Starting to… "Spread the word, not the SHIT!"

CLTS trials in the Solomon Islands (Malaita Province) May 2012

Figure 1: children participate in a CLTS triggering session; Malaita, Solomon Islands.

Background

The key objectives of the project were to:

- introduce the concept of Community Led Total Sanitation (CLTS) to the health workers of the Malaita Province in the Solomon Islands;
- train health workers and villagers, through hands on training/triggering workshop, how to plan & execute CLTS triggering in villages to change sanitation/hygiene behaviour;
- trial CLTS triggering techniques within Solomon Island communities;
- assess the effectiveness of CLTS within the cultural context of the Solomon Islands, specifically, traditional Malaita Province.

CLTS had not been introduced in country prior to this.

Sanitation woes

Based on WHO-SOPAC[1] definition of "improved sanitation" (ie. Non-shared, water-sealed [sewer/septic/pit], VIP, pit latrines or composting toilet), according to datacollected fo Solomon Islands Govt. (SIG) 2009 Census, coverage of "improved sanitation" countrywide was 29%[2]. Open defecation (OD) is practiced by a majority (58% of households[2]) of the population in the Solomon Islands. Rurally, OD practice is recorded at around 65%[2] but is anecdotally much worse. Current methods of sanitation subsidies are failing to; address the need for behaviour change and; increase community level understanding of sanitation and hygiene's importance.

Ministry of Health statistics report that nationally over 51% of attendance at primary health care facilities is due to sanitation & hygiene related illness[3].

To date, subsidy-based hardware methods have been employed in the Solomon Islands as the major tool to combat sanitation and hygiene issues. Their effectiveness has been limited due to high costs, poor village level understanding/participation and ownership. Demand for improved sanitation is building slowly in rural areas. From 1990 – 2005 sanitation coverage hardly changed; from 29-32%[4].

The local understanding is that 'sanitation' requires water. This mentality is a result of previous awareness programs and subsidy based projects where the majority have installed or recommended pour flush latrines. These are perceived by many as the only form of 'proper' sanitation.

Senior employees of the Environmental Health Division (EHD) [includes the Rural Water Supply and Sanitation [RWSS] Program] expressed concerns regarding the cultural appropriateness of CLTS and suggested that its techniques would be ineffective in changing behaviour. That is, that the cultural taboos relating to sanitation are significant, making the disgust techniques culturally inappropriate. Also, that the 'inclusive' approaches of community awareness had failed in the past. As such, CLTS techniques would not change behaviours or be accepted by communities in the Solomon Islands and may offend them. These attitudes are major hurdles to the implementation of CLTS in the Solomon Islands. Successful trials with statistical evidence will be important in reforming such mindsets.

Diarrhoeal disease is prominent within Solomon communities, and poor access to clean water, hygiene and sanitation is the root cause. Sanitation is a taboo

[1] WHO & SOPAC – Sanitation, hygiene and drinking water in the Pacific countries: converting commitment into action

[2] Solomon Islands Govt. – Statistical Bulletin 06/2011: Report on 2009 Population & Housing Census 2009.

[3] SIG – Ministry of Health: Report on Disease Burden – Health Information System 2011

[4] WHO/UNICEF Joint Monitoring Program (JMP) for water supply and sanitation website.

topic in the Solomon Islands, which results in it rarely being discussed, considered or reflected upon in community forums.

Traditional 'kastom' stories are widely believed by Solomon Islanders who blame illness such as diarrhoea on 'bad spirits' or 'the devil' rather than understanding the health implications of poor hygiene and sanitation. Awareness programs such as CLTS help to break this thought pattern and show people the link between health, sanitation and hygiene.

The project:

In February 2012, a workshop was funded by the RWSS to train 15 Malaita Province health workers (RWSS health inspectors and the Ministry of Health's health promotion team) and village members in the techniques of CLTS triggering. The workshop was based upon the methodology as described in the CLTS training manual, along with experiences drawn from CLTS triggering in Papua New Guinea (both PNG and Solomon Islands are predominantly Melanesian).

Figure 2: Facilitator Training participants take part in a triggering session role play; the first activity of the workshop which aims to show the facilitators the shame and disgust emotions we are targeting in community triggering sessions.

The workshop – activities

The key activities during the four day workshop are outlined below;

- Role play simulation of a CLTS triggering event where participants of the training acted as village members;
- Discussions surrounding the emotions evoked (disgust, shame, embarrassment etc.) during the simulation and the atmosphere created by the facilitator (jovial/fun);
- Recap of CLTS techniques, methodology, sequence of events and discussions surrounding the reasons behind the tools;
- Emphasis on 'facilitation' of learning (asking questions to involve participants in finding solutions) as opposed to traditional 'education' (direct teaching of concepts). That is, only asking questions to ensure community members provide their own answers, hence invoking ownership of solutions and empowerment over their problems.
- Planning for a 'live' triggering session in a village;
- Triggering in a 'live' village setting;
- Review of the first triggering session and assessment of both positive and negative aspects of the facilitation;
- Planning of a second 'live' triggering session;
- Triggering in a second village setting;
- Review of the second triggering session in comparison to the first;
- Feedback from Natural Leaders of the two villages; presenting and discussing their village's plans;
- Discussion of technical problems and solutions for building toilets from locally available, affordable and accessible materials.
- Each triggering session was held in the afternoon to allow children to attend (after school). The sessions ran for 3-4hrs but could have been extended to increase focus on hygiene (e.g. hand washing and how to make a tippy-tap).

The villages

The trials were held in two villages; Canaan and Bio communities in Malaita Province, Solomon Islands.

- The community of Canaan had several existing pit latrines that were in various states but none of which constituted "ODF" (open defecation free) practice.
- Bio community did not have evidence of pit latrines or sanitation options within the village (they practice OD in the bush). The village has significant health problems and is visibly dirty.

CLTS 'live' village triggering activities

The following activities based on the methods explained in the CLTS Handbook by Kamal Kar and adapted from experiences in PNG were utilised in the triggering sessions.

- *Village mapping* – on ground with local materials and cards with names and number of family members (useful as baseline data);
- *Mapping of shit* – using sand to show where people shit during a normal day (more sand = more shit);
- *Mapping of emergency shits (during rain, at night, when ill, disabled)* – adding more sand;
- *Calculation of shit* – how much shit produced in the village over a year (>32 tonnes of shit per year for a village of 30 families);
- *Water and shit activity* – using bottled water and human shit as described in the handbook;
- *Food and shit activity* – using fresh food and human shit as described in the handbook;
- *Faecal Oral route* – asking members to draw transmission routes on cards and piece them together on the ground. Then discussing the transmission routes and facilitating development of preventative strategies such as hand washing, using toilets, covering food, keeping animals etc.

The activities below were not included for the reasons specified;

- Transect walk – experience in PNG by RWSSP was that they had difficulty in maintaining peoples' interest and lost participants during the transect walk. Their experience suggested it was not required for effective triggering.
- Medical expenses – this activity was not included as local health workers suggested it was unnecessary as medical costs were not so high. PNG experience also suggested that this activity can confuse people and slow the triggering momentum.
- Shit handshake, dramas and children presenting to adults were not included in the triggering sessions – due to the disorganisation of facilitators and the success of triggering using the aforementioned activities.

It was planned that any triggering activities not used initially would be helpful in follow up sessions to 're-trigger' if required.

Figure 3: women and men participate in the "shit mapping" activity during the Bio triggering session.

Low costs for higher outcomes

The cost of a triggering session in an individual community (excluding the training session costs) was

less than the cost of materials for a single VIP (vent improved pit) latrine. The costs include, fuel for transport (2 gallons = $150SBD) and minimal stationary (~$100SBD). The time of health workers was not included. A total cost of approximately $250SBD per village (~$33AUD). The close proximity (15-22km) of the villages to the RWSS post where the training was held helped to minimize costs.

A Vent Improved Pit toilet (slab, riser and vent pipes) costs roughly $350SBD. This is due mainly to the high cost of PVC pipe and does not include the superstructure costs.

Impacts & results

The long term impacts of the CLTS trials in Malaita are yet to be seen, but the immediate reactions of communities in response to the triggering sessions provides great incentive to persevere with CLTS. Previous subsidy based approaches and teaching style awareness programs have failed to change sanitation and hygiene behaviours in the Solomon Islands. Long campaigns and significant spending have made minimal impact. The approach must change!

Key outcomes

- Both communities committed to improving their sanitation practices and to stop OD within their villages.
- 'Natural leaders' identified within the community were invited to share their findings with the workshop participants on the final day.
- Village members were inspired to commit to changing their sanitation practices during the triggering sessions.
- Triggering sessions resulted in pit latrines being dug by community members despite a long history of subsidy in the region.
- Cultural barriers expected to challenge the approach of CLTS were overcome.
- The second 'triggering' session proved significantly more effective than the first for several reasons which included;
    - Less cultural barriers allowed men and women to talk openly about sanitation.
    - Better preparedness of facilitators.
    - Improved facilitation techniques – faster sessions maintained participants' interest and facilitators focused on specific roles (e.g. Environment setters maintaining involvement of all and distracting dominant characters).
    - Support of church leaders and 'big men' in triggering. Church leader support was helped the triggering due to its respect within the villages.
    - Higher prominence of OD.
    - Homogeneous community.
    - More centralised/compact community.

Figure 4: children mapping their village during CLTS triggering. The chaotic and jovial atmosphere created by facilitators helps maintain peoples' interest and keep them all involved in the triggering activities.

Results to date

Canaan Village: upon review 4 weeks from triggering, no physical change was evident. People with existing pits had however begun to cover them when not in use (constituting ODF practice). It was reported by village members that many had been inspired to begin building new pits/toilets (and had started clearing land) but were discouraged by the disillusioned "natural leader" who attended the final day of our workshop, then reported to the community that their existing practices and facilities were 'ok' (this is discussed in detail in the "lessons learnt" below).

Bio Village: a review at 4 weeks showed that 6 pits had been dug and more were in plans. A lack of tools was

blamed for the slow progress. The village map for tracking progress and future plans was not visibly located within the community but believed to be in a house owned by a village leader. After 3 months of triggering, reports suggests several toilets had been dug but only a few were completed and in use.

Figure 5: One of the pits dug by Bio village member post triggering. After one month it had been sealed with concrete. At 3 months a timber superstructure!

Lessons learnt

Valuable lessons were learnt during the training workshop and triggering sessions and most of the problems encountered are avoidable.

Poor understanding of village setting, customs and relationships

In the first village triggering session, men and women were triggered together. During the pre-triggering discussions and village inspection, enquiries regarding this issue were discussed, but only with members of one of the village tribes. They ensured us that men and women could participate together. However, during the workshop, it was found to be culturally inappropriate for men and women to discuss sanitation openly, which lead to poor participation during the triggering session and a lack of conversation among village members.

It should be noted that the second village triggered was only 7km along the road and both men and women participated openly and willingly within the same triggering group.

The cultural setting of each individual village must be analysed and accounted for in pre-triggering preparations. It can vary greatly between villages depending on their cultural background and village history.

BEWARE THE QUIET OBSERVER… and the facilitator!

Relationships were seen to influence both the selection of communities and importantly, the selection of Natural Leaders.

In one particular case, the selection of a natural leader was based solely on 'wantok' and non-related relationships (perhaps in the knowledge that a free lunch was available!?). In this case, the supposed natural leader came to help present the village plan to facilitators and to discuss technical options. The natural leader did not participate in discussions and upon return to the village, dissuaded members of the village from building toilets, suggesting the workshop offered nothing new and that current practices were suitable. Natural nuisance would be more apt! It was later found that leadership struggles within the village also influenced the behaviour of the individual who undermined the CLTS program in the hope of raising his own status.

The identification of natural leaders must be based upon willingness and interest during triggering.

Children are fast learners!

Children are particularly easy to 'trigger' and take significantly less time than adults;

In this experience, children's involvement did not lead directly to toilets being built, but was important as it helped promote discussion in households and would improve use and understanding the importance of toilets.

Manpower… or overpower?

Given Malaita's patriarchal environment, the men dominated the sessions – women should be facilitated to speak up (and possibly even separated from the

men if required). Female 'environment setting' facilitators were crucial in involving women in discussions and good facilitation in the second triggering event saw dominant characters distracted from the group. This allowed good participation from women inspired and encouraged by female facilitators.

Follow-up…NOW!!!

Immediate follow up is important. Due to poor communication and planning, follow up was left until 4 weeks from the triggering session. At this point, the initial disgust had been somewhat forgotten. Prompt follow up should help to keep villages motivated.

It was evident that just prior to follow up visits, toilets were being dug (within one day) to avoid the shame in showing 'no action' to facilitators. If follow up is regular and prompt, this will continue to inspire action.

Figure 6: Philippe dug this hole in one day. It was the day before facilitators returned to inspect progress in the village, 4 weeks after triggering. This proved the power of showing support and following up.

Sizing up a shit

During activities, the facilitators focused on using contextual examples to keep topics 'real' for the community members. For example, when computing the amount of shit created, the yearly total of 33 tonne of shit was not well understood until the comparison of eleven, three-tonne trucks (the main mode of local transport) was made. Similarly, when discussing the weight and size of a shit, comparisons between a 1kg rice bag and a 100gm packet of noodles allowed the entire population to participate. They could all relate to the size and weights of these items. These examples helped people who were illiterate or poorly educated understand the scale of what was being discussed.

Tools

The lack of tools for digging (shovels and crowbars) became an excuse for slow progress. The program lent these to the community to assist the community to achieve their plan in more timely fashion. This was a compromise in achieving progress in the initial CLTS trials but is not recommended practice. It was noted that it did not significantly improve progress in the first week that tools were made available. It also continues the theme of reliance on outside support and detracts from the sense of village empowerment.

Other programs – synergy or setback

In one village, programs run by a church group proceeded in the week or two after the CLTS triggering session. This proved to distract the community from the focus of improving their sanitation. Planning with village leaders, NGOs, churches and government to avoid this is crucial to program success.

Summary

The CLTS trials in Malaita Province were somewhat poorly executed and followed up (due to it being a training exercise and challenges outlined above). Despite this, they displayed the power of CLTS as a triggering technique for behaviour change regarding sanitation and hygiene practices. The confronting techniques were accepted and effective in the communities in spite of deep concern from senior, experienced health workers. If the above issues can be avoided, success of future CLTS programs is highly likely.

The RWSS program is currently shifting the national strategy to focus on 'non-hardware' approaches to sanitation and hygiene and CLTS is currently being introduced in the Western Province by the EHD and RWSS. The initial results will be available early 2013.

For more info please contact; tomrankin@hotmail.com