

1 Volunteering for water, sanitation and hygiene behaviour improvements

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Context

Following a turbulent road to independence, Timor-Leste has entered the transition from emergency relief and reconstruction over the past two years to a strategic and planned development phase. The government has made increasing access to sanitation and water its number one priority for both 2010 and 2011. Its commitment is demonstrated through the allocation of US\$11.8 million to supporting water and sanitation programs for 2010. To meet its targets for the Millennium Development Goals by 2015, Timor-Leste



The son of Family Health Promoter Maria Tunis using their home-made tippy tap outside of their latrine

aims to increase improved sanitation coverage in rural areas to more than half the households (from 40% to 55%) and rural access to safe and sufficient water to three out of four households (from 56% to 75%). However, increased water and sanitation coverage, without the practice of behaviours for the use and maintenance of latrines and handwashing with soap, reduces the impact of the construction programs.

Diarrhoeal disease continues to be the second highest killer of children under five in Timor-Leste. The Timor-Leste Ministry of Health is now developing programs to link water infrastructure and sanitation (latrine construction) programs with healthy WASH behaviours. This will ensure health benefits and significantly reduce diarrhoeal disease. This case study describes the Ministry of Health's key effort in promoting the improvement of WASH behaviours throughout Timor-Leste.

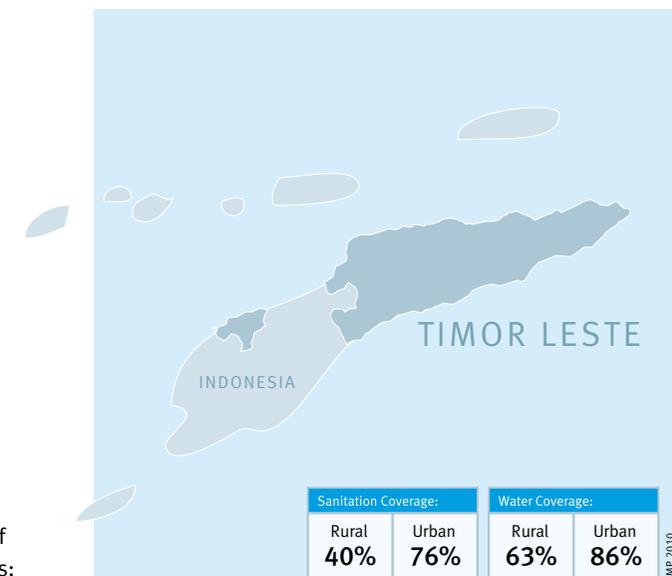
Hygiene behaviour improvements through family health promoters

The Ministry of Health aims to improve community water, sanitation, and hygiene (WASH) behaviours through community mobilisation and capacity building. The approach is to mobilise communities to take responsibility for their own sanitation, to select and train key community members to maintain and manage WASH projects, and to

promote healthy WASH behaviours through community management and district government support. To achieve sustainable improvements in WASH behaviours, the Ministry of Health through the Department of Health Promotion has focused on three areas:

1. Extending health services through a monthly community health service program, called SISCa – Serviso Integrado da Saude Comunitaria (Integrated Community Health Care)
2. Creating groups of volunteers, called Promotor Saude Familia (PSF, or in English, 'Family Health Promoter') and building their capacity
3. Taking a behaviour change approach to promote improvements in WASH practices that are crucial to preventing diarrhoea and other diseases:
 - Handwashing with soap at critical times
 - Safe management of water from source to mouth
 - Safe disposal of adult and child faeces

The key program of the Ministry of Health to provide basic health services and health promotion to rural communities is SISCa. Community members in Timor live in a mountainous country, with flash floods during the rainy season, and hazardous roads which make travelling to health services very difficult. The community selects a place such as the



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village community centre or community members' homes, where SISCa services and hygiene promotion are provided once a month by health staff and the volunteer family health promoters. The SISCAs have brought health services closer to communities, reducing barriers that community members faced in getting health care. In Viqueque, a district



Family Health Promoter, Maria Tunis, with her community in Oecusse

DWASH

situated in the centre of the country and with large rivers and mountains, 41% of the population made use of health services through the SISCa program during the last quarter of 2009 (DHP, 2010). The SISCa program provides health services to communities on a monthly basis. The program provides six services: 1) registration, 2) nutrition, 3) antenatal care, 4) environmental health, 5) general consultations, and 6) health promotion on monthly-rotating topics.

The Family Health Promoter program supports the monthly SISCa and brings health promotion efforts to the community level. Different SISCa services (including environmental health), are usually supported by the family health promoters, under management from district health staff. The aim is to promote healthy WASH behaviours and prevent diseases. The BESIK program (Bee Saneamentu no Ijene iha Komunitade, an Australian Government initiative) is supporting the Ministry of Health in developing a national WASH Behaviour Improvement Strategy. In 2009, BESIK supported the Ministry of Health in developing and training the family health promoters to deliver environmental health messages which included hygiene messages. The health promoters demonstrate healthy hygiene behaviours, such as proper handwashing with soap, to small groups of community members visiting the environmental health table at SISCAs. Community members are also provided with opportunities to practice the WASH behaviours at the SISCa. There are plans to also construct different types of latrines (simple, VIP, and pour-flush options) at every SISCa site to provide community members with sanitation and handwashing facilities but also to provide health staff and promoters with an opportunity

to show community members different types of latrines and model how to properly use them.

Family health promoters are also at the heart of the Ministry's Health Promotion Department efforts at the community level. In theory, one individual from each village (aldeia) in the country is nominated by the community to be trained as a health promoter to support SISCa activities and mobilise people to attend the SISCa. Health promoters are also asked to promote healthy behaviours within their home villages (aldeias). The promoters involve household members in exploring their own WASH practices through the use of a household monitoring tool, composed of a checklist of targeted household hygiene and sanitation behaviours and resources. In addition to providing the Ministry of Health with data on household WASH behaviours, this tool is used to identify and address barriers to targeted behaviours and to reach agreement with key members of the household to try out new hygiene behaviours.

Over the last two years the Ministry's Department of Health Promotion has made great progress in moving from a traditional focus of 'giving information' about safe health practices to a focus on behaviour change principles. Promoters and health staff are trained in interpersonal communication tools to find the barriers to adopting new WASH practices. They are trained in how to negotiate realistic actions for community members to try out new, improved practices. They use motives, education and suggestions that are suitable and realistic to the household's situation. Then the promoters visit households to review the success and problems with the new behaviour

improvements and to support community members in continuing to improve WASH behaviours. In the future, these personal communication activities will be supported by national campaigns for safe hygiene practices.

The way forward

The Family Health Promoter and SISCa programs improve the coverage of health promotion by reaching into communities. The Ministry of Health has recently set up a system to involve health stakeholders, including international and national agencies, in supporting District Health Services to implement the SISCa and Family Health Promoter programs. This has resulted in positive results for promoters in working for safe WASH behaviours. Where District Health Service resources are limited, partner agencies are engaged for support. This includes building capacities to manage and monitor the SISCa and Family Health Promoter programs as well as provision of logistical resources, such as transport, to ensure that programs continue to be implemented.

In many cases, District Public Health Officers and health staff, who guide the health promoters in the communities, have a number of other responsibilities that limit the support and supervision that they are able to provide to the promoters. The Family Health Promoter program works to set up a management committee composed of key stakeholders from the community (traditional and institutional leaders, representatives of women's and youth groups, traditional healers, etc.) to manage SISCa and the promoters. To date, these community

management committees are only beginning to be piloted. The 2009 Ministry evaluation of the Family Health Promoter program emphasised that supportive supervision and management of promoters is essential for effective promotion of health and behaviour change (TAIS, 2009). It has been found that health promoters are most active and effective in communities where there is additional support, such as NGOs providing support to district health staff.

DWASH, a USAID-funded WASH initiative, has found success in helping health promoters

become role models and promote the use of local materials so that community members can practice hygienic behaviours, including handwashing with soap at critical times, latrine use and maintenance, and safe water storage. Strengthening the skills of the health promoters required intensive, supportive counselling and training conducted by HealthNet Timor Leste, a local NGO. HealthNet is specialised in WASH behaviour negotiation skills, working with communities to identify barriers and enablers to practicing key behaviours, and engaging district health staff

and other NGOs in providing support supervision for the promoters. In these communities, the family health promoters have been successful in helping communities adopt hygiene behaviours because they are well-managed and trained. The training increased the capacity of these volunteers to identify problems blocking new behaviours and help find practical solutions to those problems. Additionally, the local NGO worked with the district health staff to develop a module on supportive supervision of the health promoters.

and manage the marketing and sales of the soap. The small income from marketing the soap helps keep the volunteer promoters and cooperative members involved and interested in hygiene promotion. Herbal soap sales continue to rise because of community interest in its medicinal qualities. AFMET has not yet studied the impact of the intervention on handwashing practices. However, the Ministry of Health is now supporting AFMET to develop and pilot communication materials to promote handwashing with soap and to assist in monitoring the impact of the hygiene marketing on handwashing with soap at critical times. AFMET has shown that linking promoters to an activity that provides some income has been successful at sustaining community members in the health promoter program.



Local NGO and community members construct handwashing facilities out of locally resourced bamboo

A role model for good WASH behaviour

In 2008, Maria Tunis accepted her community's nomination to become a family health promoter, because as a mother, she was interested in helping her community prevent childhood malnutrition. In 2009, DWASH started an intensive campaign to improve hygiene behaviour in Oenoah, Maria's community. DWASH involved Maria, as a volunteer, in their promotion efforts because of her accepted role as a community health promoter. As a result of the training in hygiene behaviour change, Maria built herself a tippy tap out of used water bottles. She put it outside of the latrine that she constructed, so that she and her family could wash their hands after defecating. Maria became a role model for the rest of her community to build handwashing facilities out of local materials. Her neighbours have become more and more interested in building their own handwashing stands. Maria has invested in improved hygiene facilities and with time is 'climbing the hygiene ladder'.

I became more aware that health is very important for people, including myself. I changed my behaviour and immediately built a latrine so that faeces could be disposed in a safe manner and to stop open defecation, and also washing my hands before eating and after working and to treat and store drinking water properly – so it can't become contaminated. I didn't know this before the training. I do it now to improve my health and to protect myself and my children's health. Since DWASH started in Oenoah the biggest change in my community has been the increase in household latrines and washing hands with soap. I have four children, the two eldest use the handwashing facility every day to wash their hands independently but I help the two youngest to wash their hands. Sometimes my husband forgets to wash his hands after defecating and using the toilet but I push him to remember.

Today, almost all the households in Oenoah village (95%) have handwashing facilities and almost all (96%) of the households store their drinking water safely. Maria continues to work closely with the Chefe Aldeia (community chief) to model healthy hygiene behaviours and to promote WASH behaviour improvements in her community.

The Alliance of Friends for Medical Care in East Timor (AFMET), a Japanese NGO, has been active in promoting hygienic behaviours in Timor-Leste since 2000. AFMET originally trained health workers to participate in its community health education program. These community health workers were later brought into the national Family Health Promoter program, which AFMET continued to support. The promoters identified one of the main barriers to practicing correct handwashing as a lack of soap at the household level. While soap is available at local kiosks and markets, people were slow to buy it. AFMET explored ways to increase the amount of soap kept in households and decided to train the health promoters in marketing and making soap out of local materials, such as herbs and coconut oil. In addition to being marketed and sold by people from the community, the herbal soap has medicinal qualities that address common skin conditions, which increased the value that people placed on the purchase of this soap.

To market the herbal soap, AFMET organised Cooperative Groups among the health promoters, who work together to grow the herbs for the soap, make the herbal soap,



Carmelinda Pascuela, making soap with fellow Health Promoters

AFMET

Lessons learned

The resources and energy that the Ministry of Health has committed to creating and implementing the Family Health Promoter and SISCa programs have increased promotion of WASH behaviours at the community level. Below are some lessons learned in workshops, consultations with stakeholders, and through experience in the programs. These lessons learned have helped develop the direction for the new WASH Behaviour Improvement Strategy.

- Family health promoters can be effective in supporting behaviour improvement. However, they need ongoing support and guidance to carry out their activities. Both the DWASH and AFMET projects show how promoters are motivated through training and supportive management.
- Hygiene promotion needs to be conducted with a behaviour change model in mind. Knowledge about water, sanitation and hygiene does not immediately lead to improved practices. National campaigns can promote ideal practices and increase knowledge about WASH, but personal communication is needed to convince people to try out practical improvements in their hygiene habits.
- Hygiene promotion needs to be given a higher priority within the government. The Government of Timor-Leste has declared improved access to water and sanitation as the national priority for 2010 and 2011, and demonstrated that priority by committing funds for water and sanitation work. Considering that hygiene improvements give major health rewards, it is worthwhile to prioritise hygiene promotion.

- Women are the key caregivers and teachers of behaviours in the household. Therefore it is very important to have women as hygiene promoters. However, in order to gain support for the behaviours and to reach all people in the population, men should also be involved in hygiene promotion.
- Promotion of WASH behaviours should be carefully planned to fit into and build upon the energy and successes of Community-Led Total Sanitation.
- Health promoters tend to be active longer when they are also involved in activities that provide income.
- While the Department of Health Promotion is developing and strengthening monitoring systems to measure change of household WASH behaviours, it will be difficult to show the impact of family health promoters on WASH behaviours unless there is behaviour-based research.
- Continued support, advocacy, and capacity building of health promoters is critical so that the promotion of WASH behaviours will succeed. Plans and budgets must include support and financing for the program over the long-term.

Moving forward

The Ministry of Health is committed to a comprehensive strategy to improve WASH behaviours in Timor-Leste and BESIK is supporting the development and implementation of this strategy. The new strategy will be built on the programs for Integrated Community Health Care (SISCa) and Family Health Promoters that the Ministry of Health has created to achieve significant improvements in WASH behaviours.

As part of the process of developing the behaviour change strategy for WASH, the Ministry is using learnings from current programs and, supported by BESIK, developing interventions that combine best practices and supportive management strategies in a program that can be implemented at scale throughout Timor-Leste.

A key challenge to promoting and scaling-up this program will be to redirect the attention of policy makers, traditionally given to hardware in water and sanitation, towards WASH improvement programs that are focused on behaviours.

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Soap-making volunteers

Carmelinda Pascuela works as a family hygiene promoter in Mahina I community. Originally Carmelinda's health promotion work was to support the SISCa health activities once a month. Household visits to promote health in her community were difficult, as Carmelinda did not find it easy to discuss health issues with her neighbours and fellow community members.

AFMET invited Carmelinda and some others in her community to form a group to make and sell soap. Carmelinda was then able to support herself and gained the opportunity to approach community members about their hygiene behaviour. AFMET trained Carmelinda and her fellow promoters in communicating effectively about hygiene and handwashing as well as in methods for promoting and managing the sale of soap.

I feel good about the fact that I now have the capacity to act as a health promoter for my own community.