information disclosed (Yes/No)

Grievance Redress: Key indicators are but not limited to the following:

- Type of Subproject
- Location of Subproject
- Name of contractor
- Type of Grievance
- Complaint recorded in GRM register (Yes/No)
- Complaints registered in the GRM Portal (Yes/No)
- Status of complaint (Resolved and Closed/ Unresolved and Open)

Social Mitigation Measures: Key indicators are but not limited to the following:

- Type of social impacts during construction
- Preparation of corrective action plan
- Implementation of corrective action plan

Institutional: Key indicators are but not limited to the following:

- Hiring of PMU Social Development Specialist
- Hiring of PMC with inclusion of Social Development and Community Engagement Specialist
- Allocation of Budget

Social Due Diligence Report

PUBLIC

Project Number: 59241-001
Document Stage: Draft
August 2025

India: Assam State Tertiary Healthcare Augmentation Project

Part 3

Prepared by Assam Health Infrastructure Development & Management Society (AHIDMS), Medical Education and Research Department, Government of Assam for the Asian Development Bank (ADB).

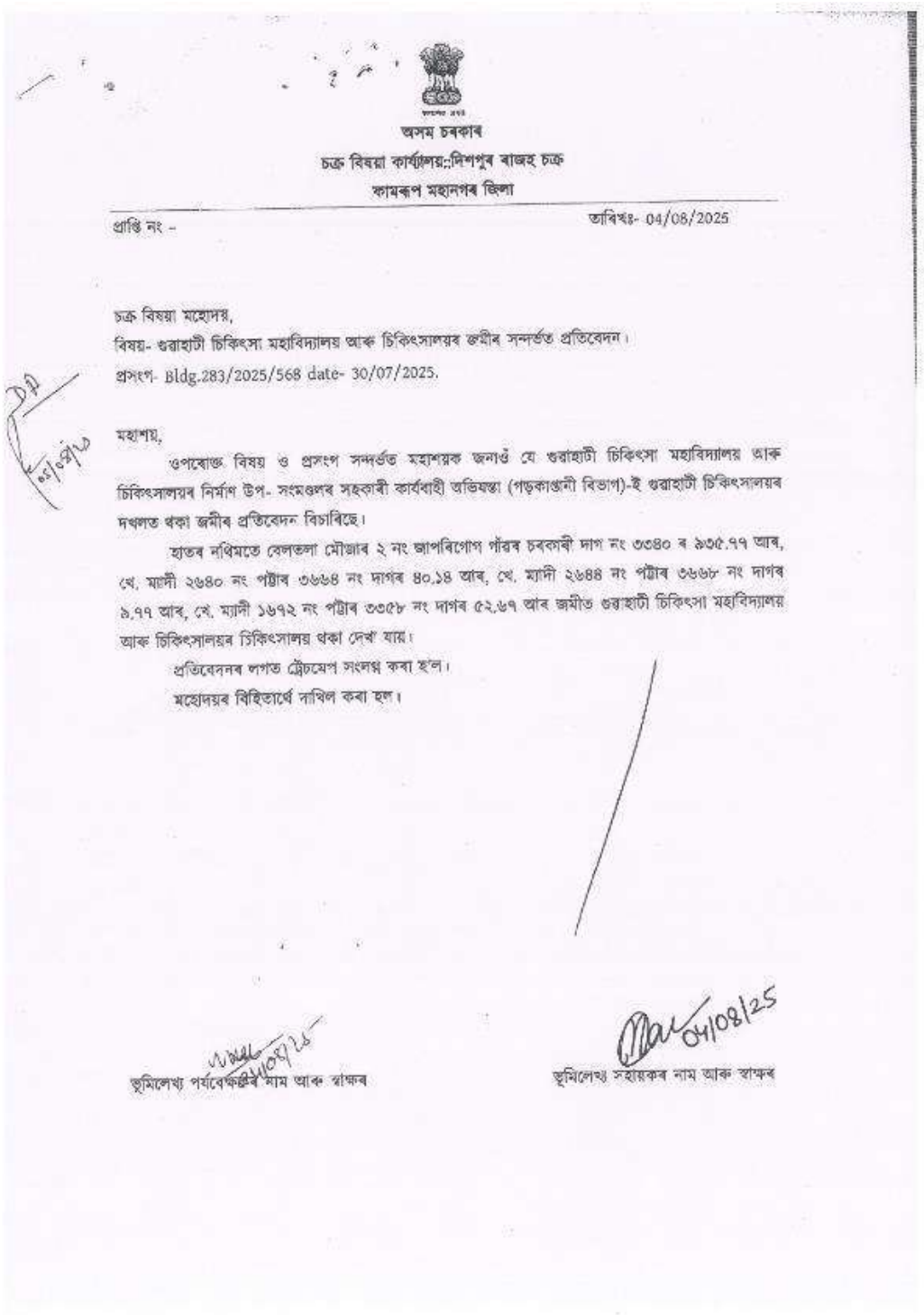
CURRENCY EQUIVALENTS
(as of 1 September 2025)

Currency Unit	–	Indian rupee/s (₹)
₹1.00	=	$0.0113
$1.00	=	₹88.176

APPENDIX 1: SCREENING CHECKLIST ON INVOLUNTARY RESETTLEMENT

Probable Involuntary Resettlement Effects	Yes	No	Not Known	Remarks
Involuntary Acquisition of Land				
1. Will there be land acquisition?		✓		There will be no land acquisition and there will be no Impacts on involuntary resettlement All the civil construction especially the upgradation of GMCH and other 3 hospitals will be undertaken within the available land of the hospitals and no additional land is required. Installation of equipment in seven hospitals will be done within the existing premises of existing hospitals without requiring any additional land. The existing and available land within the hospital premises is not used by any informal settlers and are free from encumbrances.
2. Is the site for land acquisition known?	✓			There will be no land acquisition and all the hospitals are existing and functional
3. Is the ownership status and current usage of land to be acquired known?	✓			**Government owned land belongs to health departments**
4. Will easement be utilized within an existing Right of Way (ROW)?		✓		Not Applicable
5. Will there be loss of shelter and residential land due to land acquisition?		✓		No physical displacement is foreseen in the Project.
6. Will there be loss of agricultural and other productive assets due to land acquisition?		✓		**Not Applicable**
7. Will there be losses of crops, trees, and fixed assets due to land acquisition?		✓		**Not Applicable**
8. Will there be loss of businesses or enterprises due to land acquisition?		✓		Not Applicable
9. Will there be loss of income sources and means of livelihoods due to land acquisition?		✓		Not Applicable
Involuntary restrictions on land use or on access to legally designated parks and protected areas				
10. Will people lose access to natural resources, communal facilities and services?		✓		The facilities are already existing and people will get more health benefits from the project
11. If land use is changed, will it have an adverse impact on social and economic activities?		✓		There is no change in the land use
12. Will access to land and resources owned communally or by the state be restricted?		✓		There will be no restriction
Information on Displaced Persons:				
Any estimate of the likely number of persons that will be displaced by the Project? [X] No [ ] Yes If yes, approximately how many= 0 (No affected person)				
Are any of them poor, female-heads of households, or vulnerable to poverty risks? [X] No [ ] Yes No				
Are any displaced persons from indigenous or ethnic minority groups? [X] No [ ] Yes No				

APPENDIX 2: LAND PAPER OF GMCH



অসম চৰকাৰ

চক্ৰ বিষয়া কাৰ্য্যালয়::দিশপুৰ ৰাজহ চক্ৰ

কামৰূপ মহানগৰ জিলা

প্ৰাপ্তি নং -

তাৰিখঃ- 04/08/2025

চক্ৰ বিষয়া মহোদয়,

বিষয়- গুৱাহাটী চিকিৎসা মহাবিদ্যালয় আৰু চিকিৎসালয়ৰ জমীৰ সন্দৰ্ভত প্ৰতিবেদন।

প্ৰসংগ- Bldg.283/2025/568 date- 30/07/2025.

মহাশয়,

ওপৰোক্ত বিষয় ও প্ৰসংগ সন্দৰ্ভত মহাশয়ক জনাওঁ যে গুৱাহাটী চিকিৎসা মহাবিদ্যালয় আৰু চিকিৎসালয়ৰ নিৰ্মাণ উপ- সংমণ্ডলৰ সহকাৰী কাৰ্যবাহী অভিযন্তা (পড়কাগুনী বিভাগ)-ই গুৱাহাটী চিকিৎসালয়ৰ দখলত থকা জমীৰ প্ৰতিবেদন বিচাৰিছে।

হাতৰ নথিমতে বেলতলা মৌজাৰ ২ নং জাপৰিগোগ গাঁৱৰ চৰকাৰী দাগ নং ৩৩৪০ ৰ ৯৩৫.৭৭ আৰ, খে, ম্যাদী ২৬৪০ নং পট্টাৰ ৩৬৬৪ নং দাগৰ ৪০.১৪ আৰ, খে, ম্যাদী ২৬৪৪ নং পট্টাৰ ৩৬৬৮ নং দাগৰ ৯.৭৭ আৰ, খে, ম্যাদী ১৬৭২ নং পট্টাৰ ৩৩৫৮ নং দাগৰ ৫২.৬৭ আৰ জমীত গুৱাহাটী চিকিৎসা মহাবিদ্যালয় আৰু চিকিৎসালয়ৰ চিকিৎসালয় থকা দেখা যায়।

প্ৰতিবেদনৰ লগত ট্ৰেচমেপ সংলগ্ন কৰা হ'ল।

মহোদয়ৰ বিহিতাৰ্থে দাখিল কৰা হ'ল।

04/08/25

ভূমিলেখ্য পৰ্যবেক্ষকৰ নাম আৰু স্বাক্ষৰ

04/08/25

ভূমিলেখ্য সহায়কৰ নাম আৰু স্বাক্ষৰ

Chitha for Surveyed Villages / জৰীপ হোৱা গাঁৱৰ চিঠা

935.77 Are

জিলা :কামৰূপ মহানগৰ	মহকুমা: গুৱাহাটী	চক্ৰ:দিছপুৰ
মৌজা:বেলতলা	গাঁও/লাট নং ৪	গাওঁ চহৰ: ২ নং জাপৰিগোগ গাওঁ

দাগ নং	মাটিৰ শ্ৰেণী		কালি (বি-ক-লে)	পট্টাৰ নং আৰু প্ৰকাৰ	খাজনা(টকা)	স্থানীয় কৰ(টকা)
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						মাটি কেনেদৰে ব্যৱহৃত	কালি (বি-ক-লে)	কখনকৈ পানী পায়	ফচলৰ নাম	কালি (বি-ক-লে)	একাধিক ফচলী মাটিৰ কালি		
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					২০২৩ ২০২৪ ২০২৫								বৃ ডাঙৰীয়া সহায়কৰ টোকা মেটিকেল— শ্ৰী আবেদ দাস

04/08/25

04/08/25

04/08/25

Circle Officer(A),
Dispur Revenue Circle.

Chitha for Surveyed Villages / জৰীপ হোৱা গাঁৱৰ চিঠা

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Circle Officer(A),
Dispur Revenue Circle

Chitha for Surveyed Villages / জৰীপ কোৱা গাঁৱৰ চিঠা

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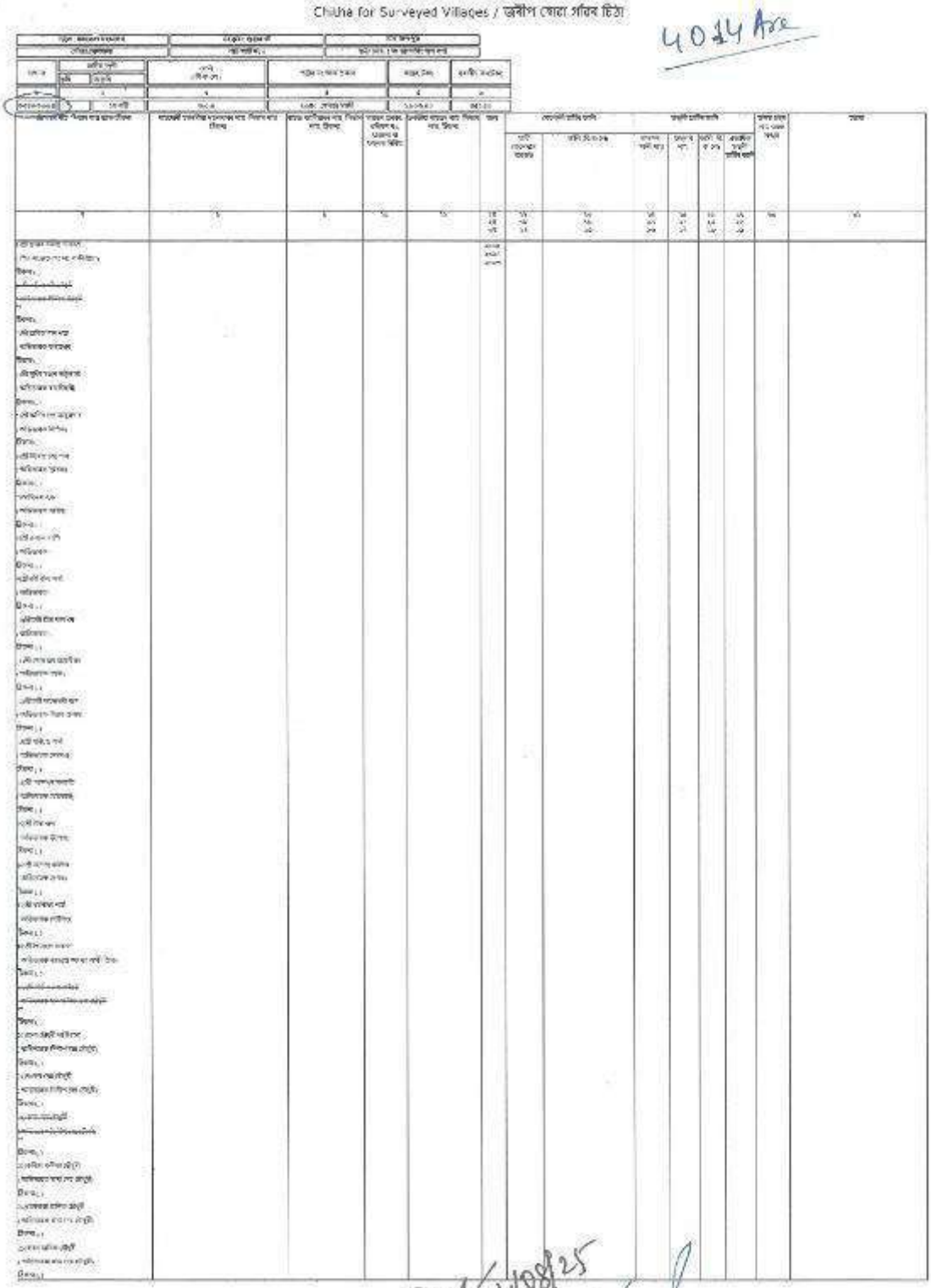

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Circle Officer(A),
Dispur Revenue Circle

Chitha for Surveyed Villages / জৰীপ হোৱা গাঁৱৰ চিঠা

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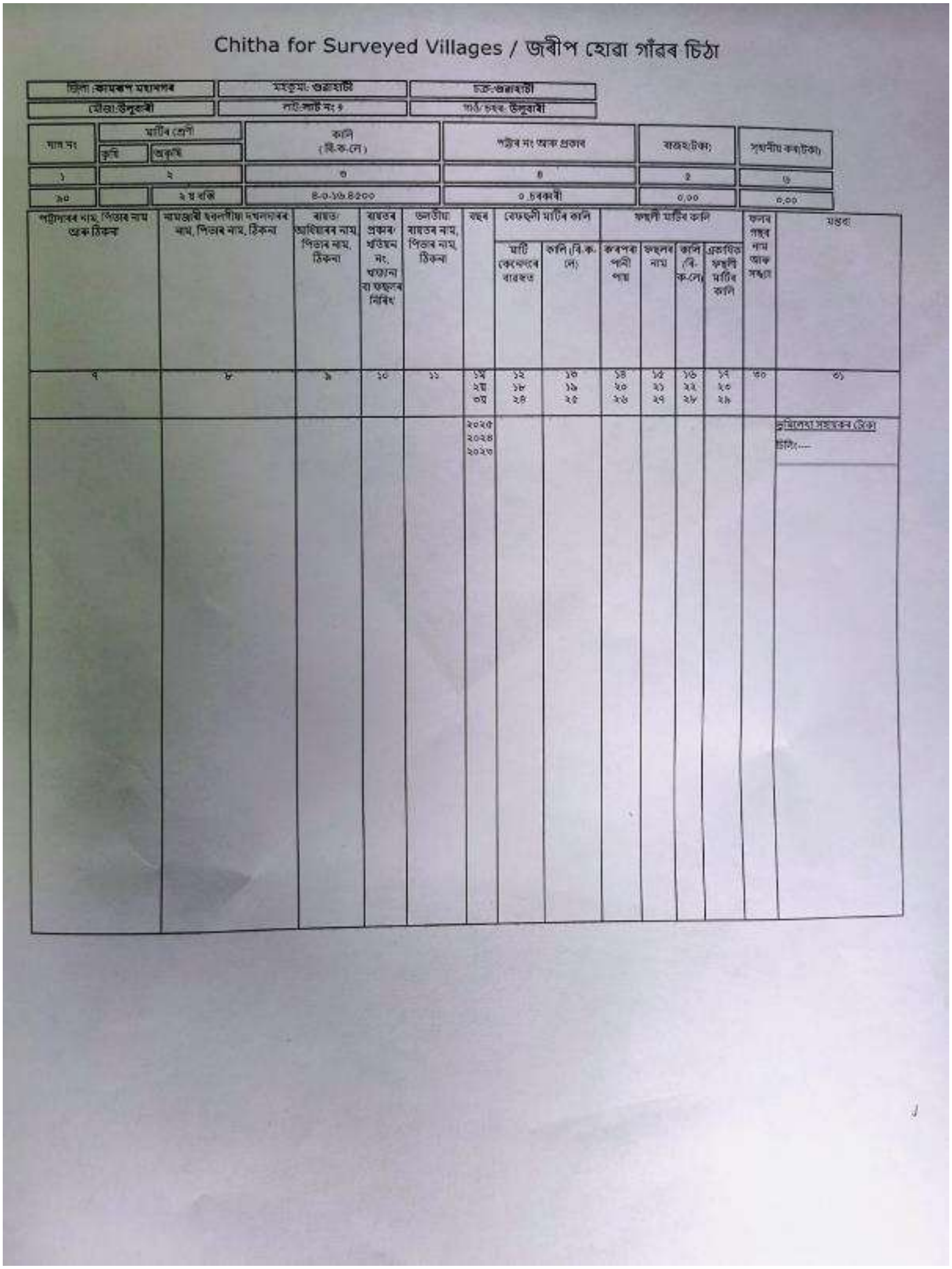
04/08/25

9/8/25

04/08/25

Circle Officer(A),
Dispur Revenue Circle.

APPENDIX 3: LAND CHITHA OF SSUHS



Chitha for Surveyed Villages / জৰীপ হোৱা গাঁৱৰ চিঠা

জিলা: কামৰূপ মহানগৰ	মহকুমা: গুৱাহাটী	চক্ৰ: গুৱাহাটী
মৌজা: উলুবাৰী	লাট/প্লট নং ৬	গাওঁ/চহৰ: উলুবাৰী

দাগ নং	মাটিৰ শ্ৰেণী (কৃষি)	মাটিৰ শ্ৰেণী (অকৃষি)	কালি (বি-ক-লে)	পট্টাৰ নং আৰু প্ৰকাৰ	ৰাজহ (টকা)	স্থানীয় কৰ (টকা)
১	২		৩	৪	৫	৬
৯০		২ য় বস্তি	৪-০-১৬.৪২০০	০ চৰকাৰী	০.০০	০.০০

পট্টাদাৰৰ নাম, পিতাৰ নাম আৰু ঠিকনা	নামজাৰী হোৱা দখলদাৰৰ নাম, পিতাৰ নাম, ঠিকনা	ৰায়ত/অধিয়াৰৰ নাম, পিতাৰ নাম, ঠিকনা	ৰায়তৰ প্ৰকাৰ/খতিয়ন নং, খাজানা বা ফচলৰ নিৰিখ	তলতীয়া ৰায়তৰ নাম, পিতাৰ নাম, ঠিকনা	বছৰ	বেফচলী মাটিৰ কালি: মাটি কেনেকৈৰে ব্যৱহৃত	বেফচলী মাটিৰ কালি: কালি (বি-ক-লে)	ফচলী মাটিৰ কালি: কৃষক পানী পায়	ফচলী মাটিৰ কালি: ফচলৰ নাম	ফচলী মাটিৰ কালি: কালি (বি-ক-লে)	ফচলী মাটিৰ কালি: একাধিক ফচলী মাটিৰ কালি	ফলৰ গছৰ নাম আৰু সংখ্যা	মন্তব্য
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					২০২৫ ২০২৪ ২০২৩								ভূমিলেখা সহায়কৰ টোকা তাৰিখ:----

APPENDIX 4: COPY OF REQUEST LETTER BY AHIDMS FOR OBTAINING NO OBJECTION FOR SSUHS

MERD-AHIDoESS/2/2024-ASSIST-AHIDMS-Medical Education and Research Department I/1208004/2025

GOVERNMENT OF ASSAM
ASSAM HEALTH INFRASTRUCTURE DEVELOPMENT AND MANAGEMENT SOCIETY
4th Floor, Nayantara Supermarket, Sixmile, Guwahati-781022

No. 584278 /8 **Dated Guwahati the** I

To

The Commissioner & Secretary to the Government of Assam
Health & Family Welfare Department
Assam Secretariat, Dispur, Guwahati -781006

Sub: Requirement of "**No Objection Certificate**" for land allocated for Srimanta Sankaradeva University of Health Sciences (SSUHS) under ADB financed project - reg.

Sir,

With reference to the subject cited above, I would like to inform you that Govt. of Assam has proposed "**Assam State Tertiary Healthcare Augmentation (ASTHA) Project**" in the state of Assam with financial support from the Asian Development Bank (ADB).

The project envisages upgradation of Guwahati Medical College & Hospital along with other medical colleges of the State. In addition, the proposal includes the upgradation of the infrastructure of the Srimanta Sankaradeva University of Health Sciences (SSUHS). The project will be implemented by Assam Health Infrastructure Development and Management Society (AHIDMS) under Medical Education and Research Department, GoA.

Now, as per the deliberations held on the above with Chief Minister of Assam, the proposed site allocated for the upgraded infrastructure of SSUHS is the premise of Pragjyotishpur Medical College and Hospital; and the location is the land parcel situated on the front (right) side of the premise, adjacent to the LGB Chest Hospital (approaching from the flyover side.) It has further been decided to relocate the LGB Chest Hospital to Sonapur, Kamrup Metro.

As the land allocated for SSUHS belongs to LGB Chest Hospital, I would like to request you to kindly issue a "**No Objection Certificate**" for this allocation, so as to fulfil essential requirement of safeguard clearances mandated under the ADB financed project, and share the same with the undersigned. Thanking you,

Digitally signed by
SIDDHARTH SINGH
Date: 16-08-2025
10:04:18

Dr.Siddharth Singh, IAS
Commissioner & Secretary to the Govt. of Assam
Medical Education & Research Department
cum Project Director, AHIDMS

No. 584278 /8 **Dated Guwahati the**I

Copy to:

1. The Director of Health Services, Assam, Hengrabari, Guwahati for information.
2. The Registrar, Srimanta Sankaradeva University of Health Sciences, Bhangagarh, Guwahati for information.
3. The Superintendent, LGB Chest Hospital, Guwahati-6 for information.
4. The Assistant Executive Engineer, PWD, GMC&HC Sub-Division, Guwahati for information

E-signed
Dr.Siddharth Singh, IAS
Commissioner & Secretary to the Govt. of Assam
Medical Education & Research Department
cum Project Director, AHIDMS

APPENDIX 5: SCREENING CHECKLIST ON INDIGENOUS PEOPLES

Attachment 3

KEY CONCERNS (Please provide elaborations on the Remarks column)	YES	NO	NOT KNOWN	Remarks
A. Indigenous Peoples Identification				
1. Are there socio-cultural groups present in or use the project area who may be considered as "tribes" (hill tribes, schedules tribes, tribal peoples), "minorities" (ethnic or national minorities), or "indigenous communities" in the project area?	✓			Government of India, under Article 342 of the Constitution, considers the following characteristics to define indigenous peoples [Scheduled Tribes (ST)]: (i) tribes' primitive traits; (ii) distinctive culture; (iii) shyness with the public at large; (iv) geographical isolation; and (v) social and economic backwardness before notifying them as a Scheduled Tribe. Essentially, indigenous people have a social and cultural identity distinct from the 'mainstream' society that makes them vulnerable to being overlooked or marginalized in the development processes. STs, who have no modern means of subsistence, with distinctive culture and are characterized by socio-economic backwardness, could be identified as Indigenous Peoples. Indigenous people are also characterized by cultural continuity. Constitution of India identifies schedule areas which are predominately inhabited by such people. The proposed Project and its components are located in the state of Uttarakhand and the project components do not fall under any schedule area. Also, no compulsory land acquisition is anticipated in the project except in two places where land will be purchased directly from the land users and they do not belong to scheduled tribe. no impact on indigenous population is envisaged in the project.

KEY CONCERNS (Please provide elaborations on the Remarks column)	YES	NO	NOT KNOWN	Remarks
2. Are there national or local laws or policies as well as anthropological researches/studies that consider these groups present in or using the project area as belonging to "ethnic minorities", scheduled tribes, tribal peoples, national minorities, or cultural communities?		✓		Government of India has notified scheduled area to safeguard the interests of indigenous people. Constitution bestows special power to governor, for validating laws, to be implemented in scheduled V areas. Similarly, autonomous councils have been constituted to safeguard interests of indigenous people in Scheduled VI areas. Laws such as PESA Act, 1996, extends the vision of self-governance (as enshrined in DPSP given in constitution), to the schedule V areas. Several other safeguards are in place to counter the vulnerability imposed upon indigenous people because of their origin and socio-economic background. The project will benefit the people and the patients in general and will not target indigenous people in particular. The project will not have any positive or negative impacts on the IPs either directly or indirectly.
3. Do such groups self-identify as being part of a distinct social and cultural group?		✓		(Not applicable)
4. Do such groups maintain collective attachments to distinct habitats or ancestral territories and/or to the natural resources in these habitats and territories?		✓		(Not applicable)
5. Do such groups maintain cultural, economic, social, and political institutions distinct from the dominant society and culture?		✓		(Not applicable)
6. Do such groups speak a distinct language or dialect?		✓		(Not applicable)
7. Has such groups been historically, socially and economically marginalized, disempowered, excluded, and/or discriminated against?		✓		(Not applicable)
8. Are such groups represented as "Indigenous Peoples" or as "ethnic minorities" or "scheduled tribes" or "tribal populations" in any formal decision-making bodies at the national or local levels?		✓		(Not applicable)
B. Identification of Potential Impacts				
9. Will the project directly or indirectly benefit or target Indigenous Peoples?		✓		(Not applicable)

KEY CONCERNS (Please provide elaborations on the Remarks column)	YES	NO	NOT KNOWN	Remarks
10. Will the project directly or indirectly affect Indigenous Peoples' traditional socio-cultural and belief practices? (e.g. child-rearing, health, education, arts, and governance)		✓		(Not applicable)
11. Will the project affect the livelihood systems of Indigenous Peoples? (e.g., food production system, natural resource management, crafts and trade, employment status)		✓		(Not applicable)
12. Will the project be in an area (land or territory) occupied, owned, or used by Indigenous Peoples, and/or claimed as ancestral domain?		✓		(Not applicable)
C. Identification of Special Requirements *Will the project activities include:*				
13. Commercial development of the cultural resources and knowledge of Indigenous Peoples?		✓		(Not Applicable) The overall objective of the project is to improve the health facilities to the patients. The project will not involve commercial development of cultural and intellectual resources of any section of people.
14. Physical displacement from traditional or customary lands?		✓		(Not Applicable) There is neither physical displacement nor economic displacement of IP groups.
15. Commercial development of natural resources (such as minerals, hydrocarbons, forests, water, hunting or fishing grounds) within customary lands under use that would impact the livelihoods or the cultural, ceremonial, spiritual uses that define the identity and community of Indigenous Peoples?		✓		Not Applicable The project aims to improve health infrastructure and facilities in Assam and will not target commercial development in customary lands.
16. Establishing legal recognition of rights to lands and territories that are traditionally owned or customarily used, occupied or claimed by indigenous peoples?		✓		Not Applicable.
17. Acquisition of lands that are traditionally owned or customarily used, occupied, or claimed by indigenous peoples?		✓		Not Applicable No compulsory land acquisition and no land acquisition from indigenous people

D. Anticipated project impacts on Indigenous Peoples

Project component/ activity/ output	Anticipated positive effect	Anticipated negative effect
Assam State Tertiary Healthcare Augmentation	No specific impact except overall enhancement in the health sector	No specific impact

APPENDIX 6: PHOTOGRAPHS FROM SITE DUE DILIGENCE


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APPENDIX 7: SCOPE OF WORK FOR APPOINTING CALL CENTRE SERVICE FOR ASSIST PROJECT

A. BACKGROUND AND REQUIREMENT

Govt. of Assam is implementing World Bank funded "Assam State Secondary Initiatives for Service Delivery Transformation (ASSIST) Project" in the state. Under the project, new District Hospitals will be constructed and existing secondary health care facilities will be renovated for improved functionality and patient & staff experience.

Citizen engagement and community participation are hardwired into the project as one of the critical ways to improve access and quality of service provision. Hence, the project envisages engaging with the most vulnerable from the community, frontline health workers, and other stakeholders through a continued, two-way dialogue. This dialogue will be institutionalized through a strengthened Grievance Redressal Mechanism (GRM).

B. PROPOSED GRM PORTAL OF ASSIST PROJECT

In view of the above, the project is in the process of developing a GRM Portal to address the grievances under the project where a Toll Free Number will be integrated. In this regard, it has been planned that either Toll Free Number of Atal Amrit Abhiyan (AAA), Assam or a separate Toll Free Number will be integrated into the portal. It is envisaged that the empanelled Call Centre Service provider of AAA, Assam will provide the services of Call Centre Service in handling the calls.

The following are proposed under the GRM Portal of ASSIST Project:

a) **Lodging of Grievances:** Citizens/Public may lodge the complaint in the following ways and all the complaints will be registered/integrated in the proposed GRM Portal:

- By calling in the Toll free no.
- By sending email to the dedicated GRM email of ASSIST Project
- By physically registering complaints at Facility/Intervention Sites/Entities ; O/o AHIDMS in person and by posts
- Online submission of complaints in the GRM Portal of ASSIST.

3.

b) **Types of Grievances**: It has been anticipated that the grievances to be received will be of the following category:

- Infrastructure and construction of Healthcare facilities viz. construction of new DH, repair & renovation of existing Healthcare facilities and nursing infrastructure including renovation of Nursing Institutions and upgradation of CoE
- Access to and Quality of essential Healthcare facilities and services;
- Healthcare service delivery and Human Resources in Health; and
- Nursing education

4.

c) **Escalation of Grievances**: The Grievances once received at all ends will be registered and integrated into the GRM Portal and will be forwarded or redirected to the Nodal Persons notified at the Facility, Intervention Sites or Entities for redressal as detailed below:

Sl.No.	Category of Grievances	Escalation to Nodal Person
1	5. Infrastructure and construction of Healthcare facilities viz. (a) construction of new DH, (b) repair & renovation of existing Healthcare facilities and (c) nursing infrastructure including renovation of Nursing Institutions and upgradation of CoE	a) EE of PWD of respective District b) Principal of RNC; c) Principal of Nursing Schools/ Colleges
2	6. Access to and Quality of essential Healthcare facilities and services	a) Joint Directors (JD), Health Services of respective districts; b) Superintendent of respective DH/MCH
3	Healthcare service delivery and Human Resources in Health	a) Joint Directors (JD), Health Services b) Superintendent of respective DH/MCH
4	7. Nursing education	a) Principal of RNC; b) Principal of Nursing Schools/ Colleges

d) **Addressing of grievances**

- To address the grievances in the escalation process by the Nodal persons through the GRM Portal, log in credentials will be created and provided to them.
- To register the grievances by the Call Centre, log in credentials will be provided to them.

C. SCOPE OF WORK FOR CALL CENTRE SERVICE

1. Providing Call Centre Service for the ASSIST Project.
2. Call Centre Service to function24 X7.
3. The agency should provide manned Call Centre Service support. Manpower involved in the Call Centre will be trained by the project to identify the calls of ASSIST project and to redirect or forward the same to escalate to the Nodal persons concerned.
4. Manpower involved in the Call Centre to understand and speak Assamese, Hindi and English.
5. Responsibility of Call Centre Service
    a. Receive calls from the Community/Public
    b. Registering the calls in the GRM Portal
    c. Handling queries effectively.
6. Regular in-house training of manpower for dealing with calls received from ASSIST Project.
7. Participation in meetings conducted by ASSIST project.
8. Performing monthly health checks of the telephonic helpline system.
9. Provision of robust data protection and privacy policy protocols
10. Submission of monthly detailed report on the grievances received along with its updated status.

D. Contract Period: The initial Contract period is 1 year and extendable on performance grounds.

APPENDIX 8: DETAILS OF THE BOTTOM-UP APPROACH FOR CATEGORIZATION OF GRIEVANCES.

LIST OF PROBABLE GRIEVANCES TO BE ACCESSED BY CITIZEN (A)	SUB CATEGORIES (B)	BROAD CATEGORIES (C)	GRIEVANCE HEADS (D)
1) Non-availability of basic facilities at Labour Camp 2) Non- availability of PPE for labours 3) **Delayed or Non-Payment of Wages** 4) Excessive Workload 5) Sexual Exploitation and Abuse (SEA) & Sexual Harassment(SH) at sites, 6) Unfair treatment at workplace due to caste, gender & ethnicity	**Labours at construction sites**	**Infrastructure and construction of Healthcare facilities** viz. construction of new DH, repair & renovation of existing Healthcare facilities and Nursing Institutions and upgradation of CoE	**ASSIST Project Grievances**
1) Right of way at sites 2) Demarcation of Land 3) Entry and exit to healthcare facility coexisting at site 4) Entry and exit to nursing institute coexisting at site 5) Site permits & clearances form authorities 6) Non-disclosure of project information 7) Construction induced air pollution 8) Construction induced noise pollution 9) Construction induced water pollution/contamination 10) Construction induced water logging 11) Construction induced road blockage 12) Waste disposal in and around site 13) Lack of community engagement 14) Sexual Exploitation and Abuse /Sexual Harassment (SH) by laborers/staff at sites 15) Comments & suggestions 16) Seeking information on proposed construction	**Community in and around construction sites**		
1) Disruption of health care services due to construction activity 2) Disruption of supply of power during site clearance or construction work 3) Disruption of supply of water during site clearance or construction work 4) Disruption of sanitation facility during site clearance or construction work	**HCF staff at sites where HCF co-exist**		
1) Lack of essential healthcare facilities due to remote location 2) Insufficient or lack adequate numbers of doctors, nurses, and technicians to provide essential healthcare services 3) Delay in treatment 4) Unequal treatment / neglect in providing healthcare services to people of ethnic minorities, women and people with disabilities 5) Sexual Exploitation and Abuse /Sexual Harassment (SH) in the facilities 6) Insufficient basic amenities for patients and attendants like waiting area, chairs, fan toilet, drinking water etc 7) Corruption	**Accessibility to essential Healthcare facilities and services**	**Access to and Quality** of essential Healthcare facilities and services	
1) Non-availability of all essential healthcare services 2) Shortage of qualified and specialized healthcare professionals 3) Shortages of essential medicines	**Quality of essential Healthcare**		

LIST OF PROBABLE GRIEVANCES TO BE ACCESSED BY CITIZEN (A)	SUB CATEGORIES (B)	BROAD CATEGORIES (C)	GRIEVANCE HEADS (D)
4) Shortages of essential medicines & equipment 5) Misdiagnoses, improper treatments, or unsafe medical procedures. 6) Cleanliness of healthcare facilities	**facilities and services**		
1) Overcrowding and Long Wait Times 2) Absence of doctors, nurses and paramedic staff for providing health care services 3) Rude or Unprofessional Behavior by healthcare provider 4) Poor communication between patients and healthcare providers 5) Breaches of patient confidentiality or privacy	**Manpower related issues in health care facilities**	**Healthcare service delivery** and **Human Resources in Health**	
1) Admission Process in Nursing Institutes 2) Admission to Hostel in Nursing Institutes 3) Facilities in Hostels of Nursing Institutes 4) Qualifications for admission to Nursing Courses 5) Information of Faculties of Nursing Institutes	**Nursing Courses & admission process**	**Nursing education**	
1) Lack of essential healthcare facilities& medicines, 2) Delay in treatment, 3) Unequal treatment / neglect in providing healthcare services to people of ethnic minorities, women and people with disabilities 4) Sexual Exploitation and Abuse /Sexual Harassment (SH) in the facilities in Subcentres, PHC, CHC, District Hospitals and Medical College and Hospitals other than that under ASSIST Project 5) Insufficient basic amenities for patients and attendants, 6) Corruption ***(related to Subcentres, PHC, CHC, District Hospitals and Medical College and Hospitals other than that under ASSIST Project)****	**Access to and Quality of essential Healthcare facilities and services at HCFs other than that under ASSIST Project**	**Access to and Quality of essential Healthcare facilities and services at HCFs other than that under ASSIST Project**	**Non- ASSIST Grievances**
1) Non Coverage of essential treatments under Health Insurance 2) Difficulty in Claim process 3) Lack of information on benefits of Insurance	**Health Insurance**	**Health Insurance under Govt of Assam**	
1) Construction of HCF ***(related to Subcentres, PHC, CHC, District Hospitals and Medical College and Hospitals other than that under ASSIST Project)****	**Infrastructure &Construction in HCFs other than that under ASSIST Project**	**Health Infrastructure in HCFs other than that under ASSIST Project**	

APPENDIX 8. LETTER ON INFORMATION OF LAND ALLOCATED FOR THE PROPOSED SITE OF SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES (SSUHS) UNDER ADB FINANCED PROJECT

GOVERNMENT OF ASSAM
ASSAM HEALTH INFRASTRUCTURE DEVELOPMENT AND MANAGEMENT SOCIETY
4th Floor, Nayantara Supermarket, Sixmile, Guwahati-781022

No. 584278 /11 **Dated Guwahati the**

To

Ms. Sonalini Khetrapal
Team Lead, Health Sector (India)
Human and Social Development Sector Office,
Asian Development Bank
6 ADB Avenue, Mandaluyong City, Manila, Philippines

Sub: Information of land allocated for the proposed site of Srimanta Sankaradeva University of Health Sciences (SSUHS) under ADB financed project - reg.

Ref: **(1)** Your email dated 16th August, 2025 reg. SSUHS
(2) AHIDMS letter no. 584278 /8 dated 16-08-2025

Madam,

With reference to the subject cited above, and as requested vide your email under reference, the following are informed regarding the land allocated for Srimanta Sankaradeva University of Health Sciences (SSUHS) where upgradation of infrastructure has been proposed as a part of the **"Assam State Tertiary Healthcare Augmentation (ASTHA) Project"** to be financed by Asian Development Bank (ADB).

1. The land allocated for proposed upgradation of SSUHS is Government land belonging to LGB Chest Hospital (TB hospital) under the Health and Family Welfare Department (H&FW), Government of Assam.

2. "No Objection Certificate" has been issued from H&FW Department, Govt of Assam for allocation of land for SSUHS and the same is enclosed for kind information.

3. The Government land allocated for SSUHS is free of encumbrances. There are no non-titleholders occupying this land.

4. At present, a L&T Labour camp is located on the proposed site for SSUHS. The camp was established for the purpose of construction of infrastructure of Pragjyotishpur Medical College and Hospital at Kalapahar, Guwahati and Mohendra Mohan Choudhury Hospital at Pan Bazar, Guwahati by L&T under Government of Assam. The labour camp is scheduled for removal from the site by December 2025.

GOVERNMENT OF ASSAM
ASSAM HEALTH INFRASTRUCTURE DEVELOPMENT AND MANAGEMENT SOCIETY
4th Floor, Nayantara Supermarket, Sixmile, Guwahati-781022

5. As "No Objection Certificate" has been issued from H&FW Department, Govt of Assam for allocation of land for SSUHS, the process of land transfer to SSUHS will be initiated shortly.

Enclo: **As stated above**

Digitally signed by
SIDDHARTH SINGH
Date: 30-08-2025
13:09:33

Dr.Siddharth Singh, IAS
Commissioner & Secretary to the Govt. of Assam
Medical Education & Research Department
cum Project Director, AHIDMS

No. 584278 /11 **Dated Guwahati the**

Copy to:

1. The Registrar, Srimanta Sankaradeva University of Health Sciences, Bhangagarh, Guwahati for information.
2. The Assistant Executive Engineer, PWD, GMC&HC Sub-Division, Guwahati for information

E-signed
Dr. Siddharth Singh, IAS
Commissioner & Secretary to the Govt. of Assam
Medical Education & Research Department
cum Project Director, AHIDMS