

Fiji

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	0.87 M
Urban population (2012)^a	0.46 M
Rural population (2012)^a	0.41 M
Population growth rate (2012)^a	0.75%
Gross domestic product USD (2012)^b	3.91 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	19.1
Under 5 mortality / 1,000 live births (2012)^c	22.4
Life expectancy at birth (2012)^d	69 yrs
Diarrhoea deaths attributable to WASH (2012)^e	25

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	87%
Use of drinking-water from improved sources (2012)^f	96%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

There have been great advances in WASH, with the implementation of policies and regulations, launching of national standards, capacity building within agencies and the insertion of water and sanitation as an individual right in the 2013 constitution. The environment is charged and conducive for more improvements.

With three government ministries and a private subsidiary agency of the government looking into different aspects of WASH, its governance issues are spread out allowing for a more in-depth perspective and deliberation on respective areas, whether in water, sanitation or hygiene. There is also a great working partnership between these organizations and non-governmental and international organizations in the formulation of policies and regulations through consultation or direct funding and partnership agreements.

Coupled with the inclusion of the provision and right of individuals to adequate water and sanitation in the country's constitution, there is a conducive and empowering environment to provide better sanitation and potable water.

Monitoring is being conducted by respective government departments for urban and major water and sanitation schemes. On the other hand, rural and private schemes have had no monitoring and evaluation, which has been identified as a major gap.

Policies are either being created or reviewed by relevant government departments, which will strengthen the roles of civil servants.

Non-governmental agencies also play a great role in the provision of services and infrastructure, but rely on government organizations to monitor and evaluate projects. A few NGOs conduct their own monitoring and evaluations as per their contractual agreements with donor agencies. There is a need to strengthen the link between government and non-governmental agencies and private service providers in this regard.

There is also a need to specialize the existing positions within government and in the implementation of successive plans in order to meet current practices and plan for future development, especially in the areas of operation and maintenance. With the assurance of adequate benefits, individuals can be retained. The survey also shows that there is a low reliance on recruitment methods, which may show a poor confidence in current staffing methodology.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Three ministries and institutions share the lead for drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Water Sewerage Department	✓	✓	
Water Authority Fiji	✓	✓	
Ministry of Health			✓
Mineral Resources Department		✓	

Number of ministries and national institutions with responsibilities in WASH: **11**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	51	Progressive
Rural sanitation	✓	49	2015
Sanitation in schools	✓	100	Draft
Sanitation in health facilities	✓	100	2013
Urban drinking-water supply	✓	51	2013
Rural drinking-water supply	✓	49	2015
Drinking-water in schools	✓	100	draft
Drinking-water in health facilities	✓	100	2013
Hygiene promotion	✓	100	Under review
Hygiene promotion in schools	✓	100	Draft
Hygiene promotion in health facilities	✓	100	2013

There are specific plans implemented for improving and sustaining services including water safety and asset management plans for urban water supplies.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES	
	Low	High
Keep rural water supply functioning over long-term	<div></div>	
Improve reliability/continuity of urban water supply	<div></div>	
To rehabilitate broken public latrines	<div></div>	
Safely empty or replace latrines when full	<div></div>	
Reuse of wastewater or septage	<div></div>	
Ensure DWQ meets national standards	<div></div>	
Address resilience to climate change	<div></div>	

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak. The Water Authority Fiji (WAF) reports are forwarded to the Water and Sewerage Department and the Auditor General's Office but are not made public.

MONITORING

	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	Under review		Under review		Public health
Use of performance indicators^a	●		✓		✓
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✓	✓	✓	
Communication^a					
Performance reviews made public	✗	✗	✗	✗	
Customer satisfaction reviews made public	✗	✗	✗	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are being developed for sanitation, drinking-water and hygiene. The most important constraints identified are the lack of financial resources for staff and recruitment practices.

HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	●	●	●
Strategy defines gaps and actions needed to improve^a	●	●	●
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	✗	✗	✗
Availability of education/training organisations	●	✗	✓
Skilled graduates	●	●	✓
Preference by skilled graduates to work in other sectors	✓	✓	✓
Emigration of skilled workers abroad	✗	✗	✓
Skilled workers do not want to live and work in rural areas	✓	✓	✓
Recruitment practices	✗	✗	✗
Other		✗	✓

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for all WASH areas and both domestic and donor commitments are able to be absorbed. There is also an insufficiency of funds to meet MDG targets for sanitation.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies ^a	✓	✓	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	✗	✓	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
2012	31.03 M.USD
Expenditure as a % GDP	
Education ²	4.2
Health ²	4.0
WASH ³	0.9

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, nine disadvantaged groups are identified in WASH plans. Fiji's goal is the provision of water and sanitation for all.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Recognize human right in legislation	✓		✓	
Participation and reporting^a				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	✓	✓	✓	✓
Effective complaint mechanisms	✓	✓	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Displaced persons
5. Indigenous populations
6. Ethnic minorities
7. People living with disabilities
8. Women
9. Children

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

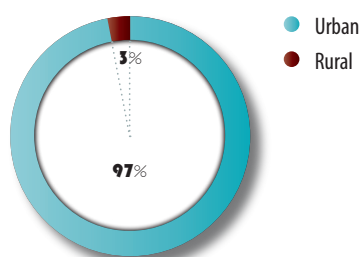
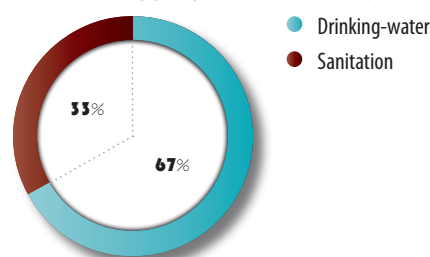


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

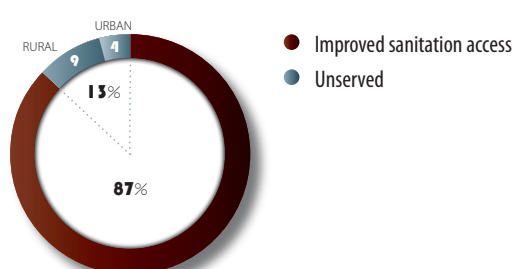
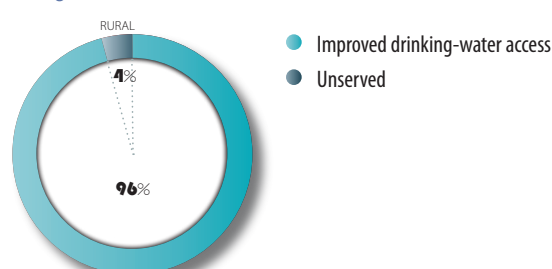


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.