SOLOMON ISLANDS GOVERNMENT

STRATEGIC PLAN

RURAL WATER SUPPLY, SANITATION AND HYGIENE

2015-2020

March 2015 V1.0

FOREWORD

It is with great pleasure that I, as Minster for Health, introduce this plan for Rural Water Sanitation and Hygiene in the Solomon Islands, which shows how MHMS will work with our rural people and other stakeholders.

This plan sets out the clear steps that we will take to implement the National WASH Policy that was approved by Cabinet in 2014, to achieve the vision of “All Solomon Islanders with access to sufficient quantity and quality of water, appropriate sanitation, and living in a safe and hygienic environment,” and how we intend to achieve this by the year 2024.

Currently it is estimated that fewer than 1 in 3 of our rural people use safe water, and almost none live in an environment that has disease causing waste properly managed. The government have tried to deal with this issue by building toilets and water supplies in the past, but it hasn’t worked, so now we need to try something different.

The following document sets out a new focus on demand creation and developing a sense of ownership of WASH infrastructure that will see people building their own solutions that fit their own situations and then maintaining those solutions. Of course no major program of change like this can happen without support from the right people, properly empowered. This is why the plan sets out significant changes to the structure of the RWASH team within MHMS, and the rest of the sector, to better support this new way of doing things.

CONTENTS

ABBREVIATIONS AND ACRONYMS

BCC	Behaviour change communication
CBRD	Community-Based Rehabilitation Department (of MHMS)
CLTS	Community-Led Total Sanitation
CSO	Civil Society Organisation
DFAT	Australian Government, Department of Foreign Affairs and Trade
EHD	Environmental Health Division
EU	European Union
HPD	Health Promotion Division
JMP	Joint Monitoring Program (of WHO/UNICEF)
M&E	Monitoring and evaluation
MHMS	Ministry of Health and Medical Services
MOFT	Ministry of Finance and Treasury
MWYCFA	Ministry of Women, Youth, Children and Family Affairs
NGO	Non-government organisation
NSHC	National Sanitation and Hygiene Campaign
PWD	People with disabilities
PWDSI	People with Disabilities Solomon Islands
PWO	Provincial WASH Officer
RTC	Rural Training Centre
RWASH	Rural water supply, sanitation and hygiene
RWSS	Rural Water Supply and Sanitation Unit (now the Rural WASH Unit)
RWP	Rural WASH Program (within the MHMS Environmental Health Division)
SBD	Solomon Islands Dollar
SI	Solomon Islands
TA	Technical Assistance
TOR	Terms of reference
US	Under-Secretary
WASH	Water, sanitation and hygiene
WHO	World Health Organisation

WSG WASH Stakeholder Group

MAP OF SOLOMON ISLANDS

Source: http://www.vidiani.com

EXECUTIVE SUMMARY

The Solomon Islands Government, through the Ministry of Health and Medical Services, is working to achieve better access to water, sanitation and hygiene for rural communities in Solomon Islands. A five-year strategic plan has been developed to guide this process.

At the centre of the strategic plan are new ways for the government to provide support to individual rural villages and across entire provinces. Full details of the strategic plan are laid out in this document. To provide an overview of the how strategies will work two short, imaginary 'case studies' are presented below. These stories do not cover every detail of the strategic plan but they highlight the main activities and who will be involved. The stories are set in the future, in 2018, well after the strategic plan is underway.

Water, sanitation and hygiene in Saviza village.

Saviza is a village on one of the smaller islands in the Solomon Islands. It is a beautiful place and the people are warm and friendly. There are 65 families living in the village and they all know each other well. A long time ago, there was a pipe system that brought water into the village. It broke down in 1996 and since then the villagers, mostly the women and the girls, walk to the spring to fetch water. It takes about an hour to fetch water from the spring and carry it back to the village. There is a health post in the village, along with a small primary school and two churches. Until very recently, no one in the village had a toilet—everyone went to the beach or the forest instead.

For the last five years, the village Chief has been asking the Provincial government people for help to fix the old water supply. The community fully supported the Chief's efforts and everyone signed a letter asking the Provincial Governor for assistance. Last year, an officer from the provincial Rural WASH Program (RWP) finally informed the Chief that their village had been selected as one of three priority villages for the province who were to receive support.

The RWP appointed one of their new partner agencies (WASHorg) to help the village with technical advice and resources. WASHorg staff visited Saviza to meet the community and discuss the water, sanitation and hygiene situation and the options for making things better. A WASHorg engineer provided advice about what was feasible and what the costs would be. The village decided the best option was to rehabilitate their old piped system and install five new tap stands to provide good access through the whole village and also at the school and health clinic. They also decided to build simple toilets at the school, health clinic and the two churches. The village agreed to provide all the labour to carry out the work and to contribute local materials, like sand and stones. The Solomon Islands Government provided WASHorg with all the funds needed to supply the other materials and pay for skilled people to work with the community.

The whole job was completed in three months. The villagers and WASHorg staff worked together the whole time and RWP visited twice to check that everything was being done to the government standards. The main steps were:

Survey and design. The WASHorg engineer carried this out and had it approved by the engineer at RWP. WASHorg ordered materials and had them shipped to the village.

Community planning workshop. This took three days and made sure that everyone in community understood what was happening. Women took the lead in finalising siting of water points. Everyone voted to elect a WASH committee to manage the construction and caretakers to look after the system when it was finished.

Construction. The WASH Committee members and the WASHorg staff supervised the construction. The villagers contributed voluntary labour. The water supply was repaired all the way from the spring to the new tap stands. Simple dry toilets were built at the school, health post and churches.

WASH committee and caretaker training. WASHorg held a special workshop just for these people to train them in their new roles and make sure they had the skills to manage the new facilities.

Official opening. When everything was finished, there was a community celebration. The Provincial Governor was invited, along with RWP and other government staff, and the community committed to looking after their new facilities.

The water supply and new toilets have since been working well. Under the guidance of the WASH Committee members, the teachers and the Health Post nurse, the villagers are now building their own toilets and washing their hands regularly. The WASH Committee members meet each month and supervise the caretakers, who check on the system every day. Villagers are happy with the new services and each household contributes $1 per month to pay the caretakers and meet any maintenance costs. WASHorg staff continue to visit once or twice per year, when they are working nearby, to make sure everything is going ok. They do a quick check on maintenance of new facilities and help the WASH Committee solve any problems. RWP staff keep in touch with WASHorg and get regular reports on how things are going.

The National Sanitation and Hygiene Campaign is rolled out in Makira

The National Sanitation and Hygiene Campaign has been sweeping across the Solomon Islands, province by province, for the last two years. It has been reaching out to every village as it spreads across the country, motivating whole communities to end open defecation, build and use toilets and wash their hands with soap. This year the campaign has been rolled out in Makira.

The first step was creating the Makira Sanitation Task Force. The Provincial Health Director was the Task Force Chair and other members included senior government health and education staff, Church leaders and representatives of WASH non-government agencies. Their first job was to make a plan for the Makira Sanitation and Hygiene Campaign. The plan described how in just one year every village in Makira would be visited by a small team to trigger community-led total sanitation (CLTS). The Makira campaign was launched by the Provincial Governor and the local members of parliament

and afterwards everyone in Kirakira and knew about the campaign and was excited about what was going to happen.

After the campaign launch, and with the backing of the Task Force, Makira's Health Promotion Department (HPD) staff gathered together a group of twenty volunteers including Church leaders and teachers, and carried out CLTS training. They were supported by expert trainers from the National Sanitation Task Force and a small team of experienced CLTS Facilitators. The CLTS Facilitators and the newly trained volunteers divided Makira into a number of zones and allocated a small team of facilitators and volunteers to each zone. They then planned out how in the next nine months members of these team would progressively visit every village in their zone to 'trigger' CLTS.

When the small teams started visiting the villages, local leaders were invited to play a strong role, particularly the Church leaders. They called together everyone in the village to attend a CLTS 'triggering' event. This was a half-day community meeting using special awareness raising techniques. Each triggering event culminated in villagers making their own action plan to create an open-defecation free (ODF) community. Community leaders followed up the CLTS response in their village, motivating their friends and neighbours to build and use toilets and stop open defecation. The CTLS Facilitators and provincial volunteers continued to visit the villages on a regular basis after they were triggered. They provided encouragement, helped to solve problems and promoted hand washing.

Over the year of the campaign, every village in Makira created an action plan. Households built their own simple toilets and hand washing facilities using a mix of local materials and whatever they could afford to buy themselves. Community members also took responsibility to build simple toilets in schools, health facilities, churches and other public locations. There was a prize for the first ODF village in each zone and a big celebration was held when villages were declared ODF. By the end of one year, every village in Makira had been triggered for CLTS, household toilet coverage had increased from less than 15% to more than 85% and two-thirds of villages had been declared ODF.

The National Sanitation Task Force members also helped the Makira Sanitation Task Force run two other parts of their sanitation and hygiene campaign. One was hygiene behaviour change communication (BCC) that encouraged people to wash their hands at critical times, like after defecation and before preparing food, and always using toilets for defecation. The other activity was called 'WASH marketing'. That helped small businesses respond to the demand for sanitation and hygiene goods and services (such as soap and toilet slabs) that CLTS had created in villages. Three small businesses have started making toilet slabs and are selling them in different parts of Makira.

The marketing work has meant that households in every village have continued to improve the quality of their toilets and hand washing facilities long after the CLTS triggering has been completed.

Solomon Islands Government

STRATEGIC PLAN
RURAL WATER SUPPLY, SANITATION AND HYGIENE
2015-19

1 VISION

1.01 The Solomon Island Government's vision is that all Solomon Islanders will have easy access to sufficient quantity and quality of water, appropriate sanitation and will be living in a safe and hygienic environment. The Ministry of Health and Medical Services (MHMS) aims to achieve this within 10 years (by 2024).

1.02 This Strategic Plan outlines how the rural water supply, sanitation and hygiene (WASH) sector will be developed over the next five years (2015-19). It aims to lay the foundations for the achievement of the Government's vision by 2024.

1.03 The Solomon Islands Government recognises that radical change will be needed to achieve its ambitious vision. 'Business as usual' has failed to deliver universal WASH coverage and is not an option. Under the Strategic Plan, the rural WASH sector will be transformed through a national effort, involving government, churches, communities, civil society, the media and private business. New ways of working will be introduced and we will build national WASH capacity to implement schemes faster and across the entire country.

1.04 The strategic 5-year and 10-year targets are given in Table 1.

Table 1 Strategic targets

Target	2014	2019	2024
Communities with improved drinking water supplies	35%	52%	97%
Communities Open Defecation Free (ODF)	1%	87%	100%
People hand-washing with soap at critical times.	5-10%[1]	75%	100%

2 SITUATION ANALYSIS

Rural WASH in Solomon Islands

2.01 Over 480,000 people in Solomon Islands—80% of the population—live in rural areas.[2] Most people living in rural communities lack access to clean water and proper sanitation and do not practice proper hygiene behaviour. Open defecation is common and hand-washing with soap, after defecation or before eating or handling food, is not widely practised. Inadequate water, sanitation and hygiene contributes to the prevalence of diarrhoeal and other diseases

[1] Estimate only – recent data not available
[2] http://www.indexmundi.com/solomon_islands/population.html

and to high levels of malnutrition in the country.[3] The World Health Organisation estimated that 8% of all deaths in the Solomon Islands are WASH-related[4]. In addition, community members—mostly women and girls—spend hours each day collecting water for their families, time which could be used more productively on other tasks.[5]

2.02 The government estimates that only 35-40% of rural communities currently have access to basic drinking water and less than 20% of households have appropriate sanitation facilities.[6] With the population increasing at 2.3% annually, there is an urgent need to scale up coverage in Solomon Islands. Much of this growth, however, is occurring in urban centres[7] which may offset increased demand for services in rural areas and will need to be allowed for when planning new services.

2.03 Nationally, there are more than 1000 primary and secondary schools and early childhood centres, mostly in rural areas, and 314 health facilities. The 2013 MHMS Core Indicator Report estimated 88% of health facilities did not have functioning water supply and sanitation and MHMS believes that services are also inadequate in most schools.

2.04 This Strategic Plan focuses on rural areas. Urban areas are generally better served than rural communities. The World Health Organisation (WHO) and UNICEF report that approximately 90% of the 120,000 people living in urban areas have access to safe drinking water and 80% to improved sanitation.[8] Water supply in urban areas is the responsibility of Solomon Water in Honiara, Auki, Noro and Tulagi. Water in other urban centres is provided by the Works Department, Ministry of Infrastructure Development. Sanitation in Honiara is the responsibility of Honiara City Council. The Strategic Plan addresses the sanitation needs of the entire country except for Honiara.[9]

2.05 A lack of investment and long-term neglect for sanitation have left the Solomon Islands lagging behind many other South Pacific countries in access to basic drinking water and sanitation. Coverage rates are similar to those in PNG but much lower than in neighbouring Vanuatu (Table 2).

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[3] Stunting means children do not reach their full cognitive and economic potential, It is irreversible after the age of two (*Countdown to 2015. Accountability for Maternal, New-born and Child Survival. The 2013 Update*. WHO and UNICEF 2013). Recent evidence shows that the odds of stunting increase multiplicatively with each diarrhoea episode before age 24 months (Black, R.E. et al. 2012, *Maternal and child under-nutrition and overweight in low-income and middle-income countries* Lancet. 6 June).

[4] *Solomon Islands Water, Sanitation and Hygiene Sector Brief*, prepared for AusAID by the Institute for Sustainable Futures, University of Technology, Sydney, October 2011.

[5] Globally, women (64%) and girls (8%) shoulder three quarters of the responsibility for collecting water in households without access to an improved source. (JMP, 2011 *Thematic Drinking Water Report: Equity, safety and sustainability*). Baseline data has not yet been collected in the Solomon Islands to quantify the workload associated with collecting water.

[6] MHMS, 2013 *Solomon Islands Rural Water Supply, Sanitation and Hygiene Policy*, Version 12, August 2013, p 7. It is estimated that 65%-70% of communities in Solomon Islands have received water supply schemes in the past but less than half of these are still functioning.

[7] The urbanisation rate is 4.7%, twice the population growth rate. Solomon Islands National Statistics Office, Statistical Bulletin

[8] WHO and UNICEF, 2104 *Progress on Drinking water and sanitation: Update 2014*.

[9] It is currently unclear who is responsible for peri-urban areas. It is assumed that these will also be covered by the Strategic Plan and RWP.

Table 2 Estimated rural water supply and sanitation coverage

	Year	Rural population	Water supply	Sanitation
Solomon Islands	2010	405,000	35%-40%	18%
Papua New Guinea	2010	5,490,000	33%	13%
Vanuatu	2012	176,800	87%	54%
World	2010	7 billion	81%	47%

Source: Amended after Solomon Islands Rural WASH Policy, Table 1

2.06 The Solomon Islands Government acknowledges that it needs rapidly to scale up access to rural water supply, sanitation and hygiene in the country. Rural WASH (RWASH) is a priority sector and a key focus in the National Health Strategic Plan (2011-15). A national Rural WASH Policy has been developed and endorsed by the Minister of Health and Cabinet.[10]

2.07 The Rural WASH Policy notes that climate change is likely to affect the availability of freshwater in the Solomon Islands in the decades ahead. The design of systems and the technologies being proposed for rural communities need to manage the risk of more varied, less reliable rainfall patterns.

2.08 In 2010, the United Nations General Assembly declared safe and clean drinking water and sanitation a human right essential to the full enjoyment of life and all other human rights.[11] The Solomon Islands Government recognises this right and is determined that all Solomon Islanders will have safe and clean drinking water and sanitation and proved hygiene practices within ten years. It also recognises that WASH is an important investment in the health of the people and future productivity of the country.

Transforming the rural WASH sector

2.09 Between 2009 and 2012, Solomon Islands Government undertook a number of studies on the effectiveness and management of the rural WASH Sector.[12] An important conclusion of these studies was that government does not have the capacity to achieve universal WASH coverage on its own. A national effort involving national and provincial governments, churches, communities, civil society and private business will be needed. The government also recognises that it needs to refocus its own efforts and to transform the way in which WASH schemes are planned and implemented.

2.10 In order to introduce new and more effective management of the system, the government is implementing a two year Transition Plan (2013-14).[13] The aim of the Transition Plan is to lay

10 Solomon Islands Rural Water Supply, Sanitation and Hygiene Policy., MHMS, Final Version, February 2014

11 United Nations General Assembly Resolution 64/292 28 July 2010

12 For example: (i) Solomon Islands Access to Clean Water and Sanitation Initiative, Independent Progress Report, Commissioned by AusAID, August 2012 and (ii) Joint Audit and Capacity Assessment of Solomon Islands Access to Clean Water and Sanitation Initiative, AusAID HRF Health Resource Facility, January 2013.

13 Rural WASH Transition Plan for Solomon Islands. 2013. Ministry of Health and Medical Services.

the foundations for a major expansion of the sector during the Strategic Plan period (2015-19) and beyond.

2.11 Under the Transition Plan, a number of key changes are being introduced. These include:

- **the government is changing its role**. In future, the government will focus on regulating and monitoring the sector against national guidelines and standards. It will move out of direct construction of community-based schemes;
- **implementation through partnerships.** The government will implement its RWASH strategy through partnerships with churches, civil society and the private sector;
- **sanitation and hygiene** will be given a high priority, with emphasis on creating demand for low-cost sanitation using non-subsidy approaches and sanitation in schools and health centres;
- **stronger community engagement** will be promoted in planning, implementing and operating rural WASH schemes;
- **sustainability will be strengthened** through community engagement and building the capacity of the private sector and government to support communities over the long-term;
- **inclusive approaches.** Women and people with disabilities will be fully involved in planning, constructing and managing WASH facilities and their interests will be promoted;
- developing, testing and investing in **new technologies;** and
- **strengthening government's capacity** to coordinate, monitor and evaluate the sector and integration within broader health systems strengthening initiatives.

2.12 These changes, which are being implemented under the Transition Plan, will be further strengthened and consolidated during the Strategic Plan.

2.13 The Strategic Plan also recognises that in future MHMS will devolve greater responsibility for health programming, including RWASH, to the Provincial Health Departments.

3 THE STRATEGIC PLAN, 2015-19

3.01 The Strategic Plan (2015-19) seeks to transform rural water supply, sanitation and hygiene in Solomon Islands. It will lay the foundations to achieve universal WASH coverage within 10 years.

RWASH Policy

3.02 The strategies in this plan give effect to the aims set out in the Solomon Islands RWASH Policy. These aims and the intended outcomes are set out below.

Box 1 – Policy aims and outcomes
To contribute to the health and wellbeing of communities and individuals through improved and appropriate WASH facilities and hygiene practices
Outcome: environmentally sustainable, safe and appropriate water supplies and sanitation for all villagers of the Solomon Islands
To increase the capacity of (all levels of) the government and civil society to assist, promote, plan, design and implement high quality, appropriate WASH facilities and hygiene practices
Outcome: increased coverage of improved WASH facilities and hygiene practices that meet regulations, standards and minimum requirements
To promote community managed, operated and maintained systems
Outcome: increased sustainability of projects resulting from comprehensive community participation and ownership combined with a maintenance model dividing maintenance responsibility between the community for minor repairs and the public sector and private sector[14] for major repairs.
To increase and develop cooperation and coordination between all sector stakeholders
Outcome: improved sector coordination and output through active participation of sector stakeholders in the sector's WASH Stakeholders Group
To promote, encourage, and develop sector alignment in technical design, hygiene promotion, community O&M and gender equity
Outcome: sector alignment by working with all stakeholders to define, implement and enforce the sector's regulations, standards, procedures and requirements
To encourage environmentally sustainable development of the water and sanitation services supported by information campaigns and continuous educational interventions at all levels
Outcome: sustainable development of water and sanitation and hygiene services through national and local awareness and information campaigns and standardisation of IEC materials. Monitoring of and response to the implications of climate change on the sustainability of water and sanitation services.

Consistency with other national strategies and plans

3.03 The Strategic Plan is fully consistent with the *Solomon Islands National Development Strategy (NDS), 2011-20* and the *National Health Strategic Plan (NHSP), 2011-15*. These two documents include the following provisions:

NDS[15]
- upgrade and extend coverage of water supply and sanitation systems
- ensure clean water is available to all communities

NHSP
- construct new rural water supply and sanitation systems
- ensure existing systems are functional

[14] The policy notes civil society in particular to play this role. The strategy envisages that this role will be shared within the private sector with civil society playing a lead role in the medium term.

[15] *Solomon Islands National Development Strategy, 2011-15*, Figure 10. Page 34.

This RWASH strategic plan will constitute a component of the overall EH strategy and inform the NHSP in regard to essential objectives to improve sanitation and hygiene within the community plus the systems that will support those initiatives. The strategic plan makes a timely contribution to the development of the subsequent NHSP 2016-2020 and meets the need for more detail about RWASH than was included in the current plan.

3.04 It is also consistent with the draft National Water Resources and Sanitation Policy (2013) produced by the Ministry of Mines, Energy and Rural Electrification.

Theory of change

3.05 By improving access to adequate water supplies and sanitation, and improving hygiene behaviour, the Strategic Plan will improve the health and well-being of people living in rural communities in Solomon Islands. It will do this by:

- reducing the incidence and impact of WASH-related diseases such as diarrhoea, acute respiratory infections, malnutrition and neglected tropical diseases including trachoma and yaws; and
- reducing the burden for women and girls of collecting water for their families.

3.06 The theory of change is shown in Figure 2 and key results and indicators in Annex 1.

Evidence

3.07 There is strong evidence, globally, that WASH interventions have a positive impact on health outcomes by reducing morbidity and child mortality due to diarrhoeal diseases and viral respiratory tract infections.[16] The World Health Organization includes improved WASH as one of five strategies to prevent and control neglected tropical diseases (NDT), such as trachoma and yaws, which are both endemic in the Solomon Islands.[17] Research is currently underway into whether inadequate WASH is also a contributory factor in cases of tropical enteropathy and thus poor nutritional outcomes (stunting and underweight) in children.[18] There is also strong evidence that WASH is associated with significant non-health benefits, including time savings, which are highly valued by women and children.[19]

3.08 The World Health Organisation (WHO) considers that WASH interventions are 'highly cost-effective' when compared to other health interventions using standardised measures of cost per DALY (disability-adjusted life year) averted.[20] Sanitation and hygiene promotion for controlling endemic diarrhoea rank higher on this basis than many other health interventions, including combatting malaria, tuberculosis and HIV/AIDS (Figure 1).

[16] *DFID literature review on water, sanitation and hygiene*, prepared by the SHARE consortium, 2011.

[17] WHO, 2012 *Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation*.

[18] Tropical enteropathy is a subclinical condition of the small intestine. See Humphry JH (2009) *Child undernutrition, tropical enteropathy and handwashing*, Lancet 374 (9694), 10325.

[19] Hutton L and Haller, L (2004) *Evaluation of non-health costs and benefits of water and sanitation at the global level*.

[20] WHO Commission on Macroeconomics and health.

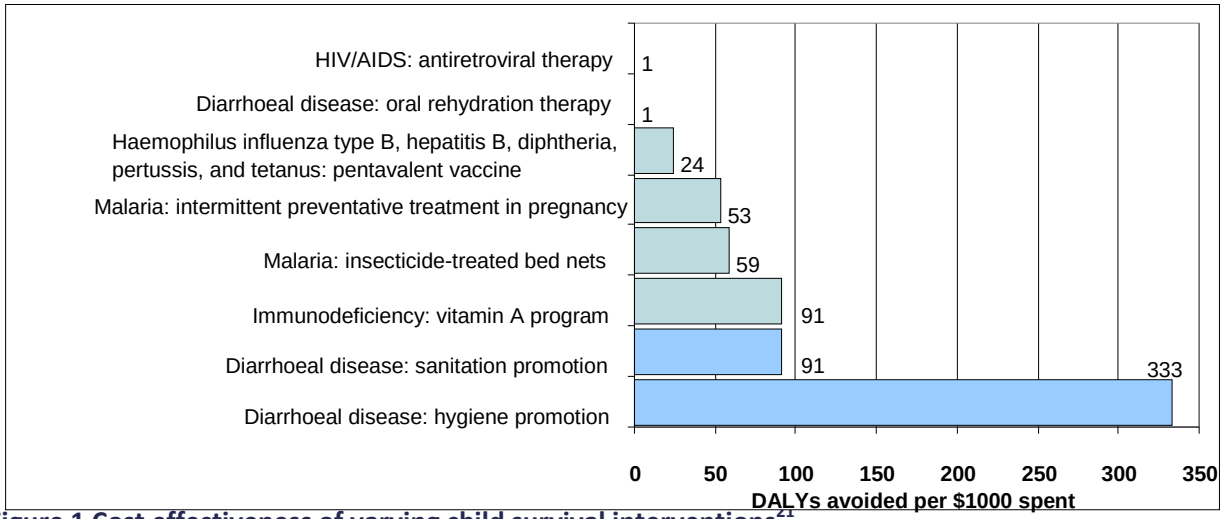


Figure 1 Cost effectiveness of varying child survival interventions[21]

3.09 Despite the high impact and returns of WASH investments, the Solomon Islands National Health Strategic Plan[22] notes that 'community based and multi-sector health interventions that try to minimise the determinants of disease have been allocated next to no funding and have never been a high managerial priority'. Implementation of the WASH Strategic Plan should partly redress this imbalance in rural communities.

[21] Water Aid, 2008 T*ackling the Silent Killer, The Case for Sanitation*, p. 9. (Adapted from World Bank (2006) *Disease control priorities in developing countries*)
[22] MHMS *Solomon Islands National Health Strategic Plan (2011-15).*

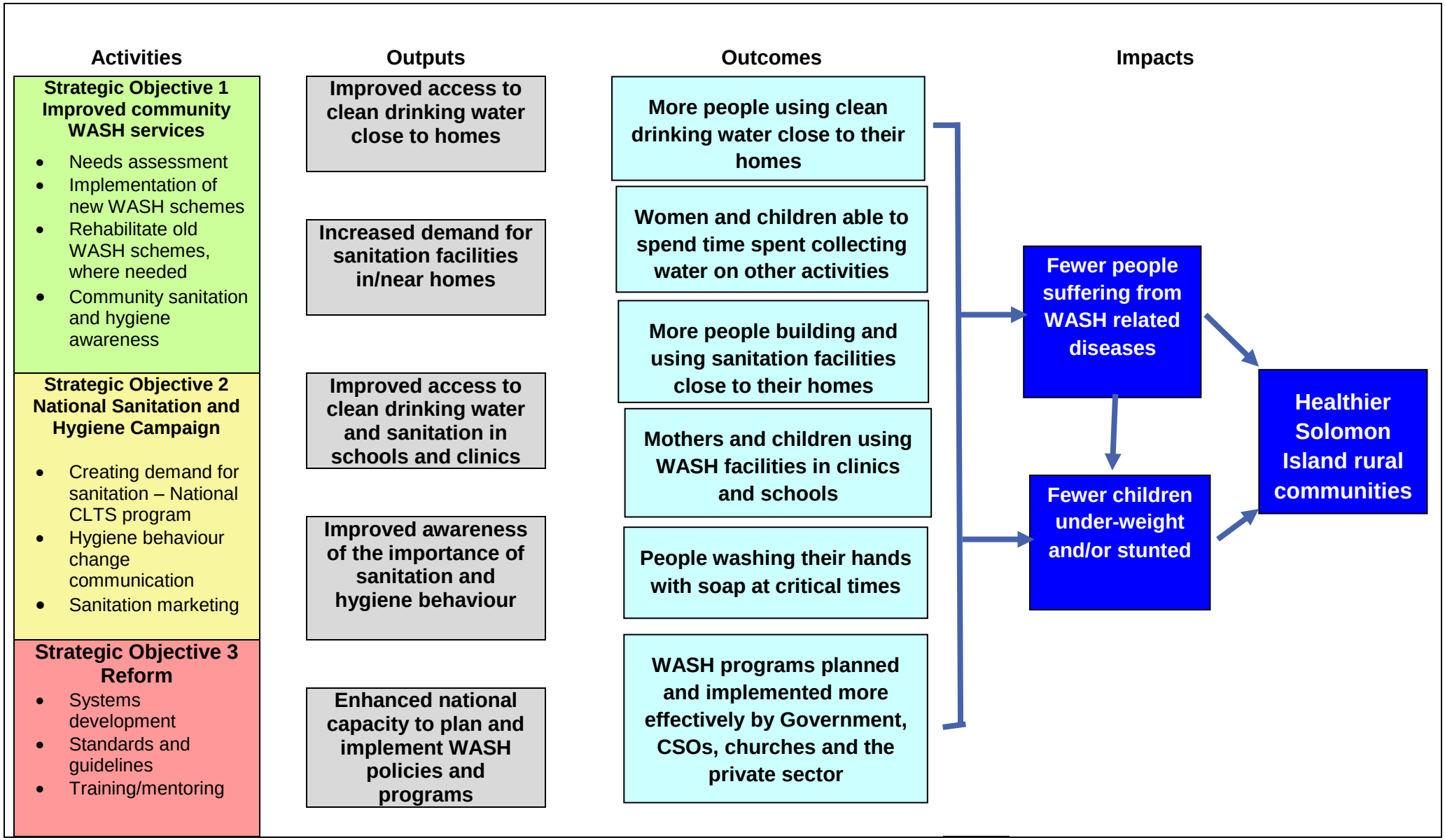


Figure 2 RWASH Theory of Change

4 STRATEGIC OBJECTIVES

4.01 The Strategic Plan has 3 strategic objectives. These are:

1. **Improved WASH services in communities**. Improved access to clean water and sanitation facilities in rural communities, schools, clinics and public institutions.
2. **Improved sanitation and hygiene practices nationally**. Improved access to and use of sanitation facilities and hygiene practices in every rural household and community.
3. **Sector reform.** Changes to the way WASH sector stakeholders are organised and work together to improve the efficiency and sustainability of the rural WASH service delivery.

4.02 The Strategic Plan will ensure a coordinated, efficient and equitable approach to water supply, sanitation and hygiene in all rural communities. Under Objective 1, government and the private sector/civil society will work with communities to build or rehabilitate water schemes and simple sanitation facilities at schools and clinics, where these are required. Under Objective 2, sanitation activities and hygiene education will be promoted in all rural communities, supported by national awareness building. Implementation will be led by the Solomon Islands Government.

4.03 Objectives 1 and 2 both involve building new capacity amongst government and other WASH sector actors. This capacity building—relating directly to service delivery—is described under each objective, below.

4.1 Strategic Objective 1: Improved community WASH services

Overall approach

4.04 The Solomon Islands Government has decided to change its role from directly constructing rural water supply systems to one of regulating and monitoring the rural WASH sector. The government, through the Ministry of Health and Medical Services (MHMS), will use open tendering to engage civil society and the private sector to deliver services. These agencies will become RWASH 'service delivery partners' and will operate in line with national standards and guidelines.

4.05 Overall responsibility for implementing the community WASH program will rest with the Rural WASH Programme (RWP) within the Environmental Health Division (EHD) of MHMS. Staff at national level will be responsible for setting standards and guidelines, oversight of technical design, contracting the service delivery partners and consolidating planning, budgeting and monitoring undertaken in the provinces. At provincial level, RWP staff will carry out some direct implementation but mostly will oversee the work of the private sector agencies who will be contracted as 'Service Delivery Partners' (SDPs). RWP staff in Honiara and the provinces will be trained to manage contracts with SDPs including skills in tendering, negotiation, contracting, supervising implementation and monitoring. The proposed RWP structure is explained in Section 4.3.

4.06 The delivery of community WASH services will involve three areas of work. These are summarised below and described in detail in the following sections.

1. **Planning and monitoring**—systematic collection of planning information on WASH infrastructure in rural communities across the country and community-level monitoring of progress against standards set by MHMS.
2. **Community WASH infrastructure**—rehabilitation of existing WASH infrastructure and construction of new facilities. WASH Facilities will include community water supply systems, water and sanitation facilities in schools and clinics, and promoting good sanitation and hygiene practices. Activities will take place in all provinces. Work will increasingly be implemented through private sector Service Delivery Partners.
3. **Sustaining WASH outcomes**—the RWASH Policy requires great focus on sustainability of WASH services. RWP and the Service Delivery Partners will strengthen WASH management capacity within communities and also establish a network of government and private sector support so that communities can access spare parts, technical advice and finance.

Targets

4.07 The strategies described below aim to achieve the following targets:

Table 3 Targets for Community WASH

	2015	2016	2017	2018	2019
Community WASH schemes (1)	35	67	92	131	183
Health facilities (2)	-	15	41	80	132
Schools (2)	-	15	41	80	132
Additional population served	-	9,900	16,300	25,600	38,100

(1) # rural communities where all households have access to an improved source of drinking water within 30 minutes, including queuing.
(2) # rural schools and health clinics with basic water supply, sanitation and hand washing facilities.

4.08 The actual outputs achieved will depend largely on resources allocated to the sector. Financing assumptions for the targets shown here are set out in Section 5. More detailed indicators and results can be found in Annex 1.

Sub-strategies

Planning and monitoring

4.09 Effective planning of the rural WASH sector is inhibited by a lack of information on existing infrastructure and coverage in the Solomon Islands. Under the Strategic Plan, a first step in expanding access to WASH services in rural communities will be to collect and analyse detailed information about the existing situation.

4.10 Three sources of baseline information will be gathered. A national Demographic Health Survey (DHS) will be carried out by MHMS in 2015 with the support of WHO. It will collect data at the household level, on a sample basis, about the type of water sources used for drinking water, the type of toilet available at the household and the presence of hand

washing facilities. This information will provide a broad picture of WASH coverage in rural communities.

4.11 RWP will complement the household-level DHS information by conducting a national stock-take of water supply systems. This will be done in 2015. It will estimate the total number of systems currently operating in each province together with information on the capacity, location, functionality[23], ownership, years of operation and level of service provided by each system. Data will be collected on a province-by-province basis combining local knowledge with site visits where information is lacking or particularly uncertain. It will be stored in a very simple relational database that links system information with community-level data from the national census (and, potentially, health centres data from the HIS).

4.12 Further detailed information about the WASH situation in each community will be collected by RWP or its contracted partners before starting work in a community. Service Delivery Partners (SDP)[24] will continually collect baseline information for the areas in which they work—both in communities where new WASH infrastructure is constructed and in neighbouring communities. In this way, a complete picture of all rural communities will be built up over six to ten years. The information will be used for planning in each province. RWP will invest in data management technology to facilitate the collection, storage and sharing of RWASH data.

4.13 As RWP moves away from direct construction, government staff will play an increasingly important monitoring role. RWP provincial officers will be responsible for monitoring the WASH activities of implementing partners and contractors in rural communities and assuring quality. They will visit rural communities to monitor the work being done. Implementing partners will prepare regular progress reports for provincial and national RWP and staff in rural health centres will report on WASH-related problems in their catchment areas. RWP National staff will collate and summarise provincial data and regularly update a national WASH database. RWP will also maintain a register of private sector suppliers and contract workers who provide goods and services for the sector and assess their respective performance. RWP will set standards for planning, community mobilisation, design and construction—against which monitoring will take place. RWP will report on progress to MHMS and development partners, through the MHMS Partnership Coordination Unit.

Principal roles and responsibilities

Who	***What***
RWP, National	Define service standards against which to monitor progress Collate provincial data on the extent of water supply systems in each province Ensure WASH indicators are included in the national census and demographic and health surveys; and that these are collated to provide WASH coverage information

[23] Whether the scheme is fully operational, partly operational or not operational.

[24] The role of Service Delivery Partners, who will be contracted by MHMS to work on rural WASH, is explained in detail below.

	Maintain a national WASH database that is regularly updated and includes information on community management capacity and water system functionality; as well as WASH coverage
RWP, Provincial	Collect baseline information on the extent of water supply systems in their province Oversee the Service Delivery Partners to ensure that they provide regular updates on community-level conditions. Maintain up-to-date information about the extent and functionality of WASH infrastructure in their province and regularly inform stakeholders on RWASH progress and outstanding needs
Service Delivery Partners	Carry out a detailed WASH assessment in their area of responsibility; providing detailed information on WASH conditions in every rural community Report regularly (at least annually) on changes to WASH coverage indicators in their area of operation

Community WASH infrastructure

4.14 There are approximately 1800 rural communities in the Solomon Islands. Of these, 600 are thought to have functioning water supply systems, while 1200 require construction of new systems or rehabilitation of old ones. Most schools and health clinics in rural areas also need improved sanitation and hygiene facilities. Assuming a 20 year design life for new systems, in the long term, about 90 new systems will be required every year to maintain 100% coverage.

4.15 To meet the significant challenge of providing WASH infrastructure in all communities, MHMS will contract Service Delivery Partners (SDP) to work alongside communities to construct/ rehabilitate their WASH schemes and build toilets and hand washing facilities at schools, clinics and other public institutions. Each SDP will work in one or more provinces, in close partnership with RWP. RWP provincial staff will supervise the quality of work by the partners and ensure that it meets government standards and guidelines.

4.16 In addition to construction, work with communities will involve: (i) participatory planning with communities, (ii) building the capacity of communities to operate and maintain their facilities and (iii) promotion of good sanitation and hygiene behaviours. Work in schools will include constructing facilities and promoting practices for menstrual hygiene management.

4.17 RWP will be responsible for planning and managing the program. Provincial RWASH plans will be developed each year, in collaboration with all sector stakeholders and under the leadership of EHD. These plans will form part of the Annual Operating Plan that each Provincial Health Department will develop. Community schemes will be selected using a standard process using criteria defined in the RWASH Policy. The process is detailed in the Community Engagement Guidelines and summarised in Annex 2. In the early years of the Strategic Plan, EHD will continue to implement a small number of community schemes. These will gradually phase out and once the SDPs are fully operational, EHD will change its focus to monitoring progress, supervising quality and managing the SDP contracts.

4.18 The number of community WASH schemes funded each year will be determined by MHMS based on the funding set out in the Medium Term Expenditure Framework (MTEF) and made available by Solomon Islands Government. An estimate of the scale of work in the next five years is shown in Section 5.

Principal roles and responsibilities

Who	***What***
Service Delivery Partners	Develop and complete annual work plans for community WASH construction/rehabilitation, including community engagement, design and procurement, construction supervision and sanitation and hygiene infrastructure in schools and health facilities
RWP National	Prepare a budgeted, rolling annual work plan for improved community WASH services across all provinces Manage tenders and contracts for SDPs
RWP Provincial	Manage the annual RWASH planning process in their province Supervise all stakeholders working on RWASH, particularly Service Delivery Partners Work directly with communities to improve services in areas where SDPs are not yet available (this task to diminish over time as implementation through partners expands)
Community-based Rehabilitation Department (CBRD)	CBRD Provincial staff, participate in community engagement process in all communities during pre-construction workshop to support involvement of people with disabilities (PWD) and to ensure their priorities are addressed (subject to CBRD staff availability)
Other private sector	Supply goods and services to SDPs and to RWP, including construction supervision by ex-RWSS and other skilled personnel

Sustaining WASH outcomes

4.19 To sustain improved WASH outcomes, it is important that water supply systems and community sanitation facilities (e.g. at schools and clinics) are operated and maintained effectively. This will require establishing effective community management systems. It will also require the government and private sector providing ongoing support.[25] To achieve this, the Strategic Plan will combine stronger community engagement with development of a network of government and private sector support.

Stronger community engagement

4.20 MHMS recognises that rural communities must be involved in planning, constructing and managing their WASH schemes. EHD will develop guidelines and put in place a standardised approach to community engagement covering: community planning and mobilisation;

[25] See, for example, Lockwood and Le Gouais, 2011, *Professionalising community-based management for rural water services*. Briefing Note No. 2, December 2011, Triple-S, IRC International Water and Sanitation Centre, The Hague, Netherlands.

formation of community management groups; and operation and management of WASH assets. All agencies implementing rural WASH activities—including RWP itself—will follow the standard approach. The new guidelines will apply to building new community infrastructure and rehabilitating existing systems.

4.21 EHD will train a pool of Community WASH Facilitators in each province. These trained facilitators will lead the community engagement process. They will also visit each community twice yearly after schemes have been completed, to monitor and support the WASH committee. This will continue until RWP is confident that the WASH Committee is fully functioning.

4.22 The community engagement guidelines will emphasise that women and people living with disabilities must be included in planning, construction and management of schemes. Facilitators will encourage communities to carefully analyse exclusion within their communities and decide how best to respond. SDPs will document the analysis in each community and monitor progress towards inclusiveness. RWP will report on social inclusion in its progress reports.

Creating support networks for communities.

4.23 Communities will be supported to sustain their WASH systems. Community WASH Facilitators from SDPs will work with community WASH Committees to provide training, mentoring and access to technical advice. All systems will have trained caretakers, appointed and supervised by the WASH Committee, who will regularly monitor the function of their water system. They will also undertake minor repairs.

4.24 Where major problems arise, community facilitators will link the WASH Committee with RWP provincial staff. RWP provide technical advice and where necessary link the WASH Committees to private sector technicians and suppliers of spare parts. Over time, a network of technicians and suppliers will be built up in each province to work for communities on a fee-for-service basis in the long term.

4.25 WASH Committees, members and caretakers will be formally registered by RWP. Training of the committees and caretakers will be extended to neighbouring communities whenever a new water supply is built or rehabilitated. Training will have a strong practical element and training records will be maintained by RWP.

*A*ccessibility for all

4.26 The needs of people living with disabilities will be addressed in design standards and built into training of masons and the Rural Training Centres (RTC) training program. Households and communities will be encouraged to identify and respond effectively to the needs of people with disabilities in their community. Universal accessibility (that is, designing facilities so that they are suitable for use by people with and without disabilities) will be promoted in design standards and will apply to public facilities.

4.27 Provincial staff from MHMS Community-Based Rehabilitation Department (CBRD) will be trained in the community engagement process and will join the SDP or RWP teams whenever the pre-construction workshops are held with communities. They will help community members, including those with disabilities, to think about disability and exclusion and to address the needs and priorities of PWD at the household level and in public institutions.

Principal roles and responsibilities

Who	***What***
RWP National	Coordinate ongoing technical and financial support to rural communities by Solomon Islands Government and other WASH sector stakeholders Train a pool of WASH community facilitators, including RWP, SDP and other private sector staff Coordinate stakeholders at the national level to ensure tertiary training for WASH professionals
RWP Provincial	Visit communities where a water supply system or WASH facility has broken down to help the WASH Committee to arrange repairs Fund large repairs that are beyond the ability of communities to pay themselves (such as replacing water transmission lines) Provide technical advice and oversight for all training of community WASH Committees
Service Delivery Partners	Establish (or revitalise) WASH Committees for every water supply system and other WASH infrastructure (especially school toilets). Build capacity of the committees, both organisationally and technically Visit all communities in their area of responsibility on a regular basis to monitor and support WASH committees and ensure social inclusion (gender, disability, marginalised people) within the program. Stimulate the capacity of the private sector to provide spare parts and technical services rural communities by engaging them during construction and rehabilitation and for ongoing maintenance
Other private sector	Supply spare parts and technical services (for repairs beyond the capacity of community members) for WASH infrastructure

Implementation mechanisms

4.28 MHMS will contract SDPs to deliver community WASH services. Each SPD will field one or more 'WASH Teams' who will be allocated to a specific province. Ideally, this will be a province where the SDP is already working. The WASH Teams will comprise: an engineer; 4 community WASH facilitators (2 pairs, one woman and one man); 8 construction supervisors; and support staff (procurement, logistics/transport, finance, administration). Teams will be located at a provincial base.

4.29 Each year the SDPs and RWP national and provincial staff will meet to agree on a work plan for each WASH Team. The aim will be to deliver at least 24 new and/or rehabilitated systems per SDP team per year. The annual plans will pool available funds from Solomon Islands Government and the SDP's own resources. In line with the RWASH Policy, RWP will continue to encourage communities to raise their own funds to carry out minor repairs that they can manage themselves.

4.30 SDPs will be expected to engage small-scale private sector operators, often ex-RWSS staff, as part of their teams. Contracts with SDPs will require them to work with the private sector, including for the supply of materials and transport.

4.31 SDPs will be selected through a competitive tendering process, open to national and international organisations. Interested organisations will be required to submit Expressions of Interest (EoI) followed by a detailed tender to partner with MHMS in one or more provinces. Contracts will be negotiated with successful tenderers by MHMS with technical assistance (TA) support. The tendering and contracting process will be in accordance with Ministry of Finance and Treasury (MoFT) directives. The Central Tender Board will be involved as specified in the Solomon Islands Government's Financial Instructions. Within MHMS, the tendering process and management of SDP contracts will be managed by the Partnership Coordination Unit under the supervision of the Under-Secretary for Policy and Planning.

4.32 The approach will be piloted with by one or two SDPs in 2015. The model will then be revised, as necessary, and coverage expanded in line with available finances.

Government's changing role

4.33 The change from government delivery of WASH schemes to service delivery through partners will take several years to scale up across the country. During this period, RWP will continue to implement schemes directly in those areas where SDPs are not yet operating. By 2018, when the full transition to SDPs has taken place, RWP staff will only be working in a regulatory/monitoring capacity.

4.34 EHD will work closely with SDPs to ensure they deliver high-quality services. This will involve regular meetings to identify potential problems and a good understanding of and respect for the roles of each party. Partnerships need to be managed with a view to the long-term. It is important that SDPs are accountable but also that they are provided with the certainty needed for them to scale up their capacity to meet Solomon Islands Government requirements.

Capacity building

4.35 To implement the Strategic Plan, both government and SDPs will need to strengthen their capacity.

4.36 RWP will be restructured nationally and in the provinces, as described in Section 4.3. In future, the RWP staff—who will remain part of EHD—will be dedicated to RWASH activities and will need to develop a range of new skills, including:

- contracting and contract supervision—tendering, selecting and negotiating contracts at national level; supervising execution at provincial level; approving and executing payment; communications and dispute resolution;
- community engagement—delivering community engagement processes (planning, mobilisation, community management, etc.); training staff from other stakeholders to conduct community engagement;
- monitoring and data management—establishing and operating processes to systematically collect, analyse and report on WASH needs and outcomes.

4.37 In addition, it will be necessary to strengthen RWP's capacity in the design and technical supervision of community water supply schemes. Currently, only one RWP staff has the necessary skills. An additional four Engineering Officers will be required. RWP staff will also need to strengthen their planning and budgeting skills. This is discussed in Section 4.3.

4.38 SDPs will be expected to build the capacity of their staff in order to develop a cadre of new WASH staff to meet the country's needs. RWP staff will be involved in training SDP staff where appropriate (for example, in the community engagement process). Also, where appropriate, SDP engineers will provide on-the-job training for junior EHD/RWP staff to build their RWASH technical capacity.

4.2 Strategic Objective 2: Improved sanitation and hygiene practices

Overall approach

4.39 The Sanitation and Hygiene component will involve a national campaign to bring about behaviour change in every rural community in the country within five years. This will ensure that sanitation and hygiene inventions—the most effective and least costly ways to reduce WASH-related disease—are given appropriate funding and priority. Hand washing with soap will be central to the campaign since this is effective in combatting two of the most significant health problems experienced by rural communities—respiratory infections and diarrhoea—and other neglected tropical diseases.

4.40 There will be three elements to the national sanitation and hygiene campaign:

1. **Creating demand for sanitation**. Community-led total sanitation (CLTS) will be 'triggered' in every rural village in the country. It will encourage (i) individuals to cease defecating in the open so that communities become open-defecation free; (ii) all households to build and use simple toilets and hand washing facilities; and (iii) communities themselves to improve sanitation and hand washing facilities in schools, health centres and other public locations. The aim is for Solomon Islands to become an ODF country within 10 years.
2. **Hygiene behaviour change communication (BCC).** This will focus on people washing their hands at critical times (for example, after defecation and before preparing food) and always using toilets for defecation. Messages will be delivered through schools, mass media channels, churches and other public health programs.

3. **WASH (Sanitation) marketing.** This will build demand for sanitation and hygiene goods and services (such as soap and toilet slabs); and work with the private sector to strengthen the supply chain to meet the increased demand. It will complement the work of demand raising through the CLTS program.

4.41 The national campaign will be overseen by RWP, in close collaboration with HPD. It will have its own funding and management arrangements, separate from the Community WASH program. At the provincial level, HPD staff will be the prime resource for delivering the campaign, particularly sanitation demand creation.

Targets[26]

4.42 The strategies described below aim to achieve the following targets:

Table 4 Targets for sanitation and hygiene

	2015	2016	2017	2018	2019
CLTS Triggering % of communities triggered	7%	20%	47%	73%	100%
ODF % communities which are ODF	3%	13%	33%	60%	87%
Sanitation additional population with improved sanitation	13,300	53,200	132,900	239,200	345,500
Hygiene additional population with hand washing facilities[27]	15,200	60,900	152,100	273,700	395,300

4.43 More detailed indicators and results can be found in Annex 1.

Sub-strategies

CLTS—moving quickly to scale

4.44 Improving water supplies in all rural communities in Solomon Islands will take at least ten years and cost in the order of 1 billion Solomon Island dollars. CLTS, in contrast, can be delivered quickly at scale with much less cost. Recognising this, the Strategic Plan separates CLTS from the community-based infrastructure program so that the Solomon Islands can rapidly improve sanitation and hygiene coverage across the country.

[26] Definitions for each of the targets will be aligned with the JMP post-2015 targets and indicators that will be included in the Performance Assessment Framework (Annex 1).

[27] It is expensive and difficult to monitor hygiene behaviour change directly. For regular monitoring, proxy indicators, such as the presence of hand washing facilities with soap or soap substitute, will be used to gauge and report on progress.

4.45 The CLTS program will involve small teams of facilitators visiting villages to 'trigger' CLTS.[28] Every village in the country will be covered within five years. The program will result in entire communities stopping open defecation and with all households building simple toilets, generally from locally available materials. Hand washing will be promoted resulting in households building simple hand washing stations. Community members will also work together to construct simple toilets in public places, such as schools, markets and churches. Communities vary in their response to CLTS triggering. Some will require more follow-up visits than others to consolidate behaviour change. In communities and areas which are most resistant to change follow-up activities will be needed for a number of years.

What is CLTS?[29]

Community Led Total Sanitation (CLTS) is an innovative methodology for mobilising communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF (open defecation free).

CLTS is based on the recognition that simply providing toilets does not guarantee they will be used or result in improved sanitation and hygiene. Earlier approaches to sanitation were based on using subsidies as an incentive. This often led to uneven adoption and problems with sustainability. It also created a culture of dependence on subsidies. Open defecation and the cycle of faecal–oral contamination continued to spread disease.

CLTS, in contrast, focuses on the behavioural change needed to ensure real and sustainable improvements. It invests in community mobilisation instead of hardware and shifts the focus from toilet construction for individual households to the creation of open defecation-free villages. By making communities aware that if any household continues to defecate in the open everyone is at risk of disease, CLTS triggers the community's desire for collective change. It propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

The 'triggering' process in CLTS occurs at a half-day community meeting using participatory tools to raise awareness. This culminates in community members making their own action plan to create an open-defecation free community. During triggering the most enthusiastic and persuasive community members emerge as 'natural leaders'. Along with traditional community leaders, these natural leaders follow up the CLTS response in their village, motivating their friends and neighbours to build and use toilets and eliminate open defecation.

[28] 'Triggering' refers to the initial half-day meeting with communities that converts awareness into action.

[29] This summary is taken from the Community-led Total Sanitation web site hosted by Institute for Development Studies at the University of Sussex; http://www.communityledtotalsanitation.org/page/clts-approach

4.46 Community leaders will be strongly involved in the CLTS triggering and follow-up. CLTS facilitation requires charismatic leadership rather than specialist health knowledge. Women and men in the community who are good at communicating with their peers, such as teachers, traditional leaders, pastors and lay preachers, will all be invited to play leadership roles. Government health staff will also be linked to the CLTS program so that they can provide support and encouragement. Churches will play an active role, with pastors and parishioners being trained and encouraged to act as 'Natural Leaders'. The involvement of community leaders and links to government health staff will create a base for sustained follow-up of communities after they become ODF.

Principal roles and responsibilities

Who	***What***
RWP National	Oversee the planning and execution of the national CLTS program Contract, train and manage regional CLTS facilitator teams Coordinate CLTS activities of individual civil society organisations (CSOs) within the national program Establish and operate CLTS Task Force at national level
HPD National	Liaise with RWP to coordinate input from HPD, particularly managing involvement of provincial HPD staff
HPD Provincial	Establish CLTS Task Force in their province Provide HPD staff to participate in CLTS triggering and follow-up Lead ODF certification teams in each province Monitor and report on provincial progress
CLTS Facilitator Teams	Plan provincial CLTS programs, in consultation with Provincial CLTS Task Forces and Provincial HPD staff Trigger CLTS in each rural community Provide post-triggering follow-up in each community, including promotion of hand washing and monitoring of progress Arrange certification and celebration for ODF communities.

WASH hygiene behaviour change communication

4.47 A behaviour change communication (BCC) campaign will be implemented nationally and in the provinces to ensure that hand washing and other WASH-related good hygiene practices become entrenched in rural communities. The BCC campaign will be timed to coincide with the roll-out of the CLTS program in each province. Messages delivered through the health system and mass media will complement CLTS community-based activities.

4.48 The hygiene campaign will use behaviour change communication (BCC) rather than an education approach. BCC recognises that behaviour is influenced by a range of factors which must be managed to create lasting changes. Development of the BCC campaign will be based

on research into WASH-related hygiene behaviour and will use the FOAM framework—focus, opportunity, ability, motivation[30]—to identify and respond to the behaviour determinants.

4.49 The program will be based on a standard set of messages and delivered through multiple channels including mass media, schools and existing public health programs. The same messages will be delivered during CLTS follow-up and community-based WASH activities. They will also be integrated into the MHMS public health activities and reinforced throughout the health system. At rural health facilities, for example, primary health care staff will share National Sanitation and Hygiene Campaign (NSHC) messages as part of their daily interaction with patients. The school curriculum will promote the BCC messages and schools will be encouraged to celebrate global WASH days (for example World Toilet Day and Global Hand Washing Day).

4.50 Consideration will be given to the use of innovative information and communication tools, including mobile phone messaging and low-cost 'tablet' computers for use by health staff to deliver high-quality audio-visual promotion for communities and at health facilities.

4.51 Partnerships will be sought with private sector firms, particularly soap manufacturers, to promote the sale and use of products associated with WASH hygiene.

4.52 The WASH BCC activities will be designed and delivered in close coordination with the National Trachoma Task Force. Face washing, as well as hand washing, messages will be included. The National Trachoma Task Force will address the facial cleanliness element of the National Trachoma Initiative's 'SAFE' strategy through the WASH BCC program.[31]

Principal roles and responsibilities

Who	***What***
HPD National	Formative research into WASH hygiene knowledge, attitudes and practices to develop/endorse a set of standardised BCC messages for use throughout the country Contract mass media, including radio, print media and telecommunications, to promote BCC messages
HPD Provincial	Coordinate BCC activities across the province Organise celebration of global WASH days supported by well-known figures acting as WASH ambassadors
MHMS rural health staff	Direct promotion of BCC messages with households and communities through existing public health programs,
Schools and teachers	WASH BCC in and through schools; celebration of global WASH days
Private sector	Partnerships with government to market soap using hand washing BCC messages

[30] For further detail see WSP (2010). *Introducing FOAM: A Framework to analyse hand-washing behaviours to design effective hand-washing programs*.

[31] 'SAFE' stands for surgery, antibiotics, facial cleanliness and environmental improvements—four elements of the international initiative to eliminate trachoma.

WASH (Sanitation) marketing

4.53 The CLTS program and BCC campaigns will generate strong demand for sanitation, hygiene and water supply goods and services. A WASH marketing program will help households meet this demand and obtain WASH goods and services from the private sector. Globally, this type of activity is generally referred to as 'sanitation marketing'. In the Solomon Islands the term 'WASH marketing' will be used to include sanitation, hygiene and water supply goods and services.

4.54 The progressive roll out of WASH marketing will occur province-by-province. It will follow the CLTS program, with the marketing activities being developed to respond to the increased demand created by CLTS.

4.55 The WASH marketing program will be developed around 'the 4 Ps' concept—product, price, place and promotion:[32]

- Product—stimulating the commercial sector to offer rural communities products they want to buy at prices they can afford. This will involve both goods (e.g. slabs, soap, hand washing items) and services (toilet construction or design advice).
- Price—reducing the costs of goods to maximise demand within rural communities (for example, by facilitating access to credit mechanisms offered by other agencies or by vendors).
- Place—'place' refers to distributing goods and services to those places where demand has been generated. This is a critical issue in the Solomon Islands because settlements are widely dispersed. The sanitation marketing campaign will strengthen the supply network to and within each province.
- Promotion—the promotion of sanitation goods and services will be strongly linked to the CLTS program and timed to take advantage of the enthusiasm generated by ODF celebrations.

4.56 Provincial RWP staff are already skilled in constructing toilet slabs and will run training courses to transfer this knowledge to private sector masons. Training programs will cover construction techniques and simple business skills (finance, marketing and record keeping). They will be offered through the network of existing Rural Training Colleges. The aim will be to ensure that in every rural community there is at least one trained person with experience of constructing basic sanitation facilities.

4.57 WASH marketing will also seek to strengthen the distribution networks for key products, such as soap for hand washing and durable materials to make simple hand washing stations. Marketing messages will be linked to, and reinforce, the hygiene BCC campaign.

[32] See Devine, J and Kullman, C (2011) *Introductory Guide to Sanitation Marketing*. WSP

Principal roles and responsibilities

Who	***What***
RWP	Design and oversee the WASH marketing program, in close coordination with HPD, and based on a market assessment and MHMS technical guidelines. Integrate other WASH marketing programs into the national approach, particularly the Australian Government-funded program of Live and Learn Environmental Education. Establish a network of trained and accredited private-sector masons across the country, using existing RWP staff as trainers. Create linkages between micro-finance programs and sanitation entrepreneurs.
Rural Training Centres	Develop modules and train teachers to deliver modules on basic sanitation and hygiene construction (toilets and hand washing facilities). In parallel with the CLTS program, offer sanitation construction training through all RTCs including practical exercises to build simple facilities in adjacent schools and clinics.
Private sector	Supply and market WASH goods and services. Offer micro-finance to households for WASH goods, particularly sanitation.

Implementation mechanisms

4.58 The RWP within EHD will oversee the National Sanitation and Hygiene Campaign, in close cooperation with HPD. EHD and HPD will establish a Technical Working Group for the NSHC that will include the directors of each division and relevant senior staff.

4.59 The component of the NSHC that will require the most resources will be the CLTS program. The CLTS program will be staffed by a mix of specialist contract staff employed by MHMS (on rolling 12 month contracts) and HPD staff. HPD has approximately 40 Health Promotion Officers at the provincial level plus a smaller number of 'direct' staff employed by the provincial government. When the CLTS program is delivered in a particular province, the HDP staff will form the core of a provincial team to carry-out triggering and follow-up and monitor progress.

4.60 The CLTS contract staff will move from province to province. These specialists will organise the CLTS program in each province, mobilise the HPD staff, train local CLTS facilitators, and manage logistics and the budget. It is estimated that four teams will be progressively built up as the CLTS program expands, starting with one team during the CLTS pilot planned for 2015. Approximately 30-40 CLTS contract staff will be required (equal numbers of women and men), including Master Trainers, Facilitators, Team Coordinators and a Program Manager. They will be contracted by MHMS on rolling 12 month contracts. The Team Coordinators will work in close collaboration with the Principal Health Promotion Officer in each province.

4.61 The National Sanitation and Hygiene Campaign will be managed by a National Sanitation Manager, working within RWP and reporting to the EHD Director. The National Sanitation Manager will become part of the EHD establishment. They will work closely with HPD, especially the Head of Health Communications. These two managers from EHD and HPD, supported by specialist short-term TA, will develop and oversee the WASH BCC and WASH Marketing campaigns, as well as the CLTS program.

4.62 A range of other stakeholders will be engaged to play a role in the national campaign. These include:

- teachers and school management committees
- RWP technicians (currently building and selling latrine slabs)
- Rural Training Centre staff
- church and community leaders

4.63 The NSHC will be supported by a long-term TA Sanitation and Hygiene Adviser, with regular inputs from short-term specialist advisors including:

- A WASH BCC Adviser to manage the national WASH hygiene component through HPD, supported by short-term specialists and commercial media outlets as required; and
- A Sanitation Marketing Adviser (SMA) to manage the sanitation marketing activities. The SMA will be based within HPD but also work closely with RWP. Activities will involve direct capacity building of commercial providers—through RWP and Rural Training Centres—and also expanding market opportunities by linking commercial providers with the expanding CLTS program.

4.64 The CLTS Facilitator Teams will also be supported by international volunteers with engineering or public health backgrounds.

Capacity building

4.65 Most of the National Sanitation and Hygiene Campaign activities will be new for MHMS staff. HPD senior staff will thus need specialist support and capacity building to design and manage the campaign. The capacity of other HPD and MHMS primary health care staff will also need to be strengthened to incorporate WASH BCC messaging within their existing community-based health promotion activities.

4.66 A long-term TA Sanitation and Hygiene Adviser will oversee the capacity building plan for sanitation and hygiene. This will include engaging short-term advisors to develop capacity for the Hygiene BCC and the WASH Marketing components in areas such as market assessment, media and communications, and gender and social inclusion. The Sanitation and Hygiene Advisor will also oversee the support provided to the CLTS Facilitator Teams by the international volunteers. The overall TA Plan is shown in Annex 4.

4.67 The main areas of capacity building will be in:

- CLTS program delivery capacity, including in facilitation of CLTS triggering and follow-up; management and monitoring; and training. Master trainers will be developed to train a

cadre of CLTS facilitators within government, the private sector, churches and civil society.

- Hygiene promotion capacity, including development of the hygiene BCC messages and capacity to deliver the messages through mass media (provincially and nationally) and with the health system, schools and directly in communities.
- Developing programs and training skills for construction of WASH goods and services. These will include basic masonry skills to build toilets, hand washing facilities and toilet slabs and risers. These programs will be embedded in local institutions, particularly the existing network of Rural Training Centres (RTC). A cadre of master trainers will also be required to train the teaching staff at the RTCs.

4.3 Strategic objective 3: Sector reform

Overall approach

4.68 The Strategic Plan will involve new ways of working in the sector, as described in Sections 4.1 and 4.2. This will require restructuring government agencies and their relationships with other stakeholders, and building capacity in a range of areas. During the Strategic Plan period, significant reforms in the sector will be implemented.

Sector Leadership

4.69 MHMS will be responsible for implementation of the Strategic Plan. It will also review the Strategic Plan each year and revise it, as necessary. Additionally, MHMS will review the Rural WASH Policy periodically and propose revisions, if appropriate.

4.70 An oversight committee (the Rural WASH Oversight Committee) has been established. It is mandated by the MHMS Executive to take high-level decisions on strategy, policy and financing of the Strategic Plan. It is chaired by the Under-Secretary Health Improvement and will monitor implementation of the Strategic Plan. Responsibility for day-to-day management of implementation will rest with the Director EHD.

4.71 A Technical Working Group will be established to develop and oversee the National Sanitation and Hygiene Campaign. It will be formed by senior representatives from HPD and EHD and draw in other members as required from the National Trachoma Unit and the Ministry of Education.

4.72 Coordination with all stakeholders working in the sector will be achieved through the WASH Stakeholder Group which draws its membership from government, civil society organisations and development partners.

4.73 In order to implement the Strategic Plan effectively, the capacity of MHMS and its implementing partners will need to be strengthened.

Government agencies

4.74 **EHD National level.** National responsibility for rural WASH will rest with the Rural WASH Program (RWP). This unit, formerly named the RWSS Unit, already exists within EHD at the

national level. Its proposed structure is set out in Annex 3. Recognising the current freeze on Public Service recruitment, new staffing positions will be filled by restructuring of the existing establishment, including filling any existing vacancies. The main changes are:

- Recruitment of a National Sanitation Manager to oversee the National Sanitation and Hygiene Campaign. The National Sanitation Manger will operate on the same level as the RWP Program Manager and will report to the EHD Director. They will oversee a program team made up of contract staff who will deliver the CLTS Program and will liaise closely with HPD at the national and provincial levels.
- Recruitment of four Engineering Officers, working under the existing Senior Engineer. These staff will work regionally to oversee all survey and design work, carried out directly by RWP or under contract by Service Delivery Partners. The regions will be: (i) Western + Choiseul; (ii) Malaita + Central; and (iii) Guadalcanal, Makira, Isabel, Rennell-Bellona and Temotu, which will have two engineers.
- Delegation of two staff within the EHD Research and Training Unit to work full-time within RWP; one on the Community WASH Program, focusing primarily on capacity building for the community engagement process; and the other for the National Sanitation and Hygiene Campaign.

4.75 **EHD Provincial level.** There will be significant changes at the provincial level. Several EHD staff in each province—a mix of seconded and direct staff—will be appointed to work full-time for RWP. Their main responsibilities will be overseeing all RWASH activities in their province, including both government-funded activities and those of SDPs and other agencies. The senior RWP staff member in each province will report to the Provincial Chief Health Inspector on operational matters and the National RWP Program Manager on technical matters. Larger provinces (Guadalcanal, Malaita, Western) will have approximately six RWP staff and other provinces two RWP staff.[33] The RWP teams will be a mix of seconded and direct employees and will be selected on the basis of their aptitude for facilitation and management. Some flexibility on duties will be retained as seconded staff will be required to carry out statutory duties from time to time.

4.76 **HPD.** No staffing or structural changes are envisaged for HPD. Senior staff at the national level, particularly the Head of the Health Communications Team will be closely involved in planning and contributing to the National Sanitation and Hygiene Campaign. Provincial staff will be trained and supported to play an active part in the CLTS Program. The Principal Health Promotion Officer in each province will play a coordinating role for the provincial activities of the NSHC.

Standards and guidelines

4.77 EHD will publish Technical Standards and Community Engagement Guidelines for the implementation of Community WASH programs. All community WASH schemes implemented under the Strategic Plan will follow these standards and guidelines.

[33] Rennell-Bellona will have a single RWP staff member and given the small size of the province the single seconded staff member there may remain responsible for both RWP and statutory duties.

4.78 Implementing partners will be trained in the use of the standards and guidelines and RWP staff will supervise contractors to check they adhere to the standards and guidelines.

4.79 Guidelines will also be published for the implementation of CLTS, delivery of standard WASH BCC messaging and WASH marketing. These will be followed by the team implementing the NSHC (RWP contract and HPD staff) and by other agencies delivering sanitation and hygiene projects in the Solomon Islands.

4.80 The standards and guidelines will be reviewed by EHD or HPD regularly and revised as necessary. Ongoing training will be given to ensure a consistent approach is followed across the country.

Systems Development

4.81 The Strategic Plan will involve a step-change in the pace and scale of WASH delivery in Solomon Islands. In order to implement it efficiently, EHD and HPD will need to develop and strengthen their management systems.

4.82 A new Health Sector Strategic Plan is currently being developed for MHMS and is due to be completed in 2015. Many of the systems which EHD and HPD will use to deliver the RWASH Strategic Plan are part of larger MHMS systems. These include human resources, planning and budgeting, procurement and finance systems. The strengthening of these systems will be guided by the Health Sector Strategic Plan. In general, RWASH activities will use MHMS systems and delivery of the RWASH program will contribute to broader strengthening of EHD and HPD capacity to use MHMS systems.

4.83 Some new systems specific to the RWASH program will be required:

- **Contract management** systems to administer a range of service contracts. These will include large, multi-year contracts with Service Delivery Partners for community WASH and a range of contracts for the NSHC including CLTS contract staff and mass media. Effective systems will be required to record commitments; monitor progress and quality of implementation; and authorise and execute payment.
- **Information management and monitoring** systems involving (i) strengthening the WASH database to incorporate information from the Demographic Health Survey and the RWASH baseline data, and continuously updated with information from Service Delivery Partners; (ii) establishing a database to monitor the National Sanitation and Hygiene Campaign or incorporation of this information in the existing Health Information System; and (iii) putting in place regular monitoring and reporting by implementing partners against the performance framework.
- **Evaluation.** A robust evaluation of the Strategic Plan will be undertaken by a specialist organisation using a participatory approach that facilitates stakeholders' own learning. This will make use of the monitoring and other information collected by regular EHD and HPD systems and focus on the extent to which the Strategic Plan is achieving expected outcomes and impacts. It will seek to draw lessons on effective implementation to use in improving overall performance.

4.84 EHD and HPD will be assisted to strengthen these systems by the TA consultants. The TA support that will be required is outlined in Annex 4.

4.85 As part of the systems development work, provincial ordinances and regulations will be analysed to ensure they are consistent with and support the Strategic Plan.

Capacity building

4.86 Planning and managing capacity building will be the core responsibility of the TA staff allocated to the sector under support programs from development partners. There will be four long-term TA and a range of short-term technical advisors and volunteers.

Whole-of-sector	
Institutional Strengthening/Capacity Building Adviser	
Community WASH	*National Sanitation and Hygiene Campaign*
Community RWASH Program Adviser	National Sanitation and Hygiene Adviser
Community Engagement Adviser	Provincial RWASH/CLTS Volunteers (4)
Pool of short-term TA inputs	Pool of short-term TA inputs

Figure 3 Technical Adviser positions

4.87 The TA team will prepare an overall Capacity Building Roadmap and detailed Capacity Building Plans for their individual areas of responsibility. The capacity building plans will include indicators and processes to monitor the progress of capacity building.

4.88 The main areas for capacity building of government staff are:

- tender preparation and assessment
- contract management and supervision
- planning, budgeting and financial management
- regulation, design and standard setting
- monitoring and reporting
- social inclusion, gender and disability
- behaviour change communications
- evaluation
- media and communications

4.89 There will be a strong provincial focus for capacity building. This will include training and system strengthening within the Provincial Health Departments; promoting effective planning, management and leadership by senior EHD and HPD staff; and creating networks to facilitate communication among stakeholders (similar to the national WASH Stakeholders Group).

4.90 Capacity building will involve formal training, mentoring and on-the-job training by the TA team. Formal training will be undertaken where possible by local training organisations including Solomon Islands National University (SINU) and the Institute of Public Management (IPAM). Longer-term professional development courses at the Solomon Islands National University (SINU), such as the Diploma in Environmental Health and Diploma in Health Promotion, will continue to be offered to selected staff as part of career development.

4.91 Capacity building will be provided for staff at all levels, including national and provincial staff and seconded and directly engaged staff. Programs will be designed to reinforce existing skills and add new ones.

4.92 Every effort will be made to ensure that training courses draw on best practice examples from elsewhere in the region and that lessons from other countries are used to improve implementation of the Strategic Plan.

Capacity building outside government

4.93 Implementing the Strategic Plan will require a national effort involving civil society, churches, the private sector and the media. It is important that MHMS works closely with these partners to build a coalition for change. This will involve communicating effectively, and organising joint events (e.g., an annual rural WASH day) to involve partners fully in the national campaign to achieve universal WASH coverage and an ODF Solomon Islands.

4.94 In addition, the CSO and private sector partners involved in implementing the Strategic Plan across the country will be trained in the use of the technical standards and community engagement guidelines.

Social Inclusion

4.95 Through the RWASH Strategic Plan MHMS aims to achieve universal access to water, sanitation and hygiene. That will require learning about who is missing out on services and directing programs and resources to overcome their exclusion and disadvantage. In many cases this will involve identifying those rural communities that most need assistance and prioritising support for them. The Community WASH Program will use the provincial planning process to prioritise support. The NSHC will reach every community in the country over a five year period. Efforts will also be made to address disadvantage and exclusion that occurs within communities. This will require learning about who is disadvantaged and why and then working with communities to address the causes of exclusion. There will strong focus on gender equality and disability.

4.96 RWP will provide leadership within the sector to address social inclusion. This will include:

- Engaging a TA WASH and Social Inclusion specialist to review the RWASH program on an annual basis. This specialist will assist senior government staff and long-term TA advisers to review programs and sector documents (policy, guidelines, standard) to ensure that social inclusion is addressed; build capacity amongst government and other stakeholders to address social inclusion; and hold an annual workshop on Social Inclusion in WASH to highlight progress and promote reflection, learning and building networks.
- Involve the Ministry of Women, Youth, Children and Family Affairs (MWYCFA) as partners in the RWASH program. Draw upon MWYCFA specialist gender expertise in development and review of activities.
- Involve CBRD and People with Disability Solomon Islands (PWDSI) as ongoing partners in the development, implementation and review of RWP and HPD activities. This will extend to the provincial level by supporting CBRD staff and PWDSI self-help groups to play a part in provincial planning, service delivery and monitoring.
- Building social inclusion measures into the approaches for Community WASH and the NSHC. For Community WASH, this will include learning about exclusion and supporting communities to take their own action. This could include promoting women and people with disabilities to participate actively and take on leadership positions; and making sure WASH facilities are accessible for all. The NSHC will involve women and people with disabilities in delivering the campaign and making sure messages effectively reach all segments of the community.

4.97 The approach to promoting gender equality will build upon research into gender and WASH in Melanesian countries and will reflect four principles:[34]

Gender in WASH principles

Principle 1: Facilitate participation and inclusion. Focus on ways of working that enable women, men, girls and boys to be actively involved in improving their water, sanitation and hygiene situation.

Principle 2: Focus on how decisions are made. Use decision-making processes that enable women's and men's active involvement within the project and in activities.

Principle 3: See and value difference. See, understand and value the different work, skills and concerns of women and men related to water, sanitation and hygiene.

Principle 4: Create opportunities. Provide space and support for women and men to experience and share new roles and responsibilities.

[34] Halcrow, G, Rowland, C, Willetts, J, Crawford, J and Carrard, N, 2010 *Resource Guide: Working effectively with women and men in water, sanitation and hygiene programs*. IWDA and UTS. Available at www.genderinpacificwash.info.

4.98 Monitoring equality. Under the global post-2015 development goals countries will have to report on their progress towards progressively eliminating inequality in access to services.[35] RWP, with the WASH Stakeholder Group, will lead a national-level participatory process to identify disadvantaged groups for whom monitoring data should be disaggregated. The monitoring data will be used to assess whether (i) access to services is increasing for marginalised groups (ii) the gap in access between the 'general population' and the 'disadvantaged' is decreasing; and (iii) coverage is increasing in public locations such as schools and clinics. RWP will include these equity measures in their progress reporting to MHMS and development partners.

5 FINANCING

5.01 The speed with which this Strategic Plan can be implemented depends on the scale of financing made available to the RWASH sector. As outlined below, to achieve the target of universal access to WASH services a substantial investment will be required over an extended period.

Estimated cost of the Strategic Plan

5.02 Achieving universal access to basic drinking water and improved sanitation and hygiene facilities will require significant investments by Solomon Islands Government and/or its donor partners over an extended period. The approximate investments required for community-based water supplies and sanitation/hygiene are set out below (Figure 4). The investment in 'water supplies' at the community level will also include sanitation and hygiene facilities in schools and clinics but the predominant cost is for construction water infrastructure.

Community WASH systems	
Average system cost	USD64,000
Design life	20 years
New systems required by 2024	1700
Total investment	USD105m
Sanitation and hygiene	
CLTS program	USD4.5m
Hygiene BCC and WASH marketing	USD1.5m
Total investment	USD6.0m

[35] WSSCC, 2104 *WASH Post-2015: Proposed targets and indicators for drinking water, sanitation and hygiene. Recommendations from international consultations*.

Figure 4 Investment required in community WASH and sanitation and hygiene

5.03 These costs are broad estimates based on current information. Greater accuracy will be possible as the Strategic Plan is implemented and knowledge is built up about the new ways of working. In particular, the CLTS pilot in 2015 in Central Islands Province will provide a much clearer picture about the number of staff required to create ODF communities, their speed of working and the expense involved in supervising and supporting them. The tender process for Service Delivery Partners will determine the cost of providing the Community WASH Teams to work in each province. These teams, however, make up only a small part of the cost of constructing community WASH schemes. Approximately 70% of the average cost is for purchasing and transporting materials. It may be possible to reduce this as the scale of work in the sector increases and implementing stakeholders become more efficient.

5.04 Each year, EHD will prepare the annual budget for RWASH activities with detailed lines items to meet the required expenditure on community WASH and the national sanitation and hygiene campaign. This budget will be submitted to MoFT as part of the MHMS budget bid.

Financial resources and financing modalities

5.05 In addition to allocations made by Solomon Islands Government, the major sources of finance in the medium term are from:

- the European Union (EU), under the €17.4m program titled, 'Improving governance and access to water, sanitation and hygiene promotion (WASH) for rural people'. This program will operate from 2015 to 2019 and will provide €13m (USD16.8m) through budget support and €2.8m in sector technical assistance.[36]
- the Australian Government's Department of Foreign Affairs and Trade (DFAT) Australian Aid program, under its A$90m (USD80m) Health Sector Support Program. DFAT envisages approximately A$2m (USD1.8m) being allocated to RWASH annually, comprising approximately equal amounts of budget support and technical assistance funding.

5.06 A range of other agencies such as UNICEF, The World Bank-financed Rural Development Program and a number of local and international non-government organisations implement WASH programs in the Solomon Islands. These agencies are estimated to complete an average of 20 water supply systems per year.[37]

5.07 In the longer term, there is the potential for a second package of assistance to be provided by the EU under the 11th European Development Fund (EDF11). This package is intended to include €25m to rural and urban WASH and is planned to commence in 2018.[38]

5.08 Indicative sources of financial support are set out in Table 5, below. It should be noted that only the EU funding from 2015-19 is confirmed. All other figures are indicative only.

[36] See EU Financing Agreement FED/2013/023-803, signed by Solomon Islands Government 24-7-2014

[37] AusAID HRF, 2013 Joint Audit and Capacity Assessment of Solomon Islands Access to Clean Water and Sanitation Initiative: Final Report

[38] http://www.eeas.europa.eu/delegations/solomon/documents/full_page_article_09_may_2014.pdf

Table 5 Indicative funding requirements and resources (excluding TA), USD millions

	Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	**Total**
Cost	**Total funds required**	2.7	5.2	7.4	9.8	13.1	14.6	14.6	14.6	14.6	14.6	**111**
	Community WASH	2.2	4.3	5.9	8.4	11.7	14.5	14.5	14.5	14.5	14.5	**105**
	Sanitation and Hygiene	0.4	0.9	1.5	1.4	1.4	0.1	0.1	0.1	0.1	0.1	**6.2**
Income	**Major donor programs**	0.0	2.0	3.6	6.1	9.4	6.2	6.2	6.2	6.2	6.2	**52**
	EU	0.0	1.0	2.6	5.1	8.4	5.2	5.2	5.2	5.2	5.2	**43**
	DFAT	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	**9**
	Shortfall (funds required from other sources)	2.7	3.2	3.8	3.7	3.7	8.4	8.4	8.4	8.4	8.4	**59**

5.09 EU and DFAT have committed to providing MHMS with financial support for Technical Advice, as described in Section 4.3.

Financing issues

Budget support

5.10 The EU funding is provided in a non-targeted 'sector reform contract'. The EU will release fixed and variable tranches of funding. Most of the funds are attached to fixed tranches to be paid in Years 1 to 5. Approximately 25% of the funds will be paid as variable tranches in Years 3, 4 and 5, depending on satisfactory performance in the sector.

5.11 There are two implications to this funding arrangement. Firstly, the EU Financing Agreement sets out a number of pre-conditions that must be met each year if fixed and variable tranches are to be released. Generally these are related to progress in the rural WASH sector, although some are related to broader Solomon Islands Government public financial management. MHMS will need to ensure that sector-related conditions are achieved each year and that suitable data is collected to demonstrate that achievement. Secondly, because the funding is non-targeted, Solomon Islands Government will determine how much of the EU funding is allocated to RWASH and how much to other parts of the government budget. The figures shown in Table 5 assume that 100% of the EU grant funding is allocated to RWASH activities. MHMS and the RWP will need to continually present a strong case for allocation of the EU funding to the RWASH sector.

Sustainability

5.12 The figure in Table 5 for 'Total funding required' is based on water supply systems providing twenty years of service after construction. This assumes 5% of systems will need to be replaced every year. Over the long term, this would require construction of approximately 90 new systems per year.

5.13 If systems are not well maintained and last for less than twenty years, the rate at which coverage increases will be slower. If, for example, systems only last an average of five years, then the USD105m proposed investment will only raise national coverage to 54% (as shown in Figure 5). This highlights the critical importance of ensuring that all stakeholders pay careful attention to sustainability of water supply infrastructure and that government leads on this issue.

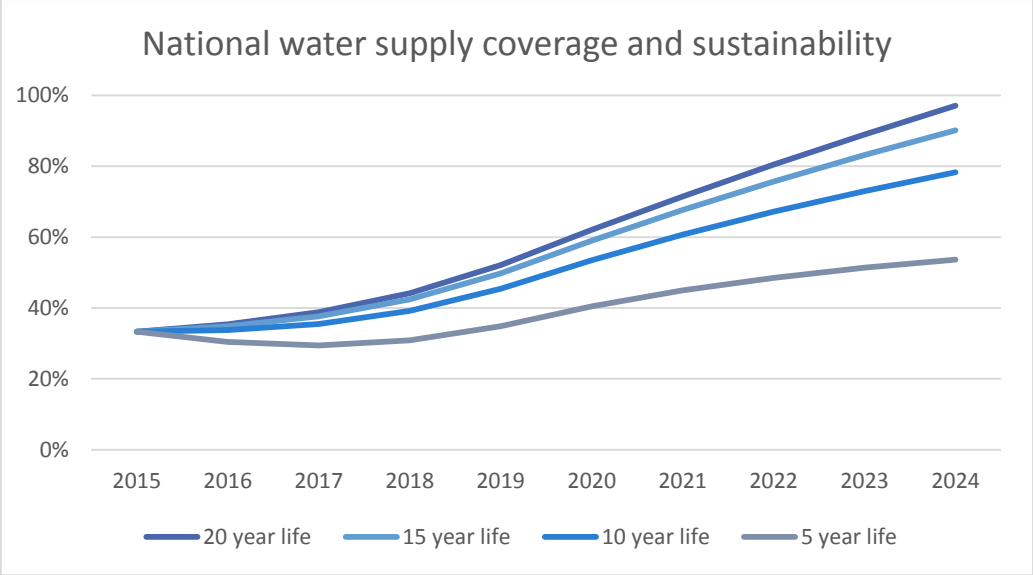


Figure 5 Impact of system life on coverage rates[39]

Engaging with Constituency Development Funds

5.14 It is likely that significant Solomon Islands Government funding for provincial development will continue to be channelled through Constituency Development Funds (CDF). In 2014 the value of CDF grants was approximately USD17m (130m Solomon Island Dollars). Channelling funds in this way does not necessarily result in investment in high-priority areas like WASH. Given the shortfall in funds available to reach universal coverage in rural areas, MHMS will seek opportunities to direct CDF funds towards improving WASH services. This will include provincial planning processes that encourage all stakeholders to work together and to pool all available resources.

[39] Chart shows different coverage rates in 2024 resulting from different average life for water supply systems (5, 10, 15 or 20 year) and a fixed investment of USD100m to construct systems.

ANNEX 1: KEY PERFORMANCE INDICATORS AND RESULTS

1.1 Indicators

Note – Where appropriate, indicators will be disaggregated as by gender, disability and wealth quintiles

Output indicators	Outcome indicators	Impact Indicators
Improved water		
No. of water supply systems constructed or rehabilitated	No. of people with access to basic drinking water sources	Incidence of diarrhoea and related diseases Incidence of under-nutrition in under-5 children (underweight). Child mortality rate [*RWASH makes a contribution to these impacts; indicators will be measured by MHMS as part of the Health Sector Strategic Plan not separately by RWP*]
No. of WASH committees formed and functioning effectively	No. of water supply systems functioning effectively 3 years after construction or rehabilitation	
Sanitation		
No. of communities reached by CLTS triggering program	No. of communities that are Open defecation free (ODF)	
No. of improved toilets constructed at household level	No. of people with access to basic sanitation at home	
No. of schools and clinics with WASH facilities constructed or rehabilitated	No. of students, teachers and clinic attendees with access to functional, child-friendly, universally accessible WASH facilities No. of girls and female teachers with access to basic menstrual hygiene management facilities	
Hygiene		
No. of people reached through hygiene promotion activities*	No. of households with a designated hand washing place with soap and water available [*proxy indicator for people practising improved and recommended hygiene behaviours*]	
National WASH capacity		
Output and outcome indicators for improved capacity will be detailed during preparation of individual capacity building plans for Community WASH and the National Sanitation and Hygiene Campaign. *Output indicators are likely to include the number of service delivery partners contracted; the number of CLTS program staff contracted and trained; and the number of EHD and HPD staff appointed and trained to work on rural WASH* *Outcome indicators*		

*Note: * focusing on improved use of latrines, hand-washing with soap after defecation and hygienic disposal of children's excreta.*

Definitions (as defined by the WHO/UNICEF Joint Monitoring Programme (JMP)).

- *Basic drinking water—access to an improved source (piped water supply, borehole, protected well or spring, or rainwater collection) with a total collection time of 30 minutes or less for a roundtrip including queuing*
- *Basic sanitation—facility that effectively separates excreta from human contact and ensures that excreta does not re-enter the household environment; shared by five families or 30 persons (or fewer) where the users are known to each other.*

Basic menstrual hygiene management facilities in schools and health facilities—separate sanitation facilities for females that provide privacy; soap, water and space for washing hands, body and clothes; and places for changing and disposing of materials used for managing menstruation.

1.2 Results

Note: Results will be disaggregated by gender and disability in the performance framework

[These targets to be set by RWP following the collection of baseline data]

	2014 Baseline	**2015**	**2016**	**2017**	**2018**	**2019 Endline**
OUTCOMES						
No. of people with access to basic drinking water						
No. of water supply systems functioning effectively 3 years after construction or rehabilitation						
No. of communities declared open defecation free (ODF)						
No. of people with access to basic sanitation at home						
No. of students and teachers with access to functional, child-friendly WASH facilities						
No. of girls and female teachers with access to basic menstrual hygiene management facilities						
No. of people practising improved and recommended hygiene behaviours						

ANNEX 2: COMMUNITY WASH SELECTION PROCESS

[Excerpt from the draft Community Engagement Guidelines—to be replaced with the final version from the guidelines]

The process for selecting communities in each province for Solomon Islands Government assistance for community WASH is described in the RWASH Community Engagement Guide, Chapter 2 'Project Cycle'. It commences with RWP encouraging community leaders to prepare a Request Form for assistance for their community. A selection process then occurs in each Province.

Introduction: Once the Request Forms have been assessed, RURAL WASH PROVINCIAL PROJECT SELECTION COMMITTEE selects the communities to be assisted as part of the annual WASH development plan.

Participants: WASH Unit (EHD) head, Health Director, Planning Officer, Education Officer, church officials

Objectives: Select a number of communities to be assisted to develop WASH facilities

Outputs: Prioritised list of communities - selected through a transparent process

Materials: Completed Request Forms, Provincial Development Plan, health statistics data, and criteria for community selection

Steps:

1. **Decide on the Scale of Programme:** The Provincial Government decides on the scale of the WASH development program, largely based on its budget and existing labour force. Large provinces will be allowed to submit a longer priority list than small provinces. Each Provincial Government will decide how many WASH projects it can effectively manage over a one year period. This decision is related to several factors, including: the labour force available, geographic spread of villages, funds available from the province and national funds, etc.

Two different categories of water supply projects:

- Small projects which Provincial EHD can do on their own without outside help e.g. rehabilitation or repair of existing system or small gravity-fed system or rainwater tanks
- Larger, more complicated gravity systems which require outside help and national funding – to be built with national funds

2. **Produce Prioritised List of Communities**
   a) Rural WASH Provincial Project Selection Committee reviews the short list of communities produced by the RWASH Unit and finalises the list of communities to be supported.
   b) List of projects requiring national funding is sent to the National RWP (EHD) – who does the final selection based on the budget available

3. **Official Notification:** Two letters are sent to the community - notification that the engineer will come and survey, and a letter that they have been included in the next year's annual work plan.

Deciding on the scale of the program – issues involved:

- How many communities at a time can RWP support and monitor effectively?

- How many projects can the Provincial Government finance themselves?
- How many projects can be developed with funds from the national level?
- How many Community WASH Teams are available in the province?

The final selection of communities will also be affected by politics and geography. Some provincial governments may decide to spread investments in water supply around the province to avoid being accused of favouring one area over another. For example they may decide to support a few villages in each ward. Other provincial governments may choose to focus their efforts within 2 or 3 wards which have been relatively neglected – based on WASH data.

Criteria for Community Selection

Disadvantaged community?

- Is the community more prone to natural hazards, atolls, or areas without any surface or groundwater source requiring travel to nearby islands.

Fair Distribution?

- Are the communities selected distributed across the province?
- Are the communities fairly distributed among different ethnic groups?

Is there a strong community demand?

Indicators of community demand and interest might include:

- Is water supply top priority, or are other services (e.g., school) considered more important?
- How much money has the community already raised for the new water supply?
- What other actions have the community taken to improve their water supply?
- How was the attendance at community meetings to discuss the new water supply?

Can the community manage the new water supply?

Indicators of community management capacity might include:

- Number of active community-based organisations and committees
- Number of other community projects and how well maintained
- Level of women's participation in managing community projects
- Absence of conflicts within the community – e.g. land disputes, etc.

What safe water facilities does the community have already?

To determine which communities are well served and which are not, you need to look at what safe water systems are already available in each community -

- Type of facilities? condition? yield? distance to facilities?
- What is the ratio of safe water systems to population?

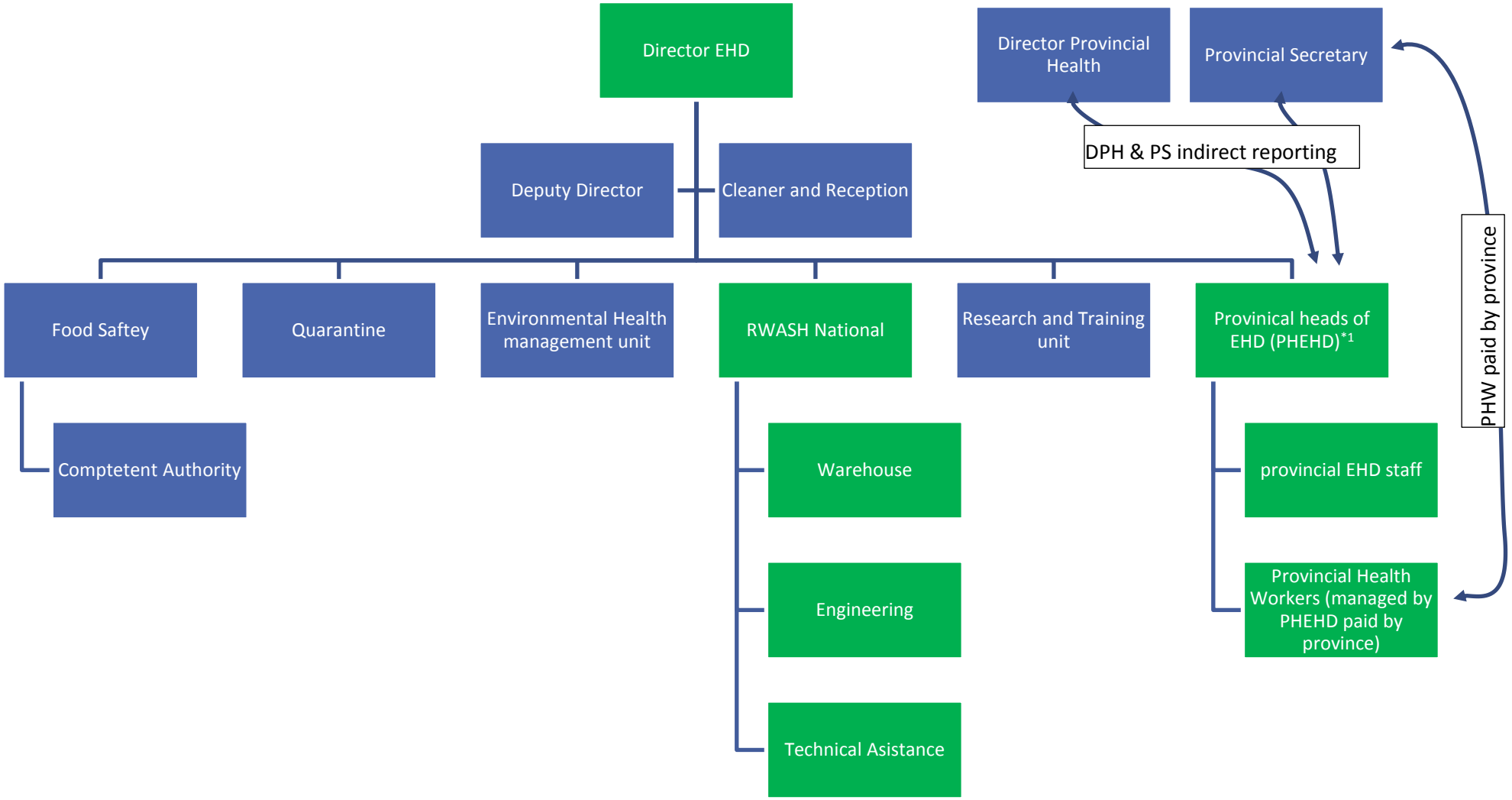
Are lots of people suffering from water related diseases?

This is another indicator of the status of water supply available. Those villages which only have traditional sources (e.g. river) will often have high levels of diarrhoea and skin diseases. Check on the health data from the local clinic i.e. incidence of water related diseases.

Are there lots of conflicts and disputes?

As the success of a community WASH project depends on community participation, it will be impossible to implement projects in communities involved in land or other disputes. If you are aware of any such dispute, then set the community aside until such time as it is resolved.

ANNEX 3: EHD STRUCTURE



Note 1 – Provincial heads of EHD (PEHD) are line managed by Director EHD, however they have informal reporting to Director provincial health and provincial secretary. PEHD is the line manager for provincial health workers although they are employees of and paid by the province.

ANNEX 4: TECHNICAL ASSISTANCE REQUIREMENTS

Technical assistance for the sector will be funded by the EU and by DFAT under separate contracts. The three long-term EU-funded advisers will focus on community WASH and the long-term DFAT-funded adviser will support the National Sanitation and Hygiene Campaign. The EU and DFAT will also support engagement of short-term advisers and a program of international volunteers. Terms of reference for short-term advisers will be drafted by the long-term advisers in response to needs expressed by EHD/HPD staff. All terms of reference will be approved by the RWASH Oversight Committee before being advertised.

The general structure for the adviser support is set out in the following diagram however individual roles will be determined by donor funding availability. In addition it is likely that specific technical advice will be provided to EHD by other sector partners such as UN agencies and NGO's.

EHD RWASH Program – proposed TA structure

(draft, August 2014)