**WATER SUPPLY SYSTEM PROJECT REQUEST FORM**

**TO: ALL COMMUNITY MEMBERS**

***1. Why this form?***

Thank you for requesting a water supply project for your community. Enough water of good quality is essential for the health, livelihood and wellbeing of all Solomon Islanders. RWASH (Rural Water Sanitation and Hygiene) Unit of the Ministry of Health and Medical Services is committed to helping communities to improve their water supply, sanitation and hygiene.

To properly assess your request it is important that RWASH has some basic information on your community. It is also ***very important*** that the whole community agrees with the project. For this we require that village chiefs and/or community leaders sign this Request Form.

**PLEASE FILL IN THE FORM AND RETURN IT TO YOUR PROVINCIAL RWASH OFFICE or the NATIONAL RWASH OFFICE!**

Without a filled-in form, RWASH will not proceed with your request.

***2. What will happen next?***

Every year, RWASH receives many requests for projects, more than we can implement. As a result we have to select which projects to do in the next year. The project selection is done by the Provincial RWASH staff together with other Provincial Government officers and in cooperation with the National RWASH office in Honiara. Your request will be added to a list of requests from which a selection is made.

When your project request is selected, officers from RWASH will visit your community to gather more information in order to make a water project design. Once materials are ready, they will be shipped to your community and work can begin. **The community will be expected to provide labour for construction and after construction they will be expected to maintain the new water system (using their own caretakers and money to make repairs).**

***3. What to expect?***

RWASH will train your community on how to plan, construct, and maintain the water system and improve hygiene and sanitation. The training will involve two workshops – one before construction and one after construction. Training topics will include: community ownership and management, water system design, involving women & people with disability, work planning for construction, WASH Committee training, caretaker training, how to organise maintenance, how to collect money to pay for spare parts and repairs, and how to improve hygiene (handwashing) and sanitation.

When RWASH officers or NGO service providers are in the community for construction and training, the community is expected to provide a place to sleep and food for them and a place/hall for the training. Raw materials (sand, gravel/coral etc.) may also have to be provided by the community, as well as free labour for construction.

**WATER SUPPLY SYSTEM PROJECT REQUEST FORM**

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| **RURAL WATER, SANITATION AND HYGIENE (RWASH) DEPARTMENT**  **Environmental Health Division**  **Ministry of Health**  **PO Box 349**  **HONIARA**  SIcrest2 PHONE: 21805; FAX: 25513 |

**NAME OF THE PROJECT: ……........................................................................................................**

**Date Form submitted: …..………………………………………………………………………….………**

**Ward No. ……………………Ward Name: …………….………………………………….………………**

**Province: ……………………………………………………………………………………………………..**

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| --- | --- | --- |
| **QUESTIONS ABOUT THE WATER SUPPLY** | | |
| What kind of water supply will be used? | Spring |  |
| Creek/Stream/River |  |
| Groundwater |  |
| Rainwater |  |
| Is the water clean? **(Circle correct answer)** | | **YES NO** |
| Does the source run dry during the dry season? | | **YES NO** |
| Is the source above or below the village? | | **ABOVE BELOW** |
|  | |  |
| If groundwater | Is there a borehole in the community? | **YES NO** |
| If yes, when was it drilled? |  |
|  | Is there a hand dug well in the community? | **YES NO** |
|  | If yes, when was it dug? |  |
|  | |  |
| **EXISTING WATER SUPPLY** | Was there a water supply before? | **YES NO** |
| If yes, is it still working? | **YES NO** |
| If not working, why not? (Provide us with details so we can assess if your water system needs rehabilitation.) |  |

|  |  |  |
| --- | --- | --- |
| **QUESTIONS ABOUT SANITATION** | | |
| Do people in the community use toilets? | | **YES NO** |
| If yes, what are the types of toilets? (Tick off all of the toilet types used in your village) | Simple pit toilet |  |
| Ventilated pit toilet |  |
| Pour-flush toilet |  |
| Cistern flush toilet |  |
| Compost toilet |  |
| If no, where do people go to defecate? | |  |
| What are the main illnesses in the community? | |  |

**THIS SECTION IS VERY IMPORTANT!! IF THERE ARE LAND DISPUTES, WE WILL NOT CONSTRUCT A WATER SYSTEM IN YOUR COMMUNITY.**

|  |  |
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| **LAND OWNERS:** |  |
| Is there a dispute over who owns the water source? | **YES NO** |
| Do the landowners agree that the water can be used for the project without asking for compensation after the project is constructed? | **YES NO** |

|  |  |
| --- | --- |
| **Signatures of the land owner(s):** | |
| *Name:* | *Signature:* |
|  |  |
|  |  |
|  |  |
|  |  |

**NAMES OF THE VILLAGES INSIDE THE PROJECT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | Village name: | How many families in the village? | Total population per village? | Name of the village chief/leader | Signature of village leader |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

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| Make a simple sketch of the planned water system. Draw where the villages are, and where the source is. If there is a main road and/or river nearby, draw them as well. If there is a school or health facility, draw this as well. |

The community will need to have a committee to manage the new water system, sanitation, and hygiene – a **Water Sanitation & Hygiene (WASH) Committee** . A WASH Committee has at least the following members: Chairman, Vice-Chairman, Treasurer, Secretary, & Caretakers (at least 2). **Half of the WASH Committee members should be women**. It is strongly recommended that there are representatives from the churches and youth.

If you have already selected WASH Committee members, please put their names and signatures below:

|  |  |  |  |
| --- | --- | --- | --- |
| **WASH COMMITTEE MEMBERS:** | | | |
| **Position** | **Name** | **Male/ Female** | **Signature** |
| **Chairman** |  |  |  |
| **Vice-Chairman** |  |  |  |
| **Secretary** |  |  |  |
| **Treasurer** |  |  |  |
| **Caretakers** |  |  |  |
| **Youth** |  |  |  |
| **Church** |  |  |  |

**Contact details: Please provide the names and contact details for at least 2 community leaders. This will make it easier for RWASH to be in contact with you by phone.**

|  |  |  |
| --- | --- | --- |
|  | **COMMUNITY LEADER #1** | **COMMUNITY LEADER #2** |
| Contact name: |  |  |
| Contact cell phone: |  |  |
| Contact address/email: |  |  |