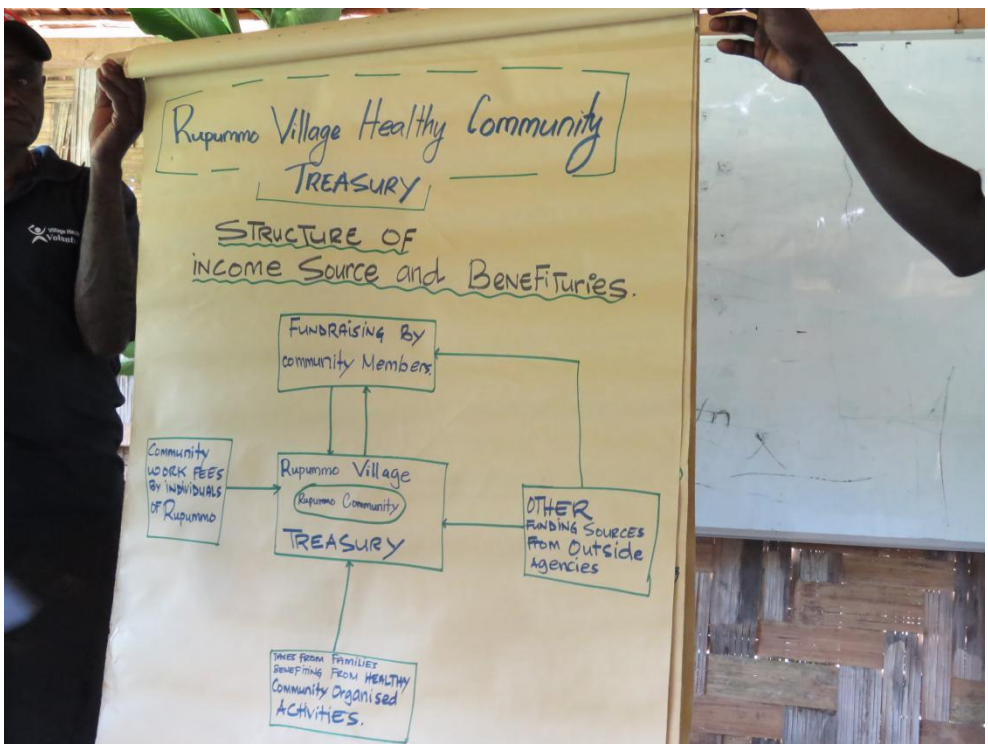
REPORT ON THE EXTERNAL EVALUATION OF

BOUGAINVILLE HEALTHY COMMUNITIES PROGRAMME



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Acknowledgements

I am grateful to a number of people who enabled me to carry out this evaluation and helped me along the way. First, the Leprosy Mission New Zealand for giving me the opportunity to visit Bougainville and, in particular, a number of the many villages in which they have been working during the course of the Bougainville Healthy Communities Programme's implementation, where I was able to meet with BHCP staff, volunteers, and many beneficiaries, and gain an insight into the programme's way of working and its successes.

I am grateful also, for the support accorded me and the sharing of information by Jasleen Kler (Leprosy Mission NZ) and Tony Wrightson, long term advisor to the programme.

In Port Moresby and throughout the evaluation, I was supported by the Leprosy Mission International representative, Natalie Smith and I appreciate that.

I am also appreciative of the fact that, although time was short, relevant people from the Bougainville Department of Health met with me and shared information.

I am grateful too, for the helpful way in which Ruby Mirinka, Programme Director, and BHCP staff members supported me in the field, organised transport, accommodation and other needs and shared their knowledge and insights with me.

The nature of an evaluation is intrusive upon beneficiaries' daily lives and the project staff's work, so I appreciate the time beneficiaries spent with me and their willingness to discuss their involvement, and the time of programme staff who travelled with me.

My work relied on interpreters in the field and I am grateful to the staff members who carried out this taxing task. Without their help I could not have carried out the evaluation.

Executive Summary

1. **Introduction:** The BHCP is an outcome of the Bougainville "Crisis" which left communities in disarray, revenue streams destroyed, health systems undermined and a generation of young people uneducated. Cases of Leprosy, TB and Malaria were on the rise. Responding to this situation, the BHCP used a unique methodology shaped by the lack of finance and the philosophy of self-reliance, and targeted, at the village community level, 1. Reduction of Disease and 2. Leadership and Governance.

This evaluation took place in June/July 2018 as the programme and the donor prepared for a new phase in the programme's development. The evaluator had limited time and long distances to travel, however, I was able to visit a small selection of established BHCP villages, one village just beginning the programme interventions, and two Health Facilities, and to spend time with DOH, BHCP staff and others who have knowledge of the programme.

The evaluation was guided by the Results Diagram (NZ Partnership for International Development Fund Activity Design Document, BHCP 2014 - 2018) and the Objectives of the BHCP External Evaluation, Terms of Reference.

2. Methodology: The evaluator used a qualitative methodology, using a variety of research tools and concentrating on the impact of the program on the lives of the beneficiaries. In addition, the BHCP Monitoring system was able to provide quantitative monitoring data for progress against all Programme Outcome and Output indicators and some of these have been quoted in this report.

3.0 TOR Objective 1. Assess the impact and relevance of the work of the project.

The activities of the BHCP, designed to meet identified needs, are completely relevant. The concentration on Health and Governance complement each other and have led to extraordinarily positive changes in village life and to the health and wellbeing of women, men and children in the BHCP villages.

3.1 Health and Well-being Outcomes: DOH and BHCP records and anecdotal information attest to the reduction of disease and illness due to the training and work of the Village Health Volunteers (VHVs) and their support by village governance teams. The most important programme intervention in achieving the health related outcomes is the training of the VHVs and their work in the villages. VHVs feel empowered by their skills and knowledge and have a sense of responsibility for their people. Their work is appreciated by the community; however, the VHVs identify a need for gender training in the villages.

3.2 Leadership and Governance related Outcomes: The BHCP has achieved its Governance related outcomes through providing appropriate training for running successful, progressive communities and using the DFs and DFCs to encourage and support village development. Trainings are designed to meet the identified needs and expected results of the programme. Training manuals have been developed in conjunction with the DOH and the DCG.

As part of their intervention, BHCP trained leaders have established Village Treasuries and encouraged villagers to save money for their own and their village's development. The improved economic status and standard of health have contributed to the improved standard of living.

3.3 Integration related Outcomes: The BHCP works closely with the DOH which has a high level of respect for the BHCP way of working. The diagnostic and education work of the VHVs and the treatment, inoculation and child birth activities of the DOH and Church supported health facilities complement each other and lead to mutual respect. Lack of transport and funding impact negatively on the work and morale of DOH health facility staff.

3.4 Overall comments on Impact: BHCP villages are working at different levels depending on the length of their engagement with the programme. All the villages visited have achieved or are on the way to achieving Outcomes 1 and 2 of the Results Framework.

4.0 TOR Objective 2. *Assess the Effectiveness and Efficiency of the Project Design and Implementation.*

The BHCP's activities were skilfully designed to contribute to its planned outcomes. Awareness Raising and extensive Capacity Building of, and by, the village leaders and VHVs, supported by the DFs and DFCs, have led to the accomplishment of Outcomes 1 and 2 and to a body of trained village level personnel who can continue the work. Meticulous recording of results has taken place and results have been used as an on-going planning tool in villages.

In both Programme Design and Implementation, the support and guidance of MFAT, LMNZ and the knowledge of the Programme Director have been of paramount importance.

5.0 TOR Objective 3. Sustainability

In the villages I visited, project outcomes are secure, at least, for the immediate future. Village governance has assimilated recent changes in Community Government structure and many BHCP trained people are now holding office. Interaction between BHCP villages is increasing, including cross training and support. This decreases the vulnerability of 'new' villages to change. Successful income generating projects are also helping to 'cement' sustainability.

6.0 TOR Objective 4. Lessons Learned

There are many lessons for the wider development community from the implementation of the BHCP. Its design is based on local needs, conditions and capabilities. It is not reliant on large inputs of money, equipment or drugs from outside sources. It is focused on the immediate needs of the people and, within each village, is 'owned and run' by them.

The programme works collaboratively with local government institutions. It recognises the need to lift people's self-esteem, ability to organise themselves and spiritual well-being, as well as meeting their physical needs.

The BHCP focuses on prevention rather than cure and concentrates on building capacity rather than "quick fixes". It is reliable and has built long term, cooperative and mutually respectful relationships. It demonstrates its commitment to sustainable development through its MEL Reflection activities.

7.0 Cross Cutting Issues

Gender: The BHCP has a high level of awareness of gender issues and addresses them in its trainings. Many women have been empowered by the programme's training and activities; however, there remains much to be done to ensure an understanding of the discrepancies in the treatment of women and men in Bougainville society and elsewhere.

Human Rights: The foundation of the BHCP is the right to good health and knowledge, leading to productive and fulfilling lives. Much progress has been made. The inclusion of Rights Education in future trainings, including the rights of disenfranchised youth, would raise expectations and add this focus to village governance.

Environment: Enhancing the environment is a feature and starting point for the BHCP development. This approach has had enormous impact; in particular a reduction in sickness, improved nutrition and pride in beautiful surroundings.

8.0 Constraints: The poor roads, distances to travel to many of the villages and the lack of communication, e.g. no radio coverage, are constraints experienced by the programme. Should the upcoming referendum on Bougainville's political status create disturbances, travel to the villages may become dangerous.

Conclusions: The BHCP has continued to lead the way throughout Bougainville in providing appropriate knowledge concerning Primary Health Care, Leadership and Governance. Their training, and the work carried out at village level, have had a profoundly positive impact on health statistics, self-reliance and future planning in the villages. This is a model which should be promulgated widely.

The BHCP is well known, highly respected and trusted in isolated villages where no other organisations go. It is in a powerful position to impart information and influence people's development.

The Evaluation generated the following recommendations:

Recommendations

1. The BHCP, the Department of Health and the Department of Community Government urgently need to complete, and publicise, the design of their collaboration/integration in detail so that all 'players' are clear as to new roles and responsibilities, lines of support, the plan for the future and financial implications.

2. Department of Health management personnel would benefit from spending time in the villages and at the BHCP Trainings with BHCP staff members in order to have a deep and practical understanding of the programme's functions and achievements.

3. There is justifiable concern throughout Bougainville society over the problem created by some young people operating outside normal social expectations. The BHCP is well equipped to promote and/or facilitate discussion with government and other NGOs to explore ways of defining the problem and ways to deal with it.

4. The BHCP could explore the possibility of supporting and organising 'cross trainings' which are already occurring to a small extent. Many people in the Model Villages have developed a high level of skills, e.g. financial, training, governance, horticulture, hospitality and management, and could be used as resources for training in other villages. There is capacity at village level to organise this, given support.

5. I am aware that the BHCP is 'stretched' financially and logistically; however, schools are a resource for dissemination of health messages which could be 'tapped'. Appropriate posters, possibly from another organisation, could be printed and displayed in schools and elsewhere, stories and games with a healthy living focus developed and a basic training for teachers delivered.

6. While much has been achieved, there is still a lot to do in the area of Gender Equality. The BHCP could explore the offers of training made at the Evaluation Presentation Workshop and, if appropriate, use them.

7. Although an NGO Forum is coordinated by the DOH, meetings are not attended regularly by all members and it does not achieve its potential. The community development process and local ownership would be greatly enhanced if such a forum were well run with binding expectations of attendance by all members for sharing of plans and working together for the good of the people of Bougainville.

8. NZ MFAT and LMNZ should consider documenting the BHCP "Way of Working" as a model for other development organisations to reference.

Abbreviations

ABG	Autonomous Bougainville Government
BHCP	Bougainville Healthy Communities Programme
DA	District Administrator
DFAT	Australian Department of Foreign Affairs and Trade
DF	District Facilitator
DFC	District Facilitation Coordinator
DOH	Department of Health
DCG	Department of Community Government
FGD	Focused Group Discussion
LMNZ	Leprosy Mission New Zealand
MCH	Mother and Child Health
MEL	Monitoring, Evaluation and Learning
MFAT	Ministry of Foreign Affairs and Trade
NGO	Non-Government Organisation
NHIS	National Health Information System
TB	Tuberculosis
VHV	Village Health Volunteer
WASH	Water and Sanitation

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1.0 Introduction

The BHCP is an outcome of the 'Bougainville Crisis', the war which took place from 1988 - 1998 and which left the island in a state of devastation; its agricultural systems in disarray, revenue streams destroyed, population depleted, infrastructure broken down and its people traumatised. The existing health system had been completely undermined and a generation of young people had been excluded from education. Up to 20,000 people had died, violence and disease were rife and traditional values had been undermined. Cases of major diseases, such as Leprosy, TB and Malaria were on the rise. Its way of working and focus, shaped by this background, the Bougainville Healthy Communities Programme responded to the need and began to work in the villages using a unique methodology shaped by the lack of finance and the philosophy of self-reliance. It targeted Milestone Achievements against:

1. Reduction of Disease and;
2. Community Leadership and Governance.

This evaluation took place in June/July 2018 as the donors, and the programme itself, prepared for a new phase in the programme's development. My time was very limited and the distances to travel long. This was a severe limitation on what I was able to see and do. However, I was able to visit a small selection of villages in which the BHCP has worked for several years; one village which is just embarking on its development journey, and two Government Health Facilities. I also met with four DOH staff, an MCH Advisor to the DOH, the staff of BHCP and several other people with connections too, or knowledge of, the BHCP.

2.0. Methodology

The evaluation was guided by the four overarching objectives identified in the TOR;

1. Assess the impact (outcomes) and relevance of the work of the project
2. Assess the Effectiveness and Efficiency of the project design and implementation
3. Assess the project's level of sustainability
4. Consider any lessons to be learnt from the implementation of this activity

The evaluation was further guided by the Results Diagram (NZ Partnerships for International Development Fund: Activity Design Document: Bougainville Healthy Communities Programme 2014 - 2018) in which the 8 Outcomes are measured as results in 5 Output areas (see Attachment #4, the BHCP Results Measurement Framework), and the Objectives of the BHCP External Evaluation 2018, Terms of Reference.

I used a Qualitative Methodology; concentrating on the impact of the programme on the beneficiaries and meeting with as many people involved in the programme as possible. The methods used were: Observation; Group Meetings; FGDs; Interviews (formal and informal); Painting the Picture; Transept Walks; and Ten Seeds discussions, with Quantitative information gained anecdotally as well as from village community records and the Programme's MEL data.

I visited 7 villages and 3 smaller 'Hamlets' where I met, and interacted with, a range of villagers from those in governance roles to children.

I also met with BHCP staff members, attended a VHV Training, and met with DOH staff and some interested members of the public and other NGOs.

The shortage of time and, therefore, the amount I could see and do, were limitations to the research.

Given the time that I was able to spend in Bougainville, my conclusions are based on a small sample of villages, most of which have had a long-term relationship with the BHCP. However, as the same BHCP methodology is being used in other villages, it is reasonable to conclude that the same results will be observed there over time.

I have reported against the eight Programme Outcomes in Section 3.0 which deals with TOR Objective 1. These have been covered in:

3.1 Health related outcomes of the programme (Outcomes 1, 3, 7);

3.2 Leadership and Governance related outcomes of the programme (Outcomes 2, 6, 8);

3.3 Integration related aspects of the programme (Outcomes 4, 5); and

3.4 Overall impact.

I then report in Section 4.0 against TOR Objective 2; Section 5 against TOR Objective 3; Section 6 against TOR Objective 4 followed by Section 7.0 Cross Cutting issues; Section 8 Constraints and Section 9 Conclusions and Recommendations.

3.0 Objective 1 - Assess the impact and relevance of the work of the programme.

The BHCP was designed to meet a social need, as explained in the introduction to this report, consequently the activities are completely relevant. The concentrations on Health and Governance complement each other and have led to extraordinary positive changes in 'village life' and in the health and well-being of men, women and children living in villages across Bougainville. This will be dealt with in detail in 3.4, below.

3.1 Health-Related Outcomes

Outcomes 1 (long term) - Reduced Incidence and Severity of disease and illness; 3 (medium term) - improved health practices in rural communities; 7 (short term) - Village-based knowledge on preventing illness and disease, identifying its occurrence, and promoting referral to, and use of, health facilities for diagnosis and treatment.

The BHCP has effectively achieved Outcomes 1, 3 and 7 (see Attachment #4) in villages where they have been working for several years and in 'new' villages it is plain that the enthusiasm, work and knowledge of the VHVs and the Governance Teams will lead to equally successful results. Village inhabitants at all levels showed enthusiasm for, and appreciation of, their involvement with the BHCP. Records kept by BHCP staff, displayed in villages and in Health Centres, along with anecdotal information, attest to the reduction of disease and illness due to the training and work of the VHVs and their support by Village Governance Teams. The clean, attractive, physical appearance of the villages with animals fenced in, no waste water lying stagnant and no visible rubbish are also outcomes of the BHCP training being introduced and activated in the villages.

The Role of the Village Health Volunteers

The most important programme intervention in achieving Outcome 7 and the related higher-level Outcomes, is the Training of the VHVs and their work in the villages, which is ongoing as the numbers increase and already-trained VHVs receive further levels of training. I attended a VHV Training in Wakunai and spoke with a group of eight VHVs.

When asked what it means to them to be a part of the BHCP, they were very positive, mentioning such things as: *"It has given me a sense of responsibility and a desire to help my people. I know a lot more about myself now and feel well prepared to help others. It will help me and people in my community to live long and healthy live",* Jacob Povicato.

"I have learned lots of things I never knew before and can use them in my village. Now I want more training", Sam Getsi

"It gives me a lot of satisfaction to be able to help my community", Lillian Kapu.

As Ruby Mirinka, BHCP Director, puts it; *"The VHVs are our hands, our feet, our eyes and our ears in the villages."*

When asked how well they have been prepared for their role, they expressed happiness at having been given the skills and knowledge, *"Doctors and nurses are surprised to learn of what we know",* Elwyn Simah. They did note, as a perceived weakness, that they have not been supplied with any 'awareness materials' such as posters.

The VHVs explained to me some of the activities they carry out in the community: Education on cleanliness, hygiene and sanitation, control of animals, pressure for the availability of clean water, looking for signs and symptoms of diseases and referring patients to the Health Facility. *"The training opened my eyes and I now see clearly how to make changes in the community",* Wisma Donald.

Asked about their own input to the training, I was told, *"The training could be more practical with sharing of experiences",* Richard Vokira. However, the VHVs feel they have received a personalised training which helps them and their families as well as the community members to live long and healthy lives.

The VHVs felt their training and work had made a strong impact in their villages and they want to continue with training. They value their certificates and feel empowered.

"People now work together and take ownership of their progress; they are open to suggestions and help. There is now reduced sickness and disease and greater knowledge, especially about leprosy", Mevelyn Poukato. The VHVs explained that they work closely with Village Leaders but Leaders sometimes lack understanding of their role. Chiefs and Leaders are supportive but the government has "No money" when they need such things as gloves.

Asked about other issues arising in their villages they maintained that, *"There absolutely needs to be Gender Training across the villages",* Sam Getsi.

The VHVs would like more teaching materials and posters to use in their villages.

A community member in the room, Ivan Paul, commented, *"You must reflect on all that you have done and the changes that you have made…there have been very big changes."*

His reflections on the changes in his community as a result of the BHCP intervention are further described in the brief story below.

Ivan Paul's story

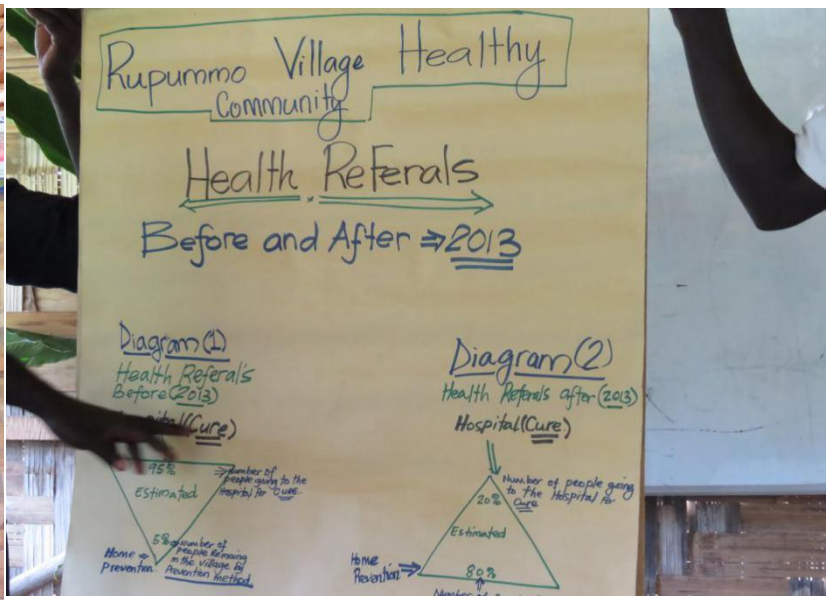
"I grew up in Wakunai then went to Raboul where I married.

I was away for 10 years. When I returned I could hardly recognise the village, it had changed so much. I came at night and woke in the morning to a complete surprise….no pigs on the road, flowers everywhere and so many other improvements like toilets and water tanks. Everything had changed completely for the better. Then I found out about BHCP."

This situation was reflected in all that I observed in the villages visited during the Evaluation.

In all the villages visited, I met and talked with VHVs. In almost all cases, they were enthusiastic about their work and the changes they have made to the lives of people in the villages. These changes are recognised and greatly appreciated by village leaders and the communities.

Their work is well planned and documented and is recognised within the community and respected by Health Facility staff. The female VHVs have done much to change gender stereotypes. Thanks to their BHCP training, they are highly respected in their villages and many of them hold governance positions. In Rupummo Village, the three female VHVs had prepared small speeches about their work and their successes, which they delivered to the visitors and assembled villagers and later discussed, in detail, with me as seen in the picture below.



VHVs are now forming 'Cluster Groups' to improve their efficacy and many leadership roles have been taken on by the VHVs within their communities.

The VHV Training was very professional. The trainers were excellently prepared and delivered the content, well supported by teaching aids. They encouraged participation, however they did nothing to encourage the women (14 of the 30 attendees) to participate fully by asking or answering questions.

I noted that several villagers, not VHVs, were sitting outside the open windows listening to the content of the teaching.

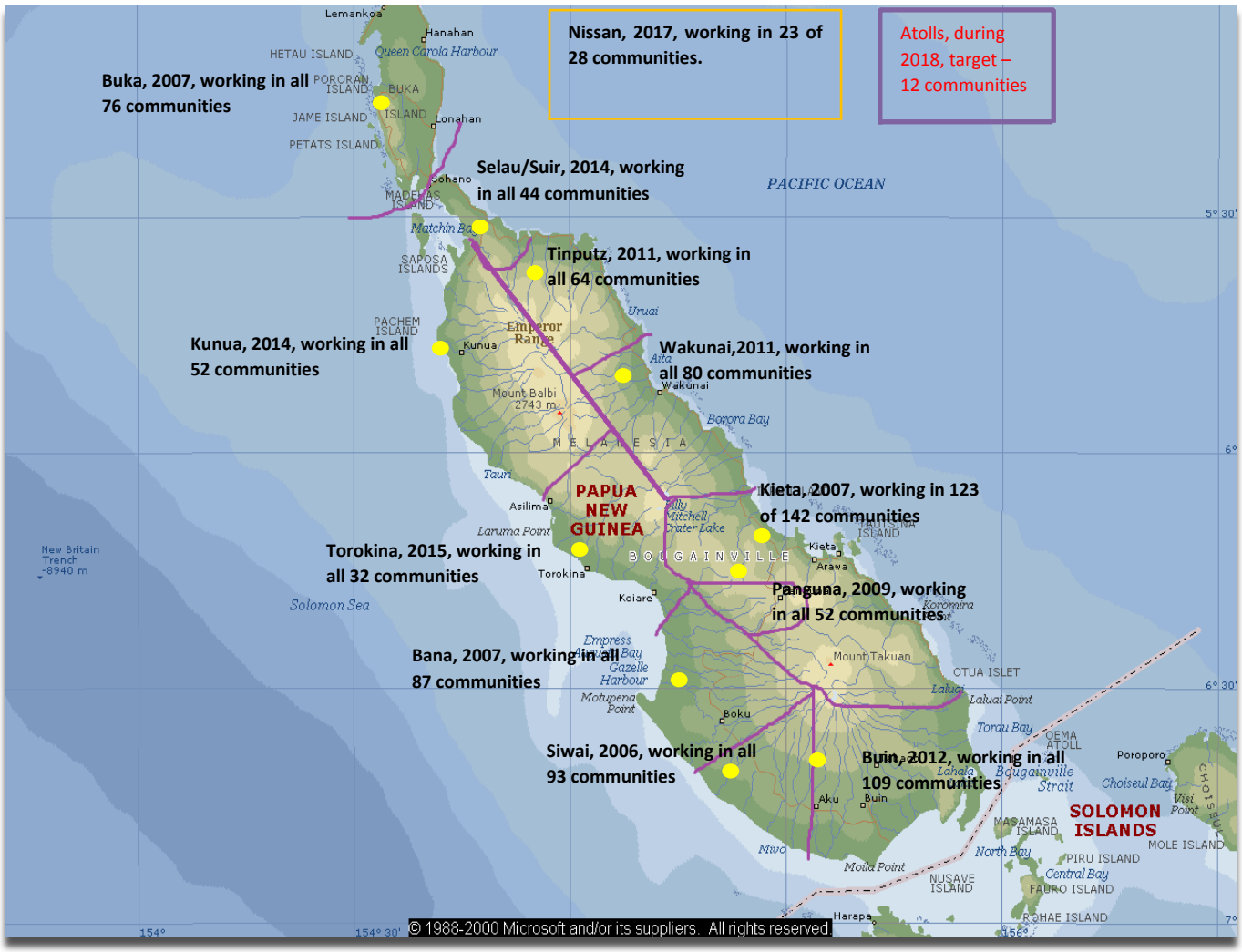
As a part of the 'Presenting the Findings' Workshop at the end of the Revue, discussion groups were held. One of the questions for discussion concerned VHVs and the group suggested that BHCP could do more to support them. While agreeing with their unpaid status, the group suggested providing those who wanted it with some additional training through which they might be able to earn money to support themselves, e.g. carpentry.

A DFAT-funded MCH Advisor to the DOH, suggested that the VHVs' situation needs to be strengthened in a variety of ways by the DOH. Although officially functioning within the DOH, they are not monitored, supervised or supported by the existing DOH structures in any way. At this point in the shift to the integration of BHCP, she would expect that the DOH would have supervisory and support functions 'up and running' in the interest of sustainability. To start with the VHVs would be a good move.

It is clear that the BHCP designed training of the VHVs has a profoundly positive effect on village life, the environment and the health of village inhabitants.

By the end of June 2018, BHCP had trained VHVs in 835 communities, out of a total of 862 communities in the 12 Districts of Bougainville in which it is working (see map below).

Number of Districts BHCP is operating in:



The table below outlines the numbers of VHVs provided with BHCP training, at the two levels, by the time of this Evaluation.

	Basic Community Health Development Training			Advanced Community Health Development Training		
District	Male	Female	Total	Male	Female	Total
Bana	102	127	229	60	81	141
Buin	216	205	421	96	78	174
Buka	228	240	468	54	75	129
Kieta	223	302	525	90	122	212

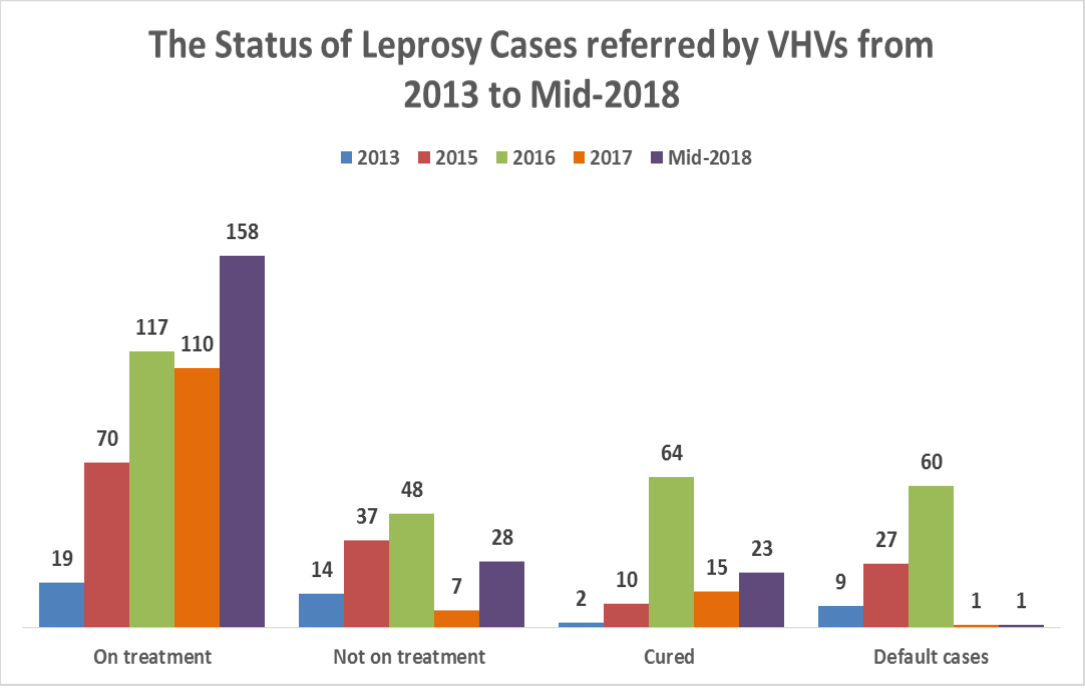
Kunua	97	146	243	49	52	101
Nissan	37	34	71	35	31	64
Panguna	93	77	170	74	94	168
Sealu/Suir	29	66	95	15	31	46
Siwai	161	161	322	80	91	171
Tinputz	103	114	217	36	43	79
Torokina	50	54	104	23	32	55
Wakunai	179	145	324	86	73	159
Total	1518	1671	3189	696	803	1499

Source: BHCP MEL, July 2018

An effective Monitoring system, utilising the Village Health Volunteers and District Facilitators (see my discussion on them in 3.2, below), and undertaking comprehensive Village Support Visits twice a year in each of the 835 BHCP communities has allowed useful data to be generated on a whole series of key health indicators (against BHCP Outcomes and Outputs) which, in turn, is reflected on by community stakeholders. A selection of these, in the health areas, are presented in the graphs and tables below. Similar work has been undertaken in the Leadership and Governance areas (see 3.2, below):

Proportion of Suspects Identified by VHVs , at the Village Community , who have been referred to the Health Facilities for Treatment		
	Baseline in 2009	**End of 2017**
Leprosy	81%	91%
TB	85%	98%
Malaria	64%	95%

Source: BHCP MEL, July 2018



Source: BHCP MEL, July 2018

Proportion of Babies Referred to the Health Facilities and Immunised			
	2013	2015	2017
Proportion	70%	81%	85%

Proportion of Babies Born under Supervised Circumstances (at health Facilities or with a trained Birth Attendant)			
	2009 (Baseline)	2014	2017
Proportion	78%	84%	95%

Source: BHCP MEL, July 2018

Proportion of Communities with Established and Active Health Committees			
	2014	**2015**	**2017**
Proportion with Established Health Committees	18%	30%	69%
Proportion with Active Health Committees	10%	15%	42%

Source: BHCP MEL, July 2018

The Number of Hygiene and Sanitation Awareness Activities conducted by BHCP VHVs, supported by Community Leadership, in response to emerging Issues in these areas.				
	2013	**2015**	**2017**	**By Mid-2018**
Number of Activities per Village Community per year	0.7	1.0	1.0	3.8

Source: BHCP MEL, July 2018

The Proportion of Families with Safe Water Sources for Drinking and Cooking			
	2013	**2016**	**2017**
Proportion	62%	95%	73%

Note: These results are being reflected on for causation.

Source: BHCP MEL, July 2018

These results are being analysed and shared with stakeholders on a frequent basis in order for them to provide meaning and be used for community and Government planning processes.

3.2 Leadership and Governance Related Outcomes

These are: Outcome 2 (long term) - Stronger Village Governance and Leadership; Outcome 6 (medium term) - Village leaders utilising village and government resources to implement village development; Outcome 8 (short term) - Village leaders understand government requirements, the value of strong village leadership and have the skills, support and motivation to develop strong village governance.

The BHCP has achieved these Outcomes 2, 6 and 8 (see Attachment #4) through providing extensive knowledge and training to men and women (although more of the former - see Table of training numbers at the end of the Governance and Leadership Training section below) on the information and skills, including planning and financial skills, required to organise and run successful, progressive communities. As well as the important training, 'follow up' is provided by BHCP staff, in particular the District Facilitators and their coordinators.

Governance and Leadership Training

Although I was not able to attend a Governance and Leadership Training, many leaders in the villages testified to its efficacy and impact and this was also evident in the work they were doing, the progress that had been made and the relationships they had formed. The knowledge and ability of the governance teams was also attested to by many village people and visible in the impact their work and influence were having in their villages.

Leaders, (men and women, but a greater number of men) have been put forward by their villages for training and have filled the gap in governance skills left by the enormous disruption of the war. They have helped to bring order, hope and pride back into people's lives, hastening the achievement of Outcomes 6 and 8. In the second round of training, the proportion of women has improved. In all the villages I visited I saw a range of plans to guide the village in its development, such as; Village Mapping, Treasury Plans, Health Statistics, Referral and Cure rates, Law and Order rules, Long term plans for Development, Plans for, and Records of, Income Generating Projects.

I witnessed how these plans and the sense of direction they impart, together with the VHV Training, come together to make real improvements in people's lives and to provide a sense of direction and pride in several villages. In the 'established' BHCP villages which I visited, this intervention is sustainable but for villages where development is just beginning it will be important to follow the designed training schedule to allow these changes to have a long standing effect.

The Table below outlines the numbers of Village and Community leaders provided with BHCP training, at the two levels, by the time of this Evaluation. Note, Advanced-level training is still being rolled-out in a number of districts during the remainder of 2018.

	Basic Leadership and Governance Training			Advanced Leadership and Governance Training		
District	Male	Female	Total	Male	Female	Total
Bana	177	66	243	109	52	161
Buin	162	38	200	118	63	181
Buka	180	78	258	84	33	117
Kieta	245	126	371	109	115	224
Kunua	142	47	189	0	0	0
Nissan	40	32	72	0	0	0
Panguna	103	34	137	138	57	195
Sealu/Suir	56	29	85	33	19	52
Siwai	221	55	276	191	106	297
Tinputz	116	52	168	45	43	88

Torokina	68	30	98	0	0	0
Wakunai	197	44	241	137	57	194
Total	1707	631	2338	964	545	1509

Source: BHCP MEL, July 2018

The role of the District Facilitators, the District Facilitation Coordinators and the Trainers

The role of the District Facilitators is crucial and demanding. These men and women are selected from a wide variety of backgrounds and bring a range of skills to their positions. Some have been with the programme since its inception and have developed a wealth of knowledge about Community Development, Leadership, Governance and Primary Health. Some were initially VHVs. All that I met are 'people oriented' and have well developed social skills along with their professional knowledge. This stands them in good stead in villages where I was told, *"They are known, respected and welcome".*

The DFs and their coordinators, DFCs, represent the programme throughout Bougainville, travel long distances, 'stay over' and are sometimes in dangerous situations. Their positions were not advertised; individuals were 'referred' to the Programme Manager and, in discussion, were impressed by the programme and wanted to get involved.

The DFs were given extensive training in Leadership, Governance and Community Health which strengthened their confidence. They are relied upon in the communities they visit. Their activities follow a set plan; everyone knows when they will come and expects them. They collect Monitoring and Evaluation results once a year and support VHVs and Leaders. They enjoy the work although it does mean they are away from home a lot.

The DFs feel that the BHCP structure, management and organisation are very effective.

"People are constantly improving their living standards in the villages through working with BHCP. Formerly many villagers were quite ignorant and believed in sorcery", Michael Kipau.

They understand that development is helped by economic security so try to strengthen the Village Treasuries and help in the development of income generating projects.

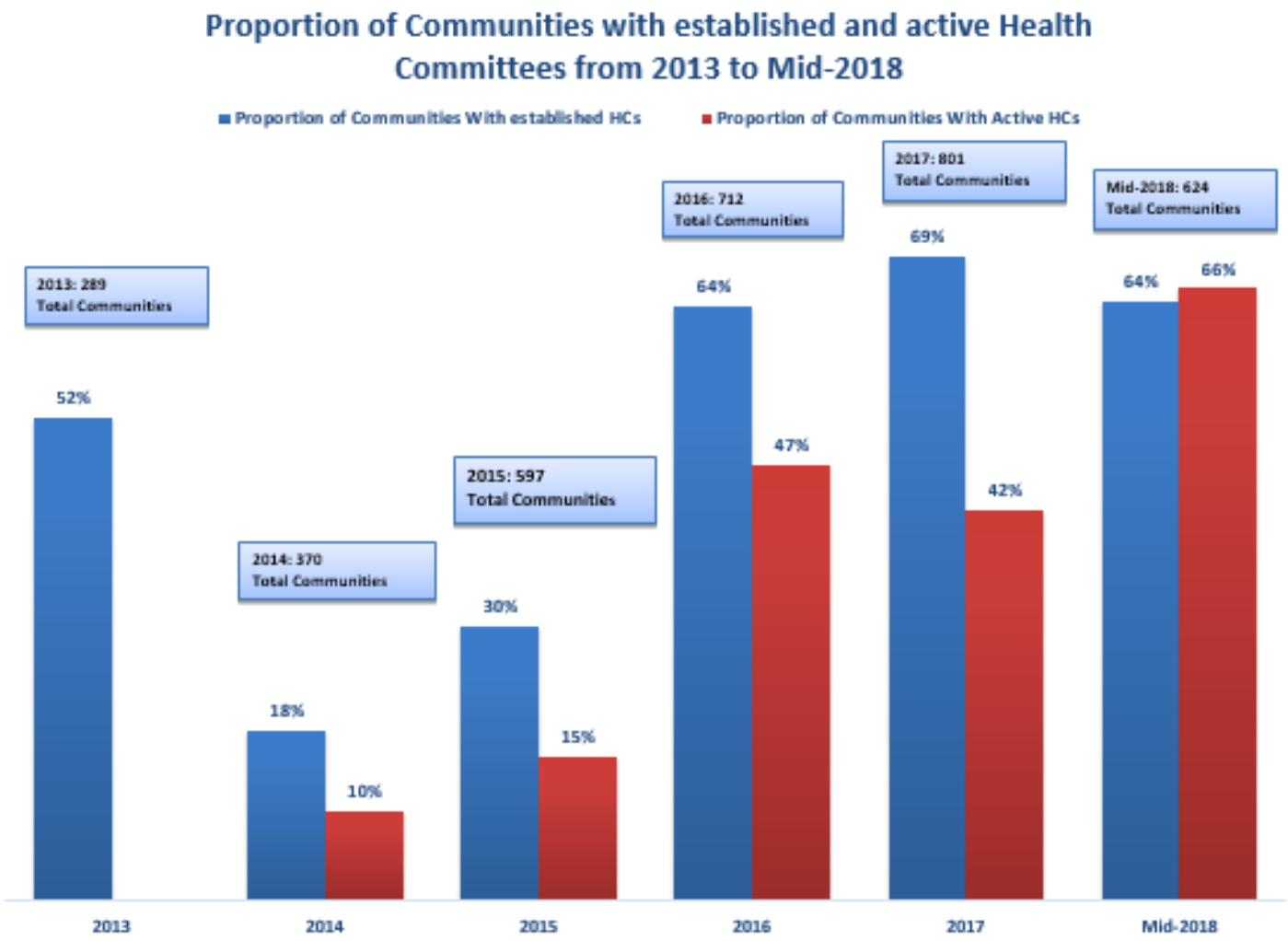
The DFs communicate with the Health Facilities on behalf of the BHCP and link them to other stakeholders in the development process such as District Administration, Community Government, other NGOs, WHO, UNICEF, Rotary and Marie Stopes.

The activities of the DFs are supervised by the two DFCs who are part of the BHCP Management Team. They *"face many challenges but work together to solve them",* I was told.

"No other programme could empower people like BHCP does", John Tonnei DFC.

This support for the communities from the District Facilitators has been important in ensuring that Village Health Committees are established, and functioning, in order to drive the health initiatives being promoted by the Village Health Volunteers and their community Leadership.

The graph, below, outlines the proportions of communities with established (and, more importantly, active) Health Committees, as this has grown from 2013 until the time of the Evaluation.



Source: BHCP MEL, July 2018

Clearly, training of the VHVs and the village government leaders is a fundamentally important element of the BHCP. I spoke with the two trainers, Ignatius Novona and Albert Jowa. Both have been in Training/ Teaching roles before and enjoy the work as they like working with the community and dealing with challenges. They find it, *"enjoyable and satisfying"*. *"This work has broadened our own knowledge and we feel empowered by it"*. They would like more Capacity Building themselves, so they can train at higher levels. They also train participants in the BHCP Leadership, Governance and Development Training Programme and enjoy the variety and using a range of training tools. The trainings carried out by the trainers are based on identified needs and guided by the expected results of the Programme. Many VHVs that I met were proudly wearing their BHCP VHV T shirt indicating their role and their training.

In the BHCP Office I spoke with Janice Matua, the Training Team Leader. She feels that the BHCP methodology is the only way forward for development, saying, *"This Programme is changing people's lives. It has an immediate and long-lasting positive impact."* She was involved in the development of both manuals, for Leadership and Governance and for the VHVs (in consultation with the DOH and the Department of Community Government) and has observed wide reaching changes both in attitudes and in concrete measures but, as changes occur, *"It is necessary to reassess needs and adapt the Training. A measure of the success of the Leadership and Governance Training is the fact that many people elected in recent local body elections were previously trained by BHCP; trained leaders will automatically support the VHVs."*

I spoke also with Trainer Clarice Harepa who has a background in nursing and helped in the development of the manuals. She loves her work and feels the impact of BHCP is enormous, *"It is the only way*

forward…improving people's lives and livelihoods. The training staff are excited by their work and enthusiastic."

Village Treasuries

The Village Treasuries, started by the BHCP trained Village Leaders, are a form of bank, encouraging the village members to save for their own family's improvement and to make contributions to the development of the village as a whole. In villages I visited which have developed long term development plans, the treasury activities are documented on wall charts which are functioning well and a variety of income generating activities have been established.

It was reported to me that since the introduction of a specific Village Treasury module in the BHCP's Advanced Leadership and Governance training in 2013, the number of communities establishing their own Village Treasuries has grown significantly. This is reflected in the table below:

Table: The growth in the number of Village Treasuries operating in BHCP communities, 2013-17:

Year	Number of Village Treasuries
2013	117
2014	176
2015	289
2016	355
2017	387

Source: BHCP MEL, July 2018

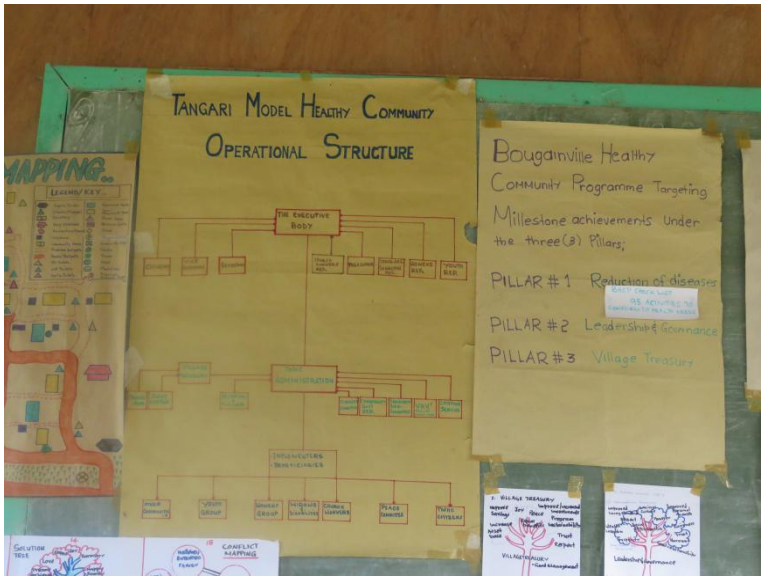
In Tangari Model Village, where I saw a wide range of posters including treasury information, village maps, governance plans, peace and reconciliation, and health issues, and where Catholic nuns had already been working with the village on issues of development prior to their engagement with the BHCP, the village governance team raised money, initially to build a church so that they could worship in their own village. This led to further development, as described in the brief story below:

> *Tangari Village opened an Investment Bank Account with South Pacific Bank and several villagers have personal accounts. Now the village has an Investment Account with the Catholic Bishops' Investment Fund earning 8% interest and they make interest free loans to other villages for their development projects.*

In this village too, there has been considerable interaction with other NGOs and UN agencies with assets such as toilets being built. Here, and in other villages, it is impressive to see the development being 'driven' by BHCP trained, very able and enlightened, leadership, men and women. The leader of this village, Clement Murio, is also doing training on Peace and Reconciliation here and in other villages (see story and pictures below).

Clement Murio's story

Clement, has received advanced Leadership and Governance Training from BHCP and has been active in helping the development of other villages. He belongs to the National Centre for Rehabilitation and trained for two years in Facilitation and Peace Building. He carries out training with adults, youths and school children on Peace and Justice. Apart from the extensive training he has carried out in his own village, he has run a lot of external training programmes and would be happy to work in other BHCP villages. He suggested that BHCP could facilitate this.



In a meeting with village women (see picture below) it was encouraging to note their pride in the current progress and their hopes and dreams for their future and that of their children.

"We would like to have a school closer to this village" said Bernadette, and, spoken jokingly, *"I would like to have proper bed sheets and towels in my house."* Veronica.

Income Generation

Development is always helped by economic security. People in the villages have a variety of income sources but predominantly they work the land growing cocoa as a cash crop and caring for vegetable gardens of varying sizes while selling surplus fruit and vegetables at local markets. BHCP interventions such as fencing and getting rid of semi wild pigs have led to improvements in income and cleanliness. The formation of the Village Treasuries by the BHCP trained leaders has provided 'working finance' to expand into other development activities. Improved health status is also an impetus for expanding activities. As already mentioned, several of the villages I visited have implemented group income generating projects such as fish farming, group owned and operated vegetable gardens, the development of buildings to hire out as meeting/seminar venues and catering services for meetings in the village venue and off-site. One village is offering a "home stay" option for people attending seminars. The profits from these activities go to the Village Treasury and are used for village improvements, such as toilets, and to provide loans for further development and income generation projects.

Beverly's story, below, is an example of such a successful income-generating initiative.

Beverly Mose's Story

Beverly lives in Taurai Community with whom BHCP has a long relationship. She is the Manager of the Taurai Catering Services Management Association. After some specific training with Care Int., Village leaders met and came up with the Catering concept. A group of 20+ women decided to develop this idea. A local man, Daniel, who is a chef and works for a company away from the village gave them cookery training and they formed the business. An old 'tumble down" house was renovated for BHCP training, and any other training or event, and the women were allocated jobs. Daniel gave them advice on menus and public relations and training as waitresses. Now they cater for events around the district on site and off site. They are generating an income, which goes to the Village Treasury, and "Having lots of fun."

3.3 Integration-Related Outcomes

These are: Outcome 4 (medium term) - improved community demand for, access to, and use of, basic health services in rural Bougainville; Outcome 5 (medium term) - BHCP model integrated into the Government health system

There are 35 Health Facilities operating in Bougainville. I spoke about them with Aileen Pilau; Health Information Coordinator for the DOH. The Health Facilities are expected to report monthly to Aileen, who enters information on the NHIS data base, but she finds it hard to maintain contact with them as frequently there is no internet connection and the DOH has no funds for visits. She visits them only when she can travel with a representative of an external government or an NGO representative. Now the Health Facilities have tablets to record health statistics (also dependent on an internet connection) but they are still required to fill in the forms. Often reports are very late.

Aileen is appreciative of the MEL work that BHCP is doing. She has talked with the MEL Coordinator for BHCP about how they might link their data. She could also make use of data related to WASH so it would be very useful to have a link with other organisations as well.

Hurivaka Tekohu, TB Coordinator for the DOH, encounters the same difficulties as were identified by the Health Information Coordinator and for the first time this year was able to visit the Health Facilities with an external consultant. She told me, *"The current treatment for TB is effective and it is thanks to the BCHP that patients can access it."* She believes the VHVs are efficient at diagnosing and referral and she hopes to work closely with them in the future.

With Clement Totavun, DOH Secretary since 2015, I discussed the relationship between the DOH and BHCP. He has known about, and highly respected, their work for some years and is supervising the on-going integration of the programme into the DOH, however, *"change is slow"* as they need to implement the new structure. He is very familiar with BHCP which he considers to be extremely successful in working with communities, *"Villages have been transformed. It is very impressive".* Although there are differing opinions, he is against any form of payment for the VHVs.

The DOH Secretary would like to introduce a paradigm shift in the way the DOH works, focussing on, 1. Health Promotion, 2. Nutrition and 3. WASH, using a BHCP style education programme. He is familiar with, and supportive of, the BHCP curriculum and its emphasis on preventative measures.

Ruby Mirinka, the Director of BHCP, has worked in close collaboration with the Health Secretary but as she takes on new responsibilities he will, *"ensure that others can take her place when she is not there."* I was told that once a month there is a Partnership Meeting which DOH officers attend, as does the BHCP, so it is possible to share ideas.

I met also with Roselyne Gatana, Director of Public Health. She spoke highly of the BHCP's strength in mobilizing communities and increasing awareness of health issues, work for which the DOH lacks funding and mobility, and commended their ability to identify and refer TB and Leprosy patients. The BHCP collects a lot of useful data for which the DOH is grateful.

The Government and Church run Health Facilities are a crucial part of the health delivery chain as VHVs refer patients to the health facility for treatment, and, partly due to education by the VHVs, babies are usually born there then, later, taken for their inoculation. Initially, Health Facility staff were sceptical of the VHVs, questioning their ability to diagnose and refer, however that scepticism has been replaced by support and collaboration as the knowledge and ability of the VHVs has been recognised. Now there are good working relationships. I visited the Buin Health Centre and met with Marunia Lonturo, who is

currently in charge of the Centre. As the referral centre for Buin District, it should have a doctor but it does not. There are 8 Trained Nursing Officers and 5 Community Health Workers based there.

Marunia spoke very highly of the VHVs, *"The VHVs give lots of valuable health education; they identify patients and bring them for treatment; for both communicable and non-communicable diseases. There are many changes in the villages leading to improved health standards and cures. Health information is available and now nearly all mothers bring their babies for inoculation. There is greater understanding overall of Health Issues and a big reduction in sickness. There are no longer outbreaks of diarrhoea."*

Marunia went on to describe the appropriate and accurate referrals for TB and leprosy and how the work of BHCP has lessened the work of the hospital by improving sanitation, raising health awareness and giving education in the villages. She also spoke of the lack of support for the Health Centres from the DOH. *"Salaries are paid but that is all."* The lack of funding also affects their ability to hold mobile clinics in the villages.

We discussed the supply of medication and vaccines and the reliance on the 'cold chain'. At the hospital, they have a solar refrigerator but the supply of drugs is irregular and they were running out at the time we spoke. Marunia told me that the staff are trained and committed, however it must be very difficult to maintain that commitment with the difficulties they face and the very poor condition of the building, furniture and equipment.

I also visited Tearauki Health Centre in the company of BHCP staff member, DF Gordon Purupuru who supports the work that the VHVs do with the Centre. We met exclusively with Godfrey Konas, a Community Health Worker training in Laboratory Technology and Microscopy. Godfrey is dedicated to the eradication of TB and Leprosy. He works in close collaboration, and with the encouragement of Gordon and the VHVs, and is totally enthusiastic about BHCP and the work of the VHVs. He enjoys collaborating with them.

Godfrey keeps meticulous records as illustrated in the photo below, and has a very thorough understanding of the situation in the villages. His records of the referrals by VHVs show a high degree of accuracy for TB and Leprosy, enabling immediate treatment, and, in most cases, cure.

People in the villages are hampered by the lack of reliable transport to enable them to travel easily and DOH officials, such as Godfrey and the staff at Buin Health Centre, also lack transport to travel to villages.

While the Government Health Facilities remain under resourced, it is impossible for BHCP to fully achieve Outcomes 5 and 4.

3.4 Overall Comments on Impact

Outcomes 7: Village based knowledge on preventing illness and disease, identifying its occurrence, and promoting referral to, and use of, health facilities for diagnosis and treatment, and 8: Village leaders understand village government requirements, the value of strong village leadership and have the skills, support and motivation to develop strong village governance.

Both these Outcomes have been achieved in all the villages visited apart from the hamlet St. Maria Gorote Ohonpillar, in Malasang, which has recently become a BHCP Village. I use it as an example of the early stage of embracing the BHCP way of working and process of development.

In this village, on Buka Island, people were aware of the work of BHCP and discontented with the way their somewhat urban village was operating with untidy, dirty areas, no cohesion and no direction. Now the 'programme' has started and has a steering committee chaired by Ellen, a very determined and forceful person who explained, *"In the past there was a lot of sickness with many babies going to hospital. We decided to change our standard of living by making a clean, fresh, healthy environment, free of disease."* The BHCP had introduced its ideas some time ago and some people had been trained by them but, *"We were just dreaming and talking"*. A group of villagers visited Wakunai, where the BHCP has been working for several years, saw for themselves the impact of the programme and then decided on the direction in which they would go. Everyone in the village is committed to the idea and they are raising money for development activities in a variety of ways while carrying out a major 'clean up'.

Several income generating projects have already been developed.

In a 'Ten Seeds' exercise, people told me that, although awareness of healthy living has increased, the VHVs still need to keep 'converting' people. There needs to be more awareness and women need encouragement and training as many still lack self-esteem and are not ready to take leadership roles. Men in the group told me, *"It is time for men to change from the cultural norms and realise their obligation to work alongside their wives."*

This group shared the fact that they don't know how to handle or avoid health problems and welcome training in this. Although the village is working well to improve the environment I was told that Climate Change is just something they have heard of and they would like to know more about it and how it could influence their behaviour.

In an FGD with young people, they discussed improvements which have occurred in their lifetime but said there are few employment choices available to them. They identified some of the health issues young people face; not using toilets, rubbish pits where diseases start and alcohol and drug consumption. They added that they try to stop alcohol and drug consumption but many young people see it as socially normal. *"Young people often leave school as there is not enough family money for school fees; they start using drugs and there are unwanted pregnancies and babies born with drug damaged brains."* This group felt they should be able to share their ideas with community leaders. They would like a developed recreation area for sports and for the village to find some way for poor young people to access school fees.

Presumably many of the other villages where BHCP has recently started its programme are at a similar stage of development; working towards the achievement of Outcomes 7 and 8.

As a contrast to this village, embarking on its development journey, I visited Ipiro Village which has a long association with the BHCP.

In Ipiro Village, Buin District, I met with members of the Ward and Village Governance group, a church representative, VHVs, and other community members. The new governance model has been accepted without dissent and unlimited support for BHCP and its way of working was expressed. On the wall was a range of planning charts related to Village Governance; the Village Action Plan; A List of the Ward Steering Committee, Treasury Information, a Community Health Development Support Document and Village Rules and Penalties (fines which are paid to the Treasury), and these were explained to me.

John Malu, Ward Member, explained, *"Everything is done cooperatively here and decisions are made in a participatory manner. I trained as a VHV before having this role and I still lead the VHVs. Everything here is decided on in a cooperative manner. I attend the Community Government meetings then disseminate the information to other village members."*

Robert, the Church Representative, is the leader of religious activities. He told me, *"This is a very religious community so there is plenty of input to ideas of harmony and healthy living."* This was born out in a 'Painting the Picture' activity with five children. When given paper and crayons and asked to draw a picture of the best thing in the village, they all drew pictures of the church surrounded by flowers.

Robert continued, *"We accept the ideas of the BHCP and things are going well. Our greatest challenge is the very bad road which often prevents us getting crops to market."*

Max Serang, Village Chief and Community Leader added, *"Before the BHCP came, this village was disorganised. The BHCP educated people on how to improve. The trained volunteers have brought about enormous change. Now we are looking forward and walking together with the BHCP."* Community planning is illustrated below.

Youth Representative, Ruth Karai, added, *"We did not realise the importance of cleanliness, and good nutrition. This programme has been life changing for us. Older people can't make these changes alone nor can the VHVs, so we walk alongside them and support them in achieving change and improvements."*

Emeline Naupi, VHV Representative, welcomed the visitors on behalf of the Village VHVs and explained; *"First we are trained, then we give awareness to the community on hygiene and sanitation and referral. We are all still struggling to improve our lives but the standard of living and health awareness are much improved."* In his role as a VHV, Daniel Milo explained the health charts on the wall, relating them to the Village Plan.

A walk around the village showed the hygienic and colourful surroundings with flowers everywhere.

In the Suporia Hamlet, a very enthusiastic group of villagers related the story of their village development fostered by Taurai Community. They found it very hard to begin with but received training from their neighbours and from BHCP. VHVs were trained and established and, *"We had a whole new understanding. Previously we only knew about cures."*

"We learned how to become self-reliant at community level; a concept based on traditional culture…how to gather strength from the past and to develop it", says one Village leader.

Villagers were trained and then passed the knowledge on to others. Roseby explained that previously they did not understand how unhygienically they lived. After training she, *'just kept pushing until the village was clean'.* In a 'Painting the picture' exercise with children, pictured below, the training and improvements were reflected with pictures showing flowers, trees, new houses, toilets and kitchens.

"Because we have seen results we will keep up the good work. The Community Government, the BHCP and the Volunteers will continue with the programme. There is a five year plan." I was told by village leaders.

In this Hamlet I met with VHVs from the area, pictured below, who explained the rationale of the Cluster Group they had formed. They feel empowered by this and in control of health issues. They are now raising money to buy an ambulance as they live so far from a Health Facility.



4.0. TOR Objective 2 Assess the Effectiveness and Efficiency of the Project design and implementation.

The BHCP's activities described earlier in this report, were skilfully designed to contribute to its planned outcomes. Awareness raising and extensive training and capacity building of, and by, the trained village leaders and VHVs, along with on-going support, by the DFs and DFCs have led to the achievement of Outcomes 1 and 2 of the Activity Results Framework in the villages where BHCP has had a long-term presence. With ongoing support, modelling, cross training, income generation and loans, other villages can be expected to reach this level of success and continued improvement in the standard of living.

The support provided by MFAT/ LMNZ, in particular the long-term advisor to the programme, has been very successful in contributing towards the achievement of Project Outcomes. The foundation of mutual respect and a desire to achieve the goals in a realistic and replicable way has led to a high level of success.

The success of this programme rests on many interventions already mentioned; however, the chief driver of its success is its unique way of working conceived and executed by its Director, Ruby Mirinka. Her profound understanding of the Bougainville 'situation' and people, and of how to make long lasting changes in a sustainable way has been, and continues to be, inspirational.

Effectiveness and efficiency are, in part, measured through MEL, frequently a system of Quantitative Monitoring and Evaluation. In the case of the BHCP, meticulous recording of results regarding training, and health statistics in the villages, has taken place and in recent years an effective learning from the information process has evolved. These results have been shared with the people they most concern; the village inhabitants, in Reflection Workshops, leading to a sense of pride and a deep understanding of the results, what has contributed to them, and how to improve them.

An unintended outcome of the BHCP training is the growth of Income Generating Activities which go beyond the expectation of the Programme Plan but remain within its philosophy as the income is used to improve the living conditions of the village for all. As already noted, several of the villages I visited have implemented income generating projects such as, fish farming, group owned and operated vegetable gardens, the development of venues to hire out as meeting/seminar venues and catering services for meetings etc. in the village venue and off site. The profits from these activities go to the Village Treasury and are used for village improvements.

Partnerships with other NGOs are desirable in the interest of project beneficiaries and sustainability. Other NGOs are working in some 'BHCP Villages' on a variety of interventions such as, building toilets, digging wells and giving training and Family Planning information, however there seems to be little coordination. At the End of the Evaluation Presentation Workshop, participants, which included Government representatives, other Development NGOs, INGOs and consultants, discussed the importance of a forum where shared planning could take place for the benefit of the village communities. The DOH has already formed such a group but attendance at monthly meetings is not obligatory so there is no consensus on a way of working cooperatively. Attendance at this, or any other forum, needs to be obligatory with the ABG taking responsibility for its efficient operation and successful outcomes. Overall planning is essential. In the case of BHCP this kind of sharing and collaboration should also be taking place with the Department of Community Government and NGOs working with it.

5.0 TOR Objective 3: Project Sustainability

In the majority of villages that I visited, provided there are no political disturbances in Bougainville, the project outcomes are secure, at least for the immediate future. Village governance is able to, and has, assimilated recent changes in Community Government structure with many BHCP trained people elected to Ward positions. Already, there is considerable interaction between BHCP Villages and this is being encouraged by the programme. Cross training and support between villages will contribute to improved knowledge, self-esteem and sustainability.

The income generating projects initiated by some villages also help to cement the security of their development. This should be encouraged and the information shared. As the development of, and interaction with many villages is in its initial stages it is difficult to judge the level of sustainability. A village such as St. Maria Gorote Ohonpillar, which I have discussed, has a clear idea of 'where it is going' and is supported due to close contact with their DF. Many other villages which are just beginning this remarkable development journey are very remote and hard to support. Access to them can be difficult due to weather conditions and they would be particularly vulnerable in times of political disturbance.

Training of VHVs has been ongoing, not only to increase the numbers, but also to replace those who give up the position. Given no input from BHCP, it would be unreasonable to expect this aspect of the programme to continue indefinitely. How this will be 'managed' by the DOH and needs to be clarified as soon as possible. BHCP could consider giving selected VHVs some 'Training as Trainers' or implementing an apprenticeship scheme; however, the emotional effect of withdrawal of support would be difficult to counteract in villages not yet secure in their development.

A plan for the integration of the BHCP into the DOH and the DCG exists but is not yet readily accessible to all interested parties and consequently a level of anxiety exists about its implementation.

Well-developed villages are already 'tapping into' other sources of funding and development assistance and the DOH/ BHCP should help to facilitate this whenever possible.

The Referendum

BHCP staff, and the population of Bougainville, are very conscious of the approaching Referendum on self-determination which may take place in a year or may be delayed until 2020. It is likely to have a disruptive and divisive effect on the population. BHCP is aware of the possible ramifications of results either way and is in a position to provide information and guidance in the villages to limit adverse effects, in the absence of local media.

6.0 TOR Objective 4: Lessons Learned

There are many things which the wider development community can learn from the Bougainville Healthy Communities Programme and its implementation.

- Its design is locally based with a full understanding of local needs, conditions and capabilities.
- It is based on the 'possible' and not reliant on large inputs of cash, equipment or provision of drugs from outside sources.
- It is focussed on the immediate needs of the people and, within each village, it is 'owned and run' by them.
- The programme works collaboratively and supportively with local government institutions and has had a unique and ongoing positive relationship with the DOH and the DCG.
- It recognises the need to lift people's self-esteem, ability to organise themselves and spiritual wellbeing as well as meeting their physical needs.

In terms of Health:

- Its focus is on prevention rather than cure in an environment where Health Facilities are under resourced.
- It concentrates on building capacity through increased knowledge and understanding, rather than providing "quick fixes". BHCP provides regular, reliable support in villages where it works (soon to be all villages in Bougainville), and has built long term, cooperative and mutually respectful relationships.

BHCP demonstrates its commitment to sustainable development through its MEL Reflection activities which are an empowering experience for the village communities and potentially lead to improved health statistics.

7.0 Cross Cutting Issues

The following Cross Cutting Issues are considered important to the overall success of the programme and are all addressed by it.

Gender

BHCP is aware of Gender issues and addresses them in its training and provision of health care. They are also addressed in the new governance structure at ward level and I saw some outstanding examples of women fully participating in village governance and female VHVs addressing a large group of visitors and villagers to report on the impact of their work. This was discussed with women in Ipiro Village where I was told that discrimination against women comes from 'custom' but BHCP gives women 'space' and opportunities and they are pleased. However, there is still much to be done to ensure a complete understanding of the discrepancies in the treatment of women and men at all levels of Bougainville society and elsewhere. This was discussed at the End of the Evaluation Workshop and offers of training were made by the Federation of Women. While such training would be good to access for BHCP staff and Village Governance Teams and would very likely be useful, there needs to be a fundamental change within the organisation to raise awareness, especially with the male staff who need to ensure that women are encouraged and participate equally with men. They cannot accept the status quo and deal with this issue in communities when their own understanding is limited. For example, it is not sufficient to have equal numbers of women and men VHVs if, in a training, the only people participating orally, asking and answering questions, are men.

Human Rights

The foundation of the BHCP is the right of human beings to good health knowledge which will help them lead productive, fulfilling lives, and to self-determination. There is a great deal of progress visible in the BHCP villages; however, the inclusion of 'Rights Education' in future Leadership Trainings would help to raise expectations and add this focus to village governance.

A group which appears to be operating outside the parameters of 'acceptable social behaviour in Bougainville' is young people who have been denied education, due to the conflict and poverty, and denied income-generating work due to the weak economy of Bougainville. They indulge in anti-social behaviour and frequently leave home, possibly to lead more exciting lives but usually ending up living worse off. The NGO forum could well discuss this and explore solutions.

Environment

Enhancing the environment is a feature and starting point for the BHCP's development and its approach has had an enormous impact. Cleaning up the environment, alongside introduction of toilets, getting rid of stagnant water and confining animals with fences, has led to considerable reductions in sickness. Furthermore, the planting of flowers and trees has made the village environment beautiful and spiritually uplifting - something for everyone in the village to be proud of. Village development has also included the planting of vegetable gardens which improve the health of village families and, in many cases, also provides income.

When asked about Global Warming, villagers told me it was something they had heard of but they did not really know anything about. They would like to know more and to understand their responsibilities regarding Global Warming.

Currently living in Buin District, a member of the NZ Police, shared her experience of visiting BHCP villages, *"The villages are clean and tidy and have a great community feel as people are proud of what they have accomplished together. It makes a huge difference to people's welfare when the pigs are 'contained' and waterways are protected from pollution. This is a brilliant, successful programme."*

8.0 Constraints

The distances to travel to many of the villages and the lack of communication, e.g. no radio coverage, poor internet connections and limited telephone connectivity, provide constraints and could influence the effectiveness of the programme. Many of the villages can only be reached by road in dry weather. In Ipiro Village, villagers complained of the bad road which hinders their access to markets and to the health facilities. Many villages recently introduced into the programme cannot be reached by road. Should the upcoming Referendum on Bougainville's political status cause disturbances, it may become dangerous to travel to some parts of the island. Visiting far outlying villages is also difficult for the DFs, although currently they are not constrained by this. More staff, working from more widespread bases would make coverage of villages easier.

As mentioned earlier in this report, lack of funding for the DOH limits the ability of rural health facilities to contribute extensively to combined work with the BHCP.

In discussions held in Teop Village, I was asked why BHCP does not develop radio programmes, *"You could reach thousands instead of just 20"*, Albert Tolo. However, there is not sufficient radio coverage available to make this effective learning option viable. Should this change, an additional range of effective educational options would become available to BHCP.

9.0 Conclusions

The BHCP has continued to lead the way throughout Bougainville in providing appropriate knowledge concerning Primary Health Care, and Leadership and Governance. The training, and the work carried out at village level, has had a profoundly positive impact on health statistics, self-reliance, self-esteem and future planning in the villages. To some extent, the programme has gained a momentum of its own.

The BHCP is well known, highly respected and trusted in isolated villages where no other organisations go. It is in a powerful position to impart information and influence people's development.

In villages, such as most of those I visited, where BHCP has had a long standing presence and has established the concept of Village Health Volunteers, (Outputs 3 and 1) and Village Leaders (Outputs 4 and 2) then trained and supported them, it is clear that Long Term Outcomes 1: Reduced incidence and severity of disease and illness and, 2: Stronger village governance and leadership have been achieved.

I found that in Bougainville, everyone is familiar with the BHCP and the work it does and members of the public (met casually by me) were eager to express their opinion of the BHCP. For example, *"The BHCP is doing a wonderful job and having a huge impact, as I would expect from a New Zealand backed programme. So far they have not been able to include schools, but I hope they will in the future"*, Thomas Pataku Min. of Education, Bougainville.

"In Bougainville, there needs to be a complete mind-set change; people need something to look forward to. BHCP has the right approach but someone needs to concentrate on the Youth." Bertha Lorenz, Guest House owner.

9.1 Way Forward

This is a crucial time for the BHCP as it consolidates its expanded programme, deals with the lead up to, and outcomes of, the Referendum, and completes its 'integration' with the DOH. Although DOH and BHCP staff seem positive about the development, the structure and way of working of the 'new' BHCP remains unclear to me and others. It is imperative that the philosophy and way of working of the BHCP are not compromised.

It is imperative that the DOH and the BHCP develop and promulgate a detailed written plan for the ongoing work covering such things as the philosophical rationale for how they will work, who is responsible for different aspects of the work, how the BHCP funding will be spent and who will control it. Bringing in an independent Planning Advisor to guide this process may be productive.

This also applies to the BHCP relationship with, and responsibility to, the Department of Community Government.

9.2 Recommendations

The BHCP, the Department of Health and the Department of Community Government urgently need to complete, and publicise, the design of their collaboration/integration in detail so that all 'players' are clear as to their new roles and responsibilities, lines of support, the plan for the future and the financial implications.

Department of Health management personnel would benefit from spending time in the villages and at the BHCP Trainings with BHCP staff members in order to have a deep and practical understanding of the programme's functions and achievements.

There is justifiable concern throughout Bougainville society over the problem created by some young people operating outside normal social expectations. The BHCP is well equipped to promote and/or facilitate discussion with government and other NGOs to explore ways of defining the problem and potential ways to deal with it.

The BHCP could explore the possibility of supporting and organising 'cross trainings' which are already occurring to a small extent. Many people in the Model Villages have developed a high level of skills, for example, financial, training, governance, horticulture, hospitality management, and could be used as resources for training in other villages. There is capacity at village level to organise this, given support.

I am aware that the BHCP is 'stretched' financially and logistically, however schools are a resource for dissemination of health messages which could be 'tapped'. Appropriate posters, possibly from another organisation, could be printed and displayed in schools and elsewhere, stories and games with a healthy living focus developed and a basic training for teachers delivered.

While much has been achieved, there is still a lot to do in the area of Gender Equality. The BHCP could explore the offers of training made at the Evaluation Presentation Workshop and, if appropriate, use them.

Although an NGO Forum is coordinated by the DOH, meetings are not attended regularly by all members and it does not achieve its potential. The community development process and local ownership would be greatly enhanced if such a forum were well run with binding expectations of attendance by all members for sharing of plans and working together for the good of the people of Bougainville.

NZ MFAT and LMNZ should consider documenting the BHCP "Way of Working" as a model for other development organisations to reference.

Attachment 1: Places Visited

- BHCP office
- Waikunai Model Village and two other small villages
- Rupummo Village, Siwai
- Ipiro Village, Buin
- Buin Health Centre
- Taurai Community
- Teop Village
- Tearauki Health Centre
- Tangari Model Village
- Suporia Hamlet
- Malasang Village
- DOH Offices

Attachment 2: List of key stakeholders met during evaluation

		BHCP Staff
1	Ruby Mirinka	Director
2	Neil Toura	Operations Director
3	Nemaiah Wesma	Finance and Admin. Manager
4	Joane Kamuka	MEL Coordinator
5	Janice Matua	Training Team Leader
6	John Tonnei	DFC South/Central
7	Roselyne Gasi	DFC North
8	John Ibouko	DF Panguna
9	Terence Kumis	DF Malasang
10	David Gagaso	DF Wakunai
11	Charlie Rerevairi	DF Wakunai
12	Gordon Purupuru	DF Tinputz
13	Michael Kepau	DF Buin
14	Henry Kebau	DF Buin

15	Clement Totovun	Secretary of Health
16	Roselyne Gatana	Director of Public Health
17	Aileen Pilau	Information Officer
18	Hurivaka Tekohu	TB Programme Coordinator
19	John Mailu	Ward Member
20	Robert Karai	Church Rep. Community Governance
21	Joseph Sarang	Chief
22	Ruth Karai	Youth Rep. Community Governance
23	Linus Kunisis	Chair of Ward Steering Committee
24	Emeline Naupi	VHV Representative
25	Daniel Milo	VHV Representative
26	Henry	Secretary, Ward Steering Committee
27	A group of five children	
28	Wisma Donald	VHV
29	Vaelyn Karasovi	VHV
30	Mevelyn Poukato	VHV
31	Lillian Kapu	VHV
32	Jacob Poukato	VHV
33	Sam Getsi	VHV
34	Richard Vokira	VHV
35	Elwin Siniah	VHV
36	Ignatius Novona	Trainer
37	Albert Jowa	Trainer
38	Ivan Paul	Village Resident; Wakunai
39	Godfrey Konas	Tearauki Health Centre
40	Marunia Lonturo	Charge Nurse; Buin Hospital
42	Joseph Lepasa	Chief
43	Francis Sara	Cluster Leader

44	John Bosco	Cluster Leader
45	Ishmael Morris	Village Vice Chairman
46	Pricilla Kori	VHV
47	Mary Theo	VHV
48	Isabel Biya	VHV
49	Mathew Musa	Cluster Leader
50	Severinus Kurko	Comm. Gov./ Chief
51	Clement Murio	Village Leader
52	A group of Women including a VHV	Suporia Hamlet
53	Robert	Ward Member
54	Lambert	VHV
55	Merily	Chairwoman Catholic Women's Group
56	Domitila	Ward Member
57	Peter	Ward Member
58	Lambert	VHV
59	Clara	VHV
60	Beatrice	VHV
61	Adela	VHV
62	Hilda	Trainer/Nurse
63	A group of young children	
64	Jacob	Chairman, Elementary School
65	Fiona	VHV
66	Dickson	VHV/ Chairman/ WASH facilitator
67	James	VHV
68	Greg Kumis	Village Chief St. Maria Gorote Ohonpillar Village
69	Ellen	BHCP Implementation Leader
70	Charles	Village Leader
71	Philip Oris	Chairman of Village

72	Group of 8 adults for Ten Seed Activity	
73	Group of 5 youth	
74	Jenny Middleton	MCH Consultant with DOH
75	Cosmos Piri	Prog. Manager, Plan International
76	Josephine Kavona	Pres. Bouganville Women's Federation
77	Bridget McLaren	NZ Police
78	Bertha Lorenz	Guest House Owner
79	Thomas Pataku	Min. of Education ABG

Attachment 3: List of BHCP Evaluation Feedback Workshop Participants, Buka.

	Name	Details
1	James Kodie	Catholic Mission Health Sec., Buka
2	Charlie Havara	Community Leader, Malasang
3	Clement Muria	Tangari Model Village
4	John Sile	Community Leader, Malasang
5	Margaret Kukupa	United Church Health Secretary
6	Stanley Mose	Community Rep. Tinputz
7	Charles Kiha	VHV Malasang
8	Philip Oris	Chairman, Community Government
9	Gordon Purupuru	DF Tinputz
10	Terence Kumis	DF, Buka
11	Patrick Harepa	Village Recorder, Tinputz
12	Ismael Morisa	Village Recorder, Siwai
13	Justine Lopasa	VHV Siwai, Chief
14	John Hirape	DF Siwai
15	Michael Anugu	Executive Officer, STH Bougainville
16	Josephine Kauna	Vice President, Women's Federation

17	John Tonnei	DFC South Bougainville
18	Joanne Kamuka	MEL Coordinator, BHCP
19	Carolyn Ivomari	BHCP Finance
20	Elwyn Tsikola	Plan International
21	Michelle Whalen	Plan International WASH
22	Cosmos Piri	Plan International
23	Patrick Aisa	World Vision Programme Coordinator
24	Jenny Middleton	MCH Advisor DOH
25	Clarice Harepa	Trainer, BHCP
26	Roselyn Gatana	Director Public Health, DOH

Attachment 4: BHCP Results Measurement Framework.