

**UNICEF Pacific**

**TERMS OF REFERENCE CONSULTANT**

**Requesting Section: WASH**

**Date/Updated date: 29 August 2016**

**Programme Area and Specific Project involved: Evaluation of**

**EU-UNICEF Jointly Funded “Improving WASH Project in Solomon Islands”**

**Output: Output 2.1 By 2017, communities, schools and health centers use improved water and sanitation facilities with a focus on outer islands, rural and peri-urban villages in Kiribati**

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**Background:**

* 1. **General Background of Solomon Islands and its WASH sector**

Solomon Islands is a Melanesian country in the South Pacific, made up of an archipelago of 6 large and 992 smaller islands. With an official population count of around 515,870 in 2009[[1]](#footnote-1), and with an annual population growth of about 2.6 percent, the estimated population for 2016 is around 651,700. The country is divided into ten administrative areas, of which nine are provinces administered by provincial governments, and the tenth is the capital, Honiara, administered by Honiara City Council. An estimated 80 per cent of the people live in the rural areas in small villages.

To address the urgent need for basic water supply and sanitation in the rural areas, during the 1990s, the Solomon Islands Government (SIG) adopted and implemented a National Rural Water Supply and Sanitation Capital Development Program (National RWSS Program) with assistance by development partners. However, during the a period of political unrest (1999-2004) the program collapsed, leaving a vacuum immediately following the return to civil peace. In view of this situation, and in recognition of the need, a number of donors began to provide direct support for new or rehabilitated WASH activities commencing in 2005. This dire rural WASH situation was exacerbated further in early 2007 when the western part of the country was affected by a devastating tsunami.

With further development partner support, SIG was able to re-establish the National RWSS Program in 2008. While no overall database existed, it appeared that while somewhere in excess of 71 rural water supply facilities were installed in 2007, there was over 107 in 2008. But there were almost no sanitation facilities provided to complement these new water supply installations. Despite this, the program directed the major activities and resources towards the civil unrest (Malaita and Guadalcanal provinces) and tsunami-affected areas (Western and Choiseul provinces) of the country. The smaller, remoter provinces, while less affected by these disasters, continued to struggle to attract development funds.

In view of this, discussions were held with the Environmental Health Division of MHMS and the Infrastructure Unit of the Ministry of Education and Human Resources Development (MEHRD). Review of available data and specifically the MEHRD database, confirmed that the smaller, remoter provinces generally have poorer health indicators, lower WASH coverage and limited WASH facilities in schools. The smaller provinces were also struggling to provide infrastructure and economic opportunities for their citizens and while no reliable data was available then, it was believed that their populations are poorer and more vulnerable than those in the larger, more populated provinces.

Further analysis done on the MEHRD schools confirmed the poor availability of WASH facilities in schools in: (a) Isabel Province, with only half of the primary and elementary schools having a water supply, and primary schools (78 students/toilet) and community high schools (90 students/toilet) having poor student/toilet ratios; (b) Makira Province, with around only half of the primary and elementary schools having a water supply, and primary schools (57 students/toilet), community high schools (59 students/toilet) and provincial secondary schools (64 students/toilet) also having poor student/toilet ratios; and (c) Temotu Province, whose facilities are very poor with only half of the elementary schools having a water supply and primary schools (63 students/toilet), community high schools (354 students/toilet) as well as provincial secondary schools (57 students/toilet) having poor student/toilet ratios.

Although the Solomon Islands Government (SIG) reported a figure of 65 per cent for rural water supply coverage, anecdotal information suggest that this was only based on potential capacity of installed facilities, and not their functionality . In rural areas it is estimated that as many as 50 per cent of installed water supply systems could have been operating at less than design capacity or may be totally inoperative. In terms of sanitation, the picture was even far worse with a reported coverage figure of 18 percent. Thus, the country did not achieve the 2015 MDG target to “halve the proportion of people without sustainable access to safe water and basic sanitation.”

* 1. **Project Background**

With “effective” rural water supply coverage estimated to be far less than the estimated 65 per cent potential capacity, some 60,000 people in the target provinces are believed to lack access to safe water. Rural sanitation with only around 18 per cent coverage sees 80,000 people placed at risk of the debilitating effects of diarrheal diseases.

As SIG only has the capacity to meet the demands of around 6,000 rural people per annum, development partners are required to play an important role in helping meet demand[[2]](#footnote-2). Challenges to accelerate the rate of implementation and support O&M issues are considerable, especially when the annual national rural population growth is around 11,000 people (target provinces – around 3,000 per annum). A particular problem lies in the provision and maintenance of WASH in schools. A water supply and sanitation facility in schools in the target provinces is rare, with the majority having no latrines or inadequate numbers for the students enrolled. This not only impacts on health, but also on the education of the school children who elect to stay away from school because of the poor hygiene conditions.

Also, no national WASH strategy is in place to guide the development of legislation, policy or the sector. However, SIG has prepared a National Medium-term Development Strategy (MTDS), 2008-2010, providing an overall framework to guide efforts in priority areas, as well as a draft National Rural WASH Policy which was due for review by Ministry of Health and Medical Services (MHMS). Regulations of the Environmental Health Act 1980 control rural WASH activities, but urgent updating of these is required. Only Isabel province has complementary provincial ordinances.

**Analysis of the WASH Sector Prior to the Intervention**: The RWSS unit of MHMS is recognized as the key agency for rural WASH. The Australian government-funded “Solomon Islands Access to Clean Water and sanitation Initiative Program”[[3]](#footnote-3) provided sector budget support to the Ministry of Health and Medical Services and was implemented by the RWSS unit. The main outputs of this support are: increased WASH coverage for 100,000 people in rural areas and in 75 schools, improved sector coordination, approval of the national water and sanitation policy framework, strengthened capacity of RWSS and institutional reform and establish sustainable and inclusive operation and maintenance to ensure 80% of the WATSAN infrastructure is operational even three years beyond completion, O&M funds are established and operational and improved hygiene awareness and demand for sanitation in 140 communities and incorporation of hygiene awareness in school curricula and health programs. The finalization of the draft National RWSS Policy is vital for improved coordination and development and a sector strategy highlighting any legislative/regulatory changes required was needed. Review of sector capacity needs identified a wide range of skills including project management, planning, scheduling, design, costing, contract management, monitoring and inventory management, and community participation. Very little data is being recorded and collated in the sector and those available are highly variable. A database using standardized recording and linked to MHMS information systems is necessary.

It was estimated that around half of installed water supply systems have either failed or are under-performing. Hypotheses for this situation included lack of ownership by the community, inadequate community social preparation, inadequate training of community on O&M, poor access to spare parts, and willful damage during the tensions period. Existing WASH facilities needed to be revisited to review their status and prepare rehabilitation plans together with communities. Community awareness of the linkages between, safe water, proper sanitation and hygienic practices is very low.

**The Project**. In September 2011 UNICEF and EU signed a contribution agreement “Building Human Development: Improving WASH in the Solomon Islands” with a maximum budget totalling EUR 1,927,565. This contribution is matched by 25% of the undertaking by UNICEF; the whole budget therefore amounts to EUR 2,570,087. The Project is aligned with UNDAF and Solomon Islands Government National Development Strategy and it was intended to help address the country’s urgent problems on poor rural water supply and sanitation coverage, high risk of water-borne diseases, lack of maintenance of installed systems, and lack of resources and poor coordination within the institutional framework. The project started in October 2011 and was originally set to be completed in September 2015. But after a project midterm review (MTR) was conducted in December 2014, it was recommended that the project be extended to until September 2016 because of various implementation interruptions and issues that occurred. The project also originally targeted 50 rural communities, schools and health centres in five provinces of Solomon Islands (Isabel, Choiseul, Rennell, Makira and Temotu), but with the MTR findings and the recommendation to extend project duration, the area coverage was downscaled to just three provinces (Isabel, Makira and Temotu) based on accessibility and readiness, to keep project costs at bay as the extension was at no additional cost.

The project aimed to deliver improved sustainable health, economic and human development outcomes for rural communities in the Solomon Islands through strengthened delivery of sustainable access to improved WASH services reducing diarrhea-related diseases in the provinces of Isabel, Makira and Temotu. In more concrete terms, by project completion, increased water supply coverage would have been delivered in 30 villages and 20 schools in rural areas, increased hygiene awareness and demand for sanitation in communities, increased sanitation facilities in 20 schools in rural areas, and improved sector coordination and capacity.

Activities planned under the program included mobilization of community resources, the participation of NGOs/development partners, establishment of enabling frameworks, capacity building in planning and implementation, design and construction of WASH facilities, establishment of a WASH database, improving coordination, updating regulations and ordinances, introduction of user fees, developing O&M skills, and enhancing community awareness.

While UNICEF was the implementation agency, Live and Learn Environmental Education (LLEE), a regional NGO, together with World Vision Solomon Islands (WVSI), an INGO, are the primary implementing partners. The Rural Water Supply and Sanitation (RWSS) Unit within the Environmental Health Division (EHD) of the Ministry of Health and Medical Services (MHMS) and its network of RWSS Services in the five targeted provinces, meantime, are the government partners.

Under the action, a national WASH database, managed by RWSS provincial government and guided by linkages to the MHMS information systems, was monitoring progress toward the objectives, expected results and activities.

*Overall Project Objective:*

The overall objective of the project is to accelerate delivery of sustainable health, economic and human development outcomes building MDG achievement in rural communities in the Solomon Islands

*Specific Project Objectives*:

The project’s specific objective is to achieve sustainable access to WASH and reduced diarrhea-related diseases in the 3 provinces of Isabel, Makira, and Temot

This Objective is specifically targeting rural communities and school children, with an indicator of achievement of 30% reduction in incidence of diarrhoea in 30 communities in 60 months.

*Expected results:*

There are 3 project component result areas:

1. Rural communities and school children use improved water supply facilities;

2. Rural communities and school children use improved sanitation facilities and practice improved hygiene behaviours; and

3. Sector planners and managers support rural community WASH in line with the national RWSS (Rural Water Supply and Sanitation) policy and legislation.

The performance targets and indicators for each component are respectively:

1. • At least 80% of improved water supply facilities (serving and estimated 12,000 persons) managed by a functional water committee by end of year 5.

• Improved school water facilities (target 20 schools) are operational by end of year 5.

• Number of WATSAN Committees where O&M schemes are in place by end of year 5 (target: at least 30 committees).

2. • School sanitation facilities (target 20 schools) are operational and used by a majority of students by end of year 5.

• Increase in the use of improved sanitation facilities in 30 communities (Community led total sanitation carried out in at least 25 communities in 60 months).

3. • At least three provincial water and sanitation ordinances drafted and submitted for endorsement by provincial governments by end of the project period.

• By end of the project period, all three provinces have draft community WATSAN operation and maintenance guidelines.

• By end of the project period, at least 30 water and sanitation technicians are trained from within target communities.

• Improved SIG RWSS Policy, legislation and coordination among sector partners with full engagement of the project staff in the Water and Sanitation Stakeholder Group

*Beneficiaries:*

Estimated number of beneficiaries has been based on simple calculations of average village and school communities for the target provinces. Below are the estimated numbers for:

* Access to safe water 12,000 rural persons in 30 villages
* School WASH facilities 3,000 students in 20 schools
* Hygiene promotion/awareness 15,000 rural persons in 30 villages
* Sanitation facilities Clients and staff of 5 rural health centers

Beneficiaries of hygiene promotion/awareness would become beneficiaries of sanitation facilities only if they constructed these facilities with their own resources. The proposed action did not plan to construct or pay for sanitation facilities in households[[4]](#footnote-4).

This evaluation will look at the extent to which the project was able to successfully deliver access to safe water, sanitation and hygiene facilities to the target beneficiary households and schools, increasing the water supply and sanitation coverage in rural areas, and consequently lowering their risk of water-borne diseases.

**Purpose of the Assignment:**

The results of the evaluation will serve the purpose of various audiences. The primary audience and users of this evaluation are, first and foremost, the project proponents which are the EU and UNICEF multi-country office, and the implementing partner LLEE, who will use the evaluation to promote Accountability within their respective institutions, further build-up learning and education in WASH programmes, and advocate among concerned government agencies and development partners of the lessons learned from the exercise. Various branches of the government from the national to local levels are also among the primary users of the evaluation results mostly to utilize the information to make better, more-informed decisions around their own planning, policies and guidelines, implementation and service delivery, and also advocacy for WASH-related issues.

Meantime, other parties not directly involved or concerned with the project can also stand as secondary audiences and users of the evaluation report. These parties include the UNICEF East Asia and Pacific Regional Office (EAPRO) and UNICEF HQ, for which the lessons out of this work would contribute to strategic thinking around integrated approaches to WASH in the region. Major WASH donors and development agencies, likewise, would also benefit as secondary users of the report utilizing it to ensure that there are coherent approaches to WASH based on good practices, challenges and lessons learned. The findings can also be used by the donors as well as CSO’s to enhance commitment to WASH in countries by way of advocacies. (See Annex 4)

**Objectives of the Evaluation:**

This is a summative and formative evaluation that will assess the joint EU-UNICEF funded WASH program in Solomon Islands based on five criteria (relevance, effectiveness, efficiency, sustainability and impact) recommended by OECD-DAC. The assessment will closely look at the extent to which the WASH program outputs have been achieved and will examine its delivery to strengthen or improve the overall UNICEF WASH programme.

This type of external evaluation at the end of the intervention is expected to contribute to both strengthening accountability of UNICEF for its donor and key stakeholders including beneficiaries, and to learn from this experience to inform future WASH projects. This end of the project evaluation was planned from the beginning as part of the EU funding requirements.

On the other hand, the specific objectives of the evaluation are:

* To assess the Relevance, Effectiveness, Efficiency, Sustainability and Impact of the UNICEF-EU jointly supported WASH Action (see section 3).
* To examine the effects or outcomes of the specific interventions and summarize them by describing what happened subsequent to delivery of the programme
* To assess the extent to which the project has contributed to broader development results at the sub-national level,[[5]](#footnote-5) and lessons learnt that will allow the replication and/or scaling up of the interventions.
* To draw operational recommendations and lessons learned for further improvement and enhancement of relevant sector policies, plans, strategies through analyses of the factors contributing to the success or failure of the project.
* To provide strategic guidance to UNICEF Field Office in Solomon Islands and Multi-country Office in Fiji in determining further areas of support to relevant ministries, government agencies and institutions in WASH for the next multicountry programme (2015-2019) in addressing critical child health issues.

Recommendations generated from this evaluation will be reviewed and discussed by the Evaluation Reference Group (see section 8 for more details). At the end of the evaluation exercise, a management response plan will be developed to respond to the recommendations, and at the same time, be used for the monitoring of the remedial follow-up actions.

**Scope of Evaluation**

The evaluation will focus on the project intervention “Building Human Development: Improving WASH in the Solomon Islands”. The project’s objective is to provide sustainable access to improved water supply and sanitation services and reduced WASH-related diseases in its target areas by means of the outputs and deliverables explicitly identified in the project’s results chain/logical framework[[6]](#footnote-6) developed at the start of the project.

The geographical areas to be covered by the evaluation are the provinces of Isabel, Makira and Temotu, while the timeframe to be evaluated is the whole 60-month project implementation period from October 2011 to September 2016 (which includes a 12-month no-cost extension) and will incorporate all related data, information, documentation and literature available. As the evaluation coincides with programme planning exercise for the next 5-year UNICEF Pacific Multi-Country programme (2018-2022), the result should also inform and input into the conceptualization of the new UNICEF Pacific MCP.

In all stages of the evaluation process, the universally recognized values and principles of human rights, gender equality and equity will be integrated ensuring that these lenses are applied across the analyses despite project design not specifically aiming at greater gender equality, human rights or equity in all its areas of intervention .

**Evaluation criteria and questions**

The evaluation criteria are mainly for five areas recommended by the OECD-DAC. Below are some examples of the questions per criteria. International consultants for this evaluation are recommended to elaborate the list of questions during the submission of their technical proposals, which will be used for the selection process by UNICEF. The list of evaluation questions will be discussed and finalized with UNICEF and the ERG during the inception phase, before submission of the inception report. The final list of questions will have to be realistic given the budget and timeframe previously proposed by the evaluation team. The impact will be assessed mainly by using both qualitative and quantitative methodologies by taking into account the perception of beneficiaries and stakeholders.

|  |  |
| --- | --- |
| **Evaluation****Criteria**  | **Example of questions**  |
|  |
| Relevance  | * Did the intervention respond to the needs of the various target groups, specifically children? How?
* To what extent has this WASH programme’s outputs suited the priorities and policies of the National and Provincial Governments, as well as the EU?
* Did the operation support the vision of the government and was it in line with existing policy?
* Did the project contribute to national policy development and reviews?
* To what extent has the programme outputs suited the needs of disadvantaged children, and particular geographical areas and/or conditions?
* Was the logical framework coherent enough to achieve the results?
* To what extent are the objectives of the WASH Multi-Country Programme component still valid?
* Are the activities and outputs of the WASH programme in SI consistent with the overall goal and the attainment of its objectives?
* Are the activities and outputs of the programme consistent with the intended impacts and effects?
 |
| Efficiency  | * Were resources utilized and managed in efficient manner?
* How well did the operation co-ordinate with other, similar interventions (if any) for synergy and in order to avoid overlaps?
* Would it have been possible to achieve the same results at a lower cost?
* Was the WASH programme efficient in terms of working with the government programmes and systems?
* Were programme objectives achieved on time?
* If there were any modifications to the implementation plan, specify these.
 |
| Effectiveness  | * Were the outputs delivered as planned and in a coherent manner?
* What was the level of quality and compliance of activities to the norms and standards previously established by the program, both for the construction and social intermediation components?
* To what extent were the objectives achieved / are likely to be achieved?
* What were the major factors influencing the achievement or non-achievement of the objectives?
 |
| Sustainability  | * What is the likelihood that the operation and maintenance and repair of the installed facilities will continue to be financed at the local and sub-national level for sustainability of the services (access to clean water etc.) after the end of the project?
* To what degree did the project consider any existing structures or resources to enhance the sustainability after the end of the intervention?
* What could the project have done differently to improve sustainability?
* What is the likelihood that the benefits of the WASH programme (both service related interventions as well as policy formulation support) will continue after funding ceases?
* What are the major factors which influence the achievement or non-achievement of sustainability of the WASH programme?
 |
| Impact  | * What were the main impacts (positive/negative, expected/unexpected) as perceived by the different actors and beneficiaries of the project?
* What has happened as a result of Improving WASH in Solomon Islands?

What real difference has this intervention made to the beneficiaries? |
| **Other areas of project specific concern**  |
| Equity  | * Was the project aligned with UNICEF’s equity agenda in addressing the needs of the target groups (i.e.to what extent the initiative reached different groups including the most marginalized)?
* Did the project contribute to equitable participation and benefits to various groups (men, women, children and differently abled people)?
 |
| Risk | * How was Risk mainstreamed in the design and delivery of the programme?
* Was there an analysis of Risks and a Risk Management Matrix prepared during midterm and review processes?
 |
| Scale-Up | * Does this WASH programme experience in Solomon Islands support the possibility of programme scale up?
* What lessons can be learned for the scaling up of UNICEF supported interventions and for the sustainable development of WASH programmes in the Pacific over the next 5 years and how can these lessons inform the design of the UNICEF programmes for the remainder of this cycle and the next multi-country programme cycle.
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**Methodology**

A mixed-method approach is required for this evaluation including the systematic use of qualitative (e.g, structured interviews and focus groups) and quantitative (e.g. recent survey results including household surveys previously done that may serve as baseline, existing routine data) methods so findings can be validated and principles of triangulation applied to ensure data quality with evidence for reliability and validity of data collection tools. The overall methodology will be participatory and involve various social groups[[7]](#footnote-7) including the most marginalized to capture their opinion. An initial proposal for a more detailed methodology is to be submitted by the applicant at the time of submission of the technical proposal which will be used as a basis for proposal assessment by UNICEF. Afterwards, the contracted consultant will be requested to develop a more holistic evaluation plan which must contain a work plan, a detailed description of a specific methodological approach, a design for the evaluation with a list of questionnaires, and information collection and analysis methods and tools including sampling plans that would consider data disaggregation for equity and gender analysis, as necessary.

The below is general proposition to develop technical proposal for the applicant. There are mainly three phases in this evaluation exercise as below.

1. Desk review and refinement of methodology

The list of references and documentations will be shared with the selected consultant. These include:

a) EU/UNICEF contribution agreement and annexes

b) Contribution Agreement extension

c) Annual work plans (2011-2016)

d) Mid Term Review

e) Project cooperation agreements with World Vision and Live and Learn Solomon Islands

f) Results-Oriented Monitoring documentation done by independent consultants of EU

In relation to this project, the baseline and end-line results of a Knowledge, Attitude and Practice (KAP) study (2013 and 2016) will be available. These data need to be reviewed and utilized for the evaluation together with other existing sources (Demographic and Health Survey, Joint Monitoring Reports, Project progress reports, etc.) as appropriate by considering the disparities based on geography, gender and other key variables based on the availability of disaggregated data. To ensure the participatory approach and refine the methodology based on the context of the country, the consultant will have the opportunity to finalize the methodology during the in-country visit and meeting with key stakeholders. (See part 6 below).

1. Data collection, field work ( site visit/interviews)

The systematic use of qualitative (e.g, structured interviews and focus groups) and quantitative (e.g. recent survey results, existing routine data) methods are required to collect the additional evidence during the country visit. The consultants will determine, prior to data collection, the sampling frame including the area and the population that will be represented, rationale for their selection along with the limitations of the sampling. Necessary meetings with key stakeholders will be accompanied by UNICEF national staff during the field work in Honiara, as well as during the site visit in the provinces of Isabel, Makira and Temotu, based on the needs expressed by the consultant to facilitate the communication in local language during data collection and focus group discussions in the field. The respondents and methods/tools (interview, questionnaires, and focus group) need to be strategically selected based on the evaluation questions.

1. Analysis and Reporting

The final stage of analysis and reporting can be conducted remotely. The results of the analysis need to systematically respond to the evaluation questions under each evaluation criteria while gender, human rights, and equity lenses are applied. Consequently, this should help in achieving the purpose of the evaluation. The report is to be written in a reader-friendly manner but before finalizing, UNICEF will organize a one day workshop, gathering project team, stakeholders, beneficiaries and the evaluation team, to discuss together recommendations and action plan drawn from the evaluation. This workshop would help ensure recommendations are appropriate and owned by the project team and stakeholders. This workshop will be facilitated by UNICEF WASH section, with the international consultant joining through Skype.

The consultant(s) are expected to identify all relevant ethical issues from the proposed methodology and seek ethical clearance as appropriate in-line with the UNICEF Ethical Standards in Research, Evaluation, Data Collection and Analysis. The Research and Evaluation Committee will be responsible for oversight of their implementation

The ethics section of the proposal, inception report and final report should address:

1. consideration of potential harms and if the benefits outweigh the risks

2. measures taken to ensure ‘do no harm’

3. methodology to minimize stress for participants

4. how informed consent will be/have been acquired

5. any compensation paid for participation

6. measures to ensure privacy and confidentiality.

**Limitation of Evaluation:**

Gender and Human Rights aspects need to be considered during the evaluation to draw relevant recommendations as a formative evaluation. However, the project was not designed / planned based on a gender differentiated analysis of the needs of beneficiaries and does not contain proper outcomes aiming at greater gender equality in the areas of intervention. Even if project addresses practical aspects of gender issues by improving access to water which is an activity mainly led by women, it's not sufficient to be considered as having a gender sensitive approach. For the OECD Gender Marker is rated "0" because they only consider practical aspects of gender issues without a real consideration of changes/developments on the strategic aspects of gender issues.

Generally, the challenges in collecting quantitative baseline data and information in the Pacific is well known. This includes Solomon Islands and data around the WASH sector in general. Although the information to be gathered in this evaluation would be specific to the project, it cannot be guaranteed that all information required in the analysis and to answer the evaluation questions are readily available especially since there is no national WASH database established yet at the time of project implementation.

This TOR also recognizes that due to the limited budget and time allotted for this exercise, there is very little room for error and adjustments during implementation. Logistical issues that may arise later such as unavailability of critical stakeholders and informants for interviews, may have consequences on the consultation thus affecting the strength of the results findings.

**Work Schedule**

The assignment is for 60 working days over a period of 3.5 months from 01 October 2016 to 15 January 2017. The consultant will provide a detailed timetable in its technical proposal, specifying the distribution of tasks and duration to complete each task. The proposed sequencing in the table below is an indicative proposal which could be improved in the technical offer. The right column indicates an estimated duration for the activity.

|  |  |
| --- | --- |
| Activity | Duration and Location |
| **Phase 1: Literature Review & Preparation ( Total number of days: 14 )**  |
| 1. Literature review and consultations
 | 8 days offsite and 6 days in Honiara |
| 1. Draft Inception report with proposed revised version of TOR, and revised evaluation questions, evaluation methodology, information/data collection method for each evaluation question, sampling for interviews and field visits, and development of data collection, and data analysis plan
 |
| 1. Review and feedback on inception report and evaluation questions by the Evaluation Reference Group (ERG)
 |
| 1. Finalization of inception report and evaluation questions
 |
| **Phase 2 : Consultations, Analysis and Reporting ( Total number of days: 46)** |
| 1. Data collection and field work in all project areas; Submission of field reports
 | 28 days in Solomon Islands (Honiara, Isabel, Makira and Temotu)18 days offsite |
| 1. Processing, cleaning, validation, triangulation and analysis of the collected data
 |
| 1. Preparation, presentation and review of interim report for ERG feedback
 |
| 1. Incorporate feedback and conduct validation exercise with key stakeholders
 |
| 1. Presentation of draft final evaluation findings and recommendations to key stakeholders
 |
| 1. Finalization and submission of Evaluation Report with a six page summary for publication in the newsletter or website
 |
| **Total duration = 60 days** |
| **Legend:** |
|  | **Payment Milestones** |

**Deliverables/End Products with Payment Schedule**

The following are the Consultant’s/Team’s Deliverables with Timelines and Payment Terms

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Due date** | **Payment** |
| Inception report with final Evaluation ToR and evaluation questions and final version after comments from Reference Group  | 3 weeks from contract commencement date | **20%** upon receipt and acknowledgement by UNICEF that the deliverable meets required standards and is of high quality  |
| Field reports | Within 2 days from completion of field data collection | **10%** upon receipt and acknowledgement by UNICEF that the deliverable meets required standards and is of high quality |
| Interim report submission for ERG feedback  |  Within 1 week from UNICEF approval of field report  | **20 %** upon receipt and acknowledgement by UNICEF that the deliverable meets required standards and is of high quality |
| Final evaluation report and Power Point presentation with data base of collected data  | 4 weeks from submission of Interim report to ERG  | **50 %** upon receipt and acknowledgement by UNICEF that the deliverable meets required standards and is of high quality |

*Note: The assignment is for 60 working days over the period 01 October 2016 to 15 January 2017.*

The final evaluation report should not exceed more than 60 pages (without the annexes) and will include at least the following:

* Executive Summary
* Brief description of the program, its context , financial arrangements , areas of intervention, timing, implementation modalities and actors
* Objectives , methodology, timing of evaluation and challenges / limitations of the analysis
* Results in terms of relevance , efficiency, effectiveness , impact, sustainability
* Analysis , including reflection on gender, human rights
* Lessons learned, challenges, conclusions, recommendations, action plan
* Annexes including list of the data with maximum disaggregation

Note: The final report needs to meet UNICEF standards on the quality of evaluation as described in the [UNICEF evaluation reports quality assessment tool](http://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf). More information on the quality criteria (utility, feasibility, accuracy and appropriateness) and good examples of WASH evaluation reports from other countries will be provided.

The report and all collected and produced data by the evaluation team remain the exclusive property of UNICEF.

**Supervisor Name and Type of Supervision that will be provided:**

The Research, Evaluation, Study and Ethics Committee (RESEC)[[8]](#footnote-8) of the Fiji Multi-Country Office (MCO), together with the other key stakeholders[[9]](#footnote-9) of the WASH programme in Solomon Islands, will constitute the Evaluation Reference Group (ERG). The ERG, under the chairmanship of the Chief of Social Policy, Monitoring and Evaluation, will have overall management of the Evaluation, with technical, and administrative support provided by WASH, SIFO and other members as needed. The UNICEF East Asia and the Pacific Regional Office (EAPRO), particularly the EAPRO Regional Adviser WASH and the EAPRO Evaluation Adviser, will provide technical support. For the quality assurance of the key evaluation exercise, draft inception and final evaluation reports will be shared with the mentioned regional advisors and with the WASH evaluation specialist in the UNICEF Evaluation Office, to obtain their technical input and clearance before finalization of the inception and final Evaluation report.

The main roles of Evaluation Reference Group are:

* To contribute to the design of the evaluation
* To share available information
* To clear the ToR and validate the evaluation questions
* To monitor and facilitate its implementation
* To provide comments on draft reports
* To assist with feedback on the findings and making recommendations
* To disseminate the results of the evaluation to all stakeholders in WASH and possibly to certain beneficiaries or their representatives.
* To develop the Management response plan and regularly monitor follow-up actions

The consultant will be responsible for the refinement of evaluation questions as deemed appropriate, the methodology, data collection and analysis as well as the formulation of findings and conclusions containing judgments in response to the evaluation questions. Recommendations and lessons will also be included in the report.

The consultant/s should adhere to [UNICEF Evaluation Policy](http://www.unicef.org/evaluation/files/2008_Evaluation_Policy_English.pdf); to [UNEG’s ethical guidelines for UN evaluations](http://www.unevaluation.org/document/download/548); to [UNEG’s code of conduct for evaluation](http://www.unicef.org/evaluation/files/Evaluation_Principles_UNEG_Code_of_Conduct.pdf) and to [UNICEF Reporting Standards](http://www.unicef.org/evaluation/files/UNEG_UNICEF_Eval_Report_Standards.pdf).

**Consultant’s Work Plan and Official Travel Involved:**

The consultant is required to make his/her own return travel arrangements from Place of recruitment-Duty Station-Place of recruitment on the most direct route and economical class. Travel costs will be reimbursed to the consultant upon submission of invoice and travel documents.

All related (internal/external) official travel of the consultancy will be organized by the consultant and costs reimbursed accordingly.

The consultant is also required to organize his own visa to the duty station – UNICEF will provide a support letter to assist with visa approval.

**Consultant’s Work Place and Work Arrangements:**

* 60 working days (60 person-days) over the period of 01 October 2016 to 15 January 2017
* The evaluator will be provided a working desk in the UNICEF office while in Honiara, Solomon Islands. The evaluator will use his /her own laptop for the assignment.
* UNICEF WASH and Solomon Islands Field Office (SIFO) will facilitate the arrangement of meetings and workshops with partners as required and will provide logistic and financial support as necessary.
* The evaluator is expected to undertake field trips to selected project locations in the target provinces. UNICEF will cover the following to facilitate the field visits:
* Provide a land and water transportation for field mobilization;
* Provide standard monthly living allowance;
* Provider translator /interpreter to support field work (national consultant NOA level), especially the discussion with partners and relevant community groups.

**Qualifications or Specialized Knowledge/Experience Required:**

The evaluation will be conducted by an individual with the following minimum qualifications:

Qualifications

* Training and experience in the field related to water, sanitation and hygiene with academic qualifications (at least a Master’s degree) in civil engineering, mechanical engineering, sanitary engineering, social sciences or combination of it;
* Familiarity with cross-cutting issues (e.g. gender equality, equity and human rights, including child rights) and how they relate to the WASH results and equity agenda;
* Strong analytical skills including ability to conduct quantitative data analysis to demonstrate attribution/impact (as applicable) and background on WASH sector information and data;

Experience

* At least 10 years of professional experience in planning, implementation, management, monitoring and evaluation of integrated water, sanitation and hygiene programmes in developing countries;
* Proven experience with similar programme evaluations in the WASH sector in developing countries, preferably for the fields of WASH in school, hygiene behavior change approaches including CLTS (Community-Led Total Sanitation), and community interventions;
* Proven experience for EU project evaluations is an asset;

Languages

* Excellent communication and report writing skills in English;

Competencies

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| * Ability to work independently;
* Commitments to deliver the final products in line with the set TOR within the agreed timeline.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prepared by: SPME Reviewed by Chief of OperationsName: Lemuel Villamar Name: Devraj DabyDate: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewed by Chief of WASH Name: Marc OvermarsDate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved by Deputy Representative \*\*Name: Vathinee JitjaturuntDate: |
|  |

**General Conditions** **of Contracts for the Services of Consultants / Individual Contractors**

**1. Legal Status**

The individual engaged by UNICEF under this contract as a consultant or individual contractors (the “Contractor”) is engaged in a personal capacity and not as representatives of a Government or of any other entity external to the United Nations. The Contractor is neither a "staff member" under the Staff Regulations of the United Nations and UNICEF policies and procedures nor an "official" for the purpose of the Convention on the Privileges and Immunities of the United Nations, 1946. The Contractor may, however, be afforded the status of "Experts on Mission" in the sense of Section 22 of Article VI of the Convention and the Contractor is required by UNICEF to travel in order to fulfill the requirements of this contract, the Contractor may be issued a United Nations Certificate in accordance with Section 26 of Article VII of the Convention.

**2. Obligations**

The Contractor shall complete the assignment set out in the Terms of Reference for this contract with due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices.

The Contractor must respect the impartiality and independence of UNICEF and the United Nations and in connection with this contract must neither seek nor accept instructions from anyone other than UNICEF. During the term of this contract the Contractor must refrain from any conduct that would adversely reflect on UNICEF or the United Nations and must not engage in any activity that is incompatible with the administrative instructions and policies and procedures of UNICEF. The Contractor must exercise the utmost discretion in all matters relating to this contract.

In particular, but without limiting the foregoing, the Contractor (a) will conduct him- or herself in a manner consistent with the Standards of Conduct in the International Civil Service; and (b) will comply with the administrative instructions and policies and procedures of UNICE relating to fraud and corruption; information disclosure; use of electronic communication assets; harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

Unless otherwise authorized by the appropriate official in the office concerned, the Contractor must not communicate at any time to the media or to any institution, person, Government or other entity external to UNICEF any information that has not been made public and which has become known to the Contractor by reason of his or her association with UNICEF or the United Nations. The Contractor may not use such information without the written authorization of UNICEF, and shall under no circumstances use such information for his or her private advantage or that of others. These obligations do not lapse upon termination of this contact.

**3. Title rights**

UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights and trademarks, with regard to material created by the Contractor which bears a direct relation to, or is made in order to perform, this contract. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights.

**4. Travel**

If UNICEF determines that the Contractor needs to travel in order to perform this contract, that travel shall be specified in the contract and the Contractor’s travel costs shall be set out in the contract, on the following basis:

1. UNICEF will pay for travel in economy class via the most direct and economical route; provided however that in exceptional circumstances, such as for medical reasons, travel in business class may be approved by UNICEF on a case-by-case basis.
2. UNICEF will reimburse the Contractor for out-of-pocket expenses associated with such travel by paying an amount equivalent to the daily subsistence allowance that would be paid to staff members undertaking similar travel for official purposes.

**5. Statement of good health**

Before commencing work, the Contractor must deliver to UNICEF a certified self-statement of good health and to take full responsibility for the accuracy of that statement. In addition, the Contractor must include in this statement of good health (a) confirmation that he or she has been informed regarding inoculations required for him or her to receive, at his or her own cost and from his or her own medical practitioner or other party, for travel to the country or countries to which travel is authorized; and (b) a statement he or she is covered by medical/health insurance and that, if required to travel beyond commuting distance from his or her usual place or residence to UNICEF (other than to duty station(s) with hardship ratings “H” and “A”, a list of which has been provided to the Contractor) the Contractor’s medical/health insurance covers medical evacuations. The Contractor will be responsible for assuming all costs that may be occurred in relation to the statement of good health.

**6. Insurance**

The Contractor is fully responsible for arranging, at his or her own expense, such life, health and other forms of insurance covering the term of this contract as he or she considers appropriate taking into account, among other things, the requirements of paragraph 5 above. The Contractor is not eligible to participate in the life or health insurance schemes available to UNICEF and United Nations staff members. The responsibility of UNICEF and the United Nations is limited solely to the payment of compensation under the conditions described in paragraph 7 below.

**7. Service incurred death, injury or illness**

If the Contractor is travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contract, or is performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval, the Contractor (or his or her dependents as appropriate), shall be entitled to compensation from UNICEF in the event of death, injury or illness attributable to the fact that the Contractor was travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contractor, or was performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval. Such compensation will be paid through a third party insurance provider retained by UNICEF and shall be capped at the amounts set out in the Administrative Instruction on Individual Consultants and Contractors. Under no circumstances will UNICEF be liable for any other or greater payments to the Contractor (or his or her dependents as appropriate).

**8. Arbitration**

1. Any dispute arising out of or, in connection with, this contract shall be resolved through amicable negotiation between the parties.
2. If the parties are not able to reach agreement after attempting amicable negotiation for a period of thirty (30) days after one party has notified the other of such a dispute, either party may submit the matter to arbitration in accordance with the UNCITRAL procedures within fifteen (15) days thereafter. If neither party submits the matter for arbitration within the specified time the dispute will be deemed resolved to the full satisfaction of both parties. Such arbitration shall take place in New York before a single arbitrator agreed to by both parties; provided however that should the parties be unable to agree on a single arbitrator within thirty days of the request for arbitration, the arbitrator shall be designated by the United Nations Legal Counsel. The decision rendered in the arbitration shall constitute final adjudication of the dispute.

**9. Penalties for Underperformance**

Payment of fees to the Contractor under this contractor, including each installment or periodic payment (if any), is subject to the Contractor’s full and complete performance of his or her obligations under this contract with regard to such payment to UNICEF’s satisfaction, and UNICEF’s certification to that effect.

**10. Termination of Contract**

This contract may be terminated by either party before its specified termination date by giving notice in writing to the other party. The period of notice shall be five (5) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a total period of less than two (2) months and ten (10) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a longer period; provided however that in the event of termination on the grounds of impropriety or other misconduct by the Contractor (including but not limited to breach by the Contractor of relevant UNICEF policies, procedures, and administrative instructions), UNICEF shall be entitled to terminate the contract without notice. If this contract is terminated in accordance with this paragraph 10, the Contractor shall be paid on a pro rata basis determined by UNICEF for the actual amount of work performed to UNICEF’s satisfaction at the time of termination. UNICEF will also pay any outstanding reimbursement claims related to travel by the Contractor. Any additional costs incurred by UNICEF resulting from the termination of the contract by either party may be withheld from any amount otherwise due to the Contractor under this paragraph 10.

**11. Taxation**

UNICEF and the United Nations accept no liability for any taxes, duty or other contribution payable by the consultant and individual contractor on payments made under this contract. Neither UNICEF nor the United Nations will issue a statement of earnings to the consultant and individual contractor.

Prepared by Section Chief: Approved by Deputy Representative \*\*

Name/Title: Name:

Date: Date

\*\* All Programme TORs to be approved by Deputy Representative and Operations TOR to be approved by Operations Manager.

**Annex 1. Geographic target area of the interventions**

The project areas are located in the Provinces of Isabel, Makira and Temotu in Solomon Islands. The towns of Buala (Isabel Province); Kirakira (Makira Province) and Lata (Temotu Province) are the major population centers.

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**Project Locations**

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| --- | --- | --- | --- | --- |
| **Name** | **Abbr.** | **Status** | **Centre of Population** | **GPS coordinates** |
| Isabel | ISA | Province | Buala | 8o 10’ S | 159o 37’ E |
| Makira  | MAK | Province | Kirakira | 10o 26’ S | 161o 53’ E |
| Temotu  | TEM | Province | Lata | 10o 43’ S | 165o 50’ E |

Project is based in rural areas of the target provinces

**Annex2: Project Summary** (source: Description of Action submitted to EU)

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| --- | --- |
| Total duration of the action | 60 months |
| Objectives of the action | Accelerate delivery of sustainable health, economic and human development outcomes building MDG achievements in rural communities in the Solomon Islands |
| Partner(s) | Live and Learn Environmental Education, Solomon Islands |
| Target group(s) | Rural communities and school children in the targeted villages in the Provinces of Isabel, Makira and Temotu |
| End beneficiaries  | Around **12,000 villagers** gain access to safe water and benefit from hygiene promotion / Around **3,000 school children** gain access to safe water and improved sanitation facilities at school and benefit from hygiene promotion |
| Estimated results | ***1: Rural communities and school children use improved water supply facilities.******2: Rural communities and school children use improved sanitation facilities and practice improved hygiene behaviors.******3: Sector planners and managers support rural community WASH in line with national RWSS policy and legislation*** |
| Main activities | 1.1 Undertake KAP studies across sample of targeted provincial communities |
|  | 1.2 Mobilize rural households using community based engagement processes to raise commitment and form village water committee. |
|  | 1.3 Assess water sources, sites survey, design schemes and procure materials for water schemes. |
|  | 1.4 Implement construction program for rural community water supply schemes (estimated 30 villages serving 12,000 persons) and schools (20 schools) |
|  | 2.1 Implement community and school engagement processes using the CLTS (Community Led Total Sanitation) and PHAST (Participatory Hygiene and Sanitation Transformation) approaches. |
|  | 2.2 Implement a schools sanitation program supported by education in safe hygiene practices in 20 schools for an estimated 3,000 students. |
|  | 2.3 Construct demonstration, improved sanitation facilities (estimated 5 village health centers) |
|  | 3.1 Undertake water source information surveys in targeted villages |
|  | 3.2 Undertake capacity assessment studies of Government, NGO and CBO institutions and staff for RWSS delivery and providing practical community operator training in targeted provinces. |
|  | 3.3 Develop and implement skills and capacity building program for selected institutions and staff delivering community O&M services. |
|  | 3.4 Utilize project experience to assist preparation of the National RWSS Strategy and, as required, supporting legislation to assist its introduction and implementation. |

**Annex3.** LOGICAL FRAMEWORK - Building Human Development: Improving WASH in the Solomon Islands

**(Attachment to Description of Action dated April 2015)**

|  | **Intervention Logic** | **Objectively verifiable indicators of achievement** | **Sources and means of verification** | **Assumptions** |
| --- | --- | --- | --- | --- |
|
| ***Overall objectives*** | Accelerate delivery of sustainable health, economic and human development outcomes building MDG achievements in rural communities in the Solomon Islands. | * Increased education enrolment, ratios of female/male enrolment, literacy and numeracy;
* Increased attendance to clinics in rural areas

  | • Solomon Islands Education Management Information System (SIEMIS) • Health and Management Information System (HMIS) of MHMS |   |
| ***Specific objective (Project Purpose)*** | Sustainable access to WASH and reduced diarrhea related diseases in the provinces of Isabel, Makira, and Temotu by the end of action. | * Reduction on incidence of diarrhoea ( 30% reduction in 30 communities in 60 months)
 | • Demographic and health surveys• MHMS MIS on-going reporting• Project monitoring and evaluation reports | RWSS sector remains a priority for Government. |
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| ***Expected results*** | ***Result 1. Rural communities and school children use improved water supply facilities.*** | * At least 80% of improved water supply facilities (serving and estimated 12,000 persons) managed by a functional water committee by end of year 5.
* Improved school water facilities (target 20 schools) are operational by end of year 5.
* Number of WATSAN Committees where O&M schemes are in place by end of year 5 (target: at least 30 committees).
 | • Annual epidemiological reports, DOH/Provincial health authorities• Project KAP Survey• Project monitoring and evaluation reports• Materials, leaflets trialed and produced | Community contributions are provided and managed competently.School and community leaders remain committed to O&M. |
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|  | ***Result 2. Rural communities and school children use improved sanitation facilities and practice improved hygiene behaviours*** | * School sanitation facilities (target 20 schools) are operational and used by a majority of students by end of year 5.
* Increase in the use of improved sanitation facilities in 30 communities (Community led total sanitation carried out in at least 25 communities in 60 months).
 |  • Materials, leaflets trialed and produced• Project technical and field reports• Project monitoring and evaluation reports | School management committees remain committed to hygiene education and funding O&M. |
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|  | **Result 3. Sector planners and managers support rural community WASH in line with national RWSS policy and legislation** | * At least three provincial water and sanitation ordinances drafted and submitted for endorsement by provincial governments by end of the project period*.*
* By end of the project period, all three provinces have draft community WATSAN operation and maintenance guidelines.
* By end of the project period, at least 30 water and sanitation technicians are trained from within target communities.
* Improved SIG RWSS Policy, legislation and coordination among sector partners with full engagement of the project staff in the Water and Sanitation Stakeholder Group
 | • SIG and donor partner RWSS plan documents• Project technical and field reports• Capacity/skills gap study (initial and end-term)• Training event reports• Water source information survey• Updated national policy, national regulations and ordinances in target provinces• Minutes of National Watsan stakeholder and sub-committee meetings  | Stakeholders remain committed to building human resources and skills.RTCs and skilled private technicians participate. |
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| ***Activities*** | ***Result 1. Rural communities and school children use improved water supply facilities.*** |  |   |   |
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|  | Activity 1.1: Undertake KAP studies across sample of targeted provincial communitiesActivity 1.2: Mobilize rural households using community based engagement processes to raise commitment and form village water committee.Activity 1.3: Assess water sources, sites survey, design schemes and procure materials for water schemes.Activity 1.4 Implement construction program for rural community water supply schemes (estimated 30 communities serving 12,000 persons) and schools (20 schools). | Sub-contractor, UNICEF personnel, partner staffPartner staff, UNICEF personnelSub-contractor, UNICEF personnel, partner staffSub-contractor, UNICEF personnel, partner staff | €27,805€149,415€158,810€1,004,310 | Existing health information system can assist community selection. Trained local contractors available.Adequate number of WASH construction technicians available. |
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|  | ***Result 2. Rural communities and school children use improved sanitation facilities and practice improved hygiene behaviours*** |  |   |   |
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|  | Activity 2.1: Implement community and school engagement processes using CLTS (Community Led Total Sanitation) and PHAST (Participatory Hygiene and Sanitation Transformation) approaches.Activity 2.2: Implement a schools sanitation program supported by education in safe hygiene practices in 20 schools for an estimated 5,000 students.Activity 2.3: Construct demonstration, improved sanitation facilities (estimated 80% of the community health centres in the targeted communities ) | Sub-contractors, UNICEF personnel, partner staffSub-contractors, UNICEF personnel, partner staffSub-contractors, UNICEF personnel, partner staff | €284,150€373,620€76,140 | Open sharing of project experience and lessons learned amongst sector stakeholdersAdequate number of building/WASH construction technicians available. |
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|  | ***Result 3. Sector planners and managers (better able to) support rural community WASH in line with national RWSS policy and legislation*** |  |   |   |
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|
|  | Activity 3.1: Undertake water source information surveys in targeted communitiesActivity 3.2: Undertake capacity assessment studies of Government, NGO and CBO institutions and staff for O&M delivery and providing practical community operator training in targeted provinces.Activity 3.3: Develop and implement skills and capacity building program for selected institutions and staff delivering community O&M services.Activity 3.4: Utilize project experience to assist preparation of the National RWSS Strategy and, as required, supporting legislation or regulations to assist its introduction and implementation.**All Results:** Monitoring and Evaluation, Visibility Activities | Sub-contractor, UNICEF personnel, partner staffSub-contractors, UNICEF personnel, partner staff, Sub-contractors, UNICEF personnel, partner staffUNICEF personnel, partner staff | €84,865€61,215€52,055€129,565 Total Cost: €2,401,950 | All target water sources able to be accessed.Village communities are able and willing to provide at least 2 persons for O&M and hygiene trainingStakeholders able to make officers/staff available for training and “on-the-job” work.Low turnover of trained persons at all levels in stakeholder organizations. |
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Annex4. Primary and secondary audiences for the evaluation and intended use

| ***Audience of Evaluation*** | ***Intended Use of Evaluation*** |
| --- | --- |
| **Primary** European Union (EU) | * Accountability; advocacy, learning and final WASH programme reporting
 |
| UNICEF Country Office | * Accountability and application of lessons learned to future programme design
* Inform overall WASH programme in the Pacific in terms of way forward as well as feasibility of scaling-up
* Contribution to UNICEF overall programme design for the new Country Programme, including the development of the SITAN
* Advocacy to concerned national government agencies, local government units, development partners on lessons learned and recommendations on the way forward
 |
| Partners: Live and Learn Environmental Education (LLEE) and World Vision Solomon Islands (WVSI) | * Accountability and application of lessons learned to future programme design and implementation; Advocacy
 |
| Solomon Islands Government (SIG)  |   |
| Rural WASH Oversight Committee (RWOC)[[10]](#footnote-10) | * Inform high-level decisions on matters related to planning, budgeting and implementation of the WASH Policy and National Rural WASH Strategic Plan
 |
| Environmental Health Division of the Ministry of Health and Medical Services (MHMS) | * Inform RWSS’s policy priorities, strategic planning and further program development
* Inform guidelines for further improvement of school water supply systems
* Advocacy for improvement of monitoring systems
 |
| Ministry of Education and Human Resources Development (MEHRD) | * Inform and update school water supply design standards and guidelines for compliance and possible improvements
 |
| SIG water resources agencies  | * ​Inform sector coordination, policies, legislation, guidelines and program planning for possible improvements
* Advocacy for continued support to the development of sector-wide capacity building and training initiatives
 |
| MHMS village health centers | * Inform village health centers’ capacity gaps to monitor incidences of water-borne and water-related diseases
* Advocacy for improvement in monitoring systems
 |
| Regional Training Centers  | * Inform RTC’s of the effectiveness or lack thereof of their training courses on construction, and operation and maintenance, or their actual O&M services for possible adjustments/enhancements
 |
| Provincial Governments (Municipalities/Cities) | * Learning and advocacy on effective interventions and support in different provincial government contexts
* Inform Provincial Government water policy/ordinances, and planning in terms of the roles and responsibilities of village water and sanitation committees, and modalities on operation and maintenance strategies
 |
| Village WASH committee and school PTA members | * Inform local communities for better and more efficient O&M roles
* Advocacy for continued support to O&M activities to ensure sustainability in communities
 |
| WASH Stakeholder Group | * Information, learning and advocacy on WASH-related issues
 |
|  |  |
| **Secondary**UNICEF Country Offices in similar contexts; UNICEF Regional Office and HQ | * Identification and dissemination of lessons learned with other UNICEF COs
* Contribution to strategic thinking around integrated approaches to WASH in the region.
 |
| Major donors to the WASH sector (Australian DFAT, World Bank and NGOs) and other development agencies working in the WASH sector  | * Ensure multiple stakeholder support for coherent approaches based on good practices, challenges and lessons learned.
* Advocacy material to enhance commitment to WASH in country.
 |
| UNICEF National Committees interested in WASH programmes | * Learning and advocacy for fundraising
 |
| Civil Society Organizations working in the Pacific WASH sector | * Lessons and advocacy for complementation review and refinement/updating of WASH programs
 |
| Academe | * Contribute to evidence-based situation analysis of Solomon Islands and the Pacific
* Recommendations for further analytical work for water supply, sanitation and hygiene-related policy reforms
 |

1. Solomon Islands Population and Housing Census 2009 [↑](#footnote-ref-1)
2. The Government with development partners provided WASH facilities for about 15,000-20,000 rural people in 2009. [↑](#footnote-ref-2)
3. (AUD 11 million for four years 2010-2014) [↑](#footnote-ref-3)
4. This is consistent with the no-subsidy policy for sanitation where we only ‘trigger’ through CLTS. [↑](#footnote-ref-4)
5. i.e. project’s influence on wider development for WASH and Health including the value of contrbutions to the RWASH policy framing EDF capacity devt at SIG or NGOs, etc [↑](#footnote-ref-5)
6. Although the Theory of Change (TOC) is not expressed as a diagram in any of the project documents, the logical framework explicitly describing the results chain and mean-end relationships between different levels of results is very clear and can be used as the basis for developing a project TOC if need be for the purpose of this evaluation. [↑](#footnote-ref-6)
7. Among these should be the target beneficiaries as well as some of the Evaluation audience identified in Section 2 and Annex 4 [↑](#footnote-ref-7)
8. RESEC membership is composed of one representative from each section and chaired by the Chief of Social Policy, Monitoring & Evaluation [↑](#footnote-ref-8)
9. This includes at least 1 member each from RWSS-MHMS, Ministry of Health and Ministry of Education and the donor, EU. The membership of these non-UNICEF stakeholders will contribute to ensuring ownership to the evaluation exercise. [↑](#footnote-ref-9)
10. RWOC is composed of the MHMS, MDPAC, UNICEF, DFAT and EU [↑](#footnote-ref-10)