From 'What' to 'How' – Capacity Building in Health Promotion for HIV/AIDS Prevention in the Solomon Islands

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Abstract

This paper describes a capacity building process undertaken within the HIV/AIDS prevention project of the Adventist Development and Relief Agency (ADRA) in the Solomon Islands. ADRA HIV/AIDS has recently reoriented its project structure, moving beyond its awareness raising approach to incorporate health promotion frameworks, theories, strategies and assumptions. These have been used to inform project practice in project planning, delivery and evaluation. This paper shares what has worked and not worked in the capacity building process, including a project evaluation of the initial HIV/AIDS awareness raising project and the application of a number of capacity building strategies, including utilising a volunteer Australian Youth Ambassador for Development (AYAD[1]) funded by the Australian Agency for International Development (AusAID). Existing and new projects are outlined. The underlying theme is that any capacity building exercise must include structural support (e.g. management, national frameworks) to ensure the incorporation of new initiatives and approaches. With time this enables ownership by counterparts and external partnerships to develop. The presence of an AYAD volunteer has been an effective strategy to achieve this. Reflections from the evaluators, the AYAD volunteer and the HIV/AIDS team are included.

Introduction

In 2005, 40 million people worldwide were living with HIV/AIDS, with 3 million deaths due to AIDS[2]. For a quarter of the world's population, absolute poverty remains the principal determinant of health status including exposure to HIV/AIDS[3]. However, it is particularly important to address the range of socioeconomic and sociocultural factors which contribute to vulnerability[4]. The World Health Organization recently made scaling up HIV/AIDS treatment a key priority[5], while the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Family Health International (FHI) have together called for "greater attention on reaching out urgently to increase HIV prevention awareness and knowledge, introduce and support risk reduction behavioural and social change, foment positive and safe sociocultural norms, build solid national and transnational infrastructures, as well as share resources worldwide to reduce poverty as a driver of the epidemic"[6].

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Solomon Islands is a Pacific Island nation with a population of approximately 530,000. The capital city of Honiara has a population of approximately 60,000. More than 80% of the population live in rural villages across the archipelago of over 900 islands. Currently, the number of confirmed cases of HIV in the Solomon Islands is six, with the suspected number of cases currently over 100. Transmission of HIV in Solomon Islands, as in neighboring Papua New Guinea, is

[1]The AYAD program is funded through the Australian Agency for International Development (AusAID). It aims to strengthen mutual understanding between Australia and countries of the Asia - Pacific region and make a positive contribution to development. The Program places skilled Australians aged 18 - 30, on short term assignments (3 - 12 months) in developing countries.

[2]UNAIDS & WHO (2005). AIDS epidemic update. UNAIDS, Geneva.

[3]Gilbert, L. & Walker, L. (2002). Treading the path of least resistance: HIV/AIDS and social inequalities – a South African case study. Social Science & Medicine, Vol. 54: 1093–1110.

[4]UNAIDS (2006) SubSaharan Africa. URL: www.unaids.org/en/Regions_Countries/SubSarahanAfrica.asp (accessed 28 May 2006).

[5]World Health Organization (2003). Global AIDS treatment emergency requires urgent response: No more business as usual. WHO Press Release, 22 September. URL: www.who.int/mediacentre/releases/2003/pr67/en (accessed 22 September 2003).

[6]Makinwa, B. & O'Grady, M. (2001). HIV/AIDS Prevention Collection. UNAIDS & FHI: Washington.

predominantly through heterosexual contact. The Ministry of Health (MoH) estimates that by 2010 there will be close to 350 new HIV cases in the Solomon Islands. In response to this, the Solomon Islands Government (SIG) developed the National HIV/AIDS Policy and Multi-Sectoral Strategic Plan from 2005-2010 (NHPMSP) in partnership with key stakeholders, including ADRA Solomon Islands' HIV/AIDS Project (ADRA HIV/AIDS). The SIG and nongovernmental organizations (NGOs) use the Abstinence, Be Faithful and Condoms (ABC) prevention strategy and although no local input or consultation was undertaken to determine the appropriateness of this strategy in the Solomon Islands context, it is commonly employed throughout the Pacific and the world[8,9,10].

The NHPMSP informs the work of ADRA HIV/AIDS. The goal of ADRA HIV/AIDS is to partner with young people in Honiara to provide accurate information and support to make healthy choices and together fight against HIV/AIDS. This goal reflects ADRA HIV/AIDS' recent reorientation, moving beyond its awareness raising approach to incorporating health promotion frameworks, theories, strategies and assumptions to inform practice in project planning, delivery and evaluation. The current project phase follows a seven-month pilot of a new range of strategies and initiatives to support behaviour change following the 2005 Project Evaluation[11], which highlighted the need for project redesign. This is in response to UNAIDS and WHO evidence that demonstrates changes in behaviour to prevent infection (including increased use of condoms, delaying first sexual encounter and reducing the number of sexual partners) reduces the risk of HIV infection[12]. The current phase moves beyond awareness raising however retains some of the strengths such as a gendered approach which had proven successful. While acknowledging the limitations of the behaviour change model and the need to progress to a broader social determinants approach[13,14,15], the organisational and national contexts make this difficult to attain in the short term. The Secretariat of the Pacific Community (SPC) has found this consistent amongst HIV/AIDS prevention projects across the Pacific[16,17]. Hammar and colleagues' work in sexual health, sexual networking and HIV/AIDS in Papua New Guinea (PNG) emphasises the complexity of the social and cultural contexts in Solomon Islands' nearest neighbour which contribute to HIV/AIDS risk[18,19,20,21]. This work also demonstrates the need to strive towards a broad social determinants of health response for sexual health projects in the Pacific. ADRA HIV/AIDS is taking its first steps beyond awareness raising to attain this.

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This paper shares ADRA HIV/AIDS' story in HIV/AIDS prevention, from the project's conception to its various milestones, including the Evaluation which led to subsequent efforts to move beyond awareness raising towards behavioural change using health promotion frameworks. A key strategy for facilitating this conceptual shift was the addition of an Australian Youth Ambassador for Development (AYAD) volunteer to the team.

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[7]Stabinski, L., Pelley, K., Jacob, S.T., Long, J.M. & Leaning, J. (2003). Reframing HIV and AIDS. British Medical Journal, Vol. 327: 1101-1103.

[8]Drysdale, R. (2004). Review of HIV/AIDS & STI Information Materials Report. Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, South Pacific Commission.,

[9]Drysdale, R. (2004). Behaviour Change Communication: Training Needs Assessment Report. Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, South Pacific Commission.,

[10]Feldman, D.(2003). Reassessing AIDS Priorities and Strategies for Africa: ABC vs ACCDGLMT. AIDS and Anthropology Bulletin. Vol 15, Issue 2, pp5-8.

[11]MacLaren & MacLaren (2005). Evaluation Report: Honiara Schools and Youth Group HIV/AIDS Awareness and Education Project. Honiara, Solomon Islands.

[12]UNAIDS & WHO (2005). AIDS epidemic update. UNAIDS, Geneva.

[13]WHO (2003) Social Determinants of Health: The Solid Facts. Second Edition. Copenhagen:WHO Europe.

[14]WHO (2005) Action on the Social Determinants of Health: Learning from Previous Experiences. Commission on Social Determinants of Health, WHO Geneva.

[15]WHO: Commission on Social Determinants of Health. www.who.int/social_determinants/en/

[16]Drysdale, R. (2004a). Review of HIV/AIDS & STI Information Materials Report. Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, South Pacific Commission.

[17]Drysdale, R. (2004b). Behaviour Change Communication: Training Needs Assessment Report. Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, South Pacific Commission.

[18]Hammer, L. (2005) Fear and Loathing in Papua New Guinea: sexual behaviour and sexual health amidst AIDS anxiety. 2005 Annual Meeting Association for Social Anthropology in Oceania, Kaua'i-Lihu'e (Used with permission).

[19]Hammer, L. (2005) Surveillance and Sampling in Suspicious Settings: lessons learned from PNG. Contribution to The Department of Anthropology, James Cook University, 21 April 2005 (Used with permission).

[20]Hammer, L. (2004). Sexual Health, Sexual Networking and AIDS in Papua New Guinea and West Papua. PNG Medical Journal. Ma-Jun; 47(1-2):1-12.,

[21]Hammer, L. (2004). Bodies and Methods in Motion. Practicing Anthropology. Vol 26, No.4. pp 8-12.

[22]ADRA Solomon Islands (2003) Honiara Schools and Youth Group HIV/AIDS Awareness and Education Project Project Proposal 2.4.4 Activity 5.

Project Background

ADRA HIV/AIDS commenced the 'Honiara Schools and Youth Group HIV/AIDS Awareness and Education Project' in September 2001. The project was designed to respond to the escalating risk of HIV/AIDS in Solomon Islands given the high risk sexual behaviour identified in youth in Honiara. It was anticipated that raising the awareness of youth regarding transmission, consequences and prevention of HIV/AIDS would "help them avoid contracting HIV/AIDS"[22]. The project, funded by AusAID for a two-year term, with a one year extension, was staffed by a project manager and two health educators. During the implementation of the project the Solomon Islands underwent massive political, social and economic upheaval with the almost total breakdown of law and order and weak government systems during the 'ethnic tension'. This had a major impact on project implementation from personal safety to access to target groups. In July 2003 the Regional Assistance Mission in Solomon Islands (RAMSI), with police and military forces arrived in Solomon Islands to restore law and order and strengthen government systems. This allowed ADRA HIV/AIDS to implement its programs in a relatively stable environment.

Evaluation process

The approach used by ADRA HIV/AIDS to assist in the reduction of the risk of HIV/AIDS was primarily awareness raising using the ABC methodology. The Evaluation undertaken in January 2005 found that although some innovative strategies were being used, the awareness raising strategy was having little if any impact on the target audience[23], with many youth initiating unsafe sexual practices between 11 – 13 years of age[24]. The Evaluation also found an increased concern that sex was being used as a way to attain cash[25,26]. High levels of family breakdowns and extra marital relationships were reported to be increasingly common during and post the ethnic tension[27]. ADRA HIV/AIDS' strategies were based on the assumption that awareness raising would automatically result in behaviour change within the target audience. This assumption was challenged and recommendations included a broader health promotion approach be adopted. Evaluations of HIV/AIDS prevention programs throughout the Pacific undertaken by SPC have found a similar pattern:

Early approaches to behaviour change [in the Pacific] assumed that all people need to know about HIV, how it was spread and what the results and impact of infection were, and they would take concrete steps to change their behaviour. This approach helped raise awareness but was insufficient to promote or sustain behaviour change. Clearly, the prevention of HIV infection is about developing a range of strategies and interventions that support behaviour change. It has become clear that effective HIV risk reduction interventions extend beyond basic information giving and help: sensitise people to personal risk, improve couples sexual communication, increase individual's condom use skills, the perception of lower risk practices as the accepted norm, and help people receive support and reinforcement for their efforts at changing[28].

In response to this context, a seven month pilot was recommended in which the project could re-orient from awareness raising to a broader health promotion response. This initial re-orienting saw a more intensive project implemented to work specifically with a group of students in the ongoing project. The newly established (April 2005) Chinatown ADRA HIV/AIDS Resource Centre (ARC) expanded and its radio project was modified to be less formal and more accessible to those listening.

The ADRA HIV/AIDS team comprised of staff with nursing and health education qualifications. As a result there was limited previous exposure to health promotion frameworks or theories, with education and medical frameworks informing the awareness raising model. Throughout the three week Evaluation process (January 2005), significant time was devoted to sharing health promotion concepts such as the Ottawa Charter, Stages of Change and Diffusion of Innovation theories and mapping of social, cultural and behavioural determinants of sexual health and sexual networking. This capacity building element was followed by a week-long workshop in May 2005, which continued the team's exposure to health promotion and project management frameworks.

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The team could see the potential of using a broader health promotion approach, however had limited internal organisational capacity to move in that direction. Other organisations, both government and NGOs, continued using awareness raising and health education frameworks, making it difficult to progress towards the adoption of health promotion frameworks. This led to ADRA HIV/AIDS accepting the offer of a volunteer with specific skills in health promotion and project management to work with the ADRA HIV/AIDS team to build capacity in health promotion. The result was the addition to the team of an Australian Youth Ambassador for Development (AYAD) volunteer with a background in public health and health promotion.

[23]MacLaren & MacLaren (2005). Evaluation Report: Honiara Schools and Youth Group HIV/AIDS Awareness and Education Project. Honiara, Solomon Islands.

[24]Also see: Ministry of Health, Solomon Islands. (2005) National HIV Policy and Multisectoral Strategic Plan 2005 – 2010.

[25]Also see: Callinan, R. (2006). Generation Exploited. Time Magazine. March 27, 2006.

[26]Also See: WHO (2006). Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in 6 Pacific Island Countries (2004-2005). World Health Organization Western Pacific Regional Office, the Secretariat of Pacific Community, the University of New South Wales and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

[27]Personal Communication - Ministry of Health official January 2005

[28]Drysdale, R. (2004a). Review of HIV/AIDS & STI Information Materials Report. Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, South Pacific Commission.

Outcomes

The AYAD volunteer commenced her 12 month assignment in October 2005. The AYAD volunteer's role was scoped during the strategic planning process that was underway to enable ADRA HIV/AIDS to reorient its focus to incorporate health promotion assumptions, models, frameworks and strategies. For ADRA HIV/AIDS this was the first strategic planning process undertaken by both the team and organisation. The Strategic Planning Workshop spanned the week prior to the AYAD volunteer's arrival, where the team considered a range of information, including data from youth and other stakeholder consultations. A vision, goal and objectives were developed. Time was also allocated to familiarise the team with strategic planning processes. Following the Workshop, the AYAD volunteer partnered with ADRA HIV/AIDS in the continuation of the strategic planning process to develop its action steps and finalise the actual strategic plan.

A clear challenge for ADRA HIV/AIDS was to translate ideas and plans into the matrix format typical of strategic plans. Despite the time spent during the Workshop, facilitating in Pijin (lingua franca of Solomon Islands) and explaining the process, the team remained apprehensive about this, noting that the team's "way of thinking" was not visually represented within the typically Western managerialist format[29]. These anxieties were heightened because of feeling unsure how to actually apply the recommended health promotion approach to the project in the Honiara setting. To move beyond this, the AYAD volunteer encouraged the team to reflect upon and (re)frame the strategic planning data in a way that was meaningful. This meant explaining the format word by word (eg. "goal", "objective", "strategy") as an extension of the strategic planning workshop, with the team simultaneously putting ideas into the Action Steps matrix to see where it "fit". This was the first time that each member of ADRA HIV/AIDS linked every-day work to a longer term vision. The team found the strategic planning terminology and process made sense but at first its application to practice was not fully comprehended. Initially the team felt unsure about whether they could share ideas should those ideas not fit the matrix. In response to these factors, the ongoing planning process facilitated the team's reflection around where and why words were placed in a particular position in the matrix and what it would mean for practice both in daily work and the longer term vision.

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The resulting draft Action Steps provided a framework within which ADRA HIV/AIDS conducted its operational planning, while continuing to explore and "imagine" how the health promotion concepts, assumptions, models and frameworks might apply to the Solomon Island context. The operational planning also allowed individual team members to reflect upon the content within the Action Steps and adjust it accordingly. Each project plan was then discussed by the team as a whole. It was very important to conduct the operational planning prior to finalization of the Strategic Plan because apart from the Project Manager, no member of ADRA HIV/AIDS had been involved in project management. In the words of one of the team the concurrent operational planning enabled the team to "walk in the light" for planning and implementation.

The theoretical basis for chosen strategies by the AYAD volunteer reflected the Kolb cycle[30] in order to enhance team learning over time. This included reflection in weekly team meetings, theory with health promotion workshops, team application of health promotion models, frameworks and strategies, and planning for implementation during the next project cycle (including the incorporation of the Action Steps within the draft strategic plan)[31]. As the team processed the new approach over time and developed new ideas for implementation, the AYAD volunteer acted as a sounding board while providing support mechanisms for the future, such as establishing support contacts with other similar projects around the region and establishing a resource library.

ADRA HIV/AIDS previously had no monitoring and evaluation (M&E) frameworks in place, nor were any of the staff skilled in monitoring the various components of the project. The operational planning process provided a good opportunity to embed M&E systems by making each team member accountable for their particular project components as well as providing a learning opportunity relating to M&E. To deepen the team's understanding of the link between project management and donor reporting the team was included in the preparation of donor reports. The team's response to this was "ah, now we see why we have to collect that information", followed by the provision of additional suggestions for how to better data collection in future. Perhaps the most invaluable outcome of the operational planning process was the team's resultant enthusiasm for the increased responsibility that resulted.

One of the Evaluation recommendations was for the "provision of an appropriate training and mentoring program or similar to build a supportive environment in which effective and efficient management practices can flourish"[32]. This ultimately needed an organizational response beyond the scope of the HIV/AIDS project. The AYAD volunteer

[29]In the facilitators experience, using a matrix format with terminology such as strategy, key action steps etc can also be alienating for those from a 'Western' perspective. This process has been a learning experience regarding the use of widely accepted 'donor' formats for planning processes (and other reporting) and the use of formats accessible to all participants.

[30]Dick, B. (1990). Design for Learning: processes and models for design of learning experiences (5th version). Interchange: Chapel Hill, QLD.

[31]The AYAD's approach to their role was supported by the Evaluation recommendation for the team "to participate in educational workshops to become aware of and be able to apply basic health promotion frameworks… to mov(e) from individual approaches to community/population approaches… working broadly with the social, economic, political, cultural and physical determinants of health and health related behaviour" (MacLaren & MacLaren, 2005: 30).

[32]MacLaren & MacLaren (2005). Evaluation Report: Honiara Schools and Youth Group HIV/AIDS Awareness and Education Project. Honiara, Solomon Islands. Page 31.

contributed to enable the sustained reorientation of the HIV/AIDS project by providing managerial support at the project level. This was in the form of assistance with cashflows, monitoring and evaluation, grant proposals, preparation of position profiles and initiating efforts to diversify sources of funding. Informal training for ADRA HIV/AIDS was also provided including independent learning skills, computing skills, how to obtain resources from key agencies (eg. WHO, UNAIDS), and establishing support contacts with forums and other projects in related areas. The team indicated that this enabled them "to learn from other's experiences and feel connected to the wider community", including learning how to update themselves regularly on regional and global activities in health promotion and HIV/AIDS.

Discussion

The reorientation of ADRA HIV/AIDS has led to a redesign of existing projects and the addition of new ones. The new project design introduces a Peer 2 Peer (P2P) project, where 30 Honiara youth will be screened and trained as P2P educators to partner with their peers, various churches[33] and ADRA HIV/AIDS. The Media Project has been reduced in scope and will fall within the P2P Project to provide incentive for P2P educators in partnering with ADRA HIV/AIDS. The Media component will use youth engagement strategies including incentives for listeners to visit the ADRA HIV/AIDS Resource Centre (ARC). The ARC provides a youth-friendly environment, where information and support is provided to youth and the general public in relation to HIV/AIDS, including Voluntary Confidential Counseling and Testing (VCCT) referrals. A sexual health project within a faith-based NGO in a predominantly Christian country faces numerous challenges. One of these is the promotion, demonstration and distribution of condoms. During the Strategic Planning process a draft condom position statement was developed. However, this remains to be finalised as cultural and religious complexities are worked through. The Schools Project will continue its weekly classroom education sessions, targeting primary schools 11 – 13 year olds, rather than 15 – 16 year olds as in the previous project phase, given that recent research found sexual activity begins for most youth between 11 and 13 years of age[34]. This change in focus was also supported by anecdotal information from partner high schools indicating a need to shift the project focus to the primary school level. These education sessions will fall within a broadened, multi-strategy Health Promoting Schools framework[35] that will expand the partnership beyond that of only trained mentor teachers to engaging students' families and other interested community groups. Given partnerships is such a central element of health promotion[36,37], ADRA HIV/AIDS will reinvigorate the Reproductive and Sexual Health Church Committee (RSHCC), which provides opportunity for representation of church partners including those under SICA and SIFGA. This will strengthen and utilise church partnerships, encouraging the incorporation and legitimisation of sexual health promotion in their activities. The RSHCC will also contribute to maintaining ADRA HIV/AIDS' role to work with youth in these churches. RSHCC members express a broad range of views and approaches to addressing sexual health issues from extremely conservative to relatively liberal; harnessing the potential of this committee while continuing to share a commitment towards practical steps to prevent HIV/AIDS will continue to be a constant challenge.

Reflections from Evaluators

Sustaining the reorientation of the program with its expanded strategies and initiatives was one of the key issues for the evaluators, who were also involved in capacity building and strategic planning workshops. Having recommended a broader health promotion approach and introduced basic frameworks and theories, neither the consultants nor the team had the capacity to embed these within the timeframes of the consultancy period. This was despite the evaluators having an ongoing relationship with the Solomon Islands and some team members (for over 13 years in some instances). Although the consultants were aware of the capacity constraints and attempted to include capacity building strategies into the evaluation process short time-frames meant this was limited. Given the financial resources allocated to the evaluators from the project budget they were keen to deliver more material in the capacity building process however were aware of the team being overwhelmed by previous consultants who had delivered material that was so linguistically and conceptually foreign that the team were unable to apply any content to the Solomon Islands situation. Added to this was the knowledge of the reality of the social, cultural and religious complexities of a community based sexual health project in the Solomon Islands. This meant the reorientation process needed to be an ongoing and supported process, beyond the capacity of the short term consultants. Including someone within the team with health promotion and public health experience was perceived as a strategy to overcome some of these shortfalls of short term consultancies and provide mid term support for

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[33]All churches belonging to the Solomon Island Christian Association (SICA) and Solomon Islands Full Gospel Association (SIFGA) have been invited to nominate youth to participate.

[34]Ministry of Health, Solomon Islands (2005). National HIV Policy and Multisectoral Strategic Plan 2005 – 2010. Solomon Islands Government: Honiara.

[35]International Union of Health Promotion and Education (2005). Health Promoting Schools Protocols and Guidelines. IUHPE: Paris.

[36]WHO (2005). Bangkok Charter for Health Promotion in a Globalized World. World Health Organization, Geneva.

[37]WHO (1997). Jakarta Declaration on Leading Health Promotion into the 21st Century. World Health Organization, Geneva.

[38]Lipson, B. (2004). An 'Intimate Engagement': A Different Perspective on Personnel-Sending? INTRAC, Britain. URL: http://www.intrac.org/resources_database.php?id=27 (Accessed 29.3.06).

[39]Ibid.

the reorientation process.

Reflections from AYAD volunteer

The AYAD volunteer facilitated the opportunity for ADRA HIV/AIDS to learn and apply health promotion and project management frameworks together in partnership; 'knowledge sharing' has been the reality for both the AYAD volunteer and the team. The AYAD volunteer underwent a process of exploration and adaptation to the Solomon Islands context and ultimately together they developed a new knowledge base. The team provided positive feedback regarding the addition of an AYAD volunteer to the team: "…in fact we really appreciate and enjoyed working with the AYAD volunteer mostly for learning and knowledge sharing". The usefulness of the AYAD volunteer is supported by the literature, where it has been recognized that "there is something unique, and potentially highly valuable, about the facilitated process of an individual 'accompanying' an organisation from within"[38]. ADRA HIV/AIDS intends to invite a second volunteer upon the completion of the current 12 month assignment. ADRA HIV/AIDS' aim is the next volunteer will continue the capacity building process.

As with any capacity building exercise, the issue of sustainability must be acknowledged. Indeed, the literature, as well as the volunteer's experience and intentions, all reflect the importance of the AYAD volunteer's role being one of a catalyst within the Host Organisation throughout the journey of change so that the Host Organisation remains the principal actor[39]. However, the reality is often a tension between the volunteer acting as the catalyst and actually "doing the work". In the case of ADRA HIV/AIDS the recent vacancy of the Project Manager position left the AYAD volunteer filling that role throughout the recruitment process, compromising the AYAD volunteer's ability to partner with the team in the intended manner for reorienting the project. The team hopes to recruit a Project Manager with the capacity – as well as leadership skills – to support the team to sustain its reoriented approach and in effect enable ADRA HIV/AIDS to continue the advancement of contemporary health promotion in the Solomon Islands.

As with any capacity building exercise, the issue of sustainability must be acknowledged.

As an 'outsider' the AYAD volunteer came with particular approaches and beliefs that required adapting to the local Solomon Islands context. It was essential that from the beginning of the assignment the AYAD volunteer endeavoured to understand and respect ADRA HIV/AIDS' culture, spirituality and community as a whole. For the first three months the AYAD volunteer focused upon building relationships and understanding her new context, with a lesser emphasis upon 'outputs' than in previous work environments in which she had worked. This is not to say that three months is ample time to acquire cultural knowledge and relationship-building; in fact the team noted that this is not long enough time to familiarize one's self with the many different cultures and spiritual beliefs of the Solomon Islands[40].

However, many organisations sending paid personnel do not allow for this amount of time. This suggests the AYAD volunteer's volunteer status provided a degree of freedom that has been beneficial to the partnership with ADRA HIV/AIDS. Despite this, ADRA HIV/AIDS proposes that one year is a more realistic timeframe for a volunteer to "feel and learn what the reality is" from the national level to the grass roots level, with two years the recommended assignment length. An additional recommendation from the team is that the volunteer initially work with the Ministry of Health to gain a national perspective prior to joining ADRA HIV/AIDS.

Reflections from ADRA HIV/AIDS team

ADRA HIV/AIDS identified the importance of maintaining ownership over the planning and capacity building processes and that "we will learn from the project implementation… and modify (that) as… (we) go along… because of the different cultures and religious belief that (the team members) all have". ADRA HIV/AIDS further recognized that in order to maintain ownership of issues the team needed to address a commitment to HIV/AIDS prevention work and a desire to learn as implementation progressed. ADRA HIV/AIDS placed a high degree of importance upon team work in order to move forward and upon team abidance by ADRA HIV/AIDS Ground Rules[41] to enhance smooth functioning of work.

The HIV/AIDS team has had a positive response to the reorientation of the project, stating "it's a good approach… because… we are looking at long term sustainability for our children and for the future of this nation". A commitment to honesty and openness in utilising assistance to reorient the approach was shown. Given the non-confrontational interpersonal norms of Solomon Islanders, admitting and seeking assistance can prove an intimidating experience, particularly when that help will come from a 'white person'. Despite this, opportunities have been embraced to discuss and debate as a team the new directions and relative roles to achieve these (including how those roles needed to change). ADRA HIV/AIDS feels that previously it was aware of the various aspects of health promotion – in this case, the what – but the volunteer provided the catalyst to actually incorporate that into work – the how – including assisting with project management. The use of project plans for each team member – including Gantt charts for time management – facilitated ownership of particular project components as well as linking the application of health promotion to each team member. The team expressed "excitement to learn new things and envisage new outcomes" and particularly like health promotion for its multi-sectoral, "full community approach". ADRA HIV/AIDS hopes that by sharing its capacity building process through this paper it may assist not only itself to continue developing but also for other partners in the Solomon Islands and the Pacific region generally.

Conclusion

[40]This sentiment is supported by the evaluators who have worked periodically in the Solomon Islands since 1992, in blocks of up to 2 years at a time, and acknowledge their inadequacies in cultural knowledge and their need to constantly build and expand relationships.

[41]The ADRA HIV/AIDS Ground Rules contain rules of agreement around ARC house-keeping, communication (internal and external to the team), disciplinary procedures, services provided and time management.

This paper has shared the experiences of ADRA HIV/AIDS' recent reorientation moving beyond its initial awareness raising approach to incorporate broader population based health promotion frameworks, theories, strategies and assumptions. After recognizing the importance of this reorientation ADRA HIV/AIDS partnered with an AYAD volunteer to facilitate the process. Change management approaches through capacity building included developing a strategic plan and action steps, implementing project management systems (including M&E), encouraging independent learning, and providing managerial support where required. ADRA HIV/AIDS were aware of the complex social, cultural, religious, economic and political issues surrounding HIV transmission in Solomon Islands. Building capacity in health promotion enabled the team to incorporate these issues in HIV prevention programs. Throughout this process, ADRA HIV/AIDS has learnt change takes time and requires constant reflection. Drawing upon the AYAD volunteer's assistance and health promotion experience has proven useful. Knowledge-sharing and learning has been a mutual experience for the evaluators, AYAD volunteer and HIV/AIDS team and has occurred on many levels. The value of this in capacity building cannot be underestimated. By sharing this experience, the evaluators, AYAD volunteer and ADRA HIV/AIDS hope to continue to learn and move forward with this new approach, and that other partners in the Pacific may benefit in their capacity building activities for health promotion.

Building capacity in health promotion enabled the team to incorporate these issues in HIV prevention programs.

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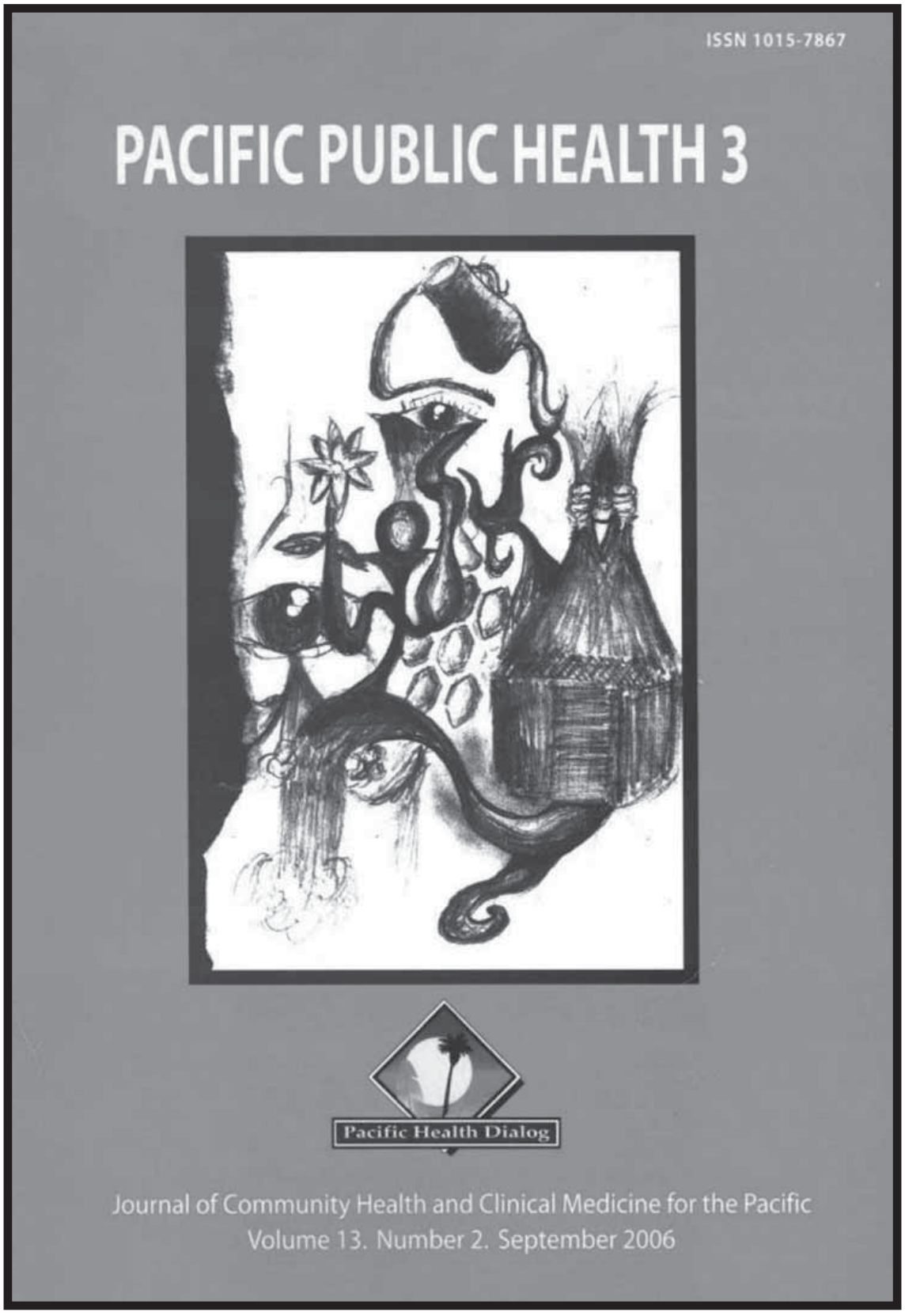
"How wonderful it is that nobody need wait a single moment before starting to improve the world."

- Anne Frank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