

# IMPROVING HEALTH PROMOTION APPLICATION THROUGH INTERSECTORAL PARTICIPATION

Team Fiji

PRO-LEAD 1 PARTICIPANTS

# Project Background

- Project Title – Improving HP application thru. Intersectoral Participation.
- Integral part of a 9 months Pro-Lead course for future leaders in health promotion
- Opportunity to identify gaps and improve on the current work to advance HP infrastructure and financing
- Focus on COD unit within NCHP

# Project Theme

- To Improve COD role in health promotion through Intersectoral Participation.
- Theme selection matrix tool
- ✓ Revealed intersectoral participation has greater impact on customer (s) and greater improvement is needed to improve COD efficacy in HP.

# Problem Statement

- Out of the 23 council member organizations, only **1 organization** (MOH) is actively involve in the Community Organization Development (COD) initiative
  - Reflection of poor intersectoral participation of organization representative within the health promotion council.
- ✓ **If health is truly the result much more than medical care alone, than it is only true and fair that everybody must contribute towards its attainment.**

# Problem Statement Analysis

- Ishikawa fishbone diagram tool.
- 3 major causes were identified
  - COD **Process** fails to alert and draw attention of its partners in the event of support mobilization stage.
  - **Health partners** lacks interest to contribute.
  - **Management** lacks understanding on health promotion concept and applicability.

# Plan of Action

- o Countermeasure matrix tool
- o 3 practical methods were identified for action.
- Strengthen mobilization of support in the current COD process consisting of 5 steps.
  - Incorporate elements that encourage participation by stakeholders.
- Revision of the current Profile format.
- Advance HI/HP workshop targeting managers who's support is critical in forming the DMT & SDMT.

# Process Indicators – Review Exercise

- Incorporation of Community Capacity Building tools in HP setting development process.
- Formulation of new comprehensive profile format that captures interest of all relevant stakeholders/partners
- Establishment/strengthening of HP DMT/SDMT thru. Training and advocacy by the council

# Results

- Shift in role from service provider to facilitator for target population now assuming role of sustaining the HP when we make ourselves redundant.
- New partners assuming leading role in establishing HP settings e.g.:
  - MOE - HP School program
  - MOL & Ind. Relations - HP workplace
  - MOFA, Prov. Devt. - HP village/Settlement
  - MOT - HP Hotel & Backpackers
  - Council of Churches - HP Churches

# Result.....cont

- Strengthen our partnership & network thru. Establishment of HP DMT/SDMT
- Development multi-sectoral national profile
- \$80,000 partnership grant to support COD programs for 3 consecutive yrs commencing 2005 (Aus-aid)
- Improve HP infrastructure (H/Resources) thru. 3 strategic HP officer 3 yrs project position from 2005 – 2008 (Aus-aid)

# Standardization

- Small Grant Criteria Policy
  - Profile developed
  - Undergo HPC training/ Action plan developed
- National Profile for Village/Settlement  
Endorse by the COD subcommittee as guideline tool for baseline information and for evaluation purposes for any community development activity.

# Future Plans

- Advocate proper coordination of activities as a means of leveraging funds for health promotion.

# Positive Indicators to support this Future Plan.

- HI/HP vs CCB vs Comm. Dev run by different org. but approach relatively the same.
- Have their own pockets of funding
- Substantial amount had been wasted due to duplication resulting from Individualistic approach and departmentalizing of service

# Challenge

- Is how best intersectoral participation could be harness in the current COD activities as a machinery to leverage funds for health promotion?

# Way Forward

- Break walls and barriers among GO, NGO's etc.
- How???
- ✓ Advocate for Legal framework to legalize the current HP Structure.
  - Break the PMS barrier
  - Allow integration of activities as mandatory obligation.

# Way Forward cont...

- Formulation of discussion paper to Solicit Cabinet and political support to align donor agencies interest with local context.
- How?
- ✓ Government to be transparent with donor agencies about local context and how HP is to be addressed.
  - This is our situation, this is how we want it to be presented.

# Way Forward cont.

- Co-ordinate HP programmes to enhance better utilization of resources, different pockets of funding available.
- How???
- ✓ National Health Promotion Strategic plan
  - Extract common strategic objectives from other stakeholders strategic plans involve in similar activities.
  - Incorporate the same into National Health Promotion Strategic plan
  - Enhance coordination of activities
  - Prevent duplication and wastage of resources

# Something to think about

- “Everyone assumes that money is the rate-controlling step”.(David Lawrence)

People get defeated easily when minds are fixed on funding as the only means of facilitation even before they get started.

- “Many things can be done that cost little or no money, what they take is leadership and energy”. (Tom Chapman)
- Big cash is not the answer to all problems, what’s necessary is the will and the vision to do it.

# Warrants inter-sectoral participation

- **You can't do this alone.**
    - It's beyond your resources
    - It's outside your expertise; and
    - often you are not the right one to do it.
  - **You must involve others.**
    - as many as possible, to look on them (GO's, NGO's, Ind.Comm. Etc)
- NOT**
- as competitors, suppliers or clients but as **partners.**

**People who can create something that you don't have the power and resource to create alone.**

*Thank you*