

**Cooperation Fund for the Water Sector  
Pilot Demonstration Activity  
Request Form**

<b>Activity Title:</b> Participatory Project Evaluation of Community Action in Hygiene Promotion in Shandong Province	
<b>Proposer (Name, Div/Dept):</b> S. Handayani, ECSS/ECRD	
<b>Request Date:</b> 23 August 2004 (Reactivated Request: 25 October 2005)	
<b>Country (DMC):</b> The People's Republic of China (PRC)	<b>Region:</b> East and Central Asia
<b>Activity Proposed Start Date:</b> December 2005	<b>Activity Proposed Duration:</b> November 2006
<b>Cost Estimate:</b> \$ 75,000	
<b>Implementing Organization Contact:</b> Project Management Office (PMO) of the Shandong Hai River Basin Pollution Control Project	
<b>Consultant Identified?</b> No	<b>If so, Consultant(s) Contact:</b>
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**Short Description:**

**1. Background and Rational:**

ADB is active in the water supply and wastewater sectors in the PRC to help improve living standards and economic productivity reduce environmental degradation and promote sustainable development<sup>1</sup>. In early 2006, ADB will provide a loan for the Shandong Hai River Basin Pollution Control Project (SHRBPCP). The objective of the loan project is to improve environmental and social conditions in secondary cities and towns in the Hai River Basin to support planned urban development.

Until recently, environmental hygiene practice<sup>2</sup> has not been given the importance it is due in water and environmental related programs. For example, water and sanitation programs, even those with health goals are too frequently focused on provision of hardware and the most common indicator used to measure the success of such programs has been the number of people with access to this hardware. Both research and field experience have shown that access alone typically brings little health impact. Access to water and sanitation must be accompanied by promotion of hygiene. Health benefits from water and sanitation programs will not be fully realized unless hygiene behavior is improved.

The concept of "behavior first" needs to be adopted. This concept requires that before initiating environmental improvement interventions or facility construction, *program planners* need to identify behaviors associated with disease transmission in their target areas. And based on identified behaviors, strategies for bringing about the needed changes in those behaviors must be developed and included in the overall program planning.

<sup>1</sup> The Asian Development Bank and the People's Republic of China: Partnership in the Water supply and Wastewater Treatment Sectors. ADB. Unpublished document. 2004.

<sup>2</sup> The environmental hygiene under the proposed PDA defines as prevention and control measures used to improve the basic environmental conditions affecting the communities. The range of environmental hygiene issues at the household level may include but not limited to: sullage and excreta disposal, food handling, water use, waste disposal, contamination of water sources, etc.

Demonstrating the impact of hygiene promotion on public health and environmental improvement is both time-consuming and costly. Fortunately, in the 1990s, much progress has been made in developing methods for measuring the more intermediate impacts on hygiene behaviour. A 'critical mass' (over 75%) of good hygiene and sanitation behaviours can ensure that in due course public health impacts show up in the district, national and international statistics. The Government is aware that addressing hygiene behavior is critical for optimizing the impact of investment in water and sanitation.

## **2. Objectives:**

The objective of the proposed activities is to improve environmental hygiene practice to realize the health benefits from the implementation of SHRBPCP. This will be achieved through the following outputs:

- (i) improved public awareness on the importance of environmental sanitation and hygiene. The awareness raising will also include understanding social dimensions of the communities. Communities and households are not homogenous entities. Within them, different people have different opportunities, responsibilities and roles. Gender and poverty-blind hygiene promotion approaches have tended to overlook male roles, responsibilities and practices and overburden women and girls. Thus the hygiene promotion and behavioural change strategies need to reflect the conditions and opportunities of both women and men. Incorporating and responding to gender and social differences with an equity objective should be a cross-cutting strategy for more effective and efficient hygiene promotion for all;
- (ii) integration of sanitation and health indicators in the overall project benefit monitoring to study sanitation and hygiene behaviour and ensure successful water and environmental improvement project. The pilot would include planning and pretesting of hygiene behaviour indicators, involving community members in study design and information gathering; and the types of behaviours most relevant to achieving health improvements. Proper monitoring and evaluation mechanisms should be developed to track the progress and help ensure its effectiveness, which should be adopted by the Executing Agency (EA) of the ADB upcoming SHRBPCP and included in the PPMS; and
- (iii) collaborative monitoring and evaluation mechanism to facilitate dialogue among SPMO, IAs, local health bureau, local EPBs and local governments to analyze the linkages between the operation of the new facilities, water-borne disease incidences, and public hygiene behavior. To date, local EPBs, local health bureaus, and facility owners collect monitoring data independently and no integrated analysis exists. A project beneficiaries assessment needs to be engaged in the monitoring and evaluation process to understand the links between poor hygiene behavior and incidence of diseases. The proposed pilot demonstration activities engage beneficiaries and facilitate collaboration among local government institutions to evaluate the health impacts and formulate effective measures to sustain health benefits from water and sanitation programs.

## **3. Scope and location of Work / Description of Activities:**

The scope of activities will be divided into five stages.

- (i) Activity 1 – Project county selection. One county and/or city from each subproject component<sup>3</sup> will be selected to implement the proposed activities. The selection criteria may include but not limited to: poverty level, water-born diseases incident level, and willingness of the owners and the local governments to participate in the proposed activities.

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<sup>3</sup> The SHRBPCP has the following three components: (i) municipal waste management involving construction of wastewater treatment facilities and associated sewers; (ii) municipal waste management involving construction of sanitary landfills; and (iii) industrial wastewater management involving provision of cleaner production technology for paper making processes.

- (ii) Activity 2 – Beneficiary assessment. The assessment involves systematic consultation with project beneficiaries and other stakeholders to define problems from the point of view of the beneficiary population and help to identify and design project activities relating to sanitation and hygiene behavior. Baseline data on environment (including water quality data), health (water-borne diseases) and hygiene behavior in the selected counties will be shared among participating counties to identify linkages to the new facilities. The assessment will also help lay the foundation for a comprehensive participatory development work. With evidence that their ideas are being heard and respected, beneficiary populations are more likely to participate in the project activities and take steps to improve their hygiene behavior.
- (iii) Activity 3 – Monitoring indicators. It will include developing local monitoring indicators to study hygiene behavior and mechanism for monitoring those indicators to ensure successful water and environmental improvement projects. Monitoring indicators and survey formats were developed in collaboration with the SPMO and the selected local health bureaus, local EPBs, local IAs, and local governments. Furthermore, the local EPB in collaboration with county health and environmental departments would conduct the first monitoring exercise that would become a benchmark database for assessment of changes in hygiene behavior of the intended beneficiaries.
- (iv) Activity 4 - Awareness campaign. In collaboration with the local health bureaus and local EPBs, it aims to develop awareness raising materials and conduct public awareness campaign. Due to limited budget, the awareness campaign will focus on the beneficiaries in the selected 3 counties. However, the educational materials developed under this pilot demonstration will be provided to the local health bureaus and local EPBs in the remaining counties and cities in order for them to incorporate in their existing education programs. The village communes in the selected counties will be engaged to facilitate the awareness training to the selected villagers.
- (v) Activity 5 – Participatory impacts evaluation. This will focus on engaging the selected IAs, local health bureaus, local EPBs, and local governments together with SPMO to evaluate the overall behavioral change and health benefits to be accrued from the awareness campaign and the implementation of SHRBPCP. The survey used to collect the baseline data will be conducted in Year 1 and Year [?], and the collected data will be jointly evaluated by the IAs, local health bureaus, local EPBs, and local governments in the selected counties and by the SPMO. A evaluation workshop will be organized in each selected county to cross-assess the survey results and monitoring data on environment, health incidents, and facility performance.

#### **4. Implementation Schedule, Institutional Management Arrangements, and Proponent Qualifications:**

The proposed pilot demonstration activities from 1 to 4 will be conducted intermittently for 12 months from xxx 2005 to xxx 2006 while the activity 5 will be conducted after the PDA period. The proposed EA would be the Shandong Provincial Government. The ADB's Project Management Office (PMO) in the project area will be the primary implementer with the assistance and involvement of other key government agencies such as environmental bureau and health department. The implementers will work closely with village committee, village women's committee and local governments in the project areas.

#### **5. Expected Results (outputs/outcomes/effects/impacts):**

Some qualitative outputs are as follow:

- (i) Beneficiary assessment on sanitation and hygiene behavior completed,
- (ii) Benchmark data collected;

- (iii) monitoring indicators developed.
- (iv) Awareness of target communities for sanitation and hygiene promotion improved,
- (v) Capacity building for implementing agencies to incorporate hygiene promotion in the project design and implementation completed,
- (vi) Monitoring indicators and mechanism established

## 6. Measurable Performance Indicators:

The performance indicators for the propose project are as follow:

- (i) Beneficiary assessment for understanding hygiene behavior in 3 counties of Shandong province completed;
- (ii) Awareness campaign for hygiene promotion in three project areas completed;
- (iii) Training of staff from implementing agencies, community leaders (men and women), and other related agencies on hygiene promotion and monitoring completed;
- (iv) Monitoring indicators and mechanism based on the benchmark data adopted by EA as part of the Project Performance Measurement System;
- (v) Provincial workshops (for Activity 5) conducted in 3 selected counties of Shandong province conducted.

## 7. Stakeholders Participation:

Participatory methods will be used to gain better understanding of the hygiene behavior among the targeted beneficiaries, to help them identify and design activities, identify any potential constraints to their participation, and obtain feedback on reactions to an intervention during implementation. Techniques for facilitating dialogue among stakeholders in project design, developing monitoring indicators, and policy will include focus groups, workshops, conferences, and innovative use of video technology.

## 8. Scope for Replication/Use in Other DMCs:

Potential replicability of this pilot model will be high. It is aimed that after demonstrating this pilot activity in the 3 counties and cities, the lessons and good practices will be replicated in the other counties and cities of Shandong province. Potentials for wider dissemination and replication will be explored for future watersupply, wastewater management and solid waste management projects in PRC. Lessons learned will also be disseminated through ADB's water and gender websites.

## 9. Cost Estimate:

<u>Inputs / Expenditure category</u>	<u>Total Costs</u> (in US\$)
<b>1. <u>Training, surveys, workshops, seminars, public campaigns, assessment:</u></b> trainers and facilitators, communication and publication, community forums, provincial and national workshops	35,500
<b>2. <u>Specialists Services:</u></b> (i) Monitoring and evaluation specialist; (ii) gender specialist; (iii) health specialist; (iv) community development specialist	27,500
<b>3. <u>Project Management:</u></b> Program management and for daily operations	7,000

<b>4. Contingencies (0-10% of total estimated grant fund):</b> Use of Contingencies requires <u>prior</u> approval from ADB.	5,000
<b>Total PDA grant financed</b>	<b>75,000</b>