

Butterfly Trust ~ March 2022 Update

Halo Olgeta,

We begin this newsletter with gratitude to all those who are working to make the world a safer, healthier and more peaceful place and by denouncing all violence wherever it occurs. We know that many of you reading this newsletter make significant contributions to improving the condition of our human family in many different ways and in many different parts of the globe. We thank you for everything you do and trust that soon we will all be able to leave behind the uncertainties and sufferings of recent times.

This newsletter is divided into two parts. The first part is an update of the Trust's work in Vanuatu since our last report, and also an update on the Covid-19 situation in Vanuatu. The second part is a more in-depth, background look at how we work and some of the challenges we face.

In our everyday work we continue to provide support to communities in the rural and remote islands of Vanuatu. We are endeavouring to stay responsive to changing priorities as the Covid-19 pandemic runs an undetermined course. We remain focused on empowering individuals and communities, not only to adapt to life changing scenarios, but also to catalyse movements for positive change. In the background, we are constantly researching and evaluating our role to ensure we can assist the people we work with in the best way possible.


Thank you for your continued interest and support in the work of the Butterfly Trust.

Tankyu tumas 🦋

Ngā mihi nui

Dave & Lynn





Covid-19 Update

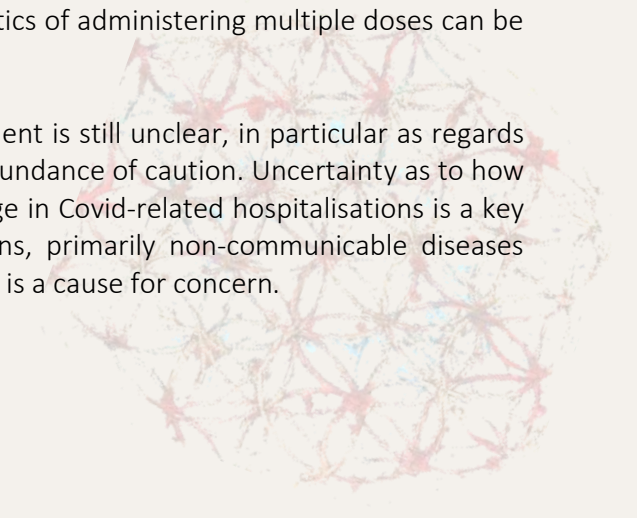
Until early March 2022, Vanuatu remained one of a very small handful of countries with no community transmission of the Covid-19 virus, an incredible achievement thanks in large part to the leadership of the Ministry of Health (MOH) and its strict border protocols. We fervently hoped that the 'almost covid-free' status would remain until vaccination rates reached a comfortable plateau. Now, unfortunately, the country joins the ranks of several Pacific Island nations – Tonga, Samoa, Kiribati, Palau, Solomon Islands – some of which had been Covid-free for close to two years.

On 4 March, the first positive case of community transmission was detected in the capital, Port Vila, following a quarantine breach. Cases have risen daily since, and confirmed to have spread to the second urban centre of Luganville on the island of Santo. The country is on high alert. All six provinces are under a curfew order operating from 6pm – 6am daily. Domestic travel has been suspended for all but essential workers. (This will sound very familiar to many of you reading this!)

At this stage, there are no signs of community transmission in the other four provinces. As an island archipelago – Vanuatu has 83 islands – this provides a natural barrier to curb transmission to remote areas where vaccination rates are lagging behind the urban centres. As the country grapples with a potentially serious escalation of the highly transmissible Omicron variant, all efforts are on the vaccine roll-out.

According to the MOH, the target was to have 90% of the eligible adult population vaccinated with at least one dose by the end of 2021 and 70% fully vaccinated by the end of March 2022. Currently around 74% of the adult population nationwide have received one dose and 53% are fully vaccinated. The figures are much more favourable in the two most densely populated provinces of Shefa and Sanma, where over 90% have received a single dose. The recent arrival of single-shot Johnson and Johnson vaccines is much welcomed, particularly for healthcare workers reaching out to populations in remote communities where the logistics of administering multiple doses can be extremely difficult.

How Vanuatu transitions into the post-Covid environment is still unclear, in particular as regards re-opening the border. Authorities are exercising an abundance of caution. Uncertainty as to how the healthcare system will cope should there be a surge in Covid-related hospitalisations is a key factor. The prevalence of underlying health conditions, primarily non-communicable diseases (NCDs), among a considerable subset of the population is a cause for concern.



Vanuatu's Covid-19 response is entering a critical phase....

Butterfly Trust is preparing to support the Covid-19 response in Vanuatu as community transmission escalates in the main urban centres of Port Vila and Luganville. Frontline workers at Vila Central Hospital, Northern Provincial Hospital and in the provinces are working long hours. They need extra support at this critical time. Many are filling in for colleagues who are isolating. Local volunteers are providing much-needed assistance in a variety of support roles.



This 200-bed isolation centre at Korman Stadium in Port Vila has been prepared for an expected influx of cases.



A nurse trudges village-to-village delivering Covid-19 vaccines on the eastern side of central Pentecost. Frontline health workers have been doing a great job for the past two years. As an island nation with a limited transport network, reaching out to remote communities is no easy task.

*The majority of frontline workers labour away in the background with little recognition. **Please help.***

Reaching out to people in the provinces of Vanuatu is extremely tough, especially those living in hard-to-reach areas.

We are assisting public health teams in several provinces as they reach out to the unvaccinated.

Funds are urgently needed to support crucial **mobilisation** efforts. There are **gaps in funding**, especially for transport costs to remote inland areas, food, accommodation, and basic stipends for health and support workers of approximately NZ\$20 – 70 per day.



Hygiene, water and sanitation

Covid-19 assistance

Photo credit: Markson Tabi
Penama Provincial Health

We will be maintaining vital support for hygiene promotion as part of the Covid-19 response. This includes facilitating upgrades and construction of handwashing facilities and VIP toilets. We work jointly with the WASH Sector, which consists of government, non-governmental and private sector actors.

Community workshop on VIP toilet construction



100% of your donation goes into projects

Account name: Butterfly Trust
Account number: 12-3233-0464934-50
Swift code: ASBBNZ2A

You can also make a donation via our page on [**Givealittle**](https://www.givealittle.co.nz/butterfly-trust)

The Butterfly Trust is a New Zealand registered charity CC38025




Tankyu tumas

***Thank you.....your recent support** has enhanced **hygiene and sanitation** across **14 villages** on two islands.*

*Water, sanitation and hygiene (WASH) status is an important indicator in the development of low-and middle-income countries. Due to the **Covid-19 pandemic**, and compounded by the devastation wrought by **Cyclone Harold in 2020**, the Trust has prioritised hygiene and sanitation in Vanuatu for the past couple of years. We **integrate multiple objectives** including cyclone recovery, community development, Covid preparedness, and the environmental impact of human activities associated with climate change.*

***75 VIP toilets** were constructed on South Santo, Southwest Santo and East Ambae as part of a community-wide participatory approach involving practical training and hygiene awareness. A mix of household and community-owned toilets were built.*

Read more below.



Vimala Village
South Santo
October 2021

Lolomanada Village, Ambae
September 2021

Then Minister of Health, Hon Silas Bule Melve at the
launching ceremony on Lolomanada Village,
Ambae, September 2021

BIGFALA Tankyu Tumas.....
Human Capacity Development Int. (HCDI)
and WGD Netherlands, World Day of Prayer
2021 Donors!



*HCDI and WGD Netherlands jointly funded the purchase of a **portable dental unit**, a vital piece of field equipment for conducting dental and oral health outreaches in the rural and remote communities of Vanuatu.*



Dr John Hale, Managing Director (left) and Llewelyn Lewis-Long, Operations Manager of Oraltec NZ Ltd.

Thank you, Oraltec NZ Ltd

for your tremendous support with the purchase of the portable dental unit, technical advice and donations of valuable dental supplies for our outreach work!



Butterfly Trust's long term development work in Health and Education continues...

We need funds for toilet upgrades at 7 primary schools, water systems improvements to 3 villages in south Santo, and oral health community outreaches.

For those of you who do not wish to support vaccination efforts, we urge you to please consider supporting our long term health and education programmes instead.

There are very **basic needs**, in health and hygiene for instance, that many of us take for granted in the developed world.

These areas are often overlooked in low-income countries such as Vanuatu.

When you **donate** towards the Trust's long term development assistance work, you enable

Education

Individual and Community Empowerment

Access to and fair distribution of resources

Adaptation to the worsening impacts of climate change

Read about how the Butterfly Trust integrates community empowerment, education, advocacy and resource mobilisation in the sections below.

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If you wish to set up a monthly donation to the Butterfly Trust, please get in touch with Lynn or David on david.lynn@butterflytrust.org

THANK YOU

More in-depth information and discussion about how we work

We continue to focus on issues of health and wellbeing in Vanuatu. If you are interested in reading on, the following section outlines how health outcomes relate to wider social, economic and cultural factors. We also provide a descriptive overview of the health assistance work of the Butterfly Trust within the context of individual and community empowerment.

Wide-angled view – why health is a social issue

Health promotion: cultivating behavioural change and personal responsibility

Disease prevention and health promotion are fundamental aspects of public health programmes, and Vanuatu is no exception to this approach. Considerable resources are expended annually by the government to confront high rates of non-communicable chronic diseases (NCDs) on the one hand, and communicable diseases yet to be eliminated.

In Vanuatu, the latter category includes neglected tropical diseases (NTDs) such as yaws, trachoma, scabies, worm infections and leprosy. Malaria, tuberculosis and STIs are other prominent communicable diseases. Awareness campaigns about communicable disease prevention have been established for decades by a dedicated NTD Unit.

Over the last two years, pandemic preparedness has substantially improved attention to hygiene all over the country. This has had a positive impact on water and sanitation (WASH) system improvements in certain areas.

Where NCDs are concerned, campaigns are aimed at every level - national, provincial and community - to inform and cultivate behavioural changes in a bid to curb alarmingly high rates of diabetes, hypertension, cardiac and respiratory conditions, and very poor oral health.

There now appears to be widespread awareness of the link between high consumption of processed foods and heightened risks of 'sik suga' (sick sugar) or diabetes.

At the same time, public health messages targeting tobacco use and alcohol consumption with increased risk of certain NCDs are widely disseminated through various platforms including social media. Yet the rate of NCDs continues to escalate.

The disproportionate rate of NCDs affecting ni-Vanuatu echoes similar trends in other South Pacific countries in both Polynesia and Melanesia. Type-2 diabetes, for instance, affects both young



Health promotion in schools and communities is a major component of the Butterfly Trust's development focus. Action revolves around oral health, NCD prevention, NTD (Neglected Tropical Diseases) and WASH (Water, Sanitation and Hygiene)



Adequate access to water and sanitation is a community challenge yet to be overcome in Vanuatu. Ensuring that the gains made over the last two years are sustained in a post-Covid context is vital due to persistent economic and development constraints. Challenges posed to WASH programmes are also exacerbated by the impacts of climate change and natural disasters.

and old in Vanuatu. According to one of Vanuatu's consultant surgeons, at least two leg amputations are performed a week as a result of diabetic foot sepsis, with some patients as young as their late twenties.

Studies indicate that the extent of health seeking action is more complex, and does not always correlate with the level of awareness ascribed to health promotion efforts solely.

Individual choice and personal responsibility for one's health, while it may create a strong foothold, is only one factor determining health outcomes.

Societal constraints spanning the social, political and economic spectrum have a major influence on the uptake of health-promoting behaviour.

This is where social determinants of health become relevant, calling for stronger efforts to address issues such as literacy, poverty, and accessibility to resources and healthcare services.

Increasingly, the impact of climate change and environmental disruption on yield and nutritional content of local crops are a concern.

Global warming and the rise of malaria and dengue

According to a modelling study led by a research team from the London School of Hygiene and Tropical Medicine, "an estimated 8.4 billion people could be at risk from malaria and dengue by the end of the century if emissions keep rising at current levels."

Rising global temperatures are expected to lead to a resurgence in vector-borne diseases in countries that have made substantial gains in elimination.

The concerns are that mosquito-borne disease transmission will intensify through increased vector survival and biting rates, increased replication of pathogens within vectors, shorter reproduction rates, and longer transmission seasons.

This has serious implications for countries such as Vanuatu, with southernmost Tafea Province having achieved a huge milestone in its decades-long malaria eradication strategy. Tafea was pronounced malaria-free in 2017.

According to the study, conditions favouring the proliferation of dengue are also predicted to increase in lowland areas in the Western Pacific region.

Further reading:

Projecting the risk of mosquito-borne diseases in a warmer and more populated world: a multi-model, multi-scenario intercomparison modelling study. Colón-González, Felipe J et al. The Lancet Planetary Health, Volume 5, Issue 7, e404 - e414

“We urgently need to see health differently. If we want to make the world healthier, we need to look at the whole picture of what makes millions of people miss out on basic healthcare. We need to ask difficult questions. We need to confront the big issues.”

www.healthpovertyaction.org

Social determinants

Underlying drivers affecting health are more pivotal than ever in the wake of the pandemic, as we come to realise the correlation between health, and its social, economic, environmental, and spiritual dimensions.

Social determinants of health are described as the “unequal conditions in which people are born, grow, live, work and age; and the inequities in power, money and resources that give rise to them.”

Social Determinants and non-communicable diseases: time for integrated action
Marmot, M. and Bell, R. BMJ 2019;364: 251

Social determinants that impact on health include poverty and developmental challenges, urbanisation, loss of traditional skills and knowledge, structural barriers hampering access to services, and climate change.

Health promotion and efforts aimed at broader societal and living conditions work synergistically. The WHO takes a wide-angled view of health promotion as *“the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.”*

The risk of poor health is heightened when people cannot access adequate resources to apply the skills they have acquired, or act on the choices they know will improve their health.

To adapt to rapidly evolving social and environmental conditions, and bring about systemic change, also requires knowledge and skill.

The underlying narrative must therefore address these barriers, or what is sometimes termed the ‘causes of the causes’ of sub-optimal health.

It is about strengthening the capacity of whole communities to exert control over the social determinants that apply.

During the course of hygiene and sanitation field work in recent months, our partners from Public

Health units in the provinces faced consistent challenges in their attempts to tackle poor health literacy amongst remote populations.

They highlight some of the persistent sociocultural factors including livelihoods, cultural practices and access to funding for project implementation.

“These days due to the cost of living all over Vanuatu especially with COVID-19 pandemic, community members prioritised these needs to be met first other than all these health issues surrounding them. Its labouring for individual families to sustain their basic needs daily and to focus on sanitation improvement as well. Hygiene promotion is another additional task to their daily task.”

“Cultural practices play a very vital role in duplication practices of good hygiene. Many community members do not really see the importance of proper hygiene practices until they realise at a late stage.”

“For all community sanitation improvement, the main challenge we usually face is: 1. Getting officers on the ground to work with the communities, because we have to be with the communities if we want a good result 2. Transportation cost for the movement of hardware materials, sand and coral 3. And of course (sic) availability of funds for hardware materials at hand to complete a project.”

These observations are consistent throughout our experience in Vanuatu, especially the point about *'being with the communities to ensure good results'*.

The virtues of the participatory model in the field of development are well profiled in numerous studies from a variety of settings worldwide.

Understanding the nuances and practicalities of how to engender effective participation in Vanuatu is an area we are refining as we go by listening to our ni-Vanuatu partners with their wealth of local knowledge.

As a whole, the Trust emphasises community empowerment – through education, advocacy, and by facilitating the mobilisation of human and material resources. These elements are mutually reinforcing.

Resource mobilisation is an important component of many of the Trust's activities from disaster relief to longer term development assistance.

Providing adequate financial resources also enables health officers to delegate responsibilities. This enables community leaders to participate in planning and managing projects, which improves health literacy, establishes trust, and builds confidence.

Ultimately, the capacity to lead from within is enhanced.

With the ability to critique issues concerning their health, individuals and communities are better able to advocate for systemic change.

The important objectives from the Trust's perspective are that communities gain ownership of initiatives and proposals, that social connectedness is enhanced including links with wider external support networks, and that community skills and competencies are strengthened over time.



Comment on traditional healing practices within the formal health system

Indigenous cultural perspectives on health and wellbeing, death and dying are fundamental to the narrative on social determinants of health. The entwining of traditional and complementary healing within the biomedical context, in our view, deserves exploring in more depth. A holistic interpretation of health (and illness) incorporating physical, mental, social and spiritual dimensions is prevalent in Vanuatu. Co-existing with nature is an innate and fundamental way of being. Ni-Vanuatu utilise formal health services while simultaneously embracing informal, traditional healing practices. Although geographical and economic barriers impeding access to health services do affect individuals' choices, there is evidence that cultural and social norms equally impact on health seeking behaviour in diverse ways.

One interesting aspect is the range of perception and interpretation around disease causation. In some contexts, individuals attribute illness to witchcraft or black magic. Consequently, certain traditional healers may be sought as the first course of action. Vanuatu identifies as a predominantly Christian country whereby health concerns, if attributed to religious causes, often lead to consultations with a 'man blong prea' who can be a church leader or senior member of a congregation.

It is also common for health issues to be defined by a combination of black magic and religious related reasons as well as scientific explanations. Depending on the nature of an illness and its perceived cause(s), traditional and formal medical treatment options are used concurrently, or consecutively.

There are concerns nevertheless. Recourse to traditional healers is often blamed for late presentation for medical diagnostic purposes. The time lag between initial consultations with healers and subsequent visits to health centres allegedly causes deteriorating health and increased mortality. Poor compliance with prescribed biomedical treatment is also sometimes associated with use of traditional remedies. Instances of quackery and fraudulent practice add to the controversy.

Misunderstanding and tension over different ideologies is inevitable. Health workers trained in a Western context object to collaborating with healers, citing that black magic and evidence-based science are mutually incompatible. Healers on the other hand emphasise the difference between sorcery, which is typically used to perpetrate vengeance or mischief, and traditional medicine.

Traditional medicine is a benevolent use of knowledge, spiritual insights or a combination, accompanied by the right intent and practised with integrity. Most traditional healing techniques aim to address underlying causes of disease in a multidimensional way, encompassing sociocultural and spiritual elements in addition to physical causes.

At the very least, this merging of indigenous, Christian and other complementary healing formats alongside the formal health system deserves further debate and recognition. The roles of traditional healers as a component of the overarching health system should not be discounted too readily. Accepting the place of alternative healing modalities in an established healthcare regime further acknowledges this society's unique sociocultural fabric and its varied influences on health and wellbeing. It also creates opportunities for both systems to co-operate without polarisation.

This approach could involve fine tuning local understanding around health and wellbeing to take into account the complexity in perceptions of the causes of illness, and how beliefs influence treatment preferences and expectations of healing. Traditional healing could be taken into account in the design of health programmes to encourage behavioural changes and improve health promotion outcomes. Assessing the willingness of healers to collaborate with the formal health service is vital. Integrating assistance and supervision by formally trained health workers can help to ensure patients are referred to the government health system at the appropriate time, thereby assisting in early detection and reducing delays to treatment. Other possibilities include a role for healers within community-based management of certain health conditions, and in health education and promotion. Existing regulations would also need to be reviewed to enable healers to be registered, which creates a regulatory component and encourages openness.

It may be time to reframe the narrative on health in Vanuatu, to incorporate its multifaceted features and to embrace differing worldviews. A deeper, contextually appropriate understanding of health and illness can help to shape a health system in transition, drawing upon Melanesian traditions and structures, superimposed with Christian thinking as well as acknowledging the legacy of historical colonial input.



Empowering Communities: examples from the field of how we work and the challenges we face

We view community empowerment as a dynamic process requiring a long timeframe. As much as possible, we maintain our connection with communities for an extended period after the initial phase of a project is complete. Our roles alternate between those of facilitator and sounding board.

Below, we outline examples of development assistance work on behalf of communities from the central islands of Santo, Ambae and Malekula.



VIP toilet construction training in Tasmalum, South Santo. The building in the background is a new branch of the National Bank of Vanuatu.

In 2021, the Trust worked jointly with the Environmental Health section of the Public Health Unit in Sanma Province to facilitate improvements to sanitation facilities in several villages in South and Southwest Santo.

Some of these villages were devastated by Cyclone Harold in 2020 and are still recovering from damage to local infrastructure up to this day. Others endure chronic funding shortages to adopt even basic water and sanitation improvements.

The Trust acted on the advice of the Sanma Public Health Office to facilitate the construction of 35 community-owned VIP toilets across 12 villages.

Access to and **equitable distribution** of limited resources is a continuous challenge. The needs of certain populations can be met while others miss out. The reasons for this are varied.

By following the advice of the MOH and provincial leaders, and networking with other organisations, we targeted our support with strong adherence to local knowledge and needs.

This helped us to identify the gaps in resource allocation. Local government administrators and health managers who know these communities best

were able to balance priorities and set the criteria for how funding was received. This often required negotiating with communities for contributions in-kind, and making-up any shortfall from annual budget allocations.

“The location targeted for sanitation improvement has reported high cases of diarrhoea each year and sanitation coverage and hygiene practices are very poor. People still live in traditional ways with few communities accessible only on foot. Most NGOs prefer working with communities with high population, living (sic) smaller communities struggling to sustain their livelihood.”

Ensuring that funds reached the targeted communities required clear communication channels and robust checks within the system set-up.

For many remote communities, there were additional costs associated with transport. Poorly maintained or lack of proper tracks made logistics alone extremely challenging, especially if exacerbated by poor weather conditions. River crossings in the rainy season are a hazardous exercise.



In the wet season, sustained rainfall blocks access to communities for long periods at a time. Nevertheless, dangerous river crossings are attempted regularly.

Transport is easily one of the major logistical aspects of project implementation. Ease of **mobilising** material and human resources from urban centres to rural, and between villages, varies depending on the quality of the roads and tracks. In some cases, access is possible only by sea.

In this particular case, mobilising efforts included transporting multiple loads of building material and tools from town, bringing provincial sanitation officers from their base in Luganville, and carrying participants from each surrounding village to and from the host village each day for the duration of the

training. Transport of thatch and timber for constructing walls and roofs, and sand and coral for the concrete slabs and toilet risers was delegated to each community.

For this particular case, and other WASH projects in general, **education** is also an important element. Improving health literacy is complex. It takes time and effort over a long period. Trained health officers acknowledge the need for follow-up visits to villages to monitor progress on an ongoing basis, but with lack of funds for operational costs, including the high cost of transport services to remote communities, this vital part of development assistance is very often neglected.



"I find it difficult to work with this community, we encounter around six meetings just to make sure community really understand the importance of the hygiene practices."

"With ongoing financial constraints faced by the Environmental Health Section, regular supervision won't be possible. Getting to and from this location is a challenge, which causes monitoring and supervision a problem. This project will be successful only through regular visits to monitor the (village) committees, to check material stock and financial reporting."

Community empowerment is therefore a priority. The goal of empowering communities to take ownership, supplement ongoing running costs and drive activities with some expert oversight ensures leadership and problem-solving skills continue to grow beyond initial training and implementation.

Once the hygiene workshop and field training exercises in VIP toilet construction have been completed, the village water and sanitation committee is expected to collaborate with the provincial sanitation officer who can provide additional advice and training.

Follow-up visits by health department staff to monitor progress and identify issues are usually scheduled although the cost of these trips can be an impediment.

It helps when communities agree to meet part of the expenses such as providing accommodation, food and village-to-village travel costs.

"We (the provincial health department) have a sanitation officer on the ground who can move around regularly to visit each site but these communities and his community are a distance apart which means he has to fund his own land transportation cost to most locations."

Communities that are proactive and committed towards making improvements despite logistical and financial challenges are rewarded by the provincial health department with provision of support with training and some material resources.

"Since the response on TC Harold (April 2020), no improvement on the water system of these community were done (by external agencies), however this year 2021 the community take into their own hands to improve their water systems with 30% to 50% of improvement done in the form of quick fixes. There are a lot of issues identified during the training (by the public health team) which gives us this opportunity to upgrade each community water system design."



Partnering with the provincial health network and local council administrators is part of empowering communities as links are strengthened in both directions.

Ultimately the aim is that individual households are receptive to the knowledge gained, and are inspired to improve sanitation facilities for themselves and their households. Many families have expressed a desire to do so, but finding adequate finance is a barrier. While this cost can be kept to a minimum through the use of local building materials and community labour, resourcing and logistics remain a challenge.

"There are limits to funding the numbers of toilets to meet minimum standards for households, communities and schools, let alone the additional needs of people with disabilities. There are also logistical issues with getting sand and gravel to inland areas to make the concrete. In areas without sand and gravel, those materials need to be purchased and transported, in some cases over large distances."

Provincial Environmental Health Officers we work with are aware of these issues through past experience. They are determined to persevere with a community-driven approach.

In some cases, seed funding has been provided to purchase an initial stock of essential building materials for a small number of VIP toilets, which individuals purchase. Funds raised are used to purchase more essential stock for the next purchaser and so on.

Often there is a large element of reciprocity and sharing in order to optimise transport costs and the labour involved with harvesting natural materials.



Materials are kept in safe storage at a local warehouse, for example on the grounds of the council office.

Generally, technical expertise is overseen by a sanitation officer while financial and administrative responsibility may lie with the Area Secretary. A combined community committee is usually set up with representatives from each village, and progress reports are submitted to the local health worker.

Further skills required by the committee, for instance, in management and budgeting, are organised by the provincial health officer with the assistance of organisations like the Trust.

“Our aim and objective of this program is to let community own it. Financial obligation is still a problem due to many reasons: education level, wrong person appointed, personal interest and less commitment to the project which lead to failures. We have come to realize that we have to cooperate it into the provincial governmental structure and give an instrumental authority to area administrators, area secretaries and sanitation officers to oversee the financial and administrative obligation for these projects.”

* * *

The community participatory process is about adapting to the changing needs and priorities of communities over time.

In another province, Penama, the Trust has had a longstanding partnership with the Public Health Unit in charge of health promotion and environmental health for many years.

Our assistance on the island of Ambae began with neglected tropical diseases and the link with poor hygiene practices. Work progressed into improving knowledge of the risk factors associated with non-communicable diseases, particularly diabetes.

The then Health Promotion Officer, Markson Tabi, coordinated a series of community interventions emphasising the value of consuming local foods instead of cheap but highly processed, imported food products.

When the displaced inhabitants of Ambae finally returned to the island following the eruption of

Manaro-Voui in 2018, focus shifted back to improving hygiene standards. With Covid-19 preparedness once again taking centre stage, hygiene concerns, including access to clean water and sanitation, remains a strong focus.

The Trust has been providing support to various initiatives led by Markson since 2015. Now the Public Health Manager for the province, Markson maintains a busy schedule travelling between the islands of Ambae, Pentecost and Maewo overseeing various responsibilities.

He prefers a hands-on approach with each community, but acknowledges that being away for extended periods has affected his ability to spend sufficient time in each place.

Until the latest Covid developments overtook his schedule, he was in the process of training and delegating some of his responsibilities to a couple of officers-in-training. That will now have to wait until a more settled period arrives.

In the past two years, every household in the villages of St Barnabas, Lolomanada and Lovonda has been involved in constructing its own VIP toilet and handwashing facility.

It has been a long process taking years, with numerous setbacks. One of these challenges involved difficulties engaging the provincial sanitation officers to provide technical support to the communities. The local solution was to train and engage a builder from the village of St Barnabas to work with families in his village, and support neighbouring villages.

As in Santo, the local support network on Ambae includes the Public Health Unit as well as provincial administrators, working together to empower local communities.

Apart from contributing funding towards material resources, training and operations, a key role of the Trust is to enable this network to strengthen and grow dynamically over time.

* * *

Another example of community empowerment gradually unfolding is in the province of Malampa. Our work in this province is concentrated on the largest island of Malekula. It began in 2011 when we facilitated a variety of health activities in schools and villages.

From 2012 to 2019, we also organised a school fee subsidy scheme for secondary school students from the Maskelynes community in Southeast Malekula. The scheme was largely administered by a local committee with the oversight of the Trust.

As health and education assistance expanded gradually to involve more schools in the South and Central regions of the island, being able to sustain and unite these efforts became a priority.

Over the years, outreach work has included a variety of health topics, with oral health being a core component of nearly every outreach.

Strengthening the ability of the local network of health, education, provincial and community leaders to be able to function independently and creatively, is paramount to ensuring that health outreaches survive into the future.

To encourage this transition, the Trust has been engaged in dialogue at the community, provincial and national levels for several years as we continue to advocate for stronger links between stakeholders.

Providing guidance to the committee of the Malampa Health Promoting Schools Programme (HPS) is one example.

Following many meetings with the Provincial Education Office about a central focal point for managing health promotion in schools, the Trust tapped into the HPS framework established jointly by the Ministry of Health and Ministry of Education and Training.

Efforts to refine the HPS programme had been taking shape in another province, Shefa, where the capital of Port Vila is based. With senior representatives from the Malampa health and education departments, we networked with their counterparts in Shefa Province.

This involved observing health promotion activities around schools in Port Vila. With the backing of both ministries, the WHO, and volunteers from the Japanese aid agency, JICA, we jointly encouraged the establishment of the committee that now oversees the programme in Malampa province.

This committee was formally acknowledged in 2018. Since then, it has been active in monitoring health promotion activities in several schools in central and north Malekula, expanding its spread slowly and deliberately so as not to overstretch limited resources.

Further detail on how the Trust supports the HPS committee and its activities under the HPS programme can be found in previous [newsletters](#).

This process is part of the bigger picture of enabling inherent skills and confidence of local leadership to thrive, particularly the ability to direct, inspire, monitor and critically appraise health activities in schools and early childhood centres across the province.



Strengthening the network of local stakeholders also includes engaging with the wider community, particularly through schoolchildren who can be effective advocates for positive behavioural change within their families.

The Trust continues to work with the committee and other parties in different capacities.



Oral health has been a main component of the Trust's school health promotion activities since 2014.

For oral health outcomes to improve long term, a 'whole systems' approach is increasingly important as the challenges are multifaceted.

Clinical intervention, oral health prevention and regular screening activities need to be aligned and coordinated to optimise results. Human resource challenges such as the shortage of trained dental practitioners, geographical barriers and cost severely limit access to oral health services in the remote areas.

These issues have to be addressed at the national level. The Trust is increasingly advocating for an integrated, interdisciplinary strategy that includes NCD prevention, a dietary focus on local foods, and revival of traditional knowledge and skills around farming and agriculture.

Various structural and systemic issues are intricately connected with health and wellbeing, and taking a broader, holistic view of the myriad factors associated with poor oral health status is necessary.

Our approach is to guide by framing loosely defined purposes to maximise adaptability to local conditions. We encourage partners to be engaged and connected, to act on opportunities and define their own goals.

Visibility and recognition of the programme's achievements have also strengthened links with well-established partner organisations such as the WHO, Unicef and JICA.

This can mean better access to resources such as training opportunities for key individuals - school principals, health teachers and others engaged in planning and strategy. These organisations and various NGOs are also able to provide technical support and material resources from time to time, which greatly assists in implementation.

Where there are several NGO partners providing assistance, having a centrepiece at the provincial level to direct efforts can potentially optimise access to opportunities for more schools to participate in the programme.

Depending on how Vanuatu's Covid-19 response develops over the course of this year and next, the Trust plans to resume health outreaches in schools and communities on Malekula.

One of our main aims is to help individual schools align their health promotion activities within the objectives of the HPS programme. Where possible, a member of the wider HPS committee or provincial public health team actively participates in these visits to disseminate information and clarify the goals of the programme.



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References

Elliott, L. & Taylor, J. (2020). Medical pluralism, sorcery belief and health seeking in Vanuatu: a quantitative and descriptive study. *Health Promotion International* 2020: 1-9.

Harris, P. et. al. (2007). Some lessons in tackling social determinants of health in resource-poor settings: health promotion with young people in Vanuatu. *Health Promotion in the Pacific* 14(2): 77 – 83.

Healthy Islands: Best Practices in Health Promotion in the Pacific. WHO publication 2017.

Laverack, G. & Wallerstein, N. (2001). Measuring community empowerment: a fresh look at organizational domains. *Health Promotion International* 16(2):179-185.

Marmot, M, & Bell, R. (2019). Social Determinants and non-communicable diseases: time for integrated action. *BMJ* 2019: 364: 251.

Marteau et. al. (2021). Changing behaviour for net zero 2050. *BMJ* 2021;375:n2293.

Nutbeam, D. (1998). Evaluating health promotion - progress, problems and solutions. *Health Promotion International* 13(1): 27 – 44.

Savage, A. et. al. (2019): Review: the nexus of climate change, food and nutrition security and diet-related non-communicable diseases in Pacific Island Countries and Territories, *Climate and Development*, DOI: 10.1080/17565529.2019.1605284

Savage, A. et al. (2021). Climate change and socioeconomic determinants are structural constraints to agency in diet-related non-communicable disease prevention in Vanuatu: a qualitative study. *BMC Public Health* 21:1231.

Viney, K. et. al. (2014). Traditional healers and the potential for collaboration with the national tuberculosis programme in Vanuatu: results from a mixed methods study. *BMC Public Health* 2014: 393 - 402

