
Healthy Village Setting Implementation Guideline



Ministry of Health and Medical Services, Solomon Islands

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Abbreviation

AHC	Area Health Centre
CBO	Community-Based Organisation
CSO	Civil Society Organisation
FBO	Faith-Based Organisation
HVP	Healthy Village Promoter
MHMS	Ministry of Health and Medical Services
MOFT	Ministry of Finance and Treasury
NHPD	National Health Promotion Department
NGO	Non-Governmental Organisation
NCD	Non-Communicable Disease
NHSP	National Health Strategic Plan
NHVC	National Healthy Village Committee
PHPD	Provincial Health Promotion Department
RDP	Role Delineation Policy
RHC	Rural Health Centre
SICA	Solomon Islands Christian Association
SIFGA	Solomon Islands Full Gospel Association
VHC	Village Health Committee

Introduction

A “healthy village” is a setting with individual, family and communal wellbeing, living in a peaceful, harmonious, social environment. Life conditions and lifestyles in villages determine health of the people. Factors including unsafe water and sanitation, malnutrition and drinking alcohol cause health problems. Healthy village approach addresses these determinants of health by changing the environments and behaviours. The Solomon Island Government endorsed the Healthy Village Component of the National Healthy Settings Policy to address this approach as a national priority.

This implementation guideline for the Healthy Village Component of the policy is developed for all Government Ministries, Provincial Government and other stakeholders.

This Implementation Guideline provides the Government employees and relevant stakeholders with practical knowledge to implement the Healthy Village Setting. The Guideline includes key structures such as committees and coordination mechanisms, as well as focal persons, their roles and responsibilities, at the national, provincial and community levels. Implementation process is explained in terms of preparatory, implementation and maintenance phase.

Some specific characteristics of a healthy village include:

- Clean and safe physical environment.
- Characteristics related to “spiritual wellbeing.”
- Emergency disaster response plan in place.
- Food safety and security.
- Understanding of the local health and environment issues among individuals.
- Community participates in identifying local solutions to local problems.
- Availability, access and application of variety of health knowledges, experiences, interaction and communication by individuals.
- Historical and cultural heritage is promoted and celebrated.
- Sustainable use of available resources.

1. Implementation framework

1.1 Organisational structure

1) National level

- MHMS through the National Health Promotion Department (NHPD) is mandated to advocate, coordinate and implement the Healthy Village Setting.
- The National Health Promotion Department establishes coordination with the Ministry of Provincial Government and Institutional Strengthening (MPGIS).
- The Healthy Village Setting is implemented by the Healthy Village Steering Committee (HVSC), which is a subcommittee of the National Healthy Settings Coordinating Committee (Annex 1).
- The National Health Promotion Department develops and revises terms of references (TORs) for the National Healthy Village Steering Committee.

2) Provincial level

- The Provincial Health Office through the Health Promotion Department is mandated to coordinate and implement the Healthy Village Settings.
- The Provincial Health Promotion Department establishes coordination with the Provincial Government.
- The Provincial Health Promotion Department sets up its Healthy Village Committee under the Provincial Healthy Settings Coordinating Committee (PHSCC).
- The Provincial Health Promotion Department develops and revises TORs for the Provincial Healthy Village Committee or Taskforce.

3) Community level

- The Area Health Centres and Rural Health Centres (RHCs) are mandated to implement a healthy village program in villages in their catchment area with assistance of the Provincial Health Promotion Department (PHPD) and coordinate with the village focal persons.
- These focal persons should consist of male and female representatives in each village and set up a health committee in their village as part of the village committee.
- The Area Health Centres and Rural Health Centres establishes coordination with the Provincial Ward members through the Ward Development Committee (WDC).

1.2 Key process, roles and responsibilities

Key implementation process of a healthy village programme consists of a cycle of 1) Coordination and organisation, 2) Policy-formulation, planning and budgeting, 3) Implementation and training, 4) Monitoring, evaluation and supervision, and 5) Analysis, report, documentation and recognition; then return to 1) and continues.

The matrix in the pages 5-6 shows fundamental activities as well as roles and responsibilities to implement and manage a healthy village programme at different administration levels. Based on the presented model, each province, health centre and village will identify their key stakeholders and refer to the matrix for their roles and responsibilities.

For each process, key stakeholders at the national, provincial, health centre and community levels have different roles and responsibilities but work in close coordination and collaboration with one other to build a model suited to the local context and mobilise necessary resources.

Identified key stakeholders are:

National level -

- National Health Promotion Department
- National Nursing Department
- National Environmental Health Department
- National Vector-Borne Diseases Control Program
- National Non-Communicable Diseases Department
- National Reproductive Maternal Nutrition Adolescent Child Health Department
- Ministry of Provincial Government and Institutional Strengthening
- Ministry of Rural Development
- Members of Parliament
- South Seas Evangelic Church

Provincial level -

- Provincial Health Promotion Department
- Provincial Nursing Department
- Provincial Environmental Health Department
- Provincial Vector-Borne Diseases Control Program
- Provincial Non-Communicable Diseases Department
- Provincial Nutrition Unit

- Provincial Government – Executive Committee
- Ministry of Rural Development
- Ministry of Agriculture and Livestock
- Ministry of Lands, Housing and Survey – Physical Planning
- House or Council of chiefs
- Churches – SICA and SIFGA

Community level -

- Area Health Centre (AHC)
- Rural Health Centre (RHC)
- Health Clinic Committee
A group of voluntary members chosen by clusters of villages under the catchment area of the AHC/RHC facility, to contribute to maintain the environment and structures of the health facility and may act as a catalyst between the clinic and the village on health issues.
- Village Health Committee
A group of trained voluntary members, chosen by the community to contribute to improving the health status of village people and their environment by conducting health promotion activities.
- Healthy Village Promoters
A representative of Village Health Committee, chosen by the village people to contribute to raising health awareness and promoting healthy lifestyles. HVPs are focal points to coordinate with and facilitate access to local health services for the village people.
- Village Committee - Chiefs
- Ward Development Committee – Members of Provincial Assembly
Voluntary members responsible for Ward Development Committee and chosen by the clusters of villages in the provincial Ward to meet and discuss village developmental issues including health and environment. MPAs are channelled for assistance to the Member of Parliament.
- Schools
- Churches

National and Provincial Level:

	Coordination and Organisation	Policy formulation/ planning/ budgeting	Implementation/ Training	Monitoring/ supervision	Analysis/ Report/ Documentation/ Recognition
National level	<ul style="list-style-type: none"> - Manage the National Healthy Settings Coordinating Committee (Coordinate/ collaborate among different departments: Malaria, Environmental Health, RCHN, Nursing, etc./Other ministries/ Provincial offices / Related organisations: SICA, SSEC, World Vision, etc.) - Liaise with potential partners and stakeholders for support (to respond to request from the village via Provincial Health Promotion Department) - Advocate for support all levels 	<ul style="list-style-type: none"> - Develop and contextualize legal framework and policy for Healthy Settings/ Village - Establish clear roles and responsibilities of members, partners, NGOs etc. - Budget (allocate/ reallocate funding) for Healthy Settings 	<ul style="list-style-type: none"> - Develop supporting guidelines for training and supervision - Train Provincial Health Officers - Provide technical advice 	<ul style="list-style-type: none"> - Develop and integrate supervision tools/ systems - Visit the province at least once a year to review, support and strengthen the Healthy Village strategy 	<ul style="list-style-type: none"> - Review the Healthy Village strategy and guidelines, and report to the PS and National Healthy Settings Coordinating Committee (every six months) - Document best practices of Healthy Village - Organise the Healthy Settings Conference (every two years) - Present at the National Health Conference
Provincial Level	<ul style="list-style-type: none"> - Establish the Provincial Healthy Settings Coordinating Committee (coordinate among different departments: Malaria, Environmental Health, RCHN, Nursing, etc. and collaborate with Provincial Government, church associations and related organisations) - Liaise with potential partners (request forms from the villagers through Health Promotion Officers- HPOs) - Advocate for support at all levels 	<ul style="list-style-type: none"> - Budget (allocate/ reallocate funding) Healthy Settings in AOPs - Post Health Promotion Officers (HPOs) to all AHCs - Post strategically nurses to AHCs/ RHCs in coordination with National Nursing Department 	<ul style="list-style-type: none"> - Conduct Training of trainers (TOT) on Healthy Settings for all health workers and other partners (Information management, Health issues, Community development) - Organise a meeting (at least twice a year) for Provincial Healthy Settings Coordinating Committee including HPOs and nurses 	<ul style="list-style-type: none"> - Visit the selected target villages every six months to monitor and support nurses and HPO 	<ul style="list-style-type: none"> - Analyse annual reports - Report to the National level (annually) - Feedback to HPOs (stationed at AHCs), nurses and villages (annually) - Document best practices of Healthy Village

Health Facility Level:

	Coordination and Organisation	Policy formulation/ planning/ budgeting	Implementation/ Training	Monitoring/ supervision	Analysis/ Report/ Documentation/ Recognition
a) Nurses (AHC/ RHC):	<ul style="list-style-type: none"> - Work in close collaboration with health promotion officers, public health officers and other partners - Coordinate with village leaders, village committee and church leaders 	<ul style="list-style-type: none"> - Budget (allocate/ reallocate funding) Healthy Village activities in AOP 	<ul style="list-style-type: none"> - Carry out the initial training of VHCs and HVPs - Provide regular mini-training sessions at the clinic (AHC/ RHC) for VHCs/ HVPs - Conduct outreach activities 	<ul style="list-style-type: none"> - Organise monthly meetings with HVPs - Conduct outreach activities 	<ul style="list-style-type: none"> - Analyse annual reports - Manage data and report to Provincial Health Promotion Office (annually) - Feedback to villages (annually)
b) Public health officers stationed at AHC:	<ul style="list-style-type: none"> - Liaise with Provincial Health Promotion office, nurses and other partners to respond to various community needs. - Coordinate with village leaders, village committee, church leaders and other relevant community groups 	<ul style="list-style-type: none"> - Budget (allocate/ reallocate funding) Healthy Village activities in AOP 	<ul style="list-style-type: none"> - Carry out the initial training of VHCs and HVPs - Support nurses to conduct outreach activities for health promotion - Provide technical advice to nurses, community leaders and partners 	<ul style="list-style-type: none"> - Support nurses to monitor the progress of healthy village activities as stated above - Implement supportive supervision (e.g. provision of materials, tools, mentoring and coaching) 	<ul style="list-style-type: none"> - Assist nurses for data compilation and analysis - Manage data and report to Provincial Health Promotion Office - Collect good practices and stories to be shared among the village (documentation of the activity)

C) Ward Development Committees	<ul style="list-style-type: none"> - Coordinate with MPAs and MPs responsible for community - Coordinate with Provincial Health Promotion officers, nurses and other partners - Coordinate with Health Promotion Officers, Nurse Manager, Church Groups and government extension officers - Advocate for support from Chiefs and groups in the Ward area. 	<ul style="list-style-type: none"> - Budget allocation for Ward development, reallocated for Healthy Village programs - Negotiate PCDF budget be reallocated for Healthy Village - Assist identify local resources in the Ward neighbouring villages 	<ul style="list-style-type: none"> - Assist to carry out initial training of VHCs and HVPs - Support nurses and AHC team to conduct outreach activities in the villages 	<ul style="list-style-type: none"> - Implement supportive supervision with AHC team to the village - Support church leaders and chiefs to supervise activities in the village 	<ul style="list-style-type: none"> - Assist the nurse to monitor healthy village program. - Help nurses to collect data from the village. - Advocate good practise to community groups in other villages in the Ward.
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Community/Village Level:

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

2. Implementation management

2.1 Preparatory phase

1) Establishing a team

The Provincial Health Promotion Department forms a team or a taskforce with experienced and committed people to collectively share ideas on the Healthy Village and manage the program successfully. Team members should be identified from different sectors and from target geographic areas (see stakeholders indicated in Matrix). From the initial stage, the team is advised to coordinate with the Provincial Healthy Settings Coordinating Committee. They should also advocate for support and buy-in from the relevant stakeholders including Health Programs, provincial line ministries, NGOs, FBOs, CSOs and the private sector to collaborate and support the Healthy Village initiatives in the initial stages of the program.

2) Selecting a target area: pilot in a small area

It is recommended that the Healthy Village program is piloted in a small area. Team's management knowledge skills will be improved through pilot experience. Selection of target villages may be made by the team in consultation with other relevant health workers from the Provincial Health Office and the AHC/RHC level. The following criteria may be used to select pilot villages:

- With pledge willingness to have the Healthy Village program in their community
- Located in remote, 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) Writing an overall plan

Overall planning allows the team and relevant stakeholders to share ideas and construct a roadmap effectively. Initial discussion may include projection of vision, mission and values, SWOT (Strength, Weakness, Opportunity, Threat) analysis and formation of a committee. The implementers may develop an overall (long-term) plan and an action (short-term) plan with SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives.

Knowing the current situations is indispensable 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 the national and local 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.

2.2 Implementation phase

1) Strategies development and implementation approach

In developing strategies for the Healthy Village program, the **five Actions Areas of Health Promotion** will be utilised:

- **Build Healthy Policy:**
Develop community's own simple guidelines or rules
- **Create Supportive Environment:**
Create clean, safe and enjoyable village environment
- **Strengthen Community Action:**
Develop and implement community's own action plan
- **Develop personal skills:**
Empower the community with necessary skills and information
- **Reorient Health Services:**
Move in a health promotion direction beyond clinical and curative services

For implementation, **the 6D's approach** will be applied in all settings.

- **Discover:** Community mapping and profiling
- **Dream:** Setting the vision towards Healthy Village
- **Direction:** Setting objectives and priorities
- **Design:** Development of the Community Action Plan
- **Deliver:** Implementation of the Community Action Plan
- **Drive:** Monitoring, evaluation and update of Community Action Plan

It is vital to ensure participatory process at every stage of program implementation.

Provincial Health Officers will conduct training of trainers (TOT) of Healthy Settings including these implementation knowhows, for all Health Promotion Officers and Nurses, who will then train the HVPs and VHCs.

2) Community organisation

It is essential to organise the target villages, building upon locally existing and functional social structures. Each village has a village committee and specific committees or groups. To implement a Healthy Village program, a village health committee should be established by the

community if it does not exist. Members of the village health committee will be the leaders for a Healthy Village program. Healthy Village Promoters are representatives of this committee and work as focal points to coordinate with the local Health Centre. The members of VHC should consist of roughly equal numbers of males and females to ensure inclusive program implementation.

3) Indicators and reporting mechanisms

There are key performance indicators and result indicators to take into consideration.

- Performance indicators include the number of certain activities (e.g. awareness talks, clean up campaigns), the state of environment or households (e.g. roaming domestic animals), and behaviour changes (e.g. open defecation, diet).
- Result indicators are the health status of people in the target communities, such as the number of malaria, diarrhoea and diabetes cases.

Reporting mechanism is such that performance and results indicators are reported from the community to the national level.

- Reports prepared by HVPs are sent to the local Health Centre, who consolidates them, adds health data and submits to the Provincial Health Promotion Department.
- The reports are compiled by the Provincial Health Promotion Department and submitted to the National Health Promotion Department in MHMS.
- Those who receive regular reports are responsible for analysis and feedback to the reporters.

4) Monitoring, evaluation and learning

- The national coordinator needs to monitor the progress by visiting the provinces at least once a year.
- Provincial Health Promotion officers should biannually monitor and support nurses and health promotion officers at AHC/RHC.
- Nurses and health promotion officers at AHC/RHC are responsible for monitoring and supporting the HVPs and VHCs on a monthly basis.
- Monitoring tools for VHCs and AHC/RHC must be simple and user friendly (Annex 2). Samples of these tools are available from the Provincial Health Promotion Department.
- To encourage learning, those responsible for monitoring should focus on the most significant changes observed in the target communities, document stories using

quantitative and qualitative data and share them with stakeholders.

5) Resource mobilisation and management

Most 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 fund some small activities in the action plan. For larger-scale activities, VHC members will be oriented 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. VHC members may also advocate for 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. VHCs will be trained to manage an inventory book of whatever resource they obtain from health programs, donors and stakeholders. They must have a borrowing template to keep track of resources at the village level. Any missing items must be reported to the Health Promotion officer at the AHC or PHO level.

To enhance sustainability of the Healthy Village program in the villages, the national and provincial health programs must allocate resources for introduction and monitoring of the Healthy Village program through the Annual Operation Plans. The Provincial Health Promotion Department can also coordinate with the NCDs Department to utilise the Healthy Lifestyle Promotion Fund (HLPF) in the MHMS to reduce smoking and others NCDs risk factors in the communities.

2.3 Maintenance phase

1) Incentive

Incentive for the HVPs and the VHCs who are volunteers is an important factor for sustainability of the Health Village program. In consultation with the village chiefs, leaders and committees and in coordination with other relevant local stakeholders, it is vital to find ways and means to continually support the HVPs and the VHCs. AHC/RHC must assist the HVPs and the VHCs by conducting outreach, regular training and feedback on changes in performance and result indicators.

2) Further training and support

Continuous capacity building is indispensable in the Healthy Village program and will be carried out by training and supportive supervision.

- Provincial Health Promotion Officers are responsible for providing technical advice, updated knowledge and feedback to nurses, as well as training of new nurses. Likewise, nurses will continually train and support the HVPs and VHCs with technical advice, updated knowledge and feedback.
- It is pivotal that mini training sessions at the AHC/RHC level for HVPs and VHCs are provided on a regular basis.

3) Best practice documentation and sharing

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 and 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 Health Promotion Conference and the National Health Conference.
- At the community level, it is beneficial to share experiences and lessons through exchange visits to other villages with the program (look and learn visits).

Aid Donors and Non-State Actors

Aid Donors/funding agencies and Non-State Actors including Non-Governmental Organisations: NGOs, Community Base Organisations: CBOs and Faith Based Organisations: FBOs, are encouraged to join Healthy Village programs.

- Allocate budget to Healthy Village programs.
- Implement a Healthy Village program in coordination with MHMS.
- Ensure compliance with minimum (technical and community preparation) standards of village livelihood as adopted by the Solomon Islands Government.
- Take part in the National Healthy Village Steering Committee or Provincial Healthy

Settings Coordinating Committee to be involved in the whole process of planning, implementation and monitoring of Healthy Village programs.

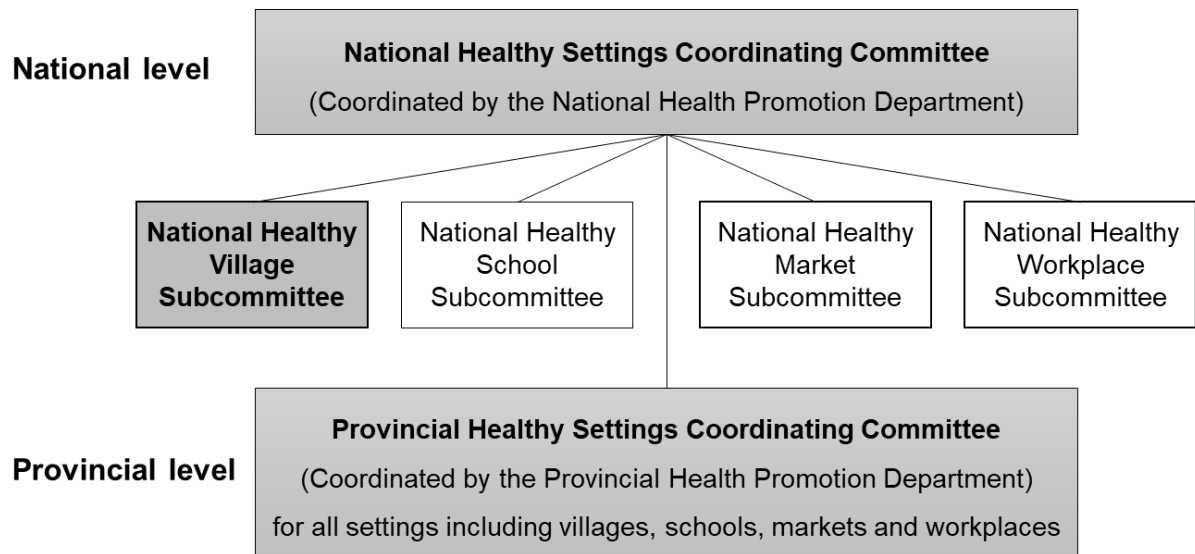
- Obtain relevant MOUs with HPD and provincial authorities.

3. Notes

- More detailed instructions for implementation of the Healthy Village program are provided by **the Healthy Village Manual**.
- Other useful resources for the Healthy Village Program include **Healthy Village Facilitator's Guides** for malaria, NCDs and Nutrition, respiratory diseases, WASH, Community Development in Health, Communication for Behaviour Change and Supsup Garden; **Healthy Village Promoter's Handbook**, **Healthy Village Flipchart** and **Posters**.
- Characteristics of Health Centres
 - **Area Health Centre (AHC)**
 - Catchment population = more than 2,500 plus referral catchment
 - People in the catchment area would need to travel 3 hours or more (by the most common mode of access example walking, paddling, truck etc.) to visit an alternative AHC or hospital.
 - At least 150 contacts per week (about 7,500 per year) + at least 150 inpatient admissions per year
 - Responsible for supervision of at least 3 rural health centres
 - **Rural Health Centre (RHC)**
 - Local catchment population = 500 – 1,500
 - People in the catchment area would need to travel more than one hour (by the most common mode of access example walking, paddling, truck etc.) to access an alternative RHC.
 - At least 30 contacts per week (about 1,450 per year)

Annex:

Annex 1. Organisational Structure



Annex 2. Progress Monitoring Framework

No.	Components	Minimum criteria	Baseline	Year 20__	Year 20__
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			

Step 1	Step 2	Step 3
Studied the situation & made a plan	Started implementing the plan	Installed in all or most households
Studied the situation & made a plan	Started implementing the plan	Installed in all or most households
Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
Studied the situation & made a plan	Started implementing the plan	Practice in all or most households
Studied the situation & made a plan	Started implementing the plan	Manage all or most disposal sites
Studied the situation & made a plan	Started implementing the plan	Clean up all or most target areas
Identified breeding sites & made a plan	Started implementing the plan	Eliminated all or most breeding sites
Studied the situation & made rules	Introduced rules	Practice all or most rules
Studied the systems & identified values, morals customs	Revive values, morals customs	Practice all or most values, morals customs
Studied the situation & made a plan	Started implementing the plan	Prepared all or most households
Identified the structure	Clarified roles and responsibilities of each entity	Involve all or most entities in decision making
Formed the committee, studied the situation & made a plan	Started implementing the plan	Coordinate activities with the local clinic
Identified channels and focal points	Started using the channels and focal points	Use all or most channels and focal points
Identified places & made a plan	Started implementing the plan	Conserve all or most places and species
Identified inheritance & made a plan	Started implementing the plan	Practice all or most inheritance



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Japan International Cooperation Agency