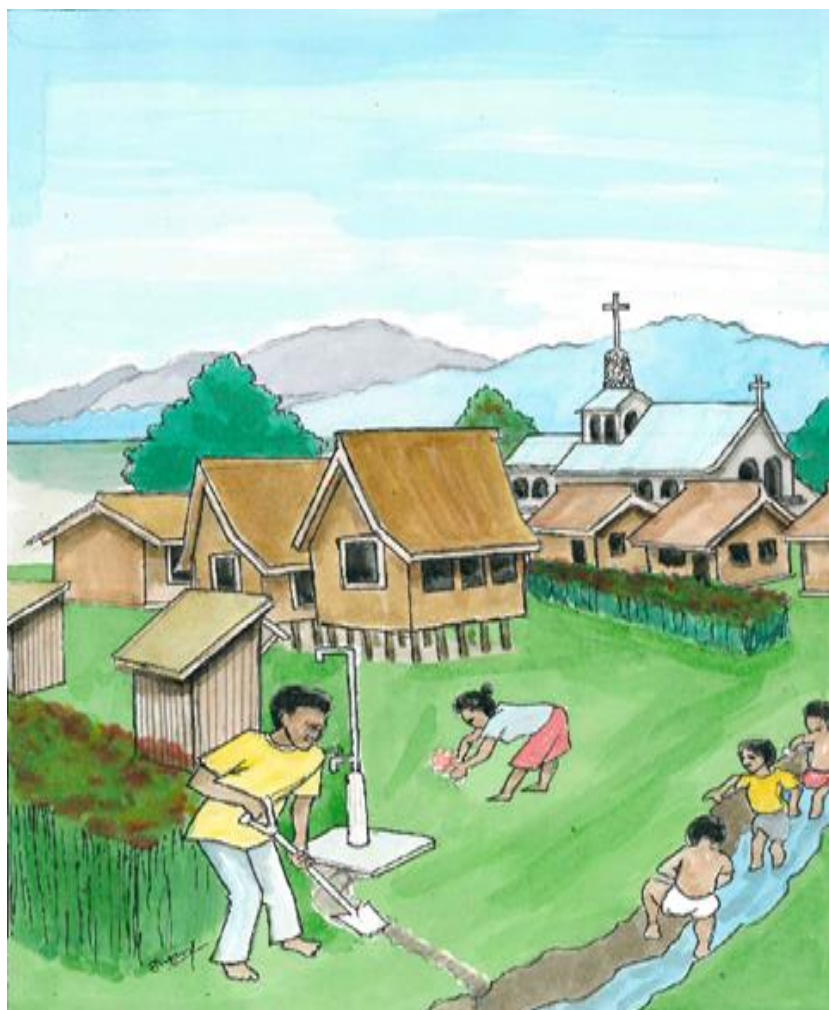


# Healthy Village Manual



**National Health Promotion Department  
Ministry of Health and Medical Services, Solomon Islands**

**May 2021**



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# 1. Introduction

## 1.1 What is the purpose of this manual?

- This manual is a revised version of the “Guidelines for Solomon Islands Healthy Village” published in February 2013. It was updated based on experience of implementation of the program throughout these years and the “Health Promoting Village Project 2016-2021” supported by Japan International Cooperation Agency (JICA) in the Ministry of Health and Medical Services (MHMS).
- It is designed as a field operation guide to roll out the Healthy Village Setting Component of the National Healthy Settings Policy and to materialise its Implementation Guideline and Progress Monitoring Framework.
- This manual will be used by the healthy village implementers, facilitators and supervisors for its effective and sustainable management.
- This manual contains practical information including methods, instructions, tools and formats.

## 1.2 Background

- In the Solomon Islands, about 80% of the population live in local traditional houses in over 5,000 villages. Living conditions in these villages present health risks. Low standard of living and lifestyles in the villages contribute to the persistent occurrence of health problems.
- People in the Solomon Islands live longer than a few decades ago but continue to experience health issues. Although there are less communicable diseases such as malaria and diarrhoea, non-communicable diseases including diabetes, hypertension and stroke, are on the rise.
- Persistent happening of health problems is caused by poor lifestyles, living conditions and environments.
- **The Healthy village approach addresses these determinants of health by changing the environment and behaviour.** This approach oriented by the local health services empowers community leadership, creates ownership and enhances community participation, so that these self-driven villages are able to promote and protect people’s health.

### **1.3 What is healthy settings?**

The concept of healthy settings was formed during the Ottawa Health Promotion Conference in 1986 that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and live” (WHO 1986). It was adapted in the Healthy Island’s Yanuca declaration in 1995. The healthy settings approach promotes people in settings such as villages, towns, workplaces, schools, markets and health facilities, to identify priority health issues, satisfy the impeding or unmet needs and improve the environment in a participatory and corporative manner. In 1998, the Solomon Islands began Healthy Settings efforts in some villages, schools and markets.

### **1.4 What is a Solomon Islands healthy village?**

The definition of a village in the Solomon Islands is a single distinct geographic area with households whose residents usually share the common goals, interests and values. It is not an area or community that contains a number of villages. The nearby settlement can be considered as part of the village if the residents share the common goals, interests and values.

A “healthy village” is a setting with individual, family and communal wellbeing and with people living in a peaceful, harmonious social environment. People experience access to safe drinking water, proper sanitation, organised committees, socio-economical and spiritual support, clean environment, no roaming animals, food security, physical activities, free from violence and substance abuse, basic health care services and low disease prevalence. A healthy village continually creates and improves those physical and social environments, expanding community resources to enhance sustainability (National Healthy Settings Policy 2021).

### **1.5 What is the healthy village program?**

The “Healthy Village Program” is a process of enabling people to take control of their own health and wellbeing with mutual support. It promotes mental, physical, social, spiritual and financial well-being of the community. The Program is there to assist the community to assess and prioritise their health needs and help them to find and undertake their own solutions, on occasion supported by health programs and stakeholders. After all, it addresses the determinants of health in a village, which are the root causes of health issues and also triggers for changes in the enabling environments and behaviours. Since it is not a onetime intervention; community members are encouraged to continuously update and implement their action plan to improve health status and wellbeing.

## **Concept and Approach**

- Ministry of Health and Medical Services (MHMS), through the National Health Promotion Department, has developed the healthy village program based on the healthy settings concept, which focuses on places of everyday life where people live, learn, work and play (Ottawa Chart, 1986).
- The settings approach aims to accomplish the Healthy Islands Vision agreed among all Pacific Island countries in the Yanuca Declaration in 1995:
  - children are nurtured in body and mind
  - environments invite learning and leisure
  - people work and age with dignity
  - ecological balance is a source of pride
  - the ocean which sustains us is protected

## **1.6 National Healthy Settings Policy**

The National Healthy Settings Policy materialises the healthy settings parts of the MHMS's National Health Promotion Policy. The Policy consists of the Ministry's specific settings components that include the Healthy Village, Health Promoting School, Healthy Marketplace, Healthy Workplace and other elemental settings which are yet to be put together.

## **1.7 Healthy Village Setting Component of the Policy**

The Healthy Village Setting Component of the National Healthy Settings Policy aims to promote the health and wellbeing of people in the villages by enhancing their knowledge on health-related issues, capacity to make informed decisions, healthy practice and living in a clean healthy environment. It is implemented through the healthy village program.

- The healthy village program is one of the healthy settings programs mandated by the National Healthy Settings Policy and managed by the National Health Promotion Department and the Provincial Health Promotion Department of MHMS.
- In the Solomon Islands, the ideas of healthy village, healthy school and healthy marketplace settings have been explored sporadically on a project basis since the late 1990s and concretised as components of the National Healthy Settings Policy in 2021.
- The Healthy Village Setting Component pledges the rollout of the healthy village program throughout the country and provides an Implementation Guideline and a Progress Monitoring Framework.

## 1.8 Management structure

### 1) National level

- MHMS, through the National Health Promotion Department, is responsible for rollout of the Healthy Village Setting Component of the National Healthy Settings Policy i.e. the healthy village program.
- Because health is multifaceted, e.g. physical, mental, social and spiritual, and is a resource for everyday life which influences all sectors, it is important to unite efforts among multiple stakeholders and partners.
- To this end, MHMS established a multisectoral team “the National Healthy Settings Coordinating Committee and its steering committee appointed as Healthy Village Steering Committee” who advocates and oversees the policy implementation (Figure 1).

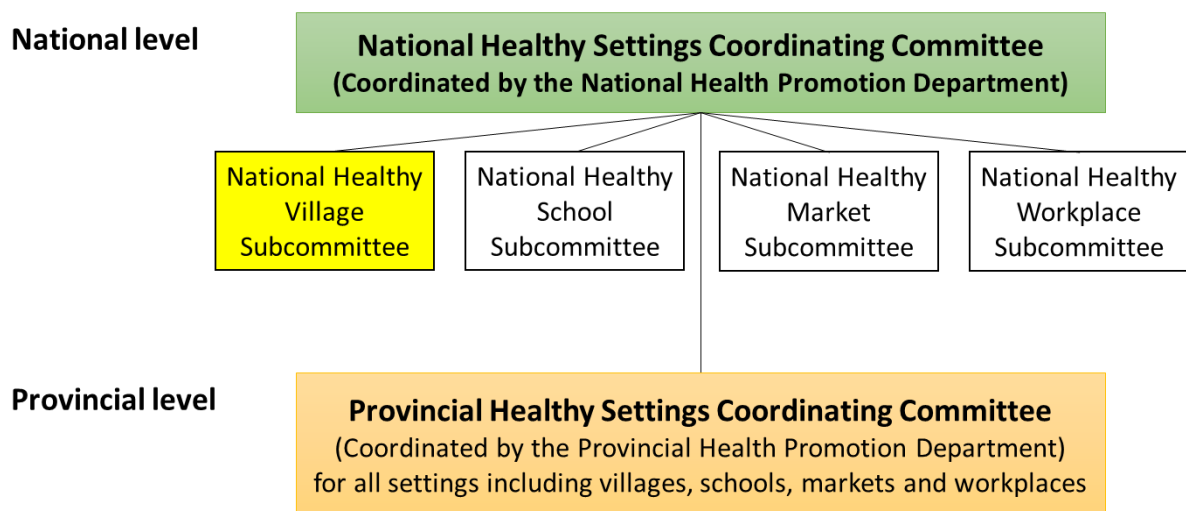


Figure 1. Organisational structure of the Healthy Settings Committees

### 2) Provincial level

- “The Provincial Healthy Settings Coordinating Committee” will also consists of multisectoral stakeholders including government ministries NGOs, CBOs and FBOs.
- The Provincial Healthy Settings Coordinating Committee through respective subcommittees or taskforces plans and manages overall implementation and monitoring of the healthy village program in each province.
- The National Healthy Village Steering Committee coordinates resources and efforts and provide technical advice to the provinces.



### 3) Ward Level - AHC/RHC

- The Ward Development/Health Committee (WD/WHC) will have representatives from the Area Health Centre (AHC), Ward representatives, community chiefs, field extension government officers, retired public officers and church representatives.
- The Ward Development/Health committee can have representatives from the Rural Health Centre (RHC) and Village Health Committee (VHC) in the community as members.
- Health centres, wards, churches and others who provide services to the villages will collaborate and facilitate implementation of the healthy village program.

### 4) Community Level

- Each village identifies members from the existing systems (e.g. Village Health Committee, Health Clinic Committee, Healthy Village Promoters), who would lead and manage implementation of the healthy village program.
- Villagers join the healthy village program and take actions individually and collectively to improve health.
- See Annex 1 for roles and responsibilities of key actors in Health Village Program.

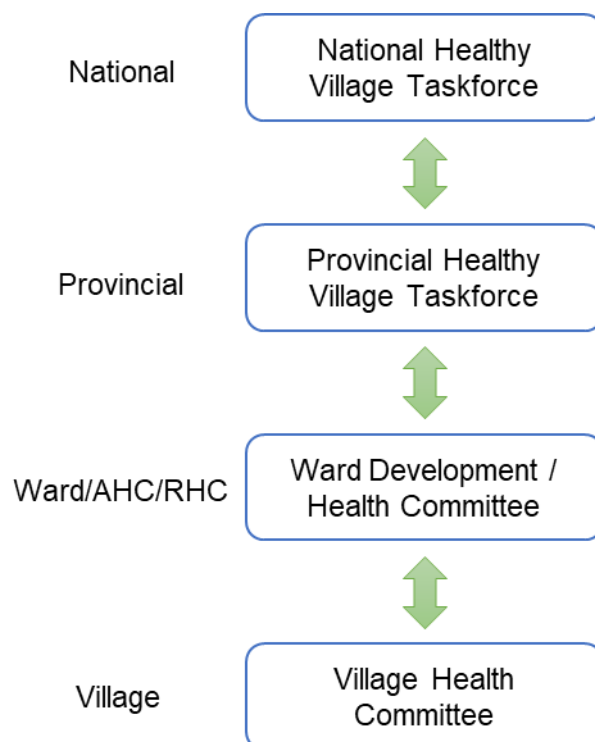


Figure 2. Key groups in management of the healthy village program

## **2. Implementation management**

### **2.1 Preparatory phase**

#### **1) Establishing a management team**

- A team should be organised as part of the Provincial Healthy Settings Coordinating Committee and led by the Health Promotion Department of the Provincial Health Office.
- It is important to establish a multisectoral team with members from relevant institutions and organisations from the initial stages: joint efforts will create momentum, provide supportive environment and facilitate implementation.

#### **2) Selecting target areas**

- It is recommended that the healthy village program is initially established in a small area, so that the team and villages can learn through experiences.
- Target villages may be selected by the team in consultation with other health workers in the Provincial Health Office and health centres.
- The following criteria may be used to select villages:
  - Those with pledge willingness to have the healthy village program in their community (e.g. request letter, public announcement).
  - Located in remote and hard to reach area.
  - Accessible to a health centre but with high incidence and prevalence of diseases such as malaria, diarrhoea, skin diseases and NCDs.

#### **3) Developing an overall plan**

- Overall planning allows the team members and relevant stakeholders to share ideas and construct a roadmap effectively.
- Initial discussions may include projection of vision, mission and values, SWOT (Strength, Weakness, Opportunity, Threat) analysis (Annex 2. SWOT analysis).
- The implementers may develop an overall (long-term) plan with SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives (Annex 3. Planning format).
- Knowing the current situations is necessary in overall planning. Health related information can be obtained in the Provincial Health Office, Health Centres and villages.
- Wider consultation with different sectors, organisations and communities allows better understanding of social determinants of health and is pivotal to the development of an evidence based overall comprehensive plan.

- It is important to review existing policies, strategies, plans and initiatives at all levels, since they may provide opportunities to reinforce plans, resources and management. Such inquiries may also be made to the Provincial Healthy Settings Coordinating Committee.

#### 4) Designing a strategy

- In designing a strategy for the healthy village program, the five Actions Areas of Health Promotion may be utilised:
  - Build Healthy Policy - develop community's own simple rules.
  - Create Supportive Environment - create clean, safe and joyful village environment.
  - Strengthen Community Action - develop and implement community's own action plan.
  - Develop personal skills - empower the community with necessary skills and knowledge.
  - Reorient Health Services - move in a health promotion direction beyond clinical and curative service.

#### 5) Training facilitators of the healthy village program

- The Provincial Health Office team will train facilitators, who are nurses in health centres and representatives from Wards, churches and others, who will subsequently train, orient and support village leaders and committee members.
- Three (3) days training will consist of 5 modules (Annex 4. Training agenda for facilitators):
  - [1] Registration, Opening program, Introduction of Participants and Course Objectives (1.5hr)
  - [2] Health status in the Solomon Islands (1.5hr)
  - [3] Major causes and impacts on Health in Solomon Islands and Provinces (3.5 hrs)
  - [4] Healthy settings concept, policies and progress (2 hrs)
  - [5] Healthy village program (6 hrs)
    - Healthy Settings Policy, manual, structure and experiences
    - Program management
    - 6Ds Healthy Settings Approach
    - (6) Monitoring, evaluation and learning (2hrs)
    - Management of tools and materials
  - [6] Communication skills (1.5 hrs)
  - [7] Basic health service delivery for and with the community (2 hrs)

## **2.2 Implementation phase**

### **1) Orienting the community leaders**

- At the first community wide meeting, the facilitators will orient the community leaders about the healthy village program. This will include advocacy of the Government's vision and policy, the benefits for the community and commitment required. Key messages are:
  - the healthy village program facilitates improvement of the living standard and quality of life, by understanding the root causes of problems and changing the causal environment and behaviour.
  - the program is a community-driven and self-sustainable initiative. Its progress and success will entirely depend on their commitment.
  - this program requires certain responsibilities to be performed on a voluntary basis.
  - volunteers who look after the welfare of the community must be supported by the community.
  - the facilitators' roles are to provide them with information, tools and technical support for the program implementation.

### **2) Organising the Village Health Committee (VHC)**

- It is important to organise the target villages, building upon locally existing and functional social structures.
- To effectively implement a healthy village program, facilitators must assist the community to establish a village health committee (VHC), if it does not already exist.
- Members of the village health committee will be the leaders for the healthy village program.
- Larger villages may be divided into smaller zones; each consisting of 20-30 households. Village health committee members may be selected from each zone to facilitate and manage the program.
- The members should be selected in such a way to represent 20-30 households to cover all households of the village.
- The members should consist of roughly equal numbers of males and females to ensure inclusive program implementation.
- The VHC members must be trained and empowered with clear responsibility to look after the welfare of their community.

### **3) Selecting the Healthy Village Promoter (HVP)**

The village health committee members will choose representatives of the committee who will coordinate with the local health centre.

- This committee member may be called the Healthy Village Promoters (HVP).
- Healthy Village Promoters will be selected based on the following criteria:
  - Age: 18 years old or above
  - Enthusiasm: willing to work for a long time
  - Resident: permanent resident of the village
  - Education level: primary education or higher
  - Marital status: married/single women or men, who would be less likely to leave the village.
  - Gender: preferably equal number of females and males
  - Must undergo basic health check and must be healthy
  - Community acceptance: recommended by the Village Health Committee, recognised culturally and spiritually and accepted by the community

### **4) Training the community leaders**

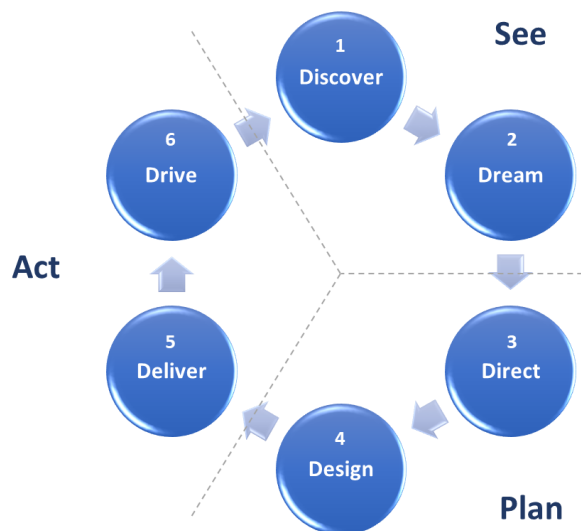
- The trained facilitators of the healthy village program in health centres, wards, churches and others will train, orient and facilitate village health committee members and other key community leaders.
- Two (2) days training will consist of 2 modules (Annex 5. Training agenda for community leaders):
  - [1] Registration, opening program, introduction of participants and training objectives (1 hr)
  - [2] Health status of the Province and rural communities (1hr)
  - [3] Main causes and impacts of Health Problems in the communities (2 hrs)
  - [4] Healthy village program (13.5hr)
    - Healthy Settings Policy, structure and experience
    - Community development and organisation
    - Program planning and implementation
    - 6Ds Healthy Settings Approach
    - Village mapping and profiling
    - Development of Village Action Plan
    - Resource Mobilisation

- Tools and materials
- Monitoring, evaluation and learning

Basic Health Service delivery for and with the community

## 5) Intervening with the Healthy Settings Approach to “See, Plan, Act”

- After the preparation of community leaders, it is time for them to analyse the situation of their own village, plan and take actions.
- To implement the healthy village program, community leaders should be familiarised with Healthy Settings 6Ds Approach
- In 6Ds approach in principle, there are 3 cyclic stages - “See, Plan, Act”



<b>See</b>	[1] <b>Discover</b>	know the community through mapping and profiling
	[2] <b>Dream</b>	create a vision of healthy village
<b>Plan</b>	[3] <b>Direct</b>	set priorities and objectives
	[4] <b>Design</b>	develop a community action plan
<b>Act</b>	[5] <b>Deliver</b>	implement collectively the action plan
	[6] <b>Drive</b>	monitor, evaluate and update the action plan

### [1] Discover

Facilitators will introduce the importance of mapping the village situation through transect walk and collection of essential data including the environmental and health problems faced by the community. It is important for the people to be part of the mapping and profiling of their own village.

- Community mapping allows visualisation of the current situation of the whole community on a piece of paper.
- The map should include key data of each household such as the number of

residents, accessibility to safe water and sanitation and community information such as schools, rivers and protected areas (Annex 6. Example of a community map).

- After completing a community map, a village profiling format should be filled using the data recorded on the map, data from the household and from the clinic (Annex 7. Village profiling form).
- It is useful to establish a baseline of the village situation holistically by referring to the Progress Monitoring Framework of the Healthy Village Setting Component (Annex 8. Progress Monitoring Framework)

## **[2] Dream**

Facilitators will guide the community to discuss their ideal future of village and create a shared vision, which would most likely be free from problems identified in the village mapping.

- It is important to freely share and discuss ideal future of the village among a variety of individuals; men, women, youths and elderlies.
- Asking leading questions helps drawing clearer pictures. E.g., What kind of lifestyle are you living? How does your house look like? What do you see along the seaside? How do you feel about your village?
- A shared vision may be readily created by first identifying keywords, which people want to experience or see in the ideal village. Then, those keywords may be arranged into a sentence or a phrase (Annex 9. Writing a vision statement).
- People may draw a picture of their dream village.

## **[3] Direct**

Facilitators will facilitate setting priorities and goals. Accompanying the community in this process will raise their confidence and motivation.

- This is a process to draw a roadmap to the ideal future village. People in the village will be better oriented by setting milestones or smaller goals on the way.
- Because time and resources are limited, action areas need to be organised in the order of importance and urgency.
- A roadmap or plan should be developed by the community leaders in consultation with other key members of the community and the facilitators.

## **[4] Design**

Facilitators will assist in development of village action plans. It is important to discuss how the community can achieve their goals and sustain activities with limited time and resources.

- Each community will develop their own action plan to reach small goals on the roadmap. Action plans may be developed per zone or per village. What is important is the plan is feasible for the village.

- An action plan describes exact details; e.g. tasks, responsible persons, periods, places, tools, resources, goals (Annex 3. Planning format).
- An action plan should be approved by the community. It is advisable to arrange activities in such a way to increase participation making them attractive and avoid collision with other events and festivities.
- Village regulations or rules may be developed to encourage commitment, prompt changes or prohibit certain behaviours.
- Facilitators may provide the village leaders with a list of possible NGOs and donors for support with project request templates.
- Facilitators may also link the VHC with the government ministries at the provincial level for possible support for the community action plan.

### **[5] Deliver**

Facilitators especially clinic nurses and health promotion officers will create a large driving power to start the health village program by accompanying VHCs and HVPs at their initial health awareness talks to the people.

- Villagers implement their action plan all together. The higher the number of participants and their commitment levels, the more difference the village will make.
- Facilitators should further orient the community leaders on tools, materials and information for the healthy village program, if necessary.
- It is important that each villager knows and executes their responsibility, and helps others by taking actions together, sharing tools and providing moral support.
- Action plans should be respected at all times, but sometimes should also be adjusted to the emerging needs.
- Efforts in taking actions are more likely to be sustained when broken into smaller amounts, appreciated by people and worked with joy.
- Presence of the facilitators, particularly nurses from the local health centre, is always encouraged to give confidence and motivation to the community leaders.

### **[6] Drive**

Facilitator will support monitoring and reporting of progress to the health service, as well as reviewing and updating of village action plans.

- Community leaders discuss progress on a regular basis, also monitor and evaluate overall progress of their action plan periodically e.g. 6 months, end of the year.
- Recording performance of the healthy village program (e.g. number of clean up campaigns, number of households with toilets) will allow to keep track on progress (Annex 10. Village annual reporting form)
- Feedback from villagers and facilitators to VHCs and HVPs will also be helpful in understanding changes, challenges and chances to improve.



- Facilitators should also provide technical and moral support to the community leaders on a regular basis.
- In the event that the community have difficulties in finding solutions themselves, they may seek advice from the facilitators or the Provincial Healthy Settings Coordinating Committee.
- Importantly the progress should be shared and celebrated with the villagers, so that working together for the healthy village program becomes more joyful and encouraged.

## **6) Monitoring, evaluation and learning by facilitators**

- It is the facilitators' responsibility to monitor implementation progress of the healthy village program through analysis of annual reports from the villages and communication with the community leaders; e.g. regular outreach by nurses in health centre and monitoring visit by ward members.
- Local health centres are in position to provide the villages with technical support, especially health data as feedback to their efforts, so that changes in disease incidences (e.g. malaria, diarrhoea, hypertension cases) and health status may be observed.
- Supportive supervision should be carried out by the provincial management team, the Provincial Health Office professionals and members of the Provincial Healthy Settings Coordinating Committee at least on an annual basis.
- The Provincial Health Promotion Department is responsible for developing an annual report with progress data and good practices and submitting it to the National Health Promotion Department in MHMS (Annex 11. Provincial annual reporting form).

## **7) Declaration of Healthy Village**

To certify achievements and declare the village as a healthy village, facilitators at provincial and Ward level with the VHC will jointly conduct an assessment of the healthy village program using the Progress Monitoring framework for the village program.

- When the assessment results revealed that the village has attained the phase 4, it is declared as a Healthy Village.
- To enhance sustainability, facilitators will continue to liaise and dialogue with the community and stakeholders for the support and maintenance of the healthy village programs into the future.
- Progress of each village is categorised on the basis of achievement in components listed in the Progress Monitoring Framework (Annex 8).

	Phase 1	Phase 2	Phase 3	Phase 4
Category	Small progress to a healthy village	Halfway to be a healthy village	Almost becoming a healthy village	Healthy village
Criteria	Achieved goals in 5 components of phase 1	Achieved goals in 5 components of phase 2	Achieved goals in 5 components of phase 3	Achieved goals in 3 components of phase 4

- The village health committee should be provided with the Monitoring Framework at the initial training and will invite evaluators (healthy village facilitators) once each phase is considered to be achieved.
- The phase 4 healthy village evaluation will be conducted by both healthy village facilitators and the provincial health promotion officers.
- Villages which achieve all components of the phase 4 will be certified as a healthy village by the Provincial Director of Health.
- Certified healthy villages must annually evaluate the status themselves and report it to their facilitators. If facilitators find the status underachieving the criteria, the village will be decertified and degraded to the corresponding phase.

## 2.3 Maintenance phase

### 1) Resource mobilisation and management

- Local resources to support the healthy village program can be obtained within the communities. The community through the Health Committee should organise ways and means of mobilising the people to fundraise and contribute resources to conduct some small activities in the action plan.
- For larger-scale activities, facilitators of the healthy village program will orient how to write request letters for assistance to donors at provincial and national level. Examples include the Rural Water, Sanitation and Hygiene (RWASH) Program of the MHMS and the Rural Development Program.
- Community leaders may seek support from the Members of Parliament (MP) and the Ministry of Rural Development for the use of the Rural Constituency Development Fund (RCDF) and the Provincial Ward grant to support the healthy village program.
- Resource management at the community level is also important, for example, by using an inventory book of whatever tools obtained from health programs, donors and stakeholders.

- To roll out and enhance sustainability of the healthy village program, the national and provincial health programs must allocate resources through their Annual Operation Plans. The Provincial Health Promotion Department may also coordinate with the Non-Communicable Diseases Unit to utilise the Healthy Lifestyle Promotion Fund (HLPF) in the MHMS.

## **2) Incentive**

- All villagers participate voluntarily as part of their community work. Yet, more commitment is required for the Village Health Committee members, who are leaders and managers of the healthy village program. Each village may decide how to support, motivate and incentivise them.
- Most people find recognition and appreciation, as encouragement to service for the community. These sentiments may be expressed by words of thanks, small gifts from the garden, kitchen or nature and so on.
- Other ways to encourage community leaders are to accompany during the process, to provide them with feedback with constructive ideas, to invite visitors, to organise a healthy village competition and to give opportunities for further learning or training.

## **3) Further training and support**

- Continuous capacity building is necessary in the healthy village program.
- Provincial Health Officers are responsible for providing technical advice, updated knowledge and feedback to nurses, as well as training of new nurses.
- Likewise, nurses are in position to continually train and support the Village Health Committee members with technical advice, updated knowledge and feedback; e.g. through regular meetings at the health centres.
- Provincial Health Officers may support the healthy village program through enforcement of certain laws such as the Environmental Health Act, Tobacco Control Act and Pure Food Act and bi-laws; e.g. environmental clean-up, natural resource management.

## **4) Sharing best practices and lessons**

- At the field level, it is effective to learn knowhow through exchange visits. Seeing it is believing it. Questions can be asked directly to different villagers who are both implementers and beneficiaries.

- Seeing a model village also facilitates building a more concrete idea of one's future village. Exchange visits between villages will certainly motivate both parties.
- At the institutional level, documenting and sharing best practices of the healthy village program will encourage collective learning and progress, and also motivate the stakeholders.
- Provincial Health Officers should document practices and share them with nurses and health promotion officers, the Provincial Healthy Settings Coordinating Committee and other stakeholders in occasions such as meetings in the Provincial Health Offices, the Provincial Government and the National Healthy Settings Conference.
- The National Healthy Settings Coordinator is responsible for compiling and documenting best practices from all provinces of the country and presenting them in meetings such as the National Healthy Settings Conference and the Ministry of Health National Health Conference.

#### **5) Involving aid donors and non-state actors**

- Aid Donors/funding agencies and Non-State Actors including Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs), are encouraged to join the healthy village program.
- It is important for external stakeholders to take part in the National Healthy Settings Coordinating Committee or Provincial Healthy Settings Coordinating Committee to be involved in the whole process of planning, implementation and monitoring of the healthy village program.
- The program must be implemented in accordance with the National Healthy Settings Policy, its implementation guideline and manual, and in coordination with the MHMS and the National / Provincial Healthy Settings Coordinating Committees.
- It is advisable to obtain relevant Memorandum of Understanding (MOUs) with the National Health Promotion Department, MHMS, and provincial authorities.

# Annexes

## Annex 1. Roles and responsibilities of key actors in Health Village Program

### National and Provincial Level

	<b>Coordination and Organisation</b>	<b>Policy formulation/ planning/ budgeting</b>	<b>Implementation/ Training</b>	<b>Monitoring/ supervision</b>	<b>Analysis/ Report/ Documentation/ Recognition</b>
<b>National level</b>	<ul style="list-style-type: none"> <li>- Manage the National Healthy Setting Coordinating Committee (Coordinate/ collaborate among different divisions: Malaria, Environment, RCH, Nursing, etc./Other ministries/ Provincial offices / Related organisations: SICA, SSEC, WV, etc./Other countries)</li> <li>- Liaise with potential partners and stakeholders for support (to respond to request from the village via Provincial Health Promotion Department)</li> <li>- Advocate for support all levels</li> </ul>	<ul style="list-style-type: none"> <li>- Develop and contextualize legal framework and policy for Healthy Settings/ Village</li> <li>- Establish clear roles and responsibilities of members, partners, NGOs etc.</li> <li>- Budget (allocate/ reallocate funding) for Healthy Settings</li> </ul>	<ul style="list-style-type: none"> <li>- Develop supporting guidelines for training and supervision</li> <li>- Train Provincial Health Officers</li> <li>- Provide technical advice</li> </ul>	<ul style="list-style-type: none"> <li>- Develop and integrate supervision tools/ systems</li> <li>- Visit the province at least once a year to review, support and strengthen the Healthy Village strategy</li> </ul>	<ul style="list-style-type: none"> <li>- Review the Healthy Village strategy and guidelines, and report to the PS and National Healthy Settings Coordinating Committee (every six months)</li> <li>- Document best practices of Healthy Village</li> <li>- Organise the Healthy Settings Conference (every two years)</li> <li>- Present at the National Health Conference</li> </ul>

	<b>Coordination and Organisation</b>	<b>Policy formulation/ planning/ budgeting</b>	<b>Implementation/ Training</b>	<b>Monitoring/ supervision</b>	<b>Analysis/ Report/ Documentation/ Recognition</b>
<b>Provincial Level</b>	<ul style="list-style-type: none"> <li>- Establish the Provincial Healthy Settings Coordinating Committee (coordinate among different divisions and: Malaria, Environment, RCH, Nursing, etc. and collaborate with Provincial Government, church associations and related organisations)</li> <li>- Liaise with potential partners (request forms from the villagers through HPOs)</li> <li>- Advocate for support all levels</li> </ul>	<ul style="list-style-type: none"> <li>- Budget (allocate/ reallocate funding) Healthy Settings in AOP</li> <li>- Post Health Promotion Officers (HPOs) to all AHCs</li> <li>- Post strategically nurses to AHCs/ RHCs in coordination with National Nursing Department</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct Training of trainers (TOT) on Healthy Settings for all health workers and other partners (Information management, Health issues, Community development)</li> <li>- Organise a meeting (at least once a year) for Provincial Healthy Settings Coordinating Committee including HPOs and nurses</li> </ul>	<ul style="list-style-type: none"> <li>- Visit the selected target villages every six months to monitor and support nurses and HPO</li> </ul>	<ul style="list-style-type: none"> <li>- Analyse annual reports</li> <li>- Report to the National level (annually)</li> <li>- Feedback to HPOs (stationed at AHCs), nurses and villages (annually)</li> <li>- Document best practices of Healthy Village</li> </ul>

### Health Facility Level

	<b>Coordination and Organisation</b>	<b>Policy formulation/ planning/ budgeting</b>	<b>Implementation/ Training</b>	<b>Monitoring/ supervision</b>	<b>Analysis/ Report/ Documentation/ Recognition</b>
<b>a) Nurses (AHC/ RHC)</b>	<ul style="list-style-type: none"> <li>- Work in close collaboration with health promotion officers, public health officers and other partners</li> <li>- Coordinate with village leaders, village committee and church leaders</li> </ul>	<ul style="list-style-type: none"> <li>- Budget (allocate/ reallocate funding) Healthy Village activities in AOP</li> </ul>	<ul style="list-style-type: none"> <li>- Carry out the initial training of VHCs and HVPs</li> <li>- Provide regular mini-training sessions at the clinic (AHC/ RHC) for VHCs/ HVPs</li> <li>- Conduct outreach activities</li> </ul>	<ul style="list-style-type: none"> <li>- Organise monthly meetings with HVPs</li> <li>- Conduct outreach activities</li> </ul>	<ul style="list-style-type: none"> <li>- Analyse annual reports</li> <li>- Manage data and report to Provincial Health Promotion Office (annually)</li> <li>- Feedback to villages (annually)</li> </ul>

	<b>Coordination and Organisation</b>	<b>Policy formulation/ planning/ budgeting</b>	<b>Implementation/ Training</b>	<b>Monitoring/ supervision</b>	<b>Analysis/ Report/ Documentation/ Recognition</b>
<b>b) Public health officers stationed at AHC</b>	<ul style="list-style-type: none"> <li>- Liaise with Provincial Health Promotion office, nurses and other partners to respond to various community needs.</li> <li>- Coordinate with village leaders, village committee, church leaders and other relevant community groups</li> </ul>	<ul style="list-style-type: none"> <li>- Budget (allocate/ reallocate funding) Healthy Village activities in AOP</li> </ul>	<ul style="list-style-type: none"> <li>- Carry out the initial training of VHCs and HVPs</li> <li>- Support nurses to conduct outreach activities for health promotion</li> <li>- Provide technical advice to nurses, community leaders and partners</li> </ul>	<ul style="list-style-type: none"> <li>- Support nurses to monitor the progress of healthy village activities as stated above</li> <li>- Implement supportive supervision (e.g. provision of materials, tools, mentoring and coaching)</li> </ul>	<ul style="list-style-type: none"> <li>- Assist nurses for data compilation and analysis</li> <li>- Manage data and report to Provincial Health Promotion Office</li> <li>- Collect good practices and stories to be shared among the village (documentation of the activity)</li> </ul>
<b>Ward Development Committees</b>	<ul style="list-style-type: none"> <li>- Coordinate with MPAs and MPs responsible for community</li> <li>- Coordinate with Provincial Health Promotion officers, nurses and other partners</li> <li>- Coordinate with Health Promotion Officers, Nurse Manager, Church Groups and government extension officers</li> <li>- Advocate for support from Chiefs and groups in the Ward area.</li> </ul>	<ul style="list-style-type: none"> <li>- Budget allocation for Ward development, reallocated for Healthy Village programs</li> <li>- Negotiate PCDF budget be reallocated for Healthy Village</li> <li>- Assist identify local resources in the Ward neighboring villages</li> </ul>	<ul style="list-style-type: none"> <li>- Assist to carry out initial training of VHCs and HVPs</li> <li>- Support nurses and AHC team to conduct outreach activities in the villages</li> </ul>	<ul style="list-style-type: none"> <li>- Implement supportive supervision with AHC team to the village</li> <li>- Support church leaders and chiefs to supervise activities in the village</li> </ul>	<ul style="list-style-type: none"> <li>- Assist the nurse to monitor healthy village program.</li> <li>- Help nurses to collect data from the village.</li> <li>- Advocate good practise to community groups in other villages in the Ward.</li> </ul>



## Community/Village Level

	<b>Coordination and Organisation</b>	<b>Policy formulation/ planning/ budgeting</b>	<b>Implementation/ Training</b>	<b>Monitoring/ supervision</b>	<b>Analysis/ Report/ Documentation/ Recognition</b>
<b>a) Healthy Village Promoters (HVPs)</b>	<ul style="list-style-type: none"> <li>- Liaise with nurses and HPOs on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop action plans</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct health awareness talks</li> <li>- Monitor priority health issues (e.g. tracking overweight/ obese and children's weight)</li> <li>- Implement the action plans</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor activities and progress</li> </ul>	<ul style="list-style-type: none"> <li>- Manage data and annual reporting to nurse (closest health facility)</li> </ul>
<b>b) Village Health Committee (VHC)</b>	<ul style="list-style-type: none"> <li>- Coordinate with ward members, church leaders, village chiefs, and other organisations</li> <li>- Organise regular VHC meetings (at least once a month)</li> </ul>	<ul style="list-style-type: none"> <li>- Develop action plans</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct health awareness talks</li> <li>- Support the activities of HVPs</li> <li>- Feedback progress/ results (impact) to the community</li> </ul>	<ul style="list-style-type: none"> <li>- Review (evaluation) and feedback to the community</li> </ul>	<ul style="list-style-type: none"> <li>- Collect good practices and stories to be shared among the villagers (documentation of the activity)</li> </ul>
<b>c) Health Clinic Committee (HCC)</b>	<ul style="list-style-type: none"> <li>- Liaise with nurses</li> </ul>	<ul style="list-style-type: none"> <li>- Support maintenance plans of the clinic</li> </ul>	<ul style="list-style-type: none"> <li>- Support maintenance of the infrastructure of the clinic / staff house / environment / water</li> <li>- Discuss health issues in the community (as a messenger to the community)</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor health service provision at the health centre</li> <li>- Review (evaluation) and feedback to the community</li> </ul>	<ul style="list-style-type: none"> <li>- Report to Provincial health Authority</li> </ul>
<b>d) Ward Members</b>	<ul style="list-style-type: none"> <li>- Coordinate with Village Health Committee (VHC)</li> <li>- Liaise with the MP</li> </ul>	<ul style="list-style-type: none"> <li>- Allocate funds to support healthy village activities</li> </ul>	<ul style="list-style-type: none"> <li>- Incorporate training package for existing Provincial community Governance Regime</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor community development activities</li> </ul>	<ul style="list-style-type: none"> <li>- Report to the MP and Provincial Executive</li> </ul>

## Annex 2. SWOT analysis

SWOT analysis is useful to identify characteristics of the team and surrounding factors. Team members share and discuss their strengths, weaknesses, opportunities and threats.

	<i>Helpful</i> <i>(to achieving the objective)</i>	<i>Harmful</i> <i>(to achieving the objective)</i>
<i>Internal origin</i> <i>(attributes of the team)</i>	<b>S</b> trengths	<b>W</b> eaknesses
<i>External origin</i> <i>(attributes of the environment)</i>	<b>O</b> pportunities	<b>T</b> hreats

**Internal factors** are those possible to manage, such as:

- Human resources - staff, volunteers, groups, team members, target population
- Physical resources - your location, building, equipment
- Financial - funds, funding agencies, other sources of income
- Activities and processes - programs you run, systems you employ
- Past experiences - building blocks for learning and success, your reputation in the community

**External factors** are those difficult to control, such as:

- Future trends in your field or the culture
- The economy - local, national, or international
- Funding sources - foundations, donors, legislatures
- Demographics - changes in the age, race, gender, culture of the target population
- The physical environment
- Laws, regulations
- Local, national or international events

### When to use SWOT

- Explore possibilities for new efforts or solutions to problems.
- Make decisions about the best path for your initiative. Identifying your opportunities for success in context of threats to success can clarify directions and choices.
- Determine where change is possible. If you are at a juncture or turning point, an inventory of your strengths and weaknesses can reveal priorities as well as possibilities.
- Adjust and refine plans mid-course. A new opportunity might open wider avenues, while a new threat could close a path that once existed.

Source: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>

### Annex 3. Planning format

SMART (Specific, Measurable, Achievable, Relevant and Time-bound) are useful criteria in goal setting. They allow the team to clarify ideas, focus efforts, use time and resources productively and increase chances of achieving the goal.

- Specific – target a specific area for improvement.
- Measurable – quantify or at least suggest an indicator of progress.
- Achievable – it can be done.
- Realistic – state what results can realistically be achieved, given available resources.
- Time-related – specify when the result(s) can be achieved.

Specific goal(s):

Activity	Target area/place	Responsible person(s)	Period	Resources required	Indicator(s) to evaluate	Supervisor(s) /evaluator(s)

## Annex 4. Training agenda for facilitators (Three Days)

The following is a sample agenda. Trainers should adjust content and time according to the needs.

### Agenda

Day One	Content	Responsible
8:30 – 9:00	Registration <b>Opening program</b> - Prayer - Welcome remarks - Key message	
9:00 – 9:30	- <b>Introduction</b> of participants - <b>Objectives and overview</b> of the training	
10:00 – 10:30	Tea Break	
10:30 – 12:00	<b>Health status in the Solomon Islands</b> - Health status of Solomon Islanders	
12:00 – 1:00	Lunch	
1:00 – 3:00	- <b>Main causes and impacts of health problems</b> in the communities.	
3:00 – 3:30	Tea Break	
3:30– 4:00	<b>Group discussion and presentation</b> - impacts of health problems - Close of day one	
<b>Day two</b>		
8:30 – 9:00	Prayer and Recap	
9:00– 10:00	Healthy settings concept, policies, progress and experiences - What is healthy settings approach? - HS progress in the Solomon Islands	
10:00 – 10:30	Tea Break	

10:30 – 12:00	<b>Healthy village program</b> <ul style="list-style-type: none"> <li>- Healthy Settings Policy, manual, structure, progress and experience</li> <li>- Program management: <ul style="list-style-type: none"> <li>o Preparatory, implementation, maintenance phases</li> </ul> </li> </ul>	
12:00 – 1:00	Lunch	
1:00 – 3:00	<b>Healthy village program (continued)</b> <ul style="list-style-type: none"> <li>- 6Ds Healthy Settings Approach</li> <li>- Village mapping and profiling</li> </ul>	
3:00 – 3:30	Tea Break	
3:30 – 4:30	<b>Healthy Village Program (continue)</b> <ul style="list-style-type: none"> <li>- Development of Village Action Plan/ presentation to community</li> <li>- Resource Mobilisation local or external</li> <li>- Close of day two</li> </ul>	
<b>Day three</b>		
8:30 – 9:00	Prayer and Recap	
9:00 – 10:00	<b>Management of tools and materials</b> <b>Monitoring, evaluation and learning</b>	
10:00 – 10:30	Tea Break	
10:30 – 12 :00	<b>Communication skills and practicum</b>	
	Lunch	
1:00 – 2:30	Health service delivery for and with the community	
2:30 – 3:00	Tea Break	
3:00 – 4:00	Training evaluation and recommendations	
4:00 – 4:30	<b>Closing ceremony:</b> Words of thanks Participants Remarks Closing Remark Closing Prayer	

## Annex 5. Training agenda for community leaders (Two Days)

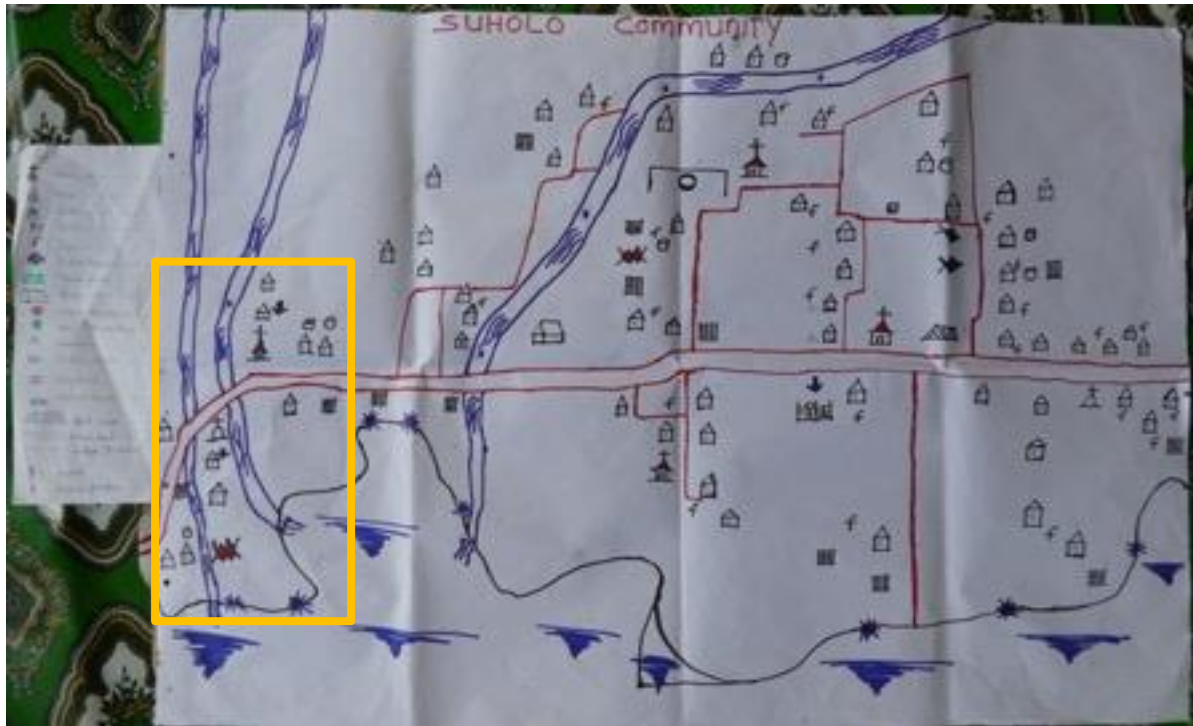
The following is a sample agenda. Facilitators should adjust content and time according to the needs.

### Agenda

Day one	Content	Responsible
8:30 – 9:30	Registration <b>Opening program</b> - Prayer - Words of Welcome - Opening Remarks - Introduction of participants	
9:30 – 10:00	Objectives and overview of the training	
10 :00 – 10:30	<b>Tea Break</b>	
10:30 – 11:00	Health status in the Solomon Islands - Health status at National, Province and Communities	
11:00 – 12:00	Main causes and impacts of health problems in communities	
	<b>Lunch</b>	
1:00 – 2:00	Group discussion and presentation - causes and impacts of health problems in the villages	
2:00 – 3:00	Healthy village program - What is Health? - what is a Healthy Village? - Healthy Settings Policy, structure - Current progress and experience	
3:00 – 3:30	<b>Tea Break</b>	
3:30 – 4:30	- Community organisation and development - Program planning and implementation	
<b>Day two</b>	<b>Prayer and Recap</b>	
9:00 – 10:00	Healthy village program (continued) - 6Ds Approach in Healthy Settings - Village mapping and profile tools and materials – presentation.	
10:00 – 10:30	<b>Tea Break</b>	

10:30 – 12:00	6Ds Approach in Healthy Settings - (continue) <ul style="list-style-type: none"> <li>- Prioritisation of key village findings</li> <li>- Development of Village Action Plan/Presentation to community</li> <li>- Resource Mobilisation locally and externally</li> </ul>	
1:00 – 2:30	Tools and materials: Handbook, flipchart and posters Monitoring, evaluation and learning	
	<b>Tea Break</b>	
3:00 – 4:00	Basic Health service delivery for and with community	
4:00 – 4:30	<b>Closing Program:</b> Words of Thanks Closing Remark Closing Prayer	

## Annex 6. Example of a community map



Mapping and profiling techniques:


















1. Decide what information to include in the map
2. Standardise what symbols to use to express each information (see next page)
3. Draw information of the land such as coastlines, rivers, streams, roads, paths and plantations
4. Draw symbols of facilities such as schools, football field, health centres, churches, stores, sanitation points, taboo places, water sources and custom houses.
5. Draw symbols of all houses
6. Add information to each house (e.g. the number of inhabitants, water tap, toilet, supsup garden, pigs in fence or not in fence)
7. Use the information to fill in the village profile

Tips

- ✧ It is easy to map and profile if you divided the village into smaller zones and health committee members of each zone take charge of their zone.
- ✧ It is important that committee members see the completed map and profile together and discuss about how they feel about the situation of their village.



Examples of keys used in the map

Key	
	Church
	House
	store
	Toilet
	Taps
	Custom Howe
	Tambu place
	kindy, school
	women sanitation
	men sanitation
	cemetery
	rubbish/waste
	play field
	Animal fencing
	Animals (not in fence)
	Animals (in fence)
	supsup Garden
	River

Enlarged area of the map in the previous page



## Annex 7. Village profiling form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### General Information

Name of Village: \_\_\_\_\_ Ward \_\_\_\_\_ Zone \_\_\_\_\_ Province \_\_\_\_\_

Name of Village Chief: \_\_\_\_\_

Name of Village Committee (VC) Chairman: \_\_\_\_\_

Religion:  COM  Catholic  SSEC  WUC  SDA  SIFGA

Committees/Groups:  Village Committee  Village Health Committee  Education  Women  Youth

Others: Specify \_\_\_\_\_

### Village Health Committee

Member's Name	Responsibility

Meeting Frequency –  weekly  monthly  quarterly  6 monthly  Yearly

### Public Facilities:

1 Closest Clinic	AHC: Name _____	Walking Time Hr __ Min__
	RHC: Name _____	Walking Time Hr __ Min__
2 Closest School	ECE/Kindy: Name _____	Walking Time Hr __ Min__
	Primary: Name _____	Walking Time Hr __ Min__
	Secondary: Name _____	Walking Time Hr __ Min__
	Others: Name _____	Walking Time Hr __ Min__
3 Closest Market	Village: Name _____	
	Province HQ: Name _____	
	Substation: Name _____	
4 Rest House Accommodation	Rest House: Name _____	
5 Meeting House	Meeting House: Name _____	

### Population and household (Based on Mapping)

- 1 Total Population: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Age group: < 5 yr \_\_\_\_\_ 6 y – 14 yr \_\_\_\_\_
- 2 No. of total households: \_\_\_\_\_
- 3 No. of households with domestic animals (pigs, chickens): \_\_\_\_\_

### Household Indicators (Based on Mapping) to be followed up using the Progress Monitoring Framework

- 1 No. of households with safe clean tap/tank water: \_\_\_\_\_
- 2 No. of households with toilets: \_\_\_\_\_
- 3 No. of households with domestic animals (pigs, chickens) in control (fenced/tied): \_\_\_\_\_
- 4 No. of households practicing supsup gardening: \_\_\_\_\_
- 5 No. of households always eating healthy foods (body building, protective, energy foods) daily: \_\_\_\_\_
- 6 No. of clean and beautiful households: \_\_\_\_\_
- 7 No. of households with designated rubbish pits: \_\_\_\_\_

### Household and Village Indicators to be followed up using the Progress Monitoring Framework (see Annex 8 for details)

	Components	Minimum criteria	Baseline
1	Households with pipe / tank water	Safe and clean water in or around house	
2	Households with toilets	Basic toilets, maintained clean	
3	Households with domestic animals in control	Fenced or tied	
4	Households with supsup garden	One type of vegetable	
5	Households who always eat healthy kaikai	Local healthy mix 2 out of 3 Meals	
6	Clean and beautiful households	Look nice inside and outside house	
7	Households with designated rubbish pits	Rubbish segregated, burnt regularly	

8	Community waste disposal management	Basic training on 4Rs (reduce, reuse, recycle, recover)	
9	Regular village clean-ups / landscaping	Clean and beautiful landscape, regular program	
10	Regular drainage / malaria source reduction	Reduction of malaria breeding sites, regular program	
11	Community rules to keep the village healthy	Basic rules on communal work, environmental health	
12	Community's systems to teach the village's values, morals and customs	Beliefs that promote healthy, happy and productive livelihood	
13	Community's plan to manage natural disasters	A plan with a structure (who does what), food security, drills	
14	Community's organisation structure	Village chiefly systems / churches / tribes	
15	Coordination and action for health	Health committee with males and female members representing all village areas	
16	Village's communication mechanism	Structure to communicate to and among villagers	
17	Marine and land resources management	Important places and species conserved, continuous program	
18	Protection of taboo places, custom houses, cultural norms and events	Identity of indigenous inheritance respected and protected, continuous program	

### Health-related Information

Common health problems affecting adults

- COAD
- Diabetes
- Malaria
- Heart Diseases
- Stroke
- High blood pressure
- Others: \_\_\_\_\_

Common health problems affecting children

- ARI
- Malaria
- Diarrhoea
- Malnutrition
- Skin Infection
- Others: \_\_\_\_\_

Health and social problems

- Alcohol consumption
- Kwaso consumption
- Kava consumption
- Kaleve consumption
- Betel nut chewing
- Domestic violence and verbal abuse
- Child abuse and negligence
- Others: \_\_\_\_\_

Where sick people first seek advice or help from?

- Clinic Nurse
- Elder in Village
- Custom Healer
- Rev/Pr/Tasiu
- Others: \_\_\_\_\_

Health program support

- Rural satellite clinic:  
Frequency – weekly monthly quarterly 6 monthly Yearly
- Immunisation campaigns
- Bed net distribution / malaria surveys
- RWASH program
- NCDs village screening – SOLPEN
- Healthy village program
- Disease outbreak preparedness, prevention, management
- Natural disaster preparedness, prevention, management
- Others: \_\_\_\_\_

Number of cases of major diseases in the village in the recent years

Disease	Year 20__	Year 20__

## Annex 8. Progress Monitoring Framework

	Phase	Components	Minimum criteria	Baseline	Year 20__	Year 20__	Step 1	Step 2	Step 3
1	2	Households with pipe / tank water	Safe and clean water in or around house				Studied the situation & made a plan	Started implementing the plan	Installed in all or most households
2	4	Households with toilets	Basic toilets, maintained clean				Studied the situation & made a plan	Started implementing the plan	Installed in all or most households
3	2	Households with domestic animals in control	Fenced or tied				Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
4	4	Households with supsup garden	One type of vegetable				Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
5	4	Households who always eat healthy kaikai	Local healthy mix 2 out of 3 meals				Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
6	2	Clean and beautiful households	Look nice inside and outside house				Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
7	2	Households with designated rubbish pits	Rubbish segregated, burnt regularly				Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
8	2	Community waste disposal management	Basic training on 4Rs (reduce, reuse, recycle, recover)				Studied the situation & made a plan	Started implementing the plan	Manage all or most disposal sites
9	1	Regular village clean-ups / landscaping	Clean and beautiful landscape, regular program				Studied the situation & made a plan	Started implementing the plan	Clean up all or most target areas
10	1	Regular drainage / malaria source reduction	Reduction of malaria breeding sites, regular program				Identified breeding sites & made a plan	Started implementing the plan	Eliminated all or most breeding sites
11	1	Community rules to keep the village healthy	Basic rules on communal work, environmental health				Studied the situation & made rules	Introduced rules	Practice all or most rules
12	3	Community's systems to teach the village's values, morals and customs	Beliefs that promote healthy, happy and productive livelihood				Studied the systems & identified values, morals customs	Revive values, morals customs	Practice all or most values, morals customs
13	3	Community's plan to manage natural disasters	A plan with a structure (who does what), food security, drills				Studied the situation & made a plan	Started implementing the plan	Prepared all or most households

	Phase	Components	Minimum criteria	Baseline	Year 20__	Year 20__	Step 1	Step 2	Step 3
14	1	Community's organisation structure	Village chiefly systems / churches / tribes				Identified the structure	Clarified roles and responsibilities of each entity	Involve all or most entities in decision making
15	1	Coordination and action for health	Health committee with males and female members representing all village areas				Formed the committee, studied the situation & made a plan	Started implementing the plan	Coordinate activities with the local clinic
16	3	Village's communication mechanism	Structure to communicate to and among villagers				Identified channels and focal points	Started using the channels and focal points	Use all or most channels and focal points
17	3	Marine and land resources management	Important places and species conserved, continuous program				Identified places & made a plan	Started implementing the plan	Conserve all or most places and species
18	3	Protection of taboo places, custom houses, cultural norms and events	Identity of indigenous inheritance respected and protected, continuous program				Identified inheritance & made a plan	Started implementing the plan	Practice all or most inheritance

Number of cases of major diseases in the village

Disease	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030

## **Annex 9. Writing a vision statement**

### **What is a vision statement?**

A vision statement is a declaration of an organisation's objectives, intended to guide its internal decision-making.

### **Who develops a vision statement?**

Leaders from different committees, groups, tribes and denominations including youths, elderlies, men, women and chiefs, should be involved in discussion of designing the future of their village.

### **How do you develop an effective vision statement?**

Both process and product are important. The following are tips:

- Be respectful: give all participants chances to express their thoughts and ideas
- Ask leading questions such as:
  - o In what kind of village do you want to be living in 5 or 10 years?
  - o How would you feel living in such an ideal village?
  - o How would the health status of villagers be?
  - o How would their lifestyles be?
  - o What would the environment look like?
- Facilitate: pick up keywords when participants speak about their dream village
- Organise pieces: group the keywords because some are the same or similar
- Identify essence: choose the most meaningful keyword from each group of keywords
- Connect: make a sentence using those keywords and referring to the characteristics below

### **Characteristics a useful vision statement include:**

- Concise: able to be easily remembered and repeated
- Clear: defines a prime goal
- Time horizon: defines a time horizon
- Future-oriented: describes where the village is going rather than the current state
- Stable: offers a long-term perspective and is unlikely to be impacted by external changes
- Challenging: not something that can be easily met and discarded
- Abstract: general enough to encompass all of the village's interests and directions
- Inspiring: motivates villagers and is something that villagers view as desirable

Reference: [https://en.wikipedia.org/wiki/Vision\\_statement](https://en.wikipedia.org/wiki/Vision_statement)



## Annex 10. Village annual reporting form

# Healthy Village Promoter Annual Report

Village name: \_\_\_\_\_ Zone: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

### Actions in the last 3 months

No. of environmental clean-up campaigns \_\_\_\_\_

No. of malaria source reduction campaigns \_\_\_\_\_

No. of awareness talks \_\_\_\_\_

No. of outreach by nurse / health promotion officer \_\_\_\_\_



### Progress: the latest coverage

No. of total households \_\_\_\_\_

No. of total households with tap water \_\_\_\_\_

No. of total households with rubbish pit \_\_\_\_\_

No. of total households with toilet \_\_\_\_\_

No. of total households with supsup garden \_\_\_\_\_



No. of total households with animals (pigs, chickens) \_\_\_\_\_

No. of total households with animals (pigs, chickens) in fences \_\_\_\_\_



### BMI Scaling



≤ 18.5



18.6-24.9



25.0-29.9



30 ≤

Male ♂ \_\_\_\_\_

Female ♀ \_\_\_\_\_

TOTAL \_\_\_\_\_

**Comments / Questions / Suggestions:**

## Annex 11. Provincial annual reporting form

### HEALTHY VILLAGE ANNUAL REPORT FORM

#### 1. Progress

Zone	Program (HPD, RWASH, SSEC, etc.)	1. Introduction		2. Implementation		3. Monitoring		
		No of all villages, where the program had been introduced so far	No of villages, where the program was newly introduced in 20__	No of villages, which prepared a healthy village action plan for 20__	No of villages, which created any supportive environment in 20__	No of villages, where local health centre staff visited for the program in 20__	No of villages, where provincial health officers visited for the program in 20__	No of villages, which submitted progress reports in 20__
1								
2								
3								
4								
5								
6								
Total								

Zone	No. of Villages in			
	Phase 1 A little healthy	Phase 2 Halfway healthy	Phase 3 Almost healthy	Phase 4 Healthy
1				
2				
3				
4				
5				
6				
Total				

#### 2. What are the differences between active and inactive villages?

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#### 3. Constraints/challenges and proposed solutions

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**4. Identified priority areas of action**

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**5. Epidemiological changes reported by the health centre staff or captured by HIS**

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**6. Other comments from the Reporter**

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**7. Comments by the Provincial Director of Health**

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**8. Signature**

Name:  
Provincial Healthy Settings Coordinator  
Date:

Name:  
Provincial Director of Health  
Date:

## **Annex 12. List of available documents, materials and tools**

### **Policy documents:**

- National Health Promotion Policy
- National Healthy Settings Policy (includes Healthy Village Setting Component)
- Healthy Village: Implementation Guideline
- Healthy Village: Progress Monitoring Framework

### **Manual**

- Healthy Village Manual

### **Healthy Village Facilitator's Guides**

- Health communication
- Supsup garden
- Community development & organisation
- Malaria
- Water & Sanitation
- NCDs & Nutrition
- Respiratory diseases

(Presentation slides for these Guides are also available)

### **Handbook, tools and materials**

- Healthy Village Promoter's Handbook
- Healthy Village Flipchart
- Healthy Village Posters



**Health Promoting Village Project**  
**Japan International Cooperation Agency**