



Indonesia: Community Water Services and Health

Project Name	Community Water Services and Health																
Project Number	34152-013																
Country / Economy	Indonesia																
Project Status	Closed																
Project Type / Modality of Assistance	Grant Loan																
Source of Funding / Amount	<table><tr><td colspan="2">Grant 0003-INO: Community Water Services and Health</td></tr><tr><td>Grant to INO-Com.Water Ser & Health Proj</td><td>US\$ 4.00 million</td></tr><tr><td>Government of the United Kingdom</td><td>US\$ 7.50 million</td></tr><tr><td>ATF - Netherlands TA Grant</td><td>US\$ 5.00 million</td></tr><tr><td colspan="2">Loan 2163-INO: Community Water Services and Health</td></tr><tr><td>Ordinary capital resources</td><td>US\$ 34.10 million</td></tr><tr><td colspan="2">Loan 2164-INO: Community Water Services and Health</td></tr><tr><td>Asian Development Fund</td><td>US\$ 30.59 million</td></tr></table>	Grant 0003-INO: Community Water Services and Health		Grant to INO-Com.Water Ser & Health Proj	US\$ 4.00 million	Government of the United Kingdom	US\$ 7.50 million	ATF - Netherlands TA Grant	US\$ 5.00 million	Loan 2163-INO: Community Water Services and Health		Ordinary capital resources	US\$ 34.10 million	Loan 2164-INO: Community Water Services and Health		Asian Development Fund	US\$ 30.59 million
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Strategic Agendas	Environmentally sustainable growth																
Drivers of Change	Gender Equity and Mainstreaming																
Sector / Subsector	Agriculture, natural resources and rural development / Rural sanitation - Rural water policy, institutional and capacity development - Rural water supply services Health / Health system development																
Gender	Gender equity																
Description	<p>The Project will provide rural water supply and sanitation facilities and services to about 1,000 communities in 20 districts in provinces of West Kalimantan, Central Kalimantan, Jambi and Bengkulu; combined with capacity building for districts and communities, and sanitation and hygiene behavioral change programs. The Project will provide an estimated 1.2 million people with safe drinking water, of whom about 0.6 million will also benefit from improved sanitation facilities.</p> <p>The objective of the Project is to enhance the health status of low-income communities in rural areas based on better hygiene behavior and sustain access to safe drinking water and improved sanitation.</p> <p>The Project has four components: (i) improving the capacity of local governments for facilitating, regulating and delivering quality services in water and sanitation to the target communities; (ii) strengthening the community capability to design, co-finance, build, operate, and manage community-based water and sanitation facilities; (iii) improving access to water and sanitation services through construction of adequate facilities based community demand; and (iv) increasing hygiene awareness through information, education, and communication campaigns. The Project will cover about 1,000 communities in 20 districts in the provinces of West Kalimantan, Central Kalimantan, Jambi, and Bengkulu</p>																
Project Rationale and Linkage to Country/Regional Strategy	<p>Providing access to water and sanitation is an integral part of the Government's efforts in improving health and living conditions in Indonesia and meeting the related Millennium Development Goals (MDGs). Indonesia has made progress in providing water and sanitation services to its people, but standards remain below those of many other Southeast Asian countries. The great majority of rural and poor households still rely on self-provision through groundwater abstraction, rainwater collection, or use of surface water, with little government efforts to ensure sustainable quantity or to monitor water quality. Sanitation in rural areas is limited to simple on-site facilities, and a large percentage of the rural population still rely on rivers, beaches, and rice fields for open air defecation.</p> <p>Many rural areas in Indonesia show high level of water borne and water-related diseases, including diarrhea, intestinal worms, skin disease, and malaria and dengue. Poor people, and particularly children, women, and elderly suffer most from using water unfit for human consumption and from poor hygiene practices and behavior.</p> <p>The Government has therefore developed a National Policy for the Development of Community-Managed Water Supply and Environmental Sanitation Facilities and Services, which highlights the need for a demand-responsive approach to rural water supply and sanitation. In line with this policy, the Project addresses the four major issues that have led to unsatisfactory results of similar past projects: capacity of local governments to plan and facilitate sustainable investments; ownership and capacity of communities for implementing and maintaining new facilities; appropriate financing of investments; and need for change in associated hygiene behavior, which reinforces the health impact of investments.</p>																
Impact	Improved health status and quality of life of the population in line with Millennium Development Goal (MDG) targets on safe water supply and sanitation (WSS)																
Project Outcome																	
Description of Outcome	Sustained access to improved and safe drinking water and improved sanitation, and better hygiene behavior in selected low-income communities in rural areas																
Progress Toward Outcome	<p>Due to serious start-up delays, the Project remains behind schedule, it is expected that only about 880 villages will be covered until the project closing date of 31 December 2011. Thus, the target of providing water and sanitation facilities in 1,000 villages by the loan closing date will not be met. Causes for this shortfall include (i) insufficient provision of counterpart funds by central government and local governments, (ii) non performing community facilitators and district and provincial consultants in certain project districts, (iii) weak project management capacity at the certain district and provincial levels, and (iv) delays at project start up due to prolonged consultant recruitment process and a change in counterpart provision arrangement.</p> <p>Community members in project villages greatly appreciate access to safe water supply. In general, good progress has also been observed in project villages on improving the understanding of the value of sanitation and better hygiene, which is reflected in an increasing number of latrines and private and public toilets built by the communities. More attention should have been given to create better understanding among local governments to prioritize sanitation and hygiene awareness and investments in annual development plans and budgets. The unlikelihood that project provinces and districts will be able to formally integrate specific water supply and environmental sanitation (WSES) policies into Regional Strategic Development Plans (RENSTRADA), and subsequently the likely improbability that none of the project district governments will allocate additional funds for water and sanitation investments in their annual district development plans and budgets after the project closure, might jeopardize the sustainability of the project.</p>																

Implementation Progress	
Description of Project Outputs	<p>1. (Component 1) Improved local government capacity for facilitating, regulating and where necessary delivering quality services in water, sanitation, and health to the targeted communities</p> <p>2. (Component 2) Strengthened community capability to develop, cofinance, build, operate and manage communitybased water supply and sanitation facilities, ensuring women's participation throughout the process</p> <p>3. (Component 3) Improved access to WSS facilities in targeted communities</p> <p>4. (Component 4) Sanitation and health behavioral change (SHBC) program delivered</p>
Status of Implementation Progress (Outputs, Activities, and Issues)	<p>being implemented.</p> <p>completed in 2009</p> <p>assessment for 18 out of 20 participating districts completed</p> <p>completed in 2009</p> <p>completed. local government capacity building program was completed in 2009</p> <p>880 villages are expected to be covered under the Project. This is below the project targets of 1,000 villages.</p> <p>about 80% of CAP have been implemented and completed.</p> <p>completed for 879 villages</p> <p>completed in 879 villages</p> <p>completed in 879 villages</p> <p>completed in 879 villages</p> <p>Before the project is implemented, the proportion of households in the participating villages with access to water supply facilities was 24%. With the project intervention, about 79% of households (an increase of about 55%) in the participating villages have been provided with access to improved water supply facilities.</p> <p>Before the project is implemented, the proportion of households in the participating villages with access to improved sanitation facilities was 30%. With the project intervention, about 50 of households (an increase of about 20%) in the participating villages have been provided with access to improved sanitation facilities.</p> <p>completed in 879 villages</p> <p>completed in 879 villages</p> <p>completed in 879 villages</p> <p>50% of the villages reached by the SHBC programs.</p> <p>the Project has been able to increase access to sanitation facilities (in this case access to toilets) by about 19%. This is lower compared to the increase in access to improved water supply facilities, which is 55%. The Mission also noted that the behavioral changes activities included in the SHBC focuses on sanitation in terms of provision of toilets. However, it did not touch another aspect, e.g. proper disposal of garbage the habits of littering still observed in most villages. Furthermore, maintenance of the public toilets constructed under the Project needs further improvement. The Mission noted that some toilets constructed at worship houses were not properly maintained.</p> <p>completed in 561 villages</p> <p>comleted in 561 villages</p>
Geographical Location	Bungo Regency, Kabupaten Aceh Jaya, Kabupaten Aceh Utara, Kabupaten Barito Selatan, Kabupaten Barito Timur, Kabupaten Batanghari, Kabupaten Bengkulu Selatan, Kabupaten Bengkulu Utara, Kabupaten Bireuen, Kabupaten Kapuas, Kabupaten Kapuas Hulu, Kabupaten Katingan, Kabupaten Ketapang, Kabupaten Kotawaringin Timur, Kabupaten Landak, Kabupaten Nagan Raya, Kabupaten Nias, Kabupaten Rejanglebong, Kabupaten Sambas, Kabupaten Sanggau, Kabupaten Sarolangun, Kabupaten Sintang, Kabupaten Tanjung Jabung, Ketapang, Muaro Jambi, Nias Selatan, Pidie, Pulang Pisau Regency, Pulangpisau
Safeguard Categories	
Environment	B
Involuntary Resettlement	B
Indigenous Peoples	A
Summary of Environmental and Social Aspects	
Environmental Aspects	<p>An IEE was carried out to identify necessary measures to prevent or mitigate any adverse environmental impacts that could possibly arise from its implementation.</p> <p>Possible environmental impact:</p> <ul style="list-style-type: none"> - potential water resources may not meet basic water quality standards due to geological or other conditions <p>mitigation: where feasible, water treatment at source or household level - of not possible, water sources will not be tapped.</p> <ul style="list-style-type: none"> -overextraction of water resources, resulting in the lowering of the groundwater table; increasing pumping costs; surface subsidence and deterioration of roads, buildings and pipelines <p>mitigation: regulation of groundwater extraction to maintain a level less than or equal to the recharge rate; land use and land management/development controls in recharge area; management of human and industrial waste disposal procedures.</p> <ul style="list-style-type: none"> -hazard to workers and nearby residents from emission of dust, fumes, noise and vibration <p>mitigation: since construction impact will be of small scale and localized, use standard operating procedure of the MPW as an attachment to any formal construction contract.</p>
Involuntary Resettlement	<p>The project will require minor land right-of-way and asset acquisition. Land acquisition and resettlement (LAR) issues will be handled in accordance with the national law and relevant ADB policies.</p> <p>Land acquisition will be kept to a minimum. No person will be physically displaced from their places of residence. Subproject proposals requiring demolition of buildings or acquiring productive lands will be carefully reviewed to reduce their negative impacts through alternative alignments or locations for pipes, wells, sanitation facilities.</p>
Indigenous Peoples	<p>IP were identified during the sample village field studies conducted in Kalimantan, and it is probable that they will be found in other areas of all four project provinces during project implementation. IP risks are expected to generally be minor due to the community-driven, participatory approach of the Project, which requires adequate representation of marginal groups on the community implementation team (CIT). The project will seek to identify localities with significant IP presence and ensure that necessary information and facilitation is provided to ensure equal inclusion in the Project.</p>
Stakeholder Communication, Participation, and Consultation	
During Project Design	<p>stakeholders: national government, participating provincial and district governments, community in participating villages</p> <p>consultations with all stakeholders were carried out during project design</p>
During Project Implementation	<p>consultations with all project stakeholders continuously implemented during project implementation.</p> <p>community implements the civil works for the provision of water supply and sanitation facilities</p>
Business Opportunities	

Consulting Services	<p>The Project will require a total of 78 person-months of international and 6,716 person-months of domestic consulting services. The Central Support Team (CST) will consist of one package of international and domestic experts (78 person-months and 1,820 person-months, respectively) with expertise in project management (including procurement and financial management), rural water supply and sanitation/water treatment engineering, sanitation and hygiene behavioral change, institutional capacity building, monitoring and evaluation/quality assurance, media, and social and environmental issues. The package includes 1,360 person-months of domestic Process Monitoring Consultants who will be based in the 20 districts. In addition, there will be four packages of Regional Support Teams (RSTs) at the provincial and district levels (4,896 person-months domestic) with expertise in project management, water sanitation engineering and quality control, institutional capacity building and training, and sanitation and hygiene behavioral change. The RSTs will subcontract individuals and/or nongovernment institutions as Community Facilitators Teams (CFTs), with each CFT consisting of three experts in community mobilization, sanitation and hygiene behavioral change, and water sanitation engineering and quality control.</p> <p>The Regional Support Teams (RSTs), consisting of the following: Provincial Support Team (PST); District Support Teams (DST), and Community Facilitator Teams (CFT). The RSTs will be supervised by and report to Provincial Project Secretariat/ Project Manager in the Provincial Health Office, and work closely with the Provincial Coordinating Team, District Coordinating Teams and the communities. The RSTs will be responsible for assisting with project management and providing technical support at local level, and assisting the communities in the planning, implementation, and monitoring of their Community Action Plans (CAP).</p>
Procurement	<p>All procurement of goods and services financed under the Project will be carried out in accordance with ADB's Guidelines for Procurement and the Government's procurement procedures acceptable to ADB. It is expected that international competitive bidding will not be required due to the small size of contracts. Equipment and material packages valued at \$500,000 equivalent or less will be procured following international shopping procedures. Certain items may be procured under local competitive bidding procedures acceptable to ADB. Packages valued at \$50,000 equivalent or less will be procured under direct purchasing procedures. Civil works contracts will be small, with an average value of \$10,000-\$30,000 equivalent, and will follow community participation in procurement in ADB's Guide on Community Participation in Procurement.</p>

Responsible ADB Officer	Kubitzki, Wolfgang G.
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Indonesia Resident Mission
Executing Agencies	Dir Gen. of Disease Control & Envrnmntal Hlth Dr Sholah Imari Ministry of Health, Jl. Percetakan Negara 29, Jakarta Pusat, Indonesia

Timetable	
Concept Clearance	07 Mar 2004
Fact Finding	17 May 2004 to 21 May 2004
MRM	18 Jun 2004
Approval	07 Apr 2005
Last Review Mission	-
PDS Creation Date	20 Nov 2006
Last PDS Update	15 Dec 2011

Grant 0003-INO

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
07 Apr 2005	29 Apr 2005	14 Jul 2005	31 Mar 2010	31 Mar 2011	06 Nov 2013

Financing Plan		Grant Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	16.50	Cumulative Contract Awards			
ADB	0.00	17 Jun 2022	0.00	15.58	94%
Counterpart	0.00	Cumulative Disbursements			
Cofinancing	16.50	17 Jun 2022	0.00	15.58	94%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Unsatisfactory	Satisfactory	Satisfactory	-	Satisfactory

Loan 2163-INO

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
07 Apr 2005	27 Dec 2005	12 Apr 2006	31 Dec 2011	30 Jun 2012	05 Jul 2013

Financing Plan		Loan Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	34.10	Cumulative Contract Awards			
ADB	34.10	17 Jun 2022	17.55	0.00	100%
Counterpart	0.00	Cumulative Disbursements			

Cofinancing		0.00	17 Jun 2022	17.55	0.00	100%
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Loan 2164-INO

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
07 Apr 2005	27 Dec 2005	12 Apr 2006	31 Dec 2011	30 Jun 2012	05 Jul 2013

Financing Plan		Loan Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	30.59	Cumulative Contract Awards			
ADB	30.59	17 Jun 2022	16.99	0.00	100%
Counterpart	0.00	Cumulative Disbursements			
Cofinancing	0.00	17 Jun 2022	16.99	0.00	100%

Project Page	https://www.adb.org/projects/34152-013/main
Request for Information	http://www.adb.org/forms/request-information-form?subject=34152-013
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