

39th WEDC International Conference, Kumasi, Ghana, 2016

**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
OF WATER AND SANITATION FOR ALL**

Healthy islands concept in Papua New Guinea

S. Yeung & J. Selep

BRIEFING PAPER 2527

World Vision has adopted the Healthy Island Concept (HIC), a participatory community engagement, planning, and monitoring approach unique to the Pacific Islands. After more than one year of implementation, significant positive results can be seen, including communities succeeding in instigating hygiene behaviour change and adapting their lifestyle to achieve better health outcomes. Through community-embedded HIC Facilitators, communities formulate their collective vision of a “healthy community” and monitor the implementation of community plans. So far, successes include a high level of community ownership, participation and accountability as well as significant progress on activity implementation addressing hygiene and broader health issues in the target communities.

Introduction

Community participation is essential to achieve sustained hygiene behaviour change. In Papua New Guinea (PNG), World Vision recognises that active participation is vital for both the delivery of hygiene education and adoption of improved hygiene practices. In order to instigate behavior change World Vision has used PHAST, CLTS, and recently adopted the Healthy Island Concept (HIC). The HIC is a participatory approach developed and utilized in the Pacific Islands, through which communities work together to recognise linkages between an individual’s behavior, their living environment, and poor health outcomesⁱ. Using the HIC as an integrated approachⁱⁱ, World Vision has seen considerable success in empowering communities and individuals to actively seek good health by adapting their lifestyle and behaviors.

The term Healthy Islands has been an aspirational vision for Pacific health ministers since 1997, when it was first adopted under the working definition: “the Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels”. In the following years, the HIC has also been endorsed by the Pacific Island Forum and World Health Organization (WHO), which supported the development of technical guidelines for the HICⁱⁱⁱ.

Communities that adopt HIC learn to create a Health Committee; set goals for a range of different geographical settings (Healthy School, Healthy Village, Healthy Market, Healthy Family, etc.); draw up a five-year implementation plan; learn appropriate methods for progress monitoring and self-assessment; and adjust the implementation plan accordingly. The approach covers a wide range of health and social issues, such as water, sanitation and waste management, hygiene promotion, leadership training as well as gender and social inclusion in decision making^{iv}.

World Vision is one of the biggest WASH implementers in PNG and has been actively involved in the development of the country’s first National WASH Policy that is aimed at improving water, sanitation and hygiene service delivery for people in PNG^v. World Vision has been a key implementer in two of the largest rural WASH programmes in the country, namely the European Union (EU)’s Rural Water Supply and Sanitation Programme, as well as two rounds of the Australian Department of Foreign Affairs and Trade

(DFAT)'s Civil Society Organisation (CSO) WASH Fund. World Vision currently implements two rural WASH projects in Western Province and Morobe impacting 26,347 persons directly, and 210,455 persons indirectly.

Sustainability and community ownership is a key priority in all of World Vision's work. Using the HIC, World Vision encourages sustainability through innovations such as empowering the community to formulate HIC Taskforce Committee as facilitators to drive health and hygiene interventions within the target communities, such as Sisiami and Bamio in Western Province. These HIC Taskforce Committees are made up of community leaders of both men and women who are responsible to promote hygiene and ensure sanitation development such as building sanitation facilities like pit latrines, installing tippy taps, or digging waste disposal pits, are completed to benefit the community.

Another initiative is introduced to schools by which 'School Health Clubs' have been formulated. This team includes the school board, a teacher representative and student representatives who take the lead in hygiene promotion within the school and targeting all the school children. The hygiene activities range from proper hand-washing techniques promotion to using appropriate sanitation facilities as opposed to open defecation practices. Utilising these innovations has ensured sustainability and enabled the community to take ownership in maintaining a clean community and school.

This briefing paper is highlighting a number of qualitative and quantitative findings and observations, as well as lessons learnt for a successful adoption of the HIC.

Case study: saving lives through inclusive WASH in Papua New Guinea

In May 2014, World Vision Australia and PNG, through the Australian government Civil Society WASH Fund, initiated a water, sanitation and hygiene (WASH) project, starting with six communities in Western Province, namely: Sisiami 2, Bamio, Bimaramio in the Middle Fly district, and Murr Lagoon, Kibuli, and Wamarong in South Fly district. In collaboration with the National Department of Health and Provincial Health Office, World Vision introduced the government's HIC, a community participatory approach to health governance wherein members of communities work together to identify, prioritize, implement, and monitor solutions to overcome health and environmental problems within their area. The approach seeks to empower communities and individuals to take responsibility for their own health and lifestyle^{vi}.

To date, World Vision and government partners have conducted the following activities anchored on the HIC:

1. **Training of Facilitator, curriculum adaptation.** This involved training of 30 facilitators on the use of the HIC manual, which is basically a planning and monitoring guide^{vii}. As a Christian Organization^{viii}, World Vision incorporated Christian teachings in the manual's content and methodology emphasizing the link between good Christian living with healthy lifestyle and healthy environment.
2. **Advocacy meetings with communities.** To gain community support, World Vision and government partners met with community leaders to orient them on HIC. Community members had the opportunity to ask questions and be clarified on the process and commitment needed (time, resources, expertise, etc.) to adopt and sustain this participatory health governance approach. After the meeting, all six communities agreed to trial HIC.
3. **HIC planning workshop with communities.** World Vision's trained facilitators oriented community members on the value of taking responsibility for their health as individuals, and as members of the community. Facilitators raised the community's awareness on ideal hygiene behaviours and the importance of a supportive environment (presence of safe drinking water, sanitation facilities, health promotion and education activities, etc.) to sustain the desired behaviour. During the workshop, community members formulated their collective vision of a "healthy community" and identified specific steps or pathway to reach their desired health outcomes. Participants then drew up a five-year implementation plan and created a health committee tasked to manage and monitor the progress of the plan. World Vision provided each committee with the HIC manual which they can use to track and evaluate their progress and adjust activities or timelines as the community deems fit.

4. **Hand-holding support to implement community plans.** To help communities follow through with their plans, World Vision is currently providing mentoring support and technical assistance to the six communities on the following activities: a) development of roads; b) community beautification; c) installation of sanitation facilities; d) improving drinking water source, among others.

Findings

All communities have formed a health committee that includes women and people with disability to develop a five-year plan and carry out the implementation of it, primarily focusing on water management, and the construction of the communal water supply systems^{ix}. Each of the six target communities begun with beautifying the land by carrying out clean ups and clearing out vegetation to create walking paths. They have also reconfigured household plots, to provide space for sanitation, hygiene and waste management. Six waste disposal pits, ten communal universally accessible pit latrines and handwashing facilities built with consideration for menstrual hygiene management have been built for schools and aid posts within a time span of nine months^x. Houses are relocated as a disaster risk reduction measure, where rising sea level is expected to cause the rise in rivers. Over 50% of the households have now built individual pit latrines and handwashing facilities, in communities where only 5-10% had unimproved latrines in the past.

World Vision has seen that HIC facilitators effectively empowered communities (i) to take responsibility of their health, as individuals and as a community; (ii) to visualize their “healthy community”; and (iii) to identify steps to achieving their aspirations. When HIC facilitators are committed, encouraging, and initially spending time in the community (over 3 weeks at a time), target communities showed considerable positive change. It can be seen that the key success of the HIC is that through the community-embedded HIC facilitators, the approach provides guidance to bring to completion the behavior change plans, which the community themselves has come up with. This happens without constant intervention from external WASH practitioners (World Vision), pointing towards increased sustainability of the approach.

As the communities themselves identify and prioritize hygiene and broader health issues, and World Vision only facilitate and assist in formulating solutions to resolve these issues, the approach also gives the community a strong sense of ownership and responsibility over the implementation plan.

Another key success factor is the simplicity and practicality of survey and monitoring tools that are used by the Health Committees. Each committee has been given specific forms at the end of the training, which include simple household and community survey tools, with quarterly reports produced from the surveys. These are consistently used and the outcomes are shared within the community, which provides a greater sense of accountability and pride, a source of encouragement to continue the implementation plan.

Linking of WASH with broader health interventions, such as waste management, has given communities more incentive to mobilise and carry out the implementation plan as a whole. The approach prioritizes health promotion and interlinks community development, participation and social issues together^{xi}.

The HIC highlights the importance of community ownership and participation in the decision-making process for the project implementation. It also shows a successful example of effectively creating accountability over the success of the project by letting the communities actively monitor and evaluate their progress.

Simple but visual activities, such as the beautifying and cleaning up of the communities, have proven to be effective in engaging and mobilising the community from the beginning.

Acknowledgements

The author/s would like to extend thanks to Ann-Kathrin Pippert, World Vision International.

Notes

ⁱ Ritchie, J, Rotem, A., Hine, B. (1997).

ⁱⁱ King, L. (No date).

ⁱⁱⁱ WHO and SPC (2015): *THE HEALTHY ISLANDS JOURNEY (1995–2015): ACHIEVEMENTS, CHALLENGES AND WAY FORWARD*. Available at: http://www.health.gov.fj/wp-content/uploads/2015/04/PIC11-3_Healthy-islands-journey-1995-2015.pdf.

^{iv} Galea et al (2000). *Healthy Islands in the Western Pacific – International Settings Development*.

^v PNG National Water, and Sanitation Hygiene Policy 2015-2030.

- ^{vi} Brear et al. (2004). *Evaluating Community Participation in a Healthy Islands Setting: Towards Evidenced-based decision-making*.
- ^{vii} World Vision Civil Society Organisation WASH Western Province Annual Report (2015).
- ^{viii} World Vision – *Who We Are* (2015). <http://www.worldvision.org/about-us/who-we-are>.
- ^{ix} Ashwall. H. & Barclay. L. (2009). *Outcome Evaluation of Community Health Promotion Intervention within a Donor funded Project Climate in Papua New Guinea*.
- ^x World Vision Civil Society Organisation WASH Western Province Project Annual Report. (2015).
- ^{xi} Nutbeam. D. 1996. *Healthy Islands – A Truly Ecological Model of Health Promotion*.
-

References

- RITCHIE. J, Rotem. A., Hine. B. (1997).
- KING. L. (No date)
- WHO and SPC (2015): *THE HEALTHY ISLANDS JOURNEY (1995–2015): ACHIEVEMENTS, CHALLENGES AND WAY FORWARD*. Available at: http://www.health.gov.fj/wp-content/uploads/2015/04/PIC11-3_Healthy-islands-journey-1995-2015.pdf.
- GALEA et al (2000). *Healthy Islands in the Western Pacific – International Settings Development. PNG NATIONAL Water, and Sanitation Hygiene Policy 2015-2030*.
- BREAR et al. (2004). *Evaluating Community Participation in a Healthy Islands Setting: Towards Evidenced-based decision-making*.
- WORLD VISION Civil Society Organisation WASH Western Province Annual Report (2015).
- WORLD VISION – *Who We Are* (2015). <http://www.worldvision.org/about-us/who-we-are>.
- ASHWALL. H. & Barclay. L. (2009). *Outcome Evaluation of Community Health Promotion Intervention within a Donor funded Project Climate in Papua New Guinea*.
- WORLD VISION Civil Society Organisation WASH Western Province Project Annual Report. (2015).
- NUTBEAM. D. 1996. *Healthy Islands – A Truly Ecological Model of Health Promotion*.
-

Contact details

Sonia Yeung
World Vision PNG Morata Street,
Ruta Place, Gordons, PNG.
Tel: 675 7002 0827
Email: Sonia_yeung@wvi.org

Jeanette Selep
World Vision PNG Morata Street,
Ruta Place, Gordons, PNG.
Tel: 675 311 2530
Email: Jeanette_selep@wvi.org

(DISCARD THIS PAGE – Notes have been copied and pasted above)

Notes

ⁱ Ritchie, J, Rotem. A., Hine. B. (1997).

ⁱⁱ King. L. (No date).

ⁱⁱⁱ WHO and SPC (2015): *THE HEALTHY ISLANDS JOURNEY (1995–2015): ACHIEVEMENTS, CHALLENGES AND WAY FORWARD*. Available at: http://www.health.gov.fj/wp-content/uploads/2015/04/PIC11-3_Healthy-islands-journey-1995-2015.pdf.

^{iv} Galea et al (2000). *Healthy Islands in the Western Pacific – International Settings Development*.

^v PNG National Water, and Sanitation Hygiene Policy 2015-2030.

^{vi} Brear et al. (2004). *Evaluating Community Participation in a Healthy Islands Setting: Towards Evidenced-based decision-making*.

^{vii} World Vision Civil Society Organisation WASH Western Province Annual Report (2015).

^{viii} World Vision – *Who We Are* (2015). <http://www.worldvision.org/about-us/who-we-are>.

^{ix} Ashwall. H. & Barclay. L. (2009). *Outcome Evaluation of Community Health Promotion Intervention within a Donor funded Project Climate in Papua New Guinea*.

^x World Vision Civil Society Organisation WASH Western Province Project Annual Report. (2015).

^{xi} Nutbeam. D. 1996. *Healthy Islands – A Truly Ecological Model of Health Promotion*.
