



“Because She Is Important”

Concrete Actions for Gender Equity in Rural WASH: Solomon Islands

CARE Vanuatu
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Cover page photo: Women Focus Group Discussion, Isabel

Image: Robyn Baron

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Abbreviations

| | |
|--------|---|
| CBR | Community Based Rehabilitation |
| CE | Community Engagement |
| FGD | Focus group discussion |
| GBV | Gender based violence |
| IDI | In-depth interview |
| INGO | International non-government organization |
| KII | Key informant interview |
| MEHRD | Ministry of Education and Human Resources Development |
| MHM | Menstrual hygiene management |
| MHMS | Ministry of Health and Medical Services |
| MWYCFA | Ministry of Women, Youth, Children and Family Affairs |
| NGO | Non-government organization |
| RWASH | Rural Water Supply, Sanitation and Hygiene Program |
| SI | Solomon Islands |
| SP | Strategic Plans |
| SIG | Solomon Islands Government |
| UNICEF | United Nations Children's Fund |
| WASH | Water Sanitation and Hygiene |

Executive Summary

Solomon Islands and WASH

In 2017 the Government of the Solomon Islands (SI) released the findings of a baseline water, sanitation and hygiene (WASH) survey that summarized WASH conditions in homes, schools and health facilities across the country [1]. This baseline was part of a renewed effort on the part of the Rural Water, Sanitation and Hygiene (RWASH) program of the Solomon Island Government to understand current WASH coverage, use and services in rural Solomon Islands. The report confirmed that the Solomon Islands have some of the world's highest rates of open defecation (79%) [1] and that there are significant disparities in levels of WASH access between and within islands. Other studies found that girls in schools face multiple challenges related to menstruation that result in poor participation, confidence or absenteeism from school [4]. Studies did not delve deeper into specific disparities in WASH access or use for females, beyond MHM. This led the Solomon Islands Government to commission a specific piece of research to assess the gender dimensions of rural WASH in the country.

Gender Equality and WASH

Goals 5 and 6 of the Sustainable Development Goals call for gender equality and clean water and sanitation for all. In order to meet these goals, gender equality needs to be directly integrated into WASH programming. This is because, generally, women and girls are disproportionately affected by the lack of or insufficient water, sanitation or hygiene facilities compared to men and boys.

A 2017 World Bank report also described how inequalities in access and use of water and sanitation facilities often represent inequalities across other aspects of a society; demonstrating that improving gender equality can have positive impacts on improved equality of WASH outcomes, and vice versa. When women and disadvantaged groups become more involved in decisions and public community committees, such as water committees, they are have more opportunities to articulate, and demand, their rights to WASH and other services.

Solomon Islands, WASH and Gender Equality

RWASH has been incorporating women's participation – and participation of women and men living with disabilities - into program strategy documents since 2014. The government recognizes, however, that moving from policy to practice still requires a deeper understanding of the gender norms and barriers that prevent women from participating equally in the first place.

This Study: Gender and WASH

This study was commissioned by the Solomon Islands Ministry of Health and Medical Services (MHMS) and UNICEF to better understand gender disparities in rural WASH in the Solomon Islands. The study specifically aimed to understand the key differences between males, females, and other vulnerable groups in terms of WASH access and use in rural areas; the reasons and effects of these differences; and actions the government and NGOs can take to increase gender equality in WASH programming. Particular attention was paid to Community Led Total Sanitation (CLTS) and the relationship adult women, in particular, had with this approach.

Findings are based on an analysis of current RWASH policy and strategy documents in use at the Ministry of Health and Medical Services, interviews with key government, UN, and I/NGO stakeholders, and community-level data from 7 villages in Malaita (4) and Isabel (3) provinces. In total, the research team conducted 30 FGDs and 24 in depth interviews, with a total of 251 males and females across the seven communities.

Community Level Findings and Analysis

Gender Roles. Women are primarily responsible for the bulk of household hygiene and related work in both Isabel and Malaita. This includes, but is not limited to: washing, cleaning, cooking, and caring for children, and related tasks. Women and girls in all seven villages, across both provinces, confirmed this care burden negatively impacts the time they have available for other activities and/or other work.

Decision-Making. Men acknowledge women's role as the main users of water and that "they know the needs" of water (Male FGD A'ama). Despite this recognition, women are not generally involved in community level decision-making related to WASH, as traditional gender roles and/or related limit women's participation in community decision-making bodies.

Specific WASH Needs and Participation. When asked about their WASH needs, 100% of women and girls surveyed focused on their individual and household level needs; including water point siting, water quantity, water availability for handwashing, etc. Male chiefs and community leaders focused answers to the same question on systemic issues such as water system parts, financing, and community sanitation needs. When leaders were asked about women and girls' specific needs, many were unable to provide an answer. This disparity is significant given leaders in both provinces originally told researchers they understood women's specific needs through community meetings and community forums and, therefore, did not need additional participation mechanisms. .

CLTS. Women value the CLTS approach because it improves children's health and overall hygiene. However, several women also reported that CLTS significantly increases their workload as traditional gender norms mean the new, additional hygiene practices have to be implemented and managed by them – especially regarding children's faeces and hand hygiene. Men and women in all communities identified women as the primary caretaker responsible for ensuring that children – and the family – followed CLTS guidance for defecation, handwashing, and other aspects of household hygiene. In contrast, women and men noted that toilet design is rarely consulted with women, and never with girls.

GBV and Participation. In line with studies in both the Solomon Islands and other countries in the Pacific, this study found that women in both provinces can face reprisals in the household when they participate in community WASH activities. Women cited everything from husbands being "unhappy" with their wives, to increased "tensions" in the household, to beatings by husbands if women do not fulfil their traditional gender roles such as cooking, cleaning, marketing, because of community WASH duties. Men and male leaders in both provinces confirmed these behaviours.

Most of the men and women surveyed agreed that women's participation in committees and community projects need to be approved and/or agreed to by their husbands. In both provinces, women felt they need to convince their husbands that committee participation has a direct economic or social return for their household in order to get such permission.

While almost all women and girls, and many men, interviewed identified this as a significant concern and barrier to their participation in WASH activities, most male community leaders and chiefs did not. This is significant for RWASH because it means chiefs and formal male leaders such as pastors – the primary gateway to the communities – do not currently recognize that gender based violence can be a significant barrier to participation and, therefore, to overall WASH outcomes.

Policy Environment Findings and Analysis

Overall, stakeholders held the view that RWASH is currently moving in the right direction in their efforts to engage the community and involve women and people living with disabilities in WASH activities. Despite this, many stakeholders – including RWASH staff in Honiara – recognize that there continues to be a gap between policy and practice. Specifically, this includes:

- That women's inclusion in WASH is a key priority for the Solomon Islands Government

- 100% of key RWASH guidelines and manuals outline the important role women need to play in WASH programs
- The RWASH strategy gives very good examples of how to involve women in WASH programs, but RWASH implementers (i.e. staff) continue to need for more direction and support to understand how to manage and implement those examples in practice; especially in areas where they encounter resistance.

The Solomon Islands Government has been progressive in its work to develop policies and strategies that include women and vulnerable groups. Staff in Honiara therefore understand the importance of integrating women into community-level WASH projects. However staff continue to lack understanding of women's needs and perspectives. This limits their capacity to translate their theoretical understanding, and/or agreement with the importance of including women, into effective practice on the ground. This is further hampered by insufficient numbers of women in leadership and/or key implementation positions.

Recommendations

Overall, the Solomon Islands Government is clearly progressive in its gender and social inclusion priorities for the WASH sector. However, for these policy recommendations to be successful, RWASH staff and WASH actors need:

- **Additional training** on gender equality and inclusions concepts, gender-sensitive and gender-transformative interventions in WASH, and related strategies
- **Additional, easy-to-use, gender-sensitive tools** to help understand women and girls' interests, needs, barriers, and opportunities
- **Additional, easy-to-implement, participation and M&E** activities that better integrate women and girls' specific needs, preferences and interests into existing RWASH program design, implementation, and follow-up

Specific Recommendations by Sector

1. Water
 - a. Include a diverse set of women in non-traditional activities and interventions
2. Sanitation
 - a. Include women and girls in sanitation design and widen the scope of CLTS pre-triggering
 - b. Improve the options for, and guidance on, contextualizing approaches to CLTS
3. Hygiene
 - a. Adjust current hygiene messaging to be more gender-equitable
 - b. Expand understanding of menstrual hygiene needs
4. Community Engagement
 - a. Adjust engagement and participation methodologies to account for intra-community power dynamics
 - b. Adjust activities, and related curriculums, to include consideration for barriers to women's participation in WASH committees.

Specific Recommendations by Actor

5. Ministry of Health and Medical Services
 - a. Provide gender training for Ministry staff at the provincial and national levels
 - b. Improve sex-disaggregation and gender-sensitive evaluation by measuring indicators
 - c. Develop a clearer mandate for WASH in schools by directly involving school children and teens in the CLTS process
 - d. Design and implement gender-sensitive recruitment and retention strategies for staff

- e. Support the Gender Focal point for the Ministry of Health
- 6. RWASH Department and Provincial Authorities
 - a. Increase training for RWASH staff on gender-sensitive community engagement
 - b. Actively recruit, promote, and retain female staff, specifically in leadership positions
 - c. Improve gender-sensitive design, monitoring and evaluation
 - d. Increase coordination with the Community Based Rehabilitation office
- 7. Coordinated action amongst UN, INGO, and Government Actors
 - a. Ensure MHM related indicators are included in health inspection monitoring for schools
 - b. Incorporate periodic qualitative data collection from girls and women for WASH
 - c. Identify, address, and mitigate, the links between rural WASH programming and GBV
 - d. Increase coordination and collaboration with women's groups to support their inclusion in WASH processes
 - e. Identify best practices in gender-sensitive and gender-transformative WASH programming
 - f. Ensure hygiene behaviour change models include activities and models with both women and men

1. Introduction

1.1. Context

The Solomon Islands (SI) is one of the poorest countries in the Pacific region. It has a young population with over 40% below age 15. This includes 65% of school aged children attending school (in rural areas), with the number slightly higher among girls [16]. In 2017 the Solomon Islands Government (SIG) released a baseline water, sanitation and hygiene (WASH) survey that summarized the WASH conditions of homes, schools and health facilities across the country [1]. This baseline was part of a renewed effort on the part of the Rural WASH department (RWASH) at the SIG to understand current WASH coverage, use and services in the country. The report confirmed that the Solomon Islands have some of the world's highest rates of open defecation (79%) and basic water access levels of 55% [1]. RWASH has incorporated the importance of involving women and people with disabilities into their program strategy documents since 2014. However, while previous studies have examined menstrual hygiene management (MHM) for girls in schools [4], as well as for women and girls generally [5], none have studied broader potential gender gaps in access to, and use of, WASH services for females, beyond MHM practices.

This study is part of the SI Ministry of Health and Medical Services (MHMS) and UNICEF's work to both understand, and address, this gap. The study was intended as an initial gender assessment of rural WASH in the Solomon Islands, with the goal of providing an analysis of, and recommendations for, improving gender and social inclusion in rural WASH programming in the country.

1.2 Objectives of the study

The study was designed to help WASH actors in the Solomon Islands better understand gender disparities related to WASH in SI; specifically to:

- 1) Understand key differences in WASH access and use between males and females (and, where possible, vulnerable groups) in the rural Solomon Islands, as well as the reasons for, and effects of, these differences;
- 2) Identify specific actions the government, UN and I/NGO actors can take to increase gender equality in WASH programming.

1.3 Methodology

The assessment focused on understanding whether or not there were specific gender barriers preventing women and girls from achieving positive WASH outcomes and, if so, what those barriers are and how the government and its partners can address them. The research team paid specific attention to Community Led Total Sanitation (CLTS) given its importance for RWASH and the relationship adult women had, in particular, with this approach. The team used the CARE "Gender Equality Framework" (Figure 1) and "Core Areas of Inquiry" (Figure 2) to identify the key research areas for the study.

Figure 1. CARE's Gender Equality Framework

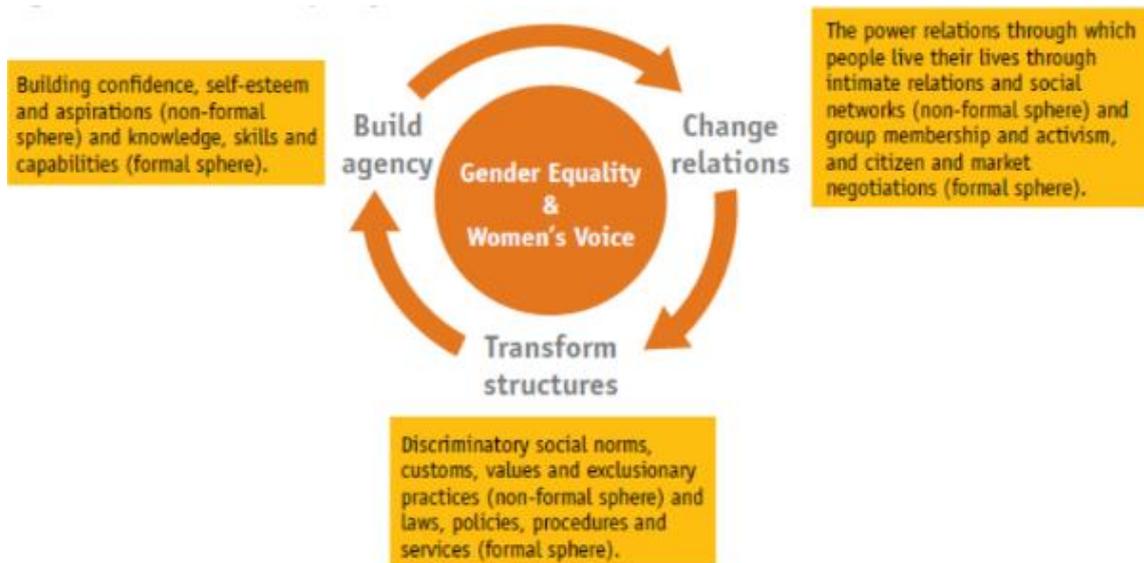


Figure 2. Core Areas of Inquiry for a Gender Analysis



Approach. It is important to note that the research team did not use the term “gender” in discussions with stakeholders and community members during the data collection and analysis process. During data collection, the research team discussed “men, women, girls’ and boys’ different experiences with WASH”. The research team also made concerted attempts to account for multiple identities’ impacts on women, men, boys’ and girls’ different experiences – i.e. age, ability, education, etc. – throughout data collection and analysis.

Methodology. The team used a variety of different methodologies. This included:

Literature Review: A literature review was undertaken of resource guides, research studies, toolkits and checklists on gender and water and sanitation both globally, in the Pacific Islands and from the Solomon Islands.

Desk Review: A desk review was undertaken of different policy documents from the Solomon Islands Government such as RWASH and Ministry of Women, Youth, Children and Family Affairs (MWYCFA). This provided information on the government policy environment for gender and WASH in the Solomon Islands.

Primary Data Collection: This included

- Interviews with key government, NGO, and UN stakeholders in head offices, mostly in Honiara (key stakeholders)
- Focus Groups with government and NGO stakeholders
- Focus group discussions and interviews with male and female community members in Malaita and Isabel provinces

Consultations and Feedback: Following data collection and analysis, the study authors held a feedback and consultation session in the capital, Honiara, with representatives from the MHMS, the RWASH department, UNICEF, and key NGO stakeholders to discuss and validate findings.

1.3.1 Data collection

Prior to arriving in country in January 2018, the research team reviewed key government policy documents related to gender and WASH in the Solomon Islands. The team developed the research tools based on this review as well as stakeholder interviews with individuals who work, or have recently worked in/with, gender, disabled persons and, or WASH in the Solomon Islands.

Community level data collection included Focus Group Discussions (FGDs) and in-depth interviews (IDIs) with 103 men and 148 women from seven communities across Malaita and Isabel provinces (further detail provided [below](#)). Experienced enumerators from Live and Learn facilitated all of the FGDs and IDIs in either pidgin or the local language depending on participants' needs. Enumerators participated in a three-day training session with the research team leads before starting data collection. The training focused on interview and FGD techniques, recording, and localization/language for the tools and data collection.

UNICEF identified the provinces for the study, while village selection was done by UNICEF in Malaita, and by Live and Learn in Isabel. Village selection criteria specified that villages should include "a range of sanitation coverage status – specifically looking at where villages are in the CLTS process: not triggered, triggered, no progress, some progress, certified no open defecation." FGDs at community-level were recorded and transcribed. Transcription was done by staff who did *not* participate in moderating or note-taking the session to increase accountability. Rigorous notes were taken and de-briefs were held after each interview and FGD with the authors.

1.3.2 Ethics

The study's scope, methods and data collection tools were reviewed and approved by the Solomon Islands Health Research and Ethics Review Board, Ministry of Health and Medical Services on 17 January 2018 (number HRE063/17).

FGD and IDI methodologies were designed to respect the confidentiality, safety, and security of participants – especially in light of the sensitive topics that could come up in the course of conversation. The research team did their best to account for inter/intra community power dynamics, such as position, age, church, education, etc., during FGDs and made concerted attempts to create safe, confidential environments for participants. This included

segregating FGDs for age, sex, and position. There were separate groups for young women, male chiefs, female leaders, adult men, and adult women. Input from more marginalized community members such as domestic helpers, unmarried mothers or elderly men and women was gathered through individual IDIs, either in their own homes or location of their choosing.



Walking to water point, Afufu, Malaita. Interviewing older woman, A'ama, Malaita.

1.4. Research limitations

Due to time and budget constraints, the study was limited in both geographic and population scope:

Geography: The study was limited to four communities in Malaita province and three communities in Isabel. Communities were mostly coastal, but did include some inland communities. They did not include atolls or villages that suffered severe water shortages or overly difficult access to water or other services. Findings are therefore limited to these areas.

Population and Research Focus: In order to focus the scope of the study and fit within limitations of the duration and size of the study, the research team made the strategic decision to focus on adult women and to a lesser extent, the views and experiences of young women (defined as married or unmarried – from the age of 11-18). While some attention was given to the needs of people with disabilities, this was not studied in depth and there is a clear need for further research on the experiences of men and women living with disabilities in the Solomon Islands.

Community Engagement and Village Selection: None of the seven villages surveyed had been exposed to the government promoted Community Engagement (CE) process prior to the research period. Researchers were able to analyse important information about current obstacles, barriers, uptake, and understanding of current Community Engagement Guidelines through all of the team's key stakeholder interviews and policy review processes. However, future studies will need to deepen this analysis through primary data collection and observation in communities who have already participated in government sponsored CE processes.

2. Background: Gender and WASH in the Solomon Islands

2.1 WASH in the Solomon Islands

The Solomon Islands is among the Pacific Island countries with the poorest WASH conditions – specifically low coverage of improved sanitation and handwashing. The World Bank estimates 50% of people in the rural Solomon

Islands practices open defecation (the 2016 national RWASH baseline presented figures of close to 80%), and at least 50% of households do not have a handwashing facility with soap and water [16]. There are significant disparities in levels of WASH access between and within islands, with basic rural water access ranging from 43-100% coverage across the ten provinces [2], and over 90% access in urban areas [3]. Improved sanitation access was found to be close to 90% in urban areas and less than 20% in rural areas, as of 2015 [16].

In 2015, the SIG RWASH program finalized a new and innovative strategy for increasing water and sanitation coverage and improving hygiene practices in rural communities [15]. The table below shows ambitious targets for dramatically increasing WASH coverage across the country by 2019.

Table 1. An excerpt from the RWASH strategic plan

Table 1 Strategic targets

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

A 2016 study by WaterAid found that there is a good policy environment for WASH programming in the Solomon Islands, supported by strong strategies and guidelines for WASH implementation. The RWASH policy outlines the role of the government, as well as expectations for communities and any local or international actor working in the WASH sector in the Solomon Islands [17].

The RWASH team was already addressing many of the recommendations from the WaterAid report by the time of this study. This includes, but is not limited to: the development of a monitoring and evaluation strategy for collecting and reviewing data on water and sanitation coverage levels, developing methods for expanding access to WASH inputs for communities through sanitation markets, and increased supply chains for water infrastructure. The RWASH strategic plan and the RWASH Community Engagement (CE) Guide have also already integrated gender language and the inclusion of vulnerable groups into their vision.

The Solomon Islands Government also recognized the need for additional local research on menstrual hygiene management (MHM). In 2014, UNICEF conducted a study in four schools in Honiara and Guadalcanal. The major finding was that girls in schools face multiple challenges related to menstruation resulting in poor participation, confidence or absenteeism from school [4]. These challenges, outlined by teachers and students, are caused by poor quality WASH facilities in schools, limited information on puberty and menstruation on the part of students, and lack of support from teachers. In a study on MHM for girls in and out of school and women in the formal and informal work sectors [5], WaterAid confirmed the finding that limited WASH facilities, limited knowledge, and the need for secrecy, often affected the dignity, comfort and hygiene of women and girls.

Though the government has made great strides towards addressing gender in rural WASH programming, and provides a positive policy environment for it, there are still significant gaps in information regarding men and women's specific gendered needs, barriers, and opportunities in WASH.



Incomplete latrine block, Afufu primary school, February 2018.

2.2 Gender in the Solomon Islands

While women in the Solomon Islands face a host of challenges to achieving gender equality, the government has made huge strides over the last decade in setting up the policies, programs, and structures needed to tackle those challenges.

Women are routinely excluded from participation in the formal economy in the Solomon Islands. According to the Ministry of Women Youth, Children and Family Affairs (MWYCFA), women are more likely to work and be economically active than men, but not paid for that work (MWYCFA and The National Statistical Office, 2016). When women are part of the labour force, they tend to be overrepresented in poorly paid, non-skilled labour. When subsistence work, self-employment, and unpaid family work are categorized as vulnerable employment, 75% of women, compared to 54% of men, are considered to be in vulnerable employment (Asian Development Bank 2015). A study by the Asian Development Bank speculates this is because of a reliance on subsistence agriculture and traditional beliefs about women's roles as well as their lower levels of education, literacy and poor access to skills training (Asian Development Bank 2015).

According to the UN, enrolment rates for girls in primary school are approaching parity, but secondary and tertiary enrolments are still consistently lower for girls than boys throughout Solomon Islands [18]. In addition, enrolment at rural schools is weighted in favour of boys [19], with women twice as likely as men to have no education (14% and 7% respectively) [18]. Access to land, including land title ownership, is also an issue for Solomon Islands women with 73% of Solomon Islands land title is held by men, 25% joint ownership (men and women), and only 2% owned by women (Ibid).

Violence against women continues to be a serious issue affecting women and girls' quality of life. Approximately 64% of ever-partnered women aged 15-49 reported physical and/or sexual violence by an intimate partner while 90% of women who reported violence experienced it from an intimate partner [20]. Approximately 73% of women and men believe that violence against women can sometimes be justified (Ibid).

In 2010, the Solomon Islands Government adopted the Solomon Islands National Gender Equality and Women's Development Policy, which aimed to end inequalities between men and women in five key priority areas: health and education, economic status, decision-making and leadership, violence against women, and gender mainstreaming. The policy was updated in 2017 to include seven priority areas. A recent "gender stock take" published by the MWYCFA highlighted the progress made since 2010 in creating a framework to promote women's greater participation in decision-making roles [21]. Other important initiatives have included the 2013 national "state party" report submission to CEDAW and the 2014 Family Protection Act. Successful gender mainstreaming initiatives across government departments have included the 2012 inclusion of gender mainstreaming requirements in the key performance indicators of the employment contracts of Permanent Secretaries (heads of government ministries)

and the new National Action Plan on Women, Peace and Security. These, and other important policy initiatives in the government, have set the stage for an enabling policy environment for gender equality in the Solomon Islands [21].

Despite this, key constraints for women entering leadership positions continue to include low levels of education, high burden of family care responsibility, high levels of violence, and underlying discriminatory social attitudes (Ibid). Even in matrilineal societies (such as Isabel province) men tend to make decisions in public spaces [22]. Interventions aimed at increasing women's participation, decision-making, and equality – such as those embedded in the RWASH policies – need to consider these constraints.

2.3 Links between Gender and WASH

Goals 5 and 6 of the Sustainable Development Goals call for gender equality and clean water and sanitation for all. In order to meet these goals, gender equality needs to be directly integrated into water, sanitation and hygiene (WASH) programming. This is because, generally, women and girls are disproportionately affected by the lack of or insufficient water, sanitation or hygiene facilities compared to men and boys. In many countries in the world, including the Pacific, gender norms mean that women require more privacy – particularly during post-partum, menstruation and defecation – as well as bearing most of the burden of carrying and using water [6].

“...inequalities in access and use of water and sanitation facilities often represent inequalities across other aspects of a society...”

– 2017 World Bank Report

A 2017 World Bank report also described how inequalities in access and use of water and sanitation facilities often represent inequalities across other aspects of a society; demonstrating that improving gender equality can have positive impacts on improved equality of WASH outcomes, and vice versa. The report suggests that if women and disadvantaged groups

become more involved in decisions and public community committees, such as water committees, they will better articulate and demand their rights to WASH and other services. Other studies have borne this out, demonstrating that empowering women and girls by involving them in WASH programs increases the effectiveness and sustainability of WASH programs as well as leading to more confidence and leadership among women [7–12].

2.4 Gender and rural WASH in the Solomon Islands

The current RWASH policy in the Solomon Islands requests agencies to collaborate with the government to assess areas of highest need, and to ensure that women and vulnerable populations are included in the planning, design and implementation of WASH services [15]. Informative studies on the specific menstrual needs for women and girls were positive steps towards creating more inclusive WASH guidelines, infrastructure designs and strategies. In June 2018 the SIG formally launched the National Standards on WASH in schools, defining requirements for facilities including accommodations for menstruating girls and students with disability.

The RWASH strategy document and the accompanying Community Engagement guide both have features of gender equality and inclusion of disabled or vulnerable groups within their language. As a result of research in other Pacific nations, the Solomon Islands Government embraces four principles on Gender and WASH: 1) Facilitate participation and inclusion, encouraging active involvement of all groups in WASH; 2) Focus on how decisions are made, encouraging women and men's active involvement; 3) See and value differences in work, skills and concerns of women and men related to WASH and; 4) Provide space and support for women and men to experience and share new roles and responsibilities [23]. However, moving from policy to practice requires a deeper understanding of the gender norms and barriers that prevent women from participating equally in the first place as well as specific interventions designed to address and/or mitigate those barriers.

The findings below on gender and WASH are based on an analysis of the current policy and strategy documents in use at the RWASH department in the Ministry of Health and Medical Services, collected information and data from key WASH stakeholders in the government and UN/NGOs, and collected community-level data. The intention is to

understand the challenges to integrating women, girls and other vulnerable populations more successfully into WASH programs given the specific barriers they face. This report concludes with recommendations for increasing the involvement of women and girls in rural WASH programs.



Household toilet with path, built after CLTS triggering, Lathalu, Malaita.

3. Findings and Analysis: Community Level

3.1 Community Context

Community level data collection was completed in seven villages, four in Malaita province: Lathalu, Raubabathe, A'ama, Afufu and three in Isabel: Kolgaru, Vavarinitu, Titiro. The team conducted 30 FGDs and 24 IDIs, with a total of 251 males and females across the seven communities.

Table 2. Breakdown of age and marital status for community level participants

| Description | Average age | Married | In-depth interviews | Focus Group Discussions |
|--------------------------|-------------|------------|---------------------|-------------------------|
| Adult Females | 44 | Majority | 13 | 8 |
| Adult Males | 47 | All | 7 | 6 |
| Female Community Leaders | 47 | All | 1 | 4 |
| Male Community Leaders | 56 | Nearly all | 1 | 6 |
| Young Women (11-18yo) | 16 | Few | 0 | 6 |
| Young Males (11-18yo) | 14 | None | 2 | 0 |

All three villages in Malaita could be reached within 20 minutes walking or driving of the main town Maluu. In Isabel, the three villages could be reached by boat and foot within an hour of Bwala. The villages ranged from 100-400

people, including children. Each village consisted primarily of one denomination (differing in each place), though Afufu (in Malaita) was made up of two churches whose communities cooperated with each other on a regular basis.

Four villages already received No Open Defecation (NOD) certification: three in Malaita and one in Isabel. In Malaita, all three of the NOD communities reported defecating outside the community prior to the triggering; for example, there was a designated place 10-20 minutes walk outside the community for people (of each sex, separately) to defecate. In the three NOD villages in Malaita we were told that defecating in water was not done, as people wanted to maintain the cleanliness of the water. Most homes in these villages also had flush or pour flush toilets, with a few reported to have dry pits. In Afufu, the non-NOD (not yet triggered) community in Malaita, men went down one “road” to defecate on the beach and women went another. In this community, the school had an incomplete toilet block and children used the creek (near the mouth of the river) for relieving themselves during the school day. None of the seven villages surveyed had been exposed to the government promoted Community Engagement process or, had set up WASH committees as per the government’s CE guidelines, prior to the research period.

The team visited three villages in Isabel province with different sanitation statuses: 1) triggered with some progress, 2) triggered with no progress and 3) not yet triggered. In the first village, it was reported that about half of the homes had access to a toilet, with the majority being pour-flush or dry pit. In the second village, discussions with male community members in the “triggered but no progress” village said that they were unclear on how to construct latrines since their village had a high water table. Currently men went down one “road” to defecate in the river and women went down another path. The third village, that had not yet been triggered, reported nearly all community members using the river or the creek for defecating, with different access points for males and females. In this village there were three flush toilets, owned by specific people, with flushing (dropping) directly down into the river.

3.2 Gender roles and the gendered division of labour in WASH

In both Isabel and Malaita, women¹ are primarily responsible for the bulk of household hygiene and related work; including but not limited to: washing, cleaning, cooking, and caring for children, as well as all related tasks. Women in all seven villages, across both provinces, confirmed that this care burden negatively impacts the time they have available for other activities including school or work.

3.2.1 Household water collection and use

Women and young girls are primarily responsible for water collection, laundry, child, and household hygiene. Although men and women both confirmed that, “on occasion” men can collect water for household use, men and women both confirmed that men have significantly less responsibility and involvement for household care than women. Girls reported that water collection affects time for other things, such as their studies. Participants of each gender and province discussed wanting water inside piped inside their house for more convenience.

P1: ...women do everything in the house, look after the children, cook for the family, do the washing. [Women] look after the husband. In the village woman do everything for the community; in the community women are very important in every role.

– Adult female FGD, Kolgaru, Isabel

F: When you mentioned earlier that women were most affected, what do you mean that they were most affected?

P1: The women have to walk a long way to do washing.

P2: The men usually stay at home just commanding the women to do washing, collecting water

– Male FGD, Afufu, Malaita

¹ Throughout this section, “women” refers to both women and girls unless otherwise specified.

3.2.2 Household sanitation and hygiene

Both women and men identified that the cleaning of household sanitation facilities, for households with toilets, is primarily the responsibility of women, while maintenance and construction activities are the responsibility of men. Women indicated that they generally ask men in their households – or extended families – to repair or maintain household facilities when they break down. Most women and men in both provinces reported that men are responsible for maintaining tap stands, while women are responsible for cleaning them because they are household property and used for women’s traditional household/hygiene chores. Women are additionally responsible for procuring household hygiene items such as soap though, where possible, men and women seem to share responsibility for the financial means to procure the goods. However, in all of the communities surveyed, both men and women reported that though men can and/or should contribute financially to household hygiene needs, they often do not have the income – or will – to do so. Men and women on both islands stated that, where men do not or are unable to, contribute women are forced to carry the entire burden through marketing, gardening, other income generating activities and/or finding substitutes (i.e. using ash instead of soap, etc.).



Woman washing dishes at a tap stand in Afufu



Dry pit toilet, Kolgaru, Isabel. Pour-flush toilet Raubabate, Malaita.

3.2.3 Child care

Women are primarily responsible for childcare and for babies’ health and hygiene in both provinces. All women and men surveyed confirmed “*the mummy is responsible*” though “*the daddy can help*”. Women indicated that their workload related to childcare varies depending on the time of year and age of the child. For example, in Isabel, women in some communities indicated that when children are young, they regularly need to add an additional 1 hour of work to their daily activities simply to heat up the water for

P3: Sometimes they [husbands] clean the baby

F: Sometimes?

P3: When the mom is away

– Adult female FGD, Kolgaru, Isabel

children’s bathing. Men were unaware of the additional workload, or variations in workload, facing women throughout children’s life cycle.

3.2.4 Community work and management

In both Malaita and Isabel, men and women confirmed that generally men are responsible for major construction and maintenance of water and sanitation structures, though women also support with community work such as carrying gravel or timber, or cooking etc. Men and women also both confirmed that men are largely responsible for decision-making related to community WASH structures, including repairs and/or financing, whereas women tend to play support or labour roles. Women and men in both provinces reported that women rarely participate in repair and/or maintenance of larger community water systems. In both provinces, this was seen as “men’s role”.

3.2.5 Time poverty

Women – and, to a lesser extent, girls – in both provinces reported that they face significant time poverty as a result of these gender roles; often being forced to limit other community, education, and/or leisure activities in order to complete their work in the household, including “marketing” which is also primarily women’s responsibility.

F: How much time each day is spent to care for the children’s health?

P5: It does not take a long time

– Male FGD, Lathalu, Malaita

3.2.6 Gendered perceptions of the division of labour

Overall, women in Malaita felt that men had little to no involvement in household tasks whereas women in Isabel felt that they had primary responsibility but that, sometimes, men would be involved or help out. Women and men in both provinces noted that they did not have an accurate understanding of each other’s workload or time. Although men confirmed that women were “always busy with household tasks,” they did not consider this real work as it is related to household management and does not bring in an income. As one male community leader in Isabel said, “the women only work once a week.”

This difference in perception reinforces previous findings in the Solomon Islands that women’s workload in the household as invisible unpaid labour that is often not taken into account when assessing women’s workload and the barriers or constraints it can present for their participation in other activities.

3.3 Women’s participation and decision-making in WASH

Men acknowledge women’s role as the main users of water and that “they know the needs” of water (Male FGD A’ama). Despite this recognition, women are not generally involved in community level decision-making related to WASH, as traditional gender roles and/or related barriers (discussed more below) limit women’s participation in community decision-making bodies.



CLTS promoter, Afufu, Malaita

3.3.1 Household decision-making on WASH

In both provinces, women tend to have more opportunity to participate in WASH decisions at the household level than at the community level; though this is more pronounced in Malaita than Isabel. In Malaita, several women reported that they had been consulted regarding water tap placement for their homes, but did not participate in any community meetings related to WASH. In Isabel, all women

“What they need, we can help in carry sand, gravel and water. This what they need from the community to help on, that’s what they will tell us to do, and our job is prepare those thing ready for the men to work on the our water project.”

– Adult female FGD Vavarinitu, Isabel

interviewed except for a few indicated that they were involved in household level water tap siting and participated in the CLTS triggering and toilet siting (if applicable).

3.3.2 Community decision-making on WASH

Women reported facing significant barriers to their engagement in community WASH decision-making in both provinces; though these took different forms in each. In Malaita, almost no women were on any of the formal WASH committees whereas, in Isabel, most committees had some formal involvement by women. In Malaita both men and women felt that women had sufficient opportunity to participate even if they did not hold decision-making positions, because they could present their concerns to the committee, the chief, through the Mother's Union, or in community meetings because *"women talk a lot"*. (Community Leader Male FGD. Raubabate). In Isabel, men and women reported that women participate in committees, and hold formal positions such as secretary or treasurer, but that this was still concentrated in women leaders. In both provinces, women reported that a lack of time, self-confidence, education, literacy, the ability to speak pidgin (a requirement for participation in some committees), and/or supportive husbands (who can withhold permission to participate) were all barriers to participating in community decision-making and/or committees. In both provinces, the Mother's Union was seen as an important conduit for sharing women's needs and concerns with the chief and/or community decision-making bodies, but it was acknowledged that not all women are represented by the Mother's Union (especially young and/or marginalized women).

F: What should be the responsibility of women in the committee?

P2: Looking after the water in the community and how people use it. Women can handle this easily because they have a strong voice to speak about how to use water.

– Male FGD, A'ama, Malaita

3.3.3 Gendered perceptions of women's participation in WASH

In both provinces, women identified women's participation in WASH decision-making as important because of their roles as 1) WASH users, 2) community care givers, and 3) because women are more likely to speak to women about personal issues and household matters than they are to men. Women in both provinces suggested it was important to have women participate in community meetings and committees because women were unlikely to raise their needs – especially sensitive issues related to child care, menstruation, their own physical needs or safety, etc. – to male community leaders or during public decision-making forums.

"...we face challenges in the community especially when we want to give our contribution [to] the women's club. The men or our husband will be not happy with us."

– Adult female FGD Vavarinitu, Isabel

In contrast, where men raised women's participation as important, they linked this importance solely to women's role as water users and caregivers, ignoring how gender norms may limit women's communication about WASH needs in these forums. Women, girls, boys, and some leaders and men also reported that, even when women are able to participate in committees and hold decision-making positions, their ideas are not always taken seriously. Most leaders did not identify this as an issue and, instead, confirmed that women's engagement in meetings and/or the opportunity to share their needs through their husbands, fathers, brothers, the Mother's Union, with the chiefs, and/or in public community meetings was sufficient participation. This tendency was more pronounced in Malaita than Isabel, where women confirmed they had WASH needs that they did not communicate with men and/or community decision makers in these forums because of embarrassment and/or lack of confidence and/or custom.

"Woman they [are] afraid to talk to men about things in the house, that [is] why it's good to have women in the committee."

– Adult female FGD Kolgaru, Isabel

This tendency was even more pronounced for young girls who – across the board, in both provinces – 100% of girls interviewed reported that they did not share their WASH needs and/or participate in WASH related decisions at the community or household level.

3.3.4 Barriers to women’s participation

Women and girls in both provinces noted several significant barriers to their participation in WASH decision-making and activities – specifically the participation of women on water committees.

Time. All women and men reported that participation is difficult for women because they are often unable to balance

F: Are there problems that women experience when joining Mother’s Union meetings?

P3: yes, sometimes dad feel jealousy

P6: dad’s not happy taking care of babies while the mother is away

P1: food not prepared in time at home

– Male FGD Vavarinitu, Isabel

committee participation with their household and income generating work. Where women are unable to do so, this is a source of "tension" between husband and wife. Women reported that men need to be convinced or agree to let them participate. All women, in both provinces, reported that failing to complete all housework and not bringing home money from marketing can result in “tensions” or violence in the household. As a result, they often have limited to no time for additional community activities and/or are overworked and need to manage these “tensions.”

Respect, capacity, and confidence. Women and girls reported that they are unable to participate in decision-making because of a lack of confidence, education and, for girls, age. Women and girls felt that men and leaders do not listen to them or take them seriously and/or that - even when educated and included as a Treasurer or Mother's Union representative, they are still not listened to. Additionally, many women, from both provinces, reported that “others” in the community often look down on women who participate in community committees – because they see these women as not fulfilling their duties to their family and their home.

Marginalization. Young girls and elderly women (who were not identified by the chief as a “woman leader”)

F: If you are a member of a water project, you think the community will support you?

P8: People in the community will gossip about me.

F: Who are these people?

P1: Women especially. They talk against me.

– Adult female FGD Vavarinitu, Isabel

reported not being consulted and/or included in WASH related decision-making, (in both provinces). However, when asked, girls in both Malaita and Isabel generally reported wanting to play more of a leadership role if given the chance.

During the study, male and female leaders often excluded marginalized women, girls and/or the disabled from community consultations unless pressed by the research team. During community mobilization meetings and discussions, chiefs rarely identified women beyond the usual female leaders, including: Mother’s Union executives, the wives of important men in the village, and teachers.

The research team also had to insist – through multiple methods – to identify and allow researchers to speak with women and men of different levels of income, social status and age. This represents a potentially significant issue for WASH activities given that the RWASH CE guide states that "If there are not enough women, ask leaders to mobilize more women" (pg 40). Elderly, disabled or other socially marginalised people are not engaged, feel unwelcome or are not invited to formal community meetings. Others, such as youth, may be excluded from participation in activities due to not being in the community during the day (for work or school), when programs are discussed or implemented.

F: Does the [water] committee involve women?

P4: No

F: Do the members involve women?

P6: No

– Adult female FGD Afufu, Malaita

F: If one of the A’ama community women joins the water committee, what [are] some of the problems [that] will challenge her not to perform well?

P7: people will underestimate, joke at her; “we don’t want to hear women commanding us”

P4: Few women in this community can [join] a committee because they get to go out to do meeting with women’s group, church group. Others they can’t because their husband will not allow them. Culture is always a barrier to women to participate or to become a leader in the community.

– Male FGD A’ama, Malaita

3.3.5 Women’s strategic WASH interests

Women and girls in both provinces felt the need to be more involved in decision-making related to WASH; however the leadership roles and activities they each wanted to play varied across provinces and contexts. In Malaita women are generally less engaged and/or have less space to participate in community committees. There were no women on WASH committees, nor part of formal WASH decision-making in any of the four villages surveyed. Given traditional roles and structures, women expressed interest in pursuing some of the new, additional opportunities planned for in the RWASH CE Guide- such as water supply maintenance. Women in Malaita felt this would be a good opportunity to either increase their involvement in decision-making, and/or to decrease dependence on men and be able to more efficiently meet their WASH needs on their own.

F: what if there’s a project that will train women to do repair. Would you like that?

P3: Yes

P4: Yes. Because we need piped water to our households

P5: women use water everyday

P9: Men only sometimes

P10: important for women to do the training

– Adult female FGD Afufu, Isabel

In Isabel, where women and girls in the villages surveyed were already more involved in committees and community decision-making, and already feel they have more of a voice in their communities, women were concerned that the additional tasks in the RWASH CE guide would exacerbate their existing time poverty by adding to their current workloads, stress and, possibly, tensions in their households. In Isabel, women were open to receiving training and additional tasks if it was paid and/or coupled with additional support to mitigate these risks, but did not want additional unpaid and/or less skilled work that would not bring additional household benefits and/or additional respect and decision-making authority in the

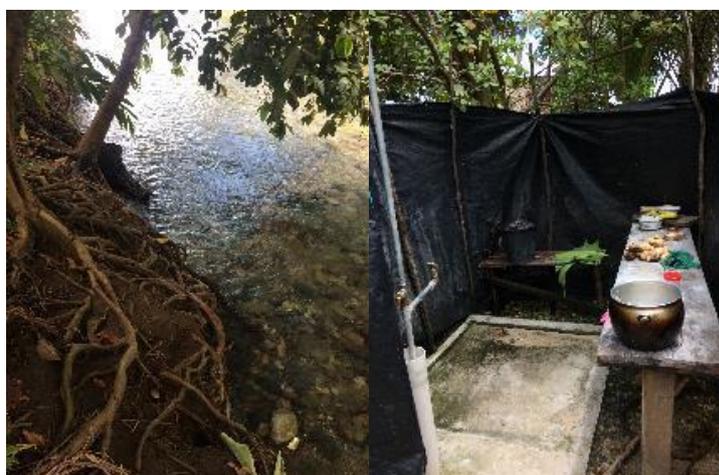
community above and beyond what they already have.

3.4 Specific WASH needs for women and girls

When asked about their specific WASH needs, all women and girls – and some men – across both Isabel and Malaita focused on their individual and household level needs; including things like water point siting, water quantity, water availability for handwashing, etc. Chiefs and male community leaders in both provinces tended to respond to the same question by identifying birds’ eye view and systemic changes such as water system parts, financing, and additional sanitation needs (such as toilets at churches or other community points of interest). When leaders were asked about women and girls’ specific needs, many were unable to provide an answer. This disparity is significant given that, when asked, leaders in both provinces felt they had a good understanding of women and men’s specific needs since presumably through the different community meetings and participation forums community members shared their needs and opinions; something this disparity disproves.

3.4.1 Handwashing and hygiene

Men and women in both provinces were able to cite a variety of key hygiene and health messages though, in all cases, women were able to cite more and in more detail. Specifically, in both provinces, women and girls identified the need for handwashing facilities inside and/or near toilets as one of their key needs, whereas no men and/or male leaders (except for 1) discussed this. Women and girls identified handwashing facilities as a key need for several reasons: 1) Because of their gender role as children’s care givers, where having facilities closer to the toilet would help them ensure children’s hygiene; 2) To make it easier to hand wash and ensure their own hygiene after cleaning up children; 3) Because they received training on hand washing and children’s hygiene and were aware it was important; 4) To assist with water needs for cleaning and rinsing during menstruation 5) To separate handwashing facilities related to one’s “toilet” from hand washing and cleaning for food and household care. The last item was an important topic for almost all women and girls across both provinces. While the research team did not explore the specific barriers preventing women and/or their households from maintaining water in or near toilets, possibilities include: that there is no household norm around this, that filling a tippy-tap or other water container is another chore that would fall mainly on the females in the home, and/or that there are structural issues currently preventing it. Regardless, given the ubiquitousness with which women and girls identified this as a need – and the ubiquitousness with which men and leaders did not – rural WASH stakeholders should explore this further.



Defecation site for women, Vavarinitu. Privacy wall at water tap, Kolgaru.

3.4.2 Privacy and safety

Both women and girls, and men and boys, identified the need for more privacy as a key element of women and girls’ safety related to WASH. However, while men in both provinces tended to define “safety” according to the distance between the water and sanitation facilities – such as the toilet, tapstand, or stream – and the structural or environmental issues surrounding the areas – such as whether the toilet structure was safe, if the ground was rocky, slippery, etc., – women tended to define “safety” by whether or not WASH facilities allowed for privacy and “respect.” For example, all women and girls, in both provinces, reported that females need more privacy for shitting and that this is less important for men. Specifically, women and girls asked for items such as walling for toilet and

“We feel safe because the water is nearby the houses”

– Adult female FGD Kolgaru, Isabel

bathing areas, and/or separate tap stands for bathing and household washing as a way of increasing their sense of safety, respect and dignity. (Most tap stands in the villages surveyed are outside, often shared among families, and easily accessible or visible to others). No men identified a need for either of these items for themselves, though some did recognize the need for privacy for females.

Fears of being “looked at” also came up for women – but not for men – in those communities that continue to practice open defecation. In some cases this affected women and girls’ mobility and safety, though not all.

F: when you go to the river at night, you afraid or not?

P3: Afraid because it is not safe.

P4: Drunken boys from other villages always come around during night

– Young female FGD Vavarinitu, Isabel

On the other hand, women and girls who had a toilet near their home felt comfortable and safe at night. The majority of women and girls interviewed felt that having tap stands located close to their homes meant they were safe accessing water at night – though many girls (and women) expressed the desire for the water point to be moved/extended inside the home, something that was also recognised by men.

3.4.3 Menstruation and pregnancy

In both provinces, women, girls, men and leaders all identified that women need more water, and easier access to sanitation facilities, when they are pregnant or menstruating. Women and girls in all seven communities confirmed that during menstruation they need to bathe 2-3 times a day at a minimum, both for their own hygiene and comfort (“to avoid smelling bad”) and for related tasks such as washing their clothes and/or clothing of blood. Women also confirmed that when caring for young children – and when pregnant – they must increase their bathing to 2-3 times per day for the same reasons – hygiene and comfort, washing their clothes of children’s urine or sweat, etc. Women in both provinces reported that, depending on the distance from their homes to the water source, this can represent an additional 2-3 hours of work a day for them, at a minimum.

F: Are girls safe using the water?

P6: Girls have to be accompanied by the mother or friends during night time

F: What do you think needs to change to improve how you access and use water?

P6: Pipe water into house for washing and toilet

– Male FGD Kolgaru, Isabel

Though most men and male leaders were aware women need extra water when pregnant or menstruating, they were unable to identify the amount of additional water needed, the increase in workload this represents for women, the impacts this has on their daily activities, or the potential impacts this has on their safety and/or health and nutritional needs.

3.4.4 Shifting needs during times of limited availability

Women and girls reported that during times of water scarcity or even low water pressure, women’s WASH related tasks, work, and needs all increase. Shortages mean that women and, to a lesser extent, girls need to walk farther and/or take longer to collect or access water for their personal and household needs. This adds time and stress to their workdays and impacts other tasks. While the water sources women in this survey use during these “water-limited” times were all located within a 10-30 min walk, women and girls in all seven villages still felt a significant impact in their lives. Notably, women reported that, during these times, men were largely unaware of the additional work and stress the additional water collection time creates for them. They also report that little changes for men during these times because men tend to use water only for bathing and drinking, whereas women require water for all of their traditional gender-related household care and household management tasks such as cooking, cleaning, and child bathing. In most communities, men and male leaders confirmed that they did not know the extent to which water shortages impact women/girls or their related needs.

Women, but not men, in all seven communities also reported that water shortages increased tensions – and the possibilities of intimate partner violence – in the home. Women stated that husbands would become more stressed

and “cross” with them during water shortages because they would be out of the house for longer than usual to collect water; meaning dinner and childcare was “late” or raising “concerns” that their wives were meeting others at water points. Since this finding is from villages where the alternate water source is relatively close to the community, it is highly likely that in villages where water sources are significantly farther (such as atolls), the potential for Gender Based Violence (GBV) is an even greater concern.

“Yes it affects the man. The husband doesn’t need to swim – them can live without swim for a day” (laughing).

– Adult female FGD Vavarinitu

3.5 Gender and Community Led Total Sanitation (CLTS)

Women in NOD and triggered communities in both provinces reported that they value the CLTS approach because it improves children’s health and overall hygiene. However, several women also reported that CLTS significantly increases their workload as traditional gender norms mean that the additional hygiene practices need to be implemented and managed by them – especially regarding children’s faeces and hand hygiene. Women discussed that now they had “something else” to clean – once their household had a toilet. In some communities, men did talk about a shared responsibility for cleaning; however, women discussed this as something they ended up doing. Men and women in all communities identified women as the primary caretaker responsible for ensuring that children – and the family – followed CLTS guidance for defecation, handwashing, and other aspects of household hygiene.



Women after FGD, A’ama, Malaita

In contrast to CLTS guidance, women and men do not necessarily work together to site toilet locations. Toilet design is rarely consulted with women and never with girls, according to the groups of females surveyed. Men in Malaita reported offloading responsibility for CLTS to women in their communities by providing them with “advice” on how best to implement child hygiene and faeces disposal. Women in Malaita noted that this increased their workloads and responsibility without increasing their resources.

“Even NOD we did for free.”

– Adult female FGD A’ama, Malaita

3.6 Gender relations and WASH

Relations between women and men, and the role of water, sanitation and hygiene duties and community programs, was a key area of exploration for this study. Although effort was made to not suggest “negative feelings” or “consequences” from husbands regarding female participation in community WASH programs and committees – these topics came up naturally and were then probed further by facilitators.

“While the mothers are away, children won’t do handwashing.”

– Adult female FGD Afufu, Malaita

3.6.1 Gender Based Violence

Research shows that poor access to WASH can exacerbate the vulnerability of women and girls to violence [13] and, simultaneously, that the risk of GBV can significantly exacerbate women and girls’ access to WASH and/or negatively impact their health [14]. This is especially significant in contexts such as the Solomon Islands where women and girls are already at such high risk of GBV and, specifically, domestic and/or intimate partner violence (see section 1).

F: What are some of the problems or challenges women face when they are in committee?

P2: Sometimes daddy not happy

F: Why daddy not happy?

P2: They [daddy] think their wives went out doing different things and not attending the committee meeting.

– Adult female FGD Vavarinitu, Isabel

The CLTS knowledge hub acknowledges, “women may take on what are perceived to be traditionally male roles, such as being part of a WASH Committee or accepting a paid task (e.g. pump mechanic). As a result, they may face psychological abuse, such as exclusion from relevant meetings, or becoming the subject of scorn by community members, including other women, who do not appreciate their willingness to take on a new role. They may even face physical violence” [14]. This study found evidence confirming these assertions.

In line with studies in both the Solomon Islands and other countries in the Pacific, this study found that women in both provinces face possible consequences in the household for

their participation in WASH activities - from husbands being "unhappy" with their wives, to increased “tensions” in the household, to beatings by husbands if women do not fulfil their traditional gender roles such as cooking, cleaning, marketing, etc. Men and male leaders in both provinces confirmed this.

Most of the men and women surveyed agreed that women's participation in committees and community projects needs to be approved and/or agreed to by their husbands. In Malaita, men and women reported that women needed to have their husbands' permission, whereas in Isabel men and women portrayed this as a negotiation between the couple. In both provinces, women felt they needed to convince their husbands that their participation in community committees and decision-making would have a direct return for their specific household if they were to secure approval and/or permission. For example, that the skills women gain, or that the activities they are involved in, would generate an economic or social return for their household.

“The husband will not feel happy with me...just wasting time, because this the time for the woman to go look for food in the garden to feed the family but wasting it, just to go attending the meeting.”

– Adult female FGD Vavarinitu, Isabel

While almost all women and girls, and many men, interviewed identified this as a significant concern and barrier to their participation in WASH activities, most male community leaders and chiefs did not. Chiefs and leaders often reported that this was not a barrier to women's participation because they simply “needed to get a husband's permission” or “cooperation” in order to be involved. This is significant for RWASH because it means chiefs and formal male leaders such as pastors – the primary gateway to the communities – do not currently recognize that gender based violence is a significant barrier to hearing, and understanding, female community members' needs.

3.6.2 Women and girls' networks and sources of information

In line with other studies in the Solomon Islands, the research found that women and girls in Malaita and Isabel are more likely to share information with, and/or access information about personal issues from other women and family networks, rather than through formal sources as chiefs, committees, and formal community leaders.

Young girls, married and unmarried, in school and out of school, reported unanimously across both provinces that they are not involved in WASH committees and decision-making. They also reported that the threat of reprisals from both male leaders, and/or older women in more significant leadership positions (such as teachers, the pastor's wife, etc.) meant they were not part of committees and/or rarely voiced their needs or concerns in community meetings. Elderly women who did not hold formal or informal leadership positions in their communities echoed the same thing.

Married women also identified their husbands as important players in their information networks. This is in direct contrast to men – who all identified family members and formal leaders and/or committees as their key ways of accessing information. Leaders (male and female) all identified formal community meetings and committees as the best way to share information about water and sanitation with the rest of the community.

This finding is significant as it means that women and girls who miss community meetings, and/or largely share personal information related to WASH through their informal networks of female relatives, can easily be inadvertently excluded from WASH programs.

3.7 Community level conclusions

Ultimately, women and girls endure the most responsibility for water, sanitation, and hygiene in their communities, but are generally excluded from decision-making or control of WASH related resources. As a result, their specific needs – especially those of more marginalized women such as young girls or the elderly – are often not taken into account in WASH infrastructure designs or service decisions. Women’s existing time poverty, and vulnerabilities, are exacerbated when WASH services and/or resources are limited; requiring them to travel farther, work longer, spend more time on care for others, or make difficult choices about other opportunities. This makes their input into WASH designs and services critical to achieving prosperity in other areas.

Women also, largely, appreciate the opportunity to participate in decision-making, but want it to fit with their current interests, realities, and time commitments. Otherwise, there are concerns of increasing GBV and/or other negative social control mechanisms in the community. To do so, they need additional support that addresses these underlying barriers to participation, such as support with child care, with household care, with shifting gender norms so men become involved in household activities, with literacy or numeracy (so they can be respected on committees), in addition to current equity measures.

Overall, the recommendations are to:

- 1) Support staff in better understanding women and girls’ specific interests, as well as needs – especially those of highly marginalized women such as the elderly, the disabled, or the disenfranchised (such as housegirls);
- 2) Collaborate with other service providers to provide literacy or numeracy programming as an accompaniment to WASH activities and
- 3) Include women and girls’ feedback in every step of the design process for WASH facilities.

4. Findings and Analysis: Policy Environment

4.1 Summary of data collected

To understand the context of the policy environment the research team interviewed a total of 35 key stakeholders currently working, and two previously based, in the Solomon Islands in the WASH, Women’s and/or Inclusion sectors. A mix of formal interviews and FGDs were conducted. For a list of key informants, please see [item A](#) in the annex. The research team also conducted a review of relevant documents, policies, guides, drafted guides, and reports or studies on WASH or gender in the Solomon Islands, and WASH and Gender in the Pacific.

4.2 Gender and women's participation in the RWASH program

Overall, stakeholders held the view that RWASH is moving in the right direction in wanting to engage the community and involve women and people living with disabilities, as mentioned many times in RWASH policies and manuals. However, many stakeholders – including RWASH staff in Honiara – recognized that there was a gap between what policies called for and what is being implemented on the ground. Stakeholders want to include women's voices in WASH programs in communities, but recognize there are challenges to date in doing so. They recognize that there is a need for women and girls to be involved in the design of programs. Whether a program is about the siting of water points or about toilets, staff need additional support on “how best to include women.”

Overall, the RWASH strategic plan (SP) is progressive in its approach to, and understanding of, gender and inclusion in WASH. The RWASH team has created the enabling policy environment needed for women and girls to achieve equal WASH outcomes in the Solomon Islands. The challenge for rural WASH stakeholders lies in translating that policy environment and guidance into concrete practice.

Key findings from review of Solomon Island Government RWASH policies

- Inclusion of women in WASH programming is a key priority for the Government
- All of the RWASH guidelines and manuals outline the important role women need to play in WASH programs
- The RWASH strategy needs to better define exactly HOW to involve women in programs

4.2.1 Gender mainstreaming in RWASH

The RWASH SP outlines its inclusive approach where “Women and people with disabilities will be fully involved in planning, constructing and managing WASH facilities and their interests will be promoted,” with a goal of the overall plan including women and children spending time on other things *besides* water collection. The SP also calls for monitoring equality in terms of access and coverage for marginalised groups. The RWASH policy mandates that:

The sector stakeholders must ensure that gender is a key component of every WASH project and program. Through participatory approaches, the involvement of women must be encouraged and promoted at every stage of a project and for all activities and roles, from survey & design to implementation and (financial) management and O&M.

While including women in programming is a key concern – and focus – of the RWASH SP, stakeholders reported that implementers still do not necessarily understand the “practical ways to involve women” and/or what “gender-sensitive WASH programming looks like (or how it is different from) inclusion”. The Community Engagement (CE) guide gives example strategies for involving and empowering women in community meetings and decision-making. Examples include holding meetings for women separately if needed, not starting a meeting until 50% of participants are female, encouraging women to speak, involving women in activities such as tap stand caretaking, and using mapping techniques for system design, among several other techniques. The CE guide also mentions “training facilitators to use techniques to ensure women have equal opportunities to talk and decide.” However, , staff continue to have trouble identifying concrete solutions to these problems because they do not have the experience needed to identify, and address, the invisible barriers to participation these strategies are meant to respond to. This can create situations where excellent strategy suggestions can inadvertently exacerbate existing inequalities when staff try to implement them.

Stakeholders' concerns include challenges with timing of meetings, male-dominated discussions, education (of women), lack of female RWASH staff, women's subordination and/or what staff interpret as women's "lack of interest." While some stakeholders show awareness of the need to create safe, sex-specific spaces for discussions with women (i.e. talking to "women alone, without men present"), implementers were not always clear on how, where and when to do this or how to integrate it into current WASH processes and policies.

"Because I am a woman and I go down to the community level: things are easier; they are free to speak and to share. I have seen that when the other officers, the men, the chief health inspector – I have seen that this does not have much impact on the women because they are not free to speak."

– Female working in WASH sector

4.2.2 Integrating women's specific needs into programming

The 2017 edition of the Rural WASH Community Engagement (CE) guide makes significant advances toward integrating women's specific needs by advocating for gender analysis and equality through statements such as:

"Sometimes women do not come forward due to lack of literacy; women are culturally subordinate to men in terms of needing to complete their duties in the household first. Educate the men ... in order to educate the women."

– Male working in WASH sector

"Because of their heavy workload women have little time to apply hygiene practices. There is a need to promote analysis of gender roles in relation to hygiene, and advocate for changes in work division within the household as a way of improving hygiene."

However, while many of the tips and actions offered in the CE Guide (see excerpt below) are good practice, field staff

still feel the need for additional practical, concrete tools for "promoting analysis of gender roles," to translate these tips into specific actions in the communities. Some reported they have felt unable to apply these methods to date on their own. Other key stakeholders at community level did not see a current gap in involving women in WASH programming. For example, inviting women to discussions and including them as tap caretakers was seen as sufficient engagement despite the fact it did not challenge existing gender inequalities in WASH outcomes.

Figure 3. An excerpt from the Community WASH Facilitator Training Guide on examples of how to get women involved in WASH activities (page 37)

How to get women involved?

- Make special arrangements to invite women e.g. through the mother's union.
- Hold advance meetings with the women so that they will feel free to talk and can build up their confidence and prepare themselves to talk in the community meeting.
- Praise women and help them see that their ideas and involvement are important.
- Help the men see that women have lots of ideas to contribute.
- At meetings seat women alongside men. Women may want to sit together as a group - that's okay - but don't put them at the back. Let them participate equally with men.
- Don't focus all your attention on the men! Use body language and eye contact to encourage the women to speak.
- When women talk, make sure the men listen and take the views of women seriously. If necessary, rephrase what the women have said for the men to think about.
- If women are silent, use small groups to get them talking. If women meet on their own, they can express their ideas without interference from men.
- Challenge the men through jokes when they are doing all the talking. "We haven't heard from the women. Do the men fetch water in your community? Do you know more about water than women? Let's hear from the women."
- Hold community meetings at convenient times for women when they are not overloaded with chores. Don't let the meetings drag on too long.

4.2.3 Cross-ministerial and departmental collaboration for gender mainstreaming

While RWASH has made progress in through its SP and CE Guide, MHMS has also made great progress on gender mainstreaming in the Ministry through its collaboration with the Ministry of Women, Youth, Children and Family Affairs (MWYCFA) and other relevant stakeholders. The MHMS has a Gender Focal Point who is supposed to collaborate with the MWYCFA to support and improve gender mainstreaming across the MHMS. Technically, this includes support to different MHMS departments on how best to translate an understanding of gendered barriers to participation and equal health outcomes into concrete activities within the Ministry and communities. The MHMS Gender Focal point and the MWYCFA, have the technical expertise to support the RWASH program with tools, staff training, community training, collaborative and complementary programs for women (to help address barriers to participation and decision-making), inclusion measures, gender-sensitive staffing, and monitoring & evaluation (such as key indicators, data collection, and gender analysis). At the time of writing, the Gender Focal Point for the MHMS was not active, but both the MHMS and the MWYCFA were identifying different ways to address this.

4.2.4 Gender balanced staffing

Research shows that gender balanced staffing is a key factor in delivering programs that are able to meet the gender equality objectives outlined in the Solomon Islands SP [11], [12], [24]. WASH stakeholders in the Solomon Islands are aware that more women are needed in RWASH to increase the perspective and applicability of programs for women. One female stakeholder stated, “Women [in the communities] are more free to speak and open up and talk about their issues with me,” demonstrating the importance of having females on staff in key positions. Currently about 30% of government staff involved in WASH are women – and 7% of the Head Quarters staff (EHD breakdown, personal communication).

4.3 Water

4.3.1 Increasing women’s control and decision-making over water

In line with the SP, the RWASH policy encourages women’s participation in opportunities that increase both their control, and decision-making, over the water resources they use as part of their daily lives. This is done through opportunities for leadership and training in non-traditional work such as Operations & Maintenance (O&M) and mandating women’s participation in water related governance. This is in line with best practice in Gender and WASH and the evidence that having women in key positions can lead to higher levels of water-point sustainability [25].

While RWASH policies are clear that women should be involved in water related activities such as the siting of water points, water committees and trainings, WASH practitioners and committees reported that current guidance is inconsistent and can cause confusion. As per good practice, RWASH policy mandates women’s involvement in committees, and encourages them to hold key decision-making roles such as treasurer or secretary. However, stakeholders feel the expectation for women’s participation is expressed differently in different documents, thereby creating uncertainty about the activities and support expected. For example, in the RWASH CE guide it says “women take a lead role” and “women [to] finalize siting of water points,” while in the Community WASH facilitator guide it says “invite women to come help” site tapstands. Although both encourage female participation, the different wording has led some stakeholders to express confusion about how to engage with women and what counts as effective engagement, and when.

4.3.2 Decreasing resistance to women’s participation

Good practice also shows that women’s participation should be a choice made in conjunction with both women and men. Otherwise, it can be seen as a forced requirement and can create resistance among power holders, exposing

women to backlash². The Rural WASH CE guide does an excellent job of recognizing and discussing the limitations and barriers that women’s workload in the family and household can have on their participation in WASH activities and decision-making. However, stakeholders do not necessarily understand how to translate that discussion into concrete, actionable activities to mitigate risks and overcome barriers. Community-level data confirmed that women’s participation on community committees is limited by gender role related expectations regarding their duties in the home.

4.3.3 Women’s role in community water maintenance

Stakeholders noted the importance of training women – especially in non-traditional activities – as a key activity in the RWASH program because it both promotes sustainability of water activities and increases women’s leadership, especially in non-traditional activities.

To support this, the CE guide currently mandates that women take on the role of tapstand caretaker, while men be responsible for the role of system caretaker. Some stakeholders expressed a positive view of this, as it opens the door for women’s involvement in important WASH activities. Others noted its capacity to reinforce potentially harmful gender norms that continue limiting women to unpaid labour such as “light repairs” and cleaning near their homes, while offering men the opportunity to learn “intense repair” skills related to larger water system that can potentially be monetized and marketed as paid labour outside the home. This was confirmed by community level findings (see [section 3.3](#)) and interviews where program implementers confirmed the belief that gender stereotypes require this division of “light” vs. “heavy” labour, or “tap” vs. “system” repairs. While the intention of the guidelines is to recognize – and address – women’s time poverty, implementers still lack an understanding of the reasons for these measures. Stakeholders identified several ways of addressing the disparity between women’s interests (see [section 3.3](#)) and current guidance, as well as disparities between the CE Guidelines’ intentions and implementers’ understanding, including: providing women with trainings, tools for maintenance and follow-up technical assistance for repairing the water system.

4.4 Sanitation

4.4.1 Involving women in the CLTS approach

Many key stakeholders in Isabel expressed concern that “RWASH is currently focused on water, not as much on sanitation (or hygiene),” possibly due to the early 2018 focus on water system trainings in Isabel over sanitation activities, and the historical attention on water supply. However, overall, CLTS was seen as positive, effective and engaging by community implementers.

“When we trained the women, they become more active: they feel very responsible. They are the ones who fix and do the maintenance. All they need is tools and some knowledge to support them. They feel they own the system.”

– Male working in WASH sector

RWASH policy and programs continue to make concerted attempts to integrate women and marginalized groups in sanitation activities. For example, the CLTS facilitator’s manual explains the participation ladder well and offers suggestions for facilitators to improve women’s effective participation in activities such as “rating” female and male participation during triggering – once triggering has been complete (pg 60 CLTS manual). The manual also provides

excellent sample “difficult questions” for facilitated sessions. Despite this, both government and NGO staff noted they continue to need more support in understanding and overcoming token participation by women. For example, providing sample answers for how facilitators should address difficult questions regarding women’s involvement, and/or mitigation measures for gendered barriers to participation.

² See [section 3.3](#) for confirmation of this from the community level findings

The CLTS training guide recognizes that “methods can be modified” according to the context – an excellent starting point for improving women’s effective participation in sanitation activities. New CLTS facilitator training is currently taking place – where RWASH is piloting the use of paid village-level facilitators (paid by UNICEF) instead of volunteers. This includes an extended facilitator training covering case studies of exclusion and inclusion and specific strategies for engaging women in the process. However, this policy has not yet been rolled out for stakeholders to utilise these tools.

4.4.2 Gender mainstreaming and the CLTS pre-triggering process

In response, stakeholders identified the CLTS “pre-triggering process” as an important area for improving women’s participation and/or meeting women and men’s different gendered needs in toilets and toilet design. Suggestions included that the scope of pre-triggering visits (advance meetings) should be broadened to include social mapping to “understand the community more” prior to deciding where, when, and how the triggering meetings should be held. An advance visit to the community should include more than just scheduling the triggering date with leaders and a baseline survey of sanitation coverage. Implementers should consider understanding the community context in terms of marginalized groups, diversity and history with sanitation interventions. The CLTS facilitator guide describes that pre-triggering meetings take place with community leaders and “it is especially helpful to identify female leaders” (during the pre-triggering visit).

Expanding the scope of the pre-triggering / advance visits would allow the triggering process to take women’s needs and barriers into consideration and sharing information with more community members. Understanding the needs and barriers for people with disabilities is also a concern. Two stakeholders mentioned that talking with them individually would glean more information than in the potentially uncomfortable setting of a larger meeting. This was confirmed by the community level findings where women noted that they were largely unable to attend pre-triggering meetings and/or community leaders often acted as gatekeepers to information, cutting off direct access to the most marginalized community members.

4.4.3 Gender mainstreaming in achieving No Open Defecation

Stakeholders mentioned the need for there to be a “different approach” to increasing safe sanitation coverage in coastal villages, something that RWASH and UNICEF are aware of and currently working on. Generally, there was the perception that “inland” villages are easier to trigger and certify NOD and that communities shitting in the ocean

“Community leaders should make an action plan to raise money for sanitation coverage in the community. There should be a leader that makes a fund just for sanitation.”

– Community WASH specialist

may need other methods. This “other” geography extends beyond triggering methods to toilet designs, and government support for materials in difficult terrains. While some stakeholders said alternative toilet designs exist within RWASH, others said they were unaware of them.

As of February 2018, two government sanitation markets have been set-up to increase access of raisers for individuals who want to buy this hardware for building

toilets after CLTS triggering. RWASH also discussed other toilet designs and the potential for subsidising the cost of those toilet bowls / toilet slabs to a) give individuals more options and b) allow for a hygienic but non pour-flush option to promote more water conservation. Given existing research identifying that women have less purchasing and economic decision-making power than men in the Solomon Islands (despite being responsible for the majority of household expenditures), the dynamics of toilet building and sanitation markets should be examined further.

People reported that community members responded well to triggering methods, with some people crying when the facilitator discussed the impact of open defecation on children. Despite the positive view of the CLTS triggering methods stakeholders mentioned that there were many “challenges” convincing community members on the no-subsidy approach. In the past, the government provided materials to households for building toilets. According to

many stakeholders, these toilets were either never built or rarely used, and a number of stakeholders reported latrine slabs just laying around under houses.

Although the research team only visited three NOD villages in Malaita, before CLTS triggering community leaders reported going to a “designated place” outside the community, separated by males and females to defecate. This is not to say that people all went to that “designated place,” before CLTS. In fact, through discussions with community members we learned that many did not.

In Isabel, people defecate in moving water, whether in a creek, river or the ocean. Here also exists some concept of “faeces shouldn’t be in our community,” which is why certain CLTS methods should be used, and others not used, depending on the context of the village. Context and the history of a village can be learned and understood during a “longer” pre-triggering visit.

F: What about the past, where do girls and women shit?

P4: In the bush and also dug holes.

– Girl FGD Lathalu, Malaita

4.5 Hygiene

The RWASH policy recognizes the importance of addressing the unique needs of women and girls for hygiene and sanitation:

All stakeholders require a comprehensive understanding of successful approaches that have led to improved practices and health, with a particular analysis of local gender and cultural issues as they relate to behavior change. Gender equity should be encouraged with particular attention to the needs of women and children being addressed in both hygiene and sanitation awareness.

Stakeholders noted that there is still a lack of understanding of how to translate the impact of “local gender and cultural issues” into concrete approaches that address gendered barriers for hygiene. For example, implementers often know that gender norms mean women de-prioritize their own, personal, needs such as individual MHM materials in favour of others needs in their household. However, despite this knowledge, implementers are still often unsure of how to translate this into effective hygiene support for women.

Stakeholders noted there is knowledge, but not practice around key hygiene issues such as handwashing. Existing gender norms assigning primary household duties to women can both support – and exacerbate – current hygiene practice. For example, RWASH policy recognizes the important role women play in household hygiene, as well as the

“There is not a high priority for women to buy their own pads... \$7 Sol dollars a month – which is affordable – why is there little expenditure on this? Women still prioritize others’ needs over their own.”

– WASH key informant

burden this can create for them and their families. Stakeholders noted that, it is therefore essential to avoid placing all responsibility for hygiene duties to women in order to improve the sustainability and impact of hygiene interventions. At the same time, [programs] need to “move water closer to homes to increase ease and encourage handwashing” for all household members. Programs and communities also need to

increase expectations for men as home and child caretakers as a way of ensuring the sustainability of current hygiene interventions. The Caretaker training guide outlines women as the primary hygiene promoters stating, “women [to] take the lead role in hygiene promotion and men should support them” (pg 59). While WASH actors may not be able to transform the social norms that task women as the main, or sole, caregivers and promoters of hygiene in the home by themselves, WASH program approaches and related tools can be designed to encourage and promote men’s engagement in these activities; thereby contributing to gender change and more, sustainable, hygiene outcomes in communities.

4.6 Monitoring and Evaluation

A few stakeholders, including those within RWASH, pointed to the need for improved monitoring within the rural WASH sector. The baseline survey in 2016 [1] outlined the status of water, sanitation and hygiene within households, schools and health clinics across the country. According to one stakeholder, [we need to] “monitor the communities after a WASH project has been completed to ensure commitment and sustainability and benefits.” There was recognition that current information focuses on WASH access and services for adult respondents, and often community leaders. There needs to be a “better understanding of needs of young women (versus women) and how these needs may be different; no one really knows needs of youth.” For example, the unique needs of young women in terms of water, sanitation and hygiene, go beyond menstrual hygiene management. Their needs relate to water and sanitation use and access, concerns of privacy and safety, domestic and social expectations affecting hygiene behaviours or participation in WASH decision-making.

“I do monitoring monthly to keep reminding them to build toilets; sometimes I approach only the leaders. The guidelines are not specific.”

– Community WASH facilitator

In terms of increasing data on women and the CLTS process, “we need to analyse the data to look at trends and the effects of women’s participation in achieving or maintaining” sanitation coverage. There is insufficient knowledge on how CLTS in the Solomon Islands affects women – and insufficient understanding of how female involvement in the CLTS process affects the sustainability of the process.

Stakeholders working with communities on the CLTS approach expressed confusion regarding the frequency and methods of follow-up and monitoring, according to government expectations. However, this is a new area, and the RWASH team is still developing and piloting the best methods. While existing RWASH guides and monitoring tools, there are forms that ask for the breakdown of males and females (on WASH committees, for example), this has led to situations in the past where committee composition can become an objective a marker of success rather than a progress indicator. A number of key stakeholders are still unclear about 1) what is “done” with this data, 2) how to understand what it actually says about meaningful or effective participation, and 3) how it comes back to communities to improve programs and improve reach. Government data or monitoring forms need to consistently ask for gender and age differentiated data so that disaggregated analysis can be conducted, interpreted, disseminated and applied.

As RWASH expands coverage from baseline figures, it is essential to monitor water supplies, toilet access, and reported use each year. Community monitoring (at least in a sub-set of villages) should include data collection from a group of women at the beginning of the visits and a meeting held with the community leaders at the end of a visit. Women can report challenges or benefits of water access, sanitation facility use or concerns, and hygiene practices. This way women and members of the community can be integral to the feedback and monitoring process – sharing findings with them so they are part of the monitoring process.

4.6 Capacity

Stakeholders described limited resources as a challenge for RWASH: “there are limited financial and human resources, including an insufficient number of engineers” who work at the provincial level.

Another stakeholder discussed how “provincial RWASH technical staff should go to communities and demonstrate in the communities with their materials and share their knowledge (on making raisers for example),” in order to increase the support given to communities.

“If we have women engineers, if we have women equally participating in leadership roles; this will have a positive impact on the communities.”

– Female working in WASH sector

Many stakeholders mentioned that they were aware of government designs for composting toilets or other toilet options for areas with high water tables, but that these designs are rarely available or accessible to community members in need of this

information, slowing the progress of the adoption of improved sanitation in rural communities. These designs are now on the RWASH website and a strategy for dissemination is underway.

4.7 People with Disabilities

A few stakeholders called for the need for implementing partners to understand the needs of communities at the start of a program. As mentioned previously, potentially as part of the advance visits for CLTS triggering, “social mapping within the community can happen first to identify which households have elders, which have disabled populations, etc.” According to discussions with Community Based Rehabilitation (CBR) officers within the MHMS, CBR was included in the initial development and review of RWASH policies. Three different stakeholders reported

“CBR were initially included in discussions with RWASH – and then once the policy was developed they are left out.”

– CBR officer

that CBR field officers have not been consulted as WASH programs have been implemented in the communities. Two people also mentioned that they have never seen disabled people receive WASH infrastructure from the government. RWASH stakeholders mentioned the reason for this gap is likely that people have not been registered as disabled within the government system.

Another stakeholder in Honiara discussed how people with disabilities are often left out of programs implemented at the community level, including church programs. The stakeholder indicated that not enough programs work to including mothers of disabled children. These women need special attention due to their specific challenges in participation and WASH access.

4.8 WASH in Schools

Although key stakeholders were asked about coordination with other sectors, divisions and partners, nearly all respondents discussed the need for better coordination between RWASH and the Ministry of Education and Human Resources Development (MEHRD). Together, in 2016/17, RWASH, MERHD and UNICEF approved engineering designs for school WASH infrastructure and formed a working group to address WASH in schools. June 6, 2018, the government and UNICEF formally launched the National Standards for WASH in schools, which defines standards for school WASH facilities.

According to stakeholders, there is some awareness on the need for integrating support and facilities for menstruating girls, and teachers, into the design of school WASH infrastructure and programming based on the recommendations of a study of MHM in schools. UNICEF has helped to establish Adolescent Councils in some schools. These Councils are an opportunity for girls to come together and discuss issues around menstruation, WASH, pain management and other related issues. These groups are effective means to provide psychosocial support to girls, with at least one female teacher trained on MHM responsible for leading the group. UNICEF and NGOs working in school WASH have placed emphasis on menstrual hygiene, there continues to be limited commitment from MEHRD to discuss changes in schools, curriculum or school monitoring processes for MHM. In this study, girls in the seven communities surveyed did not report missing school because of menstruation, but did report that schools either did not have toilets or that there were insufficient or inadequate toilets – including no doors. Girls also reported a lack of water available for washing and/or washing hands. While all stakeholders agreed there is will to address these issues, many commented that there is no clear protocol for how to plan, budget or implement WASH in schools infrastructure or programming moving forward, though the government has now adopted the WASH in Schools Standards.

4.9 Policy Environment Conclusions

The Solomon Islands Government has developed policies and strategies that aim to include women and vulnerable groups. The staff in Honiara understand the importance of integrating women into community-level WASH projects, however their capacity to do so is limited by their understanding of women’s needs and perspectives, as well as having insufficient women on staff. The area that needs more attention is the approach, methods and skills of the field staff to implement gender-sensitive and gender-transformative WASH services. It is recommended that RWASH

staff at all levels participate in a gender training to better understand how they can improve their approaches and utilise new tools, to integrate women, girls and other vulnerable populations into their WASH strategies to make them more sustainable, more effective, and more inclusive

5. Recommendations

The Solomon Islands Government is clearly progressive in making gender and social inclusion priorities for the WASH sector. Throughout its policies, plans and guides, RWASH has encouraged the participation and inclusion of women, people living with disabilities, and other marginalized groups, in designs, plans and committees and decision-making around WASH infrastructure and programs. In order for these standards to be successfully implemented, RWASH staff and others working in the WASH sector – from head offices to the provinces and communities – need additional support to better understand, recognise and address gendered barriers to achieving equal outcomes for women, men, boys', and girls' in WASH programs. Overall, this support should include:

- **Additional training for RWASH actors** on gender equality and inclusions concepts, gender-sensitive and gender-transformative interventions in WASH, and related strategies.
- **Additional, easy-to-use, gender-sensitive tools** RWASH actors can use to understand women and girls' interests, needs, barriers, and opportunities.
- **Additional, easy-to-implement, participation and M&E activities** to better integrate women and girls' specific needs and interests into existing RWASH program design, implementation, and follow-up.

Drawing on this and the research findings outlined above, this section outlines **the key recommendations for WASH actors in the Solomon Islands** to realize their goals of intentionally and meaningfully including women and girls in WASH programs.³

5.1 Recommendations by Sector

Effectively including women in WASH interventions is, clearly an important priority for the Ministry of Health in the Solomon Islands. However, *how to* do so, effectively, is still unclear for a large number of field staff. Many of the RWASH guides indicate *why* it is important to include women, but there is less material on *how*. The following recommendations therefore focus on *how each sector* – regardless of actor – can better integrate women and girls into core activities by building on existing guidance, objectives, designs, interventions, and processes.

5.1.1 Water

1. Include a diverse set of women in non-traditional activities and interventions

Water actors should continue current activities to include women in water related training opportunities, including as tapstand caretakers, water system workers, committee members, etc. However, these opportunities need to be adjusted so that they include more and diverse women, do not contribute to women's time poverty or expose them to additional risks of conflict or violence in their homes (if their partners feel they are not meeting their household obligations).

³ Given the limitations of the research presented here, it is important to note that the recommendations outlined in this section (5.1) focus, mostly, on improving meaningful inclusion of adult women in RWASH interventions and, to a lesser extent, young girls. For broader inclusion of other marginalized groups – such as people living with disabilities – additional research is needed.

Quick wins:

- a. ***Include diverse, more marginalized, women and men.***
Women and men who may be more “invisible” or with a lower social status, not selected by community leaders, should be offered a chance to be involved in water tap or water system development. I.e. house girls, elderly women, elderly men who do not have formal or informal leadership roles, young or unmarried girls, etc.
- b. ***Provide more choice for WASH involvement.***
Women – and men – should be given the option, and encouraged to, receive both tapstand and water system training; allowing them to choose and negotiate the options that work best for them, thereby increasing men and women’s empowerment (the power to choose) and avoiding the possibility of exacerbating existing harmful gender norms.
- c. ***Promote community discussion of privacy walls.***
Although no one is “preventing” homes from building privacy walls around tapstands, and there was evidence of privacy walls in communities, there needs to be further discussion about constructing these, and the importance of women, and specifically girls, feeling safe when bathing. These discussions can also cover other items relating to water, sanitation, safety, and privacy for women and girls.
- d. ***Work with women and men to identify schedules and timing of meetings.***
As mentioned in many RWASH guides, it is best to work with community members to figure out when meetings work for women and men – and hold separate meetings to suit the needs of everyone, at least initially. This should be mandated as a specific, explicit, step in the planning process rather than being left as a “tip”. It should also be coordinated with existing women’s groups, networks and spaces, instead of confined to formal community meetings.
- e. ***Continue to implement the RWASH guidelines.***
RWASH guidelines outline the importance of community members valuing the contribution of women – not just as water users, but also as valued community members and individuals with a different and useful perspective.

Longer-term wins:

- f. ***Provide women with additional support they need to participate effectively in WASH trainings.***
This includes childcare support, transport support, literacy/numeracy support, and negotiation tools for use with intimate partners, families, neighbours, etc. It should be identified and discussed with women and should respond to the specific barriers they feel currently prevent them from participating. This will also look different – and be comprised of different supports – for female leaders and more empowered women compared to more marginalized women. A diverse group of women and girls should therefore be consulted when designing these supports.
- g. ***Include community dialogue sessions about gender.***
Community dialogues about gender and examining harmful gender norms can be a precursor to discussions and can maximize women’s participation.

5.1.2 Sanitation

2. Include women and girls in sanitation design and widen the scope of CLTS pre-triggering

CLTS implementers and others trying to increase sanitation coverage should continue with RWASH policies on including women, girls and the marginalized in the CLTS process – with a few caveats to increase participation and improve outcomes

Quick wins:

- a. ***Include specific consultations with women – and, separately, girls – as a key, step in the sanitation-design process.***

This would include asking **specific** questions regarding their preferences related to privacy and safety, such as location, materials, privacy walls, entrances/exits, accompanying facilities (such as handwashing). *It is important to note that findings indicate these conversations should happen with same-sex facilitators (i.e. women for women, women or girls for girls) given taboos and/or reluctance of women and girls to discuss sensitive and/or taboo body issues with men and/or in formal spaces.*

- b. ***Include discussions about gender within the CLTS mobilization process.***

In order for CLTS not to exacerbate women’s existing time poverty (because they have another facility to clean), as well as ensure gender equitable planning for long-term maintenance, upkeep and repair of sanitation facilities.

- c. ***Discuss health and open defecation with school children.***

A few days before community triggering it would be beneficial to discuss health and open defecation with students so they know what is happening in their community. Students can be sources of knowledge for their parents and feel included in the process and the development of solutions.

Longer-term wins:

- d. ***Adjust the current CLTS pre-triggering process so that it is more inclusive and does not depend entirely on existing community leaders.***

The current CLTS pre-triggering process focuses on working with existing leaders, thereby potentially not including the most marginalized and most vulnerable community members. While current guidance does an excellent job of reminding implementers to go beyond leaders and include others, it does so by encouraging implementers to ask leaders to mobilize marginalized community members. Findings show that this is, often, not effective in communities. This can be improved by

- i. Increase the number of visits or the length of visits to communities, and expand the scope of “pre-triggering”.***

Use “pre-triggering” meetings to get to know the community; meet with marginalized members who do not regularly come to meetings (i.e. doing interviews with 3-5 people at or near their homes).

- ii. Include participatory community mobilization tools.***

Social mapping tools or “baseline discussions” during pre-triggering visits will help ensure women, girls and other marginalized community members are reached.

- iii. Host several pre-triggering meetings, if necessary.***

Hosting 2-3 meetings that can accommodate all community members’ schedules may seem like a lot – but if it leads to more motivation and buy-in to reach NOD, then it is worth the investment. Some suggestions are hosting meetings at times when women are not marketing, or cooking; or hosting meetings through church events.

- iv. Identify the different information networks that exist in each community.***

In addition to the formal community meetings, it will be useful to promote sharing through existing social and information networks, such as the Mother’s Union, the schools, youth groups, etc.

3. Improve the options for – and guidance on – contextualizing approaches to CLTS.

Women and girls need private, safe and convenient sanitation options. Households need sustainable, lasting approaches to improved sanitation. While current CLTS guidance allows for contextualization, implementers are often unclear on the degree to which they can modify CLTS. They are also uncertain on how to support toilet and pit designs for more challenging geographies.

Quick wins:

- a. **Guidance for triggered communities on navigating conversations with neighbours.**
From the research, many women described challenges of space and smell of latrines (for non-flush or pour flush systems) and how this often caused conflict with neighbours on siting of toilets. Practical advice integrated into CLTS follow-up would likely accelerate and sustain NOD status.
- b. **Increase confidence and desire for basic toilet construction.**
Although people build their own houses, churches, schools and community centres, there is a lack of confidence to use local materials and build toilets. CLTS implementers need to help people gain confidence to build toilets, use available materials (including free and purchased items) and integrate existing or innovate new toilet designs.

Longer-term wins:

- c. **Increase availability of concrete approaches in different environments.**
Sanitation actors should work together to collect good examples of toilet designs, with step-by-step instructions and tools for facilitators, implementers and community members for areas with flooding, high water tables, atolls, etc. If these designs already exist, they need to be more widely disseminated during CLTS triggering and follow-up. These designs should be consulted with women, and girls, as well as other marginalized groups, to identify if it meets their specific needs – i.e. for privacy, washing, etc.
- d. **Encourage modification of CLTS methods.**
There needs to be encouragement, not just permission, for CLTS facilitators to modify CLTS methods according to their context. It would be helpful if there were specific guidance for certain “types” of communities. For example, communities that mainly defecate in moving water may require different types of triggering exercises, such as those that focus on children’s health and transport costs, as opposed to “shit mapping”.

5.1.3 Hygiene

4. Adjust current hygiene messaging to be more gender-equitable.

Findings demonstrate that both the content and method of delivery of hygiene messages in the CLTS approach tend to reinforce existing gender roles and stereotypes. Hygiene messages assign women more responsibility for household and community hygiene than men given their traditional roles as primary caretakers of home and children. While this does have strengths – for example, women and men both reported that women are often more aware of household and community hygiene needs than men are – it also has the potential to exacerbate existing gender inequalities such as time poverty for women and lack of hygiene knowledge for men.

Quick wins:

- a. **Include examples of gender-equitable actions and roles in hygiene.**
For example, “small doable actions” can promote men’s participation in cooking, household hygiene and childcare. Publicizing this type of behaviour change through the church and larger community structures will shift expectations of gender-roles and encourage men to be publically be “okay” with contributing to the health and hygiene of their homes and families
- b. **Promote male hygiene champions.**
Following (a) above, using male champions in and across communities to promote and embrace hygiene behaviours including activities often seen as “a women’s role” will likely assist other men and boys to adopt hygiene behaviours and contribute to the work of females.

Longer-term wins:

- a. **Conduct a multi-pronged approach to handwashing promotion.**

Every data source – from community members to government stakeholders to the literature, confirms that handwashing knowledge in the community is high, but handwashing practice is low.

i. The literature points to an integrated approach as most successful: media (TV/radio) ads, community promoters, trainings for parents, school handwashing requirements to impact handwashing behaviour. Make sure these approaches are tested with both males and females, of diverse ages, to ensure they speak to each's needs. Also, ensure that they are then shared and publicized through channels that each group listens to or spaces that each frequent.

ii. Research has shown that when you make a behaviour public, (such as not-smoking) it is more likely to be practiced and sustained. One way to make handwashing more public is to: wash hands before entering church, before community meals and require handwashing at the beginning of the school day and when kids come in from playing inside (at school and at home). This can also make use of males' and females' different influencers by making sure that girls and women can share this with their female family members and friends (as indicated in the findings) and men can also share this in formal spaces and with formal leaders.

5. Expand understanding of menstrual hygiene needs.

Many women, girls, men and boys do not fully understand what menstruation is, much less the needs of menstruating females for more water, more privacy and more resources (sanitary pads, rest, water, pain medication. (These recommendations are in line with those presented in "The Last Taboo").

Quick wins:

a. Increasing the exposure for women and girls to toilet designs and features that will make menstrual management easier.

If women and girls are part of the sanitation design process and the feedback process – they may come up with these on their own, but it will be helpful to share some ideas during separate female conversations: toilet features may include shelf inside toilets, locks inside toilets, water inside toilets, waist-level mirrors outside toilets.

Longer-term wins:

b. Improve access to high quality information about menstruation.

Women and girls, men and boys, all need basic sexual reproductive health and menstruation education. This information can come through schools, health clinics, radio or other fora.

5.1.4 Community Engagement

6. Adjust engagement and participation methodologies to account for intra-community power dynamics.

Findings indicate that in most communities WASH programs will likely benefit from speaking with community leaders separate from "regular" community members. Leaders – both male and female – often act as gatekeepers and have a different experience and perspective of WASH programs and WASH systems. To get an understanding of the experience of women, girls and other marginalized populations, it is essential to speak with them separately.

Quick wins:

a. *Begin holding separate conversations with women (moderated by a woman) and with men (moderated by a man) to see what differences are apparent.*

Before adopting separate conversations for all subjects and all community engagement activities, it would be beneficial for field staff to witness and reflect on the differences they see and hear – in order to gain buy-in from them on changes to the process.

- b. **Broaden the engagement process to regularly include additional, separate meetings with male and female community members** as a precursor to the larger community engagement process.
- c. **Revise the CE guide so instructions are clear that staff must do this step** whenever it is possible and appropriate, rather than framing it as an option or as “extra work” for those who have time.

Longer-term wins:

- d. **Include step-by-step instructions and checklists for implementers.**
Checklists should describe how to recognize male and female leaders (formal and informal) and methodologies/ideas for when and where to meet with them separately. For example, knowing that women in positions of authority, such as the pastor’s wife, are leaders and specific ideas for identifying and separating leaders from the rest of the group during community meetings (so everyone has a chance to talk without being silenced).
- e. **Include social mapping tools and “participation checklists” for field staff’s use directly in the CE guide.**
Implementing social mapping tools, and using the data to inform program planning, allows for better understanding of the wider community, not only those near the centre of the village or those who are friends with the chief.

7. Adjust activities, and related curriculums, to include women in WASH committees including consideration for barriers to women’s participation.

Current CE Guidance does a good job of recognizing the different barriers to women’s participation and reminding implementers the need to account for those in WASH processes. Barriers to participation include the recognition that involving women on WASH committees is often limited by household duties and family expectations such as increased workload, “tensions” and possible violence in the home, and a sense of “not being taken seriously” and being relegated to symbolic positions (due to gender ratio requirements within RWASH policy). Staff require step-by-step instructions regarding how to recognize those barriers, and how to address them during implementation.

Quick wins:

- a. **Expand the CE guide.**
The CE guide currently has sessions on including women and people with disability, and community ownership of WASH projects. A session on “gendered barriers” to participation, and community action plans to address those barriers would be useful for field workers to engage more effectively with community members and promote more sustainable WASH programs.
- b. **Collect case studies of gender equality from communities.**
A collaboration with government, NGO, and UN actors in the WASH sector to collect good examples of, and lessons learned from, gender equality and inclusive governance for adjusting the CE guide according to community experiences.

Longer-term wins:

- c. **Provide gender awareness and inclusive governance training.**
All WASH implementing actors should undergo gender awareness and inclusive governance training, or a “training of trainer session” for improved engagement at the community level.
- d. **Provide women and men with the additional support they need to participate effectively in WASH committees.**
Coordinating with other actors and Ministries will be essential to promote training on literacy and numeracy, specifically for women, and inclusive governance training for existing (male) leaders so they create space for women to participate.

5.2 Recommendations by actor

This section provides additional recommendations targeted to specific actors involved in WASH activities in the Solomon Islands. Additional emphasis is placed on the RWASH department in the MHMS as the primary actor responsible for rural WASH. Additional recommendations are included as a complement to those targeted to the RWASH program.

5.2.1 Ministry of Health and Medical Services

As the Ministry primarily responsible for rural WASH, the Ministry of Health and Medical Services has primary responsibility for ensuring that gender equality and inclusion is mainstreamed throughout operations. To aid in this, the Ministry's Gender Focal point should coordinate with the Ministry of Women⁴, UNICEF, and other UN and I/NGO actors to:

1. Provide gender training for Ministry staff at both the provincial and national levels. This should be done in coordination with the Ministry of Women and the gender training programs they currently offer for government departments.
2. Popularize the use of newly developed tools, which will aid in better engaging women and girls among both implementation and program staff. This should be done in conjunction with provincial staff from both relevant government departments and I/NGO partners.
3. Improve sex-disaggregation and gender-sensitive evaluation by measuring and monitoring the different effects WASH programs and infrastructure have on women and girls, as compared to men and boys. Disaggregation, by sex, age, disability, income, and other characteristics are recommended for adhering to the Sustainable Development Goal indicator guidelines. The MHMS should coordinate with the Ministry of Women, the MEHRD, UNICEF, and I/NGO partners to:
 - Integrate sex and age disaggregated data into *all* data collection tools
 - Incorporate periodic qualitative data collection from girls and women (separately) on access and use of water and sanitation infrastructure into existing WASH monitoring mechanisms
4. Develop a clearer mandate for WASH in schools by directly involving school children and teens in the CLTS process; for example, hosting meetings at schools to specifically point out that the school environment and sanitation practices at schools are integral parts of the overall community CLTS transformation.
5. Collaborate with the Ministry of Women to design and implement gender-sensitive recruitment and retention strategies, in order to actively increase the number of female staff employed in the Ministry generally and, specifically in RWASH. This can include, but is not limited to, the use of:
 - Competency based hiring
 - Mentoring and coaching processes for recruits from more marginalized groups
 - Gender-sensitive relocation packages (for female staff who have to relocate to the provinces but face gender related household or child care barriers that prevent them from taking such positions)
 - Gender-sensitive labour policies such as “hours of work”, “lieu time” to compensate for the need to support dependents, bring babies to the clinic, etc.
6. Continue to support the Gender Focal point for the Ministry of Health and actively encourage departments to collaborate with the Focal Point when developing new programs and strategies
7. Ensure all departments have the contact information for the Ministry of Health Gender Focal point and their support people in the provinces.

⁴ Ministry of Women, Youths, Children and Family Affairs

5.2.2. RWASH

As the department with primary responsibility for the effectiveness of rural WASH interventions in the Solomon Islands, the majority of additional recommendations are targeted to this program. RWASH should implement the recommendations in section 5.1 as well as:

1. Increase training for RWASH staff on gender-sensitive community engagement as, currently, the majority of staff are following the minimum requirements only; not because of a lack of will, but because of a lack of understanding. This includes providing additional training for staff on:
 - Gendered barriers to participation
 - The importance of involving women in WASH activities
 - Concrete tools for gender-sensitive, participatory facilitation
2. Coordinate with the Ministry of Health, the Ministry of Women, and Provincial offices to actively recruit, promote, and retain female staff in RWASH. See section 4.2.1 for concrete activities and policies to help do so.
3. Improve gender-sensitive monitoring and evaluation by:
 - Including the gender and age of respondents on all monitoring data forms, and using that to draw comparative reports across gender/sex and age groups for key WASH data such as distance of water point, distance to sanitation facility, privacy and comfort of sanitation facility, handwashing practices, child faeces disposal, etc.
 - Hosting separate discussions with women and girls for a select number of monitoring activities to better understand the specific challenges related to females' access, use, and experiences of WASH interventions.
 - Develop participatory monitoring mechanisms by having staff feed observations and data back to the community, thereby including male and female community members in the WASH monitoring and analysis process.
4. Improve accessibility, adaptability, and contextualization of toilet and latrine design by RWASH engineers by
 - Making toilet and latrine designs more readily available to community members
 - Making special efforts to engage with women, girls, people living with disabilities, and other groups to share and/or receive feedback on the designs (see section 4.1 for more details)
 - Ensure participants in toilet-building demonstrations include both men and women and, where possible, include female staff (to create an environment where women feel able to discuss more sensitive topics given other women's presence).
5. Improve coordination at the national, and provincial level with Community Based Rehabilitation office. While RWASH did an excellent job at initially including CBR and stakeholders working or living with disabilities in the policy development process – and stakeholders are expected to be recording the presence of disabled folks in project locations (to signal the need for support or accommodation) – this appears to have paused after the policy was completed. This has led to some blind spots in RWASH implementation in communities. This can be improved by
 - Increasing regular meetings and communication between RWASH and CBR officers – particularly in the provinces
 - Including a more comprehensive “situational analysis” or “social mapping” in CE processes that include men and women's accessibility needs

5.2.3. Provincial authorities

RWASH and the MHMS have made clear expectations for integrating women and disabled people into rural water, sanitation and hygiene programming at the community level. However, there are a few methods that the provinces can adopt in order to increase the involvement of women in their programming:

1. Coordinate with the Ministry of Health, the Ministry of Women, and Provincial offices to actively recruit, promote, and retain female staff in RWASH, specifically in leadership positions
2. Coordinate with CBR officers at the provincial level to better understand, and include, people with disabilities in RWASH programming
3. Make sanitation materials more available in the markets – through engagement with private sector partners or direct sanitation markets
4. Hold more open and/or publicized events on toilet-building demonstrations by RWASH staff to increase uptake of toilet construction and household adoption.

5.2.4. Coordinated action amongst government, UN, and I/NGO WASH actors

Responsibility for rural WASH outcomes lie across several WASH actors: RWASH, MEHRD and partners such as UNICEF and I/NGO implementers. RWASH policy clearly states that all community WASH programs should include schools and health clinics. Additional recommendations to continue making it increasingly gender-sensitive and inclusive are:

1. Ministries of Health and Medical Services and Ministry of Education:
 - Ensure MHM related indicators, such as gender-separated toilets, water available in or near girls' toilets, and emergency sanitary pads are included in health inspection monitoring for schools
 - Clarify existing confusion regarding who leads, pays for and organizes school WASH projects
2. UNICEF
 - Incorporate periodic qualitative data collection from girls and women (separately) on access and use of water and sanitation infrastructure – both at home and in institutional settings such as school or health clinics
 - Collaborate with the Ministry of Women, UNWomen and I/NGOS to identify, and mitigate, links between rural WASH programming and GBV, especially for girls. This includes
 - a. Work with Women's organizations and/or GBV actors to develop Standard Operating Procedures for responding and/or referring cases of GBV if, and when, found in the field
 - b. Connect to existing referral networks and mechanisms for addressing GBV cases and/or work with GBV actors to identify or develop networks where they do not already exist
 - c. Developing and providing training for RWASH, NGO, and implementation actors' staff in psychological first aid and managing GBV disclosures, including safety planning
 - d. Continuing to fund and support research into the links between WASH and GBV in the Solomon Islands, including mitigation measures that can be mainstreamed across government departments and programs
 - Conduct additional gender-awareness and female empowerment activities in a select group of communities to "test" the effect, including cost-effectiveness on the CLTS process, uptake and long-term sustainability.
 - a. Provide support for RWASH staff and/or I/NGO staff to engage with women's groups such as the Mother's Union and young women's groups and provide the skills-building programs needed to more effectively participate in WASH committees and activities
3. I/NGOS
 - Increase coordination and collaboration with women's groups to support their inclusion in WASH processes:
 - a. Coordinate with local women's organizations, Mother's Unions, and community based organizations to facilitate the inclusion of women's voices in WASH activities
 - b. Strengthen training and support activities for women's groups to help increase the knowledge, confidence, and skills they need to participate more actively and effectively in WASH committee activities

- Collaborate with the Ministry of Health, the Ministry of Women, RWASH and other WASH actors to identify best practices in gender-sensitive and gender-transformative WASH programming; including men's engagement and women and girls' participation in infrastructure design.
- Ensure hygiene behaviour change models include both gender-specific activities to support women in their caregiver role AND gender-transformative activities to increase men's engagement to reduce inequalities in this area.
- Implement exchange visits to "successful" communities

6. Conclusions

Ultimately, the Solomon Islands RWASH program is making great strides towards achieving gender equity in rural WASH programming. A positive, progressive policy environment exists, and RWASH staff at all levels are aware of the need to improve women and girls' integration into RWASH interventions, even if some individuals are unclear on why or how to do so.

At the community level, traditional gender roles mean that ultimately, women and girls are responsible for household level WASH outcomes despite the fact they continue to be largely excluded from WASH related decision-making. As a result, their needs are often not represented at community meetings or in decisions about WASH infrastructure. This can both exacerbate, and underscore other existing gender inequalities such as gender based violence, time poverty, barriers to education and/or economic prosperity.

Current RWASH policy and interventions are already well on their way to improving this situation. Equity measures are being put in place and staff guidance is helping bridge the gap between policy and practice. WASH practitioners can continue to close this gap by helping WASH implementers:

- Recognize and understand the underlying causes of gender gaps
- Explicitly include women's and girls' opinions – as a mandated step – in all steps of program design and implementation; including separate meetings and including women in decision-making on WASH activities
- Identifying and dedicating the additional time, financial, and human resources needed to implement and systematically measure these approaches

Annexes

Annex 1 – List of Key Stakeholders Interviewed

Key stakeholders interviewed for Gender and WASH study, January and February 2018

| Designation | Location (number of participants) | Total number of people |
|---|--|------------------------|
| RWASH staff members (different levels, positions) | Honiara (6) Malaita (1) Isabel (2) | 8 |
| Ministry of Health, EHD | Honiara (2) Malaita (2) Isabel (1) | 5 |
| Ministry of Education | Honiara (1) | 1 |
| Division of Women, WYCFA | Honiara (1) Malaita (1) | 2 |
| UN Women | Honiara (1) | 1 |
| WaterAid MHM study lead | Skype (1) | 1 |
| UNICEF former Sols staff | Skype (1) | 1 |
| UNICEF current Sols staff | Honiara (2) | 2 |
| NGOs working on CLTS in Sols | Honiara (11) | 11 |
| People with Disabilities, Solomon Islands (Honiara) | Honiara (1) | 1 |
| Community Based Rehabilitation Workers | Honiara (1) Malaita (1) | 2 |
| PhD student: WASH & Culture Sols | Honiara (1) | 1 |
| Oxfam Gender Justice TA | Honiara (1) | 1 |
| Total | | 37 |

Annex 2 – Tables of strengths, gaps and potential tools, February 2018

Water: Strengths, gaps and potential tools, February 2018

| Strengths | Gaps | Recommendation / potential tool |
|---|---|---|
| Support from RWASH staff to WASH committees and community level facilitators in the provinces | Insufficient technical staff and/or female staff in the provinces | Increase equity efforts and resources to recruit and maintain female staff (JDs, support packages, childcare, flexible hours, etc.) |
| Community consultation regarding location and type of water system | Women and marginalized groups are not always actively | Provide more detailed instructions – such as participation and step by |

| | | |
|---|--|--|
| | consulted in water system decisions | step consultation check lists – to field staff |
| Coordination with other actors and Ministries during policy development | Lack of involvement of other actors and Ministries in guidelines roll out and training at provincial level | Work with other Ministries and actors to include them and their existing resources in current training packages as well as shared monitoring activities on the ground |
| Women’s involvement in WASH committees and fee collection | Inclusion of all women and/or excluded groups in decision-making Ensuring effective participation and connecting with women’s existing networks and formal spaces | Revise Community Engagement processes to ensure all excluded groups are actively integrated, including extending timelines and meeting plans (participation checklists, dialogue activities, governance and leadership development activities) |
| Inclusion of women in non-traditional activities such as O&M | Potential to reinforce existing inequalities and gender roles in O&M and/or community WASH activities (tap/system) | Revise guidelines to remove mandated gender role related tasks (different than equity measures) and align tasks with women/vulnerable groups’ own wants/needs |
| Inclusion of people with disabilities in RWASH activities – water (and sanitation) household access | Lack of implementation in some areas (Isabel); Lack of understanding and definition of entitlements and support for disability | Include CBR and specialized actors in trainings and discussions with field staff |

School WASH: strengths, gaps and potential tools, February 2018

| Strengths | Gaps | Recommendation / potential tool |
|---|---|--|
| There are designs for school WASH infrastructure and a working group to address school WASH | There is confusion about accountability for WASH in schools | Development of a joint action plan between the Ministry of Education and Health for day and boarding schools’ WASH |
| There is awareness of the need for including MHM in school facilities | Facilities are still inadequate for girls’ needs, specifically: rooms for girls to change, clean toilets and/or MHM friendly toilets, | Work with relevant actors to identify MHM friendly toilets and school WASH designs that have been implemented in the Solomon Islands and/or the Pacific region |

| | | |
|--|---|--|
| | private areas for washing, water, hygiene education | Ensure MHM related indicators are included in health inspection monitoring for schools |
|--|---|--|

Sanitation: strengths, gaps and potential tools, February 2018

| Strengths | Gaps | Recommendation / potential tool |
|---|--|--|
| RWASH has developed a sanitation marketing plan and subsidizes costs to make toilet technologies more accessible in the provinces | Current sanitation markets in the provinces aren't meeting demand | Sanitation marketing planning (<i>possible already done!</i>) should partner with private sector actors who can market and innovate products |
| Community Engagement guidelines recognize the need to discuss toilet design with women and other groups | Guidelines do not include women's specific needs around privacy, safety and preferences as a mandated part of the design process Current CLTS pre-triggering process focuses on working with leaders and misses out on marginalized community members | Revise the CE guide and related manuals to include gender dialogue activities and separate discussion activities with each group; Provide staff gender-sensitive design checklists (to accompany the guidelines) Revise CLTS Toolkit and related manuals to include "community mapping" (vulnerable populations) as a required first step in the pre-triggering process |
| CLTS recognizes women's caretaking role and capitalizes on this to provide them with additional opportunities for training and leadership | CLTS improves practical needs for women; but does not necessarily affect decision-making and effective participation It has the potential to exacerbate women's existing workload and related inequalities (i.e. financial) | Revise CLTS Toolkit, CE guide and related Manuals to provide guidance (dialogue sessions, checklists) on including men in hygiene activities and addressing inequitable gender roles |

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