5 Tugeda Uime Waka for Helti Komuniti (together we work for healthy communities)

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Context

The Solomon Islands archipelago consists of nearly 1000 islands, and natural disasters are common, including earthquakes, tsunamis, cyclones and floods. The Solomon Islands has one of the highest rates of malaria outside Africa (WHO, 2008).

The natural disasters are more difficult to deal with because of 'the tensions' – a period of civil unrest that stretched from 1998 to 2003, which severely damaged government infrastructure and the health of the population. Although calm has since been restored, rebuilding the medical, educational and social systems is a long-term challenge.

To improve the health and hygiene practices of some of the Solomon Islands most remote and poor communities, Solomon Islands Red Cross has set up a community-based public health program with support from Australian Red Cross. The program aims to provide communities with the knowledge, skills and long-term support to help them improve health and hygiene practices.

In 2010, the program is mid-way through its second three-year project phase. It is called Tugeda Uime Waka for Helti Komuniti (together we work for healthy communities or THK) with the current project building on the strengths and lessons learned during the first project phase.

Project planning and design was done with the Ministry of Health with careful attention to national policies, strategies and capacities in relation to disease trends and health awareness and promotion activities. The project's community training in health and hygiene deals with the main health issues identified by the Ministry of Health and also the health concerns identified by community members.

The approach

Each target community and the Solomon Islands Red Cross sign community contracts which outline commitments and accountabilities of both throughout the program. Following contract signing, the communities learn more about the work, values and principles of the Red Cross and Red Crescent Movement. This is followed by participatory hygiene and sanitation transformation (PHAST) training over the course of several weeks, community-based first aid (CBFA) training and an introduction to health aspects of climate change training. After all training is finished (spanning two to three months), Red Cross supports each community to develop an action plan and then provide technical and material assistance to carry out the plans.

Community facilitators

The Solomon Islands have 63 distinct language groups. Only 17% of rural men and women have completed primary school and local kustom (custom) is an integral part of the attitudes and beliefs of people in different communities. For the project to be successful, the use of local volunteers and staff has been essential, as they deliver the training in local languages and within the context of local kustom.

Solomon Islands Red Cross has a volunteer management system within its community-based program. Communities nominate two village health volunteers (one male and one female) to receive in-depth training about malaria prevention, hygiene and sanitation, first aid in the community and dealing with climate change. These village health volunteers are trained by senior branch volunteers who are brought to Solomon Islands Red Cross headquarters twice a year for training courses and to exchange experiences. Village level volunteers join a one-year program in which they work towards attaining senior branch volunteer status. This method gives the volunteers a clear path for developing their skills and level of responsibility.

Sanitation Coverage:		Water Coverage:	
Rural	Urban	Rural	Urban
18%	98%	65%	94%

JMP 2008

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PHAST

The PHAST approach promotes hygiene, sanitation and community management of water and sanitation facilities with strong participation. It builds on people's own ability to solve their own problems. PHAST aims to empower communities to manage their water and control sanitation-related diseases. It does this through health awareness and understanding which, in turn, leads to environmental and behaviour improvements.

The PHAST process consists of seven steps, each with participatory activities implemented using a tool kit. Most of these tools are a series of pictures used in different ways. The steps, activities and tools are detailed in table one below. The standard PHAST process has been adapted over time for the Solomon Islands and its people, including the design of locally and culturally appropriate pictures.

Table 1. Seven steps of PHAST

		Activity	Tool
Step one	Problem identification	Community stories Health problems in our community	Posters Nurse Mere (this tool helps communities identify the reasons they visit a health clinic)
Step two	Problem analysis	Mapping water and sanitation in the community Good and bad hygiene behaviours Investigating community behaviours How diseases spread	Community mapping Three-pile sorting Pocket chart Transmission routes
Step three	Planning for solutions	Blocking the spread of disease Selecting barriers Tasks of men and women in the community	Blocking the routes Barriers chart Gender role analysis
Step four	Selecting options	Choosing sanitation improvements Choosing improved hygiene behaviours Taking time for questions	Sanitation and water ladder One-pile sorting Question box
Step five	Planning for new facilities and behaviour change	Planning for change Who does what Identifying what might go wrong	Planning posters Problem box
Step six	Planning for monitoring and evaluation	Preparing to check progress	Checking chart
Step seven	Participatory evaluation	Checking progress	Various tools

Ivalyn Delemani participates in a Health Awareness Project in her village of Manakwai

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PHAST is an excellent approach for community participation and very appropriate for the Solomon Islands' communities. The picture-based PHAST education materials help people who are less literate to participate. The use of 'good behaviour/bad behaviour' cards and posters assists with discussions and allows the course facilitator to explain important points. The activities are designed to appeal to all members of the village – young, old, men and women. Men and women are separated, allowing them to talk about personal issues. These activities also allow the sessions to go at a pace appropriate to the learning needs of the participants. More importantly, however, is the fact that the community takes the lead in the process of deciding on their own safe health behaviours.

As part of step five, the community makes their own action plan. Red Cross helps by giving technical advice on the 'how to' of the action plan. Communities choose the actions, which may include building latrines, waste management systems, animal housing, installing rainwater tanks, mosquito nets, or other activities, depending on their needs. Because the community makes these choices, the actions are more likely to be followed through and sustained.

The program's approach means that communities see for themselves that information is more valuable than hardware. Red Cross considers behaviour change as key to any health promotion program and that this cannot occur without knowledge.

Action planning

In addition to PHAST, the community participates in malaria prevention, first aid and health adaptations to climate change training. With increased knowledge, the community then decide what changes they would like to see in their community through an action planning process facilitated by Solomon Islands Red Cross staff and community volunteers. Red Cross staff visit the target communities every two to three weeks for the next two months to monitor progress against action plans and to provide assistance and support when requested.

Exit festivals

Solomon Islands Red Cross has learned over the years that holding an event at the end of a community-based approach is a good way of closing the work positively and ending in a way which reinforces all the messages from the training process. The exit festival is planned from the very beginning where three to four communities who are undergoing the process at the same time are informed that there will be a cash prize at the end for the 'healthiest community' – decided by the Red Cross Branch Managers through a points system. Points are given depending on communities' enthusiasm and the level of ownership taken on.

The exit festival brings together all the communities involved in the program for sports, group activities and stalls for selling local produce and crafts. The festival concludes in a feast which is prepared by the whole community. Speeches are given by chiefs who encourage the communities to continue with the work. During the presentation each community wins a first, second or third prize. The prize money goes to the community's health committees, who plan with their communities on how to spend the money. In the past one community chose to buy a video player to show educational films and use as a social film club.

Monitoring process

In the second phase, baseline knowledge, attitude and practice (KAP) surveys were carried out. After one year of working with a community, end-line assessments will be used to measure the level of success of the program.

The program team meets every six months for a reflections workshop, where successes and lessons learned are documented and built into the yearly program plan. The program team includes community health volunteers, senior volunteers and program staff.

Successes

Both the mid-term review and final evaluation of the first project phase have shown that there had been a modest impact on changing health-related behaviours and improving the health and well-being of communities.

The project has measurably increased the knowledge about disease transmission routes and methods to prevent diarrhoea, skin diseases, hookworm and malaria. More importantly, most community members have transformed their new knowledge into action by adopting some of the easier-to-do practices recommended in the PHAST, such as handwashing after defecation and before preparing food, and ensuring children are regularly bathed. To a lesser extent, some families are now covering food and keeping chickens away from their food. Most communities have also worked together to build chicken coops and pig enclosures, dig drainage ditches, build waste management pits and build latrines. Materials for construction are usually the same as the villagers use to build their homes, and construction is completed entirely by the community themselves. Thus, the operation and maintenance plans can be sustained with minimum help from outside the community. The communities are responsible for and can sustain their own actions. The 19 Weather Coast communities involved in the second phase have constructed 50 pit latrines. Red Cross sees this as a clear connection between knowledge building and behaviour change. Communities now clearly identify the connection between stopping open defecation and reducing their disease burden and are working towards this aim.

I have had a baby since the training. I don't let my baby run around like a dog. I watch where she is and that she does not step in things.
– Woman, Urahai, Weather Coast

We have cleaned everything up around our house and make sure that we clean the mud off our feet before we come inside and made the ladder safer so the children don't fall off. I like having such a nice clean place to live.
– Man, Aama, Malu'u

The project has also had a positive impact on the skills and knowledge of Solomon Islands Red Cross staff and volunteers and on their potential to act as role models within their own communities.

The project has changed my life. Now I cover food, have made a pit for the toilet, don't share the same towels for swimming. I don't get diarrhoea or stomach aches anymore. We boiled my daughter's clothes and she doesn't get sores anymore.
– Community Volunteer, Weather Coast

Challenges

Participation of women

A focus of the second phase has been to improve the program's gender approach. Initially the program had difficulty in meeting targets for the participation of women in training and as project staff and volunteers. Women's participation has been increased by changing the training schedule and location. Initially training was conducted over two full days and communities were grouped together. Now training takes place in shorter six hour blocks. Almost all training occurs at the community level and at the most convenient times for community women.

Improving gender equity within the program has been an ongoing area of learning for Solomon Islands Red Cross. When communities start to make their plans of action for behaviour and environmental improvements, Red Cross takes the opportunity to include the roles of men and women in the discussions. Men report being surprised to see that women are overloaded with various responsibilities and that a sharing of the burden is the only way forward. As one woman from Marasa, Weather Coast, reported:

At last we have an organisation who came into our community, educated us on what to do and at the same time facilitated discussion on who will be responsible – otherwise like in the past everything will again fall on the women's shoulders.

Taba'a chief George Gao with Solomon Islands Red Cross Malluu sub-branch officer Ben Lesibana, with the wall that the village built with Red Cross assistance

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The project took steps to increase the participation of women as volunteers and staff. For example, two women village health volunteers from Malaita were selected, trained and took part in the needs assessment in the Weather Coast, a long distance away from their home island. By enabling the two women to participate, the cultural acceptability of their presence was increased for the people of the Weather Coast. This also gave the women their confidence to undertake a very new and different role.

The Guadalcanal team believe that this was a contributing factor to the increase in female volunteers in their area that year. These two women are also now senior volunteers, with possible opportunities for eventual future promotion into paid roles in their provincial branch of the Solomon Islands Red Cross.

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Language and customs

Before, these things were sensitive issues. It was difficult to discuss 'kustom ways'. We needed to convince people. There were big challenges about discussing human waste but we are breaking barriers and Solomon Islands Red Cross has a lot of respect, says one participant from Malaita.

Red Cross is confident that the keys to success have been the participatory approach of the project, the involvement of people from local communities and therefore use of local language, changing messages to suit local kustom and taboo, and the use of picture-based hygiene and sanitation methods. It is also important that health and hygiene messages should come before any construction so that communities fully understand and are motivated to change their environment.

Remote locations

Both locations, but particularly the Weather Coast, are remote and very difficult to reach. Travel to the Weather Coast communities involves a four to six hour boat trip, followed by a two to four hour walk inland. As the name suggests, the weather is also a factor and heavy rain frequently makes access problematic. The use of community and local volunteers means that the program can continue during these times, but communication and transport are ongoing challenges.

I am hapi tumas (very happy) and proud! The Weather Coast is far away so no one comes, but health of our people is important. We are seeing changes already, people are happy to see us, says one trainer from Solomon Islands Red Cross.

Data collection

The project had put in place a regular reporting, monitoring and evaluation system early on. However, the collection of good data at the local level has been difficult as it involves some new concepts for many of the project staff and volunteers. Also the remote location of the project communities makes it difficult to communicate with the volunteers. In the second phase of the project, the collection of baseline and monitoring data has improved and will continue to be strengthened.

Conclusion

Follow Up

Although people have been changing practices they find easier to adopt, there has also been difficulty in managing their requests for further assistance from Red Cross. In the second phase of the project some material and technical assistance is given to communities as it was seen that support was needed so that people are able to practice skills and knowledge learned in the PHAST training. Contracts are also now being made with communities so that the roles of the Red Cross and the communities are clear. As a result, communities have taken greater responsibility and are more willing to move from knowledge to behaviour change and action.

An additional challenge is to expand the program to other remote communities. The approach is to try to target villages near to those who participated in the previous year. This means that the staff and volunteers can 'pop in' to the communities and check in on how they are doing. The volunteers check that the knowledge is being used and activities are strong and ongoing. The program also continues to train and involve the local Red Cross branch and sub-branch representatives. These Red Cross people will always be present within the communities.

Lessons

The program has demonstrated that the use of participatory training methods designed for less literate people, integrated with support from different Solomon Islands Red Cross programs such as first aid and climate change, is an effective strategy for health education.

The PHAST method and tools are very acceptable to communities in the Solomon Islands and extremely effective in helping both men and women identify their hygiene and sanitation issues and then helping them to work towards solutions. The tools and training delivery do need to be adapted to the local context for good learning and participation of both men and women. At the same time, communities need support to create an enabling environment in order to practice some of the skills and knowledge learned.

References

WHO. (2008). *World malaria report*. Geneva: World Health Organization.