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Experience

IN DETAIL

Traditional Health in Bougainville Schools



HORIZONT
3000

AUSTRIAN ORGANISATION
FOR DEVELOPMENT COOPERATION

Table of Contents

Table of Contents	2
Table of Charts	2
List of Abbreviations	2
1. General Information.....	3
2. Context of the Experience	3
3. Main Characteristics of the Experience	4
4. Stakeholders and Partners – Roles and Responsibilities	5
5. Resources	5
6. Impact of the Experience/ Practice	5
7. Lessons Learned and Recommendations	6
8. Challenges	7
9. Sustainability	7
10. Experience Sharing/ Up-scaling.....	7

Table of Charts

Chart 1 Localization of the Experience	3
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List of Abbreviations

ADA	Austrian Development Agency
EU	European Union
MAL	Making a Living
PNG	Papua New Guinea
THP	Traditional Health Project
TMP	Traditional Medicine Practitioners

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Graphics by

HORIZONT3000

Contact

James Kowie
jameskowie@gmail.com

or

png.traditionalhealth@horizont3000.org

¹ DKA Austria - Development Cooperation Agency of the Catholic Children's Movement of Austria, Catholic Men's Movement of Austria – KMBÖ, Catholic Women's Movement of Austria – kfbö, Caritas Austria, Department for mission and development of the Archdiocese of Vienna, Welthaus Diocese Graz-Seckau, Brother and Sister in Need – Diocese of Innsbruck, Brother and Sister in Need - Catholic Action Carinthia

1. General Information

Within this documentation, the Catholic Diocese of Bougainville presents its experience with the Traditional Health Project (THP), which aims at preserving the indigenous health knowledge, enhancing the use of traditional remedies and seeks for integrating traditional medicine knowledge into the formal health system and into formal education.

The activities, which started in 2011, are implemented throughout the Autonomous Region of Bougainville consisting of two main and several smaller islands. The project office is situated near the current capital of Bougainville Buka Town.



Chart 1 Localization of the Experience

2. Context of the Experience

Indigenous traditional medicine provides relief for a substantial portion of the population in the Autonomous Region of Bougainville. During the civil war (1989 – 1998), which caused the blockade on imports of modern medicine, the population relied on traditional remedies. Most of the remedies derive from plants. Traditional knowledge is currently being eroded due to modernisation. As more and more persons are relying on modern medicines, the indigenous knowledge on plant remedies is rapidly diminishing. Until recently, little documentation of the traditional health knowledge was compiled. Instead, the knowledge about medicinal plants and their use was handed down orally from generation to generation within the family. This procedure of passing on information from the elders to the young generation is declining as the youths are visiting schools that are usually far away from home. In order to keep the precious indigenous health knowledge alive and to enhance the preservation of the extraordinary biodiversity of the flora in Bougainville, the Traditional Health

Project started to integrate the teaching on traditional medicine knowledge into formal education and to install medicinal plant gardens at schools.

Both cross-cutting issues gender and HIV-Aids, were not part of the initial challenge. However the experience is related to health care and prevention of sickness. Concerning HIV-Aids, Traditional Medicine Practitioners (TMPs) and their patients and students are taught about infection, symptoms and treatment of the disease within the project. It is also very important to clarify, that Traditional Medicine Practitioners have not yet developed a cure, even though this is often propagated. As far as gender is concerned, maternal health care, specifically the prevention of mothers dying during childbirth, was a motivation for the “Traditional Health Project”, but proved very hard to address. The expected group of “traditional mid-wives” was not easy to identify (maybe because the “birthing process” is related to cultural taboos) and/or little recognized as group of its own (compared to the male groups of “healers”).

Furthermore, the project exists in a context of people mistrusting formal health institutions, a lack of well-qualified health staff, and a health system that does not function well (absenteeism/ remote health centres not being staffed for extended periods of time, supply with medicines and equipment not working well). In addition, modern health care is not easily accessible (if at all), due to the lack of infrastructure, such as roads, the rugged countryside and the wide spread population in remote islands. It is also very expensive to build, maintain and staff additional health facilities in the rural areas. Traditional medicine is an affordable and easily accessible alternative. Against this background, “Traditional Healers” and family members giving assistance during childbirth are often contacted first, if health care is needed.

At the same time, traditional healers are more likely to be accused of being “sorcerers” or “witches”. Burning and torturing of those accused is common, e.g. in the Highlands of PNG, and appears to be on the rise in Bougainville as well. The discussions about the “Sorcery Act”, which was part of the legal

system in PNG, and the public demand of a death penalty for those accused of murdering suspected “witches” dominated the public debate during years, though representatives of Bougainville healers claim that they are not much concerned about this potential threat. Thus, incorporating traditional knowledge into schools does support healers in achieving public recognition for traditional knowledge. It also helps to work against prejudices against “witches” and “sorcerers” and in the long run promotes a more peaceful society.

3. Main Characteristics of the Experience

In 2007, the National Policy on Traditional Medicine was created. A taskforce to implement the goals was set up and Dr. Prem Rai, Division of Pharmacy, University of PNG, Port Moresby was appointed to lead the taskforce. Together with EU, HORIZONT3000 and ADA decent funding was secured to set up the Traditional Health Project as an agency of the Catholic Diocese of Bougainville in 2010. Mutual understanding with the Division of Education was established and a workshop program to train teachers was created. Since then six regional workshops for teachers were facilitated by THP staff. At the same time, staff members compiled a teaching guide with the assistance of the teachers. Additionally, education officers were employed to find the best way to integrate the teaching unit „Cultivation and Use of Medicinal Plants“ into the current curriculum of Primary Schools.

One of the major goals is the preservation of the traditional medicine knowledge and the protection of medicinal plants. Furthermore, the project is geared towards enabling or improving the participation of the healer/ TMP-group in society. As specific objectives of the project can be identified the following:

- Preserve traditional medicine knowledge for future generations
- Enhance the use of herbal remedies
- Conserve and replenish the natural environment especially the biodiversity of the local flora
- Develop the positive reputation of Traditional Medicine Practitioners.

This is achieved by the following measures:

- Students are trained to cultivate medicinal plants and prepare herbal remedies for their own use
- Medicinal plant gardens are installed on school compounds as resource for preparation of remedies and demonstration purposes

Local participation is ensured through involving Traditional Medicine Practitioners (healers) where possible: TMPs help facilitating courses as resource persons or trainers, and thus have a certain control over the contents. It is furthermore ensured through supporting the development of healer associations on district and regional level. The group is being empowered to participate in public debate and decision making, and starts acting as a player towards the project and public institutions alike.

Training Workshops: The implementation mainly consisted of one-week training workshops at Primary Schools. The hosting school invites two or three teachers from four to nine neighbouring schools (depending on distance to other schools and accommodation possibilities). During the training workshop, background knowledge is taught, a compost pile and a nursery are set up and the layout for a medicinal plant garden is developed for the hosting school.

Teaching resources: A teaching guide was, utilized as a workshop handout. In addition, 12 teachers were invited to participate in the writing of a teachers’ resource book including the outline of a syllabus. Two individuals were employed for a four-month period to compile the resource book. The first draft was revised by the 12 teachers invited to the first workshop. Problems arose, as Traditional Medicine Practitioners were not included in the compilation process. All participating individuals were teachers or public servants, who had worked in the education department and thus focused more on the writing of a syllabus than on a resource book that also provided sufficient background information.

Follow-up visits with the workshop participants and hosting schools were undertaken to see how the gardens and nursery were maintained. It turned out, that some gardens did not exist

anymore, due to the construction of new buildings. With this in mind, the hosting schools are now visited before the training takes place to find a plot for the medicinal plant garden that will not be used as building site in the near future. Schools that do not have enough area to set up a medicinal plant garden are integrating medicinal herbs in the flower beds established in front of the classroom and are planting bushes and trees of medicinal value around the boundaries of the school ground.

Follow-up visits were also undertaken to survey experiences with the teaching on cultivation and use of medicinal plants. The results are used to adjust the training program and to compile a teachers' resource book focussing more on the necessary background information for teachers.

4. Stakeholders and Partners – Roles and Responsibilities

The main beneficiaries of the experience are the following:

- Students of grade 6-8 in primary schools
- Teachers at primary schools
- Traditional Medicine Practitioners

As to the motivation and interests of the parties, institutions and group of people mainly involved in the implementation of the project, note the following:

- The Education Department of Bougainville is interested in adding appropriate teaching topics in the Subject „Making a Living“ (MAL), taught in grade 6-8 at Primary Schools. MAL is oriented towards life skills and practical training. The course unit „Cultivation and Use of Medicinal Plants“ is taught within the MAL subject.
- Teachers at Primary Schools are interested in preparing their students for life and teaching them about the rich cultural heritage. They are usually looking for ways to improve their teaching and are especially interested in ready-made course units that do not need further preparation.
- Students are generally interested in learning about topics and skills that are connected to their everyday life. Most of them enjoy practical activities in the school garden as well.

- The Traditional Medicine Practitioners are part of the course unit either as resource persons or trainers. Their reputation is growing and it is a good opportunity to point out the difference between Traditional Medicine and sorcery.

5. Resources

The following resources are required in order to implement the project:

Human Resources:

- One or two trainers for the medicinal plant gardens in order to facilitate the one-week workshops at schools, depending on funding and national training policies for teachers.
- One person organising all preparations and contacts with governmental agencies. (Approval of course unit, adaptation of resource booklet, office management including fund raising and accounting).

Material Resources:

- Resource booklet for teachers (if possible also a workbook for students).
- Depending on availability of funds, but no precondition, a model garden, shovels, wheelbarrows and wood for a nursery.

Time Resources:

- Training workshops of 3-5 days
- Follow-up visits after 3-4 months and then once a year.

Financial Resources:

- Salaries for trainers and project manager
- Training costs (Printing costs, stationaries)
- Travel and accommodation costs for trainings and follow-up visits
- Rent/ maintenance of office space

Knowledge/ Know-how:

- Agricultural knowledge including food preservation techniques
- Basic health knowledge

6. Impact of the Experience

The medicinal plant gardens at schools improve the awareness for environmental issues and are a way to demonstrate the unique biodiversity of the Bougainville flora.

Teachers are using plant remedies for minor sicknesses and also share the recipes with their students. Students and teachers alike use the school garden to pick out the plants they need and hygienically prepare safe remedies for injuries, infections, headaches, etc.

Ideally, the students share what they learned about the cultivation and use of medicinal plants within their family and are also told about the remedies orally by elders. Thus the knowledge about traditional health practices lives on and will be preserved.

The cultural heritage of PNG is kept alive and adds to the self-esteem and self-confidence of students growing up in remote areas.

Students usually bring along medicinal plants their family is using to plant them in the school garden. They will also care for those plants in the family garden and use them for treatments. Thus many minor sicknesses and injuries are treated at home, saving extra costs for the family and the formal health system.

Teaching the course unit “Cultivation and Use of Medicinal Plants” implies topics like balanced nutrition, personal hygiene and healthy environment. These topics are thoroughly discussed with the students including discussions on the possibilities for improvement. This contributes to a healthier life-style and the prevention of sicknesses in the long run.

Students learn about and practise also some basic agricultural activities and are able to implement them within their families to improve soil fertility, prevent soil erosion and losses due to pests and diseases.

Including local Traditional Medicine Practitioners as resource persons in teaching adds to their reputation as local health workers.

Students find out, that almost every plant has a use and needs to be preserved. Some plants only grow underneath canopies. Thus, students learn how important it is to preserve the natural forest to save valuable plants from extinction.

During the training workshops, soap making is also learned. Some individuals in the South of

Bougainville started their own small-scale soap making business.

7. Lessons Learned and Recommendations

Students like the course unit, because it is connected to their life-reality and they enjoy the practical activities. Families and communities appreciate the course-unit as it helps to valorise and preserve their cultural heritage. And also teachers are very interested in the topic as it is close to every-day life of students and helps in improving the students' living conditions.

As a number of teachers were not used to carry out the practical activities, like setting up a compost pile or a small nursery, the training workshops must rather focus on the practical part of the course-unit. Furthermore, teachers need a resource book to resemble all knowledge before teaching the course unit at their schools. Besides that, the “Units of Work” should be ready-made to enhance the teaching. This is the template teachers in PNG have to use in order to prepare and document their teaching.

The successful introduction of a new course unit in schools needs close collaboration with the education authorities and the process of approval needs to be clarified. Furthermore the absence of teachers from class during workshop participation has to be acknowledged and replacement possibilities verified, if possible.

Training possibilities need to be assessed beforehand. In PNG, staff posting is changed every year. Sometimes teachers are staying at a school up to three years, but then they move on. This makes it extremely difficult to follow-up the improvements and to ensure continuity.

Training agreements between schools and facilitating institutions are necessary to avoid frustration because of high expectations concerning material and food brought along. In addition, a plot of land, which will not be used for other purposes in the near future, should be pointed out as medicinal garden area at the same visit as the agreement is made.

8. Challenges

Teachers were not used to carry out the practical activities. Furthermore, they had no resource books and did not feel competent to carry out the course-unit. Lots of teachers were moreover posted to other schools and were not able to implement the course unit “Cultivation and Use of Medicinal Plants” there.

In addition, the project staff did not properly understand approval procedure by education authorities. Also expectations about the material and money brought along by the facilitator were too high. Finally, the garden or nursery area was used for new classroom buildings in some cases

So far, these challenges have been addressed by implementing the following activities :

- The programme of the training workshops will be changed to focus more on the practical part of the course-unit. And additional to the teaching guide, an improved resource book for teachers will be worked out.
- An application to use the provincial teacher training week will be submitted in order to meet the challenge of relocating teachers. Additionally, the Catholic Education office supports the training and has offered to share training possibilities.
- In order to meet false expectations on material and money, an agreement document was set up and is signed by the head master of the hosting school before a workshop takes place. During a preparatory visit at the hosting school, the trainer and headmaster must also agree on a plot of land in order to prevent the area being used for new classroom buildings in the future.

As the school materials are still to be finalised, they also still have to be formally approved by the regional “Division of Education” in Bougainville and the national “Department of Education”. This process can be lengthy.

9. Sustainability

Some elements need to be put in place for the practice to be institutionally and economically sustainable:

- The schools' Board of Management needs to include the costs for training workshop, trainers and tools in their budget plan, as all schools in PNG rely on a school budget.
- Further approved training materials are needed, to enable teachers to get permission to incorporate the topic into their classroom procedure.
- A body that coordinates teachers inservice is needed (such as THP or a church health agency).

10. Experience Sharing/ Up-scaling

In order to be able to replicate the experience, interest in the use of medicinal plants as well as a small plot of arable land on school compounds is needed. The institution carrying out the experience further needs to acquire knowledge about locally grown and used medicinal plants and needs to achieve a mutual understanding on traditional medicine with the following stakeholders: education authorities, health authorities and TMP associations (if existing).

So far, the experience has been shared with persons in charge for the implementation of the National Policy on Traditional Medicine and with a Traditional Health Association in another province of PNG. It could further be a useful reference for the Education Departments in other provinces of PNG and could be integrated in the curriculum for primary schools. In some provinces of PNG, where Traditional Medicine Practitioner associations are building up, they could set up a similar activity in collaboration with their local schools or the education authorities, if funding is provided.

Lastly, other remote islands and areas in the Pacific with similar flora could implement it as well in order to upgrade the access to remedies for minor injuries and diseases.