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Community participation in project planning and implementation

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BRIEF DESCRIPTION OF SOLOMON ISLANDS

Solomon Islands is a very small country in the Western Pacific Region. It is located north of Australia and immediately East of Papua New Guinea. The position on the map is 156°E and 10°S of the Equator - therefore the climate is tropical.

The country consists of two chains of main islands. On the northern chain are Choiseul, Santa Ysabel and Malaita and on the Southern chain are New Georgia, Guadalcanal, San Cristobal and Santa Cruz. There are hundreds of small islands that are not inhabited.

The total population of the Solomon Islands is 240,000 the majority of which is of melanesian origin. There are small ethnic groups such as Chinese, Europeans, Australian mostly either doing trading or employed under various organisations.

There are also other smaller races such as the Polynesians and Micronesians. These occupy the small outlying atolls of the Solomon Islands. The climate is tropical and is normally hot throughout the year. The wet season normally starts around November until around March or April during which there may be a cyclone.

The country was formerly called the British Solomon Islands but gained independence from Britain since the 7th July 1978. The country is very much in its developing stage. The capital, HONIARA, is on the north coast of Guadalcanal, the biggest island in the group. Honiara has a population of about 22,000.

At the present stage of development in the Solomon Islands the state of poor environmental sanitation give rise to very much concern amongst health workers and the various institutions concerned in the promotion of improvement of the standard of living for rural and peri-urban dwellers.

The main concern is for the ways and methods to be used in propagation of improved sanitation to strive for the objectives of "Health for all by year 2000".

Prior to the introduction of the International Drinking Water and Sanitation Decade which was in mid 1979 in the Solomon, a review

carried out in the rural and peri-urban situation showed that 24% of the rural dwellers have access to safe drinking water supplies while 19% of the rural population use some form of proper sanitation facilities.

After a period of 3 years since the introduction of the IDWSSD the situation showed that approximately 50% of the population have access to water supply. While the progress on sanitation sector was slow, only 20% achievement of the goal of the Decade had been reached during the same periods increasing the coverage to approximately 24%. Apart from cost factors, there are other factors or constraints which contribute to the propagation of improved sanitation to rural areas and to per-urban dwellers.

In the Solomon Islands situation, these constraints include lack of information, lack of properly and adequately trained personnel to disseminate right information and the use of inappropriate technology until the launching of the IDWSSD.

The Solomon Islands has a multicultural and multilingual society where customs and taboos differ from island to island and in some cases even within the same island. Most traditional customs, taboos, habits and behaviour are in practice today especially in rural areas and even in urban settlements, e.g. because of the dirty nature of human excrement, it is forbidden to discuss it amongst people. In some communities it is forbidden for men and women to go to the same toilet. In some communities women must not be seen going to the toilet, or son-in-law or daughter-in-law are forbidden to use the toilet that is being used by all their in-laws. In some cases people prefer to answer the call of nature in the open and not under a roof or in some cases people have to dip themselves in the sea or river to defaecate and so on.

These are real facts and constraints which contribute to the inhibition of the diffusion of improvement of sanitation reaching the rural population.

Therefore when modern and improved methods of sanitation are introduced the people are exposed to different ways from the existing and the normally accepted methods that have been existing and practised for a very long time. Changing the behaviour of people is not as easy as changing technologies, especially if the institutions involved are not well prepared with the right approach and the right information. Thus as a result the people will not be prepared to use the technologies introduced or there will be a tendency to misuse or abuse them.

This has been the case of the Solomon Islands when there was a failure in an attempt to introduce modern and improved methods of human waste disposal. People just could not grasp the importance of modern technology in human waste management. They felt that modern methods belong to the "White Man" but the existing and the accepted methods belong to the people for the reason that they are in accordance with the customs etc.

A typical example of this happened in the Solomons. The settlers on the fringe of the town of Honiara were told to build toilets and to use them instead of going into the bushes or the beach. Surely enough water seal pour flush toilets were built and completed with super structure - all these were done under the supervision of health personnel.

Every time an inspection was made in the area the toilets were found to be very clean and looked new. It was then discovered that they weren't used at all. They were only built because the town regulations require that every house must be provided with a toilet. The people themselves were still going to the bush, the river or the sea.

Another example was when an institution involved in the promotion of improvement in the standard of living in a rural community. The institution, the Solomon Islands Development Trust was working amongst a community building water supplies, construction of toilets and cleaning of villages, etc. When two communal latrines were built for the villagers, the people told the members of the SIDT that the toilets would be reserved for visitors such as Government touring officers or church members who normally visited the villages and village people still preferred their existing methods of excreta disposal by going into the bush at the two ends of the village.

Even today when people from rural areas go into town and stay with relatives in a house

where all sanitation conveniences are provided, they would not use the toilets but rather go to a beach or somewhere else for defaecation.

In order to get people to accept the modern and improved methods of sanitation or any other project for that matter, it is a very important that the people in the community themselves must be involved in the preparation, planning and implementation. If people understand the benefits of the change from their normal ways and if they feel that the project belongs to the people then they will be enthusiastic about it and will therefore be able to accept it, and be responsible for its continuity and maintenance.

However, due to factors such as insufficient preparation and lack of information could make community participation in planning and implementation of projects difficult.

The lack of communication between the community and the bodies and agencies who are trying to introduce projects for the improvement of standard of living could make the matter more complicated and may lead to rejection, misuse or abuse of facilities provided. It is not so difficult to change technology but it is difficult for people to accept behaviour change especially if not given sufficient time and information to understand the value of the change.

A good illustration of this situation was in the Solomon Islands after the introduction of the International Drinking Water and Sanitation Decade programme. The situation in rural areas before the commencement of the IDWSD programme was 24% of the people had access to safe drinking water and 19% of the people used some form of sanitary waste disposal.

Two years after the introduction of the IDWSD programme 50% of the people have access to portable drinking water whereas 24% of the rural people used improved methods of excreta disposal.

The reason of course was that water has been accepted by the people as an important element in life thus communities participated in the planning and implementation of the project.

To the people, the introduction of the programme was beneficial not merely in terms of the improved quality but mostly as convenience to the people. It was a great relief to the women who normally carry water in bamboos or other vessels for the

home from sources which were normally at great distances.

On the contrary, the progress of the sanitation improvement programme was lagging behind due mainly to social constraints (behaviour, customs and taboos) of various communities in the Solomon Islands.

It is now obvious that in order to speed up the progress of sanitation improvement programme, an attempt must be made to get the people involved or participating in the planning and implementation of the project.

For the purpose of "HEALTH FOR ALL BY YEAR 2000" and in conjunction with the IDWSD, health workers in the various provinces in the Solomons are making alterations and corrections in their approach and in their choice of technology. The aim there is to train and instruct health personnel who are actually involved in the field and to get as many people as possible to participate in the preparation, planning and implementation of the project.

In Honiara where I work as Senior Health Inspector I have launched a project of improvement of sanitation in the settlements in the fringe of the town. I have selected various peri-urban settlements on the fringe of the town to launch a new approach on the project of improvement on excreta disposal. A survey carried out at the beginning of the year showed that the sanitation situation in the settlements were poor.

The proposed new approach is to get the communities involved in the project. The stages to be taken are:

1. Select the settlements.

The selection in this case is more or less identifying the location of the settlements, the topography of the land in order to select the type of technology that will be appropriate to the situation.

2. Assign health workers to carry out surveys in each settlement.

The survey will include details of the present situation regarding sanitation water supply, population, people and their attitude towards changes in methods of human excreta disposal in relation to customs and taboos. In fact the job of the health worker in the initial stage of the programme is to collect facts regarding the existing means of human waste disposal and other aspects of health that requires

improvement.

3. Training of health personnel in methods of approaching the community.

This is to ensure confidence of the people on the agents dealing with them.

4. Get the key people in each settlement to participate in the whole project.

The key people or influential people in the Solomon Island villages are the:

Chief
Church Leaders (Men & Women)
Headman

In the Solomon Islands situation it is important that these figure heads understand the importance of any project. They have to agree to whatever changes are being proposed for their people. If they are interested and accept that the project belongs to the people and is for the benefit of the people then participation of the community will be assured and thus continuous maintenance and proper use of the facilities will also be assured.

5. Get social groups involved.

Certain groups in the villages are carrying out activities in villages in an attempt to improve the standard of living of the community. Such groups as the church women's group.

e.g. Mothers Union of the Church of Melanesia
Womens Band of the SSEC
United Church Womens Fellowship
Womens Interest Group
Youth Groups

These various groups are carrying out activities amongst the communities, things like improvement of homes, care of babies, simple personal hygiene, making vegetable gardens, cooking classes, Bible studies etc.

I believe that the influential effect of these groups could be utilised to get the communities to participate in project planning.

One other important group the old people in the villages should be involved. Their importance lies in their knowledge of the customs, taboos, traditional beliefs etc. could be utilised in project planning and implementation.

Finally the various institutions involved in the propagation or improvement of the standard of living in the rural areas must work in the same direction. There must be a closer cooperation and dialogue between these various institutions otherwise it

would be difficult for people to understand what is going on and thus participation of the community could not be ensured.

In the Solomons today the various institutions involved in rural developments are the Environmental Health Division of the MHMS, Solomon Islands Development Health Education Service, Nursing Service) (Primary Health Care) and an organisation within the Bahai Faith.

I hope that with this brief paper I have presented a picture on the situation in rural areas in the Solomon Islands. It gives you some ideas of the difficulties and problems we encounter in our situation.

In this conference I am hoping to learn of your situations and how you solve your problems so that I may be able to relate these to my own situation in the Solomon Islands.