

# New Times, New Targets project in Solomon Islands (WfW340)

## PROJECT EVALUATION

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## Acronyms

CSA	Capacity Self-Assessments
CWSIP	Community Based Water Security Improvement Planning
CLTS	Community Led Total Sanitation
SDG	Sustainable Development Goal
EHD	Environmental Health Department of the Ministry and Medical Services
FGDs	Focus Group Discussions
GSI	Gender and Social Inclusion
GWMT	Gender WASH Monitoring Tool
GPEA	Guadalcanal Provincial Education Authority
HPU	Health Promotion Unit
KIIs	Key Informant Interviews
KAP	Knowledge, Attitude or Practices
LLEE	Live & Learn Environmental Education
MHH	Menstrual Health and Hygiene
MEHRD	Ministry of Education and Human Resource Development
MHMS	Ministry of Health and Medical Services
PI	Plan international
NTNT	New Times New Targets
PEA	Provincial Education Authority
SIG	Solomon Islands Government
PEHD	Provincial Environmental Health Department
RWASH	Rural Water Supply, Sanitation and Hygiene
UNICEF	United Nations International Children's Emergency Fund
WINS	WASH in Schools
WDC	Wards Development Committee
WASH FIT	WASH Facility Improvement Tool
WfW	Water for Women
WHO	World Health Organisation

## Executive Summary

Sanitation statistics for Solomon Islands are reported to be one of the worst in the world have one of the highest open defecation rates in the South East Asia-Pacific Region. Access to water supply and improved sanitation is a high priority, particularly in rural areas, and identified during the provincial consultation process for National Development Strategy (NDS) development. Solomon Island communities generally depend on multiple and mostly unimproved water sources including rivers, open wells, unprotected sources. Hygiene practices are also poor, with pour flush and improved pit latrines are the most common improved sanitation in rural areas.

The project, New Times New Targets (NTNT) implemented in the West of Guadalcanal Province and was designed and implemented to support the Ministry of Health and Medical Services (MHMS) to improve WASH services in 60 rural communities and to help support the Guadalcanal Provincial Health Services (GPHS), responding to the need for upgrade, repair or renovate eight rural clinics. Project also supported the Guadalcanal Provincial Education Authority (PEA) and Ministry of Education and Human to strengthen WASH in 22 schools. During project implementation the total number of communities actually reached were 50, 21 schools and 3 clinics.

An evaluation team was engaged and tasked to evaluate the Project progress and learnings and to provide informed recommendations for consideration in the 2-year funded extension phase. To assess the relevance, efficiency, effectiveness and sustainability of the project results. The evaluation was conducted from 23 January – 3<sup>rd</sup> February, 2023 and covered three Wards including seven communities, 2 health clinics and five schools. A total of 14 interviews, 16 focus groups discussions were conducted with approximately 207 persons reached out to.

The project continues to remain relevant and responds to the needs of the target beneficiaries given that in the Solomon Islands rural areas, only 54 percent have improved water access, only 13 percent have improved sanitation access and approximately 80 percent practice open defecation, access to safe water, hygiene and sanitation are essential to health and wellbeing. The project is supportive of the national policies. Strengthened collaborations and coordination with the relevant stakeholders within the Guadalcanal Provincial Government and national level needs to be continued to be pursued for successful implementation of the project that would contribute to the effectiveness and sustainability of the project results. Overall, the efficient implementation of the project was attributed to COVID- 19 and the health requirements put in place. In addition, the challenges in organising logistics, too many target locations and poor coordination/management including delays in payment of funding tranches. The geographical coverage of the project may have been too ambitious given the difficulty in terrain and infrastructure challenges which affected implementation.

The project has been effective in supporting national CLTS campaigns through training of trainers, collaboration with Provincial Education Authority to train schools on budget processes, coordination with MEHRD SIBLE project to conduct software while SIBLE conducts hardware, and coordination and support provided to MHMS Risk Communication Task Force and MHMS during COVID-19 response. At the community level some changes have been observed through the raised awareness of RWASH, some members of the communities, those who can afford, building their own latrines, building of ablution blocks and wash stations in schools and clinics. School committees, school clubs and communities' facilitators are at various degrees of implementation and success. Overall, there is need to further strengthen the effectiveness of the project. The lack of ownership and buy-in at the community level needs to be addressed. In a number of instances expectation have been raised, which needs to be managed. National policy of no subsidies needs to be balanced with lack of affordability by the target beneficiaries and consideration to adopting a wholistic approach, reducing the number of targeted communities need to be considered at the outset based on thorough baseline surveys and community selection process. The use of five different approaches under the software approach is considered too many for the communities who are not well exposed and who may not have the level of education. Awareness on gender and marginalised sections of the communities is increasing, albeit

very slowly and more work still needs to be done to mainstreaming gender and marginalised sections of the communities in the decision making processes of the communities for equity and inclusiveness.

There is need to continue the project to consolidate the work already done and increase the effectiveness and sustainability of the project results. A review of the whole approach needs to be considered if the project is to make a real difference in the lives of the target beneficiaries.

## Recommendations

1. Strengthen the collaborations and coordination with the Guadalcanal Provincial Office including engaging the Provincial Government Ward Development Committees that is mandated for the maintenance of projects including project funded projects. This can include the following:
  - a. Liaise with the Guadalcanal Provincial Office to establish a Coordinating Committee that is representative of the main departments/divisions or sections such as the RWASH, Environmental Officer, Provincial Education Authority, Engineer section, Ward Committee, Health Promotion, LLEE and PI (SI). To be responsible for coordinating LLEE/PI project and other projects, to play a monitoring and help develop follow-up actions including to support the development of actions in clinics.
  - b. Engage the participation of the CEO, Guadalcanal Provincial Office so that the process and ownership is driven from the executive level<sup>1</sup>. This can include identifying a 'champion' for the cause.
  - c. This includes close collaboration at the national level and with other stakeholders.
2. PI/LLEE – to continue with the project given the dire need for improved sanitation and water in every community, schools and clinics. However, to consider adopting a wholistic approach, implementing both the software and hardware approach taking into account the financial capacity of most community members based on the average income per week, the continued need to raise the awareness and knowledge of RWASH, its benefits and risks when not addressed.
3. The project to effectively link with existing health programmes at the community level such as the Healthy Village setting which also has village committees, which could have been used by the project instead of creating new ones.
4. Strengthen the monitoring functions of LLEE to facilitate lessons learnt to be fed back into the implementation processes for improved results. This includes the engagement of a dedicated M&E officer to be responsible.
5. Strengthen systems and process of communications to address raised expectations of communities, underscoring the need for better coordination, careful planning and at the same time emphasising the need for constant follow-up and clear communications to avoid or minimise misunderstandings.
6. PI / LLEE - Consider using one (or few) integrated approach as in Isabel where the NTNT project was reported to be a success using the CLTS approach only. With six different approaches Communities were confused and trying to recall the various approaches.
  - a. An alternative approach to consider is the Participatory Rural Appraisal (PRA) and includes the following:
    - i. Stakeholder Mapping/Analysis – to map stakeholders they have worked with and to identify outcome of interventions done before;
    - ii. SWOT analysis – identify their strengths and weaknesses;
    - iii. Timeline – have a reference point, identify changes over time;
    - iv. Problem Solution Tree – identify the root cause and what can be done. Includes identifying social, knowledge and cultural barriers

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<sup>1</sup> The CEO is a proponent of RWASH and was the forerunner of the WASH in schools and initiated the collaborations with UNICEF.

- v. Entry Points – identify what to do, who is responsible, etc. This includes developing a simple workplan that can also help out in terms tracking and monitoring.
7. PI/LLEE –Target the education system through an education intervention which have proven effective in increasing the menstrual knowledge of young adolescent girls and skills training to improve competency to manage menstruation more hygienically and comfortably.
    - a. WINS approach - effectiveness of the approach as implemented in schools is affected by the constant turnover of teachers necessitating re-training for teacher mentors.
      - i. Consider collaborating with the National and Provincial levels (Education) to integrate WASH into the education curriculum at all level.
      - ii. In the long term – to work with relevant partners (Government) towards integrating WASH into the teacher’s syllabus. This would contribute to sustainability and effectiveness.
  8. Women and those marginalised still face additional burdens and are yet to be mainstreamed into the decision-making processes. This can include:
    - a. Identifying women leaders or wives of leaders to be part of the Committee set up in communities;
    - b. Identify and include persons with disability in the Committee to represent the views of their community.
  9. For any extension to the Project – Management to consider consolidating and addressing the ‘unfinished’ project activities in the 5 WARDS and communities targeted in the first phase, instead of choosing new project sites.

#### **Community Level**

10. Given the confusion and lack of clarity by the target beneficiaries on the different approaches delivered or simply could not remember due to lapse in time in-between visits, PI/LLEE to institute:
  - a. Quality assurance checks on trainings/delivery of approaches to be conducted randomly and regularly,
  - b. A dedicated Team to be responsible for follow-up, given that the two-member Team currently responsible for each WARD is a stretch and require oversight support for effective follow up, and
  - c. Raise community level advocacy campaign with emphasis on awareness, motivation and advocacy for change of behaviour and to generate demand among community members for the building of toilets, safe water systems and hygiene promotion.
11. Strengthen the engagement of community, Church, women and youth leaders in promoting behaviour change among their fellow community members and leading to the construction of latrines and safe water and good hygiene. This is in addition to the Community Facilitators identified.
12. Consider reducing the number of Wards targeted in the extension to permit consolidation and realisation of results which can be replicated during scale-up phase.

## 1.0 Country Context

Sanitation statistics for Solomon Islands are reported to be one of the worst in the world and open defecation rates are the highest in the South East Asia-Pacific Region. The Solomon Islands National Development Strategy 2016-2035 articulates commitment to meet Sustainable Development Goal (SDG) targets, including Goal 6, to achieve 'water and sanitation for all' (universal access) by 2030. In urban areas, access to improved water is estimated at 90 percent, and access to improved sanitation at 76 percent though this may overstate the reality. In comparison, the 2016 National Rural WASH Baseline reports improved water access at only 54 percent and access to improved sanitation (basic level service) at 13 percent. For Guadalcanal Rural WASH baseline showed Guadalcanal statistics of 43 percent and 14 percent access to improved water and sanitation respectively. Stunting is reportedly impacting 32 percent of children<sup>i</sup> and 7 percent of child under-5 mortalities result from diarrhoea.

Access to water supply and improved sanitation was highlighted as the highest priority need, particularly in rural areas, during the provincial consultation process for National Development Strategy (NDS) development. The Solomon Islands Government (SIG) have invested in establishing Community Led Total Sanitation (CLTS) as the preferred national approach to sanitation and hygiene.

The Solomon Islands government is guided by the Rural Water Supply, Sanitation and Hygiene (RWASH) Policy 2014. Responsibility for hygiene promotion and behaviour change is split between the Ministry of Health and Medical Services (MHMS) Health Promotion Unit (HPU) and RWASH. WASH in health centres is the responsibility of MHMS.

Solomon Island communities generally depend on multiple and mostly unimproved water sources including rivers, open wells, unprotected sources. Rainwater is currently underutilised at 13 percent of rural households which use rainwater as primary water source, which is also a function of the type of building structures in place. Adopting a systems approach to building water security and resilience for the communities through the protection and improvement of multiple sources in each community is adopted under the project.

Hygiene practices are also poor, with household handwashing facilities with soap only available in 16 percent of rural households. Pour flush and improved pit latrines are the most common improved sanitation in rural areas. The CLTS approach despite being the preferred method for improved sanitations and hygiene by the SIG, are yet to be scaled to demonstrate impact and progress.

The RWASH Policy 2014 makes reference to cross-cutting themes such as gender equality, social inclusion and resilience to climate change. These are yet to be translated to implementation level and raising the awareness of government and other stakeholders to support transformative social change through the WASH programmes.

## 2.0 Project Background

The Project was implemented in the West of Guadalcanal Province supporting Ministry of Health and Medical Services (MHMS) through Provincial EHD which is directly responsible for overseeing rural WASH, to improve WASH services and access in rural communities. It also supported Guadalcanal Provincial Health Services (GPHS) to respond to the urgent need for upgrade, repair or renovation of WASH facilities in 8 rural clinics.

The Project supported the Guadalcanal Provincial Education Authority (PEA) and Ministry of Education and Human Resource Development (MEHRD) to strengthen WASH in 22 selected schools in the project area, promoting United Nations International Children's Emergency Fund (UNICEF) 3-Star School WASH approach, and providing an opportunity for sector collaboration, piloting and establishment of evidence-based methodologies.

Based on Live & Learn Environmental Education (LLEE) data, 43 communities were engaged right to the end of the project. However, interviews held with senior management of LLEE it was confirmed that a total of 50 communities, depending on community interests and locations were reached, out of 60 communities initially identified under the project.

### 3.0 Purpose of the Evaluation

To provide an independent final evaluation of Plan International Australia's Water for Women Fund (WfW) projects in Solomon Islands including the

- New Times, New Targets project in Western Guadalcanal Solomon Islands being implemented by Plan International Solomon Islands in partnership with Live & Learn Solomon Islands and Live & Learn Australia.

The Consultant is required to evaluate the Project's contribution to the overarching Water for Women Fund theory of change and to the local WASH sector in Solomon Islands. The evaluation to also provide a comprehensive summary of Project progress and learnings and also provide informed recommendations for consideration in the 2-year funded extension phase (January 2023-December 2024) of Water for Women, noting the extension has strong focus on climate resilient WASH. The final evaluation addressed the project impact and effectiveness as well as the sustainability of outcomes or the extent to which outcomes are likely to endure. Other criteria to be considered, depending on project requirements, include equity, relevance and efficiency.

### 3.1 Methodology

A number of data collection methods were identified in the TOR. These include:

Data collection methods could be used:

- *Desk Review*: a thorough review of relevant project documents, sector policies and different approaches employed were conducted to obtain an overview of the project background, stated outcome and goals;
- *Key Informant Interviews (KIIs)*: interviews with representatives of the Ministries/Departments at the national and provincial levels were conducted focussing on the relevance, efficiency, effectiveness, impact and sustainability of the project;
- *Focus Group Discussions (FGDs)* project: were undertaken with communities, health clinics and school staffs. In addition, the wash in 'schools' checklist' using the core joint monitoring programme (JMP) questions was also used to gather detailed information on latrines, water, sanitation and hygiene practices. participants. Similarly, the core JMP questions specific to healthcare facilities were used. The discussions will focus on the key issues and questions identified with particular emphasis on relevance, effectiveness, impact and sustainability;
- *Field surveys*: Field Visits were conducted to monitor and assess in depth the relevance, efficiency, effectiveness and impact of the Project. Discussions on the appropriateness of the goals and objectives of the project, implementation issues and way forward were also the focus of the discussion;
- *Interviews*: The Consultant Team conducted open-ended and face-to-face interviews, with follow-up questions and prompts of selected people. This offered an opportunity to refine the qualitative data obtained during the evaluation process.

### 3.2 Evaluation Coverage

Three Wards, out of the five Wards, were targeted for the evaluation. In all the community consultations the Evaluation Team was accompanied by the LLEE project officers directly responsible



for the ward. In the three Wards the total number of communities, schools and clinics targeted **under the project** were as follows:

- Ward One - a total of five communities, three schools and one health clinic were targeted;
- Ward Two - a total of six communities, five schools and one clinic; and
- Ward three – a total of seven communities and two schools (no health clinics is targeted).

**For evaluation purposes**, a sample of the above communities, schools and clinics in the three Wards was jointly discussed and agreed to with LLEE. Brief details on the communities, schools and health clinics visited are detailed in Annex 1 (list of Participants). Field work was conducted from 23<sup>rd</sup> January – 3<sup>rd</sup> February. In total communities, schools and clinics visited for evaluation purposes are as follows:

- Ward One – two communities, one Health Clinic and two schools were visited;
- Ward Two – three communities, one Health Clinic and one school; and
- Ward Three – a total of four communities out of seven communities targeted and two schools were visited.

Interviews were held with national and provincial government representatives to elicit their views/ assessments and feedback on the project implementation focussing on the relevance, efficiency, effectiveness and sustainability of the project results. Refer to Annex 1 for a full list of interviewees. It is important to note that the list of government interviewees was drawn up by LLEE. **In summary, a total of 14 interviews were conducted with key government representatives at the national and provincial government levels and implementing partners and 16 FGDs (made up of 248 final beneficiaries) conducted with communities, schools and clinics.**

### 3.3 Limitations

Due to limited time in the field only three wards were visited out of a total of five Wards targeted. This was considered sufficient sample size and representative of the population and to provide a representative result.

## 4.0 Evaluation Findings

### 4.1 Relevance

#### NTNT project is relevant to SI Context

The evaluation established that the New Times New Targets (NTNT) project remains relevant and responds to the needs of the target beneficiaries given that in the Solomon Islands rural areas only 54 percent have improved water access, only 13 percent have improved sanitation access and approximately 80 percent still practice open defecation and access to safe water, hygiene and sanitation are essential to health and wellbeing. The majority of stakeholders within the targeted communities, schools and clinics visited embraced the project as most have been without proper or fully functioning water and sanitation facilities for numerous years. While some communities visited did have water supplies in the past, for most of these communities either these were damaged and in need of repair or up-grading, are non-treated, poorly functioning and some with no water supplies/systems at all. Furthermore, most communities visited do not have readily available clean and treated water sources while some others source their water from wells and boreholes that are also untreated.

#### 4.1.1 Commitment to and acceptance of NTNT Project

Acceptance of the project, its objects and outcomes, are evidenced in the participation of communities, schools and health clinics in the project. Initial consultations and assessments between LLEE Ward Project Coordinators and each community identified priority needs for the RWASH facilities. Commitment of communities, schools and clinics was evident in the establishment of community/school/clinic WASH Committees and WASH Clubs for school children while some communities integrated the responsibility over NTNT project into their existing governance and management structures such as water and sanitation committees previously established by other development stakeholders. In certain communities some households have built their own latrines, awareness has certainly been raised on WASH. These were positive results, but there is still more that needs to be done to influence the community leaders' and other community groups for joint community planning and problem solutions. At the time of the evaluation, it was observed that a number of Community Facilitators (CF), were either not well informed or observed as lacking the capacity to fulfill their role to support community facilitations.

- “Project concept is good as it helps the community live in a healthy manner. Children are able to learn from good practices such as washing hands...”
- Project can improve our standard of living...
- Project can contribute to security for women as they no longer have to walk far at night to the toilet...
- Encourages community support especially to those who are marginalized such as PLWD, the aged, women and children, those who cannot afford to build due to lack of money...
- Project has necessitated the need for sanitation.”

In general, there was no evidence that the necessary level of commitment towards the objectives of the project were being maintained or have increased. With a few exceptions, some households had progressed to completing or building their own toilets. It was also found that in a number of such cases, households had the financial means to do so i.e. to purchase the required raw materials or hardware.

#### 4.1.2 Alignment to relevant policies and plans

The project is aligned to the National Water and Sanitation Plan (National WATSAN Plan) a key Government strategy for ensuring that economic development, public health and food production are not compromised by inadequate, unreliable and unsafe water supplies and lack of appropriate sanitation. It is a response to priority concerns of rural and urban communities and most sectors throughout Solomon Islands (SI) about water supply and sanitation, identified in nation-wide consultations for the National Development Strategy 2016-35 (NDS). It is supportive of Solomon Islands Rural Water Supply, Sanitation and Hygiene (RWASH) Policy 2014 to ensure easy access to sufficient quantity and quality of water, appropriate sanitation, and living in a safe and hygienic environment for all Solomon Islanders. It also promotes social development, which is central to Water for Women (WfW), on the basis of gender equity and disability.

DFAT is Solomon Islands largest development partner and the project contributes to the improvement of the health, education, infrastructure, gender, governance and rural development, the focus of DFAT. More specifically, Plan International Australia (PIA) WfW New Times, New Targets (NTNT) project aligns directly with Australian Government's Department of Foreign Affairs and Trade's (DFAT) Water for Women Fund Theory of Change through socially inclusive and sustainable water, sanitation and hygiene (WASH) outcomes.

While aligning with national policies and plans as well as with development/donor partners overall Theory of Change programmes gives further relevance of the project for communities, schools and clinics, appropriate contextualising of project delivery in terms of approaches is crucial. Committed

involvement of relevant national and local stakeholders where appropriate is critical to ensure any necessary alignment not only serves the national policies and plans and project outcomes but also effectively serve the identified needs of communities. Specific examples shared with the Evaluation Team (ET) did not reflect well of the project goal to increase access to WASH. Aligned to the national policy, households are expected to progress and built sanitation facilities themselves after WASH awareness sessions delivered by LLEE Project Officers. These are either still incomplete or not done at all and no interests were expressed during the evaluation visit to start or complete from where/when the project left. However, the evaluation could neither situate the blame solely on the project management nor the communities as the former, as claimed, is bound by the policy approach of no subsidy it observes and abides by. On the other hand securing the necessary hardware materials for sanitation and water systems are beyond the affordability of community households. The no subsidy approach is therefore, not appropriate for many households in this context due to affordability issues. It also calls into question the effectiveness of the existence and work of the overall project Partnership Steering Committee and Project Management Committee.<sup>2</sup> That is, they could have helped identified at an early stage such dilemma and find a balance between the observing the no-subsidy policy and affordability challenges to ensure the initial level of acceptance and commitment to the project does not further wane after the project period.

#### 4.1.3 Project Design

As designed, the intervention was to meet the basic needs of rural communities, to improve their health status as well as their livelihoods and to reduce the burden on women and children of collecting water. The approach of sharing responsibility between LLEE and PI for engaging with the communities entailed the former providing the software parts while the latter provided the hardware bit where necessary. The focus on communities, raising their awareness on water, sanitation and hygiene, through appropriate WASH facilities, management and hygiene practices in health clinics, communities and schools would contribute to sustainable rural water supply, sanitation and hygiene development. The NTNT project adopted the RWASH No-Subsidy national policy that expects community households to purchase their own hardware materials to build their water and sanitation facilities. This model was seen as relevant to promote the need for people to invest in their own household level improvements as well as the potential influence it can exert to drive needed self-reliant practices. However, this is not necessarily true nor work for all target communities. The suitability of the approach varies depending on community context including aspects of leadership as well as commitment, participation and household affordability levels of community members. Thus, and unintendedly, one of the challenges in adopting such an approach, it is not reflective of the realities on the ground. For most target beneficiaries, engaged in the FGDs, in most of the communities visited, shared the lack of affordability on their part to buy raw materials. Most of households in the communities, selling their farm produce (betelnut, root crops, vegetables) at the Honiara market or by the roadside is their only source of income. For example, in the Gabegasi Community, earnings average about SBD400 – 500 per week and with transportation expenses including return fares the individual farmer is left with a meagre SBD250-350 for competing household priority needs ranging from household needs such as food, school and health expenses as well as social obligations including church and community responsibilities. It is also important to highlight that selling produce at the Honiara market is not an ideal 'sellers' market' as most converging to sell are mostly selling the same produce thereby driving the prices down.

No available information was sighted by the Evaluation Team about any consultation or baseline survey being done on/with the target communities prior to the project design to identify possible challenges. If there was, knowledge about potential challenges such as affordability issues could have been established and decisions on more appropriate project design could have been made prior to

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<sup>2</sup> Project Design Document, New Times, New Targets – Supporting Solomon Islands Government WASH transition and resilient WASH for all, June 2018

the project implementation. Expectations of communities' members were raised when advised by project officers, for example, to dig around water sources or toilet pits and informed that hardware would be delivered. In Aruligo School, as shared by the principal, were shown the plan for an ablution block with assurances that these would be delivered and constructed. To-date the school is still waiting for such a promise to materialise.

#### **4.1.4 Coordination with national and provincial governments**

The project was informed by consultations at the policy level which is relevant and evident in alignments and adoption of relevant national policies and plans as discussed earlier, such as the adoption of RWASH policy approach of no subsidy for WASH facilities apart from providing 'software materials' through trainings and awareness.

At the implementation level, both national and provincial RWASH officers helped in providing technical assistance to communities under the project. For example, National and provincial governments RWASH technical staff were called to assess water sources and quality as well as to assess the suitability of locations of private borehole water sources and whether or not these sources are situated too close to the toilets. Assessments were also done to verify completion of project and to assess if project has met its targets such as if ramps were built for persons with disabilities before certification is issued and communities declared as non-defecation sites.

Other collaborations that occurred during the course of the project include the: support provided to the national CLTS campaigns through training of trainers, collaboration with Provincial Education Authority to train schools on budget processes, coordination with MEHRD SIBLE project to conduct software while SIBLE conducts hardware and coordination and support provided to MHMS Risk Communication Task Force and MHMS during COVID-19 response.

The foregoing demonstrates the progress made as a result of the stakeholder coordination that is relevant to ensure project goals as well as community needs are met. The evaluation also established from the consultations that currently at policy level there is limited coordination and cooperation between ministries, departments and agencies. There is a need for an effective government led system of sector coordination. Whilst there are collaborations with MEHRD and a WASH Technical Working Group in place, interviewees informed that at national and provincial levels coordination are weak and there is a need to strengthen such coordination.

The evaluation also established from government representatives' feedback that there was very little to no on-going consultations and engagement done with relevant national and provincial governments ministries/divisions during project implementation and even at completion of projects. This is also a consequence of the limited dedicated staff and limited availability of human and budgetary provisions at both national and provincial government levels.

#### **4.1.5 COVID- 19 pandemic as a measure to further gauge relevance of NTNT Project**

While the COVID- 19 pandemic posed challenges to project implementation, the relevance of NTNT became more prominent for Solomon Islands, including for the target communities, at the onset of the COVID- 19 global pandemic and during community transmission in 2020 and 2022 respectively. Project activities in communities, schools and clinics helped in raising awareness on water, sanitation and hygiene, through appropriate WASH facilities. COVID-19 pandemic reemphasised the goals and outcomes of the project became and reaffirmed the focus of the project in targeting and assisting target communities, schools and clinic to promote healthy and hygienic living.

## 4.2 Efficiency

### *NTNT can be more efficient*

The evaluation established from project officers that project funds were mostly spent on logistics for their travels to implement and oversight the project on the ground in comparison to funds spent on the actual delivery of project activities for communities, schools and clinics, such as instituting the different approaches and deliveries of hardware. Some cost-effective measures were taken during implementation to manage project activities. This is evident in the clustering of a few smaller communities into one, which may be seen as time, effort and cost saving. Also, the targeting of schools, clinics and communities in the same geographic area was intended for greater impact and efficiencies. Communities, schools and clinics that were seen to be less committed and disinterested were dropped from the project which equated to about 10 communities from the initial project list. The reduction in communities targeted should also be associated with a reduction in expenditures.

It was reported that project follow-up visits to communities were infrequent to keep track of the implementation progress as well as issues that needed attention. This was attributed to challenges in organising logistics, too many target locations and poor coordination/management. This was compounded by lengthy delays in remittances of project funds from PISI/Fiji to Live & Learn SI caused by Plan's internal systems that further frustrated the delivery of services to communities, schools and clinics. Such challenges affected the efficiency of the project implementation and the extent to which the intervention delivered results in an economic and timely manner. As noted, the project is for a duration of 4.5 years (July 2018 – December 2022) for a total budget of AUD 4.6million (including \$149k COVID-19 and \$200k I&I grant funds). As shared by the Project Officers project funds were mostly spent on logistics including their travels to implement and oversight the project on the ground. This was also confirmed by community members when asked about the expenses for the trainings (since most were responsible for the catering and hire of meeting halls). Given the travel distances and high expenses that would be incurred for most of the communities in Wards 3, 4 & 5 the community selection process and baseline study at the very outset was very important.

Interviews held with school and health clinics personnel, revealed that they are dependent on their line ministries at the national level and at the Provincial Office for budgetary allocations. As also noted, there is no budget for RWASH activities or development at the provincial level. As shared by a number informants within the Guadalcanal Provincial Government (GPG) they are either not aware or are vaguely aware of the project details and there is no coordination with the GPG. This is also due, as reported by LLEE and PI Aust, to the change of staff within the Guadalcanal Provincial. Hence there is no opportunity to effectively steer the action from the government perspective.

## 4.3 Effectiveness

### *NTNT can be more effective*

The NTNT project effectiveness is evaluated using the implementation approach and factors influencing achievements and non-achievement of the project outcomes. It is considered that the NTNT project can be more effective if size of coverage was reduced given the challenges encountered when accessing communities targeted, improved coordination at the provincial and national levels, and when dealing with communities who have had no previous experiences of such project.

#### *4.3.1 Partnerships at the project Coordination and Management levels*

The effective implementation of the project was in part affected by the staff turnover within the Plan International (SI) project management level and the changes in the management structure, impacted the Team's performance. In total, three Country Managers resigned from PI (SI) during the project

**timeframe.** PI (SI) directly responsible and accountable to PI (Aust) came under PI (Fiji). An immediate impact of such change in financial management arrangement and structure was the delay in disbursement of funds which effectively translated into delayed implementation on the ground.

Based on the initial geographical coverage of the project: 60 communities, 22 schools and 8 clinics in five wards in the Western end of Guadalcanal Province, implementation was aimed at achieving synergies with government and CSO projects both within the same geographic area such as the UNICEF Better Learning Environments project. Due to poor road conditions and limited connectivity of Honiara with large parts of Guadalcanal and the geographical locations of some of these communities, as shared by the Project field staff were challenging, in terms of accessibility, cultural barriers and cost. Wards Four and Five and to some extent Ward Three for coastal communities were only accessible only by boat. In addition, only two project staff were assigned to each ward. COVID- 19 to an extent also had a negative effect in the rolling out of the project activities despite the pandemic hitting Honiara in September, 2020. **By the end of the project in December 2022, 50 communities<sup>3</sup>, 21 schools and 3 clinics were covered.**

According to the project document, the project’s governance structure included the establishment of a Consortium Steering Committee based in Australia with an oversight responsibility for the memorandum of understanding (MOU) between PI and LLEE. As part of the governance arrangement, a Project Committee was also established in accordance with the project document. The Project Committee comprised of program managers of PI (SI) and LLEE (SI) and was responsible for the project operations and day-to-day program coordination for their respective components in the Solomon Islands during implementation<sup>4</sup>. The resignation of the project manager was reported to be driven by tensions amongst post holders within PI (SI) and LLEE (SI) and gave rise to the need for an effective and cordial working relationships<sup>5</sup>, especially for an ambitious project such as the NTNT. This poor working relationship was also reflected in communities having uncertainties about assurances on deliveries of hardware materials that were not followed through resulting in negative perspectives formed about LLEE. This is a lesson to be learnt about maintain cordial and effective working relationship between officers who are directly responsible for the day-to-day program coordination on the ground. Any such breakdown in working relationships, immediate attention by the steering committee needs to be given to address it. Whether or not that took place is not known to the Evaluation Team.

Furthermore, the Evaluation Team could not confirm whether the in-country Project Coordination and Planning Group designated in the Project Document ever existed as no mention of it was made during the evaluation consultations to help clarify roles and responsibilities of the organisations.

#### *4.3.2 Project Implementing Approaches and Coverage*

Depending on the community assessment and consultations with community members, a combination of different approaches (software) was applied. As shared by the Project officers, the hardware approach was also initially the responsibility of LLEE but this was changed during the implementation of the project, reverting to PI (SI) **because LLEE SI failed to utilise the budget for several periods early in the Project.** It is also worth noting that successive payment of funds is dependent on the full utilisation of previous funding i.e. before the next tranche can be released. From

<sup>3</sup> Based on interviews, LLEE data quotes 43 communities.

<sup>4</sup> Project Design Document, New Times, New Targets – Supporting Solomon Islands Government WASH transition and resilient WASH for all, June 2018

<sup>5</sup> Efforts were made to address the issue, including the engagement of an external consultant to conduct a partnership review and assessment. The outcome of this was to adjust the implementation arrangements to clarify the roles and responsibilities of the two organisations.



interviews held with the LLEE (SI) staff it was obvious that the reason for the reversal of the decision for PI (SI) to be responsible for hardware was not known or made clear to the LLEE (SI) staff. This highlights the need for clear communications between decision makers and project management to facilitate efficient and effective project implementation. For example, in Aruligo school the promise of an ablution block that did not materialise or as in Visale Health Clinic centre, the incomplete ablution block, was attributed to LLEE because it is always referred because it is the 'face' of the project. In any event, these situations did not augur well for the project implementation and target beneficiaries in terms of coordinated response to meet their needs.

In total there were six main tools/approaches implemented namely: Capacity Self-Assessments (CSA), Community Led Total Sanitation (CLTS), Community based Water Security Improvement Planning (CWSIP), Gender WASH Monitoring Tool (GWMT), WASH in Schools (WINS) and WASH Facility Improvement Tool (WASH FIT) in communities, schools and clinics.

The key aim of the project was strengthening the WASH system, improving WASH access, creating transformational change and knowledge and learning through the various WASH approaches in rural communities, schools and clinics to result in change of behaviour (through the concept of WASH Resilience Planning). Using the project cycle approach of 'assess, plan, act, monitor' to ensure that there were systematic approaches by project staff and community tools used to enable continuous planning and monitoring. Project monitoring, evaluations and research would offer the space to reflect and refine tools based on initial outcomes and evidence of effectiveness which would be shared with the National WASH sector, including practical trainings on the implementation of the tools, increasing the likelihood of uptake. With government support and endorsement, the evidence will be translated to policy change, and training will provide skills for practice improvement of target pre-qualified, and potential, RWASH service delivery partners. The project also aimed to improve social inclusion and empowerment in rural areas and contribute to enhancing the evidence base relating to gender and social inclusion (GSI) and WASH.

Some awareness has certainly been raised among the communities and target beneficiaries within schools and clinics. In addition, according to data provided by LLEE, Table 1 shows the coverage in approaches and where they were applied. While this reveals a successful coverage in the software delivered by LLEE, the effectiveness in terms of communities fully understanding the approaches was found to be weak and there was no data/evidence available to demonstrate the effectiveness of such approaches. Some feedback from some communities felt either the approaches were too many and many were quite confused trying to recall the different approaches, especially for those who are highly illiterate. A contributing factor, is the lack of follow-up by the LLEE staff.

**Table 1: Implementing Approaches Coverage by Ward Communities.**

Approach	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Total
CSA	Yes - 6	6	10	10	10	42
	No - 0	1	0	0	0	1
CLTS	Yes - 6	5	10	7	8	36
	No - 0	2	0	3	2	7
CWSIP	Yes - 4	4	8	4	2	22
	No - 2	3	2	6	8	21
GWMT	Yes - 5	2	3	5	8	23
	No - 1	5	7	5	2	20

Source: LLEE database

The software approaches are relevant based on need to improve water and sanitation stewardship in communities, schools and clinics. Table 2 above shows that most communities were mostly provided CLTS, CSA, CWSIP and GWMT. A good community coverage (74 percent) was done in awareness on all four approaches with CSA topping the list at 98 percent and CLTS as the second most applied at 84 percent, followed by GWMT at 53 percent and CWSIP at 51 percent. Higher numbers of communities not given awareness were recorded for GWMT and CWSIP approaches. This is due to the high number of visits required for CWSIP and similarly, high number of human resources required for GWMT. This also highlights the need to choose appropriate tools/approaches. In this instance, clearly LLEE did not have the human resources to cater for such approach hence the rationale for reaching out to Solomon Islands University (SINU) to recruit volunteers. This was not sustainable as students after graduation were no longer available. Some awareness has certainly been raised among the communities, schools and clinics targeted.

WASH FIT approach was applied to clinics while the WINS approach to schools. As reported by LLEE, in total 21 schools and four health clinics were reached under the project, using WINS and WASH FIT respectively. In terms of schools' coverage 21 out of 22 schools reached is assessed to be successful in terms of numbers. Only three out of the eight clinics targeted, representing 37.5 percent were reached out to. KIIs of all schools and clinics visited stated that they were taken through WASHFIT and WINS approaches. The LLEE tracking data also reports on the menstruation health KAP improvements. This however, stands in contrast with the feedback received during the FGDs. For example, girls reported not attending school when they have menstruation. Even within the home environment this is still a challenge because of the cultural attitudes and beliefs system between brothers and sisters.

#### 4.3.3 Project Outcomes

**Outcome 1:** Government (RWASH, Provincial Environmental Health Department (PEHD) and Provincial Education Authority (PEA) utilising gender and socially inclusive guidelines and tools to lead and monitor WASH improvements in schools, clinics and communities.

Three intermediate outcomes and eight outputs were identified as follows:

**Intermediate Outcome 1:** Solomon Island Government (PEHD and PEA) WASH monitoring systems include GSI, are operational and supporting national systems.

**Intermediate Outcome 2:** PEHD successfully transitioned to WASH governance and monitoring role.

**Intermediate outcome 3:** PEA & GPHS prioritising and budgeting for WASH in schools and supporting national monitoring systems.

##### ➤ Systems Strengthening

The Government national standards of WASH improvements are currently being reviewed together with technical designs for toolkit including detailed designs, Bill of Quantities and needs assessment toolkits. The current toolkit has five main modules that is also now being reviewed. The Guadalcanal Provincial WASH Plan is also undergoing review. Feedback from a government Ministry included seeing the need to review the RWASH strategy with the aim to refocus the government's responsibility from implementation to monitoring. These are positive steps, however, whether or not they are influenced by the NTNT project is not evident given the very minimal on-going engagements between the project and national and provincial governments.

The biggest challenge for both the national and provincial government is around the current lack of human and financial resources to effectively carry out any monitoring responsibility. As shared by an informant, RWASH has a database and monitoring and evaluation system in place, but it is more for internal purposes within the Department and isolated from other

Challenges: No proper monitoring, due to lack of funds, for projects that are implemented in the province by implementing partners. It continues to rely on donor funds for Environmental Health staff are directly responsible.

**Guadalcanal Provincial Government**



related WASH programmes/activities. As shared by an interviewee from the Guadalcanal Education Authority, challenges encountered by the GPEA is that they are unaware of projects implemented by partners. As reported by LLEE, this is partly due to the high staff turnover within the Guadalcanal Provincial Office. This also raises the question of coordination. Whilst there were initial meetings conducted at the start of the project with LLEE, there is no on-going engagement and feedback/reporting to the PEA, necessitating the need to develop a feedback mechanism. As reported by the interviewee currently feedbacks are all verbal or are not conducted.

A Ministry of Education (MOE) WASH programme informant shared that the Solomon Islands Government (SIG) had increased its WASH budget to the MOE for 2022/2023. The Evaluation Team was not able to verify this information. Overall, there was no evidence accessed by the Evaluation Team to support that at the provincial level, Government is prioritising budget for WASH in schools and clinics was found. As confirmed by a number of informants interviewed at the Guadalcanal Provincial Government level, there is no funding allocations budgeted for WASH, either for schools or health clinics, and despite repeated request to the national government, the same has not been forthcoming. The Guadalcanal Education Authority (GPEA) has no substantive WASH position holder. A request for funding was submitted to the national government but has not been endorsed to-date. It is no surprise therefore, of the call by Guadalcanal Province to be supported with its monitoring capacity so that it can keep a hand on projects implemented within the province. At the school level, one of the schools visited teachers shared that they have had to raise funds to meet the balance of WASH materials required, when the project was delayed or could not fund.

There is also no effective and consistent follow-up monitoring by the government done to lead the use of tools to monitor the NTNT WASH project. Interviews held with the various Departments of the Guadalcanal Provincial Office, officials are not aware of the project and how it has been rolled out. There is no feedback from the project to the relevant departments. As articulated by the CEO of the Guadalcanal Provincial Office, most times donors and development partners are 'allowed' to implement projects because the provincial office do not have the funds and yet it is in line with the Provincial Government mandate. The biggest challenge faced by the Provincial Government is monitoring. There is a need for a comprehensive/total approach to programme/project implementation. The Provincial Government's Wards Development Committee (WDC) should be engaged from the start of the project at the planning stage. As shared by the informant, it is the WDC that is responsible for the on-going maintenance of such infrastructures once the project comes to an end. At the national level similar sentiments were shared that there is a real need to strengthen the coordinating and monitoring role of government. As highlighted earlier the RWASH monitoring and evaluation system is more for internal operations and is isolated from overall RWASH programme.

Interviews with Project Officers and the Programme Manager, revealed the need to also strengthen the LLEE monitoring system. Currently there is no dedicated M&E position within LLEE. This is to ensure that project is implemented as planned and lessons learnt are fed back into the implementation to improve the effectiveness of the project, increase impact and sustainability.

**Outcome 2:** 60 communities, 22 schools and 8 health posts have access to inclusive, safe and resilient WASH.

Three intermediate outcomes and 10 outputs were identified as follows:

**Intermediate Outcome 1:** 22 schools achieving 2-star school status (minimum).

**Intermediate Outcome 2:** 8 health clinics have basic level of water and sanitation services. PEHD and RWASH staff have tools and skills to oversee, monitor and engage Service Delivery Partners (SDPs).

**Intermediate outcome 3:** 75 percent of people (~11,000) in 60 communities have access to basic level WASH services (minimum).

➤ **Access to WASH Facilities**

The project outcomes for water and sanitation facilities improvements and access were a mix of positives and challenges. Based on LLEE data, access to water was 31 percent as compared to sanitation. No baseline data was made available to the Evaluation Team to assess the progress made.

It was clear from the field visits undertaken that the awareness has certainly been raised as a result of the project, but there is still a lot more work that needs to be done. There were also changes in behaviour that could be observed. Focus group discussions held with community members highlighted both the challenges and achievements made.

Positive feedback from communities included the gains shared where some households now have their own toilets and the provision of community stand taps, which may not necessarily be part of the project, but has demonstrated to the communities the benefits of owning such facilities. Community members were able to make the connections/linkages between accessibility to such services and its impact on welfare and health conditions of the communities at large. During the FGDs, some members of the communities discussed the need for improved water testing, better connections to water sources where there were still challenges in terms of water quality and accessibility, demonstrating to an extent the effectiveness of the project. Below are some of the positive feedbacks from communities confirming that awareness has been raised which can also leading to behavioural change, although still at the early stages:

- *“Project concept is good as it helps the community live in a healthy manner. Children are able to learn from good practices such as washing hands;*
- *Project is good but water is a problem;*
- *Project improves our standard of living;*
- *Project provides security for women as they no longer have to walk far at night to the toilet;*
- *Encourages community support especially to those who are marginalized such as PLWD, the aged, women and children, those who cannot afford to build due to lack of money;*
- *Project has necessitated the need for sanitation.”<sup>6</sup>*

Similarly, the evaluation recorded feedback on challenges experienced by community households in respect of the project implementation. LLEE was entirely responsible for the software products, inclusive of the approaches discussed previously. Certain hardware materials were also provided to accompany the software approaches delivered. FGDs held with the different communities highlighted that the hardware inputs from the project varied between communities. In certain instances, community expectations were raised, after the software approaches were delivered, community members were advised to dig around water sources or pits for latrines, but promise of raw materials to be delivered did not materialise. This attracted negative comments and perceptions about the project. In Gabegasi Village, for example, the water pump was assessed during the visit and community members were asked to dig in preparation for a pump. The villagers were also shown pictures of tank but this has not been delivered to-date. Tyres were delivered to build latrines. Of the 35 households (HH), only 10 have completed and 25 have not due to affordability. For example, the cost of cement and slabs are quite expensive for villagers as compared to income generated per week. Similarly, for Reilonga Visale West Wing Community, after baseline survey conducted, needs prioritised was water including connections to connect stand pipes to storage tank. Instead, assistance received was for latrines with community members rationalising that having latrines without water is impracticable. Members of the community were advised to clean and build stand pipes which they did but to-date water is still not available, resorting to still carrying water buckets. As such women still bear the burden of carrying water for the families, especially for children and persons of disabilities. In Verakoukou, where water supply is challenging, yet the project provided materials for water assistance, as shared by the Reilonga Visale representatives. In a number of these communities visited

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<sup>6</sup> Community feedback to evaluation, January 2021

it was found that WASH Committees established and community facilitators chosen to assist with community facilitations were not functioning.

Such examples, demonstrated that such experiences were common to most of the communities visited and underscored the need for better coordination, careful planning and not raising the expectations of the communities. At the same time, as already highlighted, the need for constant follow-up and clear communications to avoid or minimise misunderstandings.

The need for uniform approach to implementation of the project activities is imperative. As noted, the availability of subsidies vs no subsidies do contribute to the effective implementation of the project and a contributing factor to the lack of community access to WASH. The key aim of the project was to creating transformational change and knowledge and learning through the various WASH approaches that would result in change of behaviour. Two important considerations are important to highlight, behavioural change takes a long time i.e. for new habits to form. Without the availability of latrines or water, for example, then change of behaviour may not happen as expected. This was confirmed in the FGDs held with communities whereby, of the 10 households still without latrines, in the Gabegasi community, are still practising open defecation as also the case in Tuvu community.

There is also the expectation or an assumption built into the project that the change of behaviour, to follow the software approaches, will result in community members organising themselves to buy raw materials and to lead their own WASH community development. This assumption does not take into account the affordability by the communities. In all the communities visited, without exception, sources of income were from selling fruits, roots crops and betelnuts. This on average, fetches SBD350 per week. Cost of transporting produce to the Honiara market and return is approximately SBD125. With coastal villages, the cost is even higher due of additional boat costs. FGDs held with the Kobiloko Community, informants shared that apart from truck cost they had to also pay boat cost to transport materials to the Community. The community members further noted the cost of raw materials and how expansive these were. For example, a toilet raiser costed SBD400, a cement bag is SBD18 each, nails SBD24 per bag, etc. With income ranging between SBD 400-500 per week, this is assessed to be totally insufficient to meet daily basic needs and other priorities such as school fees, etc. A reconsideration of such an approach needs to be undertaken to take into account the realities on the ground.

The lack of demonstrative results is also attributed to other factors including COVID- 19 pandemic and community transmission, poor rural road infrastructures and remoteness of communities from Honiara town, cultural and dependency mindsets. The delay in disbursing tranches for as long as three months, also contributed to the delay in implementation. As also confirmed during the FGDs and interviews held, more funds were spent on logistics than on actual project costs. During the FGDs, community members shared that expenses to meet hire of hall, catering and other costs incurred during the trainings were estimated not to be more that SBD1,000. Internal changes in the project coordination and management also compounded related issues as a consequence of the delays. Several communities were dropped during the course of the project implementation, and others which were reported to have shown a little interest after initial engagements. In total the numbers of communities targeted were reduced from 60 to 50. All these challenges, both external and internal, need to be taken into considerations when making assessments of the effectiveness of the project implementation.

Feedback from communities highlighted the need for a wholistic approach in that the provision of water and sanitation facilities need to always accompany each other to improve the overall health and hygiene of community living. Engaging communities to work on one rather than both facilities is not wholistic as they are inter-dependent. Tangible activities need to be considered for implementations

“Project implementation approach not appropriate to community needs i.e. some communities build toilets but no access to water supply. A key issue found which also contributed to delays in project implementation and when toilets were used.”

*Feedback from a community member*

and to realise tangible results beyond “just encouraging efforts through CLTS approach”, and with sufficient budgetary allocations to address both water and sanitation improvements. Such an approach is considered to be more comprehensive and appropriate to consider at the project design stage. To demonstrate more tangible results with regards to hardware, the total number of Wards and/or communities could have been to reduce and considered as ‘pilot sites’ from the initial 60 communities targeted for inclusive, safe and resilient WASH. Increased access to water source to bring into communities will also improve sanitation facilities.

On the positive side, the NTNT project has necessitated the need for better access to proper sanitation as also reflected in more sanitation improvements done under the project including Ward 5 declaring “NO Open Defecation”. This in turn gave rise to the need for better access to water sources and distribution to supply the sanitation facilities including menstruation management as well as for access to clean water for washing, cleaning and drinking.

Based on the LLEE data, more than 2,000 handwashing containers (jerry cans) were distributed by the project to target communities, schools and clinics, including some non-target communities that needed them. This activity was prompted by the outbreak of COVID-19 pandemic and community transmission but was a positive response to the health needs of communities, schools and clinics. The allocation of jerry cans was two water containers for one household. A total of 1,520 households representing 98 percent of total target households received water containers. This was the case for Wards 1, 2 and 4 as shown in Table 2 below.

**Table 2: Handwashing Improvement by Household (Blue Water Containers)**

Items/Activities	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Total
Households	381	243	311	335	281	1,551
Handwashing Improvement/HH	362	235	337	224	362	1,520

WASH improvements in the 21 schools - sanitation, water and handwash – performed well in terms of the number of WASH facilities established representing 83 percent and serving 4,381 students and staff (LLEE). The main reasons for this positive result in schools compared to communities include effective school leadership (inclusive of both males and females); student’s receptiveness to the tasks and the low to high subsidies of hardware materials provided by the project contributed immensely to this milestone result. Establishment of WASH Clubs for students in schools is a positive step in instilling in them the importance of learning and maintaining cleanliness around them in schools. Translating such learnings and taking responsibility for cleanliness to the younger generations and home environment. The latter was not evident because most homes do not have the basic amenities such as latrines or water. Of the four schools visited, sanitation and water facilities, were still incomplete. Most schools visited echoed the same sentiments about having no separate toilets for the staff and thus, they either share toilets with students or go home to use their own, which means,

taking time off from classes and school times. WASH status of four schools visited by the Evaluation Team is outlined below:

- **Marara Primary/Community High School:** Marara school is classified as a 3-STAR school even though there are no separate toilet facilities for teachers. As shared by the school management and Mentor Teacher (but not trained in WASH) the school was promised a borehole that would be drilled/provided by L&L/PI but has not materialised to-date i.e. issue of raised expectations. It is also important to note that World Vision, UNICEF and PI/L&L have all engaged with the school. Total enrolment in 2022, after COVID, was 169 as compared to normal times with an enrolment of about 400 students.
- **Kobiloko Primary school** – Total enrolment in 2022 was 80 (55 girls and 25 boys). The school has stand pipes but there are no toilets for students and teachers within the school perimeter. Ablution block is incomplete – not connected to the water source, septic chambers are filled with water and breeding ground for mosquitoes. Both teachers and students have to go back home to use toilets and worse still – teachers do not have toilets and showers in their homes. This is not conducive and very disruptive to the learning environment of the students and teachers. WASH Club is working well but with challenges as noted with no toilets available. Meet twice a week, are teaching younger students, ‘telling’ parents to wash hands. Mentor teacher takes the lead in demonstrating WASH functions in school – washing of hands using soap, rinse and dry hands.
- **Verahue Community High School:** 2 ablution blocks completed (pour flush and flush and connected to septic tanks) – funded by UNICEF. There are no separate toilets for teachers within the school premises or even at home and have to use school toilets, after school hours, for home use. Standpipes (8) are available in the school with the second set of standpipes incomplete and not connected to water source. The challenge faced was the cost of materials, which despite promises that L&L will pay was paid eventually by the school. WASH Committees and WASH Clubs are not functioning.
- **Aruligo Kindergarten/Primary and Secondary School:** Total enrolment is 272: 126 -girls and 146 boys. LLEE has been engaged in the school from 2020. WASH stations (8) insufficient for 272 students, especially during peak times such as lunch time. LLEE provided software including: promotional songs and charts showing child washing hands. Hand sanitizers were also provided during COVID. Once again, the expectation of the school management was raised with a promise to build the ablution block with the actual plan was shared with the school – to-date this is still not built. WASH programme in nearby community was conducted – but jerry cans (100) were not distributed and stored in the Industrial Arts students classroom, who at the start of the school year have had to re-locate under a mango tree for lessons. Questions raised by the management on software (information sharing) vs hardware, noting that this does not go far. Water tested (but not from source) with results proved not safe for drinking. No separate toilets for five teachers’ residence in the schools’ perimeters who have to take 10 minutes to return home to use toilets. No lights in the toilets. Two boreholes 3 metres apart are in place. Generator needed to pump water to fill tanks at night to accommodate needs for students the following school day.

The results, observed and based on the interviewees and FGDs feedback, were mixed. Overall, as informed by UNICEF representative, most school committees are not functional due to teacher postings. This affects the continuity and effectiveness of WASH programmes in schools and is compounded by the lack of human resources at national and provincial levels to implement WASH. Following are some suggestions to address the state of WASH in schools:

- There is need for better coordination and as shared by the interviewee – UNICEF is not aware of what NTNT is conducting in schools, in particular where UNICEF and PI funded schools do overlap.
- Currently the National WASH Coordinating Committee is not functioning and the WASH Technical Working Group is also facing challenges.

- Under the coordination of UNICEF, a CLTS coordination group was set up inclusive of the health clinics, schools and communities.

In addition, responsibilities for maintenance and putting aside maintenance funds and for future expansions, adopting messaging on menstrual, hygiene, wash and sanitation was to be the responsibilities of the school management. Of the four schools visited, Verahue Community High School was not funded by the project but UNICEF. In addition, the effectiveness of the project is affected by the staff turnover necessitating re-training for mentor staff. This demands a closer collaboration between the project, school authorities and the PEHD.

Like schools, clinics received low subsidy provision of hardware materials for WASH facilities. Out of the three clinics engaged in the project, one clinic has 1 sanitation block with 2 male toilets and 2 female toilets and 1 female bathroom, which is 80 percent complete; another has 1 laundry, which is 99 percent complete and the third has 1 roto-mold toilet for outpatients, which is 50 percent. The clinics' incomplete status was put down to delayed deliveries of hardware materials. As shared by an interviewee, the incomplete sanitation blocks for the clinics were due to the internal changes in PLAN's fund disbursement arrangements which caused the delay in payment of tranches and thereby delaying the work on the ground. **Three out of eight clinics were covered during implementation. The low coverage of clinics was due to a number of reasons including: one was destroyed in a landslide, another not operating and poor coordination led to only three being reached even though four were engaged in software.** In similar challenges faced with the communities could have also affected the project implementation in other clinics.

Aligned to the wash in healthcare facilities using the core joint monitoring programme (JMP) questions a review of the clinics were undertaken. A focus on the disposal methods of sharps, infectious and general waste, treatment, disposal of sharps waste and treatment and disposal of infectious waste were examined. As previously only three clinics were reached out to. The Visale Clinic serves seven communities (from Dama to Verahue) with a population of about 6,000 people extending to the islands, including a Community High School, one primary and three early childhood education centre (ECE) schools. Whilst there is basic level of water services available, the sanitation facilities are so appalling. The ablution block built, under the project, is incomplete with no connection to the water system and no proper sanitation services. Disposal of placentas are done in a toilet pan located outside the clinic and exposed to the elements, and is beside the sea and stream. Disposal of sharps, infectious and general waste, treatment, disposal of sharps waste and treatment and disposal of infectious waste are through open burning. As shared by the Committee, which is also made up of the health staff, that neither at the national and provincial does anyone come to the clinic and view the facilities – that are quite dilapidated. It therefore follows that that both the GP Office and RWASH staff do not have tools and skills to oversee, monitor and engage the health clinics.

**It is interesting to note that if PI (SI) and LLEE (SI) are applying the WASH Facility Improvement Tool (FIT) approach using the joint monitoring programme (JMP) to do assessments then such issues should have been identified at the start of the intervention. Also, it reemphasises the critical role of M&E to continue to feed back into the system for improved implementation. The project also intended to support the development of action plans that can be implemented by clinic staff over time. To-date, in the clinics visited these has not happened.**

**Outcome 3:** Agency and voice of women and marginalised people is improved in 60 communities. Three intermediate outcomes and 5 outputs were identified as follows:

**Intermediate Outcome 1:** Household WASH roles and decision-making are more inclusive and shared more equally for XX% of households (informed by baseline)

**Intermediate Outcome 2:** XX% of marginalised people have agency and voice in community forums and decision-making for WASH. (informed by baseline) services

**Intermediate outcome 3:** XX% of women & girls have agency and resources to confidently and comfortably manage periods at home and in school (informed by baseline)

FGDs conducted held in communities it was observed that there were participations by both men and women. Participations of young persons were muted even when encouraged to participate. Young women testified that they still feel uncomfortable attending school during menstruation. In some cases, girls abstain from attending schools for fear of being embarrassed or made fun of. For menstrual health sessions/management (MHM) three schools received assistance conducted by Kaleko Steifree and the balance were conducted by LLEE staff. Typically, the help was provided in the form of pads, disposal bins, cleaning detergents, hand gloves, garbage bags, buckets, mops, brooms and soap. While this is helpful, the sustainability of continuous provision of these items is uncertain given that schools frequently experience shortages of funds to cater for such things. Schools can either fundraise or factor such expenses under the school's annual budgets. A couple of schools visited now has a shower to cater for girls during menstruation and separate toilets for boys and girls. For menstrual knowledge, attitude or practices (KAP) improvements, 6 schools took actions led by staff after software trainings were conducted. This is very low out of the total of 21 schools engaged. However, it still symbolises some good understanding of the approaches and actions taken as a result. Some KAP improvements revealed by LLEE data involved some positive attitude and behaviour changes such as follows (this however, still needs careful examination):

- *“Menstrual Health and Hygiene (MHH) conversation no longer broken up into gender. Co-ed MHH activities.*
- *Male WASH Mentor teacher leads Student WASH clubs to conduct MHH activities in school. leads MHH activities, following training conducted by project.*
- *WASH club (boys and girls) - boys conducted drama during global handwashing day and following trainings with teachers.*
- *As part of health lesson, MHH is beginning to be discussed as a topic in classes (from Class 3 to senior classes) eg teasing*
- *Trigger from the installation of the handwashing station. Students are now washing their hands more frequently*
- *Big changes after delivery of ToTs, students now have toilets build by school. Schools have started construction of staff toilets (pour flush) - under school grant.*
- *As part of health lesson, MHH now become more of an open topic now discussed in classes (from Class 3 to senior classes) eg teasing of girls have cut down according to teachers.”<sup>7</sup>*

➤ **Gender and Social Inclusion**

Under various approaches employed by NTNT, CSA and CLTS recorded high coverages at 98 percent and 84 percent respectively. The GWMT and CWSIP approaches recorded coverages of 53 percent and 51 percent respectively. This is quite a low coverage especially when both approaches have objectives placed heavily on social inclusion of women and people with disabilities. According to project officers, the GWMT is a difficult approach to deliver as it is quite complicated for them and even more so for community members based on community feedback. FGDs held in communities claimed they were either confused, could not remember or were unclear as to what trainings they had undergone let alone what was covered. The contributing factors include the infrequent visits made for follow-up courses/visits or monitoring even with the Community Facilitators in place. Most WASH Committees were not functioning or members have moved on and new members appointed. Difficulty in terrain, roads conditions and transportation were contributing factors.

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<sup>7</sup> Master Copy – Sols Data tracking to December 2022



Focussing on effective menstrual hygiene management is a challenge as it is a cultural taboo between a brother and sister to be seen to use toilets. Openly talking about menstruation is not a cultural practice and this barrier still persists, especially in communities than in schools and clinics. Unless awareness and understanding on health aspects is prioritised and fully accepted by all community members, this may still pose great risks and challenges for girls and women. Yet, menstruation health management awareness was conducted in only 15 out of 43 communities representing 35 percent coverage. While this is sound start and a measure of some improvements, persistent awareness, advocacy and understanding are needed to disseminate the fact that sanitation including menstruation is not only a fact of life but also a matter between life and death. In addition, education interventions are effective in increasing the menstrual knowledge of young adolescent girls and skills training improves competency to manage menstruation more hygienically and comfortably, should be considered.

While the cultural taboo in terms of sanitation and menstruation is not evident in schools, young girls still face challenges during their menstruation, with some abstaining from attending schools. Even at the home they still do face challenges when there is no or lack of water. Persons with disabilities continues to be more disadvantaged in this aspect. With NTNT project assistance given to now improved water, sanitation and menstruation management in schools at around 83 percent coverage, as discussed earlier, it is hoped the practice of MHM will improve with student girls that may trigger similar improvements in communities.

There are policies and strategies in place to support to ensure gender issues are addressed in the WASH sector focusing on women, girls and marginalised groups. However, translating these goals to implementation remains challenging. Nevertheless, some awareness has certainly been raised in terms of MHM and the importance of engaging women in decision making level to address gender issues together with men. Young girls still face challenges during their menstruation, with some abstaining from attending schools and even at the home front still do face challenges when there is no or lack of water. Persons with disabilities continues to be disadvantaged.

Women in leadership positions and in communities, schools and clinics technical WASH committees are part of the outputs measured under the NTNT Project monitoring and tracking data. Table 3 shows the number of women participating in decision making per ward. The women in leadership positions reflected here are typically involved in the community engagement committees set up under the different projects including the NTNT. While this is a very low representation and does need to be addressed in future, in the light of traditional settings where leadership is a men’s domain, this is a start that needs drastic moves to translate gender policies and strategies into serious actions bringing women into leadership positions.

**Table 3: Women Participation in Decision making in Communities**

Items		Ward 1		Ward 2		Ward 3 (10)		Ward 4		Ward 5		Total	
Households		381		243		311		335		281		1,551	
Male	Female	756	712	373	383	598	535	853	854	386	383	2966	2867
												<b>5,833</b>	
Women in Leadership Positions		9		11		31		1		12		<b>64</b>	



Women in technical/Water Committee	6	5	25	0	3	<b>39</b>
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Similar to communities, low representation of women in decision making bodies is also reflected in schools and clinics, despite females being more in both sectors. Table 4 shows women in decision making in schools and clinics. Out of the 21 schools engaged in NTNT project, 26 percent out of the total number teachers hold leadership positions through being head teachers, deputy head teachers, Parents and Teachers Associations (PTA) members, committee secretaries and school teachers, and WASH mentors in technical Committees. For clinics, around 39 percent hold leadership positions and in technical committees typically as head nurses and/or registered nurses. Cultural barriers facing women in communities, reflect their low representation in decision making is similar to schools and clinics in spite that they are the majority in both sectors. This definitely calls for more coordination between relevant authorities and any future project to address this issue.

**Table 4: Women Participation in Decision Making in Schools and Clinics**

Total No of schools & Clinics	Women in Leadership Position	Women in Technical Committee	Total
			Total students and teachers 4,381
<b>Schools</b>			Total Staff – 183 Total male – 89 Total female - 94
21	32 (3 heads, 3 Deputies, and PTA members, Secretary and school teachers	15 wash mentors	26% 8%
<b>Health Clinics</b>			<b>Total Catchment</b> 60,000 for two clinics
			Total staff – 18 Total male – 5 Total female - 13
3	4	3 (in one school)	39%

➤ **People with disabilities and marginalised groups**

One of the main focuses of the NTNT project is to improve gender equality and inclusion of marginalised groups such as the persons with disabilities. Unfortunately, no data was collected on this group of people or their level of participation and how they participated in the project. The LLEE data shows the column allocated to compile data on these marginalised groups is all recorded as zero, which could attract varied interpretations and conclusions. One conclusion could be that there were no people with disability or marginalised in the communities, schools and clinics engaged; and the other could be that they were never given space to voice their opinion about the project during implementation; and yet another conclusion could be that project officers themselves were not too

clear about how to include them. When communities were asked during evaluation, they stated they have people with disabilities but also confirmed that they were hardly involved in project activities. Only one community household in Ward 3 was reported to have built a toilet that also cater to one of their household members with disability. This was done by the family without any subsidy from the project. While this is an isolated case, it is still a reflection of the awareness on social inclusion being addressed by the particular household. In another isolated case in Ward 3, quite the opposite occurred, where a male head of household is a person with disability (an amputated arm), who cannot dig for his household sanitation facility, was neither given any hardware subsidy by the project nor any help by the community. He disability limited his capacity to earn sufficient income to buy the much-needed sanitation materials. **It is important to highlight, however, that the project approach is to support sanitation facilities for persons with disability and this has been done in a number of households where latrines were constructed for persons with disability.** While these are isolated cases, it underscores the need for future projects to ensure designs are more inclusive and action oriented for marginalised groups to ensure no one is left behind.

**Outcome 4:** Solomon Islands Government adopts project approaches in policy and guidelines, and WASH sector implementation is informed by these.

Two intermediate outcomes and 2 outputs were identified as follows:

**Intermediate Outcome 1: Use of new evidence, innovation and practice:** Government staff have tools and motivation to lobby for uptake of project approaches in policy, guidelines and standards.

**Intermediate Outcome 2: Use of new evidence, innovation and practice:** CSOs and Service Delivery Partners adapt their own or existing tools and approaches to include

There is lack of coordination between the project personnel and the Guadalcanal Provincial Office and at the national level except with the WASH personnel within the national Ministry of Health. In addition, the RWASH Committee is ineffective to have facilitated that collaborations and oversight on the implementation of the project. Hence the approaches adopted by SIG in its policies and guidelines is still far from being achieved. However, the WASH FIT and WINS as used in schools working closely with the United Nations International Children's Emergency Fund (UNICEF) and to some extent the World Health Organisation (WHO).

#### 4.4 Sustainability

The Project's focus on sustainable and long-term change is centred around close collaboration with responsible government departments and ministries at Provincial and National level and the Project's alignment with government policy and standards. Sector-wide capacity development through Project knowledge and learning activities and trainings will contribute to a stronger pool of human resources and institutional understanding, particularly related to GSI and WASH. At community level, the strengths based and community led approaches of the Project, combined with promotion of appropriate technology, will improve the likelihood of sustained improvements. Environmental sustainability is considered in the Project's risk assessment and is paramount in considering the climate resilience of community WASH services.

Turnover of teachers does not augur well for the sustainability of the project results. Transfers often result in the retraining of teachers as mentors for the school. To aid in the sustainability of the project, considerations need to be given to the integration of:

- WASH into the student's curriculum and;
- In the long term teacher's syllabus to address the challenges of teachers being constantly transferred and the need to start all over again in a school.

### ➤ Project Activity Monitoring

LLEE has a master tracking data that LLEE project officers provide inputs into to capture progress of activities including the various approaches done in each community, school and clinic. Activities done in communities are also categorised into wards. The master data had been updated to December 2022. LLEE stated that there is another set of monitoring tool, referred to as **M-WATER**, for use for project monitoring. Requests by the Evaluation Team for access to **M-WATER** data did not receive response. LLEE staff revealed that they found it complicated and used it infrequently. While some gender related data are included in the master tracking data, there is no separate data specific to gender and social inclusion aspects of the project. The master data template did not cater to appropriately capture elements regarding persons with disabilities (PWD), the only column provided for PWD recorded zero in the master data. If there was any specific GWMT data, it was not also made available to the Evaluation Team. It is concluded therefore, that there is a lack of a comprehensive monitoring and data tracking system for the project within LLEE.

In addition to the lack of a comprehensive monitoring system within LLEE, there is neither a dedicated MEL personnel nor a position to address this critical area. The project has been outsourcing the monitoring work for the project, an arrangement that does not support capacity building opportunities for employees. It is crucial that LLEE establishes or strengthens any monitoring system that is comprehensive, relevant and effective.

LLEE not only lacks a comprehensive project monitoring system but also a feedback mechanism where project beneficiaries also report on project activities from their perspectives. Lack or weak monitoring systems is a widespread challenge not only for LLEE and the NTNT project but also for a lot of organisations as each needs to develop its own that is specific to project context. The Guadalcanal Provincial Government also expressed to the Evaluation Team the need to be supported with its monitoring capacity so it can keep track of projects implemented throughout its provinces.

The importance of a comprehensive monitoring system and tools cannot be downplayed as it provides a whole range of information valuable to all project stakeholders including rural communities, schools and clinics during implementation for project management decisions as well as for after the end of project to inform future project designs for community engagement.

Feedback from relevant national and provincial government authorities established that not much evidence of active coordination and strong relationships with government led agencies such as the Environmental Divisions in MHMS and Guadalcanal Province, the Guadalcanal provincial Government as well as other development partners. Better coordination could have avoided unnecessary duplications with other development partners such as UNICEF that does hand washing and constructed ablution block in some schools while Plan and LLEE did exactly the same in certain instance.

Currently across the sector (rural and urban) there is a significant funding shortfall within government, and is highly dependent on development partner contributions. Given this backdrop, the Provincial Government Ward Development Committees could have been sought to help in delivering hardware materials for household WASH facilities given their unaffordability to purchase their own. The project did not effectively link with existing health programmes at the community level such as the Healthy Village setting which also has village committees which could have been used by the project instead of creating new ones. The HVS programme also has school setting committees with their own action plans. It would have been less costly if these existing committees had been used by the NTNT project.

## 5.0 Findings

- Some achievements and benefits have been realised under the project, including awareness and behavioural change have been raised/observed within the communities targeted.

- This includes supporting national CLTS campaigns through training of trainers, collaboration with Provincial Education Authority to train schools on budget processes, coordination with MEHRD SIBLE project to conduct software while SIBLE conducts hardware and coordination and support provided to MHMS Risk Communication Task Force and MHMS during COVID-19 response
- Coordination is weak: There is a need to further strengthen the collaborations and coordination between the project and the Guadalcanal Provincial Office including engaging the Provincial Government Ward Development Committees that is mandated for the maintenance of projects including project funded projects.
- Monitoring and Evaluations is weak for all relevant stakeholders to facilitate feedback into the implementation process so as to increase the effectiveness of the project results.
- The no-subsidy policy whilst defensible needs further re-consideration especially when taking into account the practical realities on the ground where target beneficiaries are concerned such as affordability. The adoption of wholistic approach but with fewer targeted communities to demonstrate real impact is worth considering.
- Existing decision-making structures such as Healthy Village Committees are worth exploring for wider impact and buy in by the communities.
- The use of five different approaches within communities were assessed not to be effective as most were either confused or could not remember the contents/details of the approaches. Adopting a much simpler approach such as the participatory rural appraisal (PRA) or another tool is worth considering.
- Women and those marginalised still face additional burdens and are yet to be mainstreamed into the decision-making processes of the projects.
- The effectiveness WINS approach as implemented in schools is to some extent affected by the constant turnover of teachers necessitating re-training for teacher mentors. Integrating the WASH into student's curriculum is worth considering for continuity and sustainability of the results.

## LIST OF PARTICIPANTS

Live & Learn Staff		
Names/Total Number	Male/Female	Responsibility
<b>Ward Project officers (Honiara) – Focus Group Discussion (FGD)</b>		
Lucia Bula	F	Ward 3
Lorraine Mavitoha	F	Ward 2
Gilbert Pai	M	Ward 2
Beny Tuhaika	M	Ward 4
Esther Tangithia	F	Ward 4
Bettina Tovosia	F	Ward 3
Brendon Teava	M	Ward 4
Fiona Laeta	F	Ward 1
<b>Senior Staff (Honiara) – Interviews</b>		
Elmah Panisi Sese	F	Country Manager
Enif. P	F	NTNT LLEE Coordinator
Mercy Bataau	F	Finance Manager
Angela	F	Former PI Project Coordinator
<b>Ministries/Departments/Development Partners</b>		
<b>Development Partners/Donors</b>		
Tema Wickham	F	PI Solomon Island
Fred Saeni	M	UNICEF, SI
Tsogzolmaa Bayandorj	F	Technical Officer, NCD, WHO, (SI)
Monica Fong	F	WHO Solomon Islands
Rickson Saukoroa	M	Chief Education Officer, Guadalcanal Education Authority
Paul Muller	M	RWASH
George Tiulu	M	National Environment Development, Quarantine
Patrick Paul Amao	M	National WASH Coordinator, MEHRD
Steve Ereimao	M	RWASH, Environmental Health Officer, Guadalcanal Provincial Office
Maesae Suia	M	CEO, Guadalcanal Provincial Office
Cliff Pada	M	Senior Health Promotion Officer, Guadalcanal Provincial Office
<b>Health Centre/Clinics</b>		
<b>Marara Health Clinic (Ward 1) – FGD</b>		

Jerolyn Satoka	F	Head Clinical Nurse
Christina kafo	F	Registered Nurse
Bernard Laura	F	V/Chair, Clinic Committee
Anthony Paluto	M	Builder/Plumber, Clinic Committee
<b>Visale Health Area Centre (Ward 2) - FGD</b>		
3	F	All not written
2	M	“
<b>Schools</b>		
<b>Marana Primary (Ward 1) - FGD</b>		
Stephanie Biliki	F	Deputy Principal
Gabriel karahu	M	Deputy Principal
Maria Gau	F	WASH Mentor teacher
<b>Verahue Primary &amp; Community High (Ward 1) - FGD</b>		
Modika	F	Principal
Naomi	F	Primary Class Teacher
<b>Aruligo Primary (Ward 2) - Interview</b>		
Moana Topilu	F	Principal & WASH Mentor
<b>Kobiloko Primary (Ward 3) - FGD</b>		
11	M	Student/Teacher WASH Club
12	F	Student/Teacher WASH Club
<b>Communities</b>		
<b>Barana (Ward 1) - FGD</b>		
Amos .J	M	Community member
Peter Taolo	M	Community member
Michael pomana	M	Community member
Stanley. K	M	Youth member
Samson Hohosi	M	Chairman School
Simon Bisili	M	Chairman school
Timothy Meali	M	Barana C.F
Florence Agosai	F	Barana C.F
Alice Dola	F	Woman leaders
Joylyn Varahana	F	Youth President
Joy Kole	F	Youth member
<b>Verahuai (Ward) 1 - FGD</b>		
Andrew	M	Committee

Freda	F	Committee
Sylvester Beku	F	Committee
John leonard	M	Member
Phyllius Sione	M	Youth member
Donald Gebby	M	Committee
Horris Saomatangi	M	Committee
Silverico Jolo	M	Community chief
Chris Beku	M	Community chief
Anna Manei	F	Committee
Erick Laumate	M	Youth
Claudina Beku	F	Water committee support
Maria Tama	F	Water committee support
Jim Noland	M	Support
Timothy Fitolo	M	Youth leader
Grace Derick	F	Support
<b>Gabugasi (Ward 2) - FGD</b>		
Polinare	M	
Matthew	M	Chairman
Epalle	M	Committee
Remon	M	Committee
Lawrence	M	Woman ref
Mary Jubilee	F	Wash committee
Laveta marly	F	Youth
Hillary larina	F	Youth
Windaw	F	Woman ref
Jenny paw	F	Woman ref
Toniu	M	Wash committee
Francis	M	Wash committee
Lisabery	F	Youth
Selina	F	Youth
Rebeca	F	Youth
Beaera	F	Youth
<b>Relongo/Visale West Wing (Ward 2) - FGD</b>		
Steve Ezard	M	All not written
Paul Kelly	M	
Nemesio love	M	
Margreth Gado	F	

Muriel Enori	F	
Julie Gado	F	
Angel Kauli	F	
Benditha Puka	F	
Andrew Tare	M	
Nemesio Loveravo(snr)	M	
Nemesio Loveravo(Jnr)	M	
Hendry Dani	M	
Nokodomes Noi	M	
Sidonia Bae	M	
Maria Kulau	F	
Paulino Saravagi	M	
Valentina Mose	F	
Andreina Langia	F	
Simon	M	
<b>Tuvu (Ward 2) - FGD</b>		
Dominic Pocho	M	Community Facilitator
Francis longa	M	Church
Timothy. M	M	Community leader
Raphael	M	Zone 3 Rep
John Batista	M	Zone 1 rep
Timothy	M	Water Committee
Masi. P	M	Church C/ Man
Theresa. K	F	Zone 4
Selestina. V	F	Zone 4 W/C
Sicolast Tika	F	Zone 1
Lorencia	F	Zone 4
Josephine. B	F	Zone 4
Dorothy. M	F	Zone 4
Margaret Diana	F	Zone 3
Alice Mege	F	Not written
Dimptria sui	F	
Elizabeth Kona	F	
Joan Veo	F	
Mary Rukale	F	
Zanita Narasia	F	



Mary Odilia	F	
Susan Losani	F	
<b>Kobiloko (Ward 3) – 2 FGD</b>		
25	Males - FGD	All not written
31	Females - FGD	
<b>Sumate (Ward 3) - FGD</b>		
Kerepiniano. L	M	Church leader
John. N	M	Farmer
Maria. L	F	House wife
Rodline. N	F	House wife
Sipovosa. Q	F	House wife
Victor.V	M	Farmer
Mariano. B	M	Farmer
Rosalia .R	F	House wife
Paustino. S	M	Farmer
Rosy.R	M	Farmer
Modesto. L	M	Chief
Lorencia.L	F	House wife
Resima. L	F	House wife
Vincent.P	M	Youth
Daniel. C	M	Farmer
Gabriel	F	House wife
Peter .T	M	Farmer
<b>Verahue (Ward 3) - FGD</b>		
Robert Kuana	M	All not written
Eunice Lilly	F	
Margaret Isom	F	
Agnes Lisi	F	
Everlyn Tada	F	
Daniel CFL. Lema	M	
Daniel Ogu	M	
Galian Lela	F	
Margaret Vera	F	
Patrick Billy	M	
Mathias lima	M	
Cathrina Maboi	F	
Susan Markson	F	

Tabulili/Aloha (Ward 3) - FGD		
15	M	Not written
17	F	