

Solomon Islands: from risk assessment to community actions

Location:	Honiara (Solomon Islands Red Cross HQ) Project location: Tamboko in Guadalcanal Province; Koqu in Western Province, and Radefasu in Malaita province
Date:	2003 - 2004
Sector focus:	Natural hazards & environmental health
Spatial focus:	National training & community application

Bibliographical reference

IFRC, *Solomon Islands: From risk assessment to community actions*, Geneva, 2005.

Abstract

In 2003, Solomon Island Red Cross (SIRC) branch volunteers were trained in CRA skills and three community level applications were carried out in 2004. The full gamut of CRA participatory methods were used in one community (see below); where in another household survey questionnaires provided the basis for group discussions. In the third there was tension in an ethnically divided community, so straight forward group meetings involving both groups served as the vehicle. In all cases action planning, institutional development and implementation were carried out. A wide range of hazards were identified including sea level rise, seasonal heavy rainfall and flooding, earthquake, and cyclones. However, of these only seasonal flooding was perceived as deserving immediate action. Other needs and priorities identified related to water related disease (malaria) and drinking water safety, and the lack of first aid for injuries received in daily agricultural, fishing, and domestic activities.

Drainage, water supply improvement, health awareness campaigns, and the creation of village health committees all resulted. The methods were further applied in other communities on other islands.

The main criticism – a self critique – was that no allowance was made for measuring change and benefits in a rigorous way by collecting sufficient baseline data.

This case seems an excellent model for SIDS in the region and possibly other parts of the world as well as other more isolated, subsistence oriented communities with a reasonably well developed social organization. It may also hold lessons for post-conflict reconciliation.

Technical description

Hazard/risk type: Seasonal flooding and unclean drinking water, malaria, diarrhea.

Type of assessment: Hazard identification & analysis; environmental vulnerability analysis including health aspects

CRA process

VCA skills training, sensitization, VCA design, VCA, VCA analysis, Project design, Implementation

Methods used: a) Participatory tools: Risk mapping, risk scaling (prioritization), seasonal calendar, SWOT analysis, household interview with questionnaire, agricultural survey, separate discussions with women, and drawing exercises with children; b) Secondary data: maps, government statistics, health clinic reports, reports from NGOs

Was livelihood analysis used? Yes, but only indirectly as local discussions highlighted key economic sectors like fishing.

Was external specialist knowledge introduced? Little, only to verify the information collected.

Vulnerability Analysis

Some data socio-economic situation, age, health status was collected in the survey portions of this project. This would be useful in more specific identification of more highly vulnerable households or groups. However, the main focus of the project was to identify needs and capacities at the community level, action on which would bring benefits to all and reduce risk for all.

Capacity Analysis

Resources available: National: Financial support from Australian and Japanese Red Cross and New Zealand aid and development agency (NZAID); technical support by the IFRC regional delegation and the Solomon Islands Red Cross and an external consultant. Local: Strong leadership and much social capital.

Limitations to Capacity: National: Limited economic growth and economic options common to many SIDS; aftermath of civil conflict. Local: In one locality (Radefasu) there were tensions between to distinct groups that limited the use of most participatory methods.

Action Planning and Implementation

What actions were actually planned? Fix leaking water pipes and construction of drainage systems; strengthen the community health committee; organize a health awareness campaign in school and local clinic; cleaning log debris; first aid training.

Were all actions actually carried out? Yes

Have these actions turned out to be sustainable? Two out of three target communities – Koqu in Western Province and Radefasu in Malaita – have established community structure (e.g. Red Cross members group) to sustain activities as well as maintain active relationship with respective branch offices (where some required resources could be obtained). These are only possible because of strong commitments that communities have demonstrated. However, keeping the stream free of debris has not proven to be sustainable.

Were there any unanticipated additional benefits of the actions? (1) The tensions between the two groups in Radefasu were eased and they worked together on the drainage project. (2) Extension of SIRC projects to other communities on other islands using the IFRC's "Design-Test-Duplication" (DTD) methods. (3) Improved relationships between local communities and local government, ties strengthened with local SIRCS branches.

Were there any unanticipated negative consequences of the actions? No.

Limitations on action/ sustainability of actions In the community of Tamboko, it seems that our activities brought wrong impression/images about Red Cross, and somewhat contributed to the community dependency toward foreign aid.

Indicators

(1) "Before and after" knowledge and practice survey of health related behaviors; (2) Comparison of malaria prevalence before and after drainage work. *Report is self critical* of the lack of baseline data collection on health related behaviors and morbidity that would allow measurement of change as part of the on-going monitoring.

Contextual notes

Existence/ role of prior or contemporaneous conflict? Civil conflict and its aftermath as well as ethnic and language differences between adjacent communities provided challenges and opportunities for the CRA work.

Role of displacement/ relocation? No.

Role of prior disaster & prior recovery attempts? No.

Significant historical, geographic, economic, political, or cultural issues that influenced this instance of CRA and its consequences? *Extreme geographical isolation* certainly has an impact. Isolation made the provision of first aid training high on communities' priority list because without it, injuries become more severe. SIRC national and branch teams had to travel long distances by boat to reach some of the communities. The *subsistence agricultural and fishing basis of livelihoods* provides little surplus for self-protection/ self-insurance. *Seasonality and sea level rise* influenced the issues perceived as top rank by communities.

Strategic notes

How has this practice of CRA influenced change in policy and practice at the national level? The National Disaster Management Office participated in this CRA exercise. It is unclear if this experience had any influence on policy and practice at national level. Not much with the government; however, within Solomon Islands Red Cross, leadership had to go through different stages to understand the process, and eventually its practices provided discussion themes in its planning meetings.

How has this practice of CRA influenced change in policy and practice at local level? Community leaders (local government) saw the effectiveness of CRA in mobilizing participation in concrete projects such as drainage and water supply improvement.

How has this practice of CRA influenced the level of organization and solidarity in the locality where it was carried out? Except in the one divided community, organization and solidarity was already reasonably high. It is unclear if this project increased community cohesiveness and functionality.

Less divided along class, gender, age, ethnic lines? Ethnic divisions have eased.

More divided along these lines? No.

Are the people living in this area more able to speak out on issues that concern them? Yes, especially in the space created by the community health committees.

Have new civil society organizations been created directly or indirectly because of this practice of CRA? Community health committees have been formed. And identified potential Red Cross member groups (active volunteers)

Lessons learned

- ♦ CRA can be used in complex situations where there are multiple goals such as community development, conflict resolution, as well as risk reduction.
- ♦ The methods and approaches for CRA need to be flexible to suit a variety of situations.
- ♦ Community ownership, commitment and participation are the key to a successful community project.
- ♦ Strong leadership support is essential to make any community-based project successful.
- ♦ Clear understanding of roles and responsibilities within an organization is crucial for effective project management.
- ♦ An effective volunteer management system is essential for the implementation of community-based projects.
- ♦ It is vital to plan monitoring and evaluation at the design stage and collect sufficient baseline data before project activities are started.

Keywords

SIDS, flooding, malaria, first aid, conflict, seasonality, VCA skills training

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