Learning from international experience on approaches to community power, participation and decision-making in health.

Case Study: Wan SmolBag, Port Vila, Vanuatu

Key features:

This case study of tells the story of sustained participatory approaches used by the Wan SmolBag (WSB) Theatre, a non-profit organisation based in Vanuatu, since 1989.

Key features of the work that could potentially be adapted/adopted elsewhere include:

1. The WSB participatory approach to developing the scripts and or content for plays, radio, or television, plus workshops and publications.
2. Using creative media as a focus for youth centres, in a way that provide spaces for nutrition and reproductive health services, literacy and computer classes and for a range of sporting activities.
3. WSB approaches to building individual and community capacity for change beyond awareness raising, such as for improving food security and providing education on nutrition.
4. Fostering core activity partnerships with external funders, thereby encouraging long term commitment from staff to the organisation and creating exciting employment opportunities for youth.
5. Having a long term commitment to poor communities near WSB through the youth centres and the outreach services in agriculture and nutrition.
6. Promoting an indigenous presence in contemporary theatre and film.

Introduction to the site and its practices:

Wan SmolBag (WSB) Theatre is a non-profit organisation based in Vanuatu, that operates across the South Pacific. It was formed in 1989 as a small development theatre group with 15 voluntary actors, initially touring villages and schools, and developing close relationships with many rural and urban communities. The use of drama to raise awareness of sensitive health and social issues is at the core of WSB’s work. The organisation has grown over the past 25 years and expanded the range of activities it undertakes. Its current activities include environmental conservation, sports, reproductive and sexual health services, youth centres and more. WSB currently employs over 140 people (full- and part-time) and over 400 volunteers in its 3 locations in Port Vila, Luganville, and North Pentecost (WSB, 2016). Most volunteers are involved in the nationwide WSB turtle monitoring programme. This case study focuses on WSB’s participatory practices, including in its theatre, peer education and participatory workshops. They create community awareness, dialogue and empowerment in order to tackle current and emerging social issues, including health and its social determinants (WSB, 2016; WSB Theatre and World Vision Australia, 2016). A video from October 2015 provides a short overview of the story of WSB and its evolution over 26 years from a community theatre group to a not-for-profit organisation.

The case study was prepared in February 2017 by Sarah Simpson, TARSC consultant with key informant input from Jo Dorras, writer and focal point, and Peter Walker, artistic director, Wan SmolBag.

Context: The population of Vanuatu was 234 023 in November 2009. Melanesians comprised 94% of the population; 3.5% of the population over 65 years, and 25.6% of those living in urban areas (WHO WPRO and MoH Vanuatu 2012). The population is spread across 6 island provinces with 80 islands (see map). Much of the population is geographically isolated. Although the urban population is increasing, most people live in rural areas.
Vanuatu has a young population, with 40% aged less than 15 years, and life expectancy is increasing. Although economic growth was positive between 2003-2008, more work is needed to sustain growth, reduce poverty and to ensure that the entire population benefits from social and economic advancement (WHO WPRO and MoH Vanuatu, 2012). Many young people leave school before obtaining formal qualifications, and there are limited opportunities for vocational training. Unemployment is common. Vanuatu has high rates of early pregnancy and high fertility; low rates of reported condom use and a high prevalence of sexually transmitted infections. Socio-cultural norms and traditions make it difficult for young people to obtain information on reproductive health from family members.

Three WSB reproductive health clinics, all located at WSB youth centres, provide free and confidential family planning and testing and treatment of sexually transmitted infections. The first clinic started in 1997, following a 2-year community play project with surrounding communities. The youth centres are run by WSB Theatre, with the first started in 2006. At the time, WSB were running workshops across the Pacific that were mostly fortnight-long theatre training workshops, with no possibility of follow up engagement. Yet every day they could see the growing number of out-of-school youth milling around the roads near the theatre. WSB felt that deeper work could be done closer to their theatre complex. The Department of Foreign Affairs and Trade Australia were keen to fund a pilot youth centre in Vila in a first phase of core support. WSB thus called a meeting of youth from surrounding settlement areas and asked what activities would youth like to see, if there were funds to open a youth centre. Suggestions included ‘elegant dancing’ and training to be an airline pilot! WSB took what was feasible and popular, such as music, sport and hip-hop, and what they saw as useful work skills, such as computer classes and literacy work. Using support from a project with Hewlett Packard, WSB purchased land that enabled the construction of a sizeable multipurpose sports field with an astro turf adjacent to the youth centre. Smaller centres were subsequently set up in Luganville and Lolotong in Pentecost.

The youth who attend the centres access educational workshops through nurses and peer educators who provide information and outreach on family planning and reproductive health. With rates of diabetes in the Pacific region amongst the highest globally and NCD incidence rates increasing, WSB’s nutrition centre provides education and practical cooking courses to promote healthy diets and the youth centre provides sports clubs and facilities to support physical activity. Communicable diseases associated with poor sanitation also continue to contribute significantly to disease burden with Vanuatu facing a ‘double burden of disease’ (WSB, 2016; WHO WPRO, MoH Vanuatu, 2012). Natural disasters and the health impacts of climate change that occur with some frequency, such as Tropical Cyclone Pam in March 2015, significantly impact on population health. For example, the food insecurity caused by cyclone Pam was further compounded by one of the most severe El Niño systems ever recorded, making Shefa province (including Port Vila) at high risk of food insecurity and putting groups such as pregnant women and young children at increased risk of malnutrition (WSB Theatre and World Vision Australia, 2016; WHO WPRO and MoH Vanuatu, 2012).

Government health services are provided through referral hospitals (one in each of the two health care directorates), and through health centres, dispensaries and community supported aid posts. The aid posts are the first level of care. They include village health workers with limited training to work with communities to promote hygiene, good sanitation and disease prevention. Each province comprises several islands divided into zones and health facilities are distributed among the zones. Community and preventive services include programmes for: malaria control, environmental health, immunizations, reproductive health and family planning, maternal and child health, including integrated management of childhood illness, management of sexually transmitted infections, HIV/AIDS, tuberculosis and leprosy, and nutrition and health promotion.
Each province has a health promotion officer. The Health Promotion Unit in the Ministry of Health provides overall policy direction, coordination and support to provinces. United Nations (UN) agencies and other development partners support health promotion and community programmes in water and sanitation, health literacy, HIV/AIDS, reproductive health and to in relation to alcohol, tobacco and other drugs (WHO WPRO and MoH Vanuatu, 2012; MoH Vanuatu, 2010, 2011).

Equity is one of the core values in Vanuatu’s Health Sector Strategy 2010-2016, which emphasises ensuring equitable access to health services at all levels of service. As part of the strategy the health ministry locates quality primary health care remains as the central strategic health priority for the country and this reflected in its budget (MoH Vanuatu, 2010). Limited availability and accessibility of health services and a lack of a trained health workforce and / or equipment, particularly in remote rural communities and outer islands, however, pose barriers to primary health care services. Fees are charged for outpatient consultation at local clinics (Vt200 = US $1.80) and hospitals (300-500 vt) (MoH Vanuatu, 2010; WHO WPRO and MoH Vanuatu 2012). The government thus set a National Policy and Strategy for Healthy Islands (2011) that seeks to revitalize primary health care, in response to the call for this in the 2008 WHO World Health Report and to address the social, economic, and political determinants of ill health that contribute to inequity. A Healthy Islands approach seeks to improve the health and quality of life of people in island settings, by establishing more effective working relationships between health and other sectors, with peoples’ participation, to address health problems. The strategies include strengthening community education, health promotion and stakeholder mobilization. WSB is identified as one of the non-government stakeholders in this strategy (MoH Vanuatu, 2011, 2010).

Most health expenditure in Vanuatu is from government (63%) with support from external funders (37% in 2012). While government resources allocated to health has gradually increased over 20 years, the government health budget allocation has decreased, which together with increased utilization of health services places significant pressure on the delivery of health services. External funders and development partners are working together under a Sector Wide Approach to support the Health Sector Strategy 2010-2016, with a joint partnership agreement between development partners and the Government of Vanuatu formulated in 2011. External funders also provide non-financial support such as volunteer health professionals, pharmaceuticals and medical commodities (WHO WPRO and MoH, Vanuatu, 2012). WSB was funded in its first decade by Community Aid Abroad and UKAid and is core funded by Department of Foreign Affairs and Trade Australia, New Zealand Aid Programme and Oxfam Australia.

The participatory practices:

Wan SmolBag was co-founded in 1989 by Jo Dorras (WSB writer) and Peter Walker (WSB Theatre’s Artistic Director), with the aim of using community theatre to convey messages about health issues. Today WSB has expanded and its work is well known throughout the region. The group called itself ‘Wan SmolBag’, meaning ‘One Small Bag’ in Bislama (the language of Vanuatu), to show that a theatre group could go anywhere. Initially the group toured the country with one small bag of costumes, helping nurses, teachers and theatre groups using drama to address a range of social issues. Currently WSB undertakes both local plays using wan smol bag (one small suitcase) only for props, as well as major productions that attract large audiences at their well-equipped theatre in Port Vila.

WSB’s proposal for a radio drama about reproductive health issues in 1990 was initially rejected by Radio Vanuatu because it was thought to cover sensitive issues too directly. WSB then played it to focus groups in different villages. The groups seemed to have no difficulty with the straight talking in the series and this persuaded the station to air it. The spread of HIV/AIDS through the Pacific region in 1990s led to Oxfam New Zealand offering funding and eight months later, the first episode of the radio soap ‘Famili Blong Serah’ (Sarah’s

A busy show night at WSB. In the dance room the actors make up for the show Kakaе Rat (Eat a Rat!) and in the background a youth hiphop group in a last minute practice before warming up the audience © P Walker 2015
family) was broadcast. The series ran for eight years. This was followed by a move into television with ‘Love Patrol’ (see next section). WSB plays initially covered health and environmental issues. This has expanded to include a focus on social determinants such as employment and education as well as governance and voters’ rights. Initially the major health topic was reproductive health, including sexually transmitted diseases but this is changing with the burgeoning NCD epidemic in Vanuatu and the region more widely (Walker, 2000; Battye, 2010).

WSB’s mission involves:

1. **Creating awareness, dialogue and empowerment** in a range of areas using theatre, media, publications and open engagement and discussion with communities to enable open dialogue about issues such as discrimination due to gender, sexual orientation and disability, such as a play on gender based violence. Through these tools and community education techniques, WSB promotes individual, community and societal responsibility, wellbeing and change in all its work.

2. **Providing direct assistance and support** to people to improve their lives and wellbeing and to support them in making a positive contribution to society. For example, the youth centres described earlier offer a range of services including literacy, sports, arts, drama, dance, agriculture and nutrition. The Nutrition Centre’s catering club provided free daily lunch in Port Vila during 2015, following cyclone Pam. Youth who take part in these activities often find that the skills they obtain lead to part time and even full time work within the organisation. They also provide a space where girls and boys can learn to work together and for boys to accept female participation in all activities.

3. **Facilitating and fostering collaboration and engagement** among a wide range of citizens and stakeholders, through activities such as community waste removal, to improve sustainable environments (WSB, 2016).

WSB’s community and participatory actions seek in the long term for youth and ‘at risk’ groups to be able to affect positive change in their communities; and linked to this for improved approaches to health, human rights, governance and the environment in Vanuatu (WSB, 2016).

**Where and how is social participation currently being implemented in the health system?**

WSB uses drama/theatre and radio, TV and film media, publications (informative booklets, books, comic books and DVDs), participatory workshops and peer education/peer educators to communicate information, create awareness, build capacity and knowledge for action on key social issues in Vanuatu. These creative media activities facilitate discussion and reflection on sensitive and contentious issues, and help provide a platform for change (WSB, 2016). Actors involved in WSB plays undertake capacity building workshops as part of the preparations. With core group members, this includes interviewing people on the topics before playmaking starts and getting experts in the field to brief the actors so that they can lead post-play workshops. In the youth drama, a large group of out-of-school youth come together for a play project. A week or two of drama games may be held around possible topics for a play. In these games, youth are encouraged to improvise around issues and experiences from their own lives. The WSB writer is present at these sessions and uses some of the material in the final script. As with other activities, during rehearsals, WSB takes the opportunity to develop the group’s life skills. Apart from rehearsing the play, the youth attend sessions with the reproductive health nurses. Having health services on the same premises as youth recreational and artistic services is very useful. Local plays are usually followed by a discussion of the issues raised, as shown in a video of the work. WSB publications are distributed to communities, usually after a play performance. Others are provided to clients at the WSB clinics and 13% of publications have been given to schools or educational facilities. The WSB comic books and DVDs are also used for WSB workshops and peer education sessions (WSB, 2016).

A radio series, *Sarah’s family*, not only sought to increase knowledge for Vanuatu citizens but was also used as a teaching tool for schools, nurses, aid post workers and rural training centres. The series addressed a range of sexual and reproductive health issues with a focus on women's health and unwanted pregnancy. Research conducted within the community to assess attitudes and knowledge levels was used in storylines. Given the sensitive nature of the issues in *Sarah’s family*, the first 10 episodes were used to develop and enable the audience to bond with characters and did not discuss sexual health (Walker, 2001). Despite the sensitivity of the topic, the series ran for over 300 episodes.

‘Love Patrol’ produced by WSB with financial assistance from Department of Foreign Affairs and Trade Australia, New Zealand AID and Oxfam is a televised soap opera initially intended to educate viewers about AIDS. It is the first ever locally produced television series in Vanuatu, and first televised in Vanuatu.
and Fiji in April 2007. Series six covered issues such as sex work, drug and alcohol abuse, and corruption of authority figures such as pastors, police and politicians. Links to all series are shown in Appendix 1. Love Patrol explores many issues relevant to Vanuatu and the Pacific region communities. It is popular and shown throughout the region in Papua New Guinea and Australia. In Fiji, the series is an official part of their Family Life syllabus in secondary schools. The series is written by Jo Dorras, directed by Peter Walker, with Danny Phillips as cinematographer and stars WSB actors. It trained local staff in all departments of film making in camera and lighting (Wikipedia, 2016; WSB, 2016).

WSB health system activities include sexual and reproductive health services at the three WSB clinics (Port Vila, Haulua and Luganville) and community outreach with peer education program. In 2015, a secondary school peer education programme commenced with the aim of empowering young people, particularly young women by improving their access to accurate information on reproductive health. It was initiated by seeking selected schools’ interest in being part of the programme, with three Port Vila schools expressing interest. Capacity building and training were provided to ten students and the Deputy Principal. The school-based peer-educators now feel confident enough to talk about SRH issues to their peers and refer students to a WSB clinic for consultation with the nurses (WSB, 2016). Community recruited peer educators are critical for WSB’s health and wellbeing related activities.

Much of WSB’s participatory activity takes place outside of the health (care) system with important health and wellbeing benefits and outcomes for individuals, families, communities and for Vanuatu. A wide range of activities and facilities provided at the youth centre sites work to improve youth wellbeing and to build their skills, knowledge and self-esteem including on sports, art, performance and creativity and life skills, such as in literacy, computing and nutrition. Computer classes give young people access to computers that they would not ordinarily have (WSB, 2016). Several youth have gone on to jobs in the organisation. Twelve unemployed youth were trained in fire dancing and have for 6 years now been a leading tourist attraction in many hotels (Vanua Fire).

WSB activity also involves communities in acting on the social determinants of health, particularly the local environment on waste disposal and sanitation, and on employment and education. Following cyclone Pam in 2015, the WSB youth centre agriculture tutor prioritised agricultural activities to support the recovery of livelihoods in neighbouring communities. Two youth were engaged part-time to assist in the programme. Over 4 200 seedlings were planted at WSB and distributed within targeted communities. Agriculture tutoring sessions were given in ten communities, where members were taught how to plant fast-yielding foods they did not previously know about (WSB, 2016). Fifteen part-time young trainees and three women were engaged as part of the Urban Nutrition Program, providing free lunches and a breakfast program for the WSB kids literacy class between November 2015-July 2016. The meals provided an opportunity to introduce drought-resistant, protein-rich vegetables and legumes not commonly eaten in Vanuatu, including ochre amaranth, chick peas, pigeon peas and lentils. The Urban Nutrition Program is supported by a demonstration growing site which communities can visit, and WSB have worked with two communities to start similar sites with them. The programme aimed to provide vulnerable peri-urban populations in cyclone and drought affected communities that surround WSB with access to at least two nutritious meals a week while they re-established their food security post cyclone Pam. Communities within walking distance of WSB were visited and informed about the upcoming program before it started, flyers were distributed, loud hailers announced it and WSB’s environment officer informed relevant communities during waste management workshops and rubbish collection initiatives (WSB Theatre and World Vision Australia, 2016).

Local communities are involved in all WSB youth centre activities and particularly in the creative media activities such as theatre and film, and in peer education. Most of the young people who attend the youth centres are aged between 14-25 years and are no longer in school, many indicating that their families are unable to pay school fees. Many, however, go on to become WSB staff or volunteers. The demographics of play audiences in 2014 and 2015 are shown in Appendix 2. With stories from the
communities informing the scripts, people relate to the characters and situations in the television series and plays. They are seen to reflect real-life social, environmental and political issues in an accessible, engaging and entertaining way.

WSB actively promotes the inclusion of boys and girls, men and women in all their activities. In a Rainbow Disability Theatre, actors with a disability from the community give performances on a range of topics, including on living with a disability, raising awareness and engagement on disability and disability rights. WSB offers mixed gender classes in the youth centre, except where running gender separate workshops is more appropriate (WSB, 2015; 2016). The Urban Nutrition Program included social groups who were potentially more vulnerable due to their age, health condition and or socioeconomic status, such as children under 12 years of age, unemployed youth, pregnant women, older people and people with a disability (WSB Theatre and World Vision Australia, 2016). A post Cyclone Pam resilience programme made a portion of project funding available for the communities. Each community has a resilience committee consisting of young women and men who meet with all groups in the community to assess priorities. These are then brought to a full community meeting facilitated by WSB to reach community agreement on the priorities, such as water tanks, solar lights for homework, piped water, materials for roadside market stalls and compost toilets (WSB, 2016; WSB Theatre and World Vision Australia, 2016).

The theatre company also seeks to lead by example in its own practices. It employs a large number of female staff, with 55% of employees male and 45% female in 2015 (WSB Theatre and World Vision Australia, 2016). The structure of WSB decrees that “25 core actors and some from other departments have a right to take a vote on everything from salary levels through to whether or not somebody should be dismissed.” (Battye, 2010:6). A core management team regularly assesses requests for WSB services and aid/donor partners, and meet with all staff over key decisions, including to discuss strategies for managing periods of insecure funding.

Factors and inputs affecting the participatory practices:
A key feature of the WSB activities is that the actors and peer educators are representative of the community. The full time professional group are selected by audition and remain rooted in their community. Their families and friends know that they are dealing with issues that affect them all and several communities cite WSB as their main source of useful information, through drama and film, while actors report being asked for their advice in a way that was not the case before their work in WSB.

Continuity of support builds trust. During disasters, communities and local partners look to and trust WSB to assist, as noted earlier in relation to cyclone Pam, where WSB served as an evacuation centre for people from surrounding communities on the night of the cyclone and two weeks after, and where WSB plays on sanitation with Oxfam staff and feeding programmes for 600 people a day continued for several months through its nutrition centre, with further longer term support in distributing seedlings from its gardens. To support post-cyclone recovery, WSB extended the services at WSB clinics to include non-reproductive health services until the end of 2015 so that many people who became ill due to injuries from debris and consuming or washing in contaminated water received free treatment, with just under half of the beneficiaries aged under 18 years.

Strong relationships and joint work with a range of other agencies in Vanuatu have also supported the work, including with Oxfam, the Adventist Development and Relief Agency (ADRA), Save the Children, and government agencies such as the Ministry of Health, National Disaster Management Office (NDMO) and Correctional Services, CARE international and a private waste collection company. WSB has sustained continuity through multiple funding sources and links across interventions: The Urban Nutrition Program was originally introduced with funding assistance from Oxfam Vanuatu and then continued assistance was provided by World Vision Vanuatu and Grant Thornton so free meals were continued until July 2016 (WSB, 2016; WSB Theatre and World Vision Australia, 2016). This programme linked in to the farming programme described above, seen by communities as a lifeline when gardens were devastated during the el Nino period, and a source of learning and new foods in the recovery period.

WSB has over 140 staff and 400 volunteers, giving it a system and resource base from which to draw to respond to these environmental events, and to adapt, strengthen or extend services and activities. For example, the Youth Centre helped set up a registration system with ID cards, enabling electronic
collection of the data needed for monitoring and evaluation. A dedicated finance manager from WSB was allocated to the project (WSB, 2016; WSB Theatre and World Vision Australia, 2016).

WSB’s use of a variety of media and techniques create safe spaces over time for people to discuss and open up to considering these sensitive issues including nutrition. As indicated, Sarah’s family radio series for example initially engaged people with the stories and characters and then introduced more sensitive issues. In some communities, this discussion has enabled certain activities previously taboo to now be accepted. For example, there is an Anglican priest on one island who young people know carries condoms they can ask for. With a lack of family planning through formal health channels in rural areas, these informal routes arising from WSB’s work are much needed by youth. People relate to the media characters and messages because they are drawn from communities, through WSB working with and directly engaging local communities, because they are based on real people and experiences and because of how messages are communicated, building trust and making the changes produced more likely to be sustained. The youth centres provide a space for youth to gather and do things they enjoy, but also create an opportunity to engage on health issues that they might not otherwise give time to.

While WSB continues to receive the core funding noted earlier, cuts in aid funding in Australia and New Zealand have led to a slight decline in funding, leading for example to the end of the Love Patrol TV series. The TV series has not been paid for by Pacific stations who claim to have no money for programme purchase and Australia’s NITV who air the series paid only AUD $5,000 (US $3,800) for the full 10-part series. In 2015 /16 WSB received additional funding and support from a range of agencies noted earlier to undertake activities in response to Cyclone Pam. While this offset the reduction in core funding in the short term, it is not a sustainable solution to an ongoing decline in core funding. An Australian Business Volunteer (ABV) assigned to WSB explored alternative partners and self-financing possibilities but concluded that these options would not fund the levels needed for WSB to operate effectively. The private sector is small, many foundations do not consider the Pacific a high priority and despite Chinese commitments to the Pacific, civil society still looks to Australia and New Zealand government and international non-government organisations for support. New rounds of discussions with external funders start in late 2017, but WSB knows that nothing is certain in the world of external aid funders and that sustainability calls for it to continue to look for other avenues to fund its work.

Perceived or measured outcomes:
The WSB annual reports include detailed information about process outcomes, such as distribution of contraception, healthy and balanced meals through Urban Nutrition Program, the number of people who watched performances and improved waste disposal. These are detailed in Figure 1. The 2015 annual report includes an appendix where participants, such as in Morinda’s story, identify how their lives have changed through participation in WSB activities and classes, as actors or audiences in plays. This raises some of the outcomes already indicated (WSB, 2016). Other outcomes raised earlier include employment within WSB and elsewhere, such as Vanua Fire or youth involvement in the Urban Nutrition programme FRI lunch. Socioeconomic changes and health outcomes include:
- 100 youth in full or part time work through the youth centres inside and outside WSB;
- 4,000 youth at a vulnerable time in their lives spending time in the safe space of the youth centre;
- 50 youth a year who cannot afford to go to a formal primary school receiving basic writing and reading instruction at WSB literacy class;
- 6,000 people a year watching plays and taking part in post play discussions on issues central to their daily lives; and
- At least 1,000 women receiving family planning a year, 500 of which are regular users.

![Figure 1: 2015 in numbers](Image)
WSB has been able to influence institutional change within the health sector and other institutions. For example WSB approached the ministry of health to set up the Kam Pussum Hed Clinic as a specialist reproductive health clinic for youth and led the ministry into a partnership to deliver youth services. The ministry of health still supplies the medicines for the clinic and occasionally sends government nurses to Kam Pussum Hed Clinic for a placement to learn from WSB nurses about reproductive health service delivery. The nutrition centre has also been cited in local media by schools as changing the food they offer for sale in school stores.

There have also been impacts on community level institutions. The Vanua-tai turtle monitors started following a tour that the WSB theatre group made to the north of Efate with a play about turtles. As a group, they chose to close parts of their reef for a year or longer and to elect monitors in their village. WSB funds these monitors to meet and for environmental organizations to train the monitors. In a subsequent stage monitors from the North Efate group visited other islands to expand the network, until the current situation where the Annual General Meeting of the Vanua-tai monitors gathers monitors from all over the country, with the monitors recognized by the environment unit as key community contacts.

The WSB clinics’ work with the gay community led to the setting up of V pride. During WSB’s work with this community they have gone from having to hold meetings outside of town for fear of being seen to being peer educators at WSB and having a dance group that performs at weddings and community events. Young people have learned to organise themselves. The fire dancers started, for example, as a leisure activity in the centre but are now an independent professional unit making a living out their skill.

The activities have enabled identification of core problems or barriers to achieving health and well-being or behaviour change in communities. For example, following the 2015 water and sanitation plays held as part of the post-disaster response to cyclone Pam, participants reported behaviour change in relation to water and sanitation practices and school teachers advocated for access to soap in schools to improve for WASH practices to succeed (WSB, 2016).

The literacy program has resulted in youth returning to school, narrated for example in stories in an Annex of the WSB 2015 annual report (WSB, 2016). Efforts to improve food security and overall livelihoods have focused on tackling upstream factors, such as sustainability of crops grown and household agricultural practices, and the introduction of new fast-yielding foods not previously known by communities, raised earlier:

We have never planted cabbage and haricot before. Cyclone Pam made our thinking more open. Usually we had money to buy these things at the market but after the cyclone we didn’t
(Woman Lali Community, Port Vila in WSB, 2016:19).

The governance program has led to changed social structures for village participation in some villages:

We now have positive representation of all the groups inside the communities, for youth, women, chiefs and children. Since 2008 we have created a governance system inside our community. In this system there is the chief at the top, one committee underneath, the village development committee, and after the group for women, youth, church, children, environment and business. Before the chief was responsible for everything in the community. Now there are groups responsible for the different areas, which makes it easier for people to report their problems, for it to be raised with the representative group.
(Pastor Lulu Fula, Sarete Village, Santo, Good governance committee member of 11 years in WSB 2016:48).

Finding ways to challenge gender norms and attitudes towards violence against women is a constant part of the work. Since 2015, Correctional Services has recommended that offenders coming up to parole attend workshops on gender, life skills and reproductive health at WSB. Nearly all the offenders blame women for their being in prison and often see themselves as ‘victims’ of family jealousy and spite. Last November, WSB developed and ran a workshop with 15 violent sexual offenders about violent sexual crimes against women, trying to make them see they were wrong. Most of the offenders had raped girls between the ages of 5 and 11 and the very young offenders were not divided from the older ones in any way. One of the offenders had raped more than one young girl and his own mother at knife point. WSB were told by the correctional officers that, like the other detainees they had dealt with, the offenders were in denial and had become very aggressive and upset when the warden called them
sexual offenders. One of the detainees, who was a priest, said he had ‘forgiven’ the women he had abused.

The workshop was very challenging with some detainees admitted to hating women. However, a definite change happened during the workshop. By using a mix of drama activities and games the group opened up very quickly and discussions were long and sometimes graphic. By the second day the younger detainees were challenging some of the statements of the older ones, such as ‘a woman loves a man more if he beats her.’ When they were asked how they could tell someone had changed and were given four options - ‘they say they are a true Christian’, or ‘they have changed’ or ‘they are ashamed’ or ‘they are a sexual offender’, the younger ones all agreed they were sexual offenders while the older more hardened ones said they were ashamed. While it is difficult to attribute the change to the workshop itself, the shifts in statements about their abuse and violence among the offenders was significant during the 3-days, particularly among the younger ones. One young detainee recognised that a sign of change was that he should admit to being a sexual offender instead of telling people he was in prison for selling marijuana (WSB, 2016).

**Areas for shared learning:**

One key insight is the importance of using drama to create safe spaces for raising awareness, enabling dialogue and reflection on sensitive and potentially stigmatising issues. WSB’s participatory approach to developing scripts for plays, television or radio series, and or exercises for workshops based on individual and communities lived experiences and concerns, has enabled individuals and communities to discuss controversial and or sensitive issues, and to use this to bring about change, making use of help when it is needed. The youth centres serve as an important physical space for enabling youth participation and engagement. While they attend the centres to engage in activities of interest to them, it opens opportunities to engage them around wider health and wellbeing issues, including seeing a nurse or peer educator. This is enabled also WSB’s flexible approach in awareness raising. For example, in nutrition, rather than being dogmatic on ensuring people eat exactly according to nutritional guidelines, people are encouraged to choose nutritional options, with design also around making best use of the food resources available to families, such as tinned corn beef. The programme includes how to prepare these foods, to reduce the fat content and maximise the nutritional benefits.

WSB’s adaptability has been important to enabling social participation in health. Its post cyclone Pam activities built on WSB’s strengths, including its connections to the local communities. This reflects how its mission has expanded over the past 26 years to include direct assistance and support. A wide activity base has meant that WSB has been approached by other agencies to assist in relief program delivery, opening avenues for new sources of income and activities, such as partnering with Save the Children to distribute 100 toolkits for rebuilding homes and running training sessions on building more cyclone resistant homes. The post cyclone efforts contributed to WSB expanding the health services offered until the end of 2015 and reprioritised activities to respond to the situation. Hence while the original mission of engaging communities as key actors for change through drama is still fundamental to its mission, WSB has been flexible in responding to new community circumstances, such delivery of assistance in the case of an emergency. None of this would be possible without community trust, which comes from a sustained presence.

The sustained presence has in fact been possible, due to innovation and opportunistic approaches. For example, WSB used remaining funding from a project to build its first reproductive health clinic. The organisation convinced one funder, Department of Foreign Affairs and Trade, to purchase all the property WSB was renting, providing tenure and a site in Port Vila that includes an astro turf, a clinic, two stages, a recording studio, a dance room and a nutrition centre with kitchen.

Peter Walker, WSB, noted in 2017:

*I think buildings especially in urban centres are key to large scale NGO work with youth...The rest of the town’s land has been swallowed by garages, Chinese stores, warehouses; there is very little space where youth feel they have a right to be and a right to be heard.*
WSB’s inclusive and participatory approach to developing scripts and workshop materials for any activity, is something that could be adopted and or adapted elsewhere. However, WSB’s flexibility in terms of when and how it introduces health messages is a key part of the success. Messages are delivered in a sensitive way and linked to people’s everyday circumstances, whether it be through the radio series or classes at the nutrition or youth centres. The group has learnt that plays that are only seen as ‘messages’ are alienating. Many enabling factors for change are beyond the community’s grasp, without support from a more equitable government, and non government organisations need to acknowledge that. The focus is thus not on adhering to health messages verbatim, but engaging with people to enable uptake and longer term behavioural change in ways that they are able to act on. WSB broader focus on root causes of health-related problems such as malnutrition or diabetes, through its work with communities to plant fast-yielding crops in addition to nutrition education, could also be adapted elsewhere.

As an organisation that has enjoyed core funding for over a decade, WSB provides learning on project versus core models of funding. For example, in relation to personnel, many international non-government organisations take on staff for the duration of a project and they finish when the project finishes. Although core funding may go up and down, WSB aims for maximum staff retention, and involves staff in discussions and decisions about strategies, including for managing funding insecurity. Staff involvement and retention enables a deeper more participatory approach to planning, decision making and organisational growth, and gives much needed work in poorer sectors of the community. It has enabled WSB to have a pool of specialist actors and trainers that enables WSB to respond to requests to help other agencies with community level work.

It is interesting that many of the jobs created by WSB have been within the arts industry itself; fire dancers, actors, musicians, sound technicians, video editors and camera operators. While the ‘art’ may deal with health and governance issues, there is also empowerment for communities in seeing this provided by local community members rather than all the role models coming from foreign artists.

Different aspects of WSB’s work have been applied elsewhere, particularly in the Pacific region. Key examples include: the airing of ‘Love Patrol’ in the wider Pacific including Papua New Guinea and Fiji; in Fiji the ‘Love Patrol’ booklets developed by WSB have become incorporated into their official family life program for secondary school; the Vanua-tai network for monitoring and tagging turtles has become internationally recognised with the network providing training on turtle monitoring activities for monitors in the Solomon Islands, Kiribati, Fiji and Western Samoa; and the nutrition centre staff have been invited by Care Australia to share WSB’s nutrition centre approach to their projects with communities in the outer islands of Vanuatu.

The urban centre where WSB is located and works is growing very fast. It’s losing its little village status and becoming a city. Therefore, the case study site is interested to know how participatory approaches can be maintained across larger communities. WSB is always interested in extending the repertoire of action beyond drama and keen to pick up other methods of initial and ongoing engagement with communities, of which there seem to be many!
References


Appendices

A1: Links to examples of key videos
a. https://www.youtube.com/watch?v=n0DEo2ykP - Sef Haos (TCPam doco)
b. https://www.youtube.com/watch?v=EEYCSGkG2 - Wasen Han (Sanitation Play)
c. https://www.youtube.com/watch?v=Zeixy82r-s - Yumi Go Kale Trailer
d. https://www.youtube.com/watch?v=7CUe7oP - Yu no save ronwei long lav
e. https://www.youtube.com/watch?v=OvqLJKSOy4andlist=PL63FC35F79E236009 - Love Patrol (LP) 1 Playlist (All episodes)
f. https://www.youtube.com/watch?v=SDeWDhqwVYandlist=PLS3BVTlzK7UEzaiVPFm4zDw7 - LP 2 Playlist (All episodes)
g. https://www.youtube.com/watch?v=pyKbJHIlKt8andlist=PLS3BVTlzK7UEA-HDFN2n0RMSyDQ-dd9tM - LP 3 Playlist (All episodes)
h. https://www.youtube.com/watch?v=5Eo_H9zbaElandlist=PLS3BVTlzK7UFUmoMCyr8Qq1PrzDYji - LP 4 Playlist (All episodes)
i. https://www.youtube.com/watch?v=R4JX_4WdESlandlist=PLS3BVTlzK7UFle25mbIC5jup3-pvxVSTB - LP 5 Playlist (All episodes)
j. https://www.youtube.com/watch?v=liH2nEULXLandlist=PLS3BVTlzK7UGGwJnOWMrik2ldbfkSb3z0 - LP 6 Playlist (All episodes)
k. https://www.youtube.com/watch?v=70kDA62V1xYandlist=PLS3BVTlzK7UFtb5h4zXP-3astw50B7p - LP 7 Playlist (All episodes)
l. https://www.youtube.com/watch?v=GCQdkpQRf - Ae blo hem i blaen (Rainbow Theatre)
m. https://www.youtube.com/watch?v=dwaWBmiHJAw - Kakae Rat (Recorded live at Santo)
n. https://www.youtube.com/watch?v=JeGbkZOA - Tijim Hem (Violence verbatim play)

A2: Age and sex demographics of audiences for major plays, 2014 and 2015

Source: Reproduced from WSB, 2015; 2016