Background:

Plum Mitan is a rural village located in the County of St. Andrew, east Trinidad. The population of the village is approximately 2,000 persons. Most of these persons are farmers, growing crops or livestock. There are also a few entrepreneurs who have shops and parlours.

The population is mainly of East Indian descent. The community has a strong religious presence consisting mainly of Hindus, Pentecostals and Presbyterians. There is a Presbyterian Primary School, which accommodates about 350 pupils. Children of secondary school age access education at secondary schools in Manzanilla, Sangre Grande and Mayaro.

Eastern Regional Health Authority

Most homes are outfitted with modern bathroom and water closet type toilet facilities. However the ubiquitous latrine is still kept as a backup, due to extreme water problems, particularly in the dry season.

The village of Plum Mitan has never had a pipe borne water supply. The only access to a safe and potable water, is water delivered by water trucks.

The main supply of water is rainwater collected from rooftops into mostly uncovered water tanks, during the raining season. Some water is also collected from mountain streams during the rainy season and from springs in the area. All these water sources are seasonal and untreated.

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NEEDS ASSESSMENT: PLUM MITAN

- Need reliable potable water supply
- Need for medical services
- Development/Skills training programs for youths
- Recreation area for children
- Community Health Education programs

STAGE II: ORGANISATION:

- Establishment of strategic partnership and alliances for implementation
- Organization of local inter-sectoral committee
- Local strategic planning; Development of project proposals and plan of action
- Mobilization of resources

LOCAL STRATEGIC PLANNING

- Local Healthy Spaces committee formed with Village Council forming the core and including other community members
- Health Team Counterparts identified
- Five Sub committees formed to develop proposals based on priority needs

STAGE III: COMMUNITY ACTION & EMPOWERMENT

- Strengthening community skills which facilitate participation, and leadership
- Training of community members health staff and other team members to support implementation
- Community action on priority areas
- Inter-sectoral support for community action

MONITORING AND EVALUATION:

- Continuous process, involving all stakeholders to ensure sustainability.
- Documenting the process
- Assessment to be conducted at the end of 2005.
**Outreach Health Service Project:**

- **Health Service organised to respond to needs of community**
  - Community selected location of service, Biche Health Centre
  - ERHA provided transport for community to access service
  - Provision of staff dedicated to outreach service

**Water Project**

The Water Committee comprising of community members and health staff explored options for obtaining a water supply to Plum Mitan.  

*The objective for the project is: To obtain a potable, reliable water supply to Plum Mitan.*

The community conducted a survey of all available water sources in the community. They proposed a Self Help Project, the drilling of a borehole well and with treatment plant, in Plum mitan, to bring potable water to Plum Mitan

**Community survey and proposal was presented to the Water and Sewage Authority (WASA)**

- Reviewed the community’s proposal
- Conducted a seismic/geographical survey of possible ground water sources
- Concluded Borehole well project would not be feasible
- Developed and submitted a project to bring water to Plum Mitan in the 2004/2005 project cycle

**Establishment of Youth Group**

- Youths desired to articulate their own needs and to be central to deciding how they would be met
- Plum Mitan Youth Group established
- Youth group working on a proposal to establish a Youth Development Centre in Plum Mitan

**THE WAY FORWARD**

- Strengthen community strategic planning process.
- Strengthen community based organisations
- Expand partnerships and mobilize resources
- Develop/implement proposals and action plans
• Develop skills and resource base in the community: Counseling, Peer Education in Sexual and Reproductive Health, Social Communication, Values Education, Aqua Farming.

( Empower community members to support implementation and sustainability of program)

HEALTHY SPACES

BACKGROUND

The Diabetes Support Group Program of the Eastern Regional Health Authority in Trinidad, is a community based initiative for the improved management and control of Diabetes

✓ The initiative began in 1997, at the Sangre Grande Health Centre, under Nurse Roberts (DHV), and with the support of the Health Education.

✓ The primary target of the program is persons living with Diabetes and their families

The Diabetes Support Group program formed part of the Five (5) year Health Promotion Plan for the Prevention and Control of NCDs (Ministry of Health, Trinidad and Tobago)

☐ It was developed as a Primary Health Care Program using a health promotion approach.

☐ A settings approach was used. It is implemented in a Community Health Centre setting and sought to reorient health services to develop new modalities to address the challenges posed by NCDs.

☐ It incorporated community participation and inter-sectoral collaboration
The Diabetes Support Group program is structured around the Caribbean Charter for Health Promotion and utilizes several strategies including:

1. Building and increasing personal health skills of persons living with Diabetes
2. Empowering communities to achieve well-being
3. Building alliances and strategic partnerships to promote optimal well-being
4. Creating Supportive environments

- Building personal health knowledge and skills to improve self-management and achieve tighter control of blood glucose levels
- Establish support groups at community health centres aimed at building knowledge and skills for improved self-management
- Annual updates on Diabetes
- Developing Diabetes resource base for each support group

- Empowering communities to achieve well-being
- Support group ‘Client-led’ with support from health staff
- Training of community persons as Diabetes Lay Educators
- Training of community persons in exercise for the elderly

- Creating Supportive environments
  - Training of Community Nurses in Nutrition Management and Counseling
  - Provision of Glucometers for each Support Group
  - Diabetes updates for health staff
  - Training for Support Group members and health staff in management of support groups
  - Support group ‘Client-led’ but implemented with support from health centre staff
  - Training of community persons as Diabetes Lay Educators
  - Training of community persons in exercise for the elderly
  - Establishment of a Network of Diabetes Support Group

Outcomes

- Support groups established at 9 out of 11 health centres. Groups managed by an Executive comprised of persons living with Diabetes.
- A cadre of 25 community members trained as Diabetes Lay Education
- Six (6) Annual updates conducted from 1997-2004
- Two cohorts of nurses trained in Nutrition Management and Counseling
- Terms of Reference for the establishment of a Network of Diabetes Support Group drafted and submitted to ERHA Board for ratification.

Challenges and Opportunities

Data routinely collected on support group members. Lack of resource personnel to collate and analyze information to show impact of the program.

At one health centre, DHV reported that foot ulcers among support group members have dropped to 0%.

Technical support from PAHO to collate and analyze data and conduct impact assessment of program.
The Well-weight Management Program formed part of the Five (5) year Health Promotion Plan for the Prevention and Control of NCDs (Ministry of Health, Trinidad and Tobago)

- It was developed as a Primary Health Care Program using a health promotion approach.
- A settings approach was used. It is implemented in a Community Health Centre setting and sought to reorient health services to develop new modalities to address the challenges posed by NCDs.
- It focused on promoting physical activity and healthy nutritional practices among community members.

The Well-weight Management program is structured around the Caribbean Charter for Health Promotion and utilizes several strategies including:

1. Building and increasing personal health skills of community members re. Physical activity and Nutritional practices
2. Empowering communities to achieve well-being
3. Creating Supportive environments
4. Re-orienting health services

Strategies and Actions:

**Building personal health skills relating to Diet and Physical Activity**
- Establish well-weight management program at health centres in the ERHA
- Focus on Physical Activity and Diet

**Creating Supportive Environments**
- Addition of wellness area complete with exercise equipment
- Establish physical activity targeting schools

**Empowering communities to achieve well-being**
- Training of community persons as Exercise Instructors
- Developing Community Wellness Boards/Committees to manage Wellness Centres

**Re-orienting health services**
- Well-weight management program implemented at health centres
- Staff trained as Exercise Instructors

Outcomes:
- 12 Well-weight management programs established in the ERHA between 1997 and 2003. 75% currently functioning
- A cadre of 40 community members and staff trained as Exercise instructors. 25% actively involved in facilitating exercise programs in the community on voluntary basis
- Annual School Aerobics Challenge and Physical Activity clinics held since 2000 during Health Promotion Month
- 1 School Aerobics Club established at Valencia High School
- Terms of Reference for the establishment Community Wellness Boards/Committees being developed.

Challenges and Opportunities:

**Evaluation**
- Well-weight Management program evaluated in 1999. 97% of clients lost weight. Avg. weight loss 7lbs.
- Data on BP, Cholesterol level incomplete
- Need to systematize collection of data on persons in Well-weight program. Lack of resource personnel to collect health data and analyze information to show impact.
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<tr>
<th>Lack of Resource persons</th>
<th>Nutrition component of the Well-weight Management program discontinued due to lack of Nutritionists</th>
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<td>Well-weight Management program incorporated into the Healthy Spaces initiative. Opportunity to access support from partners to supplement services not available through public health services</td>
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