

## Promoting Quality of Life Through Participation in Healthy Cities Programme: Sharing the Experiences of Kuching City

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### ABSTRAK

Kita berada di era di mana isu 'kualiti hidup' khususnya di kawasan bandar telah menimbulkan rasa bimbang, terutamanya terhadap kemerosotan dalam kedudukan alam sekitar dan sosial, rasa kurang selamat yang kian bertambah dan pendedahan kepada penyakit-penyakit yang berjangkit dan berisiko tinggi; maka tidak hairanlah jika bandar raya dipersalahkan atas kemerosotan dalam kualiti hidup. Kemerosotan dalam kedudukan sosial dan alam sekitar di kawasan bandar menuntut keperluan untuk mencari jalan penyelesaian segera dan mengambil tindakan-tindakan konkrit supaya kemerosotan berlanjutan boleh disekatkan. Gerakan Bandar Raya Sihat adalah hasil daripada kesedaran yang kian meningkat terhadap krisis yang berpunca daripada perbuatan manusia sendiri yang terpaksa ditanggung oleh penduduk bandar raya. Selari dengan semangat Gerakan Bandar Raya Sihat, bandar raya Kuching bersetuju untuk menyertai Program Bandar Raya Sihat yang bermula pada tahun 1995 dan berakhir pada 2000. Tujuan kertas kerja ini ialah untuk berkongsi pengalaman-pengalaman bandar raya Kuching dalam melaksanakan program ini dengan memberi tumpuan kepada aspek bagaimana tindakan di peringkat tempatan dikoordinasikan melalui pendekatan pelbagai sektor atau 'rakan bestari' yang kemudiannya telah menghasilkan jalinan hubungan antara agensi. Maklumat yang digunakan untuk tujuan kertas kerja adalah daripada sumber sekunder.

### ABSTRACT

We live in an era where the issue of 'quality of life' is of prime concern with special reference to urban areas in the face of environmental and social deterioration, growing human insecurity and exposure to infectious and high risk diseases; not surprisingly, cities are blamed for the declining quality of life. The declining social and environmental conditions in urban areas warrant the need for swift solutions to be found and concrete measures/actions to be taken to arrest the further worsening of urban conditions. The Healthy Cities Movement was conceived as a result of the growing realization of the gravity of human-induced crisis that has besieged urban dwellers. It is in line with the spirit of Healthy Cities Movement that Kuching agreed to participate in the Healthy City Programme which began in 1995 and ended in 2000. The purpose to be served by this paper is to share the experiences of Kuching city in implementing the programme with a focus on how coordinated local action is achieved through multisectoral approach or 'smart partnership' which in turn engenders collaboration through community participation and inter-agency linkages. The information collated for the purpose of this paper is mostly derived from secondary sources.

### INTRODUCTION

Improving urban environment underlines the importance of sustainable human settlements and for continuous effort to be directed toward achieving better quality of life for city dwellers.

The varied definitions of 'quality of life' are in themselves a reflection of the multi-dimensional issues which confront human society and the dynamic relationship between man and his environment. International initiatives like the

"Earth Summit" held in Rio de Janeiro in 1992 (articulated in Agenda 21) and Habitat II - the "City Summit" in Istanbul (1996) have set the global agenda for sustainable development including promoting sustainable cities through international programmes and cooperation. It is believed that a productive, healthy and sustainable city will contribute to social and economic development.

Earlier on, the idea of Healthy Cities was introduced in a 1984 Conference entitled 'Beyond Health Care' held in Toronto, Canada. The Healthy Cities Project is intended to provide support to city-based health promotion efforts. The WHO Healthy Cities Programme was first initiated in Europe where it had its first international meeting in Lisbon, Portugal in 1986 with the participation of 27 cities. Since then, many cities have participated in Healthy Cities Project including Quebec, Liverpool, Kyoto, Toronto, Pasadena, Bangkok, Katmandu, Chittagong, Lahore and Teheran. Each city has its own unique set of problems and thus has its own reasons for participating in the project. The World Health Organization (WHO) project started as an invitation only project but presently a group of 35 cities are working directly with WHO and over 2,000 Healthy City projects have commenced in cities, towns and villages across the globe.<sup>1</sup> Though the preliminary work was first started in Europe which began in 1985, the healthy city project has been adopted and implemented across the globe. Participating countries have been encouraged by WHO to set up their own national networks and these vary from place to place, even within countries. To further illustrate this, in Europe the project was called Healthy Cities but as it went around the globe the name changed. In Canada it is called the Healthy Communities and the reason for this is that smaller towns in Canada are not cities and therefore the name 'Healthy City' is inappropriate because people in smaller towns feel they are not directly linked with the programme. However, in the Western Pacific situation, the programme is called the Healthy Islands Programme.

The underlying spirit of Healthy Cities Movement is that health is an important part of

the development of the city and its people. The approach adopted incorporates a broad definition of health and it encompasses all aspects of people's lives including housing, education, employment, cultural and religion, nutrition, leisure and recreation, health and medical care, good transportation, a clean and green environment, safe streets and parks and friendly people which are all factors that help to promote a Healthy City. But the underlying value being promoted is empowering the people through their involvement in public health; where a Healthy City is a shared responsibility of the entire community, not just the health care providers or professionals. This would mean that decisions about health must involve local people, which at the same time, shall make them more aware of how their lives will be affected by these decisions. By involving local people the hard-to-reach group like the poor family, the squatters and the homeless, the young and the elderly would have a greater chance of not being isolated or excluded from a community's decisions or actions. Importantly, beside the involvement of the public, a Healthy City recognizes health also as the responsibility of the private and nonprofit sectors. Hence, the Healthy Cities approach provides a framework for the community problem-solving process by bringing together a partnership between community (through their leaders) and government, private and voluntary agencies, institutions and organizations. The Healthy Cities process helps to empower community leaders by helping them to realize the importance of their role in promoting community's health through coordinated local action.

The basic principle of Healthy Cities is - health for all- by reducing inequalities in health, preventing diseases and problems, promoting community participation, emphasizing primary health care (as opposed to tertiary care in hospital) in health care systems, reducing environmental risks and fostering intersectoral cooperation and international cooperation. Healthy Cities focused on urban health, and among the key development problems addressed are poor health among urban dwellers especially in high-density low-income settlements, deficient

<sup>1</sup> Dr. Trevor Hancock . "The Healthy Cities Programme." An article based on an interview with Dr Hancock published in *RAKAN SARAWAK/SCSN*. The date and year of the newsletter was not stated.

basic services, poor housing and environmental pollution in certain areas and the inability of many government agencies to act alone on certain health and environmental issues.

Thus, this paper focuses on the issue of how the mission of the Healthy City is being implemented by Kuching city, and shares the experiences of what has been achieved. The intention of this paper is to account the practical experiences of Kuching city in implementing the Healthy Cities project by looking at how co-ordinated action at the community and inter-agency level were organised and implemented. This is achieved by highlighting the experiences raised in several papers presented at a series of conferences related to Healthy City held in the major towns of Sarawak (the conferences are mentioned at the end of this paper).

#### *The Kuching City Experience*

Kuching is one of the two Malaysian cities (the other being Johor Baru) selected to participate in the WHO Healthy Cities Programme. Dr. Trevor Hancock<sup>2</sup>, one of the co-founders of the programme, got his inspiration for this idea when he was a volunteer teacher in Lundu (a town in the First Division of Sarawak). There are positive factors that facilitate the entry of Kuching into the programme among which are: (i) the city was in the good state when it joined the programme in 1994, (ii) a good networking across different sectors and (iii) a vibrant community spirit.

Healthy City for Kuching is defined as a "city that enhances the quality of life of its citizens". The mission of the Healthy City is achieved by (i) enabling the citizens of Kuching to increase control over their health and improving their health at the individual, family, organisation and society levels, and (ii) developing and supporting a broad, multisectoral approach to make the city environment (physical, economic and social) conducive to healthy living. Although Kuching has achieved city status and

has award-winning landmarks like the Kuching waterfront, the Sarawak Cultural Village and the internationally renowned museum, it still has problems which range from squatters, cleanliness of the marketplace, outbreak of diseases, unsafe and improper accommodation for construction workers, the use of residential houses as business premises, flash floods and others.

Kuching participated in the Healthy Cities project in 1994 with the agreement of Kuching North City Hall and The Council of Kuching City South. Though the project was scheduled to run from the year 1995 to 2000 the concept of Healthy City continues to be embodied in the way of life and the way to plan the city. Both the Kuching North City Hall and The Council of Kuching City South have their own vision of Kuching. The Kuching North City Hall envisioned Kuching as a "beautiful, well-planned and cultured City," while the vision for The Council of Kuching City South is "clean, green and beautiful Kuching." Following the briefing of Dr. Hisashi Ogawa, a WHO consultant, a committee was formed. It was jointly chaired by the mayors of the two city councils with the State Health Department acting as technical advisor. The first task of the Committee was to organise the first Healthy City Kuching Conference which was held at the end of 1994. This was followed by Second Inter Agency Conference to Develop Plan for Healthy City Kuching in March 1995 and a follow up by another Fourth Inter Agency Conference held in Sibu in April 1998. The most recent one was the 6<sup>th</sup> Healthy City Kuching Conference held in Miri in June, 2000. On the part of the implementing committee and agencies, there is a concerted effort to create awareness about the Healthy Cities programme through conferences and activities and at the same time to instill the commitment and to harness support from all sectors from top leadership in government and the civil service to agencies, the private sector, the business community and members of the public. It can

<sup>2</sup> He worked as a volunteer at a secondary school in Lundu, Sarawak from 1966 to 1967. He is an Associate Professor in the Faculty of Environmental Studies at York University, Toronto where he teaches in the area of health promotion, healthy cities and healthy public policy. He worked for the City of Toronto Health Department in 1980. It started with the mission statement to make Toronto the healthiest city in North America and the opportunity came when he organized a conference in 1984 to mark the 100<sup>th</sup> Anniversary of the Board of Health of the City of Toronto. Part of the conference was a one day workshop called "Healthy Toronto 2000", where the layout for the agenda of a healthy city was laid out.

be said here that the smart partnership approach has actually facilitated the implementation of the programme where each sector has a contributing role in making the programme a success.

The Consolidated Multi Agency Plan for Healthy City Kuching was actualised from the plans of action presented by individual departments and agencies at the Second Inter Agency Conference as well as the outcomes of the workshop discussions at the conference. The plan which had been developed identifies three broad dimensions as shown in Table 1 and the areas of concern were addressed for each dimension. In general, the dimensions and factors essential for Healthy City Kuching are as shown in Table 1 and characteristics of Healthy City Kuching in Table 2.

A few interesting questions to raise at this juncture are: what are the necessary elements

needed in the implementation process of Healthy Cities Programme or what is the kind of capacity and support required to carry it out? What are the experiences that have been learned? These questions are dealt with in the section that follows.

Capacity and Support at Public and Community Level – through Multisectoral or Smart Partnership Approach.

In implementing a programme which adopts a multisectoral approach or smart partnership approach requires looking into many things. One is the willingness and readiness of the public to embrace the value advocated by Healthy Cities. This is determined by factors like the level of awareness and knowledge of the public of the 'good value' in Healthy Cities Programme. Two, how much is the public willing to change its attitude because it would be a hopeless effort if the public mindset remains unchanged and

TABLE 1  
Dimensions and factors for Healthy City Kuching

Economic Dimension	Social Dimension	Physical Dimension
1. Employment	1. Community Safety	1. Environment
2. Labour	2. Food	2. Housing
3. Industry	3. Entertainment	3. Open space/parks
4. Occupational Safety and Health	4. Leisure/sports/recreation	4. River
5. Energy resource needs	5. Alcohol	5. Transportation
	6. Family values	6. Road
	7. Vagrancy	7. Buildings
	8. Tourism	8. Factories
	9. Caring society	9. Drainage
	10. Religion	10. Solid waste management system
	11. Health	
	12. Education	
	13. Art and cultural heritage	

Source: <http://sarawak.health.gov.my/hcity/charac.htm>

TABLE 2  
Characteristics of Healthy City Kuching

<ul style="list-style-type: none"> <li>• provides the basic amenities for all its citizens;</li> <li>• is one where racial harmony exists between ethnic groups and religious beliefs;</li> <li>• is safe, secure and affordable;</li> <li>• has efficient management and delivery systems and services;</li> <li>• is well-planned;</li> <li>• has responsible, dedicated, disciplined, caring and health-conscious citizens;</li> </ul>	<ul style="list-style-type: none"> <li>• is a dynamic City, with a vibrant and resilient economy, and ample employment opportunities for all;</li> <li>• has state-of-the-art transport, communication and information systems;</li> <li>• is beautiful, clean, and pollution-free;</li> <li>• has adequate and easily accessible recreation facilities, to meet the diverse needs of its citizens;</li> <li>• is a City where the culture and arts are actively promoted and appreciated; and</li> <li>• has available and affordable opportunities for further education.</li> </ul>
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Source: <http://sarawak.health.gov.my/hcity/charac.htm>

the public still harbour the old notion that the task of keeping the city clean and beautiful is the job of the public servants of town halls and government departments. What is certain is that efforts need to be constantly directed at educating the public on environmental issues and one of the ways is making Healthy City Plans available to the public, and also to increase public participation through public discussions or forums and town hall meetings. Though the programme schedule ended in 2000, the commitment to upkeep the image of Healthy City needs to be maintained as it would be an added mileage for state tourism.

In spite of the promised support, the low commitment by some agencies and a lack of full awareness of the Healthy Cities programme by the public, one of the significant changes that has taken shape is that the Healthy Cities project has provided a common forum to discuss issues in the City; hence, paving the way for inter-agency co-operation and co-ordination which was of minimal consequence before.

Dr. Andrew Kiyu (2000) identified the stakeholders, players and others who have roles to play in the city as depicted in Fig. 1. The diagram which he presented is useful for understanding the key players in Healthy Cities Programme in Sarawak.

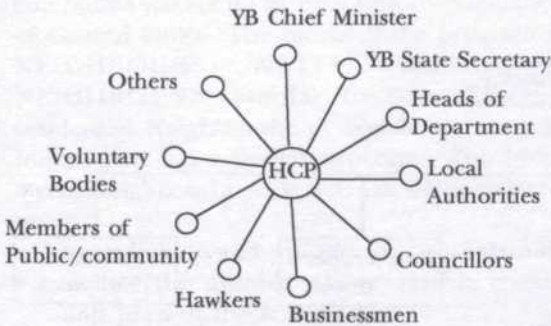


Fig. 1: Key players surrounding healthy cities programme in Sarawak

From the above diagram, it is obvious that full support and commitment are needed not only from top leadership in the government and civil service but also from members of the public, business community, community leaders and representatives and voluntary bodies.

Thus, this paper highlights the examples of public/community participation through multisectoral projects. One of the outstanding

achievements of the Programme has been consolidating local actions in promoting healthy settings which are defined as places where people live, play, work and this includes work places, residential areas, schools, market, hospitals, streets and others. Some of the public/community activities in promoting healthy living settings are home frontage beautification projects, Neighbourhood Watch Programme, motor cycle lanes and Safe Industries Competition. Examples of multisectoral projects are like improving sanitation of traditional villages along the Sarawak river bank, reinforcing remedial measures for business activities carried out within residential premises, Neighbourhood and Environment Watch (NEW), Health Promoting School Programme and Hawker Resettlement programme.

A further illustration of co-ordinated local action involving community and local agency participation is the Neighbourhood Watch Programme which will be discussed in detail as a case. The Neighbourhood Watch presented illustrates the partnership of Kuching South Town Hall Council, Royal Malaysia Police and local community as in the case of Batu Lintang residential Neighbourhood Watch and Royal Malaysia Police and business community as in the case of India Street Pedestrian Mall.

#### Neighbourhood Watch Programme as a Case

The Neighbourhood Watch programme was first conceived by the Royal Malaysia Police and introduced with the intention of familiarising the local community neighbourhoods with the idea of community policy. Involving community in fighting against crimes in residential areas is viewed as a necessary effort in helping to reduce fear of crime and enhancing the quality of life in the community as the Police cannot be everywhere at all times. Community policing is a collaborative effort involving the police, town hall council, politicians and the community with the intended purpose of building resilience and self-sufficiency at the community level in identifying and preventing problems of crime and disorder. The case presented in this paper is the Neighbourhood Watch programme in Batu Lintang residential area and India Street Pedestrian Mall in Kuching.

For the Batu Lintang residential area, a Neighbourhood Watch Bureau was set up with several objectives in mind: first, prevention of



comfort of members in a community neighbourhood. Through the CIR, the Town Hall Council can take immediate action to ensure Environmental Watch is effectively carried out.

- Creating a venue for forum and health education talks. The Neighbourhood Watch Bureau holds regular dialogues with the community in residential houses in the evening that help the Town Council to gather feedback on environmental problems and at the same time to impart knowledge on health-related matters and conduct health education talks on mosquitoes and dengue, which is still a major health concern in the State.

A second case presented is India Street Pedestrian Mall which is a shopping mall famous for its fabric and textile trade. Crime has been a growing problem in India Street Pedestrian Mall for the last few years and the common ones are pick-pocketing, burglary and shoplifting. The business community in India Street is concerned about the growing crime because the Pedestrian Mall is a popular spot for tourists looking for inexpensive merchandise. Hence, they decided to organise a Neighbourhood Watch which serves as information feeder to the Police.

India Street Neighbourhood Watch committee was set up in 1998 with the assistance of Central Police. The motto of the program is NEIGHBOURS WATCH OUT FOR NEIGHBOURS. Similar to Batu Lintang residential Neighbourhood Watch, the one in India Street has a similar structure. The India Street Neighbourhood Watch Committee aimed to:

- provide help and support for crime victims.
- reduce the number of preventable crimes and prevent the fear of crim.
- improve personal and household security.
- Implement and maintain an effective system for reporting and recording criminal activities.
- implement and maintain property marking and identification scheme which will:
  - discourage theft.

- assist in the identification and return of property when located.
- develop a greater sense of neighbourly cooperation and responsibility.
- promote the importance of reporting crime and suspicious activities.
- enhance the relationship between police and the residents of India Street.

Beside public participation and multisectoral projects, other achievements include policy (gazettement of Greens and Parks, prescribed Activities Act and financial funding for Healthy City, inter-agency co-ordination) and recognition by WHO as one of the successful healthy cities.

Based on the above examples of Neighbourhood Watch for the residential and business area, the role of the community in ensuring the success of community-based programme is of great significance. Furthermore, the existence of a working partnership between community and relevant departments or agencies such as in community policing or environmental watch would aid communication and co-operation in co-ordinating joint actions.

## CONCLUSION

Healthy Cities Programme is not just about medical health but it is about enhancing the quality of life in the city through shared responsibility and commitment by the entire city community in public health. The underlying force is the people themselves and how much of the values of the caring society and the cultured society are internalised and manifested in their actions. Raising public awareness through educational programmes, public campaigns and activities by all sectors about the importance of health and cleanliness will help towards creating responsible, caring and health-conscious citizens. One aspect is unique The Kuching city experiences have shown the importance of community mobilisation through participation in city-health promotion programmes and how co-ordinated local actions are achieved through multisectoral and inter-agency collaborative linkages. A healthy city is a sustainable and healthy community that has three interacting

*Note:* This paper is written based on collation of information from papers presented at conferences, namely, *Fourth Inter-Agency Conference on Healthy City/Towns in Sarawak* held at Tanahmas Hotel, Sibul, Sarawak 21<sup>st</sup> - 24th April 1998 and *Healthy City Kuching Conference* at Rihga Royal Hotel, Miri, Sarawak 20<sup>th</sup> - 22<sup>nd</sup> June 2000.

elements - environment, economy and community - working in tandem towards the betterment of people and quality living environment.

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