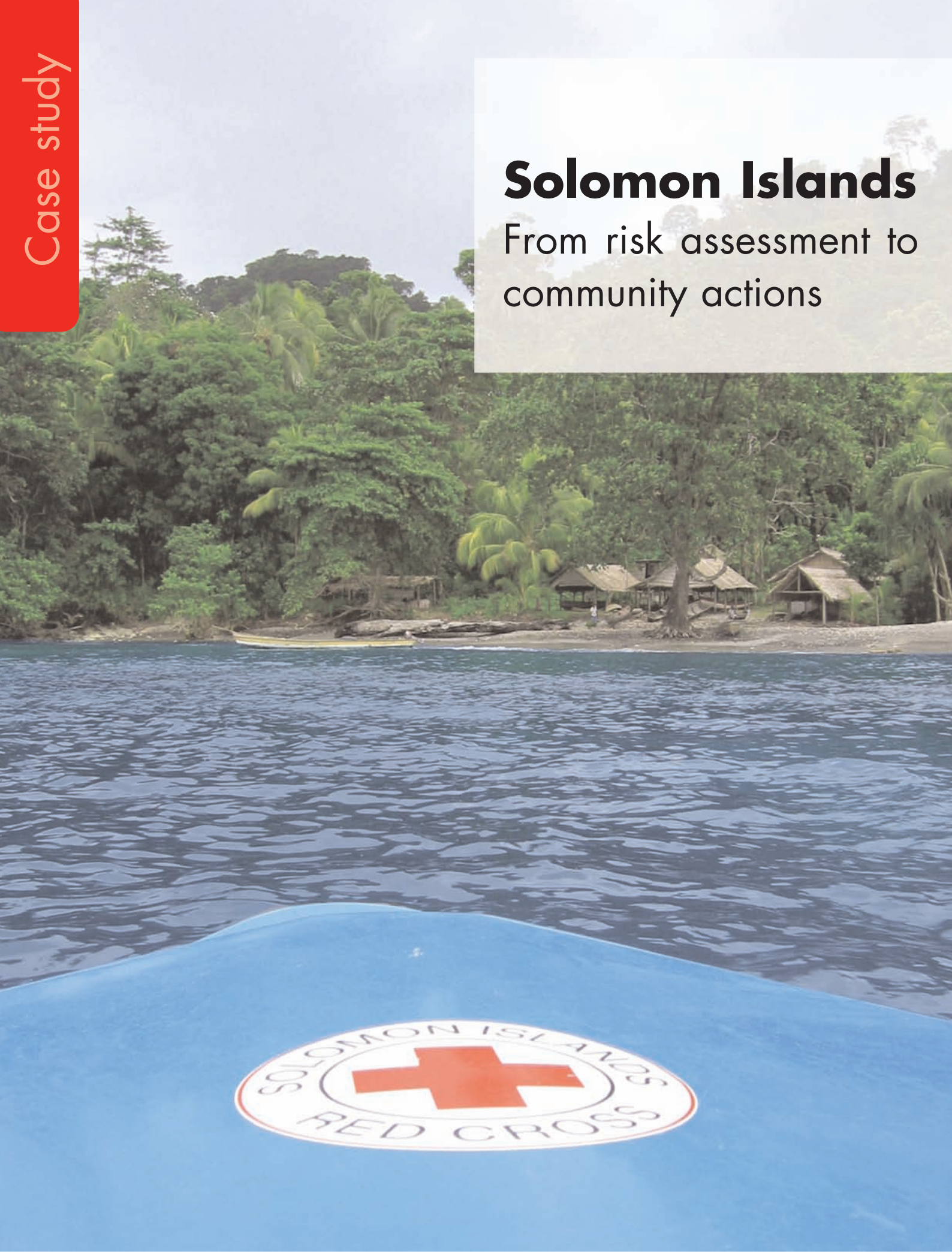
Case study

Solomon Islands

From risk assessment to community actions



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Foreword

For many years, the concept of community risk reduction has been a priority in the Red Cross programmes in the Pacific. Some National Societies have, however, been struggling to find an effective way to turn this priority into meaningful community-based risk reduction projects and actions.

In order to overcome this difficulty, since 2003, the Solomon Islands Red Cross (SIRC) has piloted a community-focused, action-based approach to reducing vulnerabilities in communities – an approach that is affirmed by the Strategy 2010's focus on being responsive to local vulnerability. The key in this approach was to emphasize that a vulnerability and capacity assessment (VCA) is meant to be a precursor to action, by including, as an integral part of the process, an actual project that would be carried out by the target community itself.

A plan to turn this approach into reality was created: the work would start with training people from a National Society in the principles and practice of the VCA, then walking them through the process of actually conducting one. Next, the participants would be guided through the development of a community-based project designed to reduce some aspect of vulnerability identified during the VCA.

The following case study illustrates clearly the different phases of and leanings from the process. It begins with a brief snapshot of the Solomon Islands and its National Society, followed by a chronological, step-by-step account of how this pilot project was carried out and, finally, a "lessons learned" section on some of the triumphs and as yet unconquered challenges that emerged throughout the process.

Ibrahim Osman
Director, Policy and Relations Division

Abbreviations and acronyms

CAS _____ Cooperation Agreement Strategy

CBFA _____ community-based first aid

CBP _____ capacity-building project

CBSR _____ community-based self-reliance

DM _____ disaster management

DTD _____ design-test-duplication

ICRC _____ International Committee of the Red Cross

NDMO _____ National Disaster Management Office

NGO _____ non-governmental organization

PRA _____ participatory rural appraisal

RAMSI _____ Regional Assistance Missions in the Solomon Islands

SIRC _____ Solomon Islands Red Cross

SWOT _____ strengths, weaknesses, opportunities and threats

VCA _____ vulnerability and capacity assessment

Background

Solomon Islands

Solomon Islands is the third-largest archipelago in the South Pacific. The country consists of a double chain of volcanic islands with six major groups: Choiseul, Guadalcanal, Santa Isabel, Makira, Malaita and New Georgia. Honiara, the national capital, is situated on Guadalcanal, which is the largest island.

More than 900 islands and atolls make up the Solomon Islands. The total land area is 28,370 square kilometres scattered throughout an "Exclusive Economic Zone" of 600,000 sq. km. The population of the Solomon Islands is estimated at approximately 450,000 people, most of whom live in Malaita Province. More than 90 per cent of the population are of Melanesian origin.

Agriculture, fisheries, forestry and mining are the main sources of its economy. The islanders largely rely on subsistence farming for survival. Although the general welfare of the Solomon Islands is improving, there is still some instability.

The effects of climate change, sea-level variability and environmental degradation, as well as urbanization, coastal erosion, sanitation, natural hazards and the availability of water, hamper the sustainable development of the country.

In recent years, clashes between various ethnic groups led to the intervention in 2003 of the Regional Assistance Missions in the Solomon Islands (RAMSI). The internal conflict had a devastating effect on health services.

Outreach services are poor despite an increased number of health institutions. Primary health care consists of rural health centres and aid posts. These facilities provide minimum treatment and health prevention activities such as prenatal and child health care.

Solomon Islands Red Cross

The Solomon Islands Red Cross (SIRC) was originally founded as a branch of the British Red Cross. It became a member of the International Red Cross and Red Crescent Movement in its own right in 1983. The SIRC has a high profile and is well respected within the community through its participation in relief operations in various disaster and conflict situations. Its work clearly upholds the Movement's Fundamental Principles.

Three out of nine provinces in the Solomon Islands have Red Cross branches. British expatriates first established the Malaita Province branch in the early 1970s. The branch now has about 30 active volunteers, who can be called upon when the need arises, and a full-time officer who coordinates programme activities such as first aid, disaster management, general welfare and health promotion.

The Western Province branch was set up in 1984. It also covers neighbouring Choiseul Province and has 30 active volunteers and seven member groups in strategic locations. A full-time branch officer coordinates activities from Gizo, in central Western Province.

The Guadalcanal Province branch, which was founded in 2001, provides services to the province from the SIRC headquarters in Honiara. The branch has been very active in disaster and conflict response, particularly during the country's periods of internal conflict.

Considering the scattered locations and scarcity of locally available resources, the SIRC has often found it difficult to deliver effective and efficient services. Despite the National Society's high profile in emergency response, the branches of the SIRC are under-resourced and struggle to sustain delivery of basic services.

Vulnerability and capacity assessment

VCA skills training

The Solomon Islands Red Cross hosted a four-day VCA skills training in April 2003, with 16 volunteers from branches in Guadalcanal, Malaita and Western Provinces and a member from Rennell, where the SIRC was planning to establish a new branch. The regional disaster management delegate, who had taken the first global VCA "training of trainers" course in 2002, led the session.

Representatives from the National Disaster Management Office (NDMO) and the Oxfam country office also participated. Of these participants, only a few had previous experience of community risk reduction projects; the NDMO participated in order to work closely with the SIRC in a number of communities.

The intention was that soon after the workshop, while the skills learned were still fresh in people's minds, the National Society would carry out a VCA, through which they would identify and facilitate a community development project in the second half of 2003.

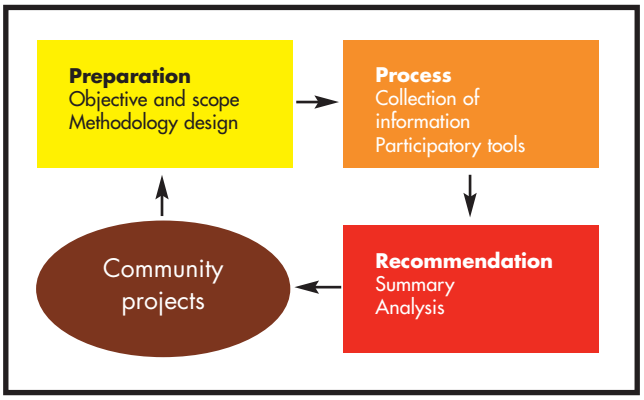
The first day of training focused on the Red Cross Red Crescent Movement, including the Fundamental Principles, emblems and components.

Next, participants got their first taste of one of the processes used in a VCA, with an "expectations tree" exercise, mirroring the development of a "problem tree".

Trainers introduced VCA's framework on day two, using an analogy between the VCA process and a football game: you round up a team, do some training, play the actual match and then, after the game, do a post-match analysis of the team's performance, identifying areas for improvement.

This analogy proved particularly useful for some of the participants, who found it difficult to conceptualize the VCA process. Having grasped the concept, participants had a chance to put it into practice straightaway in a series of group exercises examining strengths and weaknesses in coping with a given challenge such as HIV/AIDS or a cyclone.

VCA framework



Shifting paradigm: How many triangles can you see in this shape?

This exercise is about recognizing things that may be "hidden" by the fact that they appear normal in the context of our daily lives. In other words, it is about thinking "outside the square".

To answer the question posed above, you have to view the image both in detail and also by stepping back and looking for the "bigger picture" to see the triangles that are formed by a grouping of smaller ones. There are 20 triangles in all.

SIRC volunteers analyse drawings that they collected from a local primary school.

Commonly used participatory rural appraisal (PRA) techniques, such as community mapping, risk mapping, history lines, seasonal diagrams, etc., were presented on the third day. In addition, simple statistical research methodologies, such as sampling, use of secondary data and focus group exercises, were introduced as tools for verification. The importance of conventional observation was also highlighted. Finally, the participants spent some time with a group of primary school children who provided insights into their thinking about emergencies with drawings.

The last day of the training session dealt with data analysis. Using the data they had collected over the previous three days, the participants categorized and prioritized information so that they could identify connections between problems and solutions, and then come up with solid recommendations.

VCA design

Unfortunately, the original plan to move on swiftly to implementing community projects had to be put on hold because internal conflicts in the Solomon Islands intensified in 2003. It was in April 2004 that the SIRC decided to revive the idea. Initially branch officers planned to conduct a VCA on their own, without the involvement of the International Federation. As the project progressed, however, and the wide range of issues to be considered before data collection could begin became evident, they turned to the regional delegation for advice.

Selection of the pilot community

Choosing a target population or community for a VCA should always be done with two key questions in mind: "Why are we doing this?" and "For whom?" The SIRC, keeping in mind that this exercise was largely intended to be a learning process, applied the following criteria when looking for three communities with which to work:

- accessibility (less than one hour's travel from the branch office); and
- availability of active Red Cross volunteers (preferably with strong leadership within the volunteer group).

On Guadalcanal, Tamboko was chosen, mainly because some of the VCA-trained volunteers reside there. It was also relatively easy to reach from the SIRC headquarters in Honiara. For similar reasons, Radefasu was selected in Malaita Province. One significant difference in this case, however, was that this community is composed of two distinct groups, Rade Tolo and Rade Asi, who have different lifestyles and languages.

The selection in the Western Province was based more on needs. An hour-long sea journey is needed to reach the remote island community of Koqu, and water and sanitation projects that the local government had started there remained unfinished. The community lacked the experience and resources to continue the work on its own, but it did have a group of active Red Cross volunteers.

Selection of the task group

The task group is a team of people, ideally Red Cross branch volunteers, equipped with the skills required to conduct a VCA. They need to feel comfortable talking to the communities they'll be working with and to understand the importance of listening. Other criteria used in putting together the Solomon Islands task groups included gender and knowledge of the target community's culture, to ensure that the VCA was conducted in a culturally sensitive way.

The task group should be able to plan, collect, summarize and analyse information, avoiding bias as much as possible, so that the end result accurately reflects the needs of the community. The task group may not have the power to make decisions, but it should make recommendations based on the outcomes of the VCA.

It is interesting to note the different ways in which the task groups in Western and Guadalcanal Provinces were organized. In Western Province, the branch officer led the task group with two volunteers trained in VCA from Gizo, the provincial capital. The task group also included an active young volunteer and a woman leader from the community, who became focal persons in the VCA process. On contrast in Guadalcanal, an SIRC board member, who lives in the target community, took the lead in mobilizing community volunteers. The branch officer simply provided assistance and made sure that the community carried out activities as planned.

Selection of participatory methodology

The task group travelled to Koqu for a seven-day visit. Most information needed was collected in three community workshops, in which some participatory tools such as community risk mapping, ranking, seasonal diagram and analyses of strengths, weaknesses, opportunities and threats (SWOT) were used. Separately, the task group also carried out an agricultural survey, group interviews of women only and drawing exercises with school children.

In Guadalcanal Province, instead of community workshops, a simple household questionnaire focusing on hazards, health, water, sanitation, food security and shelter was developed (see Annex 2) and used to conduct household interviews. The task group split into four teams to carry out the survey, covering each of the target community's four geographical areas.

It wasn't easy to identify appropriate tools for Radefasu, in Malaita Province, because of the tensions existing between the two distinct groups in the community. It was decided in the end that the branch officer would facilitate a series of community meetings to bring the two groups together in one place, in order to build a working relationship with both of them.

VCA

In addition to the information collected using PRA tools, the task groups were encouraged to collect secondary data such as maps, government statistics, reports from the local health clinic, project reports from other non-governmental organizations (NGOs), etc. These sources would be useful for both verifying data the team collected in the field and for learning from the experience of others.

When it came to collecting data in the field, it was essential that the task groups – all conducting their first VCA – were comfortable using the tools chosen, so these were deliberately kept quite simple.

The task groups were also regularly reminded to avoid the following common pitfalls:

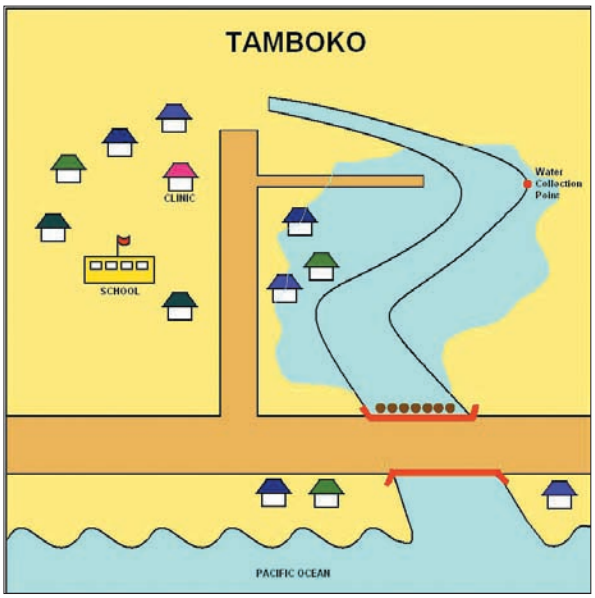
- raising unrealistic expectations among the target communities;

- underestimating the input of each individual, even if its significance is not immediately obvious; and
- letting the task group's opinions and values influence the raw data.

Finally, the task groups were reminded that the information gathered should demonstrate a community's capacities as well as its vulnerabilities, and should delve into the causes of the problems that are identified, as this deeper investigation often provides valuable ideas for recommendations.

Despite thorough planning, however, some task group members in Guadalcanal and Malaita Provinces were not clear about their tasks, mainly due to lack of experience. The SIRC designated an active volunteer and the Western Province's branch officer to visit the Guadalcanal and Malaita branches and help them to implement the VCA and design projects.

Tamboko community project



The community of Tamboko is often flooded when debris caught under the bridge blocks the flow of the stream.

Analysis and recommendations

Good data are only helpful if they are the basis for good analysis. The search for common themes in the information gathered in the field becomes the platform for the development of realistic – and effective – recommendations for community projects.

One of the major issues identified in Tamboko, for example, was seasonal flooding and safe drinking water. People repeatedly told the task group that they couldn't get safe drinking water because their water collection point, located at a bend in the stream, was often flooded and easily contaminated. Initially, they suggested building large water tanks in the centre of the community as a solution. In fact, this had already been done by a number of humanitarian agencies in the past, but the water tanks were not used.

As it worked through the VCA, the task group came to realize that the flooding that led to problems at the water collection point was caused by log debris building up under a nearby bridge and hampering the flow of the stream during heavy rains. This presented an alternative solution to the problem. By removing the debris themselves, community members would reduce the likelihood of flooding. Given that this option solved more than one problem – for instance, eliminating possible mosquito borne areas by maintening easy water flow – and had virtually no cost, it was clearly preferable to buying large water tanks.

Before designing community projects, the branch officers and key task group members presented their conclusions and recommendations at a meeting attended by the SIRC's secretary general, a board member and representatives from the International Federation, the International Committee of the Red Cross (ICRC) and a participating National Society. This group of people was, in this case, the decision-making body.

It is normally recommended that communities be represented in meetings when the task group's results and recommendations are presented, as they concern the community directly. In Solomon Islands, however, the task group reported its recommendations to each community separately.

Examples of other recommendations from the SIRC's VCA analyses

Community	Problems identified	Contributing factors	Recommendations
Koqu	■ Large number of cases of diarrhoea and malaria ■ Concerns about malnutrition	■ Lack of health post nearby and inadequate access to health infrastructure	■ Empower a community health committee ■ Organize community first-aid courses ■ Fix leaking water pipes and build drainage channels
Radefasu	■ Problem of waste and concerns about sanitation related to toilets	■ Lack of hygiene awareness	■ Build a drainage system ■ Organize a health awareness campaign in the school and local clinic

Community approach

Project design

The SIRC branch officers designed community projects based on the recommendations made following consultations with the communities and approval by the relevant decision-making authority or steering committee. It was important that the projects didn't just solve the problems identified in the VCA, but that they also empowered communities. It was considered vital that communities have a sense of ownership of the projects. In addition, as the project was part of a learning exercise, it was also important that the activities undertaken provide tangible results in a relatively short time and allow some assessment of the level of each community's commitment and participation in the process.

The Western Province branch chose a six-month project that would improve general hygiene in the target community through the empowerment of a community-based health committee. The committee would then oversee health education, organize community-based first aid (CBFA) training and ensure that water pipes and drainage sites were maintained properly. As discussed above, the Guadalcanal Province branch focused on clearing debris from a stream in order to reduce the risk of floods, which contaminated the village water supply.

The community itself initiated activities in Malaita Province and instead of being the instigator, the Red Cross branch simply provided support. The project focused on improving community health by building a drainage system and promoting better hygiene practices. A particularly gratifying side effect of this project was that it brought together in a very constructive way the community's two groups, Rade Tolo and Rade Asi, whose relationship was normally quite strained.

Volunteers from Radefasu, in Malaita Province, work together to build a drainage system (top) and the results of their efforts (above).

Implementation

On the whole, the villagers from the target communities themselves carried out the various activities that had been chosen as a result of the VCA and village consultations. The SIRC branches gave some technical or material support.

Community leaders in Tamboko in Guadalcanal Province made a number of villagers responsible for cleaning of both the stream and the village. The stream was cleaned twice, at an interval of about a month, at the bridge, where log debris built up. The provincial SIRC branch provided chainsaws to help clear large logs under the bridge once.

In Western Province, most activities were undertaken in cooperation with the provincial government departments. For example, a health officer from the provincial health department facilitated a health and hygiene workshop in Koqu. The topics discussed included malaria, diarrhoea, eye problems, family planning, water and sanitation. Moreover, an environmental officer helped the community to repair broken water pipes and create a drainage canal.

The Western Province branch also hosted a first-aid training course in which more than 20 community members participated.

The Malaita Province branch officer brought together representatives of Radefasu's two groups to form a working group that consisted of community leaders and young people. Together, the working group decided to build a drainage system through the village and gathered volunteers from both the Rade Tolo and the Rade Asi groups to provide labour for the project. The SIRC's Malaita Province branch provided support in the form of materials and tools.

As mentioned above, most of the activities were deliberately short term and had been completed by the end of 2004. Certain activities such as health and hygiene education, designed to bring about behavioural change, are by their nature longer-term interventions and were ongoing at the time of writing.

Outcomes and impact

The SIRC pilot projects were initially designed to last less than one year. Realistically, it is difficult to measure impact on the villagers' behaviour or thoughts. However, the SIRC has received positive outcomes and encouraging feedback from the communities themselves and other organizations.

Community mobilization and initiatives

The interventions carried out by the three SIRC branches allowed the target communities to work together. In Tamboko, the villagers worked under the leadership of a community leader, who is also an SIRC member. Together, they removed log debris under the bridge and cleaned their villages.

By implementing the community project, with the support of the Western Province branch, the remote community of Koqu was able to foster its relationship with local authorities and to mobilize its inhabitants to fix leaking pipes under the technical supervision of the local government departments. This type of relationship is an ideal structure for sustainable community projects and helps to optimize the chances for long-term development.

The stream in Tamboko, Guadalcanal Province, clogged with leaves and garbage (left) and after the villagers had cleaned it (above).

On Malaita, the working group has taken initiatives to maintain the drainage system properly. Tuesdays are now "VCA day" and villagers come together to clean the drainage system. This also helps to sustain the working relationship between the two separate groups inhabiting the village.

SIRC Cooperation Agreement Strategy

The SIRC has long been extremely active in responding to emergencies caused by both disasters and conflict, and its efforts have received high praise. Recently, however, it was recognized that the National Society still focused on providing relief, rather than on preventing or mitigating emergencies. With the experience gained through this pilot project, the SIRC has seen that it has the ability to become more than a relief agency. The SIRC's leadership has realized that small-scale community risk reduction efforts are important and feasible. Most significantly, the broader SIRC membership has identified a role to play in risk reduction, building on the experience of the branch officers and volunteers who took part in this pilot project.

The pilot project's success in translating the VCA process into community action was a theme for the SIRC's Cooperation Agreement Strategy (CAS) discussions in August 2004. The first of a number of follow-up meetings was held in February 2005, and the SIRC is now working towards setting up a community framework. The SIRC leadership embraced the new approach, encouraged by its effectiveness in identifying and responding to community needs. It now intends to realign its strategy around community-level activities, in line with its new conviction that this is the most effective way to respond to the needs of the Solomon Islands' many communities.

Harmonization in Radefasu during the VCA process

Radefasu, established in the late 1930s, is a coastal village situated in the central Kwara'ae of Malaita Province. The village is comprised of two distinct groups, the Rade Tolo and the Rade Asi. Since the 1940s, the relationship between the two groups has been affected with issues related to land disputes. Each group kept within its own boundaries at all times.

The two groups continued to live and work in different ways until August 2004 when the SIRC decided to carry out a vulnerability and capacity assessment in Radefasu. The VCA process allowed the two communities to come together and start communicating with each other.

Rade Asi elders planned a weekend retreat to identify and refocus the roles and responsibilities of adults in the community. To help the community's young people develop in a positive manner, they decided to set a good example and become role models. The Rade Tolo community heard about the Rade Asi's initiative, but was not at first particularly interested in it.

However, during one of the VCA meetings to discuss the drainage building activities, which both communities had identified as essential, a representative of the Rade Tolo acknowledged the importance of community youth development and thanked the Rade Asi for having taken the initiative. He asked that the community as a whole work together to develop their community and living standards and to help their young people.

As a result of their efforts, the community began to work together. Community elders and youth, in particular, became closely involved in the VCA activities, especially after a landowner gave the community his land for the drainage system.

The VCA process for Radefasu's youth was a landmark event. They have asked whether they can take part in the VCA process when it is launched in nearby communities, and expressed a keen interest in developing a local Red Cross group in 2005.

Lessons learned

For many SIRC officers and volunteers, working through the whole VCA process from assessment to implementation with communities was a new experience and provided an opportunity to redefine the roles and responsibilities of the Red Cross in the Solomon Islands. The process also threw new light on some of the SIRC's organizational weaknesses, as described below, particularly in regard to mainstreaming the community approach.

● Community ownership, commitment and participation are the key to a successful community project

The most important factor in a community project is the involvement of the community itself from the planning stage to implementation and follow-up. It is crucial to ensure that the project is owned by rather than "delivered to" the community.

In the case of Solomon Islands, all three target communities had expressed a certain level of interest in working with the SIRC branches in the beginning. However, some leaders, including the SIRC officer who lived in Tamboko, mistakenly believed that the SIRC would bring whatever they wished for. In Guadalcanal, the role of the SIRC branch was not clearly understood by the branch officer, who eventually played only a small role in assisting the Red Cross member who organized the community works.

Malcolm Mc Kinlay/International Federation

Log debris under the bridge before the project in July 2004 (left). A volunteer is cleaning the last of the blockage during the project in September 2004 (centre). More log debris stocked up after the project in February 2005, suggesting either no community ownership of the project or no proper follow-up (right).

After the initial interventions, the community of Tamboko didn't participate in keeping the stream free of debris. In the beginning, the community praised the removal of logs and branches because it reduced the chances of getting flooded. After voluntarily removing log debris twice, however, the villagers have not done anything, but have requested that the local government clean the stream.

Community projects often broaden and strengthen the Red Cross networks in communities. And it is important to maintain a certain level of relationship with the target community even after a project is completed. In the case of Tamboko, the branch took a project-oriented approach and no one made follow-up visits once the project activities had been carried out.

● Strong leadership support is essential to make any community-based project successful

Given the newness of some aspects of this approach for the SIRC, the National Society's leadership was at first reluctant, or perhaps just uncertain as to how, to proceed. As a result, the branch officers lacked appropriate guidance and were unsure of how to implement the projects. Thus the VCA process in two branches either did not happen in the beginning or did not proceed properly.

Fortunately, the SIRC leadership recognized the significance of the community approach in the CAS meeting. However, their enthusiasm has not yet been translated into more concrete forms of support. Instead of ad-hoc community projects, the SIRC needs a National Society strategy that supports the community approach, so that branch officers can mobilize their funding and human resources towards community projects.

● Clear understanding of roles and responsibilities within an organization is crucial for effective project management

The SIRC branch officers were the main motivators of the community projects, and most practical decisions were made in consultation with the communities themselves. Although a disaster management (DM) coordinator at SIRC headquarters was kept informed, the decision-making authority had been greatly devolved in comparison with the more familiar relief scenario. As a result, the DM coordinator was uncertain as to what his role was in relation to the community projects. At one point, there was a discussion as to whether the SIRC should review its structure and reporting line, redefining everyone's roles and responsibilities.

There was also an idea of recruiting a health coordinator for SIRC headquarters. Although it did not happen, this idea raised a lot of questions about the coordinators' roles and responsibilities. For the branch officers, the key issue was about reporting and the line of communication within the organization. Unfortunately, the issue remains unresolved. Even for small community projects, therefore, it is important to define clearly everyone's roles and responsibilities.

An effective volunteer management system is essential for the implementation of community-based projects

One of the key components missing from the SIRC pilot projects was an effective volunteer management policy and system. Without clear guidelines spelling out volunteers' roles and positions on issues such as whether or not they should be paid allowances while working with communities, the SIRC found it difficult to attract and retain volunteers for the projects.

It is vital to plan monitoring and evaluation at the design stage

The SIRC community projects have attracted high praise, and in demonstrating the feasibility of community-based work, there is no doubt that very real gains were made as a result of the pilot projects. However convincing the projects' worth, it is difficult to demonstrate their effectiveness in reducing vulnerability because activities to monitor and evaluate them were not clearly defined at the outset.

For example, all of the projects involved some kind of health or hygiene education designed to bring about changes in people's behaviour or attitudes. Had the focus at the beginning been on how to measure the impact of the intervention, it would have been evident that baseline data on these issues were lacking and that very little could be achieved in a short term. However, some objectives and expected results were planned for a long-term intervention. Now that the projects are well under way or, in some cases, completed, any information collected to show impact will be less forceful.

Usually it is relatively simple to collect baseline data at the beginning of a project. However, in the Solomon Islands, certain updated information was either difficult to obtain or simply not available. Some information was collected informally, mostly verbally. Unfortunately there was no systematic mechanism, such as a monitoring plan, daily diary, checklist, etc., to document such critical information.

Health promotion and partnerships

A Red Cross or Red Crescent Society is auxiliary to the government in its respective country and provides a range of services including health and social programmes. In the Solomon Islands, the Ministry of Health's health promotion and education division is responsible for health awareness and education. The division has 28 officers whose main tasks are training in the communities, organizing campaigns on special events, supporting village health committees and inspecting villages.

The SIRC's community project was implemented in partnership with government health officers. This partnership was encouraged since the SIRC doesn't have an officer with a professional health background, who could conduct training courses in health promotion. So far, all health awareness campaigns and education have been successful. However, it should have been made clearer that the purpose of the health awareness activities and the mechanism to monitor and evaluate them should be jointly agreed prior to any implementation.

In addition, the importance of having health professionals available should be recognized before conducting any VCA, since some of the problems identified by the communities are almost always related to health issues.

Ongoing activities

The community projects described above have enabled the SIRC branches to build relationships and get closer to the communities they serve. For this pilot project, the physical presence of the SIRC in the community was relatively limited. However, some branch officers were able to maintain the links that they had built up with particular communities at the active project stage.

Some activities that aimed at changing people's behaviour, such as health promotion, require constant support over a longer period of time. The Western Province branch will have to visit Koqu regularly in order not only to strengthen its relationship with the community but also to encourage the health committee's activities. Such regular contacts with the communities should be continued in order to maintain a relationship and to encourage the communities to consider undertaking new initiatives.

What's next?

The positive feedback from the pilot phase has prompted the SIRC to expand its community-based work in 2005, using the design-test-duplication (DTD) model.[1] Ideally, the approach would be integrated into all aspects of the SIRC strategy. To bring about such integration, a National Society would need to address a number of questions including:

- What do we want to achieve through this approach?
- How do we want to promote this concept?
- Do we have appropriate human resources (i.e., experienced staff and volunteers)?
- How do we want to train volunteers?
- Do we have a funding plan?

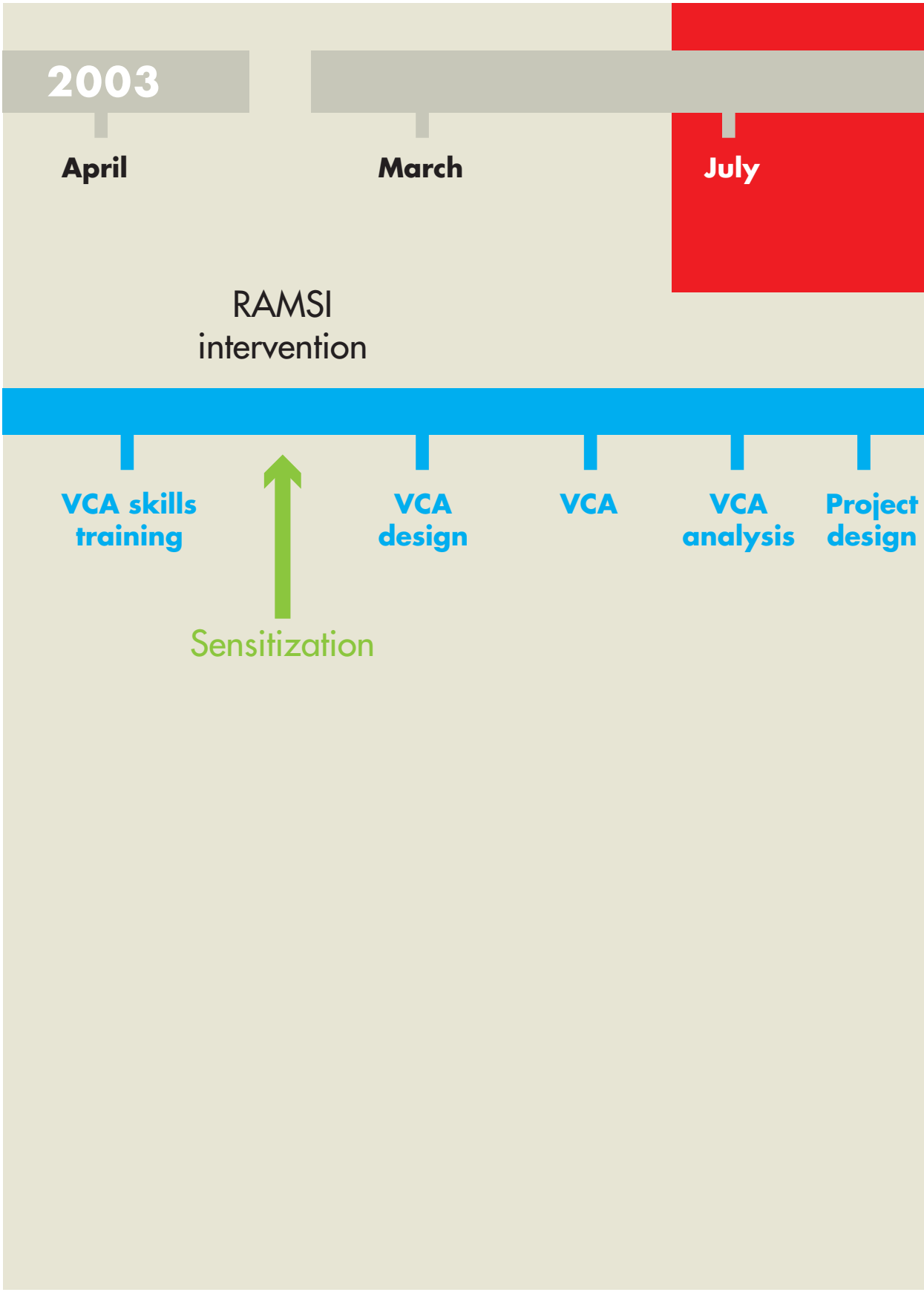
The SIRC is an example of how a National Society can extend its reach – and its impact – into the community it seeks to serve. It could help other National Societies in the region if they chose to follow a similar path. Most National Societies in the Pacific already recognize the benefit of working at community level but have had varying degrees of success in doing so, largely because they lacked experience in conducting community-based projects. That experience now exists in the SIRC and could be shared throughout the region.

The SIRC will also have a role in future regional VCA training, providing support similar to that received by its branch officers and task groups in these pilot projects. However, this means that the region will need to develop a strategy for human resources and adequate action plans.

1 International Federation of Red Cross and Red Crescent Societies. *The DTD Method: The quick, cheap and safe way of building nationwide volunteer service delivery capacity*. International Federation Organizational Development Department's Volunteering Team, 2002. The Solomon Island Red Cross was interested in applying this method, which has been successfully used with European National Societies by the International Federation's regional delegtion in Budapest.

Annex 1

SIRC community approach timeline




2004
2005
August/September
November
February
Community projects
Implementation
CAS meeting
Review
Monitoring
Tamboko Cleaning log debris and village
Radefasu Community meetings
Drainage channel
Health promotion
First aid
Koqu Community health committee
Fixing leaking pipes and building drainage channels
Health promotion
First aid
- Review the SIRC DM strategy and policies
- Examine branch capacity such as staff, volunteers, reporting line, etc.
- Test community's commitment and ownership of the project

Annex 2

A sample VCA questionnaire form

VCA questionnaire

Village name _____

Date _____ Time _____

Person's name _____ Title _____

Sex: M ☐ F ☐ Province _____

Age group range in the village

0–9 yrs_____ 10–19 yrs_____
20–29 yrs_____ 30–39 yrs_____
40–59 yrs_____ 50 and over_____

Name of person carrying out survey _____

Position in Red Cross/Red Crescent Society _____

This is a questionnaire for a survey. Please ask as many questions as possible and write down the information you collect

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- Location and description of the village_____
- What is the total population of the village?_____
  - How many boys (to 16 yrs)?_____ Men?_____
  - How many girls (to 16 yrs)?_____ Women?_____
- Describe external support in detail
  - From the provincial government_____
    _____
  - From NGOs, other organizations, etc._____
    _____
- Types of hazards affecting the village as identified by the villagers

_____
_____
_____

Health issues

- What is the major health issue affecting the village?

- Was there an outbreak of disease at the time of the survey?

- How many people were affected?

- How do the villagers cope with their health problems (what are their coping mechanisms)?

- How many disadvantaged people live in the village (if any)?

- How do villagers help disabled people and elderly people?

Water

- How/where do villagers get their drinking water?

- How safe is the drinking water in the village?

- Describe some of the problems villagers face regarding water

- How do they solve them?

- Do all the villagers have access to water? Yes ☐ No ☐
  If the answer is no, explain why

Sanitation

- What type of sanitation used?
- What problems do villagers have regarding sanitation?
- How do villagers improve these sanitation problems (what are their coping mechanisms)?

Food security

- What type of food do villagers eat the most?
- What types of crops are planted the most/the least by villagers?
- What types of disaster affect the crops?
- How far is the nearest market?
- What forms of transport are available to go to the market?
- Does the village have a stock of food for use in case of disaster?

- How do villagers preserve or store their food?

Shelter

- What form of shelter does the community have?
- Are they durable? Yes ☐ No ☐. If the answer is yes, explain why
- If the answer is no, explain what could be done to make them durable
- Where do villagers get the materials to build shelters?
- Does the community have an evacuation centre?

Is there a clinic or health centre near the village?

Have any villagers been trained in first aid? If so, when?

Annex 3

An example of a VCA summary report

The VCA data in this example is from Koqu, Western Province.

Common hazards identification

Method of scoring: **Group scoring**

Group 1		Group 2		Group 3	
Hazard	Score	Hazard	Score	Hazard	Score
Southerly wind	3	West wind	7	Easterly wind	8
Rough sea	5	Landslide	4	Flooding	6
Flooding	2	Flooding	5	Wave breaking	7
Fire	1	Earthquake	3	Landslide	3
Earthquake	1	Cyclone	2	Cyclone	1
Waves associated with high tide	4	Heavy rain	8	Man-made disaster	5
Falling coconuts and dead sticks/branches	2	Tidal wave	6	Earthquake	2
		Fire	1	High tide	4

Grouping scoring and ranking of common hazards

Methods of ranking: **Group ranking**

Hazards	Score	Total	Rank per hazard	Group ranking
High sea	5	5	7th	1st
Strong wind	3+7+8	18	1st	
High waves	4+7+6	17	2nd	
High tide	4	4	8th	
Flooding	6+2+5	13	3rd	2nd
Heavy rainfall	8	8	4th	
Landslide	4+3	7	5th	
Fire	2	2	10th	6th
Earthquake	1 + 3 + 2	6	6th	3rd
Man-made disaster	5	5	7th	4th
Cyclone	3	3	9th	5th

Identification of common health problems

Group 1		Group 2		Group 3	
Common health problems	Score	Common health problems	Score	Common health problems	Score
Malaria	5	Malaria	5	Malaria	5
Yaws	4	Influenza	3	Diarrhoea	4
Influenza	4	Pneumonia	4	Infected eyes ("red eye")	1
Diarrhoea	3	Tuberculosis (TB)	1	Cancer	1
Multiple sores and abscesses	3	Diarrhoea	5	Diabetes	1
Pneumonia	4	Yaws	4	Ulcers	2
Sexually transmitted infections (STIs)	2	Measles	1	Measles	1
Fungal infection	3	Skin disease	1	Coughs	3
Hookworm	4	Scabies	1	Bakua (ringworm)	1
Accidents	3	Bakua (ringworm)	1	Headache	2
Ear problems	2	Coughs	3	Stroke	1
Eye problems	3	Mouth problems	2	Totolo (type of scabies)	1
Malnutrition	5	Ear problems	1	Abscesses	3
Mouth problems	2	Hookworm	3	Eye problems	2
		Asthma	1		
		STIs	1		
		Hernias	1		
		Family planning	5		
		Ulcers	3		
		Eye problems	3		

Scoring and ranking of immediate health problems

Methods: **Group scoring and ranking**

Common health problems	Scoring	Total	Rank
Malaria	5+5+5	15	1st
Diarrhoea	5+4+3	12	2nd
Malnutrition	5	5	6th
Common eye problems	3+3+3	9	3rd
Fungal infections	1+1+3	5	7th
Yaws	4+4	8	4th
Hookworm	3+4	7	5th
STIs	1+2	3	9th
Mouth problems	2+2	4	8th
Multiple sores and abscesses	3+3	6	6th
Diabetes	1	1	11th
TB	1	1	11th
Coughs	3+3	6	6th
Asthma	1	1	11th
Cancer	1	1	11th
Ulcers	3+2	5	7th
Strokes	1	1	11th
Measles	1+1	2	10th
Accidents	3	3	9th
Hernias	1	1	11th
Common ear problems	1+2	3	9th
Family planning	5	5	7th

Cause analysis of common health problems

Problem	Causes	Consequences	Potential solution
Malaria	Area not clean Poor community participation No proper drainage No proper waste disposal No proper drainage for standing pipes Village health committee not effective	People are affected mentally Causes sickness, sometimes leading to death	Clean surroundings Improve community participation Proper drainage system Create proper waste disposal Education and awareness Effective health committee Sleep under mosquito net
Yaws	Dirty surroundings Diet not balanced Animals not kept fenced in People's bodies not clean enough	Bone cancer or blood cancer Amputation of limbs Causes paralysis and death	Eat more protective food Clean surroundings Fence animals in Keep clean Go to clinic Improve water and sanitation
Diarrhoea	Flies Surroundings not clean No proper sanitation No proper rubbish disposal Animals roam around Food safety Eating utensils not kept clean Dirty drinking water Unhealthy food preparation No proper diet	Body weak Malnutrition Decency Abnormality and death	Go to clinic Drink plenty of clean water Take appropriate medicines Clean surroundings Clean eating utensils Proper sanitation Fence in and control animals Use food safe
Multiple sores and abscesses	Lack of balanced diet Lack of personnel hygiene Untreatable wounds Flies	Lack of immunity Body accumulates germs Bacteria multiplies and pus produced Passes from infected person to another	Eat balanced diet Wash regularly Seek medical assistant immediately Protect sores from flies
STI	Unsafe sex Blood transfusion Transmitted through exchange of clothes (belief of villagers) STI Urinary tract infections Infertility Death		Stick to one partner Use condoms Scanning of blood for transfusions Seek medical help
Hookworm	Poor diet Walking barefoot Dirty hands Poor preparation of food Poor sanitation facilities	Early hunger Malnutrition Cause complications in the digestive system Passing faeces regularly	Wear shoes and slippers Wash hands before eating Clean food preparation Seek medical assistance

Discussion with women's groups

Problem	Causes	Consequences	Potential solution
Fungal infections	Water problem Sweat Clothes Bedding Untidy surroundings Through contacts	Unhealthy Abnormal growth Anxiety (inadequate rest) Feel isolated	Clean water Use hot water Wash properly and regularly Clean surroundings
Malnutrition	No proper diet Water problem Not eating in time Abdominal problem Taking drugs during pregnancy (alcohol, smoking, etc.) No proper health care during pregnancy No proper health facilities	Abnormality growth Polio Death Time and effort for parents (busy) Death	Proper diet Eat at the right time Drink good clean water Regular visits to health clinic Mothers to avoid alcohol and smoking during pregnancy Increase health education
Mouth problems	Chewing of betel nuts Smoking Wrong use of teeth More sweets Hot food	Mouth cancer Smelly mouth Rotten teeth Sore throat	Avoid chewing betel nuts Brush teeth regularly Eat warm food Health education
Eye problems	Regular washing of eyes Soap Soil Carrying heavy objects Flies Sweat	Blindness Boils around eyelids Red eyes (infected)	Wash eyes regularly Medical check up Avoid carrying loads that are too heavy Get enough sleep

Outcomes from the interviews

Based on the above analysis of common health problems, the community felt that water and sanitation are major contributing factors to health-related issues. Individuals and groups explored these issues further and came to the following conclusions:

Problem	Causes	Options
Sanitation	Sanitation project being initiated but incomplete Communities do not have enough resources (money) to bring in materials needed to continue the project Health department not holistically designed Traditional methods of using beaches and bushes remains intact Lack of continuity in education and awareness Poor community participation	More education and awareness Further assistance to continue the project (resources) Improve community participation Active participation of stakeholders (health department plus others)
Water	Water catchments not protected (dam open) During heavy rain, water contaminated and system does not function No reserve water tank for community No tanks owned by individuals in the community	Reserve tank for community Possible assistance to repair existing pipeline Community participation Responsible authority to be approached for assistance

	Existing pipeline was broken, leading to water being wasted Water high Fallen trees and branches contribute to damage to water system No resources to maintain, repair or build tanks No technical knowledge to repair water system or to build tanks Authority responsible does not have the plan for maintaining the system Carelessness of community members	Training provided for basic maintenance of water system

Mapping

Methods: **Group work and production of community map**

Risk identified	Score	Total	Rank	Potential solutions
Drainage	5+3+4	12	1st	Community effort to improve the drainage system
Cliff	4+2+1	7	2nd	Improve community aid post
Main road (slippery, rocky)	3+1+2	6	3rd	Adequate services for communication
Water supply (malaria)	2+3	5	4th	Plan in place for cliff
Plantation (malaria and falling coconuts)	1+1	2	6th	Lack of potential agricultural sites due to geographical status of village
Sanitation Drainage Water supply Cliff Road Plantation	5 4 3 2 1 1			
Passage Drain Road Cliff Flood	4 3 2 1	4	5th	

Lessons learned from the map

Method: **Group work and brainstorming**

- School buildings all made locally
- Community fairly vulnerable to disaster
- Church building is the only permanent building and is fairly secure
- Aid post is a fair distance from the main community
- Few trained first aiders in the village
- Coconut palms and a few bigger trees in and around the village
- Escape routes in times of disaster, especially cyclone and earthquakes, would not be very safe if the location and site of the village is taken into consideration
- Landing area not very safe in rough weather
- In times of rough weather, inter-island travellers can take shelter in the area
- Food gardens are not shown on the maps as they are located inland

Food security sessions

Root crops	Fruit trees	Vegetables	Livestock
Cassava	Orange	Kang kong	Pig
Taro	Lemon	Watercress	Kokorako (poultry)
Kakake (type of taro)	Bush lime	Chinese cabbage	
Voruku (type of taro)	Pommel	Melon	
Kong Kong taro	Papaw	Capsicum	
Pana	Nali nuts	Chilli	
Yam	Cut nut	Tomato	
Sweet potato	Guava	Shallot	
	Rabutan	Ginger	
	Kapika	Cucumber	
	Breadfruit	Beans	
	Five corner (star fruit)	Two leaf	
	Mandarine	Sago palm stash	
	Sugar cane	Taqala	
	Ikori	Fern	
	Sasop	Sand paper leaf	
	Mango		
	Coconut		
	Banana		
	Betel nut		

Problems affecting crops and livestock

Method: **Group work and combined finding**

- Thieves
- Pests and disease
- Soil infertility
- Natural disasters
- Inadequate assistance from Agricultural Department
- Poor transport
- Poor communications
- Lack of resources
- Lack of knowledge

Identification and ranking of livelihood

Group 1

Livelihoods	Food security	Income	Total	Rank
Copra	2, 1, 0, 2, 1, 1, 2, 3 12	4, 5, 5, 4, 4, 4, 3, 2 31	43	1st
Fishery	5, 5 , 4, 5, 4, 5, 5 33	0, 0, 1, 0, 1, 0, 0 2	35	2nd
Crops	3, 1, 3, 3, 3, 2, 1 16	2, 4, 2, 2, 2, 3, 4 19	35	2nd
Cocoa	1, 0, 0, 0, 0, 0, 0 1	4, 0, 0, 0, 0, 0, 0 4	5	3rd
Livestock	0, 0, 0, 0, 0, 0, 0 0	0, 0, 0, 0, 0, 0, 5 5	5	3rd
Crafts	5, 5, 5, 4, 3, 3, 2 27	0, 0, 0, 1, 2, 2, 3 8	35	2nd

Group 2

Livelihoods	Food security	Income	Total	Rank
Crops	3, 3, 3, 3, 3, 5, 5	2, 2, 2, 2, 2, 0, 0		
	25	10	35	1st
Copra	1, 1, 2, 1, 1, 2, 1	4, 4, 3, 4, 4, 3, 4		
	9	26	35	1st
Fishery	1, 4, 4, 5, 5, 4	1, 4, 4, 5, 5, 4		
	23	7	30	2nd
Livestock	3, 3, 5, 3, 0, 4, 3	2, 2, 0, 2, 5, 1, 2		
	21	14	35	1st
Crafts	5, 5, 5, 5, 5, 5	0, 0, 0, 0, 0, 0		
	30	0	30	2nd

Group 3

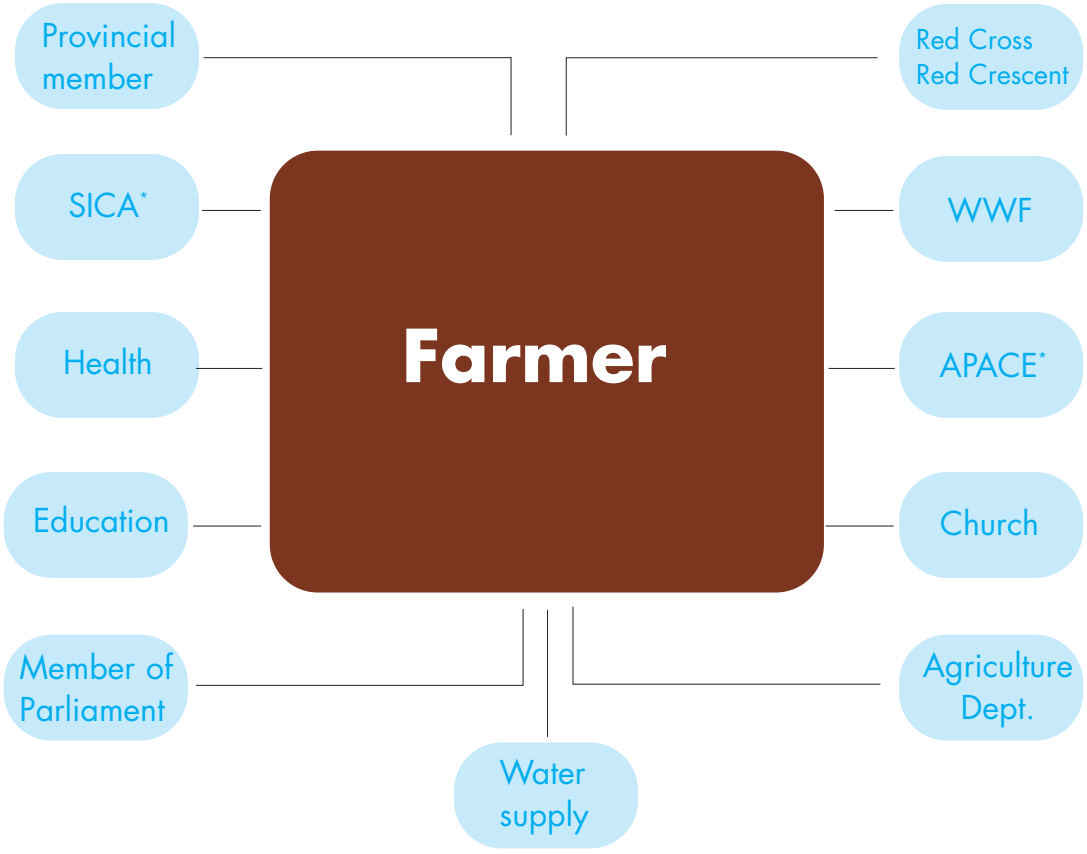
Livelihoods	Food security	Income	Total	Rank
Crops	5, 3, 3, 3, 3, 3, 3	0, 2, 2, 2, 1, 1, 2		
	23	10	33	2nd
Copra	5, 3, 2, 2, 1	0, 2, 1, 1, 1		
	13	5	18	5th
Fishery	5, 5, 5, 4, 3, 4	0, 0, 0, 1, 1, 1		
	26	3	29	4th
Crafts	5, 3, 1, 5, 4, 5	0, 3, 4, 0, 1, 0		
	23	8	31	3rd
Livestock	1, 4, 1, 5, 5, 1, 1, 3	4, 1, 4, 0, 0, 4, 4, 2		
	21	19	40	1st

Final ranking of livelihoods

Livelihood	Food security	Income	Total	Ranking
Copra	12 + 9 + 13	31 + 28 + 5		
	34	64	98	2nd
Fishery	33 + 23 + 26	2 + 7 + 3		
	82	12	94	4th
Crafts	27 + 30 + 23	8 + 0 + 8		
	80	16	96	3rd
Livestock	0 + 21 + 21	5 + 14 + 19		
	42	38	80	5th
Crops	16 + 25 + 23	19 + 10 + 10		
	64	39	103	1st
Cocoa	1	4	5	6th

Stakeholder analysis

Venn diagram



*SICA: Solomon Islands Christian Association; APACE: Appropriate Technology for Community and Environment, Inc.

Seasonal calendar

Months	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Crops Sweet potato	Plant	Insect infestation			Low yield		Plant				High yield	
Banana	Insect infestation					Low yield	Plant					High yield
Cassava	Plant and good harvest year round											
Taro		Plant							High yield			
Melon	High insect infestation				Plant				Harvest			
Tomato						Plant			Harvest			
Slippery cabbage	Low yield		Plant		High yield			High insect infestation				Plant
Pineapple	Plant							Harvest				
Beans					Plant							
Shallot	Plant and harvest through the year											
Betel nut						High yield				Low yield		
Pumpkin	Harvest				Plant							
Yam	Plant										High yield	
Weather pattern	Wet season					Dry season					Wet season	
	Peza*			Ragi*		Bule*					Peza	

* "Peza" is a local expression to indicate a weather condition of a strong wind, rough sea and high tide that normally occurs in the rainy (cyclone) season. "Bule" means calm weather and "ragi" is a condition somewhere between the two, that lasts for short periods of time.

Cause analysis

Causes	Major problems	Consequences	Potential solution
Movement of plants by people	Pests and disease	Low yield Infestation	Awareness Traditional methods of controlling pests and disease
Soil erosion	Soil infertility	Low yield Tasteless	Composting Longer fallow periods Seek advice from Agriculture Department
Uneducated Lack of interest No awareness or information	Lack of knowledge	Low yield	Appropriate training
No outside assistance	Not enough resources	No projects established	Start credit unions
Natural geography	Flat garden land not available	Continue cropping the same land	Alley cropping
Heavy rains Cyclone	Natural disasters	No food Suffering and death	Help from Red Cross and disaster council
High cost of fuel	Poor transport	Reduced travel No access to goods and services	Reduce fuel cost

Causes	Major problems	Consequences	Potential solution
Poor transport No regular visits from Agriculture Dept. No means of communication	Poor communication	No information received	Access to radio wireless Open postal agencies Regular visits by other departments
Lack of finance Lack of support from other stakeholders	Poor supply of planting materials	No projects No development	Seed banks
Poor outlets	Lack of facilities	People not willing to make the effort to access services People travel far for goods and services Very expensive	Set up facilities for services close by Improve services outlets
Jealousy People hungry Animals not properly fenced in	Thieves	Poor income Owners hungry	Fence animals Punch the thieves RAMSI

SWOT analysis

Strengths	Weaknesses
Water supply system Aid post Availability of labour Availability of raw materials School Copra buying point Trade stores Petrol deport Church School leavers Community participation	Lack of knowledge about pests and disease Poor communication Sanitation project incomplete Poor condition of water supply system Lack of finance No infrastructure Poor transport No proper accommodation facility
Opportunities	**Threats**
Improve aid post to rural health centre Improve agricultural management skills Improve credit facilities Improve services from government departments Improve communication facility Improve community participation Improve postal services Improve water storage facility	Land dispute Poor community participation No water tanks Natural disasters Vandalism Stealing

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

PROTECTING **HUMAN** DIGNITY

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The *International Federation of Red Cross and Red Crescent Societies* promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

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