Report on the

INTER-REGIONAL CONSULTATION ON HEALTHY VILLAGES

DAMSCUS, SYRIAN ARAB REPUBLIC

3-7 OCTOBER 1999

World Health Organization
Regional Office for the Eastern Mediterranean

Alexandria, Egypt

1. INTRODUCTION

In the healthy village consultation in Tabriz, Islamic Republic of Iran, in June 1998, it was recommended to hold a follow-up inter-regional consultation in Damascus, Syria in 1999 Based on these recommendations, particularly, to review the guidelines by WHO/HQ, as well as priorities of healthy village programme, an inter-regional consultation was held in Damascus, Syria, from 3-7 October 1999, with the following objectives

- To review the progress of healthy village programme
- To examine the draft generic technical guidelines for environmental health components of healthy village
- To assess the role of BDN / healthy village as building blocks for rural development
- To review the hardship that rural women are subject to because of lack of access to services
- To draw up a framework for development of country specific approaches/guidelines for provision of environmental services under healthy village and BDN

Twenty temporary advisers from eight countries along with, three observers, three WHO country technical officers, three WHO staff from WHO/HQ, WHO/EMRO and CEHA and two consultants attended the consultation Also, the representatives from UNFPA, UNRWA, UNDP, and the European Union participated. The consultation elected Dr Nazmi Fallouh, national coordinator, healthy village, Syrian Arab Republic, as Chairman, Dr Sima Bahous, the executive director Noor El Hussein Foundation as vice chairperson and professor Fritz Wagner, WHO Consultant as the Rapporteur Mr K Khosh-Chashm, WHO EMRO, Regional Adviser Community Based Initiative, acted as the secretary of the consultation

The opening session was attended by H E. Dr Chatty, the Minister of Health of Syrian Arab Republic, Dr H. Gezairy, WHO/EMRO Regional Director, Mr Ben Ammara, UN coordinator, and UNDP/RR in Syria, Dr Omer Suleiman, WHO Representative in Syria and Jordan, Mr Benzine, UNFPA representative and a number of senior government and UN staff, plus the participants of the meeting, including WHO staff and consultants.

Dr Hussein A Gezairy, RD/WHO, EMRO, welcomed the participants and thanked the Government of the Syrian Arab Republic and particularly His Excellency, Dr Mohamed Eyad Chatty, the Minister of Health, for hosting this Consultation

The health development cannot be achieved through activities of the health sector alone Health development must be achieved as an integral part of overall development. Moreover, development achieved without people as its instigators and shareholders is neither sustainable nor meaningful True development is achieved when everyone, rich and poor, stands to benefit from its fruits

The healthy village, basic development needs and healthy city concepts are among the community-based approaches that WHO's Regional Office for the Eastern Mediterranean is promoting to bring the development process closer to all and to facilitate health development

The challenge and the onus of fortifying these concepts with practical and simple technical guidelines lie with professionals to have devise methodologies and approaches to enhance the innovative nature of these concepts

He urged the consultation to review the draft guidleines prepared by WHO Headquarters and recommend measures making these into a generic manual, where countries and regions could use them to develop their own guidelines

In the Syrian Arab Republic, the healthy village and BDN concepts have been merged into one In other countries of the Region, the healthy village programme concentrates more on providing environmental services while the major focus of BDN is income generation Dr Gezairy noted with satisfaction that among other topics, the consultation you will be discussing the concept of community engineering, the gender perspective and the role of women in local development

He wished the consultation success

H E , Dr Chatty, addressed the opening session of the consultation He welcomed the participants and stated that the Syrian Government, at the highest level, gives a crucial importance to the healthy village programme in Syria H E. provided a detailed briefing on the national health development in Syria, which is an integrated part of the socio-economic development process The healthy village programme is to achieve this goal Dr Chatty referred to the main components of healthy village programme, which include Basic Development Needs, Self Care, Community School, Village Information Centre, Baby Friendly Home and Community, Women Development, environmental promotion and safe motherhood

Dr Chatty, mentioned that the number of health centres in Syria has increased from 248 in 1970 to more than 1080 in 1999 The infant mortality has dropped from 164 to 32 in the same period and life expectancy has increased from 56 years in 1970 to almost 69 years in 1999

The healthy village programme in Syria started in 1996 and rapidly increased to include 113 in 1999 The ultimate goal is to expand the programme to 1500 villages He mentioned that the healthy village programme gives a high priority to smoking and tobacco control and has won a WHO award for the this programme

2. The Healthy Villages Concept

Dr Omer Sulieman, WHO Representative, Jordan and Syrian Arab Republic

The healthy villages programme is a community-based, community-managed and partially community-financed intervention, aimed at improving the quality of life and personal qualities and attributes of the people The programme also addresses the problems faced by activities to promote health for all by the year 2000 in areas of management, resource mobilization and strengthening of intersectoral cooperation and the role of the community It involves a role change whereby people become active actors and donors while pubic workers provide support and facilitation

The village is defined through the realization of its constituents, which include people, environment, institutions, traditions, habits and systems In order for a village to be healthy, all these ingredients should be healthy

Being healthy means (beside having reasonably adequate promotive, protective, preventive and curative services) possessing good income, healthy housing, clean water, healthy environment, and at least a basic education as well as practicing a healthy lifestyle. Various studies have shown that these are essential determinants of health

The components of the healthy villages programme are open-ended and flexible, depending on what people receive as a need. Some of the tested components include basic needs of life (food, water, good income, healthy environment, healthy housing, basic education, primary health care, safety), healthy lifestyle, village information centres, women's development, self-care, village entertainment centres

community schools, baby-friendly homes, baby-friendly communities, and scouting for intellect and innovation

2.2 Country experiences: organizational aspect of healthy village:

2 2 1 HEALTHY VILLAGES IN EGYPT

Poverty is evident in rural Egypt where over half the population resides Poverty is a multi-faceted problem associated with environmental degradation, lack of access to social services and physical infrastructure Despite attempts of the Government of Egypt to extend services to the rural population, the level of provision both in terms of quantity and quality of services remains far lower than in urban areas

ORDEV is the executive agency of the Ministry of Rural Development and has strong links with other central agencies and Ministries responsible for the provision of services ORDEV also maintains strong links with village-level local administrations ORDEV is currently responsible for the Integrated Rural Development Programme (SHROUK) that promotes the development of participatory approaches to prioritization of community needs, mobilization of resources and

implementation of projects in rural areas SHROUK is a major output of the health village concept, where the Healthy Village Project (HVP) serves as a technical unit assisting ORDEV fulfil it mandate to meet the needs of the rural population in Egypt

HVP aims to improve the quality of life of the rural population by demonstrating the Healthy Villages concept Improvement of environmental conditions through interventions in water supply, wastewater and solid waste management and improving employment opportunities are the major activities to enhance the living conditions in rural areas

The SHROUK programme includes 4,405 villages and satellite settlements in 1,087 village administrations and an additional 22 settlements Approximately 36 million people will benefit from SHROUK (roughly 57% of the population) In 5 years of the SHROUK programme implementation, a total of 25,540 projects have been implemented with a total investment of L E 10,055 million Of this investment, 34% has been generated through village participation, with the remaining investment from the national budget. These projects have created 138,000 new job opportunities Projects have addressed issues such as water supply, wastewater management, roads and communications, electricity, environmental improvement, education, health, cultural, religious and training

The SHROUK programme has shown that institutional reform for good governance can be achieved through development projects, particularly when the entry point is employment and health Participatory approaches and planning have been shown to be effective and now represent the norm The BDN approach stimulates information sharing and improves development effectiveness Environmental, health and

employment concerns are part of the local agenda and can be addressed Indicators of success should be established early in the project cycle to allow effective monitoring.

Strong and active steering committees are important for policy making and support and an emphasis is needed to strengthen local institutions such as the private sector, informal sector leaders and in promoting the interests of particular groups such as women and youths

2 2 2 The Healthy Village Programme in Syria

The programme started under the supervision of the Ministry of Health in 5 villages in 1996 as a pilot project Its aim is to improve the quality of life in rural and marginal urban areas based on the following

Full partnership with community, with multi sectoral support, coordination, a bottom-up focus, programming and role change

The programme expanded in 1997, 1998 and 1999 to the 14 governorates The number of villages now reached 113, including one urban area around Damascus

The programme at the level of the village consists of the village council and the village development committee (VDC), with different specialized committees (for women, health, income, follow up, monitoring, etc) The cluster representatives, along with local leaders constitute the membership of village council, play very important roles in the implementation of the programme They conduct base-line surveys, motivate families to participate in community development, transfer messages and knowledge to the members of their cluster and keep a close working relationship with the VDC The intersectoral supporting teams at the village, central and provincial levels provide technical support

The programme in Syria includes various components, they are basic development needs, self care, community school, village information center, healthy life style, baby friendly home and community, women's development, community based safe motherhood and scouting for intellect and innovation of people, protection and promotion of environment

The implementation of the programme in the village has resulted in improvements in health, social aspects, economic and education These are reflected in the information system of the healthy village program

3 Islamic Republic of IRAN

3 1 Healthy Village and BDN in Iran

In the past two decade, the Islamic Republic of Iran has adopted a policy, which aimed to address the needs of the people and sustainable achievements It attempts to develop plans in social, cultural and economical sectors, for a more equitable allocation of health resources based on the PHC perspectives

Some important achievements were as follows.

- 85% of rural and urban population are under coverage of PHC Network
- 86% of rural population has access to safe piped drinking water
- 75% of rural areas has hygienic excreta disposal
- 40% of rural population has access to telephone

Iran considers the Healthy Village project as an integral part of the PHC network and a cornerstone of sustainable development, the success that depends on the community participation and intersectoral collaboration

To facilitate community involvement and participation, Islamic Councils at urban and rural level as well as Rural Health Councils were organized Their duties include Problems and needs identification, mobilization of local resources, active role in Emergency Preparedness, awareness raising and response in case of disasters

To facilitate Intersectoral Collaboration, the High Council of Healthy Village and Healthy City Projects was organized at the different levels

The main weak point of Healthy Village Project is the lack of balance between the progress achieved in the health sector, and other developmental programmes such as literacy rate, employment opportunities, and industrial and infrastructure developments The Ministry of Health and Medical Education as the Focal Point of the program undertook several activities to bring forward the preparatory phase of the BDN implementation

- Holding intersectoral meetings at national level
- Identifying the Vice-President Office for Deprived Regions as permanent secretariat
- Preparing BDN advocacy material
- Exploring suitable sites for implementation
- Identifying the operational aspects related to BDN such as establishing District Development Committees, organizing different working groups, problems and needs assessment exercises, monitoring and evaluation of the process, and last but not least, expansion of the program throughout the country

Women and local development in Iran

Iran is both a mid-eastern and southwest Asian country Total area is over 1,648,000 square kilometers According to the latest census in 1996, the population is 60,055,488, of which 61% are settled in urban areas and 38% live in more than 60,000 villages 51 35% of the population are under 20 years of age, which makes the country as one of the youngest in the world Average marriage age in 1996 was 23 4 and 21 8 year for boys and girls respectively Literacy rate is high and a significant jump was seen in its rate between 1976 and 1991 In 1976, only half of the population was literate In 1991 the literacy rate rose to 74 4% According to the latest census, almost 80% of the population are literate

Education has made the Iranian women career-oriented and conscious that a small family means a better quality of life for her and her children. Women, who consist of 49% of the population of the country, are involved in all spheres of life-social, economic, political and cultural

Judiciary, executive and legislative branches of government have all special departments and structure to deal with women affairs In Judiciary branch, there is an office for women affairs The Parliament has a commission for women, youth and family In the executive branch there are different departments in the presidential office for women affairs, i e , Center for Women Participation, the Council for Women Affairs in the High Council for Cultural Revolution and Women Sport Department in the National Sport Organization There are also line Ministries with special departments and divisions for women affairs, namely Ministries of Interior, Agriculture, Education, Foreign Affairs, Health and Medical Education, Jihad, and Labor and Social Affairs

The healthcare system of the Islamic Republic of Iran, a non-centralized system based on the district health system, gives the priority to providing primary health care services Health house is the most periphery unit to deliver health services in the rural areas and so far has been the most effective element of the network bridging the gap in accessibility to PHC services in the country This success is due to its local staff Each health house is staffed by a male and a female villager known as Behvarz. Today with 85% of coverage and over 16000 Behvarzes, improvement of health indicators is strongly supported in rural areas all over the country Infant mortality rate has declined from over 100 deaths per 1000 live births in 1975, to 26 per 1000 live births in 1997 Maternal mortality rate has dropped to 40 per 100,000 live births in 1997 from over 230 deaths per 100,000 live births in 1976 Immunization coverage is over 90% and the country is on the verge of eradicating polio More than 80% of the deliveries are conducted in health facilities by trained personnel

One of the strengths of this strategy is its gender sensitivity The designers of the Master Plan for Iranian PHC Network have found out that one Behvarz will be sufficient for each cluster of 1500 population In order to provide cultural accessibility, one female Behvarz is located in each health house with different (in-house and out-house) responsibilities

The explosive population growth rate until mid 1980s, coupled with rapid urbanization and the creation of underprivileged sub-urban areas around the big cities, opened new challenging areas in the urban health care system

In consideration of the social and cultural characteristics of Iranian society, and in order to improve the access to quality services in sub-urban areas, a mode was designated in which community women were the core element Their functions were defined as

- Attending routine weekly educational sessions
- Providing health education to the families under their supervision
- Following up and reporting indicators requiring a visit to the Health Center, and
- Mobilizing the community for health and environment activities

Volunteers are well known, married, literate and are interested in the plight of women in the community once selected, they are trained for two months, and are given responsibility for approximately 50 households Today, almost 40,000 women health volunteers are helping urban health houses all over the country

In order to evaluate the efficiency of this intervention, a survey was conducted in 1995 in 19 provinces The results showed that volunteers were considerably effective in promoting the knowledge of their community about water and sanitation, control of diarreal Diseases, breast-feeding, contraceptives prevalence rate, child nutrition and growth rate

Future challenges for this project is sustainability and the strengthening of collaboration with other sectors including the private sector

4 1 THE QUALITY OF LIFE PROJECT IN JORDAN

The Noor Al Hussein Foundation's (NHF) Quality of life Project was initiated in 1989 to develop a pioneering model for comprehensive national and regional development to improve the quality of life of underprivileged rural and urban communities across Jordan The programme received support from WHO and an intersectoral ministerial committee led by the Ministry of Health The Project's strategy emphasizes comprehensive and integrated development that is implemented by the people themselves through social preparation and consensus building, community organization, community financing, and community manpower mobilization and training Specific programme areas are integrated community development, children and family health, women and enterprise development, microfinance, and education and culture

The Quality of Life Project responds to Jordan's development needs by training and supporting people in the planning, management, and evaluation of social and economic development schemes This is made possible by setting up grassroots development councils, development funds and technical support committees in each beneficiary area and by organizing communities to accelerate the processes of need identification, project implementation, democratic community participation, and social cohesion

The Project has established twenty rural Village Development Councils that identify community priorities and then design and coordinate selected development projects Villages are divided into small clusters of houses to elect local council members and to represent neighborhood interests As each village becomes increasingly self-reliant, the project selects new villages for replication

To alleviate poverty, reduce unemployment and promote self-reliance, underprivileged men and women receive training and support on various social development skills, and are offered self-employment opportunities as well as access to credit and gainful income In each village a Village Loan Committee manages a capital fund with seed money from the Quality of Life Project, whereas the Committee's volunteer members receive and screen applications for loans up to a maximum of JF 1,000, (approx US$ 1,400) with a six month grace period and repayment over three years

Over 10,000 low income people have benefited from the Credit Programme to initiate and sustain income generating schemes and micro enterprises in the areas of agriculture, nutrition, cottage industries, handicrafts and services These include home gardens, fruit orchards, goats, cows and rabbit raising, diary products, fish ponds, bee-keeping, groceries, bookshops and children's toy shops, beauty and barbershops, bakeries, and wedding services In addition, credit in-kind is extended to farmers for animal husbandry and agricultural projects

The credit provided, both in kind and in cash, has enabled families to establish sustainable micro enterprises that have led to increased educational and nutritional benefits for children The success of the entrepreneurs is a source of pride to the NHF especially that the repayment rates of its loan programme are among the highest in Jordan reaching over 90%

The objective of the programme is to help people to help themselves The Quality of Life programme was started in 1989 and the Healthy Village programme in 1996 Today, 20 villages have been covered by the Quality of Life programme Moreover, an additional 167 settlements have been covered by Healthy Village

Programme Methodology

Advocacy and promotion
Organization and management of programme SC, TSG, VTSG, director, field coordinators
Intersectoral multisectoral support
Training (1800 national/300 regional decision makers and thousands of villagers)
Commitment & Responsibility
Political and professional

Community organization
NHF coordinators and technical trainers (12)
Local organization· (185 committees)
Mothers Clubs, loan committees, other
2450 members (leaders, villagers, male, female)
Partners various
WHO, UNESCO, NGOs, GOs, UN, Others

The Quality of Life Project has been recognized by WHO as a model of integrated community development in Jordan and the region Over 300 individuals in the region from Bahrain, Tunisia, Egypt, Oman, Morocco, Yemen, Pakistan, Iran, Somalia , Syria and Qatar have been trained since 1995 on the methodology NHF provided technical assistance to Yemen where the programme has been initiated in three villages In 1996, the Ministry of Health started the Healthy Village Programme with technical input and training from the NHF

6 1 *PAGER PROJECT, MOROCCO*

Drinking water supply in rural areas of Morocco is not as well developed in comparison to urban areas This has an adverse impact on the socioeconomic development of the rural population The Grouped Drinking Water Supply Programme for Rural Populations (PAGER) has been developed to provide access to drinking water to all the estimated 11 million rural populations living in 31,000 villages

Simple and appropriate technology is adopted to facilitate operation and maintenance Protected water sources (well, bore-hole, spring or rain catchment equipped with a pump), storage tank, taps and watering ponds are constructed by the General Directorate of Hydraulics Public standpipes connected to regional pipelines are constructed by the National office of Drinking water (ONEP)

The planning and the implementation of the PAGER programme is done jointly by the Ministry of Works and Ministry of Interior with the support of Ministries of Health and Agriculture, with a National Committee to enable coordination of activities Provincial Committees headed by the Governors are in charge of the programming and follow up of projects Provincial Works Directorate assume responsibility for implementation Users Associations, created under the supervision of the rural communes, assume the operation and maintenance of equipment The PAGER programme is implemented according to a participatory approach In each province, a well trained animation team sensitizes and helps users to organize themselves to participate in all stages of project implementation from the diagnosis, examination improvement alternatives, selection of the appropriate systems through to the construction and establishment of management conditions

For financing of the PAGER programme, the Government mobilizes 80% of resources (including external assistance), local communes provide 15% while beneficiary users contribute by 5% This partnership is formalized by a contractual agreement between the three parties

Experiences learned from other projects such as the CRS project on water and health have been adopted Healthy villages approaches are applied in the national trachoma control programme The BDN project will be conducted in the near future to apply an integrated BDN/Healthy villages approach in order to tackle the remaining basic development needs in villages already served by the PAGER programme

6 1 *ALEXANDRIA EGYPT HEALTHY CITY AND WOMEN'S DEVELOPMENT PROGRAMME*

The Unit concerned with the role of women in health and development (WHD) in EMRO progressively mainstreams the gender perspective into WHO programmes and policies

The above project demonstrates that there are areas that were neglected, where the role of women is essential, e g women's role in environmental protection for sustainable development, which was highlighted during the Earth Summit Conference, (Rio de Janeiro 1992)

WHD, together with the Community-Based Initiative programme (previously WSH) initiated a model project at the local level in the area of environmental protection), which if successful, can feed back into national policies

In the middle and low-income countries of the Region, the plight of informal settlement in urban fringes requires special attention The environmental conditions are poor and unemployment, especially among women is rampant

The project aims to

- Improve the environmental conditions, especially solid wastes and community cleanliness
- Empower women
- Raise awareness of the community especially women and children on health and environment and city issues
- Generate income through environmentally related economic activities

The essential features of this project were

- Training of women as healthy city facilitators
- Increasing the awareness of community about health and development
- Promoting the role of women in community development
- Generating income and environmentally related activities
- Creating a system for solid wastes collection and the planting of trees
- Improving school sanitary conditions and establishing healthy schools programmes
- Creating community gardens

The institutional arrangement involved

- Strengthening / establishing a local committee which meets regularly Today, the environmental promoters are participating in this committee They have become the voice of and part of the decision making process of their communities

- Partnership with international NGO that is concerned with community development, the University of Alexandria which implements the WHO training course, the local authorities and above all, the community representatives, including the women environmental promoters
- The environmental promoters are functioning as local coordinators and are

facilitating the activities of the project

Lessons Learned

- The success of the project attracted major donors and is expanding to other neighboring communities
- The concept of incorporating the role of women into environmental health spread to other countries of the Region, e g Afghanistan, Iran, Jordan and Syria
- When women are trained and made aware of certain issues, the community male leaders may accept their non-traditional roles in community affairs
- In low-income areas, the income-generating activities and awareness campaigns are useful entry points for other development activities that relate to the environment, school improvement, health care, etc

7 1 Evaluation of Healthy Villages and Healthy Cities Projects

Dr Greg Goldstein

The increasing numbers of healthy villages, healthy cities and other "settings" projects that are being implemented in all regions of the world, have led to increased demands for evaluation This paper will consider one evaluation goal, that is the evidence of effectiveness Healthy village projects are broad-based, involving mobilization both of the community and the political process in pursuit of multiple objectives development and implementation of an intersectoral village or municipal health plan, awareness raising, capacity building and networking They will never be as easy to evaluate as a health intervention based on one disease or health issue Inspite of this, it is proposed that convincing evidence of effectiveness can be obtained, using what will be called a project implementation "logic model" This model has a focus on short-term impacts, rather than longer-term changes in living status and having conditions that may take 1-2 decades to become apparent
Two classes of short-term impacts are identified

- "health promotion outcomes" under the headings of health literacy, social action and influence, and healthy public policy and organizational practices
- "intermediate health outcomes" under the headings of healthy lifestyles, healthy environments and effective health services

For a given project, a logic model is created that indicates reasonable linkages between the short-term impacts, changes in determinants and health outcomes The evaluation uses a pre-determined set of hypotheses about how the project activities may cause short-term impact, leading to health outcomes, to monitor the project implementation and draw conclusions about effectiveness that are reasoned and convincing

8 1 Healthy Villages Public and Environmental Health Guide for Community Leaders

Mr Guy Howard

An overview of the guide to public and environmental health interventions for community leaders was provided It was emphasized that the guide was designed as a technical document, covering specific environmental and public health interventions and does not cover broader management or organizational issues

The purpose of the guide is to provide simple and accessible information to community leaders of relatively low levels of education to aid informed decision making and priority setting at local levels The topics covered by the guide are dealt with in a manner that provides information to be able to start a process of decision-making Throughout the guide, an emphasis is placed on incremental approaches to service provision related to incremental improvements in socio-economic status of communities and on sustaining improvements

The guide covers a number of topics including definition of health, assessment of problems and identifying priorities, water, sanitation, waste disposal, drainage and chemical safety, personal, domestic and community hygiene, health care provision, and supportive roles for Government Throughout the guide the use of assessment tools are emphasized

The guide will be illustrated and the text will be broken-up by figures and diagrams. The text is simple and should be accessible to readers of limited secondary level education The remaining needs for guide include more detailed case studies, which will be of value in proving the effectiveness of healthy villages initiatives In addition, it is expected that this workshop will provide information on local environment support to healthy villages, as EMRO has much experience in this that can be made available to other regions

3 3 Field Trip

An all day field trip was taken to two healthy villages in Damascus Governorate They were Al Kafrein and Jabal in Golan Governorate

The group which visited th Golan was met by H E the Governor, who gave a detailed briefing about the history and development issues of the areas.

The visits included the community school, health center, kindergarten and a small farm that had benefited from a loan Presentations were made by members of the village development committee and the children Villages appeared to have organized a well developed programme and were participating to ensure its sustainability

Annex I

WORKING GROUPS, GROUP I

1 Guidelines

It was decided that the draft guidelines to be developed as a reference technical material rather than guidelines per se The content of these guidelines does not reflect the type of information needed The information

included in the guide are not compatible with targets and purposes set to help the community to evaluate, identify the problems and selecting the appropriate solution

The group agreed that there is a need for a national healthy village guidelines The guide should contain the following subjects

Advocacy, management aspects, sustainability, fund raising aspects, gender issue, orgnaization aspects (bottom up approaches, assessment of the needs and setting up priorities, self-financing market-based projects, incom generation, village profile

2 Sustainability

The group agreed that the following approaches can be used to expand the programme in the meantime ensure sustainability

a) establishment of village council with intersectorial composition
b) The programme to be headed or under the auspices of high ranking person at the central level
c) Strengthening the community income generation and revolving funds programmes
d) To consider the health as an integral part of all aspects of infrastructure development
e) Continues capacity building (training) for all stakeholders and levels

The organization of field trips for donors and write up proposals within the interest of donors and community priority can be good actions to support funds generation

The best way to utilize the external assistance is to be used for a revolving fund, capacity building and to support activities, which endeavor towards building the programmes sustainability

The following measures were recommended for the effective resource mobilization

- Motivation of the local authorities and community
- To market-based projects and to create demand
- To use legislative approach (taxes, etc)
- Use the traditional funds
- Charity and tax
- Government seed fund

Issue 3

The group agreed that to maintain the focus at the local level can be granted through the organization setup and networking

Issue 4

There is a need to integrate and harmonize the bath concepts BDN and HIV and this must be started at the level of MOH

Issue 5

It was agreed that there is a critical need to look at the capacity building at all levels of the different categories of staff, especially on the following priorities

Reorientation rehabilitation, management low cost technology and appropriate technology and training on participatory approach, awareness on legislation, training the NGOs and community leaders to carry out assessment of the needs and planning and evaluation.

Issue 6

The best ways of sharing the experience and information is through

a- Local level
b- Exchange visits, newsletters, regular gathering
c- Organizing a reunion, market, exhibitions, and technical cooperation

Regional and Global level

Newsletter, website, yearly workshops, focally points relation, internet chatting, e-mail conferencing and promotion kits

Recommendation

Issue legislation to support the community based initiative, encourage the private sector, create different specialties in the context of CBI,

Global Level

WHO to issue a global report on healthy village achievement and consitraints, set up executive committee for healthy village advocacy and networking

Regional level

- To create periodically consultation
- To integrate the healthy village and BDN at the country and institutional level
- Enhance information exchange, ensure media support and WHO to take the initiative to coordinate and harmonize the activities in this field

ANNEX 2

COMMENTS AND RECOMMENDATIONS OF GROUP TWO:

1. GUIDELINES

a

1 G2 acknowledges the benefits of Generic EMRO Technical Guidelines

2 G2 would recommend that the Guidelines be translated into the various languages of the region

3 G2 would recommend the development of national guidelines using as a basis the Generic guidelines. Certain context-specific sections of the guidelines would need to be developed in-country, especially those dealing with issues of organization, community mobilization, political organization, local capacity, etc

4 G2 would recommend that the Recommendations of this Consultative Meeting be added to the Generic guidelines as an annex

b

1 G2 found the contents of the technical guidelines to be generally adequate

2 G2 recommends that a section on small-bore sewerage be added to the Guidelines

3 G2 recommends that the Introduction section of the Guidelines be expanded to discuss the issues of HV, BDN, community participation, Gender sensitivity of programs, etc

c

1 As in a above, G2 support the development of national HV guidelines through a process of national consensus building

2 G2 recommend that core generic guidelines be presented to the "users"' of the guidelines at the village and community levels through workshops

3 G2 recommend that national guidelines be adopted by national HV steering committee

2. SUSTAINABILITY

a

Strengthening and expanding HV programs requires marketing of the idea and concepts involved at several levels of decision-making community, local government, and central government

Effort needs to be directed at "selling" the concepts of HV to line-ministries, and encouraging them to undertake the initiative

Community participation and ownership are essential necessary elements for building and ensuring Sustainability While participation is important at all levels of the process of building and implementation of any HV program, it is crucial at the stages of decision-making and priority setting

Capacity building of all potential stakeholders needs to be addressed , in order to foster ownership and ensure sustainability

b

International funding can be generated in support of HV initiative by linking the philosophy and concepts of HV with the broader Development concepts on the agendas of major donors, such as poverty alleviation and eradication, community empowerment, Local Agenda 21 initiative, in such a way that efforts are concentrated to help rural communities, while avoiding duplication

Donors and national finance institutions should be approached through the marketing of success HV stories and experiences, and the promotion of the concepts of HV through utilizing evidence-based case presentation

For the purposes of sustainability, external funding should be well aimed and directed External funding should be used for technical assistance and local capacity building

c

Marketing of the concept and success of pilot projects to decision makers

Lobbying and advocacy by community members of more affluent members

Training of community members of fund-raising skills
Targeted taxation

3. CENTRAL SUPPORT/ LOCAL INITIATIVE

Local-level organizations should be encouraged to take an active part in national planning efforts, in order to ensure that the point of view of local communities and authorities are taken into consideration in national plans, and that their needs receive the needed support from central authorities at the earliest stages

It is the responsibility of central-level government, on the other hand, to keep local authorities and organizational levels aware and informed of general policy trends and guidelines, in order for them to be able to carry out a meaningful and relevant planning exercise

Central-level government also needs to bear the responsibility for building local capacities for needs identification, prioritization, and planning at the local level

4 HEALTHY VILLAGE/ BDN

BDN and HV initiatives are complimentary comprehensive development-oriented approaches to improving living standards for the undeserved and marginalized

While they may have several common features, especially in terms of their philosophy and overall commitment to the principle of active involvement and participation of the community, they are still in many ways two distinct approaches

It certain cases, especially where trained human resources are scarce, it may be more productive to keep the two initiatives separate, in order not to over-burden personnel.

Other countries of the regions, however, may be ready to adopt a more holistic developmental approach These countries should be left to develop their own model of CBI, which fits their local conditions and which is has attainable goals

5 TRAINING/ HUMAN RESOURCES DEVELOPMENT

Development of local human resources for HV is essential for ensuring sustainability

Training is needed for several levels

- Village committee members
- Cluster representatives
- Other village "activists"

Training priorities should include the following, with varying degrees, depending on actual situation

- Management/ administration
- HIS (planning, collection, analysis, etc)
- Communication skills
- Team-work (encouraging intersectoral collaboration)
- Financial management
- Fund raising
- Gender sensitivity
- Sensitivity to the needs of special groups
- Basic Technical Skills (determining priorities for areas for training are context-specific, depending on the perceived needs and problems of the community)
    - PHC services
    - Agriculture
    - Engineering
    - Water, etc

For the purposes of uniformity and the setting of national standards, it is recommended that training modules and training packages be developed and adopted for the various topics

Technical and financial responsibility for support of training needs to be made available by the various stakeholders, according to strengths and areas of expertise

6 Information Networking

The following issues have been identified by G2 as being important in terms of Information.

A functional user-friendly Health Information System should be established at the core of any HV program

For that, training and building of local capacities is a necessity

As a first step in building a HIS, the following need to be identified and clarified

- Why is the information needed and by whom? This is an essential step in establishing ownership
- What information and data are to be collected?
- Which form will the information be in, what are the indicators?
- What methodology for data & information collection will be used, keeping in sight the fulfillment of two objectives participation by the community & transparency of the process

Information is needed at 2 levels

- Situational analysis information would include health status, health services, environmental, social, demographic, economic, etc
- Evaluation and monitoring, both on-going and periodic

Feedback of any information and data collected must e fed back to both the community as well as to the various other stakeholders involved in the HV program This is in order to influence the decisions taken by stakeholders and the community in terms of setting priorities ad deciding on strategies.

The regular updating of the information base is necessary for ensuring sustainability Updating can take different forms Regular, on-going updating would serve to "maintain" the system, while surveys would reveal other more complicated trends and changes, such as changes in health status indicators, of in life-style practices

The dissemination of both data and the results of its analysis is an essential part of the system Dissemination can be done in a variety of ways depending on the local situation Village information centers, information bulletins, reports, mass media, etc

A mixture of several methodologies for data and information collection needs to be employed, depending on local conditions and available resources These include surveys, action-oriented research, individual discussions, group discussions (focus groups), resources available at institutions (schools, health centers, CBOs, etc)

Maintaining intersectorality is an essential element of the Information System This is needed in order to fill gaps in knowledge and to avoid duplication ad the wastage of scarce resources It is recommended that those involved in HV programs at its different stages attempt to coordinate efforts between the various sectors in order to reach a common language and understanding

Reaching inter-sectoral collaboration at village level is a relatively easy and feasible task It, however, gets more complicated at higher levels of government and at central level

It is recommended that WHO country offices take an active role in capacity building, technical assistance, information exchange, and networking

Household Information

HH information is important in order for families and individuals in the community to keep track of important events, data, changes, and views of relevance to their lives Keeping records at the level of the HH can both strengthen and benefit from a strong link with the village health worker

The importance of sensitizing community members to the significance of information and record keeping is acknowledged as being both valuable in its own right, and as a way to place responsibility for monitoring of health status and health determinants with the individual and the family

Although accurate record keeping by village families may be difficult to achieve on a large scale, it is recommended that efforts are begun in this direction through a few pilot families in pilot areas

i

Sharing of information and experiences about CBI can be carried out in a number of ways such as

- The creation of associations of healthy villages
- Involving print and mass media in coverage
- National information and coordination workshops for those agencies and organizations involved in both types of initiatives
- Programs of exchange visits for community leaders and community members to different sites of HV and BDN in their country or in neighboring countries

ii

Information exchange at the national level can be carried out in ways similar to those outlined above

Information exchange at regional level can be carried out through a number of channels

- EMRO organized meetings and workshops on specific issues
- Establishment of an information network to encourage the exchange of technical information and materials as well as the exchange of field experiences
- Exchange visit programs
- EMRO HV Newsletter or Information web site.

Information exchange at the global level can be carried out through:

- Dissemination of WHO regional reports and HV workshop findings
- WHO sponsored meetings and consultation between countries of similar experiences from different regions
- Through the establishment of an Information Office at HQ which would channel relevant country experiences, information, guidelines, and technical experience to different countries upon demand

RECOMMENDATIONS

I Sensitization, awareness raising, and capacity building of local village communities, need to be intensified An active and vocal community will be able to formulate and voice its needs and will be in a better position to participate in solving its problems Such communities would then be ready to adopt CBI including HV and BDN

II

i WHO/ EMRO should play a more aggressive lobbying and advocacy role with those countries which still have not embarked on any CBI work
ii WHO/ EMRO should adopt generic technical guidelines and disseminate to countries of the region
iii WHO/ EMRO should encourage countries to develop and adopt national HV guidelines
iv WHO/ EMRO should carry-out a Region-wide evaluation/ assessment of CBI in the various countries of the Region in order to highlight areas of strength and to benefit from past mistakes
v WHO/ EMRO should arrange for another Inter-Regional Consultation, for countries of the Region to benefit from the experience of other Regions
vi WHO/ EMRO should play a key role in information exchange

Comments and Recommendations of Group Three

Issues.

1) Guidelines

The guideline will be reference technical material to support national guidelines

- The content of the guideline is essentially acceptable, but income generation and emergency preparedness and response may be included together with a section on advocacy, organizational aspects and gender

- Apart from these issues the content seems adequate The Regional Office and countries should prepare regional and national guidelines and in principle there should be a maximum participation of other sectors than health such as developmental sectors, NGOs and UN partners

2) Sustainability

I) To strengthen and expand the healthy village program local authorities as well as the Village Development Committees should be fully involved in the planning process

II) Some on-going projects should be evaluated to give enough convincing evidence for the continuity of the national and international support

III) By awareness raising campaigns at the local level, focus group discussions and making links between healthy village projects and their activities with an improvement in the environment for investing in income generating activities, it will possible to attract the private sector to invest (tourism, small scale industries, infrastructure, etc)

3) Central Support/Local Initiative

The national government should take the lead in increasing the recognition of the key role of local government in improving the development performance in many sectors

In national and regional comprehensive development plans, the role of local government and community and partnership of NGOs should be emphasized

4) Healthy Village/BDN

For various historical, and socio-economical reasons it might be useful to experiment with both initiatives and countries encouraged to select the most appropriate tool and having both programmes in different parts of the country may encourage competition

5) Training/Human Resource Development

The training needs at all levels including for local authorities and the community should be identified. There should be a focus on in-job training This includes vocational training for building capacity for income generating activities, resource mobilization and management and other high priority issues raised by healthy villages such as development of cooperatives

6) Information Networking

The focus should be the existing set-up and information systems but they should be reoriented to provide useful information for the villagers Different modalities such as the village bulletin, information boards, community schools, mosques and churches, and traditional ways such as "callers or messengers" should be considered. The networking should have a specific focus such as networking for training, development of cooperatives or income generating activities.

Recommendations:

A comparative study of existing healthy village projects by a common evaluation team to assess relevant strengths, weaknesses and effective approaches as well as lessons learned to be available for all countries

Report of the Working Group III

The issues for discussion were emergency preparedness and response, income generation and health services

Emergency Preparedness and Response:

Definition

Unexpected disease outbreaks, injuries, natural or man-made disasters which affect the life of villagers In emergencies, the magnitude of the disaster as well as the immediate and mid-term responses should be considered

Organization

- Village Development Committee is the base for networking, arrangements and agreements with local health committee and other sectors
- There is a need to look at the training needs for local authorities as well as the community
- Use of the appropriate technology should be considered, by identifying local expertise and for emergency forecasting
- The planning process should be on participatory bases, with active involvement of the community
- Safe places should be identified
- There should be a social marketing for disaster preparedness, in case of orienting the community and building the acceptance and response capacity

Planning

- A simple matrix may be used in the planning process

	Training	Water	Food	Health	Drugs	Electricity	Sanitation
Preparedness (before disaster)							
Delivery (After disaster)							

- The present status should be assessed carefully

- There should be an information-networking set-up A regular reporting system is needed Village information Center can act as the base for this networking

- Other modalities are village bulletin, information boards in different sites of the village, community schools, mosques, churches and traditional callers

Income Generation:

Situation analysis

- The main income generating activity of the village is "Agriculture"

- There are other activities inside and outside the village, i e provision of services, construction, mining, etc

- The working opportunities inside the village are insufficient

- Majority of the villages are suffering from vast migration of the working force

- Marketing capacity inside the village is relatively poor

- There is a growing number of *literate* and unemployed women and men in the villages

- Population growth rate in the villages is still very high

- The explosion of information means there is a higher awareness and growing expectations among rural inhabitants The role of misleading and consuming oriented media should not be overlooked

- There is an urgent need for strong *operational* intersectoral collaboration.

Conceptual framework for planning

- The point of entry is the Village Developmental Council (or similar settings)

- A situation analysis should be conducted through need assessment, identifying available human, physical and financial recourses and training needs in different levels

- There should be a team building and sharing the responsibilities with related sectors (including the private sector) for addressing the new opportunities and legislation

- Villages and local community should get involved in preparation of integrated developmental plans at the district, provincial and regional levels

- Technical committees for planning at different levels can act as the points of entry

Health Services:

Group commends on the guideline were as follow

- The guideline is too general

- Reproductive health, control and prevention of communicable and non-communicable diseases, health of the elderly, health education and emergency care especially for maternity services might be included in the guideline

- Financing of health services and cost sharing should be addressed The community involvement in this respect is an important issue of concern

CONCLUSION

1- The document presently being finalized should be seen as a given technical reference document The document could be used as a basis far developing national guidelines
2- National Healthy Village Guideline should be developed Such guidelines should be written to reflect national experiences and conditions
3- The Healthy Village and the BDN programmes can proceed in a complimentary manner with the aim of integrating their common approaches and methodology
4- When developing regional district or provisional plans, the villages must be included and their impact in social-economic development recognized.
5- Income generation is a key component in improving the health of the rural populations
6- It is critical to address gender issues in all phases of the Healthy Village/BDN programme
7- Full community participation coupled with local, regional, and national resource mobilization is essential for sustainability

General Recommendations

1- The development of national guidelines for Healthy Village/BDN, should be prioritized using all available documentation This process should receive support from WHO/EMRO where appropriate
2- There is a need to develop generic guidance material covering other aspects of Healthy Village/BDN, such as organizational, management, financial and gender issues
3- To ensure sustainability of HV/BDN approaches, further advocacy and lobbing of the approach at national and international levels by WHO/EMRO highlighting successes and delivering evidence based evaluations

National authorities should evaluate the ongoing programme to assess whether a core group of permanent staff are needed to facilitate in the inputs of volunteers and community participation to ensure sustainability and stability of the project

4- Further investment is needed in capacity-building, WHO/EMRO can play an active role in developing capacity through support to national programmes and lobbying of donors

There is a need to evaluate the suitability and effectiveness of staff working in Healthy Village and technical categories in particular to assess training and re-orientation needs
Based on participatory rapid assessment, community capacity to plan, implement, manage and maintain Healthy Village projects

The concept of community engineers or similar categories of staff should be evaluated and applied in certain countries, such as Afghanistan, Yemen and Somalia as a demonstration WHO, in collaboration with interested development organizations should assist in curriculum developments, methodologies and to evaluate performance

5- These needs to be flexibility in HV/BDN approaches, although the use of certain methodologies in HV/BDN can be applied in both programmes and greater integration of a HV/BDN should be encouraged

6- Focus should be maintained on strengthening local level institutions In addition, the central administrative support should be mobilized to facilitate local level activities

7- A regional consultation undertaken every two years and an annual national meeting in each country

8- A business and technical approach should be encouraged to create viable, local based income generation schemes, which are harmonized with national development plans

9- WHO should compile all relevant material - technical, methodological and establish a web-site for the healthy village programme

10- WHO/EMRO to be the focal point for regional information network and at the national level, the lead agency for healthy villages should maintain net-working amongst participating villages