

SECTION III.

ISSUES AND LESSONS LEARNED

1. INTEGRATED APPROACH TO PHC

In a region like Jayawijaya where most of the population are subsistence hunter gatherers / horticulturists living in rugged and isolated environments with little access to education and money, primary health care is the ideal approach for improving people's quality of life. Scattered populations and the rugged terrain ensure that it is not economically feasible to provide adequate coverage of formal health services. Unlike curative approaches that require expensive technologies and benefit individuals, PHC focuses on preventative health measures and allow communities to be involved in their own health care. WATCH's multi-pronged approach to attack health problems was effective because it helped overcome the causes of disease and not just the symptoms. For instance activities to control pneumonia followed problem linkages that worked on improving the quality of health services, eradicating malnutrition, decreasing indoor air pollution, preventing hypothermia, supporting the immunisation problem and eradicating poverty through community development activities. That is, WATCH focused on health problems at multiple levels: social, economic, institutional and biochemical. Another strong feature of the project was that activities could potentially benefit people in multiple ways. The farming of rabbits, for instance, potentially has numerous advantages. If eaten rabbits improve nutrition, if sold they generate income, and if their skin is tanned and wrapped around a baby it can decrease hypothermia, a common cause of death of infants.

The downside to using an integrated PHC approach is that it increases the complexity of project activities and requires coordination across sectors. WATCH personnel spent a great deal of time and effort communicating and coordinating with many government agencies. Related to this is the issue that as PHC can cover a wide range of things it is easy to become sidetracked. Project staff felt that there was always tension between working on activities that are not directly health related but at the same time are not too unrelated. At one stage they had to decide against developing caves for tourism in Kurulu and funding feasibility studies for new economic activities in Mapenduma. From the perspective of local peoples, a degree of arbitrariness is apparent in the decision as to what counts as a PHC activity and what doesn't. At one stage the Project Director requested that this criteria be more clearly defined but due to the staff's workload this wasn't followed up. It is recommended that where relevant future projects should lay down clear guidelines as to what criteria communities' development proposals will be assessed by. Such criteria would aid communication with target populations, it would help WATCH to have a reputation for consistency and fairness, and it would provide a model for similar projects, both now and in the future.

2. SUSTAINABILITY

A key issue in any development project is whether its activities have lasting effects. WATCH took the issue of sustainability seriously and so did AusAID who granted two project extensions. Several questions were asked to determine the extent to which the project had been successful in its goal of sustainability. One question asked was if the community-based activities would continue to be supported by other NGOs. WATCH liaised with local NGOs in order to select and support some in assisting with the continuation of WATCH activities in the villages. Particularly in WATCH II and III, project staff held meetings with bodies such as Yasumat, Yasukogo and UNICEF's Safe Motherhood Program to try and formulate and propose programs to continue group activities post-WATCH. These NGOs, it was hoped, could possibly obtain additional funding from AusAID's small grants funds.

It was also questioned whether the government would continue WATCH's formal health activities. The answers here were considerably positive. It seemed that changes catalysed at the district level were more sustainable than changes pushed for at the village level. After all there were popular and tangible results at this level such as the case management protocols which have become used by the health worker community in Jayawijaya and the HIS which is now being trialed in place of the national monitoring system. The answers regarding whether or not WATCH activities would continue in the villages was less positive. There was a general feeling amongst project staff that community groups had not performed as well as expected and that activities and health messages had not been strongly incorporated into people's lifestyles. Indeed it seemed that the longer WATCH worked in the villages the less likely it was that groups could be granted 'self-reliant' status. This trend can be interpreted in many ways. It is possible that groups had become jaded with the project or else maybe they had come to be more selective in what they wanted to stop implementing. If the latter was the case then it is not a negative sign that they became less self-reliant on the ARIFF scale. It would be positive because it indicated groups were showing an increased capacity to make informed decisions regarding development priorities.

This analysis however, is too simplistic. Changes that appear solid and real today may not be so tomorrow and vice-versa. Fluctuations in the political climate and government budgets can lead to changes in district policies, possibly undoing WATCH achievements. And similarly, any changes at the village level can also be effected by unforeseen factors such as the occurrence of natural catastrophes like fires or floods that can lead a community to resettle elsewhere. Inversely, activities that did not appear popular towards the end of the project may prove to be popular in the future if people's needs and circumstances change. For instance, the government may build a health centre close to a village bringing many more people to live nearby. In this instance some locals may come to see the importance of building latrines in the village and remember the lessons by project staff / cadres on latrine construction. The point is that long term impacts on systems and structures are largely unpredictable.

The aforementioned indicators to evaluate sustainability comply with donors' needs for observability and measurability. What has received considerably less attention is the role WATCH played in changing attitudes, that is in changing the ways people think, feel and act about issues. This is important because changes are most sustainable when they are internalised by people in the community. WATCH staff did realise the importance of attitude change and it appeared that they were rather successful in altering attitudes of people in the target communities as well as attitudes held by government personnel and people in the NGO sector. Within government departments the WATCH project provided a space for people to be encouraged to think in creative ways about providing PHC in Jayawijaya and sometimes too they provided resources for these ideas to be trialed. WATCH staff also strove to change attitudes about gender issues amongst district and subdistrict level officials through a specially designed consciousness-raising module. Moreover WATCH was an inspiration for other NGOs who were influenced by the project's approach and at times went on to design WATCH-style activities. Despite the paramount importance of attitude change donors are likely to pay only lipservice to it as a large amount of money must be spent on results that are usually slow in coming and often invisible. But spending time, money and effort to influence peoples' mindset is a worthwhile investment because only through changes in the ways people feel, think and behave towards certain issues can the project have lasting impacts.

3. CROSS CULTURAL SENSITIVITY

Project staff needed a greater understanding of cross-cultural issues to more sensitively design messages and activities that would resonate within the target communities. Throughout the project documents it is emphasised that sustainability at the district level was likely because *project staff worked within existing government structures*. Yet it was because they understood the structures, as they shared the culture of government workers (and NGO workers), that project staff could work within the structures sensitively and with relative success. Inversely, their impact on the target communities was questionable largely because they did not understand the cultures they were working with. Like communities anywhere in the world, people in Jayawijaya have indigenous systems of diagnosis and curing illness. Any attempts to introduce health care would be inhibited by ignoring these systems and facilitated by articulating within these systems. For instance, we cannot talk of risk in pregnancy just in terms of anaemia, oedema and presentation without considering kinship structures, geographic isolation and the husband's understanding of what is going on.

WATCH staff were more aware of this point as the project unfolded. To overcome the problems associated with the lack of a thorough ethnographic baseline study in WATCH II an ethnographic consultant was employed to help staff understand local health belief systems. In addition, project staff collaborated with experts to produce ethnographic material and training. In WATCH III

an anthropological consultant was called in to assess aspects of the project. In her report she notes that the staff “expressed considerable frustration and a sense of futility in attempting to use (the educational materials), either because the material was inappropriate, the people were unable to comprehend the material, or if they did understand it, they were simply unwilling to change their behaviour”. She concluded that it is not enough to produce attractive materials with good messages and simply ‘inject’ them into people. If health messages are tailored so they make sense to the learner, she advised, they could be processed according to local logic. Even at this late stage, materials were recreated and translated into the local language of Lani, which is testament of the staff’s commitment to produce desired outcomes. This principle does not just apply to the educational materials but to all of WATCH’s strategies: working with groups, promoting cooperatives, building latrines etc. It is too easy to attribute lack of success to things like poor community organisation and even ‘stupidness’ when in fact locals lack motivation to adopt project ideas because from their perspective they make little sense. In a place like Irian Jaya where there is such large discrepancy between the cultural background of many health workers and of local people training in cross-cultural skills is of paramount importance. It is recommended that future project’s should teach health workers, government officials and project staff about local medical belief systems and also to be trained in cross cultural communication. Another advantageous strategy would be to have regular visitation by an anthropologist, or else an anthropologist on the team at all times.

4. PUBLIC LIAISON & TIME MANAGEMENT

The central place that WATCH occupied in community life was apparent to anyone who dropped into the office. At any one time one could meet missionaries, government officials, people from international and national NGOs, and representatives from other agencies such as multilateral organisations in the WATCH office. Media representatives, university students and even the Australian Geography Teachers’ Association were keen to get information about the project. During the time we lived in Wamena our house often sheltered people from the villages who were visiting WATCH. People from the villages would often drop in to speak to a supervisor or else to pick up some materials and their visits frequently coincided with a trip to the health centre or the market. As you passed by the office you would regularly see locals queuing outside the office.

There are two lessons to be learned from such a large and innovative project that was working with so many parties and was involved in so many activities. Firstly, visits from local peoples are a mixed blessing. While they contribute to the success of the project they can also prevent staff from extended periods of work. As people cannot telephone to make appointments and it is unreasonable to expect locals to be able to stick to ‘visiting hours’ the obvious solution would be to employ more staff for supporting locals in their development initiatives. Secondly, curiosity from outside agencies like students and the media can best be addressed through having a simple information booklet about the

project on hand. In 1997 such a booklet was made and the staff found it to be a useful point of reference for people interested in the project.

5. PROJECT STAFF AND CONSULTANTS

There were advantages and disadvantages with the project staffing arrangements. It was an advantage to choose a Project Manager who had a similar educational background to the Counterpart Project Manager for it allowed mutual respect and understanding and this enabled them to work together with more ease. It was also a positive step to select nationals to work for the project as this has kept funds, expertise and skills within the recipient country. At the same time the Project Director has mentioned that on reflection it would have been useful to have had an expatriate Money Coordinator in a senior role working with the project. This person could act as a kind of 'cultural broker' having both strong English language skills and a better understanding of the contractor's and donor's mindset.

There have been two major issues to emerge from selecting predominantly female and Javanese staff. With regards to the first bias, recruiting mostly female staff members seemed the obvious choice to be interviewers at WVII as they were seeking staff for a women and children's health project. This decision reflected the WID assumption that it is best for women to help other women deal with women's issues. Towards the end of WATCH I project staff came to realise that it is important to also include men in their activities if social change is to occur. This realisation coincided with the GAD idea that issues cannot be isolated as just women's problems for they are gender problems and as such both sexes have to address them. As the majority of staff were female the project experienced difficulties in establishing open and effective communication with men. It is likely that a similar issue arose from appointing a female as Project Manager in 1996. This appointment may have caused some problems in liaising with government officials who are almost invariably men. The flipside to this is that placing a woman in a responsible position like Project Manager of a significant bilateral project sends a strong message to the community. It shows that women are capable of holding positions of power. This is yet another example of how WATCH helped to change attitudes in the broad community.

As has been described elsewhere (p. I / 3) the project largely failed to recruit or train indigenous Jayawijayans to work at relatively senior levels on the project. It is easy to say in hindsight that the project needed a clearly defined strategy to progressively increase the number of local peoples into the management of the project but we must remember that at the outset WATCH was to only run for three years. Staff were keen to spend more time working on getting results for health related activities than they were on the slow process of improving the management and administrative skills of a few locals. Any efforts at trying this were soon abandoned. Although this is the case, it is debatable

whether working with village groups is a better investment than spending time intensively multi-skilling a few motivated locals (see the discussion on individuals versus groups in section III / 8).

The initial reason why WVII did not recruit any Irianese was because they could not find any that were suitably qualified. This might have been a valid reason for not employing Irianese in office based positions but not for field based positions. Local people can make good field workers and the project was sorely lacking in field workers who could meet the demand of the activities. A good field worker doesn't need to be well qualified they just need characteristics like enthusiasm, ability to learn quickly and for others to feel at ease in their presence. It was only in WATCH III that a midwife from the coast became part of the project team and that two unqualified but effective people were placed as Cadre Supervisor and Cadre assistant. One of these was a western Dani, one was an Ekari man (from the eastern highlands), and another qualified people (Agriculture Engineering) was native to South Sulawesi but with a deep understanding of and respect for the local cultures as a GAD (*Male*) Assistant. As they were both based in the field they were more able to act as a bridge between the project and the community. This was an effective arrangement as they could provide ongoing support and advice to the recipients of the project's interventions. By basing their staff in the field, in WATCH III a solution had been found to the vexed question of how to provide adequate supervision and support to the targeted communities. This was not the only time that WATCH staff over-relied on qualifications. In WATCH II staff were unwilling to send CD cadres to Java to learn about tanning rabbit skins as no cadres had graduated from senior high school chemistry or biology. The lesson that over-reliance of qualifications can inhibit project achievements is supported by Susana's success in creating GAD modules. Although not suitably fully Susana, with later help from a consultant, was able to produce modules of a high quality.

The project used the services of consultants, particularly earlier on in WATCH II after the project reviewer of WATCH I recommended more technical inputs to boost the quality of the project. Ideally, as the need for consultants is greatest at the beginning of any project WATCH should have utilised expertise earlier on. Three lessons emerge from these experiences. Firstly, it is fruitful to employ consultants who are knowledgeable about the unique situation in Irian Jaya otherwise it is questionable whether they are able to teach anything new to project staff. The short time that consultants spend in the field is not sufficient to understand the dynamics of the situation they are to analyse nor is it long enough for genuine skill transfer to occur. Exceptions to this are consultancies designed to fix a particular mechanistic problem like improving the HIS computer program. The second lesson is in relation to having a single consultant conduct the project reviews. As so much hinges on the results from these reviews, a team of consultants should provide input to these documents. Moreover this team should be multi-disciplinary to promote a more rounded viewpoint and to reflect the multi-disciplinary nature of the project. Lastly, the Project Director found it worthwhile to employ consultants from the same source as it can allow for the cross-fertilisation of ideas and from a logistics perspective, going to the same place to find consultants was simpler.

6. MARKETS AND MARKET RESEARCH

The lack of infrastructure and the remoteness of many areas in Jayawijaya creates problems for marketing produce and products. As no viable markets were found outside Jayawijaya, produce from WATCH's community development initiatives were geared towards local markets. Our view is that it is more feasible to focus inwards and build up local markets especially since 1997 after the regional economic crisis of 1997 which has seen the economy of Jayawijaya retract considerably. The rupiah's strong downward trend since 1997 and the removal of government subsidies on key commodities including fuel have been compounded by the fact that all manufactured goods have to be shipped into Jayapura and subsequently flown into Wamena. Furthermore, rising economic and political uncertainty has driven many of the non-indigenous inhabitants of Jayawijaya to return to their own islands in search of work or to give and receive support from their own kin. This has considerably reduced the consumer base of the Wamena market. Whilst the limited involvement of most Jayawijayans in the cash economy has buffered them from the direct effects of the economic crisis it means that the price of manufactured goods is even further out of the reach of most people than ever. Perhaps for now then, the economy of Jayawijaya must look inward to be self-sustaining.

7 SOCIAL MARKETING

Social marketing seems to be a side to community development and in particular the introduction of new product lines, techniques and technologies, which was not adequately addressed by the project. As Barbara Grimes pointed out during her consultancy on Health IEC materials and GAD during WATCH III, the approach generally applied by WATCH personnel for introducing new ideas or approaches was still largely an injection method. In many respects this observation was also true of WATCH's approach to the introduction of new product lines, techniques and technologies for agriculture and food processing.

In cases where there was a market for new products amongst the urban and non-indigenous communities it was relatively easy to introduce such products to the target communities as cash crops with a view to their being subsequently incorporated into local diets or practices. Therefore, in some cases goals such as dietary diversification might be piggybacked into the community acceptance under the aegis of economic development.

In other cases where there was no cash market for the new products uptake of the new products, techniques or technologies was entirely dependent upon the target communities' themselves wishing to take up the new ideas or products.

This is evident from WATCH's experiences with both super-oralite (see section II / 2.1.5) and sweet potato flour based infant feeding supplements (see section II / 2.5). Whilst both of these products seemed like ideal PHC solutions, as they could be made from locally abundant sweet potatoes, required only simple processing techniques and technologies and had the potential to address major infant health problems, neither of these products ever achieved widespread social acceptance or application. In both cases the resistance of communities seems in large part to have been due to community perceptions of these products being inferior to their commercially or locally available alternatives.

The packaging of various organic agricultural innovations as LEISA agriculture and the promotion of group demonstration plots for LEISA and nutrition gardens as well as the various IEC materials produced by the project are other examples of attempts by the to socially market new ideas within the community.

If new products, technologies and ideas are to be successfully introduced much greater consideration needs to be paid to clarifying exactly what constraints are actually preventing or limiting the acculturation of new technologies and in developing appropriate ways to overcome such obstacles.

8. MEDIA AND MESSAGES

WATCH produced and procured a variety of media to communicate a variety of messages. They used media as diverse as modules, booklets, posters, newsletters, flipcharts, calendars etc. (see the project documentation review for a detailed list of WATCH materials). These materials were either created by WATCH (eg. gender modules), sourced from elsewhere (eg. posters from Java) or produced in collaboration with other organisations such as YKB, the provincial Health Office, YPMD and LIPI. In particular, posters and calendars were effective media as they had clear health messages and since they contained pictures of local people, people in the villages and in the health centres prized them as decorative objects. The print media and local radio were also manipulated to communicate important messages. The latter in particular was an effective medium as many locals enjoy listening to the radio at night. The drawback however, is that radio can only offer one way communication and so questions and comments are not possible.

WATCH communicated its key messages in Bahasa Indonesia even though many people in the district, and particularly women, did not always understand Indonesian. The fact that health messages cannot be understood if expressed in a language that people understand poorly, if at all, was not lost on the staff and in many sessions oral translators were nominated to help everyone understand what was being said. This situation was less than ideal since nominating translators in an ad hoc fashion guarantees that the project loses control over what is being communicated. Not only did the

translators often not understand what was being said but also there are many Indonesian terms not easily translatable into the local language. For instance the Indonesian word for pregnant (*hamil*) has two corresponding terms in local languages: one for when the 'blood stops' and another for after the quickening (when a fetus moves). It was apparent that the communication process could be improved by using a bilingual approach. Only when the project worked with less linguistic diversity (in WATCH III) it became viable to translate materials into local dialects. To this effect several booklets and posters were translated into Lani (see Section II / 2.1.2 & 2.1.3). Translating material into local languages is a good idea however it cannot fully mitigate against translation errors which can result in not communicating information correctly. As well as the importance of communicating in local languages, project staff were encouraged to promote ideas and behaviours that are relevant to the social contexts of Jayawijaya. As has been discussed under the heading 'cross cultural sensitivity' (III /3) it was important that messages were defined in a way that resonated with the learners if there was to be any impact on their behaviour.

Having messages understood also depends on the form of communication as well as the social relevance of the message. Aside from communicating verbally, either directly by person or else over the local radio, the project's messages relied on a literate audience. However, printed materials may be a more appropriate channel for communicating with educated health personnel but in the villages where there is a high degree of illiteracy, especially amongst women, they are less appropriate. Perhaps future health programs in Irian Jaya could consider the use of drama as drama has proved to be a very effective tool for communicating development messages in other parts of Melanesia. WATCH got a sense of the potential of using drama when they noted in a report in October 1992 that role playing in GAD workshops was very popular. The high rate of illiteracy in Jayawijaya is not the only reason why drama would be an effective communication tool. Dramas are entertaining, informal, and informative events that depend on community participation both as the performers and as the audience. They, unlike messages printed by outsiders, can be truly successful at social marketing by virtue of embedding novel ideas in familiar contexts and expressing them in vivid and memorable ways.

9. WORKING WITH GROUPS IN MELANESIA

Throughout the project the strategy for organising groups altered. Section II / 3.1 describes how earlier on WATCH staff worked with imposed structures (*desa* lines) which were obvious to outsiders but meant little to the locals themselves and that over time groups came to be organised along lines that were meaningful to local people. At the same time it also became apparent that it was more useful to work on gender issues with men and women and not just women. The lesson to be learned from WATCH's experience with group organisation is that projects should do better research earlier on to determine how people organise themselves and how these groups interact. As an outsider it is easy to assume that local peoples lack organisation and so outside structures must be imposed to help them. Yet if one takes the time to listen and observe, one will discover that there are many kinds of important

groups at the village level and not just ‘clans’ as many assume. In our experience of working in Jayawijaya the group that is most likely to work together share the same *silimo* – that is the same hamlet or compound. The WATCH experience support the idea that development projects in Jayawijaya should work along locally meaningful divisions. Ultimately, facilitating community members to form their own groups that are meaningful to them is the appropriate way to get people to implement development initiatives.

Towards the end of the first phase of the project through to the third phase it became apparent that many groups had not progressed as well as had been hoped. Problems included a lack of motivation and of respect for cadres as well as inadequate skill transfer from the cadres to the community. It is worthwhile to consider the nature of group action and leadership in the highlands of New Guinea to understand why this possibly was the case. Drawing from anthropological literature we can summarise that group activities are possible in the New Guinea highlands however because of the high degree of individualism, fluid hierarchies and consensual decision making systems in most communities it is much more difficult to negotiate group action. Anthropologists have found that in the New Guinea Highlands leaders are people who are skilled in oration and persuasion, they have hard working wives and act in an exemplary manner. That is, leadership is based on merit and not on appointment. At times the *kepala desa* is an influential leader and an effective person to work with but this is not because he is a representative of the government *per se*. If he is respected by the community it is most likely because he has the right attributes of a leader and moreover, because he has access to funds.

The nature of leadership in Jayawijaya has repercussions for external bodies who hope to initiate group action. Projects like WATCH cannot simply appoint a leader and assume that they will have the ability to command people based on their position. Leaders have to be elected by the community but even then leaders are subject to jealousy, criticism or suspicion. Therefore, development projects also need to account for the fluctuating credibility of the leaders by providing mechanisms for communities to review their decisions about group structure and leadership. Another possibility would be to form a committee of charismatic and respected village members who would be willing to harness local enthusiasm and decide how best to use project resources. This committee could keep checks on each other and as such would be more credible to the community. The need for understanding cultural processes is even more pertinent for projects like WATCH who hope to organise women’s groups and female leaders. It is a real challenge to conventional ways of thinking to understand status and leadership amongst women in Jayawijaya. And as the idea of holding meetings is an unusual one for local women creative solutions must be found to mobilise their support.

The fluidity of leadership in Jayawijaya is only part of the story of why groups have not performed as expected. Local ideas about trade and exchange have also influenced project outcomes. One assumption for why the project worked with groups was that there would be a more equitable

distribution of income. This is linked to the idea that indigenous people, like those found in Jayawijaya are communal and as such share resources. But aside from communal feasting there is no evidence that the behaviour of highlanders in New Guinea is 'communal'. Ethnographers have concluded quite the opposite, that the Dani, like Melanesians elsewhere, are fiercely individualistic and competitive. In their attempts to work with groups WATCH staff have observed the independent will of local people. Generally speaking, local people are not motivated to work for 'the good of everyone' and 'the possibility of a better future'. These ideas are antithetical to traditional ideas that labour can be used in exchanges to help to build ties with others and as such contribute to the necessary power dynamics in a community. That is, in highland regions like Jayawijaya people will work on a task if it helps boost someone's status. People work under someone's patronage and the patron gains status through being known as, for example, the man who got that bridge built or that coffee plantation up and running. It makes little sense to locals to work on activities that belong to 'everyone' or 'no one' as this does not contribute to cementing relationships and building the social order.

This observation raises the question of whether working with individuals instead of groups may lead to stronger outcomes in community development. It is possible that people are more likely to learn through modelling themselves on successful individuals such as the cadre that started a business making and selling latrines and the man from Tangma who made reasonable money from honey production. This point was expressed at a meeting which coincided with the opening of the local NGO YASUMAT by people who felt that individuals and not groups should obtain grants from WATCH as individuals work better than groups, especially in the task of looking after animals.

10. NGOs VERSUS THE DHO

As a bilateral project with the Ministry of Health WATCH had an obligation to work with and through the DHO, DHS and other government institutions. The GOI and AusAID emphasised the importance of using and strengthening the structure of the DHO as it would help make the project more sustainable. Yet the possibilities for this were undermined by the facts that most of Jayawijaya are not inhabited by government officials, and a large portion of it is not serviced by government agencies such as the PKK and LKMD. Moreover, many communities are suspicious of the government and so if WATCH identified strongly with the GOI they might have found it difficult to build relationships with target communities. In contrast, using NGOs and missions to deliver health services are often the only way to reach much of the population. Unlike in certain other areas of Indonesia, in Jayawijaya NGOs are very robust as they are usually associated with missions and the Church is an extremely important and stable part of life in Jayawijaya. This presented the project with a dilemma. To only work through government structures and institutions would create an obstacle for accessing the areas they planned to work in and it would compromise the project's ability to effectively engage with the community. Yet to support NGOs and missions could be seen as undermining government programs.

This dilemma reflected the debate regarding the appropriate relationship between the government and the NGOs in remote areas of Indonesia. One view is that NGOs should serve as an adjunct to government services by delivering the GOI's health services to remote areas. The alternative view is that NGOs should serve local communities separately from the government and instead should help the government through their talents at innovation. That is, through trialing other approaches the government may learn from NGOs. As a bilateral project with the DHO, a NGO project about women and children's health, and a pilot project for PHC in the highlands of Irian Jaya WATCH came to represent a way out of this debate. It provided an appropriate vehicle for an NGO to conduct activities grounded in the communities yet also to be linked to government structures. This provided the opportunity to enhance the community's capacity but also to influence government policy.

11. LEARNING FROM EXPERIENCES IN P.N.G.

As successful models of PHC can be found in Java and Bali it is tempting for health planners to turn to these regions for models. However as the cultural ecology of peoples in Jayawijaya is vastly different to those from the inner islands of Indonesia, it is more apt to find models in the highlands of PNG where people share a similar culture and environment. Project staff were aware that there is a longer history of health and development activities across the border and that they could learn from these experiences. For instance, it was written in some reports that they were curious about the trialing of healthy houses and smokeless stoves in the PNG highlands. And in 1995 a midwife health worker from PNG was invited to train mostly TBAs on capitalising on the benefits of using traditional delivery positions. As a highland woman herself, Sister Katur was a good role model to everyone and her workshops were very successful. Unfortunately WATCH did not go far enough in exploiting the lessons to be learned from health work experience in P.N.G. During the planning of WATCH II a study tour to P.N.G. was proposed however the trip was cancelled soon into the second phase as it was not considered a high enough priority.

Even though learning about how local communities in the highlands of P.N.G. address similar issues has a great deal of potential there are several possible factors influencing why the project did not pursue this. One reason may have been that working with people in P.N.G. is a politically sensitive issue. Another reason could have been that trips across the border are relatively expensive and also because there is the language barrier to contend with. Unless people on the trip understand English the scope for learning would have been very limited. Perhaps a compromise here would be to set up a small library with carefully translated materials about development activities in regions with similar cultures to Jayawijaya. This would not only be cheaper but more people could have access to such information. If such a library were to be established in the future, it is important to remember that despite the similarities between the highlands of Irian and P.N.G. care should be taken not to disregard

ideas just because they were not successful in other regions in P.N.G. As the WATCH project illustrates, different communities will have different factors influencing the acceptance or rejection of activities. It is usually still worth trying out activities that have not been popular elsewhere but heeding any lessons that might have been learned from previous times. In any development project, there is tension between minimising expenditure and going through the process of trial and error so important to the process of learning.

12. SITES AND BREADTH OF INTERVENTIONS

As outlined section I / 4 the project was initially designed to work with communities in the western areas of Jayawijaya only but this plan was altered at the request of AusAID who wanted the whole of Jayawijaya to be covered. Soon after the project had started it became apparent that given the level of resources made available to the project, the effectiveness of project interventions was clearly compromised by working in such a large, inaccessible and ethnically diverse area. Based on the recommendations of the WATCH I review AusAID agreed to reduce the size of the target area. The use of focus areas in WATCH II was a good approach as it allowed for the trialing of specific interventions across a relatively representative cross section of the cultural and environmental diversity existing within Jayawijaya. Yet there were several factors that inhibited project staff from working to a fuller capacity. Firstly, despite agreeing to a more focused approach AusAID urged the project team to strive and expand the project's coverage to all villages in Jayawijaya by the end of WATCH II. Secondly, government, NGOs, missionaries and local communities were prone to request assistance from WATCH and in many cases WATCH found it difficult to refuse these requests. For example the inclusion of Iwur amongst the focus areas of WATCH II was due to a request from the *Bupati* and *Camat* and as such, the staff were compelled to agree.

There are some key lessons here. For one, the project implementation team needed to be stronger in refusing extra demands placed upon the project by government agencies, NGOs and communities. Moreover, more resources, particularly human resources with specialised skills in key project target areas were required if the project was to successfully implement activities related to health, nutrition, community development, agriculture, animal husbandry, cooking, alternative technology, education and training, monitoring and evaluation, etc. A more general lesson that can be drawn from the WATCH experience is that greater focus regarding the number of interventions and areas to work with was needed. In hindsight it is apparent that AusAID's advice to expand the area for the project to cover was too ambitious and they should have reduced their expectations regarding maximising coverage. It was really only in WATCH III when the project finally got the target area down to a feasible size that the project team enjoyed greater success with ongoing contact, support, supervision and skills transfer between the CD cadres and the communities. Arguably there are other factors at play here, but it is true to say that a project the size of WATCH needs to intensively focus on

working with a few regions rather than diffuse resources over a large and mostly inaccessible regions if there is likely to be little follow up. A related issue is the number of interventions WATCH executed. While there were some activities that could have been dropped, as they were not core PHC activities, it was generally difficult to reduce the range of interventions without undermining key areas of the integrated approach. That is why reducing the project sites is preferable to reducing the number of interventions.

Another approach for WATCH might have been to establish a number of smaller 'WATCH type' projects that could operate within limited geographic areas yet be coordinated by a central body. Alternatively the Project Director has mentioned that on reflection, a more effective arrangement would have been to select areas near Wamena and after the project gained experience, credibility and results move to a few other densely populated sites. After that the project could expand on its own momentum. This idea is the opposite of what WATCH actually did. They started with a large area and as they gained experience and greater understanding of the situation they gradually reduced the focus area to end up at what might have been the right starting point.

13. ASSUMPTIONS UNDERPINNING THE WATCH PROJECT

While the project was encouraged to question their approach, they generally did not question the assumptions underlying these approaches. This was a major oversight because if these assumptions aren't grounded than the approach itself is likely to be unsuccessful. For instance WATCH justified their emphasis on nutrition-related activities because poor nutrition, it was believed, led to a higher incidence of infectious disease like malaria. It may be the case, however, that infectious disease weakens the body's immune system and thus leads to poor nutrition, anaemia and low birth-weight. If the latter was the case than the project's design should have targeted infectious diseases instead of nutrition. At least in part WATCH's focus on nutrition was based upon the findings of the first nutritional survey conducted in Jayawijaya in 1982-1983.¹ Whilst the results of this survey have been widely used to emphasise malnutrition problems in Jayawijaya, the results should not be viewed as being indicative of normal nutrition levels for Jayawijayan communities as this survey was taken during the 1982-1983 ENSO drought. Furthermore, there remain many questions as to the validity of many of the commonly used nutritional survey techniques².

Many of WATCH's key assumptions need to be re-evaluated and reformulated in light of a better understanding of Melanesian cultures. In section four, on the gender and development program, we have discussed how by considering the literature on the cultural construction of gender in Melanesia, the project team's belief that 'patrilineality', 'bridewealth', 'gender pollution' and 'clans'

¹ Refer to Eng (1983).

² Refer to Gersovitz, Madden & Smiciklas-Wright (1978), Hipsley & Kirk (1965) and Hornabrook (1977).

cause gender imbalance may be unfounded³. This has repercussions for WATCH's GAD activities. Another example where scholarly work contradicts WATCH's assumption is found in the field of nutrition. There are many researchers who have collected similar data to WATCH, that a high percentage of Highland Papuan children (between the ages of around 3-6 and 18-36 months) suffer from what has been termed mild to moderate malnutrition (MMM)⁴. And like the WATCH team they believe that this results in some degree of interference with physiological development. But for many scholars MMM is believed to be adaptive and not necessarily a major impediment to human health and well being⁵. This is not to suggest that nutrition should not be a concern for PHC programs in Highlands of Irian Jaya and PNG, but it does draw into question whether malnutrition should be considered the central concern.

The lesson there is that as the WATCH project was designed to address the 'the root causes of poor health', namely poverty, gender imbalance and poor nutrition, it is essential to remember that these remain only assumed 'causes' which need to be continuously interrogated to ensure a better project design and implementation. Yet this lesson is not just dependent upon project staff and management as donors too need to be maintain openness towards accepting major structural changes in the project when it is reappraised due to realities in the field.

³ For more information on the debates surrounding the construction of gender and its impacts on the social lives of Melanesian societies refer to Gelber (1986), Jorgensen (1983 & 1993), McDowell (1988), Strathern (1984, 1987, 1988), Glasse & Meggitt (1969), Meggitt (1964), Brown & Burchbinder (1976), Faithorn (1975), de Vries (1988) and Sexton (1980, 1982).

⁴ For examples of research that highlight the situation of mild but chronic malnutrition amongst Highland Papuan infants refer to Bailey (1963, 1964), Bailey & Whiteman (1963), Oomen (1961, 1971), Oomen & Malcolm (1958), Shaw (1986), McKay (1960) and Hipsley (1950).

⁵ For further information on the small but healthy debate over mild to moderate malnutrition, and debate surrounding the concept of protein-energy deficiency refer to Beaton 1989, Cassidy 1982, Ferro-Luzzi et al. (1975), McAlpin (1983), Messer (1989), Pelto & Pelto (1989), Seckler (1977 & 1982) and van Eeuwijk (1992).

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