Implementing HIA for a community development program in Central Java, Indonesia -

Plan Australia

Community Led Total Sanitation (CLTS) Program

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HIA for Plan Australia

- Before up-scaling a Community Led Total Sanitation (CLTS) program in Central Java, Indonesia

- Tender proposal was submitted to AusAid for funding

- Few HIA done in this area
CLTS Success factors

- **Community ownership** using local knowledge

- **Enables local people** to understand the health consequences of living amongst their own faeces/poo/shit

- The *community decides* on the process to stop open defaecation in their community

- The *community uses local materials* to build low cost latrines
Plan Australia

- supports and implements child-centred community development programs in developing countries

- one of the oldest and largest of its kind in the world

- Plan global network includes 21 donor-country affiliates that support 49 developing countries

- WASH – water and sanitation hygiene [1 of 5 themes]
Access to safe water and sanitation

• basic public health measure

• WHO MDG Goal 7 is about environmental sustainability

• Target 3: ‘Halve the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015’
Access to safe water and sanitation

- Sanitation is a lagging MDG
- 2.6 billion people do not use improved sanitation
- 72% of these people live in Asia
- Disparities between rural and urban access
- 7 out of 10 people without improved sanitation live in rural areas
Key potential impacts identified:

Social and economic impacts

- Improved living conditions and productivity
- Addresses poverty – particularly urban-rural disparities
- Promotes human rights
- Supports local private businesses
Environmental impacts:
- Building structures – noise, hazards, sewerage and waste management
- Natural effects – air, water and soil quality

Health impacts:
- Improved morbidity and mortality rates
- Lifestyle and behavioural changes through hygiene promotion
- Risk injury associated with construction
What happened when applying the ‘western’ HIA process?

- Most of the HIA screening tools have been created by developed countries for developed countries
- Do not necessarily translate to developing countries
- UNSW HIA has generic application
What did/didn’t work?

Limitations:

- Lack of local sanitation program data and information
- Developing countries access to evidence-based information is different to 1st world
- Data collection is a resource intensive and expensive
HIA Value add

**Strengths identified:**
- Governance, reporting and evaluation structures
- Child-centred community development
- Human rights and equity focus
- Local empowerment to build capacity

**Potential to improve**
- Capture and document the success stories to build evidence and share information