Shaping Fiji's Healthy Islands
Strategies for transforming national policy into local practice

National Environmental Health Action Planning
Acknowledgements

The development of this NEHAP document has involved a number of people whom I wish to acknowledge. Firstly, I wish to express my warm appreciation to all Environmental Health Officers who have contributed to the review of the first NEHAP and the preparation of this second NEHAP. I wish to acknowledge the President of the Fiji Institute of Environmental Health and his executive committee for their motivation and active involvement in the review process. This document will not have been possible without the support of World Health Organization, in particular Mr Steve Tamplin and Dr Hisashi Ogawa, the Regional Advisors for Environmental Health in the WPRO, Manila.

I wish to further my appreciation to Mr Jim Ireland and Ms Robyn Longhurst, their contribution to this NEHAP document is invaluable.

I wish to deeply thank all my staff members at the Ministry of Health for their tireless effort throughout the review period and their contribution to the production of this document.

Mr. Manasa Niubalerua
Chief Health Inspector
Ministry of Health

MINISTRY
of
Health
Shaping Fiji's Health
The production of this document was made possible through the financial assistance of the World Health Organization Regional Office for the Western Pacific
It gives me great pleasure to provide a foreword comment on this National Environmental Health Planning document prepared jointly by the Environmental Health Unit of my Ministry, World Health Organisation and Fiji Institute of Environmental Health.

The Ministry of Health in its attempt to provide quality health care services to Fiji has produced a strategic planning document outlining its mission, vision and goals for the next five years. I am glad to note that the Environmental Health Unit has taken a step further to produce its own National Environmental Health Action Plan (NEHAP) for the next five years based on the Ministry’s strategic plan.

I have been informed that the Environmental Health Unit first produced a NEHAP in 1999 and it addressed major Environmental Health issues under the Healthy Island banner for the period 1999 to 2001. This was reviewed in late 2001 and now a second NEHAP is produced to address the next five years of Environmental Health activities.

I understand that this action plan embraces the Yanuca Island Declaration which was signed in 1995 by Ministers of Health for the Pacific Region to promote the Healthy Islands concept where “our islands are places where our children are nurtured in mind and body, environments invite learning and leisure, people work and age with dignity and ecological balance is a source of their pride.”

I also understand that this document will be widely distributed not only in Fiji but also in the Region as an avenue for sharing of knowledge and lessons to those who are directly or indirectly involved in managing the environment for health.

I fully support this Environmental Health initiative and I believe it will bring about necessary environmental health changes that enhance Healthy Islands in Fiji and I would like to sincerely thank World Health Organisation and the Fiji institute of Environmental Health for their valuable contributions to the production of this National document.

Yours sincerely,

Hon. Pita K. Nacuva

Minister for Health
Alignment

with the Ministry of Health Corporate Plan

This Environmental Health Action Plan aligns with six of the seven policies outlined in the Corporate Plan:
1. Involvement of communities through their contribution to health...
2. Curative—not applicable to the Environmental Health Service.
3. Services should be of highest quality within resources.
4. The health organization should work with other government departments and NGOs to achieve their objectives.
5. Organizations structure and process should be designed to provide efficient and effective service...
6. Health promotion, protection and prevention to be given highest priority.
7. Legislation to be revised and introduced in order to see that these policies are implemented.

This Environmental Health Action Plan works towards four of the five goals outlined in the Corporate Plan:
1. To prevent diseases, promote healthy lifestyle, and raise the standard of living.
2. To provide high quality primary, ...health services.
3. To continually improve the effectiveness and efficiency of its...delivery system.
4. Curative—not applicable to the Environmental Health Service.
5. To produce and retain high quality personnel for its...Service.
In executing this National Environmental Health Action Plan, the Environmental Health Service whole-heartedly embraces the mission, vision and values enunciated by the Ministry of Health.

This simulation of the Ministry of Health poster has very minor changes to the wording.

These changes reflect an environmental rather than a curative emphasis.

In addition they substitute community focus in place of customer focus.

In all other respects the wording is identical.

Environmental Health Service

**mission**

To promote quality environments and deliver healthy people to Fiji.

**vision**

An integrated and decentralised environmental management system to foster good health and well being.

**values**

**Community focus**

being genuinely concerned that our communities get quality environmental partnerships, respecting the dignity of all people

**Equity**

striving for an equitable environmental management system and being fair in all our dealings; irrespective of ethnicity, religion, political affiliation, disability, gender and age

**Quality**

pursuing high quality outcomes in all facets of our activities

**Integrity**

committing ourselves to the highest ethical standards in all that we do
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<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AFL</td>
<td>Airports Fiji Limited</td>
</tr>
<tr>
<td>CBH</td>
<td>Central Board of Health – <em>a statutory body under the Public Health Act</em></td>
</tr>
<tr>
<td>CCF</td>
<td>Consumer Council of Fiji</td>
</tr>
<tr>
<td>CWM</td>
<td>Colonial War Memorial - <em>hospital</em></td>
</tr>
<tr>
<td>DF/DHF</td>
<td>Dengue Fever / Dengue Haemorrhagic Fever</td>
</tr>
<tr>
<td>DOE</td>
<td>Department of Environment</td>
</tr>
<tr>
<td>PH</td>
<td>Public Health</td>
</tr>
<tr>
<td>DPP</td>
<td>Director of Public Prosecutions</td>
</tr>
<tr>
<td>DTCP</td>
<td>Department of Town and Country Planning</td>
</tr>
<tr>
<td>EH</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>EHIA</td>
<td>Environmental Health Impact Assessment</td>
</tr>
<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
</tr>
<tr>
<td>FAB</td>
<td>Fijian Affairs Board</td>
</tr>
<tr>
<td>FIEH</td>
<td>Fiji Institute of Environmental Health</td>
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<tr>
<td>FSM</td>
<td>Fiji School of Medicine</td>
</tr>
<tr>
<td>FTIB</td>
<td>Fiji Trades and Incomes Board</td>
</tr>
<tr>
<td>GO</td>
<td>Government Organisation</td>
</tr>
<tr>
<td>HACCP</td>
<td>Hazard Analysis Critical Control Point – <em>generally food safety</em></td>
</tr>
<tr>
<td>HQ</td>
<td>Head Quarters (Ministry of Health)</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Educational Communication - materials</td>
</tr>
<tr>
<td>KRA</td>
<td>Key Result Area</td>
</tr>
<tr>
<td>KRS</td>
<td>Koronivia Research Station</td>
</tr>
<tr>
<td>L/A</td>
<td>Local Authority - rural</td>
</tr>
<tr>
<td>LEHAP</td>
<td>Local Environmental Health Action Planning</td>
</tr>
<tr>
<td>MA</td>
<td>Ministry of Agriculture</td>
</tr>
<tr>
<td>NCHP</td>
<td>National Centre for Health Promotion</td>
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<tr>
<td>NEHAP</td>
<td>National Environmental Health Planning</td>
</tr>
<tr>
<td>NFNC</td>
<td>National Food and Nutrition Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NSAAC</td>
<td>National Substance Abuse Advisory Council</td>
</tr>
<tr>
<td>NLTB</td>
<td>Native Lands Trust Board</td>
</tr>
<tr>
<td>PSC</td>
<td>Public Service commission</td>
</tr>
<tr>
<td>PWD</td>
<td>Public Works Department</td>
</tr>
<tr>
<td>SOPAC</td>
<td>South Pacific Geosciences Commission</td>
</tr>
<tr>
<td>SPC</td>
<td>South Pacific Commission</td>
</tr>
<tr>
<td>SPREP</td>
<td>South Pacific Regional Environment Program</td>
</tr>
<tr>
<td>SFM</td>
<td>Surf Medical Association</td>
</tr>
<tr>
<td>USP</td>
<td>University of the South Pacific</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Chapter 1.

Fiji in transition – Health Inspection to Healthy Islands

Where did we begin?

The practice of Health Inspection came to Fiji early in its colonial history. The Royal Society of Health (RSH) had been custodian for such practice in the UK and remained so for Fiji until the late 1980s. While the UK had moved towards tertiary training in the 1960s, the Fiji School of Medicine (FSM) had perpetuated a 1950s RSH approach. Fiji had remained in a “time-warp”, still following the ways of British Health Inspectors in a country that had already moved on. Change needed to happen.

How did we trigger change?

Change began in 1988 as FSM, with WHO support, introduced a new environmental health curriculum. It embodied a problem based learning approach, designed to reshape the work culture of Health Inspectors as Environmental Health Professionals. The story of this transition is published in Pacific Health Dialog under the title: “Roots and Wings of Healthy Islands”1. The following extract signifies the spirit in which Pacific Island problem solving became a way to learn.

“This new culture of learning changed many things. The lecturer’s dais was pushed aside - students no longer sat in rows. The class-room became a conference centre and teachers managed learning. Lesson plans and lecture notes gave way to open learning plans. People learned to question and many went to search. Knowledge came in laterally, rarely from above and human dignity found a place to grow.

The challenge set for learning was strong and networking became a way of life. Students sought out collaborators and worked within the culture. The way of British Health Inspectors soon began to fade and Pacific Island problem solving arose to take its place.”

By the mid 1990s Fiji was approaching a turning point. Experiences with this new way of working lay behind four lines of prose, offered to Pacific Islands’ Ministers for Health, at Yanuca in 1995. These words express the Healthy Islands Vision that opens the widely acclaimed Yanuca Island Declaration2:

“Healthy Islands should be places where:
- 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”

How did the turning point come?

A decade into transition, the year of 1998 marked a turning point. Many EHOs held tertiary degrees or diplomas, the Environmental Health profession had gained recognition and Healthy Islands begun to take shape.

The Fiji Institute of Environmental Health (FIEH), having drawn inspiration from this decade of transition, emerged strongly in 1998. It is now the flag carrier for professional development of Environmental Health Officers (EHOs) across the country.

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2 WHO Report - Conference of Ministers of Health for the Pacific Islands. WHO Regional Office for the Western Pacific RS/95/GE/02(FIJ) 1995, 57 - 64.
In parallel, 1998 saw the National Health Promotion Council take up the Healthy Islands vision. This became the theme for Fiji’s trilateral Health Promoting Communities Project. The National Centre for Health Promotion (NCHP) ultimately emerged as the ‘focal point’ for Healthy Islands in Fiji.

Also in 1998, Fiji produced its first Environmental Health Action Plan (NEHAP). This document began by setting out frameworks for ‘Environmental Health’ and ‘Healthy Islands’. It did four things:

- aligned Fiji’s Environmental Health programme with Agenda 21
- gave shape to the Healthy Islands vision of the Yanuca Island Declaration
- acknowledged the Jakarta Declaration on Health Promotion and
- reinforced the Raratonga Agreement on Healthy Islands.

The document provided a blueprint for reshaping the old reactive Health Inspectorate, as a much more proactive and collaborative Environmental Health Service. It also paved the way for a productive partnership with the emerging National Centre for Health Promotion.

The thrust of the 1998 NEHAP envisaged “a well organised and efficient environmental health service in delivering support to island communities”. It used two devices to project this goal into the future:

- It set formal objectives and outlined strategies, with details in appendices. These addressed: focal areas; organisational development; monthly reporting and; training.
- It offered informal case studies on community based approaches eg: ‘Healthy Kadavu Villages’; ‘Healthy Makoi’; ‘Healthy Squatter Settlements’; ‘Healthy Deuba District School’.

Fiji was set to enter its second decade of transition.

How is the second decade unfolding?

In the years since 1998, the Environmental Health Service has made extensive use of the lessons learned during its first decade of transition. The following are notable examples of the outcomes:

**Formal outcomes …..**

- Outmoded legislation and functions of the Central Board of Health are under critical review
- Nine “Key Result Areas” (KRAs) are now linked into the Ministry of Health corporate plan
- Program managers have been appointed by Head Quarters to strengthen these 9 KRAs
- A monthly reporting format for each of the 9 KRAs is now undergoing test
- FSM now autonomously offers degree and postgraduate awards in Environmental Health
- Fiji has moved to a biennial approach to NEHAP that supports a 5 year strategic plan.

**Informal outcomes …..**

- The National Centre for Health Promotion is working in close partnership with EHOs
- EHOs across the country are trying new Healthy Islands approaches in more than 90 settings
- Healthy Islands’ ventures are networking with many agencies outside of Health
- Health promoting communities are beginning to network and learn from each other
- The School of Public Health in FSM has a research strategy to support Healthy Islands
- This NEHAP invites EHOs to try some new approaches using action research methodologies

So what challenges lie ahead?

The Environmental Health Service faces two dilemmas in the 2002/3 biennium. Both confront the natural tension between top down regulatory organisation and innovative bottom up responses.

**The first dilemma …..**

In parallel with execution of the 1998 NEHAP, the Fiji Ministry of Health has initiated Health Management Reform. This favours flexible decentralised decision-making to improve customer service and gain community participation. Such a reform would leave Head Quarters to make national policy and monitor local practice. The power structure would devolve down to Divisions.
Community participation is a goal also cherished by the Environmental Health Service. BUT under the Central Board of Health, it must apply statutory standards equally across all Divisions. EHOs need a management system that reconciles this dilemma:

- Linking local regulatory practice with national uniformity across all Divisions
- BUT also opening up flexible and localised ways to invite community participation.

The second dilemma ……
Experience since 1998 has led Fiji EHOs to join with communities and build relationships around things that interest the people. Sometimes communities set priorities that are not, strictly speaking, health. BUT the price of contradicting these local priorities is loss of a common cause. There are occasions in building community relationships, when the health agenda simply needs to wait.

This flexible approach directly contradicts the regulatory paradigm BUT gains from community participation outweigh the waiting time. When the timing is right, EHOs have found that the health agenda does return.

Working in this way risks slippage in public health standards. Again Fiji needs a management system that reconciles this dilemma:

- Triggering local experimental approaches that invite community participation
- BUT also improving local regulatory routines to safeguard public health.

**How have we reconciled these dilemmas?**

Fiji has used a strategic questioning approach to balance top-down regulatory functions against bottom up innovation. The overarching strategic question has been:

“How can Fiji work towards unified national environmental health policies? < in ways that also > Trigger creativity local innovations and invite flexible community participation?”

The Environmental Health Service has worked in partnership with the Fiji Institute of Environmental Health to explore this question. More than sixty EHOs have work in small vertically integrated teams to explore this question. Program Managers in HQ have involved Divisional Health Inspectors, Sub-divisional Health Inspectors and field EHOs. Many of Fiji’s new graduates have been involved.

Strategic questioning progressed under 5 headings with associated questions “A” to “E”. Answers to these questions have given rise to strategic plans for each of the 9 KRAs. These 9 NEHAP plans are displayed later in this document as double paged layouts (see Figure 1).

**Figure 1. The double page - layout of NEHAPs for each of the KRAs**
This work was undertaken in the second half of 2001 for nine Key Result Areas:

- **KRA 1.** Environmental Health Planning and Management
- **KRA 2.** Pollution Control
- **KRA 3.** Health Promotion
- **KRA 4.** Sanitation
- **KRA 5.** Food and Water Quality Control
- **KRA 6.** Vector Borne Disease Surveillance and Control
- **KRA 7.** International Quarantine and Port Health Services
- **KRA 8.** Legal Enforcement
- **KRA 9.** Administration and Local Authority Services.

**The left half of the page pair**

The left hand page of the layout announces national policy for each of the KRAs. It briefly describes the KRA and established the statutory powers under which the Environmental Health Service operates. A vision statement follows and then national policy is laid out in two text boxes.

The left hand box sits under the heading: "Building on what we have" and addresses the question: "A. Where are we now?" The answer opens with a brief statement that positions the Environmental Health Service in terms of what it already has. Then it uses "BUT" to signal areas in which improvement is needed over the coming two years. Below this the layout uses "AND" to signal the long-term goals to which the service aspires in the coming five years. This represents top-down national policy, aimed at reinforcing environmental health measures across all divisions.

Balanced against this on the right hand side of the page is a bottom up invitation. It sits under the heading "Shaping Healthy Islands" and answers the question: "B. Where else would we like to go?" The answer has its roots in local communities and suggests "something new to try". A two or three word catch phrase captures the essence of an idea. The intent is to engage communities in working for positive change in each of the key result areas.

"Shaping Healthy Islands" is not a directive to EHOs – it merely:
- suggests a pathway for local innovation
- nominates possible partners and
- indicates agencies from whom to learn about community participation.

"A" and "B" together make national policy both top-down and bottom-up.

**The right half of the page pair**

The right hand page of the two-page layout outlines a national strategy for each key result area. Two text boxes side by side address the top-down policy derived in "A". The first box makes statements of intent, under the heading: "Improvement Strategies". It answers the question: "C. How can we begin?". Note that these statements in "C" derive directly from the items under "BUT" then "AND" in "A", so the numbering corresponds.

The adjacent box under the heading: "Networking Partners" answers the question: "D. Who else might work with us?". The answer specifies those agencies outside of Health with whom EHOs must seek partnerships. Again the numbering corresponds.

"C" and "D" together the make national strategy reach out sideways.
A third box at the bottom of this second page offers EHOs advice on how they might approach local innovations under the heading: "Something net to try" ….. followed by ….. "the catch phrase". This box answers the question: "E. How might we involve the community?". These are not rigid guidelines. They are possible pathways, should EHOs accept the challenge. The plan allows that only some EHOs will respond in one or more KRAs and only in some districts.

This is the Healthy Islands learning edge for the Fiji Environmental Health Service. In every case the answers to "E" end with: "Research Healthy Islands stories with colleagues – what worked or didn’t work – capture the lessons learned". The Fiji Institute of Environmental Health is in partnership with the School of Public Health at Fiji School of Medicine to support this action research.

"E" together with "A,B,C&D" seek to engage stakeholders top-down, bottom-up and sideways. It paves the way for integrative Healthy Islands' research in communities.

**What transforms national policy into local practice?**

National policies and strategies only have value when transformed into local practice. Fiji has devised a mechanism to derive Local Environmental Health Action Plans (LEHAPs) in line with national policy. The strategies from “C” in each of the KRAs were copied across to empty LEHAP formats and loaded onto diskettes. These were distributed to district EHOs along with a copy of the NEHAP which follows in Chapter 2.

Local EHOs were given discretion to propose how they might respond to each strategy in each of the 9 KRAs. These will be returned to Head Quarters before the end of 2001 to complete a national to local picture of the Environmental Health Service. The LEHAP layout is illustrated in Figure 2.

**Figure 2. The landscape layout of a LEHAP format for each of the KRAs**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Local Activities</th>
<th>Officer</th>
<th>By Date</th>
<th>Indicators of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers + words identical with National Strategies already laid out in section “C” of the NEHAP</td>
<td>This is space for EHOs to propose activities, for each strategy that may apply. Some strategies may belong higher in the organisation.</td>
<td>Space to identify active EHOs by name</td>
<td>Target dates for each activity</td>
<td>This allows space to describe what might be happening nationally and/or locally if the strategy is working.</td>
</tr>
</tbody>
</table>

An example of one actual LEHAP for each KRA is displayed in Appendix 1 of this document. Each of these examples comes from a different district in the Fiji group.

In addition the Environmental Health Service is testing a reporting format to regularly monitor progress in each of the KRAs. This format will be refined for research purposes to derive management information and support evidence based Healthy Islands' practice.

**Chapter 2.**

**Fiji's National Environmental Health Action Plan**

Insert the 9 page pairs for each of the KRAs
Environmental Health Planning and Management

What is this KRA about?

This key result area deals with environmental health issues in sub-division of land, planning, impact assessment, development approvals, compliance and monitoring. These functions are performed by EHOs under the following acts and regulations:

- Public Health Act Building Regulation Cap 111
- Subdivision of Land Act Cap 140
- Town Planning Act Cap 139
- Town Planning General Provision

What is our vision?

Safe and Healthy Developments

A. Where are we now?

Fiji has a Central Board of Health (CBH) that guides Rural Local Authorities and City/Town Councils under the Public Health Act. This links work forces of 106 EHOs across 22 Districts and 23 EHOs in 11 Councils.

Our EHOs are multi-skilled and systematic in processing development proposals to safeguard health and environment. In doing so they:
- network widely in government and community
- routinely advise other statutory authorities and
- monitor compliance in localities across Fiji.

This environmental health service is well accepted and comprehensively delivered on local, divisional and national scales.

BUT in this biennium we need to improve:
1. Knowledge and skills in EHIA and auditing
2. Protocols for all classes of development
3. Planning for public services and amenities
4. Surveillance of unplanned developments
5. Accessibility of burial and cremation grounds

AND our long-term goals (3 – 5 years out) are:
6. Review of the Public Health Act
7. Testing equipment
8. Other possible initiatives

B. Where else would we like to go?

Fiji has a long history of urban drift, with squatters gathering in unplanned settlements. Displacement of tenants in recent times has added to the problem.

Legislated planning and housing provisions have not proved universally successful.

Something new to try

Devising “cooperative resettlement” strategies with at risk communities of urban fringe dwellers.

Possible partners
- Department of Social Welfare
- Local Government
- Town Planning
- Advisory Council
- Provincial Council
- Dept. of Envt
- Housing Authority
- PWD
- Industries

People to learn from
- Researchers at USP
- Girmit council for Refugees
- Human Rights Reform
- Red Cross
C. How can we begin?

Improvement work
1. Strengthen the knowledge of EHOs in EHIA and auditing of developments for compliance.
2. Devise national assessment protocols to ensure uniform advice to planners and developers.
3. Establish criteria for planning advice on public amenities e.g. market places, transport bases etc.
4. Devise community based mechanisms to alert EHOs to unplanned developments.
5. Engage CBH in commissioning a feasibility study to augment burial/cremation grounds.

Long-term goals
6. Revise Building Standards specified under the Public Health Act, for Local Government
7. Allocate budget for operational research into “cooperative resettlement strategies”.
8. Other possible ideas

D. Who else might work with us?

Improvement work
1. WHO, DOE
2. Department of Town Planning
3. Department of Town Planning
4. Media, Local Government
5. City/Town Councils

Long-term partners
6. Office of Solicitor General
7. Ministry of Finance
8. Other possible partners

E. How might we involve the community?

- Invite the Director of Town Planning to explore a “Healthy Islands” approach to resettling squatters
- Identify one or more at risk squatter communities for whom resettlement is a pressing issue
- Win the trust of key informants in these communities - identify entry points and formulate approaches
- Research family circumstances, categorise the criteria of choice in location - what would they lose in a move
- Form cooperative resettlement groups in target communities - listen to them while exploring alternatives
- Engage the Director of Town Planning in a cooperative search for planned, viable and appealing solutions
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Pollution Control

What is this KRA about?

Pollution control is about monitoring and surveillance of water, air, land and noise. It uses Public Health Act Cap 111 and other subsidiary legislation to safeguard environment and public health.

What is our vision?

Collaborating with communities and industries to control pollution

Building on what we have

A. Where are we now?

Fiji has a Public Health Act and Town Planning Act that enables us to control development. But our powers to control pollution are limited.

Networking has helped us build a knowledge base and gain analytical services. We have a Program Manager in headquarters who can help us with professional guidance and logistic support.

We have some monitoring equipment already available nationally for sampling and surveillance.

BUT in this biennium we need to improve:
1. HQ support in decision and team work
2. Recording in complaint registers
3. Data records accessible to researchers
4. Sharing of equipment and training
5. Guidelines for control investigations
6. Baseline data from listed premises
7. Inventories of point source pollution
8. Solid waste management

AND our long-term goals (3 – 5 years out) are:
9. To review the Public Health Act
10. To partner the Dept. of Env. in passing the Sustainable Development Bill.
11. To gain external support for
   - building Public Health Laboratories
   - transport, equipment and training

Shaping Healthy Islands

B. Where else would we like to go?

Healthy Islands activities and research will raise pollution issues. This offers scope for community participation.

Something new to try

Engage communities and/or industries in "pollution watch " partnerships to promote environment that protect health. Tourism might be a place to start.

Possible partners

- Fiji School of Medicine
- Tourism Council
- National Centre for Health Promotion
- Department of Environment
- University of the South Pacific
- Department of Labour
- Youth groups, service clubs, schools
- Local Government
- Private companies

People to learn from

- Keep Fiji Beautiful
- Department of Fisheries-Fish Wardens
- Police - Neighbourhood watch
- SPREP
- SOPAC
- University of the South Pacific
- WHO
C. How can we begin?

**Improvement work**
1. Strengthen HQ linkages and teamwork between district, divisional and national scales to manage pollution.
2. Ensure proper recording of complaints at district level.
3. Design data recording systems in consultation with all stakeholders including researchers.
4. Circulate a list of monitoring equipment.
5. Consult with divisional and district officers in drawing up national guidelines for pollution investigation and control.
6. Create inventories of potential pollution sources in districts - report new entries to HQ.
7. Gather baseline data from point source, non-point source and pristine environments.

**Long-term goals**
9. Review the Public Health Act to redefine the term “nuisance”. Empower the CBH to set standards.
10. Work with the Minister through CBH to facilitate the passage of Sustainable Bill through parliament.
11. Write proposal for external support to:
   - build/equip a PH Laboratory
   - provide transport for field officers

D. Who else might work with us?

**Improvement work**
1. Internal only
2. Internal only
3. Fiji School of Medicine, University of the South Pacific, SOPAC and SPREP
4. Fiji School of Medicine
5. Dept. of Environment, WHO, SPREP, SOPAC
6. FSM, Dept. of Envt and USP
7. FSM, USP, Dept. of Envt, Dept of Ag, PWD Mobile Lab, Dept of Mineral Res, Emperor Gold Mine, Koronivia Res. Stat
8. Dept. of Envt., Private Companies

**Long-term partners**
   Fiji Local Government Association
10. Dept. of Envt.
11. Internal only – talk to external support agencies

E. How might we involve the community?
- Each district identify one healthy island setting which is affected by pollution
- Identify pollution source and determine those responsible
- Research the literature on environmental impacts and health implications for the setting
- Educate the community and the polluter on the consequences for health and environment
- Search out ways of promoting environment, protecting health and creating public awareness
- Encourage community and industry partnerships to work towards positive change
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Health Promotion

What is this KRA about?

This key result area is about empowering communities to manage their own health. They participate in mobilisation, profiling, needs assessment, training, action planning, implementation and evaluation. Ventures integrate: Policy, Physical Environment, Social Environment, Access to Health Services, Personal Knowledge/Skills & Community Relations.

What is our vision?

Collaborating with stakeholders to promote Health

Building on what we have

A. Where are we now?

Fiji has the National Centre for Health Promotion as focal point for Healthy Island and Health Promotion activity.

We have skilled EHO’s at National, Divisional and District level behaving as healthy island entrepreneurs. We are sharing and learning from our experiences in a series of approaches that have been identified. Networking is underway with several NGO’s and GO’s.

Training has been an integral part of health promotion activities and has shifted our emphasis from projects to settings.

Some EHOs are documenting their healthy island ventures and are sharing lessons learnt.

BUT in this biennium we need to improve:

1. Profiling to gather baseline data
2. Documenting of healthy islands processes
3. Involvement of other health workers
4. Sharing the concept with other stakeholders
5. Proactivity in healthy island ventures

AND our long-term goals (3 – 5 years) are:

6. To reflect Healthy Island in review of PH Act
7. To make a case for more EHO’s
8. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?

Our Healthy Island ventures are engaging communities to improve the health of their people. We want those involved to share a sense of pride and excitement about the gains they make. Our partners in Healthy Island settings need ways to tell their stories and display the benefits they gain.

Something new to try

“Tell stories to market Healthy Islands”

Possible partners

- National Centre of Health Promotion
- Provincial and Advisory Council
- Fijian Affairs Board
- Tourism
- Media
- Ministry of Women and Culture
- NGO’s
- Ministry of Youth
- Dept. of Environment
- Surf Medical Association (SMA)

People to learn from

- Nabila Village/Tavarua Resort
- Marketing Companies
- CrimeStoppers
C. How can we begin?

Improvement work

1. Access existing research findings and extend research into “grey areas” to improve profiling
2. Record “healthy islands” activities in settings, document, analyse processes and share learning
3. Engage other health professionals to profile settings and develop healthy island strategies
4. Train stakeholders, GO’s and NGO’s during seminars, workshop “Healthy Islands” concepts and application
5. Re-orientate all EHO’s to be proactive in Healthy Island Ventures

Long-term goals

6. Incooperate reference to “healthy islands” in reviewing the Public Health Act
7. Prepare and submit proposal to PSC for more Environmental Health Officers
8. Other possible ideas

D. Who else might work with us?

Improvement work

1. Fiji School of Medicine, National Centre for Health Promotion, University of the South Pacific
2. NCHP, FSM
3. NCHP, Ministry of Health, FSM
4. NCHP
5. Internal only

Long-term partners

6. Internal only
7. Internal only
8. Other possible partners

E. How might we involve the community?

- Invite Health Promotion Centre to make video clips of Healthy Island settings
- Capture images of community participation in Healthy Island ventures
- Interview community leaders and invite them to tell stories
- Involve community health workers and health professionals in discussing the benefits
- Offer the video clips to media outlets as a way to publicise Healthy Islands
- Invite other GO’s and NGO’s to lend their support and gain visibility in the awareness campaign
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned

Something New to Try

Market Healthy Islands
Sanitation

What is this KRA about?

This key result area is about monitoring and improving sanitary conditions for populations in urban and rural areas. Rural Local Authorities and City/Town Councils control sanitary standards and services under the Public Health Act. Sanitation in Fijian Villages is dealt with separately, on an advisory basis, under by-laws for each of 14 Provincial Councils.

What is our vision?

A Safe and Healthy Environment.

Building on what we have

A. Where are we now?

Fiji has a Public Health Act that guides and empowers EHOs to monitor and improve sanitary conditions.

We have very experienced staff with appropriate skills and knowledge.

Transport and funding are provided through Ministerial allocations.

BUT in this biennium we need to improve:
1. Baseline data on sanitation
2. Community awareness programs
3. Sanitary services by Local Authorities
4. Teamwork with other GO’s and NGO’s
5. Conditions of public health amenities.

AND our long-term goals (3 – 5 years out) are:
6. To review the Public Health Act
7. To integrate research in sanitation program
8. To build a national network of EH volunteers
9. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?

Under the Public Health Act EHO’s function only as advisors in Fijian villages. Sanitation is regulated under by-laws of 14 Provincial Councils. We have some gaps in our public health defences.

Something new to try

We need to “wake up village by-laws” to empower “healthy island” ventures to improve sanitation.

Possible partners
- Fijian Affairs Board
- Provincial Councils
- Roko Tui’s
- Turaga ni Koro’s
- EH Volunteers – identified and trained

People to learn from
- Tavarua Resort- beautification campaign
- Fish warden
- Litter Officers
- National Food and Nutrition Committee
- Methodist Women’s Group
- Keep Fiji Beautiful
Improvement strategies

C. How can we begin?

Improvement work
1. Ensure that sanitary surveys are systematically conducted to gather baseline data
2. Use mass media to build an awareness program on sanitation issues
3. Improve sanitary services (eg waste management) in all local authorities
4. Develop networking with relevant GO’s and NGO’s to improve sanitation in settlements

Long-term goals
5. Review Public Health Act
6. Integrate research into “healthy islands” approaches to sanitation in villages
7. Device a national strategy for recruiting and training EH volunteers for healthy island ventures
8. Other possible ideas

Network Partners

D. Who else might work with us?

Improvement work
1. Internal only
2. Fiji Institute of Environmental Health
3. Internal only
4. FAB, FSM, Lands Dept., Dept. of Envt.

Long-term partners
5. Internal only
6. FSM, FAB
7. Internal
8. Other possible partners

Something New to Try ………… Wake up Village By-laws

E. How might we involve the community?

- Enlist the support of the Fiji Institute of Environmental Health as a “honest broker” in developing a concept paper
- Consult with the membership of the FIEH to refine the concept and examine the proposition of EH volunteers
- Jointly with FIEH invite the Fijian Affairs Board to explore the concept and possible benefits
- Search for ways of making environment and sanitation a source of village pride
- Examine a possibility of a recognition or reward system for “healthy islands” village practice
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Food and Water Quality Control

What is this KRA about?

This key result area entails systematic surveillance and monitoring of food production, processing, handling and sale. It will ensure that local, imported and exported foods are of high quality. Food safety is regulated under the Pure Food Act Cap 116.

What is our vision?

Safe, wholesome and adequate food production and supply

Building on what we have

A. Where are we now?
Fiji Pure Food Act and Codex provide a comprehensive framework for food quality control.

The CBH administer Pure Food Act and influences Consumer Council of Fiji and Fair Trade to uphold food standards

We have good support from other Agencies

We have some analytical support from Koronivia Research Station and CWM hospital laboratory. USP undertake analysis for substantial fees.

BUT in this biennium we need to improve:
1. Monitoring of food premises
2. Training of food handlers
3. Advocacy for the Food Safety Bill
4. Training of food inspectors-HACCP & Codex
5. Inventory of food establishment
6. Data collection to identify food safety trends
7. Protocol of food recall
8. Funds for food sampling and analysis

AND our long-term goals (3 – 5 years out) are:
9. To have the Food Safety Bill enacted
10. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?
Informal exchange of foods around cultural events raise risks of food borne illnesses. This bypasses food safety surveillance and regulation measures.

Something new to try
Healthy Islands need ways to “Warn the Clans” as cultural events approach.

Possible partners
- Mass media
- GO’s and NGO’s
- Fish Wardens

People to learn from
- NFNC
- Tobacco Campaigners
- NSAAC
**Improvement strategies**

C. How can we begin?

**Improvement work**

1. Ensure proactive and systematic approaches in monitoring food quality.
2. Train food handlers and stakeholders on food safety and codex requirements.
3. Mobilise political support for endorsement of Food Safety Bill.
4. Train Pure Food inspectors on HACCP and codex.
5. Create inventory of food establishments at Subdivisional level and consolidate in HQ.
6. Create a data collection system on food borne diseases and contaminants - display trends.
7. Design and pilot protocol for food recall and test it in the marketplace.
8. Submit a budget for purchase of food samples and cost of analyses.

**Long-term goals**

9. Implement Food Safety Bill and regulation, educate food industry and community.
10. Other possible ideas.

**Network Partners**

D. Who else might work with us?

**Improvement work**

1. Food Industries, Importers, Distributors.
2. Food Industries, Ministry of Agriculture.
3. Codex Committee.
4. FSM, USP, WHO, Codex Committee.
5. Internal.
6. WHO.
7. Consumer Council of Fiji, WHO.
8. Internal.

**Long-term partners**

10. Other possible partners.

**Something New to Try …………. Warn the Clans**

E. How might we involve the community?

- Review common food exchange practices to determine food safety risks associated with cultural events.
- Educate communities on the risks of mass catering and exchange of cooked foods.
- Watch for and publicise outbreaks of food borne illnesses associated with cultural events.
- Prepare HPC materials for each district to pilot a “warn the clan” campaign in one or more settings.
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned.
Vector Borne Disease Surveillance and Control

What is this KRA about?

This key result area is about monitoring and controlling the agents of vector-borne diseases. The Public Health Act Cap 111, Quarantine Act and other subsidiary legislation assist in monitoring and controlling vectors.

What is our vision?

Vector- Borne Disease Free Environment.

Building on what we have

A. Where are we now?
Fiji is leading the region in vector Surveillance Control and virology. We have a specialised unit with experts in vectors and laboratory equipment.

Documentation of baseline data is of high quality. Networking has assisted the unit in analytical services.

BUT in this biennium we need to improve:
1. Motivation of staff at district level
2. Information Educational Communication materials
3. Rodent control measures
4. Entomological surveillance & control methods
5. Surveillance and notification of vector borne disease

AND our long-term goals (3 – 5 years out) are:
6. Review of Public Health Act
7. Operational research
8. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?
Healthy Island activities and research should be designed to raise community awareness in vector borne disease and control.

Something new to try
Engage communities in monitoring vector habitats – promote “larval watch” by EH volunteers.

Possible partners
• FSM
• Local Government
• NCHP
• Private Companies
• Youth Groups/ Schools
• Housing Authority
• Keep Fiji Beautiful
• Women’s Organisation

People to learn from
• WHO
• SPC
C. How can we begin?

Improvement work

1. Organise workshop/training for rank & file EHO’s on vector control measures
2. Extend IEC material to educate the public on vector borne disease and control of vectors
3. Research rodents as possible vectors of Leptospirosis and create community awareness
4. Develop a systematic national to local approach on vector surveillance and control
5. Improve clinical and serological surveillance and notification of DF/DHF and devise a contingency plan to counter outbreaks.

Long-term goals

6. Review Public Health Act to empower EH volunteers monitor vector population
7. Allocate budget for Operational Research on vector control issues
8. Other possible ideas

D. Who else might work with us?

Improvement work

1. WHO, SPC
2. WHO
3. National Vector Control Unit, MA (Vet Unit)
4. Internal, Local Government
5. Wellcom Virus Laboratory, WHO

Long-term partners

6. Office of Solicitor General
7. Ministry of Finance
8. Other possible partners

Something New to Try …………..

E. Larva Watch

E. How might we involve the community?

- Identify settings with high indices of disease vectors and risks of disease outbreaks
- Encourage school children and others in the community to send larvae for identification
- Identify the vectors and trace them back to the people responsible for creating the habitats
- Educate EH volunteers and the community on vector borne diseases and vector control
- Encourage the community to be vector conscious and eliminate breeding habitats
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
International Quarantine and Port Health Services

What is this KRA about?

This key result area is about avoiding international spread of quarantinable diseases. We monitor international travellers and cargoes via aircraft and vessels. Our powers derive from the Quarantine Act Cap 112 and WHO International Health guidelines.

What is our vision?

A Healthy and Quarantinable Disease free State

Building on what we have

A. Where are we now?

Fiji has well developed quarantine procedures under the existing Act for overseas and local aircraft and vessel.

We have a good working relationships with shipping agencies and airline operators.

Spraying of aircraft and vessels from infected areas are carried out on arrival.

We require fumigation of used clothes and local vessels.

BUT in this biennium we need to improve:

1. Control of used vehicles, containers & clothing
2. Observance of quarantine lines by port pilots
3. Supervision of residual spraying practises
4. Monitoring of Top of Descent spraying
5. Equipping of quarantine officers
6. Recovery of arrears for quarantine fees

AND our long-term goals (3 – 5 years out) are:

7. Broaden knowledge & experience of officers
8. Review the Quarantine Act
9. Establish office space at wharf areas
10. Transport arrangement for quarantine duties
11. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?

With so many islands in the Fiji Group quarantine measures have many loop-holes. Private sailors may have unannounced landfalls and ports may have anaoles. We need “healthy island” strategies to help us close the gaps.

Something new to try

Engage shipping agencies, industries, local authorities and communities in “quarantine alert”

Possible partners

• Shipping Agents
• Airline Operators
• MAFF
• Immigration
• Customs
• Ports Authority
• Airport Fiji Limited
• Importers
• Port Security Services
• Security Services

People to learn from

• WHO
• International partners
**C. How can we begin?**

**Improvement work**

1. Ensure proper quarantine measures for used vehicles, containers and clothing
2. Ask the Ports Authority to ensure that pilots observe the quarantine line
3. Ensure that residual spraying of international carriers is effective and that crews comply
4. Maintain random surveillance of air crews for Top of Descent spraying
5. Provide quarantine officers with safety and other essential equipment
6. Implement recovery measures for arrears in quarantine fees

**Long-term goals**

7. Seek external support to deliver training and send key staff for overseas attachments
8. Review the Quarantine Act
9. Arrange office space for Quarantine Officers to operate from in wharf areas at Ports of Entry
10. Provide appropriate training for Quarantine offices
11. Other possible ideas

**D. Who else might work with us?**

**Improvement work**

1. Shipping agents, Customs, importers, Ports Authority
2. Ports Authority, Port Pilot, Marine Dept, Lands
3. Shipping Agent, Ports Authority, Pest Control, Airline Services, AFL
4. Internal
5. Shipping Agents

**Long-term partners**

6. WHO
7. Ports Authority, Lands Dept, PSC
8. WHO
9. WHO
10. Shipping Agent, Airline services
11. Other possible partners

**E. How might we involve the community?**

- Create awareness on Quarantine Requirement and procedures through IEC material and meetings
- Establish ‘alert committees’ within island communities
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Legal Enforcement

What is this KRA about?

This key result area is about institution of legal action on non-compliance to statutory requirements. We seek sound judgements based upon evidence to gain rightful convictions. Statutory powers derive from:

- Public Health Act Cap 111
- Pure Food Act Cap 116
- Quarantine Act Cap 112
- Town and Country Planning Act Cap 139.

What is our vision?

To safeguard public health through enforcement of legislation

Building on what we have

A. Where are we now?

Fiji has a Legal framework which empowers Local Authorities to administer, supervise, control, monitor and enforce regulations within its districts.

We have systematic procedures in place to carry out investigations of complaints and service legal notices.

Our skilled EHO’s are stationed in Local Authorities and Districts throughout the country.

BUT in this biennium we need to improve:

1. Funding for EH – Prosecutions
2. EHO’s knowledge and skills in prosecution
3. Public relations in upholding statutes

AND our long-term goals (3 – 5 years out) are:

4. Review the Public Health Act &
5. Review Pure Food Act
6. Review Quarantine Act
7. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?

Prosecution is a last resort in managing health and environment but current penalties do little to deter offenders. Healthy Islands looks for lateral ways of helping communities change.

Something new to try

“Make convictions bite” – find a public interest angle for the media to report. Trigger community concern and encourage others to comply.

Possible partners

- Media
- DPP
- Solicitor General
- Small Claim Tribunal
- Justice of Peace

People to learn from

- Fiji Law Society
- Police Public Relations
- Department of Labour (OHS)
- Crime Stoppers
- Green Peace
- Dept of Environment
C. Improvement strategies

C. How can we begin?

Improvement work

1. Submit Budget for prosecution work through the Central Board of Health

2. Train key EHO’s to gather evidence, prepare charges, serve summonses, lay charges, prosecute and give evidence

3. Train EHO prosecutors in media relations to publicise prosecutions and deter offenders

Long-term goals

4. Amend the Public Health Act to increase fines and make them effective deterrents

5. Amend the Pure Food Act to specify standards and increase fines and make them effective deterrents

6. Amend the Quarantine Act to increase fines to make them effective deterrents

7. Other possible ideas

D. Network Partners

D. Who else might work with us?

Improvement work

1. Ministry of Finance

2. Police Academy, DPP

3. Solicitor General

Long-term partners

4. Solicitor General

5. Solicitor General

6. Solicitor General

7. Other possible partners

E. Something New to Try ………… Make Convictions Bite

E. How might we involve the community?

- Design a training workshop for EHO Prosecutors on media relations and news release
- Develop media contacts and discover their criteria for addressing public interest
- Enlist the support of Ministry of Health Planning Unit to work out a strategy
- Establish a public relations mechanism in HQ to oversee “Make the cases bite” strategies
- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Central Board of Health and Local Authority Services

What is this KRA about?

This key result area is about the Central Board of Health (CBH) and its “general powers of supervision and inspection over the several Local Authorities”. CBH presides over teams of EHOs (106 EHOs in the Ministry of Health and 23 EHOs in City/Town Councils). They deliver environmental health services, uphold statutes, administer Rural Local Authorities and promote Healthy Islands.

This KRA is also about National Environmental Health Action Planning (NEHAP) and leadership of Local Environmental Health Action Planning (LEHAP).

What is our vision?

Healthy, safe, attractive environments that engage communities

Building on what we have

A Where are we now?

Fiji has a Central Board of Health (CBH) under the chairmanship of the Permanent Secretary for Health. The Minister nominates members of the CBH, under the Public Health Act, and appoints the Chief Health Inspector as Secretary. Several qualified program managers are also officers of CBH.

CBH exercises general powers of supervision over environmental health matters in cities, towns, and rural local authorities. These authorities are vital in safeguarding health and environment. They are all staffed by qualified EHOs having statutory powers under the Act.

BUT in this biennium we need to improve:
1. EHO staffing levels
2. Transport arrangements
3. Financial management of sanitary services
4. Contact by HQ with Local Authorities
5. Monitoring of NEHAP and LEHAP.

AND our long-term goals (3 – 5 years out) are:
6. Align composition of CBH with KRA areas
7. Improve budget allocation to district offices
8. Other possible initiatives

Shaping Healthy Islands

B. Where else would we like to go?

Central Board of Health and Rural Local Authorities mind the statutes and back up EHOs. Meetings have to run on minutes and agendas but the content often limits human interest.

Something new to try

“Liven up the meetings” – add on Healthy Islands’ stories and trigger new ideas. Give the members challenges and prompt them all to think.

Possible partners
- Fiji Institute of Environmental Health
- National Centre for Health Promotion
- Housing Authority
- City and Town Councils
- Keep Fiji Beautiful
- Private Companies
- Youth Groups/ Schools
- Women’s Groups

People to learn from
- Lions Clubs
- Rotary Clubs
C. How can we begin?

Improvement work

1. Develop a case for additional EHO’s, seek support of CBH and make a submission to PSC

2. Engage program managers in allocating transport and other resources to district EHO’s

3. Train all SDHIs in basic accounting procedures and financial management of sanitary services

4. Institute regular quarterly visits to Local Authorities by Program Managers

5. Report district activities monthly and turn this data into management information at HQ

Long-term goals

6. Amend the PH Act to guide the Minister in appointing CBH members with KRA expertise

7. Make a case for Environmental Health budgets in HQ, Divisions and Sub-divisions

8. Other possible ideas

D. Who else might work with us?

Improvement work

1. WHO, Fiji Institute of Environmental Health

2. Internal

3. Auditor General

4. Internal

5. Internal

Long-term partners

6. Office of the Solicitor General

7. Ministry of Finance

8. Other possible partners

E. How might we involve the community?

- Gain agreement from the Authority to have a Healthy Islands spot when ever there is a story to tell

- Identify good Healthy Island stories unfolding within the boundaries of the Authority

- Direct a member of staff to gather images of human interest and make a poster of the setting

- Identify some aspect of the setting with which to challenge the Authority to think

- Invite discussion and engage members in proposing strategies – capture outcomes as resolutions

- Research “Healthy Island’s” stories with colleagues - what worked or didn’t work - capture lessons learned
Design instructions:
This seems to be the left page of the centre fold of the document. It should display a map of the Fiji group showing the 95 localities where Healthy Islands is under way. These might be coded for Healthy Islands Settings, Healthy Islands Projects, Healthy Schools, Healthy Work-places and Healthy Tourism.

The text below, along with pictures of landscapes and people should be designed into this page pair.

The map might then be shrunk to an icon and designed into each of the case studies that follow. The icon might carry a flag denoting which of the 95 localities is being described.

Chapter 3. Case studies of Healthy Islands’ ventures

In the three years since Fiji developed its first National Environmental Health Action Plan, Healthy islands has blossomed. More than ninety settings have emerged throughout the group. These are the fruits of a very productive partnership between the Environmental Health Service and the Fiji National Centre for Health Promotion. Many other government and non-government agencies have also been involved. The stories that follow show some places and faces of Healthy Islands and exhibit the spirit in which they have moved.
Networked Settings in the Northern Division

Maramarua District School and Nasigasiga Village

These Healthy Islands settings arose when Macuata Tikina Council meeting expressed concern about conditions at Maramarua District School. The District Development Committee took the matter up and the Assistant Roko of quickly approached the Divisional Health Inspector. As a result the concept of Healthy Islands was introduced through the Tikina meeting (Picture 1).

The Chairman of the Maramarua School Council happened to also be Turaga ni Koro of Nasigasiga Village. Still active in his seventies, he saw the potential of Healthy Islands for his village as well as for the school. Networking was a natural outcome. This man (Picture 2) has rapidly become one of the faces of Healthy Islands in the Labasa Health Office. He is often welcomed behind the counter - a valued member of the team. Work began with profiling on each of the settings in turn. This is an example of the “Up Down” approach outlined above.

The Village Profile

Maramarua sits in the interior, 70km South West of Labasa. A 10km forestry track (Picture 3) reaches it from Labasa – Nabouwalu Rd. The village lies on a moderate slope, descending to the river. It nestles among lowland forests, in rugged undulating terrain - one of seven district villages in the Dreketi Tikina.

In summary this setting had:

- A population of 156 in 29 households linking 7 clans in an extended family
- Capacity for rapid action - 27 households built pour-flush toilets ahead of action planning
- A trained Primary Health Care worker and a Health Committee
- A relocation program, shifting households up hill to escape flooding on the river bank
- Some inadequate housing: 1 Fijian Bure, 17 bamboo, 1 wooden, 10 corrugated iron
- Potable water in crisis, needing more elevated storage to serve relocated households
- Uneconomic transport of produce over the 10km forestry track - cash income limited

The School Profile

Established in 1950, Maramarua District School sits in Dreketi, 65km South West of Labasa town. This is a rural boarding school, administered by a school committee, elected by parents annually. The school serves 208 children in years 1 to 6, one quarter of whom are boarders. Some are very young children.

In summary this setting had:

- Seventy percent of school families subsisting below average income
- Children tending a school garden to supplement their diet with vegetables and root crops
• Insufficient water supply to support existing flush toilets
• Six pit toilets serving as an interim measure pending a water project
• Ample playing fields and adequate open drainage (Picture 4)
• Class rooms that were run down and severely over-crowded (Picture 5)
• Kitchen and dining areas that were unhygienic and totally inadequate (Picture 6)

(Picture 4: Playground with school garden behind. Maramarua Village lies in hills beyond the school)
(Picture 5: Half a class of 44 in an undersized classroom)
(Picture 6: Headmaster showing old kitchen adjacent to inadequate dining room)

Launching Healthy Islands
Members of the Healthy Islands team launched these settings with three days of “Health Promoting Communities” training. Nasigasiga Village hosted the first two days (Picture 7) (Picture 8). The village already had a health committee so planning quickly began (Picture 9). Moulds for pour-flush toilets were provided early on and the village ran ahead of planning with toilets for 27 of the 29 households (Picture 10).

(Picture 7: Presenting Healthy Islands in the village setting)
(Picture 8: Action planning in the village community)
(Picture 9a: The community was excited)
(Picture 9b: And the food was good).
(Picture 10: One of the new pour-flush toilets at Nasigasiga)

Maramarua School hosted the third day of training, with the School Committee took up the role of Health Committee. Planning quickly began (Picture 11).

(Picture 11: Action planning in the school community).

What has happened since
Both the village and the school completed their action plans quickly. These were validated, printed and bound by the National Centre for Health Promotion (Picture 12). They were then lodged with other interested government agencies in Labasa. The Assistant Roko, Macuata is working in partnership with EHOs and the settings to gain support to execute the plans.

(Picture 12: Partners with a plan, a building under way - Headmaster left, EHO right)

Maramarua School gained funding for materials from the Ministry of Education to build a new dining room and class-rooms. The community is providing skills and labour, the new dining room is completed (Picture 13) and new class-rooms are under way.

( Picture 13: New dining hall - old dining hall behind now the kitchen).
( Picture 14: The community is now building class-rooms).

Networking has brought win/win strategies in three ways
Sharing Resources:
A new water supply for the school and adjacent government offices in Dreketi is now the top priority but local sources are all inadequate. Nasigasiga Village has an abundant source in the hills 5km beyond the school, so networking has come to the fore. In address its own water crisis the village is exploring the notion of adding the school and adjacent government offices to the scheme.

The win/win strategy:
Water for school and adjacent offices < NETWORKING > Expanded scope for fund-raising

Celebrating Healthy Islands:
Because of their remoteness, fundraising at Nagigasiga Village reaches beyond their boundaries. A Nasigasiga Day is planned for each of the next five years. Each of the 7 clans will appeal for urban relatives to join them in Healthy Islands celebrations.
The win/win strategy:
The clans compete in raising funds  < NETWORKING  >  Visitors learn about Healthy Islands

**Seeds of Healthy Tourism:**
The village has also linked up with two nearby coastal resorts, to raise funds by providing cultural entertainment. Upon hearing their Healthy Island story, a manager of one resort offered support for their water project. The seeds of “Healthy Tourism” are emerging in this network.

The win/win strategy:
Visitors enjoy healthy village culture  < NETWORKING  >  Village gains Healthy Islands partner
The Beginnings of Networked Settings - Suva

A sketch of the settings

The settings chosen to illustrate networking in the Central Division comprise three villages and one settlement clustered around a school (Picture 15). These communities lie off Queens Rd, across the bay, within sight of Suva City. The Suva team had begun approaching these communities just ahead of events in May 2000. The turbulence that followed brought a momentary pause but Healthy Islands didn’t stop.

(Picture 15: A locality map – Muaivuso Village, Waiqanake School, Nabaka Village, Waiqanake Village and Namakala Settlement)

The church and community hall in Nabaka Village (Picture u16) shows evidence of community strength and participation. Not withstanding this, each of these communities had long been feeling unsettled. Thrusts for development surrounding Suva had passed them by for decades. These concerns bubbled to the surface, during the time of unrest and were taken up by the authorities.

(Picture 16 Community Hall on the ground floor – upstairs the Methodist Church)

An entry point came from on high ……

Following a request by both the Military and the Police, EHOs from the Suva Office re-entered these troubled settings:

- Water supply emerged as the strongest need
- Work began with a survey of water quality through each of the communities
- Every source was loaded with faecal indicators – all were very unsafe (Pictures 17 - 22)

(Picture 17 Muivuso Tank - >2400 E. col – Faecal Col <3)
(Picture 18: Nabaka Village - pleasing yes, but the water was not )
(Picture 19 Waiqanake Creek - >2400 E. coli – Faecal Coli 93 )
(Picture 20 Nabakala Creek - >2400 E. Coli – 93 Faecal Coli)
(Picture 21 Nama Pond - 460 E. Coli)
(Picture 22 Naitevutevu Settlement Well - 4 E. Coli)

- The Healthy Islands team found them selves on the way to the Prime Ministers Office
- Support was forthcoming and a committee was formed to push the project through
- FJ$25m was quickly allocated for a water supply project
- The PWD and Mineral Resources did a feasibility study
- Drilling for water began (Picture 23).

(Picture 23 Mineral Resources Department drilling at a likely site)

Work has begun afresh

Having gained an entry point through this water supply project, the Suva team moved on to establish a network of Healthy Islands’ settings. Work began in the traditional way with courtesies in the Chiefly Navakavu Village. The Healthy Islands concept was introduced and a Health Committee was formed (Picture 24).

(Picture 24: Namakala Settlement Health Committee – a big initial achievement)

A teaming approach from Health

A cross-disciplinary team was gathered around and profiling got under way.

- EHOs mapped all the communities (Picture 25) and interviewed key informants (Picture 26).
- Medical, Nursing and Dental Officers did screening for health indicators (Picture 27)
- Nurses conducted a Maternal Child Health clinic as a way of creating a bond (Picture 28).

(Picture 25: EHO mapping Muaivuso Village)
The Suva team has finished its profiling – training of Health Committees in writing action plans is now under way.

**Networking has also begun**

Networking partnerships with other agencies outside the Ministry of Health is now beginning to happen:

**Ministry of Agriculture**
- Fund raising has begun in the villages but cash is in short supply
- The Ministry of Agriculture is offered support to start a prawn farming venture
- The communities will shape up the ponds and do all the physical work
- The Ministry has offered the first lot of shrimp and fish food for the first cycle
- Plans are in hand to access a market – each cycle takes only six weeks

The win/win strategy:
Settings gain sustainable cash  <  NETWORKING  >  Agriculture learns about Healthy Islands

**Fiji School of Medicine**
- MBBS students learn about Primary Health Care by doing it in the community
- FSM has agreed that the next time around the students will do profiling in Waiqanake School
- The school serves children from all four communities so to the network as a 5th setting.

The win/win strategy:
The Suva team get help in profiling  <  NETWORKING  >  MBBS students enrich their learning

**Fiji School of Nursing**
- Student nurses will be working on attachment with the Healthy Islands team as the end of the year approaches. They will play a part after action planning, in the implementation phase.

The win/win strategy:
The Suva team spreads the load  <  NETWORKING  >  Nurses experience Healthy Islands

**Ministry of Women**
- The Ministry of Women are assisting the communities in identifying donor agencies who support community development.

The win/win strategy:
The settings gain extra support  <  NETWORKING  >  the Ministry learns about Healthy Islands

**To be continued**

These settings have suffered several setbacks, each could have signalled the end but EHOs have carried on in spite of these disappointments. Healthy Islands can sometimes turn problems into opportunities in ways that give them a boost. Their story is starting to grow.
Healthy Islands Water Projects
Caurokodrika Village and Lakutu Settlement

These communities lie some 60km from Labasa Town within a drought prone area of Macuata. Farming of sugar cane and rice is the main source of income with a scattering of livestock on some of the farms. Water supply was the major Healthy Islands’ priority amongst this population. With family incomes well below average earnings this represented a major challenge.

The Village Profile
Caurokodrika Village (Picture 1) nestles at the foot of the Nakelikoso mountain. A stream passing the village area had been an unprotected source. The people were carrying water from this source and had suffered a long history of diarrhoeal disease.

(Picture 1: Caurokodrika nestles at the foot of Nakelikoso Mountain)

In summary this village had:
- A traditional Fijian village culture with Turaga ni Koro
- Ten households accommodate a population of 40 – 24 male 16 female
- A contaminated water supply and a history of diarrhoea
- Mainly water seal toilets with one pit latrine
- Villagers living a subsistence lifestyle
- Nearest school 6km distant with health and dental services on Thursdays
- Nearest Health Centre 15km distant at Wainikoro.

The Settlement Profile
Lakutu Settlement is situated to the south of Caurokodrika Village in a farming community. A sketch map (Picture 2) shows the layout of the water scheme in relation to the two communities. The settlers were carrying water from wells and had also suffered a history of diarrhoeal disease.

(Picture 2: A sketch map showing the two communities and the water supply scheme)

In summary the settlement had:
- A community of Indo Fijians with a Manager of Ramayan Mandli (religious group)
- Fifteen households accommodate a population of 60 – 35 male and 25 female
- Contaminated water sources also with a history of diarrhoea
- Income derived from sugar cane and rice farming
- Shops and some government offices lie within 15km of the settlement
- Nearest school 6km with health and dental services on Thursdays
- Nearest Health Centre 15km from the settlement.

Execution of the project
EHOs mobilised the two communities (Picture 3) and facilitated them in laying out the project. The communities were agreed upon the shared objective of “a wholesome water supply shared by their settlement and their village”.

(Picture 3: The EHO sharing a social moment in the village)

A wholesome water source (Picture 4) was identified in a pristine setting on adjacent hills (Picture 5), and the water quality was verified. The system was designed for gravity feed to a suitably elevated holding tank, then branching in two directions. The design was completed and the project was costed at FJ$24,000.

Both communities turned to fund-raising and the EHO went in search of government funds. The project unfolded, as many had hoped, in each of the following ways:
Design and fund raising

- Design was worked out by the EHO and costing was done in advance
- Submissions were written and taken to many with budgets to share
- The communities raised funds - $1,000 - a show of good faith and hope for a donor to help
- The Department of Multi Ethnic Affairs funded two thirds of the bill of costs

Mobilising the community

- The communities met all the rest of the needs by turning their hands to the work
- New contacts were made to borrow machines (Picture 6) (Picture 7)
- Communities gave sweat (Picture 8) and honed up their skills (Picture 9)
- The work went on well with the EHO ready to guide (Picture 10)

(Pictures 6: A tractor and transport brought resources together)
(Picture 7: Villagers and settlers give a hand with the EHO on site)
(Picture 8: The form work is went up with many on hand)
(Picture 9: The tank took shape with fewer hands)
(Picture 10: Others were laying the pipes)

Breaking through and reapplying lessons learned

- The top and the bottom came together at the tank (Picture 11 & 12)
- Water pressure (Picture 13) was assured by prior design – no pumps to maintain in the line
- The project was completed (Picture 14 & 15) six months from the start
- Like water, the lessons learned have flowed on - 6 other projects are all set in the North.

(Picture 11: The tank is ready for the water to come)
(Picture 12: The water arrives at the tank from the source)
(Picture 13: Gravity is doing its work- there’s more on the way to the village)
(Picture 14: Fresh water at last - it reaches the village)
(Picture 15: Its there with the settlement too)
Lessons Learned in Healthy Islands Settings

What principles are emerging?

The Environmental Health Service is engaging EHOs across the country in sharing their experiences and learning from each other. Healthy Islands in Fiji is, above all, about action learning. Experience in the Northern Division (4 villages, 3 schools, 1 work-place) has given rise to a set of emergent principles. These are outlined below in four phases. All remain open to change as learning continues.

The exploratory phase
- Identify the most influential person or people that the community seems to trust most

The inductive phase
- Recognise that the community knows their problem situation better than anyone else
- Decline to facilitate an entry point that has been the subject of dispute
- Ensure that the chosen path has support from the entire community

The experience phase
- Never fail the community when committed
- Expect changes to occur and deviations from the action plan during implementation

The learning phase
- Evaluate progress after each monitoring cycle
- Carrying out SWOT analysis on presentations from each of the settings leaders
- Design new approaches in light of the lessons learned.