

**PROPOSED PROGRAM FOR OUTPUT 5:  
HEALTH PROMOTION IN LOCAL COMMUNITIES (SUMMARY)**

**Addressing Community Health and Gender-Based Violence through  
Health Promotion and Empowerment**

**A. Objectives and Components of Output 5**

1. Output 5 has four objectives and components. The project's role is to support provincial authorities to strengthen capacity in the designated districts. The initial task of the project support unit (PSU) will be to identify, through competitive bidding, one or more contractors for all components.

**1. Component 1: Needs assessment**

2. The National Department of Health's Healthy Island Program will be the core policy used as the basis for this assessment. This component will be undertaken by the identified contractors as their first activity, the findings of which will be used to develop the districts' plan of action for their health promotion programs. The needs assessment will be carried out in the project districts by the public health team of the province with assistance from the contractors. The assessment will identify the following:

- (i) the existing work of the Office of Community Development with the communities;
- (ii) the existence and scope of active community development in health programs and the drivers behind them;
- (iii) the nongovernment organizations (NGOs) active in the communities and their capacity to deliver services;
- (iv) identification of the community's needs in specific areas of health and gender through a participatory community approach;
- (v) existing arrangements by which communities are engaged in planning, implementation, and governance of health services and activities at the district, ward, and facility level; and
- (vi) communities' knowledge, attitude, and behavior towards critical issues of health, message content, placements, and medium for information dissemination.

3. During the assessment, key areas where assistance is required will be ascertained. Once priorities have been established, program gaps will be identified, and the contractors will develop their activities to address these gaps.

4. **Deliverables/outcomes.** An assessment report from the eight provinces and an assessment tool for the provincial health authorities to use in the future.

**2. Component 2: Create awareness among rural communities, in particular pregnant mothers, of the necessity and benefits of health service-seeking behavior**

5. Eligible organizations undertaking health promotion and behavioral change activities will be contracted. The contractors will directly report to provincial health authorities and will be expected to partner with community-based organizations and other thematic organizations to implement the programs. The objectives of this component are to

- (i) increase health-seeking behavior in the communities on health issues like maternal and child health, water, sanitation and waste disposal, domestic and sexual violence, and HIV/AIDS;
- (ii) as part of the rehabilitation of health facilities/community health post building, build safe mother shelters (maximum of eight under the project) for pregnant women who are living in remote areas;
- (iii) create an awareness program for new mothers who will stay at safe mother shelters;
- (iv) create awareness to increase individuals' and communities' involvement in their own health by advocating the government's Healthy Islands strategy;
- (v) empower communities through information and social mobilization, advocating the rights-based approach; and
- (vi) develop the capacity of village health volunteers to build relationships with all groups in their communities and to provide information and outreach activities.

6. **Deliverables/outcomes.** Well-informed and empowered communities, leading to increased health service-seeking behavior, rights to services, and informed and timely decision-making skills.

### **3. Component 3: Addressing domestic and sexual violence in rural communities**

7. To address this highly prevalent issue in Papua New Guinea, the PSU will support the ongoing activities of NGOs, civil society organizations, and private companies. The Project Support Unit (PSU) will take a holistic approach in supporting contractors that focus on the following areas:

- (i) refurbishing existing family support centers, if needed;
- (ii) creating awareness of prevention and of the repercussions of violence against women in the communities;
- (iii) advocating at the community level for strict legal measures to punish offenders; and
- (iv) capacity development of staff and volunteers through training in the areas of counseling, law and justice, first aid, etc.

8. **Deliverables/outcomes.** Through advocacy, awareness, support, and counseling, increased numbers of women and children, are able to seek refuge and rehabilitate back into society.

### **4. Component 4: Support for community governance and participation in health and health services**

9. This component supports the communities' direct engagement in the implementation and planning of health services at the district, ward, and facility level. It will ensure that all relevant populations (women, men, and youth) can play a role. The overall objective is to increase the communities' power and influence over the drivers of health within and outside the health system. The PSU will ensure that this component is embedded into the program of the contractors who will be implementing component 2 (awareness).

- (i) Support health provider organizations (NGOs, churches) and district and ward administrations in developing organizational structures that increase community engagement in health and health services.

- (ii) Provide training and materials that support community members in undertaking governance roles in health services at the local level.
- (iii) Reinforce the community's role in supporting health workers and their families, particularly in remote areas.

10. **Deliverables/outcomes.** Community representation at all levels of health planning, promoting good governance; increased responsiveness of service providers to community needs; and increased retention of health workers in remote locations.

#### **B. Monitoring and Evaluation through Formative Evaluation**

11. This output will be monitored through a monitoring and evaluation plan developed by the provinces with the assistance of the contractors. Conformance to this plan will be part of the project's formative evaluation.

#### **C. Experts from Project Support Unit**

12. International Health Promotion Advisor—2 years intermittent; and National Communications Officer – full-time.

13. The UNICEF Communication Advisor will provide technical advice on information, education, and communication materials.

#### **D. Cost Estimates**

14. (i) Assessment: US\$188,000, (ii) communication and awareness: US\$5,825,908, and (iii) domestic and gender-based violence: US\$3,986,092. Grand total of US\$10,000,000.