



## ***Stepping stones Retreat Report***

Venue: sunset resort

Savo Is, Solomon Islands

**Date: 25<sup>th</sup> to 27<sup>th</sup> April 2008**

Compiled by Julia Fationo

HIV Program Officer

Oxfam Solomon's

### **1. Introduction**

The initiative was raised by the country rep Oxfam Solomon islands with the HIV Program Officer as means of incentive as well as opportunity and informal way to discuss and share ideas on the pilot SS programs in a quite and work free environment.

A retreat was organised by Oxfam international in which 18 stepping stones facilitators and supportive officers from PRHP, SPC and SINAC officers were invited however only 12 were able to attend due to other commitments. The positive outcome was all active Stepping stones facilitators were all able to attend.

Also it was a privilege to have SPC/ BCC specialist and PRHP Robert Verebesa program officer who have also joined us in the program along with the Oxfam International country representative Dolores Devesi

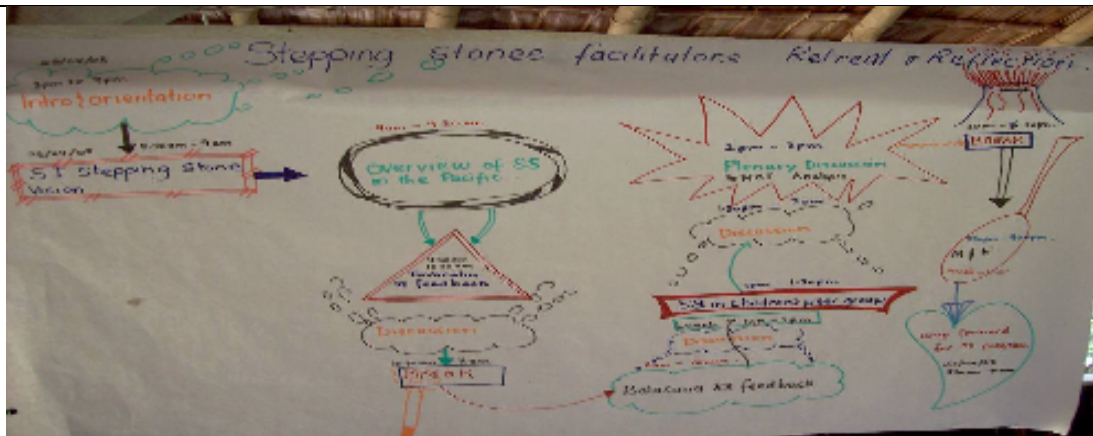
The team travelled by boat on Friday 25<sup>th</sup> April, program commenced on 8pm and closed at 12 noon Sunday 27<sup>th</sup> April 2008.

### **2. AIM**

- To provide an informal and open learning environment for all SS facilitators thru sharing ideas and learning using feed back reports of pilot SS programs and the M & E tool kit.

#### **2.1 Objectives**

- To discuss and assess the pilot SS programs using the SWOT analysis and agree /compromise on relevant strategies for future SS programs in country.
- To provide relevant feedbacks to PRHP and SPC on the draft SS pacific manual based on experiences in the two pilot programs.
- To provide hands on support activities for all SS facilitators to better understand and improve their skills on how to facilitate SS M&E tools (AIDS competency and GEM scale) especially with the updated Version for both genders GE scale



- To discuss and develop skeleton plan for the way forward for SS program in SI based on the strength and opportunities identified.

### 3. Activities and Achievements

Friday 25<sup>th</sup> April 8pm an introduction and orientation of the week end's program and responsibilities were discussed using the road map above as our guide book. Followed by development of ground rules and expectations put together by the SS team.

An introduction on names, organisations and this is how 1 dance was the ice breaker for that evening where all have participated actively especially when it comes to showing dancing techniques; it also creates a sense of humour. All have a fun night for the beginning.

#### 3.1 List of stepping stones team

1. Dolores Devesi – Country rep Oxfam Solomon Islands
2. Julia Fationo – HIV Program Officer Oxfam Solomon Islands
3. Helena Tomasi – VCCT coordinator HIV Unit MOH
4. Nellie Hano – Health Promotion Officer Honiara City Council
5. Lorraine Satorara – HIV Program Manager World Vision SI
6. Pamela Vahia – Oxfam Solomon Islands
7. Ben Angoa – Community Health educator SIPPA
8. Washington Gatu – Church of Melanesia COM
9. Henry Oti – Global fund project Officer MOH
10. Alfred Kiva – Youth Development Officer Oxfam
11. Robyn Drysdale - SPC BCC specialist
12. Robert Verebasaga - PRHP Program Officer

#### 3.2 Ground rules

- 🚦 Punctuality
- 🚦 Confidentiality
- 🚦 Respect each others view, surrounding
- 🚦 No laughing and teasing during sessions
- 🚦 Have fun
- 🚦 Team work
- 🚦 Be responsible
- 🚦 Participation

- 🚫 No smoke during sessions

The team agree that these ground rules will guide us and all should adhere to the rules thru out the week ends program.

### 3.2 Expectations

- ❖ Identify problems, and success of pilot stepping stones programs
- ❖ What kinds of support would be needed for future SS program in Solomon Islands?
- ❖ Discussions on lessons learnt/gaps/and areas we can work on future SS
- ❖ We all share to the fullest our stepping stones experience
- ❖ Make clear recommendations for way forward for SS in SI
- ❖ Identify new approach for stepping stones for urban community
- ❖ Learn new skills
- ❖ Be able to share SS experiences with other PICS
- ❖ Hear feedback from SS facilitators
- ❖ Know more about SS
- ❖ Constructive feedback to be able to produce a 2<sup>nd</sup> edition of pacific manual to suit every one
- ❖ Get/hear feedbacks from pilot SS
- ❖ Learn new thing – GE Scale
- ❖ Group work
- ❖ Looking into difference, challenges of SS
- ❖ Recommendation
- ❖ Share more ideas for future programs for stepping stones
- ❖ Ideas for sustaining SS in longer term
- ❖ SS program vision
- ❖ How to expand SS in SI
- ❖ Share experiences on SI SS
- ❖ Hear feedback from other pacific countries on SS programme

### 3.3 Over view on stepping stones in the Solomon islands

Country rep for Oxfam international Solomon islands outlined the first introduction of SS in the country. She firstly heard of SS while attending Oxfam's capacity training at Melbourne. On her return she continues to pursue and further research about SS and was assisted by world vision Isaiah Tukupaka. This was further persuaded with PRHP and a training was planned and organised which was facilitated by Mzi and Baron from African using African manual. She thanked PRHP and SPC for their continuous support to wards SS in Solomon's. She also stresses the importance of integrating SS into existing organisation's programs as SS is recognised as one of HIV advocacy tool.



The feedbacks of the pilot programs within urban and rural settings were facilitated by the SS facilitators and discussions were raised surrounding the lessons learnt. These were discussed in detail under the SWOT analysis. Participants were

divided into three groups to discuss the strengths, weaknesses, and threats. The following have been identified. See Annex 1 for details

### **3.4 Weakness**

- A lot of trained facilitators have commitments a full time job, not only doing SS
- Coordination – needs to focus just on SS
- Facilitator preparation and planning – no time to prepare sessions
- Facilitators who are trained in Africa are not familiar with pacific manual.
- Most organisation did not include SS in operational plan
- Facilitators were not consistence in attendance to SS program, this can affect participation and trust
- Not always being able to find the best entry point to a community this is due to no proper mapping and needs assessment first
- Not proper understanding of SS as a tool, there was no promotion on SS within the concerned community

### **3.4 Strength**

- Manual in place
- Existing trained SS facilitators (6F/6M)
- Support in terms of
  - funds PRHP thru Oxfam/world vision/community/individual
  - Resources training materials/transport/ community – food /hall/generator
  - Technical assistants – local Oxfam – others PRHP/SPC
  - Logistical support – all stakeholders/family support
- Able to identify the immediate need and able to address the need e.g. children's peer group by Pamela
- Team work – existing network/flexibility
- Expertise – health and nursing background
- Coordination e.g. Oxfam International
- Stepping stones is very resilience
- SS facilitators team are multi-ethnic represented
- Stay connected o regional SS programs
- Quarterly SS facilitators training meeting
- Ongoing capacity building e.g. STI & FP trainings & Retreat to savo

### **3.5 Threats**

- Pressure to roll out SS
- Sustainability – support and coordination
- Concept of SS inconsistent
- High expectations
- Funding – transition from PRHP to SPC
- Networking and representation

Following this in one big group the team discussed what opportunities are there. Also with the opportunities identified based on the strengths, possible strategies were also raised and discussed thoroughly

### **3.6 Opportunities and identified strategies**

### **3.6.1 To review pacific manual, give feedbacks for compiling of 2<sup>nd</sup> edition of pacific manual**

This was done with Robyn at Sunday morning session 8.30am detailing areas and identified subjects that might be suitable for different settings.

### **3.6.2 Develop children's manual**

A relevant time will be identified to discuss this, maybe during the debriefings next week, also Robyn contributed that she might have some thing that will be helpful for this, she will send over for the SI SS to look thru, agreed that will be good for a start.

### **3.6.3 Establish a stepping stones coordinator**

Heated discussion on the need of a stepping stones coordinator was high lighted reasons that the chosen coordinator will focus on stepping stones program in the country and oversee the integration of SS and the full roll out within the existing organisations HIV programs, any interested communities

Henry indicated that he will be free as of June 2008 and could take up the responsibility. All have agreed that Henry is the stepping stones coordinator

#### **3.6.3.1 stepping stones coordinator terms of reference**

- Liaise with all SS facilitators
- Organise and coordinate SS meetings
- Develop strategies for SS roll out
- Identify capacity needs for SS facilitators
- Link with regional network
- Compile report
- Analyse report
- Domestic and international travelling
- Develop proposals for SS roll out



### **3.6.4 MOH and SINAC to endorse SS facilitators as SS trainers for community based facilitators.**

Discussions surrounding the SS facilitators becoming community Facilitators trainers as this will also determine the rolling out of the SS in country. It was relayed that since most have wide experiences and were trained on stepping stones African manual as community facilitators, this can be achieved thru a guided criteria and be submitted to the SINAC body for endorsement prior to the trainings.

See criteria developed by the tea

#### **3.6.4.1 TOT criteria**

- Cover pacific SS manual
- Under go 2 SS community programs
- Knowledgeable on the SS monitoring & evaluation tools
- Knowledge on sexual reproductive health ( certified)
- Involve in community programs
- Have support from organisations ( funding)
- Able to mobilise and attend regular attendance to SS meeting
- Have facilitation and participatory skills

### **3.6.5 Promotion of stepping stones to facilitators' managers**

All agreed upon Friday 2<sup>nd</sup> May 2008 at 12 noon as the appropriate time to present the reports and advocate for support from line managers. Volunteers were asked to take up identified responsibilities

## Responsibilities and tasks

Lorraine Gito – to compile SS presentation to managers for 30<sup>th</sup> April 2008-05-09

Nelly Hano – to write up invitation letters and program 28/04/08

### **3.6.6 Community based CBO's**

Note that Stepping stones is more relevant for community based organisations where they have ownership of the full program as part of their community program. This is one of the lessons learnt in the two pilot programs. Hence

### **3.6.7 Entry thru existing program in communities**

Multi – agency implementation has potential for continued high quality implementation. A seen example with the Oxfam and world vision and SIPPA is a potential organisation that may take up SS into program.

### **3.6.8 On going capacity building of SS facilitators**

Oxfam as CDO has been coordinating this with consultation from the SS facilitators' network So far 2 trainings were already conducted aiming to enhance the affectivity implementation of SS programs

Other areas to look at are;

- Vanuatu training

SPC/PRHP has formerly requested 2 SS facilitators to help in the facilitation of Vanuatu Stepping stones program in June 6<sup>th</sup> to 14<sup>th</sup> 2008. Reasons that SI is only country in pacific apart from Fiji that has implemented and completed the full stepping stones program. The 2 facilitators will be picked out according to criteria's developed and will be submitted to SPC/PRHP thru Oxfam.

- Most significant changes

Indicated as one of the need for SS facilitators

- Pre & Post assessments – analysis, develop formats

CR highlighted the need to analyse data's and information is important as this will also give us indication on the changes or the impact of the SS program in individual life or community. The SS team expressed the need to have mentoring provided to all SS facilitators. These will be supported thru quarterly meetings as capacity training.

### **3.6.9 Networking**

- Regional – PASA, AIDSTOK, conference
- Sharing of information, reports

These are some of the area where SS team can share information and give feed backs to other pacific countries.

## **3.7 Highlights**

- History of Stepping stones in Solomon islands
- MSC story in pilot rural setting (Balasuna) improvement of family relationship between husband and wife and children.
- In urban setting 3 trials have done before accomplishing the pilot training

One the highlights was the re-introduction of updated GEM scale which can be used for both male and female peer groups and is renamed as GE scale. Robert facilitated the session with a hands on activity on how to calculate average points of individual and group participants. See attaché annex 3

## **3.8 Lessons learnt (feed back from SS team)**

- Analysing GE Scale for both male and females
- How to conduct Pre & Post assessment (for some)
- MSC from Balasuna indicate how SS improve family living.
- Feed backs from the pilot program shows that SS in Solomon island context is more relevant for rural settings where they come from same ethnic group or religious group more likely and even same culture.
- If SS to be conducted in urban, more relevant to focus on specific target groups such as same religious groups or youth groups or even settlements within the same ethnicity.

### **Acknowledgement**

On behalf of the SS facilitators I would like to sincerely thank all who have contributed one way or the other to the successful of this retreat program.

- Oxfam international
- PRHP/SPC
- All SS facilitators

On the whole the retreat program was one of the first kinds held for SS facilitators purposely for reflection, sharing and learning. Apart from that all have had a great time.

Thank you all.

### **Annex 1**

**Stepping Stones Solomon Islands Retreat Workshop  
25 – 27 April, 2008  
Savo Island, Solomon Islands**

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### **List of Participants**

13. Dolores Devesi – Oxfam
14. Julia Fationo – Oxfam SI
15. Helena Tomasi – MoH
16. Nellie Hano – Health Promotion City Council
17. Lorraine Satorara – World Vision SI
18. Pamela Vahia – Oxfam SI
19. Ben Angoa – Solomon Islands Planned Parenthood Association (SIPPA)
20. Washington Gatu – Church of Melanesia (COM)
21. Henry Oti – MoH , Global Fund
22. Alfred Kiva – Oxfam SI
23. Robyn Drysdale - SPC
24. Robert Verebasaga - PRHP

### **Background**

Stepping Stones program was first introduced into Solomon Islands in 2006 supported by PRHP. Two

African SS facilitators, Mzi & Baron facilitated a 10 day training in Honiara for 35 participants from Western, Guadalcanal and Malaita?

Oxfam SI undertook the coordination of the SS facilitator's network and under the PRHP CDO fund supports the implementation of the pilot SS program in SI. Two communities were identified for SS pilot. World Vision identified and coordinates the rural setting supported by Oxfam international and Oxfam coordinate and support the urban community setting.

Many challenges were faced during the implementation of SS program in SI. Oxfam decided to organize a two day retreat workshop for SS facilitators to bring them together to discuss the program, see what have been implemented, look at lessons learnt, and to map the way forward.

### **Day 1: Friday 25<sup>th</sup> April, 2008**

#### **Number Participants (7 females and 5 males)**

Departed Honiara for Savo island Friday afternoon at 2pm.

The first retreat activity undertaken was an orientation which focused on getting to know each other and being informed of the retreat program. Julia Fationo, Oxfam HIV Program Officer facilitated an ice breaker that allowed participants to have fun but also to introduce themselves and others. Participants also put together group rules and expectations for the two day retreat workshop.

Julia provided a brief overview of the two day retreat program and other logistics.

#### **Group Rules:**

- Punctuality
- Confidentiality
- Have fun
- Team work
- Respect
- Responsible
- Participation
- Attend all sessions
- No smoking / betel nut eating during sessions

#### **Group Expectations:**

- Share new ideas
- Share experience on SS implementation
- Feedback on SS programs in other countries
- New ideas for sustaining SS program
- Learn M & E tools

## Day 2: Saturday 26<sup>th</sup> April, 2008

### Participants (7 females and 5 males)

Dolores Devesi, Oxfam Australia Solomon Islands Country Rep presented an overview of SS program in SI. The presentation focused on the initiation of SS program in Solomon Islands and the future vision of SS in Solomon Islands.

### Overview of SS in the Pacific

A presentation on the overview of the Pacific Regional SS Program was co facilitated by SPC BCC officer and PRHP Project Officer. The overview included information on the following:

- Brief on what the Pacific Manual and SS program entail
- Brief on the pilot SS training / program implementation in Fiji
- Brief overview of the SS Fiji program evaluation and the Kiribati SS Program Evaluation - M & E tools used & Brief MSC Stories collected
- Provided a brief overview of what SS activities were undertaken since the Pacific Regional SS Training May 2007
- Brief on planned SS activities in 2008

### SS Solomon Islands Pilot Program Overview:

#### 1.1 Urban Setting: Tuvaruhu SS Program Implementation Overview

##### 1.1.1 Trial 1- Presented by Henry Oti

Tuvaruhu community was selected based on the multi ethnic representation and a visible number of young people are unemployed. SS facilitators promoted SS program through poster promotion, church announcement and open community meeting.

Pre SS Community assessment was undertaken by SS facilitators after SPC BBC adviser provided capacity building on SS M & E tools in June 2007. The GEM Scale & AIDS Competency Self Assessment tools were utilized for the pre assessment of Tuvaruhu community.

SS community program was implemented two days a week (Tuesday/ Thursday) between 6 -9pm for a period of one month. Target group included three peer groups – Older women, young men and young women. Older men did not attend

SS facilitators completed Session A & B and stopped because of low participation from Peer groups.

Strengths

- Qualified facilitators with health background
- Very committed and team work
- Sharing of resources and times
- Availability of funds for stepping stones
- Continues support from M o H
- Existing networking with HIV stakeholders

#### Challenges:

- Multi ethnic and religious community
- Facilitators have full time jobs
- Timing of programs (Night)
- Stepping Stones clashes with community programs
- Lack of community venue
- Lack of support from community elders
- High mobilisation of Youths
- Transportation of facilitators
- Stepping stone facilitators are not familiar with Pacific manual

#### Lessons Learnt:

- For quality SS, need proper consultation/ mapping and assessment
- Within any multi- ethnic / religious settings SS approach is more relevant for religious group.
- Need to train community based facilitators
- For urban setting they see having proper venue as highly expected
- In urban setting, young people are more interested in stepping stone than older people.

#### Recommendation:

- Need to have proper venue
- Program to run full time for 2 weeks
- Need transport
- Target youth peer group

### **1.1.2 Trial 2 – presented by Alfred**

SS facilitators returned to Tuvaruhu community and consulted with the community church leaders identified SSEC church as venue for SS community training. The workshop stopped after one day due to venue was disputed by other church leaders. The SS training continued under a Mango tree with a make shift tent. The SS training went for a week and then stopped.

- Number of participants per attendance range between 15- 25.
- Male participants showed great interest and eagerness to learn.
- So active and creative in doing discussion, group work and role plays.
- Participants easily and openly discuss sensitive issues

- Number of female participants range between 5-13 with 4 or 5 regular.
- Female showed little concentration during sessions.
- Literacy levels varied amongst participants causing poor participations.
- low self esteem amongst participants

#### Challenges:

- Cultural and religious barriers.
- Inconsistence participation of female participants.
- Poor support from parents and community
- Issues of proper learning venue
- No team work between female SS facilitators
- Communication break down
- Transportation difficulties
- Time frame clash with our work programs
- SS facilitators not commented
- No proper planning and debrief
- Participants expect high expectation from SS facilitators
- Facilitators not familiar with pacific SS manual

#### Lessons Learnt

- Need consultation between SS facilitators on work program
- Need a strong support from parents and elders of the community
- Facilitators need to identify and understand participants areas of weakness
- Need more innovation initiatives to promote SS approach in urban settings.
- Facilitators need to prepare prior to their session.
- Debriefing helps facilitators to improve on their next activities
- Need to document SS workshop
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#### **1.1.3 Trial 3 – Presented by Julia**

Third round of pilot SS program was implemented again at Tuvaruhu to continue to identify key learning initiatives for future SS programming in an urban setting. Three other neighbouring communities (Varacreek, Ikafo & Hapai) were identified as pilot SS settings in this third trial. Approximately 30 -35 young people between the ages of 14 – 25years participated.

Liaison with influential figures in the community was undertaken to explain and promote SS program. Through the partnership with SCA Solomon Islands, mobilization of young people was undertaken followed by an open community meeting.

Pre assessment tools (GEM Scale & AIDS Competency Self assessment) were utilized for the pre assessment activity.

### Lessons Learnt

- Smaller groups encourages more individual participation in gender peer groups
- Continuous encouragements and support motivates participation
- Facilitators need to see oneself as participants in all group discussions
- Sometimes low literacy participants keep on making funny jokes and laughs at any comments; this is just to cover up. Facilitators need to see this as a call for help support.
- Stepping stones approach is orientated for community settings where family settings are established and are all liable to attend.
- Regular encouragements and initiatives motivates participants (youth) to attend.
- Give responsibilities/roles to participants instigate trust and encouragement

### Strengths

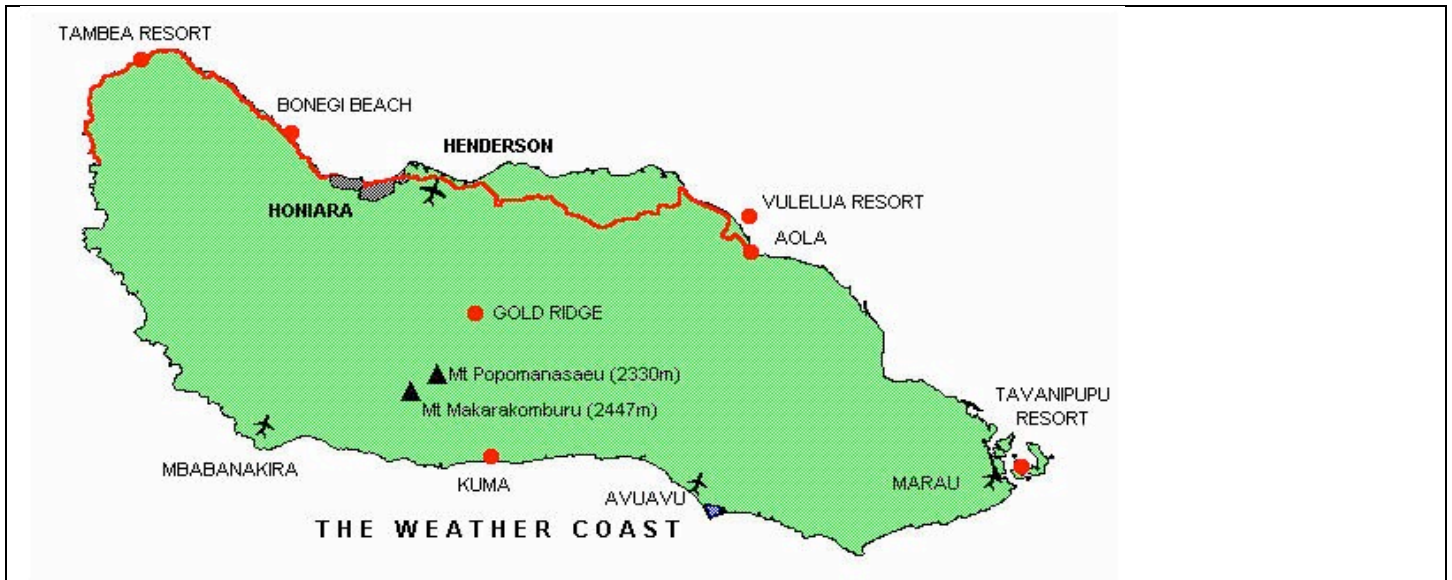
- Networking between HIV stakeholders
- Sharing of resources
- Continuous support from Oxfam Solomon islands
- Support from MOH management (PS Dr Malefoasi)
- Network between SS facilitators

### Gaps

- Need to have facilitators to facilitate in full SS program.
- Facilitators not familiar with Pacific manual yet
- Commitment in other Programs

## **1.2 Rural Setting: Mbalasuna SS Pilot Program Overview**

### **1.2.1 Mbalasuna, Dadave village community – Presented by Lorraine Satorara**



### Objectives:

- pilot stepping stones in rural setting
- To identify key approaches in rural setting
- To empower all stakeholders of Dadave community on sexual reproductive health information's, including HIV/AIDS, gender, communication skills & relationship skills
- To provide a learning environment for all SS facilitators on the pacific manual
- To identify strengths & weakness in rural setting

### Implementation Process:

- Follow up on activities – mass campaign
- Community identify need for awareness workshop
- Arrange a meeting with community leaders
- Plan to conduct & pilot SS
- Discussion with WV Finance on activity & budget line – SS approach
- Propose dates & preparation
- Confirm date –send letter to community leader
- Call for support to all stakeholders – Oxfam
- Did the first open meeting – community – Oxfam
- Organize resources/food
- Travel to project site
- Did another community open meeting
- Not a good turn up
- 3rd community meeting
- SS starts – 17th September 2007

**Activities & achievements:**

- First open meeting
- Pre – assessment -AIDS Competency/GEM Scale
- Stepping stones program -16<sup>th</sup> September till 11<sup>th</sup> November 2007
- Facilitators trying out the pacific manual
- Facilitators debrief – in peers
- Identify gaps for improvements
- Share knowledge/ideas – within Team
- Supportive/caring environment
- Post assessment – AIDS competency & GEM Scale

**Strengths:**

- Funds – WVSI & Oxfam
- Existing program
- Existing network-stakeholders
- Trained facilitators
- Support from SINAC
- Catholic family

**Challenges:**

- Inconsistent participant
- Illiterate/ language problem
- miss Sessions/activities prolong duration of program
- Men peer group faster than women
- Men knowledgeable & open, women reserved/less informed
- Participants are from different sub-communities with different religious backgrounds/values/beliefs/priorities
- Program timing – 7pm-12mn
- SS facilitators first real full practical
- First time to use pacific SS manual draft
- -confusion with energizers & topics - irrelevant
- Less time for debriefing.
- Program done @ night – lighting system
- Lack of proper venue for all peer groups
- SINAC

**Success:**

- Strengthen mother to daughter relationships
- Reduced Stigma and discrimination against PLHIV, acceptance observed during role plays
- Openness between male and female especially husbands and wives
- Women gain more knowledge in reproductive Health especially anatomy & physiology

MSC Story was used to collect information on the impact of SS on Dadave community . there were seven stories collected stories from Mbalasuna , Dadave village

**MSC Story****The Situation Before:**

*My husband always comes home drunk every Friday night or when ever he goes to Honiara town. As soon as he enters our house, he would shout and fights with me and the kids. He always beats me if I don't hide from him. We have 2 children and they always mention that daddy will come home dunked every time they learned that he's off to town.*

*As soon as he's back our children would spent the night sleeping with their grandparents My husband doesn't spend most time with our children. Most of his time was spent telling stories with other men in our village. All the people in our village know of my husbands behavior's when he's taking alcohol. We never communicate well about our sexual relationship. We only have sex when my husband wants to have sex. I only have to agree on when he wants to have sex.*

*I have faced these challenges since we married to each other and I don't know when will these problems of my family solved? I most times don't have a perfect rest or a peace of mind during the night hours. I am a troubled mother within our village and I feel bad of sharing my problems to my own mother and other mother's in our village.*

**The Situation After:**

*During the stepping stones programme that World Vision team and other facilitators conduct in our village, my husband and I use to discuss after each topics covered in the sessions. My husband would tell me about what he learnt and I would listen to him as the communication session really changes me to be a careful listener to my partner.*

*I noticed that my husband had change slowly during the program. After the completion of the SS program, my children and I observed and see that my husband has changed. He never came home drunk; most time of his time is now spent in our house. He spent time with our children.*

**Lessons learnt:**

- SS approach is suitable – culture/religion values
- Better understanding thru role play than thru discussions
- Low literacy – illiterate in pidgin, need to have own SSF that can speak their own language.

**1.2.2 SS Mbalasuna Children’s Program Overview**



The SS children's program was initiated out of a need being identified by SS facilitators during the SS program for the Mbalasuna, Dadave village adult community. Many children accompanied their parents during the adult SS community sessions as there was no one else in the family to care for the children while their parents attended the SS community training. It was observed by the facilitators that the children were always disturbing their parents during SS sessions so an Oxfam staff initiated the Children's program to occupy them while their parents could have a more focused discussion during their SS sessions. Children who participated during this SS Community training were between the ages of 6 -12 years.

Topics covered during children's program include:

- Body parts ( function)
- Healthy living ( personal hygiene)
- Healthy Food ( Junk food & Balance diet)
- Common Communicable Diseases ( mode of transmission & prevention)
- Senses of the body (function)

With an absence of a manual and a proper program plan, the above topics are facilitated through quiz, small games, drawing and role plays.

Challenges:

- Most children are illiterate and language made communication very challenging
- Timing for adult SS program was late into the evening and children are kept up past their bedtime
- No proper manual
- Not enough materials

### 1.3 SS Prison Services Solomon Islands

Washington Gatu from Church of Melanesia (COM) presented an overview of SS program in the Prison services in Honiara. Washington was trained by Ollie who had participated at the SS training facilitated by Mzi and Baron.

Washington had facilitated SS program training to six Prison inmate groups. He has reached a total of 93 participants of which 51 completed the training. The other 42 participants dropped out of the SS training program. The SS program facilitated by Washington was implemented in nine days on average to complete the training program with each prison inmate group. Refer to table below of Prison SS program schedule:

Prison Group	Inmate	SS Program Timeframe	Number of Participants Originally started	Number of Participants completed the training program
Maximum Prison		7 days (21 – 29 May)	7	7

	2007)		
Wing A	10 days (11 – 22 June 2007)	15	7
Wing C	11 days ( 25 June – 9 July 2007)	17	8
Wing E	8 days (10 – 19 July)	18	12
Wing F	9 days ( 23 July – 2 Aug, 2007)	21	11
Wing D	9 days ( 13 – 23 August 2007)	15	6
<b>Totals</b>		<b>93</b>	<b>51</b>

A positive outcome of the Prison SS program is that Com has managed to reach inmates in six units out of nine units of the Prison services in Honiara. Challenges faced during this Prison SS program include environment not conducive for discussion and learning as noise is too loud, too enclosed and constant movement during sessions by other inmates.

### SWOT Analysis

Strength	Weaknesses
<ul style="list-style-type: none"> <li>• SS Manual in place</li> <li>• Existing SS facilitators (6 F/6 M)</li> <li>• Support <ul style="list-style-type: none"> <li>❖ Organisational/ Management</li> <li>❖ Individual/ Community</li> <li>❖ Family</li> </ul> </li> <li>• Resources <ul style="list-style-type: none"> <li>❖ Training materials</li> <li>❖ Transport provided by project or organization</li> <li>❖ Community provide food, all, generator</li> </ul> </li> <li>• Technical Assistance provided locally by Oxfam/ PRHP/SPC</li> <li>• Logistical support provided by all stakeholders</li> <li>• Able to identify community need and able to address the need e.g SS Children's program</li> <li>• SS Team – existing networking/ flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• A lot of trained facilitators have commitments/ full time jobs. – Not only doing SS</li> <li>• Coordination needs focus just on SS</li> <li>• Facilitator preparation &amp; planning – no time to prepare session</li> <li>• Facilitators who are trained in African manual – not familiar with Pacific manual</li> <li>• Most organizations not including SS in operational plan</li> <li>• Facilitators not consistent can affect participation &amp; trust</li> <li>• Not always being able to find the best entry point to a community</li> <li>• No proper mapping &amp; needs assessment first</li> <li>• Not proper understanding of SS as a tool – no promotion</li> </ul>

<ul style="list-style-type: none"> <li>• Expertise – SS facilitators have health and nursing background</li> <li>• Good Co ordination e.g Oxfam is currently providing</li> <li>• SS team is resilient</li> <li>• SS facilitators has a multi ethnic representation</li> <li>• Stay connected to Regional SS program</li> <li>• Regular SS facilitator meeting /training/ retreat</li> <li>• On-going capacity building</li> <li>•</li> </ul>		
<b>Threats</b>	<b>Opportunities</b>	
<ul style="list-style-type: none"> <li>• Pressure to roll out SS</li> <li>• Sustainability – support/ coordination</li> <li>• Concept of SS inconsistent</li> <li>• High expectations</li> <li>• Funding – transition from PRHP into SPC</li> <li>• Networking &amp; representation</li> </ul>	<ul style="list-style-type: none"> <li>• To review Pacific manual, compiling of 2<sup>nd</sup> edition, (fuse Pacific &amp; African)</li> <li>• Develop Children’s manual</li> <li>• SS coordinator</li> <li>• MoH &amp; SINAC to endorse SS trainers for community</li> <li>• Promote SS to Managers</li> <li>• Entry through existing community programs</li> <li>• Multi agency implementation has a potential for continued high quality implementation</li> <li>• On- going capacity building for SS facilitators</li> <li>• Regional SS network - conference</li> </ul>	

**Day 3: Sunday 27<sup>th</sup> April, 2008**

**Participants: (7 females & 5males)**

**SS Manual Feedback**

- Binding – pages fall out
- Book cover – Melanesian input

**Next Steps – The Way Forward**

- Children’s Manual

- One day meeting/consultation – draft a plan
- Check Robyn for materials
  
- SS Coordinator
  - Develop TOR
  - Present to SINAC
  - Part time within NGO
  
- SS Training
  - New facilitators – community based
  - Develop TOT criteria and present to SINAC for endorsement of TOT
  - New Manual 2<sup>nd</sup> edition to be developed by SPC
  
- SS Roll Out
  - Malaita/ West – Have existing programs/ community assessment
  
- Presentation to Managers
  - To promote SS program
  - Provide overview & lessons learnt from pilot SS program
  - Invite Managers to participate at the Tuvaruhu SS program closing
  
- Capacity Building
  - Vanuatu Training South to south cooperation
  - MSC
  - Pre & Post assessment – analysis/ develop simple format
  
- Networking
  - Regional – PASA/ AIDSTOK/ Conference
  - Sharing of info, reports

### **Feedback on SS Manual**

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