



Implementing HIA for a community development program in Central Java,

Indonesia -

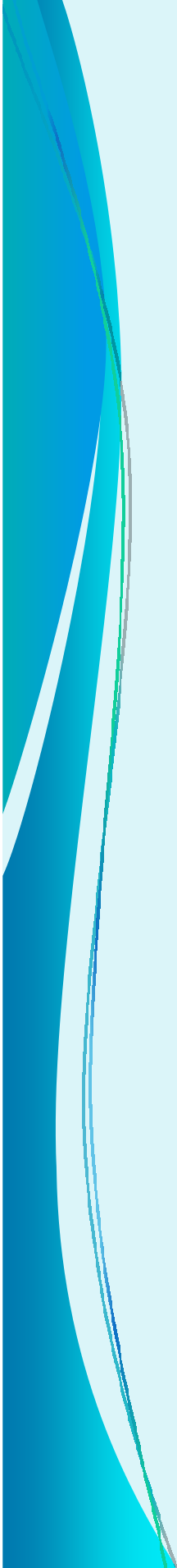
Plan Australia
Community Led Total Sanitation (CLTS) Program

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Acknowledgements:

- Plan Australia
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- University of New South Wales

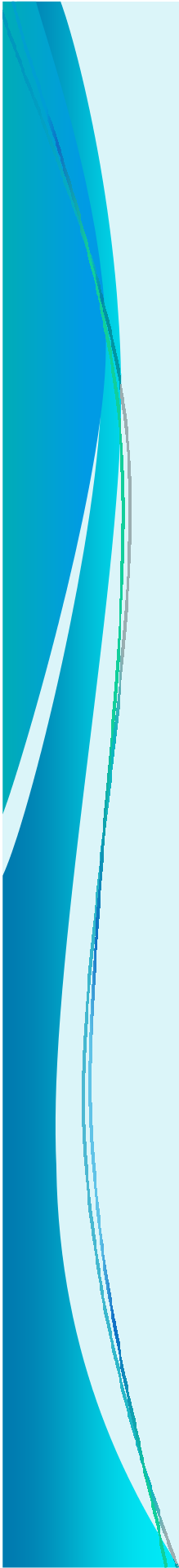
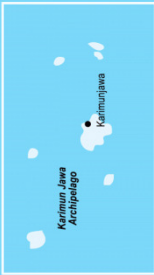


HIA for Plan Australia

- 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

CENTRAL JAWA TOURISM MAP

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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