

Health and Development

Health is an integral part of development and without healthy population; development is not possible and loses its meaning.

Large projects, when thoughtfully planned and implemented, do a great deal good for the countries and the population therein by providing many essential requirements and energies the whole development process. Roads connecting distant places facilitating transportation of goods and people, hydroelectric projects supplying needed power to households and industry, redistribution of water from where it is plenty to areas where there is water scarcity are some of the examples and the list can go on. However, adverse effects of large projects is the other side of the coin and must not be overlooked. Project owners have a responsibility to mitigate such effects, to balance the positive and negative impacts. In this article I will concentrate on the positive aspects and how they can be *enhanced* with a little thoughtfulness.

Large projects require huge sums of money as investment and usually the investment is for generating income from the enterprise after recovering the capital. Often economic factors take precedence over social and humanitarian aspects of the projects. Large projects, especially when funded by International Financial Institutions, are expected to ensure protection of the environment and people impacted by the projects, are required to compensate the impacted populations and ensure that the environmental disturbance is minimized. It is here that often project administrations try to curtail the expenditure on social and environmental programs, although amount on social and environmental mitigation measures is only a small fraction of the total cost of the project. Moreover it is not just the amount of money spent on social projects, but the commitment of those who plan and implement these programs so that, not only the negative impacts of the project are addressed, but to ensure that the impacted populations come out better served at the end of the project implementation.

Traditionally, health aspects of project provisions to impacted people are limited to dedicated health facilities, its staffing and some free treatment to the impacted populations. XYZ (company) Hospital or Clinic, making a statement that the parent company is providing free service to the impacted people in return for their sacrifices. Often it is for the duration of the project life and people are left to fend for themselves at the end of the project construction. However, the benefits of the project are generally lasting much longer, are often permanent and are far removed from the impacted populations. It makes sense that benefits to the immediately impacted populations, who have sacrificed their homes, the land or putting up with the disturbance caused by the project, should also be lasting and the project implementers should consider it their responsibility to make it happen.

The exploration and recovery of the natural resources are generally located in sparsely populated remote areas. People living in such areas are already deprived of basic facilities, such as water, sanitation and power. Often they live in austere conditions with the nature and suffer from lack of basic facilities like access to health services and schools for their children. Because they have little exposure to the development, their sacrifices are compensated by costing everything that they may lose or may not be available to them after inundation and other project infrastructure. It is this attitude of many big companies in the past, where local impacts were ignored, incurring hardships by the impacted populations that the international institutions came together to bring in the concepts of Environment and Health Impact Assessment programs and development of the appropriate environment action and public health action plans to mitigate negative aspects of the project to protect environment and safeguard the interests of people living in such areas.

As far as health is concerned, experience gained by major projects have shown that there are specific ways to handle these problems to share some of the benefits of the income generated from such

projects without causing too much of a financial strains on the parent companies or project implementers.

Water

The rural communities do have water, from rivers, streams or wells, but they do not have sufficient resources or the technological knowhow to make this water safe from contamination. Access to such water sources is often laborious and time consuming. Women and adolescent children in rural areas spend considerable time in fetching water for the family use from the source. Easily accessible safe water is a primary need of any community and its availability to all communities is a priority, besides access to clean water protects health from water borne diseases. The least projects can do is to fix this basic need for the impacted populations.

Sanitation

Most rural and remote communities lack proper sanitary facilities. Defecation and disposal of waste water and refuse is often a major problem. Lack of knowledge and ignorance is another reason, which maintains unsanitary conditions in rural communities and create ideal conditions for the spread of certain diseases, especially diarrheal diseases and intestinal parasites, affecting health of the children and adults.

Housing

Poorly constructed houses without ventilation can be a health hazard. Moreover, cooking on open fire in rural homes cause irritation to eyes and lungs and can be a precursor for infections and chronic diseases.

Safe water, sanitation and suitably constructed and ventilated housing are three basic essentials that can improve the health of any community. Provision of primary health services, once these amenities are available, can further improve the health status of a community.

Health Care

National health programs under the ministry of health in most countries have a network of health service delivery to both rural and urban communities. Because of small population in rural and remote areas, the health services provision in these areas is sparse and rural and remote communities are expected to travel long distances to reach the local health facilities for their health needs. This is often associated with delays in accessing the health services in time and if the illness is serious, it may cause permanent damage to individual's health or even death.

When the opportunity arises for such communities for a new health service provision, creating a parallel health service to the government or other permanent health service providers in a locality may not be most cost effective and efficient answer, moreover it lead to duplication of services. When the project activities come to a close, these facilities also face closures. A more sustainable way to handle this would be for projects responsible for providing health services to work in close collaboration with the local health authorities, so that when project work comes to an end, the local health authorities are in a better position to continue to provide the services in the area. This collaboration allows the project and the local governments to work together in strengthening the existing government health services in the area.

Primary Health Care

Often the new service provision, as a standalone facility, in these circumstances is generally associated with the provision of only an illness care center. Any improvements in the health status of the population, requires comprehensive Primary Health Care (PHC), where preventive and promotive

health is provided side by side along with the illness care (curative service). The preventive aspects include full range of maternal and child health services, including immunizations, care during and soon after pregnancy, family planning, growth monitoring among Under-5s including appropriate nutrition, health education and awareness for common health problems, water and sanitation, illness care for common communicable diseases and other illnesses and availability of common drugs. If a comprehensive PHC is available to the populations, it reduces the strain on the secondary health services (clinics and hospitals), and allows them to spend more time on illness care.

The Need for Coordination with Existing Government Infrastructure

The reason to spell out the components of the PHC is essential as health service provision in many instances is understood to be a treatment of illness care with little advice on health and proactive preventive health care. Moreover, the health service provision by the local health authorities in remote and rural communities is already in existence, albeit in a limited way and all it requires is a helping hand to strengthen the existing services.

Large projects with long tenures and availability of funds are in an ideal position to collaborate with the government health staff in strengthening the primary health care for the impacted communities. The support from the projects in working with the local health authorities for the impacted communities in developing health program can be a valuable contribution for a sustainable health program once the project comes to an end.

A participatory approach that values the views of the community

The involvement of the community in what they would receive as services after the start of a project is of paramount importance. Very often large sums of money are spent in providing certain services in the community which are totally unacceptable because of cultural and other reasons to the local people. To site an example, in a large resettlement program of a mining project in Indonesia, quality houses with a toilet facility in the house were provided to all resettlers. Several years later when I was involved with the project and dealing with extensive intestinal parasitic infestation in the villages, it was realized that no one was using toilets and village periphery was used for defecation. Some had even sealed the squatting slab and were using the area as a storage or kitchen. When asked why the toilets were not being used, villagers were horrified with the question that anyone would even contemplate defecating inside one's own house. Had there been a discussion with the community at the start of the resettlement, appropriate toilets/latrines could have been built away from homes. Community involvement and participation are essential for efficient and effective utilization of services. The ownership of new programs by the community will ensure the best use of those facilities, leading to beneficial effects in the population, including better health status.

Health Impact Assessment (HIA) and Public health Action Plan (PHAP)

HIA is a practical approach used to judge the potential health effects of a policy, program or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects.

HIA along with other initial studies includes the assessment of health of the impacted populations and to have baseline information from which to monitor the health of the impacted communities and to bring in mitigation measures to negate the harmful impacts of the projects and forms an essential part of any major project. The process assists in the development of a health plan to ensure that appropriate measures are in place to see that health of the people is not only maintained but enhanced.

However, HIA and other studies prior to project commissioning are only tools to have an effective program/plan in place to improve the health of the impacted populations. The improvements in the

impacted populations largely depend on how the plan is implemented and the commitment of the implementers. The content of the plan and how it is implemented has relevance, but the most important aspect of any such intervention is measurable improvements observed at the end of the program. The future of large projects is invariably a great economic and business success but the real success of program will be judged by the health and development of the impacted communities over the years. Project implementers have the responsibility to make it happen.

In practice it is possible and details of implementation of such a programme can be seen under Blog > Collaboration with Government Health Services.

Minimum requirements of Improving Health in a population are depicted in pictures below: