CARE International in PNG

Integrated Community Development Program (ICDP)

Mid Term Review Report

Drafted by:
Rebecca Kinakin & Christina Munzer

April 2012

Contents

Acknowledgements 4

Project Summary 6

Acronyms 7

Executive Summary 9

Introduction 11

- Poverty, Response, and Alignment 12
- Mid Term Review (MTR) 14

Methodology 15

- Objectives 15
- Scope & Methods 15
- Limitations 18

Findings 18

- Overall performance 18
- Project management 20
- Maternal and Infant Health 22
- Hindrances and Risks to Project Implementation 22
- Partnerships 23
- Relevance 23
- Effectiveness 26
- Participation 29
- Gender Equality & Diversity 31
- Efficiency 34
- Monitoring and Evaluation, Learning 36
- Impact 37
- Sustainability 40

Summary of Preliminary IPR Findings 43
Conclusions 44
Recommendations 44
Annex 1: Guidance Notes for Interviews/Discussion Groups 45
Annex 2: ICDP Achievements to Date 53
Annex 3: List of Partners 59
Annex 4: Gender Assessment of ICDP 64
Annex 5: Significant Change Interview 69
Annex 6: Significant Change Interview 70
Annex 7: Significant Change Interview 71
Annex 8: Significant Change Interview 72
Annex 9: IPR Aide Memoire 73
Annex 10: MTR/IPR Action Plan 81

Acknowledgements

The authors wish to extend the deepest thanks to the following people for their significant input and feedback:

- District Administrator, Mr. Erinu Kasong
- LLG presidents and managers
- District officers
- Current and former directors at DPLGA
- Provincial Division of Health
- Provincial Division of Education
- Provincial Law & Justice
- National Agricultural Research Institute
- Backyard Farmers
- Fresh Produce Development Association
- NGO Pro
- Touching the Untouchables
- AT Projects
- SPSN
- AusAID in Goroka
- AusAID (Democratic Governance Unit) in Port Moresby

The authors would also like to extend much gratitude to the communities and wards of Simogu and Ubo, as well as to the school staff and board at Ontabura for taking the time to share feedback with the review team. Further, the authors would like to thank the following people at CARE International in PNG for their immense support in undertaking this Mid-Term Review:

- Peter Raynes, Daniell Cowley, and Craig Nightingale, Country Director and Assistant Country Directors (respectively) at CARE International in PNG
- The entire ICDP team:
    - Wala Ola
    - Margaret Selon
    - John Nokue
    - Charles Iha
    - Vincar Yogiyo
    - Joy Waffi
    - Sewege Moa
    - Betty Hinamunimo
    - Cynthia Lahui
    - Nancy Tagep
    - Stanley Nenewa
- Gender Advisor, Anna Padarath
- Maternal and Infant Health project team, led by Blossum Gilmour
- Logistics and operations team, led by Lorraine Kumasi,
- Safety and Security Team, led by David Shields, and
- Finance team, managed by Pauline Awa.

As well, the authors would like to thank Michelle Lettie and Jenny Clements at CARE Australia in Canberra for their guidance before, during, and after the review. Thanks also to Cate Rodgers of Australia National University.

Project Summary

Project Name	Integrated community development in remote and disadvantaged districts in Papua New Guinea
AusAID Reference No.	37891/45
Start Date	12 June 2009
Current End Date	June 2013 (requested extension to December 2014)
Total Budget	AUD 6.7 million (requested AUD 9 million as part of extension)
Impact Statement	*The most economically, socially and politically marginalised communities, living within seriously and extremely disadvantaged districts of PNG, will have sustainable and measureable improvements in their well-being.*
Inter-related Objectives	*Objective 1 – LEAD: Strengthening local level organisations* *Objective 2 – LEARN: Strengthening learning environment and opportunities* *Objective 3 – EARN: Enhanced community livelihoods and access* *Objective 4 – LIVE: Improved physical and social environment* *Objective 5 – Effective program learning and management*
Anticipated outcomes	• *Strengthened and better informed communities working in partnership with government and non government organisations to identify, prioritise and address development needs;* • *Improved access to basic services, with greater government and civil society capacity to deliver and advocate for these services; and* • *Improved and more secure and self reliant livelihoods.*
Implementing partners	*See Annex 3*

Acronyms

ANU	Australian National University
AT Projects	Appropriate Technology Projects
AusAID	Australian Agency for International Development
BYF	Backyard Farmers
CBO	Community Based Organisation
CDI	Community Development Initiative
CDS	Community Development Scheme
CIC	Coffee Industry Corporation
CIMC	Consultative Implementation Monitoring Council
CSO	Civil Society Organisation
DAC	Development Assessment Commission
DAL	Department of Agriculture and Livestock
DCD	Department for Community Development
DGP	Democratic Governance Program
DGTP	Democratic Governance Transition Program
DPLGA	Department for Provincial and Local-level Government
DRIP	District Roads Improvement Program
DSIP	District Services Improvement Program
EU	European Union
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FPDA	Fresh Produce Development Authority
GDP	Gross Domestic Product
GoPNG	Government of Papua New Guinea
ICD	Integrated Community Development
INGO	International Non-government Organisation
IPAP	Integrated Poverty Alleviation Program
IPR	Independent Progress Review
JDPBPC	Joint District Planning & Budgetary Priority Committee
JOA	Joint Organisational Assessment
K	Kina (PNG currency unit)
LLG	Local-level Government
LMHS	Laity Mobile Health Services
LNG	Liquefied Natural Gas
LNGO	Local Non-government Organisation
LRSP	Long Range Strategic Plan
MAT	Mutual Accountability Tool
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MIH	Maternal & Infant Health
MP	Member of Parliament
MSC	Most Significant Change
MTDS	Mid-term Development Strategy
MTR	Mid Term Review

MOU	Memorandum of Understanding
NARI	National Agricultural Research Institute
NEFC	National Economic Fiscal Commission
NGO	Non-Government Organisation
NGOPro	NGO Promotion
NZAID	New Zealand Agency for International Development
ORD	Office of Rural Development
OW	Obura Wonenara
PDD	Project Design Document
PE	Participatory Evaluation
PHAST	Participatory Hygiene and Sanitation Transformation
PNG	Papua New Guinea
PPII	Provincial Performance Improvement Initiative
PRA	Participatory Rural Appraisal
PRS	Poverty Reduction Strategy
RRA	Rapid Rural Appraisal
RWSSP	Rural Water Supply & Sanitation Program (EU program)
SNS	Sub-national Strategy
SPSN	Strongim Peopl Strongim Nesin
STI	Sexually transmitted infection
ToC	Theory of Change
VBA	Village Birth Assistant
VHV	Village Health Volunteer
WDC	Ward Development Council
WDP	Ward Development Plan

Executive Summary

Between November 2011 and February 2012, CARE International in PNG and CARE Australia undertook a joint internal Mid Term Review (MTR) of the Integrated Community Development Project (ICDP). The purpose of the MTR was to review the performance of the project to date in line with the revised project design document (PDD) and monitoring and evaluation framework (MEF), and to assess the project's ability to achieve its impact statement or whether adjustments will be required moving forward. The MTR was also conducted in order to better respond to an Independent Progress Review (IPR), led by AusAID, that followed the MTR in early 2012 to inform ongoing contracting beyond the four years of the project.

The Mid Term Review team has found that the ICDP rests on a solid foundation of capacity, teamwork, relationships, and good will. While there is need for some fine-tuning in some areas and there have been some external factors that have caused delays, ICDP is largely on track, and there is forward momentum.

The ICDP Baseline Report determined that in some areas of where the project operates, there has been no change in community development in 30 years. The midterm review has determined that there are now positive changes related to health, education, livelihoods, governance, law and order, and infrastructure and access that can be attributed to ICDP.

The MTR has found that **ICDP is very relevant and is meeting the needs and concerns of people** (e.g. livelihood activities are identified by the community). The emergence of the Maternal and Infant Health project out of initial ICDP health activities is a testament to the resonance some ICDP work has had. There are compatible visions among key stakeholders. There is alignment with government processes and structures. Further, ICDP interventions are seen as "timely." Relevance could be further strengthened through regular interfacing with national and provincial government levels.

The MTR has found that **ICDP's inputs, such as infrastructure work, road maintenance and agricultural materials are seen as "good –very good" in meeting needs because these activities are visible and tangible to the community**. Many of agricultural activities, such as potato and fish farming are seen as highly regarded and replicable. The softer inputs of WDP/WDC, health, and education have been somewhat effective in addressing needs, as some activities are still new and roles and responsibilities of community-based positions, such as WDCs and Village Health Volunteers (VHVs) are still not clear. And, the government's presence has yet to reach the community level. Nevertheless, villages and villagers see themselves as more organized, cleaner and healthier. To further improve effectiveness, **more attention will need to be paid to improve the cascading methodology**, such as passing on training information and materials from select community members to the broader community as it is not working effectively.

The MTR has found that **ICDP is engaging many different stakeholders at a range of appropriate levels**. Depending on the understanding of role and responsibility from WDC member to Service Provider to District Administrator, the level of participation can vary and can be quite narrowly focused, which may mean there is less appreciation of the broader objective of the project. For example, buy-in by Provincial Deputy Administrators at this stage has been somewhat limited.

In terms of gender and diversity, the MTR has found that **since ICDP's start, there has been an increase in women's involvement in project activities**, partly due to CARE's insistence, such as having women representatives in trainings. However, it does appear that more work is needed in order to ensure women are active participants in "decision making" activities (WDC), with the exception of Village Courts. Work is needed to address 'structural barriers' to women's participation as WDCs (i.e. it is not just about numbers of women attending activities, but also women's ability to perform in the role in a sustained way). **Only on a few occasions are vulnerable groups involved in the project.** While the baseline covered disability, it is unclear how much CARE has worked with partners and community members to encourage vulnerable people's participation in project activities as well as note if these groups are being reached.

The MTR has found that while **ICDP has achieved some good results in terms of investment in time and resources, it is still early days in the project to truly determine level of efficiency.** For example, there have been external factors, such as insecurity and lack of an effective transport system that have high costs, but there have also been linkages made between project activities to increase efficiency (combining adult literacy and agriculture), as well as an increase in government, partner and community's to organize and plan. Some project activities have significantly decreased workload (coffee pulper), while other activities have been unable to progress (transporting coffee to the market). And there has been a request by government for CARE to strengthen its communication capacity and in so doing, enhance coordination. While initial investment has been somewhat high, it should bring substantial efficiency gains in the second half of the project timeframe, namely in the expansion into Morobe and Simbu where practiced approaches, processes, and materials can be rolled out. ICDP has been built on a solid foundation of government will, community participation, and partner support but the nascent WDCs will need to be more firmly entrenched and resourced. Once a key hurdle of accessing government funding for WDPs is addressed, work in other districts/provinces should progress more swiftly. **CARE's own financial management system is good**, with accurate and complete records detailing appropriate procedures in regard to expenditure as well as regular review of budgets and costed work plans.

The MTR has found that **ICDP information management is adequate but can be improved**. To increase communication and coordination, regular reports should be supplied to all levels of the government. CARE should also **work with partners to better monitor and analyse project progress**.

In terms of sustainability, the MTR has found that at the midpoint in the project **some ICDP activities may be able to continue after project end,** but there is more work to be done through careful planning with government, solid monitoring and data collection with partners, thorough contextual/power analysis of community, effective community socialization, and clear communication and coordination at all levels. CARE will need to carefully weigh external factors (e.g. ability of District government to access funds, access issues due to security). CARE will also need to revisit ICDP Theory of Change to clarify pathways, timeframe, assumptions and feasibility of attaining expected outcomes that contributes to overall goal of "Measurable Improvement in People's Lives." As well, a review of the MEF showed that revision is required as some indicators and elements need to be strengthened in order to increase the ability to better measure achievements, outcomes and impact of the program.

The MTR has found that at the midpoint of the project **ICDP has achieved significant positive changes and impact in people's lives**, such as increased access to and quality of health, education, and livelihood options, as well as in how partners and government operate. But this is in recognition that for some components, it is still too early to measure impact (function of WDC and implementation of WDPs).

Flying south over Obura Wonenara district (Feb 2012)

Introduction

Papua New Guinea (PNG) is home to about 6.5 million people, living in conditions that vary greatly. Approximately 87% of people live in rural areas with about 40% of the rural population living in the highlands region. They are poor, remote and marginalised, with limited to no access to income, basic services, markets, transport, and food security when subsistence food is scarce. The most disadvantaged people have little government influence or support. About one million rural villagers constitute the most disadvantaged group in the country. Studies conducted over a 30 year period in PNG show that there is a strong spatial component to extreme poverty in PNG; that is, it is possible to identify certain, largely remote, locations where the poorest of the poor live.

The Integrated Community Development Project (ICDP), a community development and governance strengthening initiative funded under AusAID's Democratic Governance Program in PNG, aims to ensure the most economically, socially and politically marginalised people, living in rural and remote areas within seriously and extremely disadvantaged districts of PNG, will have sustainable and measureable improvements in their well-being. The program works towards its goal through an integrated approach, which builds capacity of and partnership between local level government, non-governmental organizations (NGO), faith-based organizations (FBO), community-based organizations (CBO) and communities. The program works with and strengthens existing structures such as Ward Development Committees (WDC), creating demand for good governance (internally and externally) by supporting communities to participate in local level planning processes, and work with local administrators, faith-based and civil society organisations (CSO), and private sector and research institutes to address constraints in service delivery. The project integrates both short-term practical improvements with longer term systemic changes, and takes a long term view to developing relationships and trust with leaders, officials and community members.

Starting as a pilot in select locations in Obura-Wonenera District, the project has undertaken a redesign process outlining phased expansion into two new districts, Morobe and Simbu. These locations have been selected based on research outlining the strong geographic component to extreme poverty in PNG – largely remote, locations where the poorest of the poor live.

Poverty, Response, and Alignment

Within PNG there is on-going debate about whether **the term "poverty**" should be used as some officials believe that overall basic subsistence needs are met and they do not experience the abject starvation witnessed in other developing countries. Some prefer terms such as "hardship". However CARE's baseline study in Yelia highlights that by any definition of poverty, people are poor and disadvantaged. The baseline found that decades on after Independence in 1975, highland communities are still poor – if not growing poorer. Issues included:

- food insecurity
- low nutrition
- high vulnerability to shocks such as drought
- lack of income generating activities and low income levels
- deteriorating health indicators including immunisation, maternal and infant mortality rates, and low life expectancy
- low quality health service provision where facilities exist
- limited awareness on HIV AIDs
- low education and literacy rates, and
- women as disproportionately poorer and disenfranchised, and suffering the brunt of the above.

The project recognises that reaching the poorest in remote areas is expensive and returns are potentially low because opportunities for improved livelihoods are limited by circumstance; however, avoidance is not an option. Without attention to these areas and communities, it can be contended that conditions will not get better, and that these poverty situations will perpetuate, if not grow worse. In many ways, CARE's ICDP is showing that it is possible to work in these areas and plant seeds for significant change by engaging holistically with grassroots communities, while simultaneously building bridges to the institutional environment with which it is in alignment.

The Government of PNG's *Vision 2050* gives a bold, 40 year vision for development in PNG, including empowering the people through improved education and life-skills; working the land and benefiting from spin-offs from major projects; enhancing the level of service delivery and basic infrastructure; and increasing trade volume. The Vision is based on an estimated doubling of gross domestic product (GDP) in this period in real terms because of improved human resources, management of natural resources, improved downstream processing, land reform and liquefied natural gas (LNG) income. ICDP continues to fit well with this 40 year vision, helping to prepare communities and local governments for new opportunities, and contributing directly to aspects of the vision such as life-skills development, service delivery and basic infrastructure.

The program is similarly in line with the *Papua New Guinea Development Strategic Plan 2010-2030,* and the ***2005-2010 Medium Term Development Strategy (MTDS).*** This is the PNG Government's overarching plan for social and economic development. The MTDS recognises the central responsibility of government to provide a number of core functions and basic services and, together with the *Poverty Reduction Strategy (PRS)* provides a framework to guide the allocation of PNG resources in both the development and recurrent budgets. The MTDS is based on the *Government's Program for Recovery and Development*, which has three objectives: good governance; export-driven economic growth; and rural development, poverty reduction, and empowerment through human resource development. In support of these broad objectives the MTDS identifies seven priorities: (i) Rehabilitation and maintenance of transport infrastructure; (ii) promotion of income earning opportunities; (iii) basic education; (iv)

development oriented informal adult education; (v) primary health care; (vi) HIV and AIDS prevention; and (vii) law and justice.

Dialogue has been on-going between CARE and the Department for Provincial and Local-level Government (DPLGA) at both the province and national level to ensure alignment with DPLGA's national strategy to support a coherent approach to ward planning. The program also works with Government to help bring the ***PNG Organic Law on Provincial Governments and Local Level Governments of 1995* (with amendment in 1997)** into effect in target districts. This law brought in major changes to the administration of PNG aligning districts with electorates such that each district is represented by a Member of Parliament (MP). The districts are now primary units for funding, management and administration. The law also devolved more planning and decision making to the local level, this included a system whereby Ward Development Committees (WDC) are meant to prepare Ward Plans that feed into Local Level Government (LLG) Plans, which in turn feed into District, Provincial and National Plans. There have been scattered attempts to implement this planning approach, but there are only a handful of examples that have been successful. By and large Ward and LLG officers and their development committees lack planning skills and financial resources to implement plans.

Specific government programs targeting the districts are the ***District Services Improvement Program*** *(DSIP)*, ***District Roads Improvement Program*** *(DRIP)* as well as funds channelled through the LLGs. In the most recently accessed figures, 2008 DSIP was allocated K10 million per district. This is non-recurrent funding and it was estimated that DSIP for 2009 would be K4 million per district. These funds are controlled by the District Member of Parliament through Joint District Planning & Budgetary Priority Committee (JDPBPC). This has led to poor prioritising of funds and non-alignment with national and provincial government priorities and strategies. The National Economic and Fiscal Commission (NEFC) has carried out a study at the district level on the cost of service delivery. Previously, provinces were allocated funds based on population, but the study has acknowledged the high cost of service delivery in remote and sparsely populated districts. This has lead to a change in the **Intergovernmental Financing System** which will now allocate funds according to a more complex formula that takes into account delivery costs.

ICDP is also in line with the Department for Community Development (DCD) and supports its ***Integrated Community Development Policy*** (January 2007). The policy reflects the DCD's mandate to strengthen the informal sector and marks a shift from its previous welfare orientated role to a development and rights based approach with a focus on family and community development. The policy focuses on strengthening communities through a four-pronged approach:

- community learning
- community governance
- community economics
- community environment

The program also contributes to the **Millennium Development Goals,** in particular goals relating to eradicating extreme poverty; reducing child mortality; improving maternal health; promoting gender equality; combating HIV & AIDS, malaria and other diseases; and ensuring environmental sustainability.

The ICDP also complements the Australian Government's development program in PNG. AusAID's recently revised, overarching strategy for aid, *Making a Real Difference – Delivering Real Results (2011)* indicates a shift towards greater value for money and to making measurable changes in reducing

poverty on the ground.[1] Consistent with the MDGs, AusAID's program is guided by five core strategic goals:

- saving lives
- promoting opportunities for all
- sustainable economic development
- effective governance, and
- humanitarian and disaster response.

The current priorities for AusAID in PNG focus on the following[2]:

- Improved democratic governance and nation building
- Sustainable broad-based economic growth and increased productivity
- Improved education
- Strengthened law and justice
- Improved service delivery and stability, and
- A strengthened, coordinated and effective response to the HIV/AIDS epidemic.

ICDP reflects these development objectives and is working towards context-appropriate solutions, practices, and models that produce real, positive, and measurable results in disadvantaged communities.

AusAID's *Strongim Pepol Strongim Nesin* (SPSN) program commenced in late 2010, following on from the Community Development Scheme (CDS). CARE has been working closely with SPSN and has adapted their Ward Planning processes. On-going collaboration is anticipated, including potential small grants to partners in the districts.

Overall, CARE's integrated approach has aimed to work in a complementary manner with government and donors at provincial and district levels to help improve local capacities to plan, prioritise, negotiate and use resources better. The results of this work thus far are shared in this Mid Term Review report.

Mid Term Review (MTR)

The ICDP is half way through its third year of a proposed five and a half year design, with a current contract of four years. Between November 2011 and February 2012, in preparation for an IPR led by AusAID and to generate lessons learned to inform the project's next steps, CARE International in PNG and CARE Australia undertook a joint internal Mid Term Review (MTR) of the ICDP. The purpose of the MTR was to review the performance of the project to date in line with the revised project design document (PDD) and monitoring and evaluation framework (MEF), and to assess the project's ability to achieve its impact statement or whether adjustments will be required moving forward. The process and findings of this MTR are discussed in the sections below.

[1] An Effective Aid Program for Australia. Making a real difference—Delivering real results. Commonwealth of Australia 2011, www.ausaid.gov.au/publications
[2] http://www.ausaid.gov.au/country/trans-png/default.cfm?CFID=7003467&CFTOKEN=80757972

Methodology

Objectives

The particular aims of the MTR were to:

- assess the overall performance and achievements of the project to date in line with the objectives, impact statement and Theory of Change;
- review the M&E Framework and processes and their ability to measure achievements, outcomes and impact of the program;
- assess the approach, quality and accountability (including sustainability) of government, private sector and CSO partnerships and capacity building approach and community engagement;
- review current scope of project components and their interrelationship, considering sustainability, impact and effectiveness and lessons for future programming and potential for replication and scale-up;
- review project management systems, including budget processes and financial management systems, project resourcing, risk management procedures and safety & security responses, requirements and resources; and
- assess the appropriateness and effectiveness of the gender strategies undertaken, and learn how women's empowerment can be better supported and results assessed and reported.

The review also took into account CARE International in PNG's current Long Range Strategic Planning process and move to a program approach both in terms of how this informs the project as it moves forward, and also how the project informs the broader CARE program. The review also included the analysis of the processes around transitioning activities between projects such as the development of the Maternal and Infant Health (MIH) Project.

Scope & Methods

The assessment was conducted in three phases between November 2011 and March 2012, with a field work component in February 2011.

Phase 1:
From November 2011 to January 2012, an evaluation team comprised of CARE staff from Australia and PNG conducted a desk review of relevant project documentation and existing work that had been undertaken, such as revised Project Design and Theory of Change documents and Annual Reports and Plans. Decisions on framework of inquiry and the final report structure, and draft key methods and tools (e.g. interview and focus group questions) were made. It was agreed that the MTR would be guided by a framework of questions drawn from the DAC criteria, as shown in Table 1 below. (See Annex 1 for sample question guides.)

Table 1: DAC Criteria

DAC Criteria	Key Questions for Community, Government, Partners, and Service Providers
Relevance	Is it meeting the needs and concerns of people? Aligned with existing structures, processes, plans, visions?
Effectiveness	How well is it meeting their needs and concerns, and meeting intended results?
Participation	Who participates and how are they engaged?
Gender & Inclusive Development	How are women and vulnerable peoples involved and impacted?
Efficiency	Is it a worthwhile investment of time, resources, etc (are results being achieved at a reasonable cost?
Impact	What changes have occurred because of these activities/the project (before/now)? What's different (good or bad, intended or unintended)?
M&E	What information is collected to inform project progress assessments and improvements?
Sustainability	Can the results/activities continue beyond the project lifetime? What is needed to continue?

Phase 2:
From January to February 2012, a core team was comprised of CARE staff from Australia and PNG and divided into two groups for the community level consultations with one group travelling to the northern area of Obura-Wonenara district and the other group travelling to the southern area of the district. Table 2 shows the team composition.

Table 2: MTR Team Composition

TEAM NORTH	TEAM SOUTH
Christina Munzer, Asia/Pacific Team Coordinator, CARE Australia	Rebecca Kinakin, ICDP Project Manager
Wala Ola, ICDP Project Coordinator	John Nokue, Community Development Coordinator (Livelihoods Team Lead), ICDP
Margaret Selon, Community Development Coordinator (Governance Team Lead), ICDP	Anna Padarith, Gender Advisor, CARE PNG
Charles Iha, Field Officer, Livelihoods, ICDP	Vincar Viyogo, M&E Assistant, ICDP

The following staff participated in the input and feedback of the evaluation process at different times:

- Peter Raynes, Country Director, CARE PNG
- Daniell Cowley, Assistant Country Director Programs
- Craig Nightingale, Assistant Country Director Operations
- Blossum Gilmour, Maternal Health Project Manager
- Michelle Lettie, Senior Program Officer, CARE Australia
- ICDP Team (M&E Officer and Field Officers)

During February 2012, the in-country portion of the review of the project was undertaken. Documents and reports were cross-referenced and findings triangulated against on-the-ground discussions and observations. During this phase, the core MTR team conducted the following activities:

- Workshop with the ICDP team to reflect on and begin refinement of the project's Theory of Change and M&E framework with Cate Rodgers of ANU.
- Small Group and One-on-One Partner Interviews (February 3, 13, 14 2012) with
    - Backyard Farmers (BYF)
    - Provincial Division of Health

- Provincial Division of Education
- Provincial Department of Law and Justice and the Village Courts Secretariat
- Fresh Produce Development Association (FPDA)
- Appropriate Technology Projects (AT Projects)
- NGO Promotion (NGOPro)
- Touching the Untouchables (TTU)
- AusAID representative in Goroka
- *Unavailable due to scheduling conflicts: Provincial Planning Department*

- Field visits (February 6-10, 2012)
  - North Team:
    - Partner Meeting with National Agricultural Research Institute (NARI) (Aiyura)
    - Meeting with District and LLG government officials (Aiyura)
    - Meeting with Ontabura School Board and Senior Teachers (Ubo)
    - Community Focus Groups in Ubo (men's and women's groups)
    - Key informant one-on-one interviews/Most Significant Change (MSC)
    - Village walks, observation at key activity sites (e.g. potato farms, schools), ad hoc meetings

  - South Team:
    - Community Focus Groups in Simogu with representatives of all 5 wards (men's and women's groups)
    - Key informant one-on-one interviews/MSC
    - Village walks, observation (e.g. at health clinic, school, of a Village Birth Attendant (VBA) training), ad hoc meetings
    - *Team unable to travel to Sindeni due to inclement weather.*

- Meetings in POM (February 15-16)
  - AusAID – Democratic Governance representatives
  - DPLGA – Current and former Directors
  - SPSN
  - *NEFC not available*

Team North talks with community members in Ubo (Feb 2012)

Phase 3:
The third phase included follow up discussions where required and finalisation of this report in March-April 2012.

Limitations

There were a few notable limitations encountered by the MTR team which impacted on the process of review. For the North Team, a death in family of CARE's key contact in the Ubo community shifted accommodation plans of the MTR team and may have also complicated the arrangements and composition of the community focus group discussions. This was managed through arrangements with the Village Court trainer, Dora Kegamo who was in Ubo at the same time, who offered to share some of her training participants for our FGDs.

It was noted that some of the responses coming from the women's focus group discussions in Ubo were similar to the men's, and in other cases there was hesitancy among some women to answer some of the questions, which led the MTR team to believe that some of the women may have been coached by the men who attended the focus group discussion the evening before. It also appeared that many of the group participants were linked to one family, which includes the WASH Chairman, Paito Beru (CARE's key contact), and perhaps limited the representativeness of the community in discussions.

For the South Team, weather impeded its ability to fly into Sindeni from Simogu, thus limiting community data collection to the 5 wards around Simogu and Ubo community in the North. However, the MTR was able to triangulate information documented in past ICDP reports with interviews conducted with government, service providers, and capacity building partners, as well as discussions held in the communities, which re-confirmed accuracy of data collected.

Another limiting factor was the emergency airlifting of a sick baby from a CARE field site which coincided with the MTR debrief. Many of the members of MTR team, as well as the larger CARE staff, were reassigned to work on this issue, in addition to arranging flights out of another field site for CARE research staff due to a security incident, which meant a shorter, more rushed debrief than would have been ideal.

Findings

Overall performance

The Mid Term Review team has found that the ICDP rests on a solid foundation of capacity, teamwork, relationships, good will. While there is need for some fine-tuning in some areas based on regular reflection sessions, and there have been some external factors that have caused delays, ICDP is largely on track, and there is forward momentum.

The ICDP Baseline Report determined that in some areas of where the project operates, there has been no change in community development in 30 years. The midterm review has determined that there are now positive changes that can be attributed to ICDP. Some of these achievements are shown in Table 3 below (for a fuller description of ICDP achievements, please see Annex 2).

Table 3: Some ICDP Achievements

At the Start of the Project	Now, At the Mid Point of ICDP
WDCs were not formed or active	OW district has activated WDCs in almost all of the 81 wards, with 286 male ward representatives and 62 female members (the latter is up from zero)
No ward plans	Now, Yelia LLG has 22 ward plans completed, with 9 in progress. Lamari LLG has 26 ward plans in progress.
No or access to education (particularly in the Simogu cluster	(from Simogu) • 5 child literacy programs and 3 adult literacy programs established • 14 volunteers trained as literacy trainers, and 17 trained in curriculum development • 538 children enrolled (284M, 299F) • 10 classrooms, as well as teacher houses, constructed through local community contributions and labour
Absence of community infrastructure, including walking paths and water and sanitation	• Communities have assisted in building resource centres, latrines, drainage ditches, and walking tracks • Water tanks, incinerators, and other health-related small –scale infrastructure renovations have been made (Andakombi, Wonenara, Simbari)
Food insecurity and a lack of protein source are notable issues	With the introduction of fish farming by ICDP, villagers in Andakombi are noting improved household nutrition.
Community and maternal and infant health notably low	Andakombi: • 14 VBAs trained (2 men, 12 female) • 92 assisted deliveries from Oct'10 to Mar'11 • 51 VBA referrals to health centre from Oct'10 to Mar'11 • 10 village birth houses constructed • Community health education training - 28ppl (18M, 10F) • 12 communities in the Andakombi cluster certified as "healthy villages" in May 2011 after having fulfilled the 10 "healthy villages" criteria Wonenara - 10 VBAs trained, certified, active (all females) Omaura - 9 VBAs trained, certified, active (all females) Simbari-12 VBAs trained(2M,10F), 10 certified, active (2M, 8F)
Law and order a problem; village courts faded out of establishment	• Law and order is on the rise as now village courts have been re-introduced with community participation mainly in Yelia. Five sites have been proclaimed in Marawaka, Sindeni, Simbari, Wonenara & Simogu, and 58 males and 2 females participated in Magistrate training.

Efficiencies with ICDP will emerge as CARE commences its expansion into the other provinces with experienced staff and partners, and fortified, positive engagement with government at multiple levels.

As outlined in the revised Program Design Document 3.1, ICDP will benefit from more time to carry out crucial governance work that remains in Lamari and Gadsup-Tairora LLGs, and for a logical and methodical expansion into Morobe and Simbu Provinces. Ideally, AusAID's Independent Progress Review (IPR) will also support CARE's request to extend ICDP to December 2014.

Project management

The ICDP is managed out of the CARE International in PNG Goroka office. It is informed by the CARE International Programming Principles that are integrated at each stage of design, implementation, monitoring and evaluation:

- Promote Empowerment
- Work in Partnership
- Ensure Accountability and Promote Responsibility
- Oppose Discrimination
- Oppose Violence, and
- Seek Sustainable Results.

In line with the current Long Range Strategic Plan (LRSP) of CARE International in PNG, the ICDP is driven by a governance approach and works through partnerships for the measurable and positive improvements in the lives of the most disadvantaged in rural, remote areas (see Annex 3 for a list of current ICDP partners). Planning, implementation, and M&E are conducted jointly with key stakeholders and partners. Cross-cutting considerations of gender, environment, disability, HIV & AIDS, and governance have been and will be integrated throughout the program. Program activities actively promote local level governance, women's participation and environmentally sustainable approaches.

Currently, the ICDP includes the following staff members:

- Project Manager (1)
- Project Coordinator (1)
- Team Leader – LEAD Component (1)
- LEAD Field Officers (2)
- Team Leader – LEARN/EARN/LIVE Components (1)
- LEARN/EARN/LIVE Field Officers (3)
- Team Leader – District Expansion (1)
- M&E Officers (2)

The Project Manager and Project Coordinator are responsible for overall program management – including providing technical assistance to support the expansion of activities into Menyamya district, Morobe province and into Gumine district in Simbu province through LNGO Community Development Association (CAD). The PM is also responsible for planning and reporting, and liaison with partners and donors. Team Leaders are assigned to specific Components. They are responsible for the planning, implementation and monitoring of component activities as well as the supervision of a team of Field Officers and Junior Field Officers. They report directly to Program Management (PM and PC). The Team Leader for LEAD coordinates and manages all activities linked to the governance and community

planning activities. The Team Leader for LEARN/EARN/LIVE is responsible for all program activities associated to these components. Responsibilities are not geographically defined, but are sector based. Field Officers are assigned to teams linked to the various components. They are responsible for the planning, facilitation of implementation and monitoring of field activities associated to designated components. They are responsible for establishment of networks linking programs with partners and beneficiaries, and for capacity building of partners and stakeholders. Field Officers report to Component Team Leaders.

M&E Officers are responsible for the development and implementation of baseline, the monitoring of program implementation and assessment of outcomes and impact of program activities, and the design and conducting of field studies. They report directly to Program Management.

Thus far, the ICDP team has been one of learning and action. The team has endeavoured to reflect and make improvements based on lessons learned from previous experiences and activities. More work is required to coordinate activities, reflection, and information and lessons sharing with other CARE PNG projects and initiatives. Furthermore, the recent redesign of the project featuring comprehensive, district-wide coverage in 3 districts (in 3 provinces), has deemed it necessary to grow the team by recruiting (see Figure 1 below for organizational structure that reflects new positions):

- 2 Field Officers to be based in Menyamya
- 1 Junior LEAD Field Officer to be based in Goroka
- 2 Junior Livelihoods (LEARN and EARN) Field Officers to be based in Goroka

Junior Field Officers will likely be new graduates recruited to support Team Leaders and Field Officers in the implementation of field activities. Junior Field Officers report to Component Team Leaders. These positions provide an opportunity for new graduates to gain work experience in the development field.

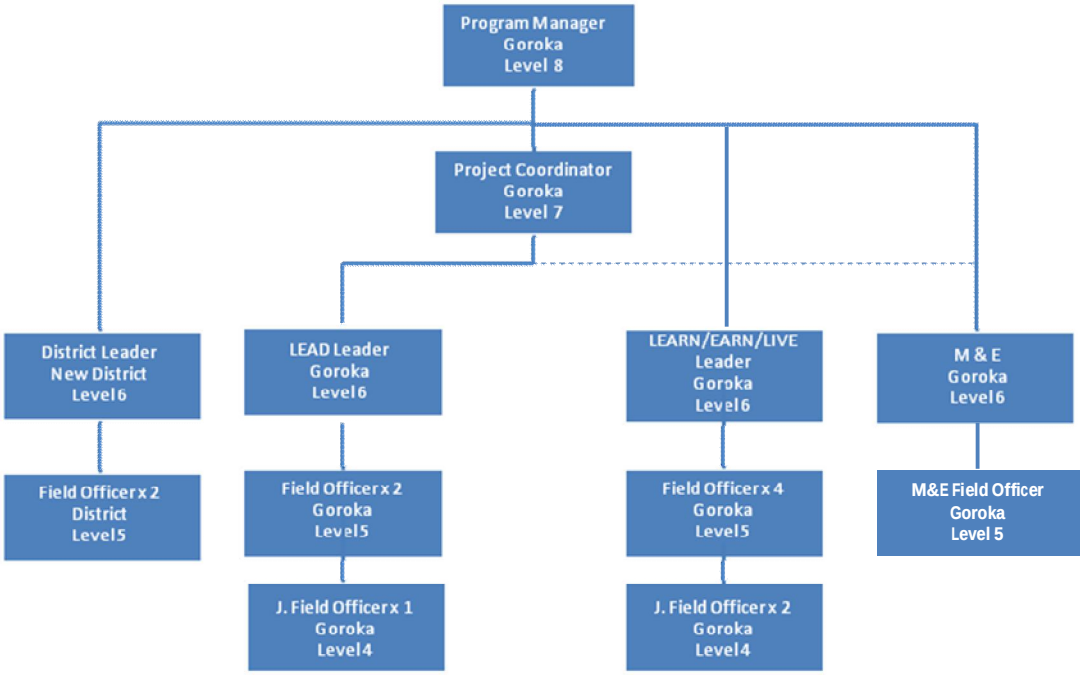


Figure 1: Organizational Structure of ICDP, including new positions.

Maternal and Infant Health

The health initiatives involving Village Birth Attendants (VBAs) and Village Health Volunteers (VHVs) started under ICDP, incubated by the LIVE component. These initiatives deeply resonated with communities, and it was decided in 2011 that to go further with this work a separate initiative with more capacity and a fuller team would be required. Also at this time, CARE was aiming to develop a stronger gender focus and approach to its work in PNG. As well, at this time, the government was emphasizing and prioritizing maternal and infant health, and set up a task force on this health concern. The Provincial Division of Health agreed to join CARE in reviewing ICDP's work to date and developing detailed plans to make this work more comprehensive. The resulting design involves combing work with community-based VBAs and VHVs with greater engagement with health services and management. In this way the work has grown out of ICDP's live component to a separate, yet linked initiative – the Maternal and Infant Health (MIH) project. As a pilot with potential significant benefits in terms of models on how to deliver such services to rural, remote communities, the government showed great support and interest. Since then, MIH has been incorporated in Ward Development Planning trainings, community planning processes, and Ward Development Committee trainings. MIH has been formalizing its activities into government structures and plans, and in this way demonstrating how good governance can drive better service delivery. This is a large achievement under ICDP – a project initiative taking root in communities supported strongly by government and linked into formal structures.

Hindrances and Risks to Project Implementation

As with any work in PNG, the ICDP has encountered various hindrances to implementation. Fortunately, CARE PNG has a risk management system and a Safety and Security Team to help guide project staff in identification and response.

Risks have been examined in terms of the likelihood of the risk occurring, the ability of CARE and partners to control the risk, and the consequence to the program if the risk does occur. The most critical risks continue to be:

- the high cost of delivering the program in the most disadvantaged areas – this continues to be addressed in strategic and clustered approaches such as maximising human and material cargo on flights, using foot patrols and setting up radio communication;
- potential tension within or between target communities – this is addressed through participatory and conflict resolution approaches, and establishing clear guidelines for mutual responsibilities within communities to CARE's engagement (in some cases in Phase 1 activities in conflict areas have been suspended or implemented through partners who have access to the area); and,
- the raising of expectations, particularly for "cargo" within communities – this continues to require well-tested community entry and engagement processes to ensure communities understand the nature and purpose of the program.

In the current year, Year 3, the most critical risk is the election in July 2012. This includes possible civil unrest, disengagement from the program by government and communities (which has implications for the Lamari and Gadsup-Tairora LLG plans), and candidates attempting to capture or claim ICDP's work to gain political advantage. In Obura-Wonenara, the risk is perceived as less because the program is well developed and stakeholders are being exposed to issues of good governance. It is anticipated that ICDP's work in the district will lead to greater voter awareness and candidates' accountability;

nonetheless, some level of risks still exist. The risks are likely higher in the new areas (i.e. new region of work to which ICDP will expand), and thus entry into Morobe and Simbu provinces will be delayed until after elections.

Partnerships

In CARE PNG's recently developed Long Range Strategic Plan (LRSP) for 2012-2016, there are plans to draft a Partnership Strategy to support a key objective: *develop and sustain effective partnerships to address poverty and the empowerment of women and their communities*. In conversations the review team held with government, LNGOs, Service Providers and community groups, **CARE is making distinct headway on how it approaches relationship building and partnership development** from the language used in MOUs, agreements and contracts to participation in strategic planning and program design to opportunity given for organizational capacity strengthening. It is clear that the government at all levels is appreciative of the mutual benefits generated from planning and reflection exercises to address service delivery gaps in remote areas. Strategic partners Backyard Farmers (BYF) and Touch the Untouchables (TTU) have greatly benefited from the capacity building training provided by NGO Promotion (NGOPro) while also having the opportunity to contribute to CARE's LRSP process. **"The door is always open to us. [CARE is] very supportive." (Jessie Irie, TTU).**

CARE has been perceived as a partner that is willing to listen and make compromises in the interest of both parties. AT Projects, a service provider was initially concerned with the language used in the CARE contract and requested that CARE consider some re-wording that would more equitably share the burden in the event that problems arose. In review of subsequent contracts and agreements with other partners, such as BYF and TTU, this revised language has been carried forward.

To fortify communications, provide regular feedback on each other's performance, and clearly define expectations, CARE will need to ensure the partnerships include time and space for joint monitoring, data analysis, and planning.

CARE also has to be mindful that in the case of Service Providers like AT Projects and NARI, CARE's funding represents a small percentage of the overall funding they receive from other donors. It is likely that a partner's other initiatives may be very relevant to CARE's work and can result in a richer collaboration. **"Need to strengthen the partnership [with CARE] to see results and impact." (Staff member, NARI)**

Relevance

The review team has found that **ICDP is very relevant and is meeting the needs and concerns of people.** There are compatible visions among key stakeholders; there is alignment with government processes and structures; community members are actively participating in project activities (e.g. identifying livelihood options); and, ICDP interventions are seen by those interviewed as timely.

In a discussion with representatives from Department of Provincial and Local Government Administration (DPLGA), the Government of PNG's Vision 2050 includes the mandate to address the most vulnerable, and that CARE's work through ICDP is helping to address the gaps the government cannot currently cover. While meeting with District and Local Level Government (LLG) officials in Aiyura, they explained that the Organic Law decreed in 1995, and later amended in 1997, empowers the District

and LLGs to work with Ward Development Councils (WDC) but there has been little practical application before ICDP. CARE's engagement with government has been very encouraging for people. The Lamari LLG Manager explained that **Ward Development Planning (WDP) is "a solution [the people] are waiting for."**

However, there is expectation of people for action after a planning process. District/LLG officials acknowledge there are funding constraints to carry out plans at all levels – national, provincial and district - despite access to function and development grants (e.g. District Services Improvement Plans - DSIP). Without confirmed funding, community members may become frustrated with their elected Ward member. The Gadsup-Tairora LLG Manager explained, **"People say, 'Planning, planning, planning… [but] no change.'"**

On reflection, there is a tricky balance a Ward member needs to achieve between broad community needs and narrow demands from constituents. And, according to the Obura Wonenara (OW) District Administrator, government support at the national and provincial level for communities has been a failure. There is lack of political will and support, particularly through national Members of Parliament (MP). Discussions with DPLGA indicated that the Organic Law may in fact be more restrictive than what had previously been the case where there was greater autonomy at the provincial level.

However, the District Administrator felt that the District/LLG training received from CARE to work with WDCs and develop plans has been crucial in the development of the OW District consolidated plan, 2012-2016. **"The Yelia LLG [Ward Development Plan process] should be a model to impress the Provincial government."** (Erinu Kassong, District Administrator)

The biggest hurdle now is to successfully engage the district level MP (as well as the Provincial Governor) on the development of the District Plan and encourage endorsement when it is submitted to the Joint District Planning and Budget Priorities Committee (JDPBPC) for funding consideration.
According to interviews across the government as well as with SPSN, there are only a handful of cases where district funds controlled by the MP have been used to support a district/LLG plan.[3]

In discussions with Provincial level Sectors, they explained that CARE plays a crucial role to enable Provincial level government to see what is happening on the ground in remote and hard to reach areas like Marawaka; although, funding constraints hamper the provincial level to visit and monitor remote areas.

A Provincial government official from the Education sector explained, **"CARE's program is really timely and it's been an eye opener for communities and us."** However, there was a request from both the provincial and district/LLG officials to receive more regular reports on CARE's work in the field and progress to date. As one official from Provincial Law & Justice sector queried, **"One criticism is that CARE is becoming a big industry but what are the tangible outcomes of your work?"**

Recommendations:

1) CARE's support to OW district on their 2012-2016 Plan will need to be carefully undertaken with clear communication and coordination with national and provincial levels, as well as specific

[3] Sam Basil, MP Wau-balolo district in Morobe Province; Sasa Zibe, former MP now Federal politician (Health); Jaime Maxton-Graham, MP within Western Highlands.

attention to what is presented to the MP and JDPBPC for approval while also looking at other sources of funding.

2) CARE should regularly interface with DPLGA, National Planning, Office of Rural Development (ORD) and Strongim Pepol Strongim Nesin (SPSN) on progress of WDC/WDP process and District/LLG role.
3) In partnership with DPLGA and Provincial Planning Office (and in coordination with SPSN), CARE should consider supporting OW district on its induction of newly elected government officials to be familiar with WDP process before they take public office.
4) CARE should consider undertaking joint monitoring visits with relevant government officials to areas of operation, which could then feed into provincial level planning processes.

The review team interviewed several partners that have contributed to ICDP activities and provided services. The team largely found that partner visions are similar, or complementary to CARE's vision, they share common goals, and their specific contributions to ICDP is clear (e.g. fish farming). **"BYF was initially attracted to work with CARE because of its vision and mission, as there are similarities." (Thomas Oruga, BYF)**

However, there may not be a clear understanding of how the partner plays a larger role in the overall project, where it can work more strategically with local government and community. When the review team queried how partners fit into the broader project, they confessed that they were not familiar with the other components, but did see a value of being included in such broader discussions.

Recommendation

5) CARE should engage partners much earlier in the project cycle to ensure they are clear on each other's roles but also how they contribute to the broader framework and overall goal of the project.

In interviews carried out in Simogu, community members have found that most activities that CARE has supported (i.e. literacy, health, coffee, infrastructure and WDC/WDP) have been addressing their needs and concerns. Although, women rated the infrastructure work (i.e. school, resource center, health clinic) above all other activities as it was more visible and tangible. **"It's been 16 years since there was a school or teachers." (Male, Ward 33 rep, Simogu FGD)** Other activities were still new and needed to take root.

Similarly in Ubo, community members rated infrastructure and materials highly (road maintenance, tools, potato seedlings), but were less clear on how, for example, literacy and WDP were addressing their needs, particularly for women. **"The [road maintenance] helped to reduce accidents, and make it easier to get PMV and take goods to market to sell." (Female rep, FGD, Ubo) "Now we have two sources of income [potatoes and coffee]." (Paito Beru, Tampera)**

Child literacy teacher holding classes in Simogu (Feb 2012)

However, Ontabura school representatives clearly saw the advantages of adult literacy classes to support men and women when linked with practical application (e.g. using numeracy skills to measure plots of land and for plant spacing). **"[Adult literacy class] is a good way to motivate the community to support the school." (Parents & Citizens Chairman)**

Effectiveness

The review team has found that **ICDP's inputs, such as infrastructure work, road maintenance and agricultural materials are seen as "good to very good"[4] in meeting needs because these activities are visible and tangible to the community**. The softer inputs of WDC/WDP, health, and education have been "a little" bit effective in addressing needs, as some activities are still new and roles and responsibilities of community-based positions, such as WDCs and Village Health Volunteers (VHV) are still not clear. And, the government's presence has yet to reach the community level. Nevertheless, villages and villagers see themselves as more organized, cleaner and healthier.

More attention will need to be paid to improve the cascading methodology, such as passing on training information and materials from select community members to the broader community as this should be carried out more effectively. Also, there may not be support from the wider community because trainees/participants under ICDP are seen as CARE representatives (i.e. paid by CARE).

"While the Organic law came out in 1995, it's not until the arrival of CARE that communities can see how this policy can be implemented." (Erinu Kassong, District Administrator)

"People are more aware of a process that hadn't been in place." (Yelia LLG Manager)

The district and LLG officials reported that the WDC/WDP training has created more awareness among people on their roles and responsibilities, as well as policies, plans and processes and has generated a new interest. It has also helped the District and LLG officials to prepare their 2012-2016 Plan.

However, district and LLG officials commented that from their experience the MP's main incentive is to get re-elected, ensure projects are undertaken in his/her place of origin, and to build up his/her personal wealth. While the Poverty Report Launch in Port Moresby did provide the DA the opportunity to speak about the constraints with working with the MP, he indicated that he would value CARE's support to more effectively engage the MP to support District Plans. CARE may want to consider developing a case study/presentation that highlights examples of MPs successfully applying the Organic Law and delivering services, including scenarios on effective use of funds that have broad outreach and are sustainable.

According to the provincial government, the demands from OW district for village courts are being met, and they believe that law and order is being maintained. **"There are now 16 village courts in Obura Wonenara… Provincially, Eastern Highlands Province is leading the country in village courts."**

[4] This rating is according to a Leichardt scale that was used in interviews and focus group discussions.

(Provincial Law & Justice) Although the Secretariat has yet to monitor their progress and would value CARE's reports to help determine their effectiveness.

Teachers in OW district have reported that they have been able to receive professional development support through the project. **"Teachers in the field have seen tremendous change…without CARE and the project, they would not have access to learning new skills and knowledge." (Joseph Gimisimo, Provincial Elementary Coordinator)**

Recommendations

6) CARE should actively support the government at district and provincial level to regularly inform the MP of LLG activities and encourage him/her to participate in the district planning process.
7) CARE should support government to assess capacity of LLG/WDC to undertake their role/responsibility and maintain the momentum of planning and implementation to achieve operational autonomy. All future CARE initiatives should go through WDCs.

BYF and TTU have found that through the capacity building training provided by NGOPro as well as working alongside CARE in the field, they have been able to improve how they carry out project activities. **"Now we feel more confident as an organization." (Jessie Irie, TTU)** BYF reported that as they undertake their fish farming activity, they are better equipped to work with the community to clarify land ownership and avoid future conflict. **"We made sure to hold an open meeting with community to explain that if people wanted support to dig a fish pond, they had to do it on their own land." (Thomas, BYF)** However, BYF did report that at times they have had difficulties with managing LLG/WDC member expectations.

Both NARI and FPDA report that they would be more effective in their work with regular monitoring and ability to frequently engage with communities that are new to project activities, such as potato and African yam farming. FPDA indicated that it would hesitate to move into a new community (e.g. Menyamya) without making sure they have addressed all the needs in the current communities they are working with. Finally, Cate Rogers, an Australian National University (ANU) PhD student who was conducting research in Andakombi at the time of the MTR observed that some infrastructure work carried out by partners should be reviewed regularly for any issues with operations and maintenance, such as risks associated with fish pond construction during a disaster (landslides) as well as outstanding equipment needs in a health center that is preventing community's access.

Recommendations

8) CARE needs to investigate people's access to land in areas of operation and determine if we and our partners are inadvertently excluding landless/vulnerable community members from livelihood opportunities, such as fish ponds.
9) CARE should regularly debrief with partners at key points during their contract/agreement to gauge progress and determine capacity to monitor.

In Simogu, the infrastructure work, and provision of materials and trainings has enabled the community to work together, such as fencing off pigs from the water supply, cutting back grass and digging trenches and latrines. **"The place looks changed now." (Male rep, FGD Simogu)** The project has also increased people's knowledge on increasing quality of coffee growing.

However, with the coffee activity, there remain significant constraints in transporting goods to the market. The PhD student referred to earlier reported in debriefs held in Goroka and Canberra that there

appears to be increasing tension among community members on lack of transport options. This is in light of CARE staff continuing to fly in and out on chartered flights, providing coffee training, but not couriering any coffee produce to the market in Goroka. She also reported that according to her research data only a small minority of community members are able to transport their coffee produce and earn income, one of whom is apparently a Coffee Industry Corporation (CIC) employee. Finally, she indicated that the community appears to not have access to information on CIC and market options.

In discussions with AusAID, they recommended that it will be important for CARE to flesh out its working relationship with the private sector, and engage with companies and regulatory bodies such as CIC to review and coordinate strategies and plans. According to AusAID, the former CIC Executive Director, Ricky Mateo now sits on the Joint Governing Council of SPSN. CARE may also want to engage the Governor of Goroka, who is also a prominent businessman to determine more efficient methods of working with the private sector.

Community members in Simogu reported some increased awareness on the roles and responsibilities of the WDC. Although there was a comment that the Yelia LLG is supposed to conduct quarterly meetings for the Ward Counsellors, but this is not occurring and the Counsellors are feeling lost.

Women representatives found some of the training provided very useful (e.g. Village Birth Attendant), and will share this knowledge with others. Although with other training, such as planting African yam, the women reported they were unsure if it will meet their food security needs in times of drought as it has yet to be harvested.

In Ubo, both men and women reported that the potato training was very useful as it was presented in a clear manner from FPDA. **"Planted in September and harvested in December…this confirms the timeframe that we were told in the training." (Female rep, FGD, Ubo)**

"I knew how much I was going get when I weighed each bag. When I sold, it was exactly what I projected. It was my hard work… and a good thing that the potato training came and encouraged me to open the eyes of others." (James Rui, Kakera)

However, some community members complained that the training and materials did not reach them. And, according to the Ontabura School representatives, they remarked that the 'Chairman' dumped potato seeds without providing community members with practical demonstration of planting techniques.

It is understood that CARE PNG has been conscientious in its community socialization process from the beginning of the project. CARE has captured in field reports[5] some of the difficulties ICDP encountered in places like Ubo and Kainantu due to security incidents, which restricted access to areas of operation and prevented some project activities to move forward or to be closely monitored. Nevertheless, during FGDs held in Ubo, it was interesting to note what men and women did not mention as a key activity from the project. For both men and women, there was no mention of Ward Development Planning as a key activity. Women also did not mention adult literacy as a key activity.

[5]ICDP report. Objective 3: Potato – Ubo, Ward 18. Assessment Report. Charles Iha. 7 November, 2011.

Recommendations

10) Preceding any future major income generating activity, CARE should undertake a thorough market and demand analysis.
11) CARE should review the risks associated with continuing coffee activities while the constraints with transport to/from these areas remain unresolved.
12) CARE should follow-up with CIC and local commercial exporting companies to determine market for Yelia coffee and contracting arrangements with communities.
13) CARE should strengthen its entry/socialization process and definition of vulnerability to explain CARE's work, CARE's partners and their roles, participation of community, and "who" is the community (made up of men, women, children, people with disabilities, PLWHIV, etc). In doing so, CARE will also need to explore the associated risks of community's perception of project trainees and participants.
14) CARE should review cascading training and outreach approach with partners and government and make sure it is linked to WDCs. Consider use of radio for wider reach in a distance learning approach.

Participation

The review team has found that **ICDP is engaging many different stakeholders at a range of appropriate levels**. Depending on the understanding of role and responsibility from WDC member to Service Provider to District Administrator, the level of participation can vary and can be quite narrowly focused, which may mean there is less appreciation of the broader objective of the project. And, depending on the selection criteria used, CARE may be inadvertently reinforcing existing power dynamics according to how the participants are chosen, which may reveal a less than equal opportunity for the wider community and generate misinformation and resentment.

While government has reported participation in the Poverty Launch[6], reflection and annual planning sessions, as well as in ad hoc meetings with CARE staff, it was apparent that Steering Committee meetings were not being conducted at the provincial level (Advisors and Administrator), and District level quarterly meetings have been held sporadically. Often people in Provincial level positions are very busy or have been transferred and key contacts are difficult to maintain. Many government officials are in an acting role, and find it difficult to take ownership and make decisions.

Recommendations

15) CARE to work through key contacts at Provincial Level (senior provincial administration representatives) to request Steering Committee (Advisory Team) to meet.
16) CARE to encourage greater District Sectoral participation in meetings to increase linkages up to Provincial Sectors and down to LLG/WDCs.

Partners reported undertaking some project activities alongside CARE and attending workshops and trainings. BYF participated in awareness raising during the emergency response to the cholera outbreak. And TTU contributed to CARE's Maternal and Infant Health (MIH) program research.

In terms of community participation, NARI reported that while teachers and school board members attended the agriculture/nutrition trainings, they were concerned about the risk of teachers being

[6] CARE/ANU Poverty Launch was held in Port Moresby in November 2011.

transferred as well as short terms for Board members where it would be less likely for the information and skills to be passed on to others. There was also a question of suitability of some participants where some female members were selected by association (e.g. wife of Board member) and not by position.

In a narrative report provided to CARE, FPDA was concerned about the change in participants coming from the same community across three trainings, and complained that part of the reason for the shift was that there were competing demands on people's time from other CARE projects (e.g. WASH).

"The numbers of females have declined from the second training…due to the fact that most of the females have attended the CARE-Water and Sanitation project." (Report: *Harvest Training at Ubo, Training No. 3* (2011) by Tiga Wauwe, FPDA Officer)

Recommendations

17) CARE should revisit with partners selection criteria of participants. (e.g. consider youth groups, student groups, and women's groups)
18) CARE staff should better coordinate and plan with one another about activities being carried out in the same area of operation.

In Simogu, since the project started the community reported little to no engagement with government, although through the work with CARE they are willing to accept the government more. In contrast, there has been some good interaction with LNGOs like TTU, and Service Providers (Kumatega Coffee and AT Projects). **"We have a partnership with CARE because there's no partnership with government. Never has been." (Tony Piagi, Simogu)**

Similar to Simogu, Ubo community members reported no engagement with government but good engagement with NGOs (CDS – Community Development Scheme) in the past and Service Providers (NARI, FPDA) since the project started. However, interviews with school and community representatives revealed that the participation of community members may have been limited to only a few clusters within Ward 18, and that the broader community was not being reached with training, information and materials. It appears that the security situation in Kainantu during 2011 may have complicated how CARE was able to undertake project activities in Ubo and possibly other Wards in Gadsup-Tairora.

"Many of us did not know about [the Ward development training]." (Male, FGD, Ubo) And, similarly with potato training, **"We wanted it, too…hope it will bring changes to the community…and [give] us some good thoughts." (Male, FGD, Ubo)**

Recommendation

19) As part of the re-entry into Ubo (and other Wards in Gadsup-Tairora district), CARE will need to carry out a thorough power analysis to understand the power dynamics of the community and how to achieve a more equitable level of participation while being mindful of CARE policies (e.g. Child Protection).

Gender Equality & Diversity

The review team has found that **since ICDP's start there has been an increase in women's involvement in project activities**, partly due to CARE's insistence, such as having women representatives in trainings; however, it does not appear that women are active participants in "decision making" activities (WDC), with the exception of Village Courts. Women's agency (a woman's own aspirations and capabilities), relations (the power relations she must negotiate) and structure (the environment that conditions her choices) are still in a nascent stage for women to fully engage in the development process (see Annex 4 for a brief assessment of gender in ICDP).[7] **Only on a few occasions are vulnerable groups involved in the project.** While the baseline covered disability, it is unclear how much CARE has worked with partners and community members to encourage vulnerable people's participation in project activities as well as document if these groups are being reached.

In all midterm review discussions with the government at national, provincial, district and LLG level, only one woman participated, Dora Gegemo, a Village Court trainer.[8] District and LLG officials did agree that there is a problem with gender balance, remarking that there were more women represented in the national government in 1977 than now. They remarked that there are cultural constraints that prevent women's involvement in activities outside of the home and remote areas are slower to adapt to change. The government does see women attending meetings, but there is not a great amount of active participation. They appreciated that CARE did not provide incentives, such as food/funds to attend the WDP training sessions, which may have increased women's ability to participate. And for the elections, the DA has suggested to the Electoral Commission to have separate polling booths for women and men to reduce harassment when casting a vote. Nevertheless, the government recognizes the need to do more on awareness raising on gender equality and would like to do this alongside CARE as a combined effort.

"During the two week training in Marawaka for village court officials the women were smiling and involved in the gender session. Women and men said the sessions were empowering them, and it was a breakthrough to change mindsets on men's and women's roles, and on violence against women as a crime. Evaluation showed increased awareness on these issues." (Provincial Law & Justice representative)

In discussions with provincial and district government as well as with some community members, there is general agreement that the Village Court in place in Yelia district has had a deterring effect on abuse of women, as well as a positive shift in women's value in community. The provincial government would like to see at least one woman in each village court. **"[The] WDP process has shifted attitudes on women…with the Village Court in place." (Yelia LLG Manager)**

However, the Provincial Education officials reported lack of progress on girls' school attendance; although this may change with the GoPNG's recent declaration of free public education up to Year 10.

[7] CARE's Women's Empowerment Framework encourages programs and projects to work in all three areas of agency, relations and structure for most significant impact.

[8] During the North team's visit to Ubo, Dora Kegamo was undertaking Village Court training for community members.

With regard to disability, in some parts of OW, the government reported that there are harmful traditional practices that limit the survival of infants born with a deformity. However, they reported that the project had assisted some visually impaired people in Wards 6 and 13, Yelia LLG. And, according to the Education Department, there is a Blind Center in Mt. Sion for visually impaired students from rural areas.

Recommendations

20) CARE should develop strategies to increase the capacity of district government to improve women's engagement and undertake awareness raising on gender.
21) CARE needs to monitor if girl/vulnerable children's attendance in school is increasing.
22) CARE will need to look at potential gaps that UNICEF's departure from human rights training in Village Courts may leave and determine if CARE can address any of these gaps as it pertains to gender and diversity.

Most partners have reported that there are significant cultural barriers that prevent women's involvement, where they are only perceived as child bearers and carers. BYF, TTU, NARI and FPDA have all reported that they encourage women to participate in training and in project activities. BYF commented that initially, men did not welcome women participating in activities outside of the home, but BYF has noticed a shift in attitude, particularly when they advocate that development assistance is only provided to communities when both men and women are involved. **"If you want development to come to you, you need equal participation." (Thomas Oruga, BYF)**

AT Projects, which is staffed with more women than men, reported that it is inherent in the association's work ethic to target women in the community, particularly when it comes to health aid post infrastructure – water, washroom, lights. **"Simple [health infrastructure] upgrades improve the general situation of mothers." (Steven Mayer, AT Projects)**

However, AT Projects acknowledged that they do not come across many people with disabilities in the remote areas, as it is a case of "survival of the fittest." Yet, AT Projects has recently started working with WaterAid to construct toilets for people with disabilities, and is changing their attitude on this vulnerable group.

TTU indicated that they encourage full community participation in the areas they work, although they have not seen any evidence of vulnerable groups participating in their activities. BYF noted that a visually impaired man in Andakombi Station did participate in the fishery training and now has three fish ponds. (See Annex 5 for his significant change story.)

Recommendations

23) CARE staff and partners need to be informed/trained about Disability Inclusive Development.[9] Consider including in CARE PNG's Gender & Diversity training.
24) CARE and partners should work within existing government structures to increase awareness and involvement of people with disabilities, PLWHIV and other vulnerable groups.
25) In future work with existing FBOs/ Disabled People's Organizations/disability centers and fora, CARE should investigate how activities can address needs of and engage people with disabilities. Use case studies from the project to advocate and raise awareness.

[9] CARE Australia provided ICDP Project Manager a disability presentation that can be edited to include the PNG context and shared with staff and partners.

Community members in both Ubo and Simogu reported in separate men's and women's focus group discussions that there has been an increase in women's involvement in project activities, such as trainings, construction, and agriculture. **"Before the CARE project team came, we did not consider women in our work...Later, we were asked by the CARE team to invite them to trainings. Now we are encouraging [them] to participate in other things." (Male rep, FGD, Ubo)**

The Ontabura School in Ubo also reported an increase in women's involvement in literacy classes and the nutrition program.[10] They noted that men's perception of women is changing, and perhaps this is due to the system changing (e.g. access to rule of law via Village Courts) and to awareness raising on gender equity through school Field Days. There is also a national promotion by Women in Agriculture for women to take part in agriculture networks, such as through a sub-group called Tairora-West. And, while some activities are new, such as literacy schools, people are happy that children can now attend school in the village instead of having to leave to go to school, which increases girls' attendance.

Some obstacles to women's involvement include: child minding, domestic animal minding, illiteracy, gardening duties, and lack of support from men and others in their household. **"If we participate in the WDC activities, our men get cross and beat us" (Female representative, FGD, Simogu)**

Community members in both Ubo and Simogu have largely reported that vulnerable groups, such as people with disabilities have not been involved in the project. In Simogu, some remarked that people with disabilities do exist in the community but it is up to individual families to look after them; and if women attended training, there would be no one to look after their disabled family member.

Typical comments from communities were:

"People with disabilities aren't recognized"

"We look and feel sorry, but that's all – it's the individual family's responsibility." (Male representative, FGD, Simogu)

"To be honest, we thought [project] activities were only for the able-bodied." (Male representative, FGD, Ubo)

However, on a few occasions, the project has reached the most vulnerable as reported in a few Most Significant Change interviews undertaken as part of the review and include: a WDC member who is a widow, a school teacher assisting a disabled student, and a mother using funds generated from potato farming to support her daughter with HIV. (See Annex 6, 7, and 8 for significant change stories.)

[10] Please note that LEARN activities combine child and adult literacy (depending upon community), as well as efforts to strengthen formal schools, and link non formal literacy programs to the formal government school system.

Efficiency

The review team has found that while **ICDP has achieved some good results in terms of investment in time and resources, it is still early in the project to truly determine level of efficiency.** For example, there have been external factors, such as insecurity and lack of an effective transport system that have generated high costs. On the other hand, there have been linkages made between project activities to increase efficiency (combining adult literacy and agriculture), as well as an increase in government, partner and community's ability to organize and plan. Some project activities have significantly decreased workload (e.g. coffee pulper), while other activities have been unable to progress (e.g. transporting coffee to the market). And there has been a request by the government for CARE to strengthen its communication capacity and in so doing, enhance coordination. ICDP has been built on a solid foundation of government will, community participation, and partner support but the nascent WDCs will need to be more firmly entrenched and resourced. Once a key hurdle of accessing government funding for WDPs is addressed, work in other districts/provinces should progress more swiftly. **CARE's own financial management system is good**, with accurate and complete records detailing appropriate procedures in regard to expenditure. There is also a system within CARE Australia and CARE PNG that regularly reviews the ICDP budget and costed work plan.

> **"The tools [coffee pulper] are tremendous time savers…What took one month now takes a few hours or 1 day…but [we] can't get coffee to market." (Female rep, FGD, Simogu)**
>
> **"From the coffee trainings, I was able to pick up the latest skills and practices in coffee growing – now my plants are better quality…The problem is flights and freighting the coffee to the buyer. We can grow it, but cannot sell it." (Piagi Alisema, Ward 23)**

District/LLG officials have reported key concerns with how likely their district plan will receive funding from the JDPBPC chaired by the MP. In addition, they noted that LLG core budgets from the national government have very restrictive transport allocations (4,000 Kina/year)[11], which is inadequate to effectively reach remote communities. Currently, there are only expensive charter flights that will reach these remote areas.[12] As such, the government supports CARE to continue working in remote areas, while they will incorporate necessary transport costs into their 5 year district plan.

To increase coordination and communication, the government requests to receive regular reports from CARE to assist with their own planning and budgeting. For example, some WDCs have requested training from Provincial Education, which they will incorporate into their plans. Also, the Provincial Administrator plans to establish an office to coordinate the work of NGOs, avoid duplication and manage expectations.

AusAID has also requested that the reports that CARE generates for ICDP need to spell out assumptions made and regularly ask and address the "so what?" question. And AusAID will endeavour to share these reports with their staff co-located in various government departments for improved communication and coordination.

[11] The 2012 budget for Yelia LLG is K135,900, where J50,000 is to cover administrative costs, leaving K85,900 for projects.
[12] The current cost of a round trip MAF charter flight from Goroka to Andakombi is approximately K5,000.

In discussions with SPSN, while CARE has used SPSN's experience and tools in working with WDCs and developing WDPs, if the national government is to support and endorse this planning process and the needed budget at provincial and district levels, it will require both SPSN and CARE to use similar guides and forms to ensure a consistent approach.

Recommendations

26) Using the SPSN model and with support from AusAID, CARE should consider advocating at national, provincial and district government levels to effectively budget (with realistic projections) to bring development to remote areas.
27) CARE will need to regularly coordinate with SPSN to ensure consistency across WDC/WDP approach and tools and participate in relevant strategic planning/partnership exercises.

BYF and TTU reported that through the training provided by NGOPro and working alongside CARE, they felt their ability to recruit the right people, manage a budget, and ability to plan and report had improved a bit.

Partners also reported on ways to improve efficiency of their work. As teachers are often transferred and school board members' terms are short, NARI suggested working through students to more efficiently transfer knowledge and skills; and consider training students in Vocational Schools that come from many different communities for a larger impact.

BYF noted that they had some difficulties carrying out their fishery work in Andakombi when it was incorrectly associated with an outbreak of malaria in 2010 by the government. Apparently, the Department of Health sent out misleading information that the fish ponds were producing mosquitoes that led to the draining of several ponds. An investigation was carried out and determined no link between the ponds and the outbreak; and the ponds have been subsequently been re-filled and re-stocked. BYF commented that this experience resulted in a loss of time and assets and hopes that communication and coordination across levels of government will increase.

AT Projects reported that transport of infrastructure materials were delayed due to unreliable transport from MAF charter planes. They suggested transporting goods by road to Hagen and then fly into remote areas from there through more reliable carriers.

AT Projects also pointed out that they had other services that may assist with ICDP communications, promotion and advocacy, such as a radio program, film studio and a full time journalist. And, they advocated to re-start the NGO Forum so that NGOs are clear on each other's services.

Recommendations

28) CARE should consider working with NGOs and Provincial government to revitalize NGO Forum for information exchange, learning and coordination
29) CARE should consider using radio communication for broader outreach and awareness raising.

Community members in both Ubo and Simogu reported that they were able to better plan together, discuss and share workload within their community and within their households. Ontabura School representatives in Ubo recognized that some activities were only useful to conduct in the first half of the year (January – June) as community members are more available. According to the community, a seasonal calendar had not been conducted as part of CARE's initial socialization process.

Women community members have reported that some activities (e.g. coffee pulpers) have saved an enormous amount of time; although there is lack of transport link to get coffee to the market.

Recommendations

30) CARE needs to ensure it conducts a seasonal calendar exercise in each area of operation to address pervasive events and avoid delays in project activities.
31) CARE should consider a wider range of transport options (e.g. trucking to Hagen and then air link to communities) for the remaining project period as well as for any future projects.

Monitoring and Evaluation, Learning

The review team has found that **ICDP information management is adequate but can be improved**. To increase communication and coordination, regular reports should be supplied to all levels of the government. While it appears most files are accessible on CARE PNG's shared drive, they should be regularly updated to show progress on project activities, visits to communities, and meetings with partners and government, which is communicated to the ICDP team and CARE PNG's Senior Management Team regularly. This is also to avoid overlap with other CARE projects. Key data from assessments and baselines should be appropriately managed (with links to sources) to be able to follow up and measure progress, change and impact. CARE should also work with partners to better monitor and analyse project progress.[13] This is particularly crucial when CARE and the new LNGO partner, CDA, undertake baselines in Morobe and Simbu Provinces.

It was unclear if there was a visibility strategy under ICDP. Given that some areas CARE works in are insecure, there may be need to waive branding and marking, and that this is clearly articulated to AusAID. Security issues that arose in Kainantu and surrounding areas in 2011, including Ubo required staff to maintain a low profile and travel in unmarked cars. Signage that had at one point been placed on the road was removed by the community.

At the project level, it was learned through the Theory of Change workshop that accompanied this Mid Term Review that more developed pathways of change need to be defined, which includes a more robust analysis of assumptions, timelines and lines of accountability to better delineate indicators of progress and achievable outcomes. As an action point coming out of this MTR, the **ICDP team will be revisiting and improving the Theory of Change and M&E framework.** Cate Rogers, who co-authored CARE's PNG Poverty Report, and facilitated the Theory of Change Workshop in February 2012 is undertaking research in one of the project locations, Andakombi and plans to share her research findings, some of which will assist with measuring the project's impact as well as attribution to CARE. She will also share sample interview forms, sampling techniques and data analysis spreadsheets as CARE and its partner prepare to undertake baseline studies in Morobe and Provinces later in 2012 after the elections.

District and provincial officials reported that monitoring by government is weak because there are no funds or the capacity to do so, and staff are often transferred. Government partners are requesting more information from CARE (quarterly district sector meetings, annual planning/reflection minutes,

[13] The Mutual Accountability Tool (MAT), which was piloted in a few areas where ICDP undertakes activities, was not considered in the review. Consider undertaking a review of MAT at a later, more established phase.

research/baseline information, photographs), to review work across sectors, which will contribute to their planning processes and assist with their own advocacy on accessing funds to reach poor, remote areas. For example, the Provincial Education representatives noted that, as it is a government priority with the GoPNG's Vision 2050, it will be important for them to monitor if school age children are actually going to school, and be able to disaggregate this information by sex and age.

Recommendations

32) CARE to revisit the ICDP Theory of Change and M&E Framework during its next Annual Planning workshop, particularly in its preparations to undertake baselines in Morobe and Simbu Provinces.
33) CARE to provide regular reports to government and consider joint monitoring visits (partially as a capacity building exercise)
34) CARE to attend quarterly government meetings and report accordingly

BYF, NARI, and FPDA reported that they would benefit from increased monitoring and report writing skills, so that the work they carry out under CARE is accurately captured and clear. TTU explained that they collected information from many sources, such as VBA volunteer report cards and health center statistics, measured progress against key indicators within the National Health Plan, Vision 2050 and PNG Health Island.

Ontabura School mentioned that a key limitation in their work was the unrest in Kainantu during 2011 that suspended some of their activities. NARI and FPDA also mentioned that due to the unrest, they were unable to carry out monitoring and follow-up activities in a timely way, such as providing potato training participants with pesticide. As a result, a potato blight affected many people's crops.

Recommendations

35) Partner terms of reference and contracts need to stipulate and resource monitoring, and debriefing meetings on key findings, with capacity building inputs as needed.
36) CARE needs to undertake participatory monitoring via WDC and consistently monitor social impact of activities, not just quantitative outputs (number of trainings, potato yield, etc).

In discussion with communities, it is apparent that there are several activities (including those funded by other donors) being carried out by different CARE staff and partners. In some cases, much time has been spent on conflict resolution and negotiation when trying to work through various community structures.

Recommendations

37) CARE should set up a system of debriefing after each field visit (perhaps combined with the security debrief) to assist the next person that goes out to the same community. This debriefing can also capture visibility requirements.
38) Consider setting up a folder on the shared drive that will include an ongoing visit record by community, which people can add to, print out and read before the next visit is undertaken.

Impact

The review team has found that at the midpoint of the project **ICDP has achieved significant positive changes in people's lives**, such as community's increased access to and quality of health and education services, and an increase in livelihood options, as well as in how partners and government plan and

operate. But this is in recognition that for some components, it is still too early to measure impact (e.g. function of WDC and implementation of WDPs). And there are a few cases of unintended negative impacts that CARE will need to address, such as tensions arising within an individual's household as a result of his/her participation in Village Birth Attendant (VBA) training.

With additional funding support from CARE (AusAID), the District government has reported that Organic Law in OW has started to work. The district has been able to complete the WDP process in Yelia LLG, with Gadsup-Tairora and Lamari LLGs to come. **The success of the program is that "people are involved, people own the program." (LLG Officials)**

The Provincial government has indicated that the VBA/VHV work through TTU has been very important, has transformed communities and empowered rural, illiterate women with motherhood skills. **"CARE has filled in the gaps we haven't been able to do on our own." (Provincial Health)**

CARE's participation on the Provincial Education Board has strengthened the partnership to get work done, such as registering schools in remote areas. The Province has committed to registering 18 new elementary schools in Yelia.

Provincial Law & Justice also mentioned that a recent evaluation of the Village Court training showed there was increased awareness on violence against women as a crime, empowering community members, and changing mindsets on men's and women's roles. Although they did note that it was crucial to coordinate with CARE's project activities to not overburden community members with information, and for CARE to recognize the broader network of Village Courts (i.e. Peace Management Teams made up of police, peace mediators and village court officials).

Simogu - Graduating VBAs and renovated health centre with water tanks (Feb 2012)

Recommendation

39) CARE and LLG officials to determine how impact of WDP implementation will be assessed.
40) CARE to coordinate with other government activities in areas of operation.

While partner's change in level of capacity may need a bit more time to take root, the NGOPro training has been positively received by TTU and BYF, and has assisted with improving organizational function, such as financial systems. Partners have also received support on developing their vision/mission statements. TTU explained that it now has the basic tools in organizational development, and that they feel more confident to carry out project activities.

NGOs like BYF have noticed positive changes in the communities they work with and noted that sometimes communities comment on each other's change. **"The Marawaka Station community commented that since the project started the people from Andakombi are healthier, nicer looking, bigger and stronger."**

AT projects reported that their health facility infrastructure work under ICDP has benefited local people, increased AT project's credibility and CARE's standing in the community, and improved government's reach with improved services. **"In Eastern Highlands Province, there is minimal government in the form of schools and health facilities. Any development in these areas is significant, especially physical development, where the impact is large." (Steven Mayer, AT Projects)**

Recommendation

41) CARE and NGOPro to monitor progress of capacity building inputs provided to BYF and TTU.

In discussions with community members it is apparent that project activities have had an impact on the environment with cleaner villages and safer water sources. In Simogu, there is community consensus that there is less preventable disease due to increased community sanitation practices, such as fencing off pigs from water sources, and digging latrines. People recognize key infrastructure inputs of latrines, clinics, water tanks, etc.

They have also technically benefited from better quality coffee plants and time-saving tools (coffee pulpers) as well as increased income generation from potato, fish and coffee. Planning is now done at the local level, and not solely undertaken in Port Moresby, Goroka, or Aiyura. In Ubo, they reported that through potato training and seedlings and the subsequent harvest this enabled them to have another way to get income instead of solely relying on coffee.

Community members have also reported a social impact. Now they have more hope, pride, dignity, and new interests.

Growing coffee in Ubo; distributing coffee pulpers in Andakombi (Feb 2012)

Community likes to work with CARE because CARE treats people "with respect, like human beings, like equals" (Tony Piagi, Simogu Villager)

Recommendation

42) CARE to monitor both intended and unintended changes, and regularly address any negative impacts that may arise.

Sustainability

The review team has found that at the midpoint of the project **some ICDP activities may be able to continue after project end,** but there is much work to be done through careful planning with government, solid monitoring and data collection with partners, thorough contextual/power analysis of community, strengthened community socialization, and clear communication and coordination at all levels. CARE will need to carefully weigh external factors (e.g. ability of District government to access funds, security constraints). CARE will also need to revisit the ICDP Theory of Change to clarify pathways, timeframe, assumptions and feasibility of attaining expected outcomes that contribute to the overall goal of "Measurable Improvement in People's Lives."[14]

The OW DA would like to see CARE's program continue for another two to three years. The district has been able to complete the planning process for Yelia LLG, with Lamari and Gadsup-Tarorai LLGs to come; and through CARE's LIVE, LEARN, EARN project activities, the community can see that some of the priorities they have set in plans are being met. However, as the MP/JDPBPC controls the purse strings, it may be difficult to direct government funds through this channel to the community to maintain this momentum. There is the suggestion that the DA consider other funding sources, such as DSIP, sector and ORD funds. The DA would like to see the government approve 1 million Kina/district/year to support the LLGs and WDCs, and admits that the government will need to change if it wants to achieve its goal to effectively address rural poverty. **"There is huge potential for partnership [with CARE]." (Erinu Kassong, District Administrator)**

Provincial government officials generally reported that the government should take ownership of service delivery to remote areas but needs the capacity to sustain ICDP's work. There is also need to advocate to the MP and District Sector heads to use the allocations they are provided wisely. There should also be cross-sectoral understanding and agreement with the government on who is taking what forward, which all parties would then sign as a binding contract.

Provincial Health representatives noted that, **"'Healthy Islands/Mountains' is a good program as it's meant to empower leaders and champions [among community members]."** While initially undertaken by a former partner, MYCHE, TTU is actively promoting this program in communities. The Health representative was agreeable to CARE plans to continue strengthening the depth of the work and drawing on partners like TTU as implementers along with CARE's Maternal and Infant Health project.

In a discussion with AusAID Goroka, part of their work while co-located in the EHP headquarters will focus on the Sub-National Strategy[15], which includes work with National Economic and Fiscal Commission (NEFC). They will review the government's Provincial Performance Improvement Initiative (PPII) to strengthen cooperative systems from the national level down to the LLG level, and will work with NEFC and ORD[16] on budgets/funding mechanisms, and review service delivery through the government's decentralized process.

[14] CARE Australia's PNG/TL Senior Technical Advisor may be able to support this as she supports CARE PNG's Strategic Framework 2012-2016 and program approach work.
[15] SPS to be renamed Provincial Local Government Program in July 2012.
[16] ORD to be renamed Department of Integrated Rural Development (DIRD)

AusAID reports that there are challenges with funding blockages, such as delays at the national level in releasing quarterly tranches, a subsequent rush to spend funds in the last quarter, and an increased risk of misuse of funds. AusAID also reports that of the money that is budgeted, a large proportion is spent on administration and not on service delivery, partly due to a costly human resources restructure that often has positions filled by more than one person, many in an acting role.

"It depends on the government; if they change their attitude, they can help us." (Male rep, FGD, Ubo)

Finally, AusAID indicated that 3% of the national budget is spent on Function Grants (also known as Recurrent Grants) to be used in health, education and other service delivery. There are also Development Grants (e.g. DSIP) that politicians often use to fund discrete projects, which have increased exponentially from K500,000/year to upwards of K14 million/year. Recent experience has shown that one budget cannot sustain the other, where, for example, a Function Grant will unlikely be able to support the ongoing costs of staffing and O&M of a new provincial hospital funded from a Development Grant. According to NEFC[17] when rating by Province against the Minimum Priority Activities (i.e. ability to deliver services), EHP did not receive a pass mark. This is in consideration of the K93 million EHP received in both Function and Development Grants in 2011.

Both AusAID in Goroka and in Port Moresby are keen to support CARE with information and linkages with co-located staff (including those in Department of Community Development (DCD) and DPLGA) as well as increased coordination and sharing with SPSN, particularly on their M&E Framework and indicators they use to track funds and implementation. **"Government programs on service delivery is an entry to good governance." (AusAID POM)**

Recommendations

43) CARE needs to have a more strategic engagement at all levels of government (e.g. work more closely with AusAID in Goroka and Port Moresby, consider a dedicated representative based in POM or with frequent trips to POM to regularly interface).
44) CARE needs to always work within a government framework, but be prepared to support government plans through other funding sources to generate examples of best practice in efficiency, transparency and accountability.
45) CARE needs to support government systems that can follow its funds to community and assess effectiveness and efficiency as part of a broader accountability measure.

Communities have largely reported receiving quality materials and clear training from partners. However, it will be important to continue relations with some partners where communities should receive ongoing operations and maintenance support on refurbished infrastructure, and refresher training as appropriate. TTU is ensuring that it regularly reports its activities to Provincial Health Office, district health office and hospital as well as to health facilities, and has been networking with other health institutions, such as within the University of Goroka to engage students in practicals. BYF works closely with Eastern Highlands Fish Farmer Association, National Fisheries Authority and Department of Agriculture on encouraging growth in the aqua-culture sector, as well as coordinating and troubleshooting on issues that may materialize on the ground.

[17] *The Per Trend Databook*, 2005-2010.

Partners are also keenly aware of the increased competition for staff with large companies (e.g. LNG), UN agencies and INGOs increasing salaries and benefits that many LNGOs and Service Providers are not able to match. The increasing difficulty for partners to retain staff has implications for the sustainability of the partners' work in the field.

Recommendation

46) CARE needs to ensure they are working at an organization to organization level and not wholly rely on a key individual to key individual level.
47) CARE needs to work with partners to not actively compete for staff and consider ways to undertake a greater portion of activities through partners.

Communities believe that the inputs they received will be sustained, such as potato farming. **"It's like when the moon comes up, it will give us light in the dark." (Male rep, FGD, Ubo).** And there was general agreement that people in the community must be able to look after their investment in the project and have ownership. By sharing information and resources, there will be greater likelihood for harmonious relations and continuity of activities.

But when it comes to longer term planning and budgeting, the government will need to start to engage communities and be accountable. **"We need to vote for a good, for a better community leader. (Community member, Simogu)."**

There was general agreement that better community awareness and participation is needed, where greater care should be taken to identify other groups in the community that may have been overlooked (e.g. Women in Agriculture representatives). There are also difficulties with jealousies in the community over who gets what; and, as noted earlier, some confusion that by working with CARE on a project, individuals become paid staff members. As the Ontabura school representatives reported, the general tone among community members is, **"Money first, and then we'll help."** Although they do recognize that their centralized location in Ubo can benefit the broader community with access to information and materials during Field Days,[18] and through a future resource center that they hope to receive support from ICDP to institute.

In contrast, TTU is confident that the VBA/VHV program has generated a cadre of community volunteers that are motivated to promote health after the project ends as the broader community sees the benefit of their work. **"Now we always hear from the community, 'we did it.'" (Jessie Irie, TTU)**

In Simogu, one participant in the female FGD summed up the group's feeling on commitment to and sustainability of project activities, **"I want my children to have a better life than me."**

Community planning in Lamari LLG (Jan 2012)

[18] Calendar of Field Days: 8 March, International Women's Day; 11 June, Queen's Birthday; 16 September, Independence Day; October, Book Week; 20 November, International Children's Day.

Recommendations

48) More analysis should be conducted on community identity and representativeness, power relations, resources, and seasonal calendars when carrying out transitional/exit strategies with government and partners. This will also assist with CARE's ability to disentangle work done in other projects (e.g. ANCP, WASH) from ICDP and increase coordination.

Summary of Preliminary IPR Findings

The MTR highlights many aspects found in the IPR that followed in February-March 2012, led by AusAID. In an Aide Memoire presented to AusAID in Port Moresby on April 4, 2012, the review team shared its preliminary findings, as outlined below (see Annex 9 for full Aide Memoire presentation).

The presentation highlighted some of the ICDP's significant strengths and progress to date. The presentation also raised important points around issues where ICDP's work should be further strengthened:

- M&E framework and Theory of Change – requires strengthening in order to better measure progress towards objectives.
- Challenges with the current governance work, particularly engaging the provincial administration, needs addressing prior to expansion into new areas.
- Communications – work with key stakeholders including AusAID and partners on strengthening sharing of information and lessons learned is required.
- Community expectations need managing and this can be facilitated through the development of more realistic plans that aim to attract funds available from various/other sources (to avoid wish-lists being developed)
- Access to markets should be addressed (e.g. high cost of getting coffee to market)
- Integration of maternal and infant health work with ICDP – while continuing to develop as a more comprehensive approach, should remain strongly integrated with ICDP work.
- Need to consider the ability of the province to actually take on this work after the project given that they now struggle to spend even 50% of what's needed for basic/minimal service provision.
- Exit strategy - clear 'transition strategies' should be developed for all relevant areas of work with the aim that government and stakeholders are able to continue their work and engagement with CARE gradually withdrawing.

The following aspects were presented as notable achievements:

- Working within government structures and processes.
- Integrated approach (seen as more efficient than addressing issues sectorally, and seen as more realistic – "When asking communities to identify their needs, they don't just focus on one sector.").
- Cultivating sense of community and high enthusiasm (among community members, among VHVs, etc) – clear that ICDP field officers are respected in the communities.
- Successful inclusion of women in all program areas – "ICDP has clearly included and empowered women".
- Fish pond work.
- Education work .
- Focus on using local people (e.g. training local people to become literacy teachers, as opposed to trying to get outsiders to come into communities).

- Focus on being on the ground – "ICDP field staff are in the field more often than in the office".
- Being a partner with appropriate comparative advantage (e.g. "CARE has a long history of working in remote communities, focussing on poverty, and using staff from the location").
- "Good design document with a cohesive team working under good leadership".

These preliminary findings and actionable points have been integrated into an Action Plan (Annex 10), along with the above MTR findings and action points (see "Recommendations" below for more).

Conclusions

Overall, the survey has found that CARE's ICDP teams working with key partners and communities have achieved impressive initial results, with positive progress in many areas. However, given the extensive scope of the work, it is still too early a stage at which to identify outcomes and impacts. This survey has verified some important achievements, while providing valuable feedback from areas where further improvement and strengthening is needed. Key recommendations from the survey will help CARE and partners to chart the next stages of the program, in order to improve specific components, to achieve better overall quality of work, and most importantly to provide greater opportunities for sustainable outcomes and impacts.

CARE's integrated approach at the Village, Ward and LLG levels complements the vast array of activities being implemented by government and donors at the provincial and district levels. With donor grants and government funds, there is money available at the provincial and district levels to undertake service delivery according to consolidated district plans. The problem lies in the ability to access and use these available funds more effectively and strategically. CARE's work at the Ward and LLG level, in partnership with district and provincial administrations, will help improve local capacities to plan, prioritise, negotiate and better use resources.

Importantly, ICDP's experience thus far shows that community strengthening is a long-term process that cannot be achieved with short term projects, and understanding and working with the inter-relationships between all stakeholders is critical. CARE seeks to build durable relationships with PNG communities, local levels of government, local NGOs and service providers that will build a solid understanding of the challenges facing the most disadvantaged communities in PNG and support real progress in addressing these challenges. The data captured and knowledge shared under this program, including research from ANU will enable a more consistent approach to advocacy and contribute to broader advances in poverty alleviation in PNG.

Recommendations

Many of the findings and recommendations in this Mid Term Review report will be followed up during CARE PNG's ICDP Annual Planning and Theory of Change workshop scheduled for mid 2012. Concurrently, the findings and recommendations stemming from AusAID's Independent Progress Review (IPR) also can be addressed, incorporating lessons into decision-making and resulting in a clear and focused Project Management Plan and M&E Framework. Annex 10 incorporates the main recommendations from both the MTR and IPR into an Action Plan by ICDP component to better correspond with project implementation. It is expected that this tool will play a role in quarterly reflection and planning, and will be referred to each quarter and status updated.

Annex 1: Guidance Notes for Interviews/Discussion Groups

Guidance Notes for the Government Meeting – Provincial level

Relevance:
Statement – The government at all levels has been good supporter of this project. In some areas we work quite closely with government counterparts.

1. At the provincial level what involvement has the government had in this project?
2. Are there examples where it hasn't worked so well?

Probing only if required

- Has the government provided staff, time, assistance with other levels of government.
- Refer to relevant sector plans
- Refer to relevant sector processes
- Refer to relevant policies

3. There's a lot happening in your sector at a national level – do you see a role for CARE?

Effectiveness:

4. Have you noticed any changes in how the government has worked with communities before the project and now?

Probing only if required

- Can you tell me about those changes and how they may relate to the CARE project?

Participation:
Statement – The CARE project has a Steering Committee that is meant to meet quarterly.

5. Are you part of this process?
6. Have you received adequate notice of these meetings?

Cross-cutting questions to address Gender & Diversity:
Statement- CARE's mandate is to engage with women as a way to effectively reduce poverty and injustice.

7. In your view, are there any particular obstacles to women's engagement in the planning process?

Probing only if required

- Are there particular steps that the government has undertaken to overcome these obstacles?
- Have you noticed anything that CARE has done that has increased women's involvement in the project?

Statement – in the CARE project we have also endeavoured to include and engage with vulnerable groups, such as people with disabilities, elderly.

8. Are you aware of any instances where vulnerable groups been involved in the project?

Efficiency:

9. Are you aware of any changes in the District/LLG/WDC level before the project and now?

Probing only if required

- Human Resources (understanding roles and responsibilities)
- Resource Management (funds, infrastructure)
- Service Delivery (health, education)
- Planning
- Information Management

Impact:

10. What do you think are the key achievements that CARE has made of this project so far?

M&E:

11. What kind of information has CARE shared with you to show progress on the project?

Probing only if required

- Is there other information that you would want to monitor the project?

Sustainability:

Statement – As we know, the CARE project will not continue forever.

12. In your view are there elements of CARE's project that would increase the chances of the project's activities to be sustained?

Probing only if required

- Specific project activities (e.g. WDCs, village courts)
- What else could be done by CARE or others to increase sustainability of activities?
- Can you give any examples where you think the LLG/WDC is really taking over the project activity?

13. Are there elements of the project that you think can be replicated/scaled up?
14. Are there areas that CARE can work with communities to access government or other funds/resources to maintain these activities (e.g. Joint District Planning & Budget Prioritisation Committee (JDPBPC))?

Wrap-up

Are there any other issues that you feel the review team should address?

Thank you for your time!

Service Provider Partners

Date: **Time:**
Venue: **Facilitators:**
Note-taker/Helper:

Materials Needed:

- Notebook and pens for note-taker (or laptop)
- Copies of questions for partners/interviewees

Steps:

1. Welcome and introductions
2. Explain purpose of visit:
    a. ICDP is conducting a Mid-Term Review and wants to explore with its partners how it is doing, what's going well, what needs to improve, and how sustainable the results are.
    b. We have a set of questions that we'd like to ask you and we'd like to get your thoughts on these.
3. Go through the questions, probing and asking for clarification/examples as appropriate.

Introduction: ask: 'what do you know about CARE's program?' Provide briefing as necessary and materials. Some questions below may not be relevant.

1. What kind of engagement have you had with the project?
2. What have been the key outcomes for your organization in this project so far?

Probing

- Who has benefited?
- Have you noticed any changes in your organization since the project started (intentionally or unintentionally, good/bad)?
- Is anything done differently now?

3. Have you had a clear understanding of CARE's expectations of your work on the project?
4. Has CARE been reasonable in their expectations?
5. Are there any limitations to achieve your outcomes in the agreed timeframe (by 2013)? (e.g. do you need to make any changes?)

Probing

- Probe gender equity, health, education specifically as appropriate

6. In your time in the field have you noticed any obstacles to women being involved in the project?

Probing

- Can you give any examples?

7. Have there been any changes in women's involvement since your involvement in the project?

8. In your time in the field, have you noticed if other vulnerable groups have been involved in the project (e.g. people with disabilities, elderly)?

9. What is your general impression of changes in the community where the project is working?

Statement - We understand that there are changes the government is making on Private-Public engagement.

10. Where do you think your organization fits in regard to Private-Public Partnership that is being promoted by the government?

Wrap-up

Are there any other issues that you feel are important to address?

Community Focus Group Discussions

Date: **Time:**
Venue:
Note-taker/Helper:
Community Facilitators:
Note-taker/Helper:

Materials Needed:

- Flipchart paper
- Markers (assorted colours)
- Tape or blue sticky tape
- ICDP Discussion Wheel (draw on flipchart)
- Notebook and pens for note-taker (or laptop)
- Ball (or something similar to toss around for **Best of Today** game)

Participants:

- Women's group, including WDC members (max 15)
- Men's group, including WDC members (max 15)

Steps:
(ensure that women's involvement is probed throughout)
(10mins) Welcome participants and have everyone introduce themselves.

(5min) Explain purpose of workshop :

- ICDP is conducting a Mid-Term Review and wants to explore with its partners how it is doing, what's going well, what needs to improve, and how sustainable the results are.

Guidance Notes for Community Discussions

1. (15min) In order to lay a foundation for discussion, ask these "refresher" questions: "What are some of the activities/things that have been done by CARE here?" List the activities on a flip chart (these will be probed, discussed, and referred to in subsequent questions).

2. (10mins) **(Relevance)** For each activity, ask: "How are these activities addressing your needs/concerns and strengthening you?" Do a quick ranking of ***how well*** needs and concerns have been addressed through the activity, and probe accordingly.

   E.g. Coffee: no gat liklik namel bikpela liklik bikpela tru

3. For each activity, ask: What has been the key outcome?" Add to the flipchart.

4. (20mins) **(Effectiveness)** For each activity, ask "What changes have you noticed before the project and now?" Add to the flipchart.

5. For each activity, ask: “Is there anything you would do differently?” Add to the flipchart.

6. Ask: “Have your needs/concerns changed since the project started?”

7. Have you noticed any changes in how the community has worked with or related to the government before the project and now?

5= Very Good
4= Good
3= OK
2= Getting there
1= needs work

Before the project Now

8. Have you noticed any change in how the community has worked with or related to (name specific LNGOs) before the project and now?

5= Very Good
4= Good
3= OK
2= Getting there
1= needs work

Before the project Now

9. “Have you noticed any change in how the community has worked with or related to people like (from Service Providers) before the project and now?”

5= Very Good
4= Good
3= OK
2= Getting there
1= needs work

Before the project Now

10. (20mins) (**Participation)** For each activity, ask about involvement:
    - “Who has been involved?”
    - “How were you involved?” e.g. in planning, implementation?

11. “What kind of capacity development support has the project provided to the community”

Crosscutting question to address Gender & Diversity

12. List some obstacles you’ve noticed to women being involved?

Probing

- What steps have you taken to overcome obstacles?

- How did you decide what to do?

13. Have there been any changes in women's involvement since the project started?

Women's Involvement

5= Big increase
4= Increase
3= No change
2= Decrease
1= Big decrease

Beginning of Project Now

Probe details based on ratings. Identify most important issues.

14. List some examples of how other vulnerable groups have been involved in the project (e.g. people with disabilities, elderly)

15. (10mins) **(Efficiency)** For each activity: "Have you noticed any changes in how the Women's and Men's, Manages their Resources, Ability to Plan before the project and now? Please explain."

Some have been more involved than others in the project – have you noticed any changes in how you spend your time now?

Probing
Can you give examples?

We would be interested in knowing on what you're not doing anymore?

A major part of the project has been to establish the WDPs, have you noticed any changes in your ability to plan?

16. (20mins) **(Impact and M&E)** General discussion:
    - What's changed for you/your household/community because of these activities? What's different (good or bad, intended or unintended)?

Any changes in access/quality of services?

5= Very Good
4= Good
3= OK
2= getting there
1= needs work

Before Project Now

Give specific examples

17. (20mins) **(Sustainability)** General discussion:
    - Thinking ahead to when the project ends, what activities do you think will continue? Please give examples.

Probing

- Can you give any examples where you think the community is really taking over the project activity? How is this working?
- Do you think this is a process that can be replicated/scaled up?
- To what extent are you aware of other opportunities to access funds that could sustain some of the project activities (e.g. Joint District Planning & Budget Prioritisation Committee (JDPBPC))?
- What about maintaining the networks and structures that have been established (e.g. village courts)?
- CARE's aim is to involve all communities in the area in this project.
- Are you worried about any places that are not really engaged?

What would like for your community in 5 years' time?

Wrap-up

Are there any other issues that you feel are important to address?

18. (5min) Summarize, wrap up, and thank everyone.

Annex 2: ICDP Achievements to Date

Project level	Indicators	Baseline data	Achievements to Date
Impact: The most economically, socially and politically marginalised communities, living within seriously and extremely disadvantage districts of PNG, will have **sustainable and measureable improvements in their well-being**	• Cash & subsistence livelihoods • basic health • basic nutrition • water supply & sanitation • access to services; • enhanced social capital and local governance reported	Baseline report indicating that since Independence, this area has remained extremely poor across all indicators and disenfranchised/cut off from government basic services	
Outcomes			
Strengthened and better informed communities working in partnership with government and non government organisations to identify, prioritise and address development needs	• Village and Ward plans prepared and integrated into higher level government plans • # and type of initiatives, including sourcing external funding, initiated by communities in partnership with others	• No plans at ward level • Some limited Faith-based/church driven initiatives in health and education; government presence has been largely absent (testimony from villages and staff observations)	Yelia LLG Plan developed through consolidation of individual ward plans K5000 given by District and Yelia LLG for gazettal of Village Court Officials Break-up: K1 5000 – Lamari LLG and K3 500 – Yelia LLG through joint CARE and community request 4 sewing machines and coffee pulpers donated by EHP Governor towards the Andakombe Community Learning Centre Community Initiated and Implemented Projects: o 10 child literacy classrooms built in Simogu (Yelia LLG) o Resource centre built in Andakombe o 3 Public latrines built in Andakombe cluster o 10 village birthing houses constructed in Andakombe cluster o Resource centre /boarding house constructed for use as ICDP training venue in Sigami
Improved access to basic services, with greater government and civil society capacity to deliver and advocate for these services.	• Increased % of boys & girls attending school regularly • increased access to health services • increased quality of health services • VBA &VHV networks	• Ward development plans for school attendance rates, and access to health care • Baseline study p. 28 (data collected from key informant interviews) for Yelia • • Observation – latrines, water tanks, incinerators at health facilities not in place (e.g. Andakombi, Wonenara, Simbari) • Small infrastructure reports (LIVE)	VBAs attending health committee meetings, assisting health centre workers, involved in health promotion, conducting trainings on safe motherhood, family planning, healthy children and undertaking self help health care activities. VBAs examining pregnant women, identifying high risk pregnancy, and referring pregnant women to the health centres. 12 communities in Andakombe certified as “healthy villages” having fulfilled the 10 healthy village criteria Andakombe cluster declared health promoting area in May 2011

Project level	Indicators	Baseline data	Achievements to Date
Improved and more secure and self reliant livelihoods	• Increased food security • Increased income • More equitably distributed income	• Monthly income "snapshot" and agriculture sector earnings on p. 36 of Baseline report • Findings on general daily food consumption (% and diversity of foods eaten) on p 30 of Baseline report (e.g. 92% eating sweet potato, 90% not eating animal protein, and 25% did not consume any vegetables) • Observation and local knowledge that men (i.e. heads of the household) control the decisions on income (expenditures, etc).	More than 100 households in 3 clusters (Andakombe, Wonenara, Marawaka) in Yelia LLG farming fish with at least half consuming fish once a month More than 20 potato farming households in Ubo reporting increased income More than 45 households in 2 clusters in Yelia (Andakombe, Simogu) growing African yam for drought preparedness
Objectives			
Objective 1: **LEAD** Strengthened local level organisations and processes	• Local level structures (LLG, WDC, and District) continue to implement development activities when CARE exits the area • increased District funding to local level plans • integration of ward development planning processes into govt systems	• No functioning WDCs (some field sites had no WDCs at all and some had WDCs in name only) – info from 7 WDCs interviewed in 4clusters in Yelia during baseline survey • Annual district budget allocations (operational and projects) to LLGs	
Output 1.1 Villages and Wards, and CBOs have the capacity to prepare consultative plans and strategies to meet the needs of communities	• Village and Ward Plans developed and implemented on an on-going basis; • increase in female engagement in decision-making • Ward Development Committees functioning • communities accessing assistance from Govt, NGOs and donors other than CARE	• No plans before (see Objective 1 Baseline comments above) • From 7 WDCs surveyed, could verify clearly no female representation on WDCs • Through community focus discussions during the baseline and most recently during MTR, in some areas Faith-based groups were present before CARE providing some services, but no real government presence (more information needed on the kind of services churches were providing and which churches in particular)	Key Obura Wonenara District Administration and LLG staff trained on decentralised governance and developing LLG Plans 34 Ward Development Committees in Yelia LLG trained in Ward Planning, use of PRA tools and Roles and Responsibilities of members 25 Ward Development Committees in Lamari LLG trained in Ward Planning Processes and the use of PRA tools for community engagement in ward planning Yelia - 22 ward plans developed with some implementation Ward Development Committees Utilising Organic Law on Provincial and Local Level Governments to develop Ward Development Plans Yelia - 22 ward plans developed with some implementation Lamari – 13 ward plans developed

Project level	Indicators	Baseline data	Achievements to Date
			30 functioning WDCs (Yelia and Lamari LLGs) 62 females out of a total of 286 WDC members in Yelia and Lamari LLGs Simplified version of roles and responsibilities training manual developed
Output 1.2 The capacity of **local development partners** is strengthened so they can sustain and expand their activities in support of local communities	• Number of partners engaged • Nature of the engagement • Competency of partner organizations		16 partners engaged to provide services and implement activities for and on-behalf of CARE Nature of engagement has included: o service provision; o facilitation; o delivery of specialist training; o development of IEC materials Major partner Touching the Untouchables submitted funding proposals to EU, SPSN and EED with very positive initial feedback/short listing.
Objective 2 – LEARN Strengthened learning environment and opportunities	• Communities report increase in access to knowledge and information • improved literacy • Increased # of boys & girls with access to elementary/primary education • reported increase in quality of this education	• 27% literacy rate (19% F, 36% M) • Provincial Education Department documents • Observation and villager self reports of no schools before (in Simogu clusters)	21 registered elementary teachers underwent in-service training in Nov. 2011 13 out of 24 proposed Elementary Schools in Yelia LLG registered 3 out of 13 proposed Elementary Schools in Lamari LLG registered 3 out of 5 literacy schools in Simogu Cluster formally upgraded to Elementary Schools
Output 2.1: A specific and appropriate program for enhanced community learning in each community is developed, implemented, monitored and regularly revised.	• Number of community-based schools and teachers engaged & nature of this engagement • Number & types of IEC materials distributed • Number of village court networks established • Number of learning events /open days held	• There were no schools, these were long-since closed (Provincial Education Department documents and villager statements) • Village court Secretariat reports that village courts hadn't been operational for years	3 adult literacy programs established in Simogu cluster 14 volunteers trained as literacy trainers 17 volunteer literacy teachers trained in curriculum development 583 (284males /299females) children enrolled in child literacy program in Simogu – Yelia LLG 21 registered elementary teachers in Yelia LLG received in-service training Over 2000 copies of Wantok newspaper distributed to Andakombi, Simogu, Marawaka, Simbari, Wonenara, and Ubo 5 village court networks in Yelia proclaimed and gazetted (Sindeni, Marawaka, Simbari, Wonenara, Simogu) 60 court officials (12 per cluster)

Project level	Indicators	Baseline data	Achievements to Date
			20 court magistrates now formally recognised by Village Court Secretariat and on payroll. 4 female magistrates and 1 female court clerk 2 School Open Days held at Matona and Ontabura Primary Schools – Gadsup Tairora LLG 1 Community exchange visit and Open day in Anadakombi
Objective 3 – EARN Enhanced community livelihoods and	• Increase in household incomes • Improved nutrition • Improved food security • Reported reduced vulnerability to disasters	• Household income (K/mo): 45% <K100 • BR on % and diversity of foods eaten • 75% households say food security is an issue in BR, particularly when the dry season was extended	Improved quality and quantity of coffee and potato produced Communities have expanded the number and size of their initial fish farms Female household members expressed that coffee pulper drastically reduces their time spent processing coffee (Simogu MTR focus group – what took 1 month now takes a few hours)
Output 3.1: A specific and appropriate program for enhanced community livelihoods in each community is developed, implemented, monitored and regularly revised.	• # and diversity of livelihood programs funded • % of livelihood programs still operational after 2 to 5 years; • increase in diversity of coping strategies to climatic/economic shocks	• From baseline reports and villager testimonials, there were limited or no programs or livelihood-related funding flowing into the project areas	Fish is now an additional source of protein in people's diets African yam planting style changed from rubbish heap method to direct planting in deep hole to increase yield Style of yam training changed from classroom based theory and practical to outdoor direct demonstration sessions to increase efficiency and decrease cost of delivery
Objective 4 – LIVE Improved physical and social environment	**Improved health indicators** • # of attended births • increased % child immunization • improved behaviour around HIV & AIDS • improved behaviour around sanitation • improved behaviour around malaria **Improved educational indicators** • Increased # of boys and girls attending school regularly; • schools staffed by qualified teachers **Improved physical access to**	• 53% (2006 DHS) • 52% aged 12-23 months get basic coverage (2006 DHS) • Less than 10% of FG participants nominated condoms as a means of prevention (pg 33 ICDP) • 14% wash hands after visiting latrine (pg 33 ICDP) • 18% HH 2-3 treated nets, 10% HH 1 treated net. 73% self-report using a net every night (2006 DHS) • 41% males & 56.2% females in highlands no schooling (2006 DHS) • 71% in Yalia no schooling (ICDP)	58 certified Village Birth Attendants: o 9 in Omaura – Gadsup Tairora LLG o 14 in Andakombe – Yelia LLG (2males) o 10 in Wonenara – Yelia LLG o 10 in Simbari – Yelia LLG (2males) o 15 in Simogu – Yelia LLG 92 assisted deliveries – Andakombe (to March 2011) 51 VBA referrals – Andakombe (to March 2011) 123 Village Health Volunteers trained: o 28 in Andakombe (10females) o 36 in Wonenara (17females) o 28 in Simogu (14 females) o 31 in Simbari (8 females) o 70 Kundana – Gadsup Tairora LLG (10 females)

Project level	Indicators	Baseline data	Achievements to Date
	goods & services • xxx • xxx	• % from Chart 2 (p 25 BR)	o 100 Kosa – Gadsup Tairora LLG (50 females) 51 health volunteers trained in Self Help Health Care: o 31 in Andakombe (10 females) o 20 in Wonenara (8 females) o 12 in Simogu (5 females) 24 women received Motherhood Skills training in Andakombe
Output 4.1: Programs for improvement in the health, harmony, physical environment and disaster preparedness of focus communities are developed, implemented and monitored.	**Health Initiatives** • VBA networks established & operational • VHV networks established & operational **Education initiatives** • # of school nutritional programs established & operational • # of climate resource units established & operational **Community Infrastructure** • # & types of community infrastructure rehabilitated and/or constructed; • Operational management of community infrastructure	• Observation: no VBAs in target communities of Yalia • Observation: no VHVs in target communities of Yalia • Observation: no school nutrition (no schools) • No climate change resource units in field sites • Observation: degraded health and school facilities (were present, elsewhere non existent)	Community-based learning centre constructed in Andakombi x1 Rain water tank, medical waste incinerator and male/female latrines constructed at: Andakombe, Wonenara and Simogu Rural Health Centres Internal plumbing upgraded at Andakombe and Wonenara Rural Health Centres x1 health facility building renovated to use for trainings in Simogu Council facilities upgraded in Marawaka Maintenance completed for two sections of road in Kundana and Untoa through a combination of community participation, support from Dept. of Works and a local contractor to deliver gravel in GT Principal walking tracks marked out for 3 different routes totalling 216km in Yelia LLG
Objective 5 - Effective Program Learning and Management	Timely effective implementation of the program informed by quality information		
Output 5.1: Effective and efficient program management systems established and operating to support program implementation	• Effective financial, reporting, planning processes • procurement & logistics • Safety & security • HR systems		Budgets, plans, reports submitted in timely manner Financial systems, contracting and agreement processes and tools in place Safety and security team and protocols established Project manager, coordinator, and 10 project staff comprise the ICDP team
Output 5.2: Thorough research and analysis within Target Districts	• # wards & LLG committed to engage in each target district • Baseline data collated and analysed and reported for LLG & district		Active in 60 out of 81 wards in Obura Wonenara (various levels of engagement from established working relationships to newly entered areas) Baseline study conducted for Yelia

Project level	Indicators	Baseline data	Achievements to Date
Output 5.3: Effective monitoring and evaluation, with continuous learning and improvements	**Operational M&E Systems** • MSC, PEs, MAT • Reflection Workshops • Field Monitoring Visits • Review Meetings with stakeholders • Field studies **Documentation & Dissemination** • Number of reports distributed • Number of manuals and guidelines distributed • Participation in workshops and seminars		MAT piloted in Andakombi and Wonenara x2 Annual reflection workshops with government and partners Regular/scheduled field monitoring visits Revised WDC roles and responsibilities manual (English and Tok Pisin) Nov 2011 version 67 reports and field studies 6 project presentations Mid-Term Review conducted 6 Significant change stories from MTR Interview and meetings for MTR with provincial government, district and LLG, communities, capacity building partners, and service provider partners

Annex 3: List of Partners

LEAD

Name	Skills	Contribution to Date
District Administration	District Planning	Co-facilitated WDP training in Lamari and ongoing technical advise
Local Level Governments – Yelia, Lamari, Tairora Gadsup	LLG planning and ward planning	Co-facilitated WDP trainings in Yelia and Lamari LLGs
Department of Provincial and Local level Government Affairs	Ward development planning	Conducted governance training for ICDP staff, LLG and District staff, and partners on decentralized governance and ongoing technical assistance to ICDP
Madang province Dept planning, Bogia district	Ward development planning	Learning and Information sharing in 2 Madang study tours and training of ICDP and LLG (Lamari, GT, Yelia) staff on Ward Planning Process
Strongim People Strongim Nation / Democratic Governance TP	Governance and ward planning	Provide ongoing technical assistance and distribution of training manuals?
Eastern Highlands Provincial Planning Office	Governance	Staff have only participated in ICDP activities by invitation (SPSN manual review, LLG Consolidation Workshop)
AusAID – Governance section and SNS	Governance	Funding
Eastern Highlands Provincial Treasury Dept	Finance	Provided TA and Budget Break-up for Obura Wonenara District in 2010
Oxfam International	Governance	-Learning and information sharing on decentralized governance through participation in Mt. Hagen Study Tour and Governance Workshop -Shared Manus experience with ICDP
Happy Valley - Duna	Community development	ICDP conducted training on WDC Roles and Responsibilities for them
Partners in Community Development	Governance and Community Development	Shared knowledge and learning on the Bogia Ward Planning Model
Health & Education Public Servants in Marawaka, Andakombe, Wonenara, Simogu, Simbari, Obura	Capacity Building of WDC	-Provided resources (radios, classrooms, accommodation for facilitators) and shared local knowledge in Marawaka -Resource people on the ground -Health staff participated in Scorecard (Marawaka, Simogu, Wonenara)
Faith Based Organisations in (Owena-Baptist Church, Simogu-Seventh Day Adventist Church, Obura and Baira 1-Evangelical Brotherhood Church)	Community Development	Provided resources (accommodation, training venues) and services (catering)
Transparency International (PNG)	Governance and IEC material	Supplied Governance IEC materials to ICDP for distribution in Yelia

		LLG
NGO-PRO HorizonT3000	Capacity building of local NGOs	Capacity Building of Partners
Ward Development Committees in all clusters in Yelia, Lamari and Gadsup-Tairora LLG	Local knowledge and resources	Provided security, local knowledge, food and accommodation
Target Communities	Local knowledge and resources	Provided security, local knowledge, food and accommodation

LEARN

Name	Skills	Contribution to Date
Evangelical Brotherhood Church	Literacy, Health, Water/sanitation	Provided life skills books, Kisim Save manuals and literacy training materials
Village Court Secretariat	law and order, village magistrates, village court system	Conducted trainings for Village court officials in Yelia LLG
Law and Justice Sector	law and order, village magistrates, village court system	Provided counterpart funding for village court establishment training in Yelia LLG
Young Womens' Christian Association	Literacy	Provided learning and shared their experience with ICDP Literacy Program prior to establishment of Child Literacy Program
District Administration – Yelia LLG	LLG management	-Provided counter funding for village court establishment -Facilitated Swearing in of Village Court Officials
Touching The Untouchables	Community health, HIV and AIDS	Conducted training for Village Health Volunteers
Division of Community Development	Child Protection and Welfare	Provided technical assistance in initial discussions for establishment of community learning centres
Wantok Newspaper	Dissemination of news and current affairs to the community through Tok Pisin newspaper	Supplied newspapers to all ICDP remote sites
Provincial Division of Education (PDoE)	Education and Schools' Management	Consulted for establishment of child literacy program and endorsement of elementary schools Consulted for ICDP yearly education activities planning
Elementary Section of PDoE	Management of Elementary Schools and Teacher Education	Conducted elementary teacher training in Yelia LLG and did scoping for establishment of elementary schools
District Elementary Coordinator	Management of Elementary Schools and Teacher Education at the District Level	Provided technical advice to ICDP staff on delivery of education program
Child Literacy Trainers (Lina Solato & Manase Sese)	Literacy Training	Conducted child literacy trainings in Yelia LLG
Provincial CODE Office	Management of External Study	Provided input into initial discussions by ICDP to establish Community Learning Centres in Simogu
MAF	Aviation	Assisted in delivering Wantok Newspaper to remote sites

New Tribes Mission	Aviation	Assisted in delivering Wantok Newspaper to remote sites
Ward Development Committees (Yelia LLG)	Local knowledge and resources	-Informed and prepared communities for trainings -Conducted awareness and community mobilisation for child literacy program. -Built classrooms (Simogu) and selected participants for child literacy teacher training -Provided security and escort services
Public Health Workers (OIC, CHW)	HF Radio and local knowledge	Informed communities about upcoming trainings Provided weather and security updates prior to implementation of activities
Target Communities (Marawaka, Simogu, Wonenara)	Local knowledge and resources	- Provided materials and labour for constructing classrooms in Simogu -Provided food and accommodation for facilitators and participants
Seventh Day Adventist Church (Simogu)	Community Service	Provided lighting for night classes, accommodation and catering services
Marawaka Primary School Administration	Education	Provided local knowledge, training venue and accommodation for facilitators

EARN

Name	Skills	Contribution to Date
Provincial Dept. Of Agriculture & Livestock	General agriculture and district agricultural planning	Provided African yam seeds and rice seeds
National Agriculture Research Institute	Agricultural systems	Conducted trainings and distributed news varieties of drought tolerant food crops
Backyard farmers	Aquaculture	Conducted fish farming training and monitoring and supplied fingerlings for distribution
Coffee Industry Corporation	Coffee industries	IEC materials, coffee training manuals, coffee seeds and TA
Fresh Produce Development Agency	Fresh food and marketing	Conducted trainings and distributed potato seeds to Ubo farmers
Mr. Atura Kena	African Yams and training	Provided African yam seeds to ICDP for distribution
Appropriate Technology projects	Coffee processing	Supplier of Coffee pulpers that were distributed in Simogu
Australian Centre for International Agriculture Research	Aquaculture and Coffee	Provided inputs into Coffee household survey for Simogu
New Guinea Highlands Coffee Exporters	Organic coffee marketing	Assisted ICDP with community socialisation in Simogu and were a key stakeholder in the coffee marketing and value chain study tour in Goroka
Kumatega Coffee Development and	Coffee development and management	Conducted coffee trainings in Simogu

Management Services		
Kilebo Farmers	Coffee development and management	Conducted coffee training in Andakombe

LIVE

Name	Skills	Contribution to Date
Division of Health	Community health, malaria, and VBA	Provided endorsement letter for refurbishment of health facilities in Yelia LLG and participated in final inspection
Population Services International	Malaria and IEC materials	Provided technical information and IEC materials on Malaria
Provincial Works unit	Infrastructure & supervision	Conducted feasibility studies and supervisory visits for road infrastructure in Gadsup Tairora
Mi Yet Community Health Education	Health education	Did community mobilisation and conducted community health education training in Kundana and Ubo/Untoa
Appropriate Technology Projects	Health and livelihoods	Did scope of works, refurbishment of health facilities in Yelia and final inspection of facilities
National Agriculture Research Institute	Nutrition programs	Conducted nutrition training for teachers and board members from Yelia and Gadsup-Tairora primary schools
Division of Education	School nutrition & climate change	Provided endorsement for teachers to participate in ICDP trainings
Tough The Untouchable	VBA trainings & Health awareness	Conducted VBA and VHV trainings and monitoring
Marawaka, Andakombe, Wonenara Primary Schools in Yelia LLG	School nutrition & climate change	Provided manpower, resources (building space, land)
Matona, Ontebura, Bioka, Ontenu Primary Schools in Gadsup Tairora LLG	School nutrition & climate change	Provided manpower, resources (building space, land)
District technical unit	Tertiary road maintenance & supervision	Supervised road rehabilitation and maintenance
Primary school teachers and School Board members	School nutrition & climate change	Provided manpower and management of School nutrition and climate change activities
Ward development committees	Local resources, planning & local knowledge	Oversee activities, Provided local knowledge, accommodation, food, security.
Simbari Community Association	Community Development	Provided local knowledge, tracked local commercial routes in Yelia LLG
LA Enterprises	Road infrastructure	Upgraded Bioka and Ubo roads

M & E

Name	Skills	Contribution to Date
District Administration	Planning and M&E	The DA and district officers participated in ICDP annual reflection workshop, meetings and negotiated for safety and security of CARE staff in the field at mediations. He also initiated talks to establish a steering committee for ICDP
Division of Planning	Planning and M&E	Released staff to participate in ICDP workshops
Division of Community Development	Networks	Conducted sports workshop in Andakombe
Transparency International in PNG	Governance & IEC Materials	Provided IEC materials on Corruption and Good Governance
Law Reform Commission	Governance	Provided copy of Organic Law to ICDP
Dept. Foreign Affairs and Trade – International Organisation Branch- Political, Security & Treaties Division	Human Rights	Invited ICDP to participate in a workshop
Community Development Workers Accreditation	Governance and Capacity Building for Staff	Provided training for one ICDP staff and participate in manual review at the SPSN workshops
Dept. Of National Planning	Governance	Invited CARE staff to participate in Aid in development workshop
District AIDS Council	IEC	Provided IEC materials to ICDP

Annex 4: Gender Assessment of ICDP

COMPONENT	ACTIVITIES	GENDER ANALYSIS – successes to build upon, key gaps/ issues, and recommendations/ideas for action
LEAD	Ward Development Planning ToT, Follow-up, Roles and Responsibilities training for Ward Development Committees	**Successes:** WDCs reserve a seat for a Women's Rep, women are included in the ward planning process, and during community or WCD meetings women are called upon to participate and the Women's Rep is given space to speak. This represents the Agency (women themselves; their skills, knowledge, confidence and hopes) and Structures level (environment including tangible, formal structures that influence or dictate women's choices) of the Women's Empowerment Framework (WEF). **Key gaps/issues:** While women's Agency and Structures are being addressed through their participation in ward planning and a women's representative seat reserved on each Ward Development Committee (WDC), there are many examples of attitudes toward women's roles remaining unchanged. As a result, women members of WDCs lack support from the wider community and may actually have increased work burdens due to prevailing expectations for completion of domestic duties of house work and childcare before undertaking anything else. Gender-based work with the district and LLG administration is another key issue as they are responsible for consolidation of ward plans and for the entire ward planning process. **Recommendations (short term and long term action ideas):** • Gender balance on the LEAD team similar to MIH (designed around the WEF so is best practice). • Community engagement and training on gender roles to create awareness of women's burdens of work and build understanding of women's need for support. This work at the Relations level (women's ties with husbands, children, extended family, neighbours, communities and authorities) is critical to efforts at building women's Agency and addressing Structures as a focus on one or two areas of the Women's Empowerment Framework is not enough to bring about sustainable change. Again this is similar to the MIH approach and collaboration between ICDP and MIH on community engagement could also provide greater efficiency and scale. This applies for all components. • Enhance the capacity of the District and LLG Administration in women's empowerment and gender equality including through increased awareness of the National Policy for Women and Gender Equality 2011-2015. • Encourage women's representation on the WDCs beyond the one reserved seat. An alternative could be to have a female and a male representative for each sector of education, health, etc. • Strengthen the diversity aspect of ward planning to ensure support for vulnerable groups. This could start with a Who Is Your Community? activity in order to determine numbers of people with disabilities, PLHIV, widows, elderly as well as where they live and what support they need. • Development of a specific Women in Governance training module for delivery twice a year at selected locations, possibly separate but simultaneous trainings for women and for men.

EARN	Fish Coffee – seed capital support & nursery Yam – tuber distribution & training Potato training & seed capital	**Success:** Some women are participating in the trainings and seeing the benefits of it including increased income. Women have reported that some activities (coffee pulpers) have saved an enormous amount of time; although there is lack of transport link to get coffee to the market. Community members in both Ubo and Simogu reported that they were able to better plan together, discuss and share workload. **Key gap/issue:** Similar to within other components, there are significant cultural barriers, where women are only perceived as child bearers and carers. In consideration of gender issues in coffee (and cocoa) production, the World Bank[19] discusses the frequent identification of the household as the productive unit, with the assumption that members of the household share economic interests and production incentives. However, men often have considerations other than those of their wives and other members of households resulting in *disputes over allocation of income*, a major source of conflict in PNG. Land rights generally reside with men and it is the men who control the income earned from cash crops. In PNG the production of cash crops is generally viewed as the domain of men while growing food crops for subsistence and for sale to earn small amounts of cash for shop food and other household expenses is associated with women's work. In regard to coffee, while women are involved in its production, and often work more hours on coffee than men, income from coffee is viewed as belonging to the man who controls the land. This is a disincentive for women to provide their labour, and *conflicting incentives among women and men* has been identified as a major factor in low coffee productivity[20]. Another key issue in coffee production in PNG is *women's limited access to training, information, and extension services* and its implications for their technical knowledge. Women's participation is often lower than men's due to their lower educational levels and to the prevailing view of childcare and housework as women's work, leaving women with little available time for other activities. Furthermore, despite efforts at participation, women often have limited decision-making power to introduce changes. A national promotion by Women in Agriculture for women to take part in agriculture networks, such as Tairora-West provides an opportunity for networking and support. **Recommendations (short term and long term action ideas):** • Include consideration of landless/vulnerable community members in selection criteria for livelihood activities. • Training needs analysis must be conducted to determine the obstacles faced by women and other groups and how these could best be overcome. Examples include timing and venue of trainings to ensure that they are appropriate, adapting training material to use more pictures, and/or holding

[19] World Bank. *Gender Issues in Smallholder Cocoa and Coffee Production*. Paper prepared for the PNG Department of Agriculture and Livestock to support the implementation arrangements of the Productive Partnerships in Agriculture Project (PPAP).

[20] Ibid.

		training specifically for women. • Community engagement and training on gender roles is needed to create awareness of the benefits to the entire community of women's equitable access to training and other opportunities. Incentives for women to contribute their labour could lead to increased productivity in coffee and other crops and thereby improvement of the socio-economic status of entire communities. Evidence has shown that women use their financial resources to improve the lives and health of their families. • Community engagement could also involve training for couples on Gender-Based Violence and on family budgeting to encourage joint planning and address conflicts over allocation of income. • Research with the Coffee Industry Corporation and DPI the possibility of expanding activities around coffee pulpers which are major time-savers for women. This could be expanded for minimal cost if it is a technical intervention that can have a significant impact and the DPI could be provided with training on the benefits of these and with support for expansion of activities in this area. • Investigate the national promotion by Women in Agriculture for possible support as well as expansion and linkages with DPI.
LEARN	Elementary support Children Literacy support Village Courts	**Successes:** CARE's participation on the Provincial Education Board has strengthened partnership to get work done, increase in women's involvement in literacy classes, literacy teacher training and the construction of schools within individual ward means that girls will be able to learn alongside boys, teachers in the field have seen tremendous change. The Ontabura School in Ubo also reported an increase in women's involvement in literacy classes. They noted that men's perception of women is changing, and this is perhaps due to the system changing (e.g. access to rule of law via Village Courts) and to awareness-raising on gender equity through school Field Days. Collaboration with the Division of Law and Justice, Village Court Secretariat and the District Administration that includes discussion of women's rights and violence against women as a crime as well as the promotion of women as Village Court magistrates. **Key gaps/issues:** Currently the majority of literacy teachers are men due to their higher levels of education. Many girls were kept back from school as a result of school's distance from the communities and security issues as well as financial constraints and traditional preferences for educating boys who remain within the community. Girls/young women tend to move to their husbands' communities upon marriage. As described in the National Policy for Women and Gender Equality 2011-2015 W*omen's and girls' human rights continue to be widely violated and they face different types of disadvantage and different forms of discrimination at different stages of their lives – due to the customary laws, practices and traditions that affect them daily.* The centralised training in Marawaka for Village Court officials only had five women out of a total of 55 participants. **Recommendations (short term and long term action ideas):** • Promote gender balance on school boards and training for their members. • Actively identify and train women as literacy teachers as they can be role models for girls and promote

		girls' equal attendance and participation in classes. • In accordance with the National Policy for Women and Gender Equality 2011-2015, include gender training in training for literacy teachers so that gender stereotypes are not perpetuated within classrooms. • Community engagement and training on gender roles is needed to create awareness of the benefits to the entire community of girls' and women's education. The effect of a mother's education on her child's health and nutrition is so significant that each extra year of maternal education reduces the rate of mortality for children under the age of five by between 5-10%.21 • Use representation on the Provincial Education Board to push the gender agenda – equal numbers of girls in schools, training of women as literacy teachers, etc Explore with the Village Court Secretariat (which seeks groups to engage with): • Continued advocacy for women's meaningful involvement as Village Court magistrates, Peace Officers, and Clerks and their participation throughout Village Court activities, not just for 'women's issues' and not just one token woman magistrate in each area. • Build on previous training and provide follow-up support for Village Court officials to promote gender-equitable deliberations and outcomes. • Wider family and community support is required for women VC officials to fulfil their roles effectively, for which community engagement and training on gender is a prerequisite to changing mindsets on men/women's roles, and on violence against women as a crime rather than a husband's right. • Work with WDCs and community leaders to build support for women VC magistrates.
LIVE	VBA VHV & community health education Small infrastructure Community resource centres School nutrition Climate change Road maintenance	**Successes:** The VBA/VHC work through TTU has been very important, has transformed key communities such as Andakombi, empowered rural women, to address preventative health care. The infrastructure work and provision of materials and trainings has enabled the community to work together on such activities as fencing off pigs from the water supply, cutting back grass and digging trenches and latrines. Villagers see themselves and their villages as more organised, cleaner and healthier, community members including women highly rate the infrastructure work (resource centre, health clinic) as addressing their needs. There's been a reported increase in women's involvement in the nutrition program. Increased hope, pride, dignity, new interests. **Key gaps/issues:** Support from wider community may not be there because trainees/participants are seen as CARE reps, i.e. paid by CARE. VBA training participants may have negative impacts on their own household dynamics causing tensions. In some parts of OW, the government reported that there are harmful traditional practices that limit the survival of infants born with a deformity. However, they reported that

[21] CARE Australia. "Strong Women, Strong Communities: CARE's holistic approach to empowering women and girls in the fight against poverty." Canberra, 2010.

		through the District Administration the project had assisted some visually impaired people in Wards 6 and 13, Yelia LLG to attend the Mt. Sion Blind Centre. **Recommendations (short term and long term action ideas):** • The VBA and VHV elements are in the process of transition to the MIH Programme and the Community Engagement Manual being developed by MIH will help to address the above issues. As discussed previously, collaboration on community engagement for discussion and critical analysis of gender norms and their impact on health. • There is scope to further explore and work with the LIVE team on best practice around infrastructure development and other areas as time constraints have limited interaction to date.
Programme management and M&E		**Successes:** The Programme has established systems for data collection and M&E as well as dedicated positions specifically for M&E. **Key gaps/issues:** Numbers are being collected, such as numbers of trainings held and numbers of participants with sex-disaggregation of data. These could be strengthened through improved M&E. **Recommendations (short term and long term action ideas):** • Training/awareness-raising for the ICDP team and particularly M&E staff on the Women's Empowerment Framework prior to a re-examination of the M&E framework to better track women's access to information and technical skills, the impacts of increased participation in activities, and levels of community support. • Improve use / sharing of data externally, e.g. with the Provincial Department of Education, the Provincial Department of Law and Justice and the Village Court Secretariat, the District Admin, Dep't of Planning, etc

Annex 5: Significant Change Interview

Interviewer: Sewege Moa
Interviewee: Papu Amze
Age: 41 year old male, visually impaired
Date: Feb 12, 2012

Papu's Story: Fish at the front door means nutrition and income

Before, eating fish only happened for the people who knew how to catch fish from the 2 big creeks around. Fish were not easily available to many in the past. I was in the village when I heard one day that fish training was going to be conducted in Andakombi station. CARE PN G asked community members to give names, and so I gave my name and began working on the fish pond. When the first training occurred in the community, fish fingerlings were brought in and distributed.

Now I have 2 big fish ponds with thousands of fish in them. I am expanding and I have dug a third big fish pond. I will be stocking fish fingerling in a few years from now. The big fish ponds are full of big and small fish.

I have seen good change as a result of having fish farms. Because the fish ponds are closer at the door, we catch and eat very often. Even the children want them. Also, I enjoy feeding the fish, I like to increase the ponds, it helps us to work hard. I like the taste of fish, and I enjoy selling adult fish and fingerling. We have made a lot more money at our doorstep. My children eat fish and their skin looks shiny. I eat fish and experience the same.

The bad change is that a lot of stealing is happening in the ponds – this is killing our interest. We experienced a land slide and we saw a few fish die because the slide cut off water supply into the ponds, but it is not a big problem.

The future of the fish work will depend on the land ownership near the water, though I am happy to carry on the fish work. In the future, I want to sell big fish out to the shops in town, if we can only figure out how to lift our goods to town.

Annex 6: Significant Change Interview

Interviewee: Disos Jopinu, WDC member – Social Sector Rep, Ward 21 (Nilikama Village)
Interviewers: Vincar Yogiyo, Anna Padarath
Date: Feb 7, 2012

Disos' Story: Leading by example on the WDC

I was married and I have 4 children. I used to be part of Mama's Aid, a church women's group and did a lot of work with the church with my husband before he died in 2001. Mama's Aid did community work for which they came together to raise small amounts of money (K10-20). They also helped to support the pastor with food, water, etc. I was the leader of this group.

With the introduction of CARE's ward planning work, the community chose me to be the Women's Rep on the Ward Development Committee (WDC) because of my active role in the church women's group. For this role, I was urged to tokout na tok stret (speak out and speak directly) for women. I have also taken part in both coffee and WDC trainings. For the WDC, I was asked to bring along another woman so now there are two women representatives on the WDC. The other woman has yet to undergo training, however.

When community or WDC meetings are held, they call for women to participate as well and I am given space to talk. However, before I go to these meetings, I make sure to get the views of other women. Other mamas support me to talk, and they depend on me to represent them. It is generally recognised that I am able to be on the WDC because "nogat man na liklik pikinini long stopim mi long wokabout" - I don't have a husband or small children to stop me from going around (for WDC work). I am the only widow/widower on the WDC and other women who are on the WDC have the support of their husbands and families for them to do the WDC work. When my husband died, I found life very difficult. The community did not provide me with any extra support and it was to my younger brothers that I turned for help with chores such as building the house and making gardens.

I think that CARE has provided good help for the community as the WDC organizes the community to work together to dig drains, cut grass and trees, and build latrines. The WDC meets with each village and clan to discuss the importance of digging toilets, planting flowers, washing for personal hygiene and other things. I have built a new house with a verandah, toilet, and flower garden, all in an attempt to lead by example the types of things that the WDC tries to teach the community. The community says, "you do it first," and so I do.

My ward, Ward 21, has a good chairman and because of him the whole community is actively participating in community work. Ward 21 is ahead of other wards and our area looks nice with flower gardens, proper latrines, drains, and the like. One request I do have is shared by the other women in my community and that is to get sewing machines so that we can sew and mend our clothes. Right now, we have no choice but to wear torn clothing, but we'd like to look neater and tidier.

Mi hamamas long kisim dispela wok bilong CARE – I am happy to do with work for CARE. I don't find the WDC work to be too much of a burden and I am able to manage. "Yupela showim mipela long rot bilong gavman" or, you (CARE) have shown us the way to government [for services].

Annex 7: Significant Change Interview

Interviewee: Tony Piagi
Work: Child Literacy Teacher and SDA Church Pastor
From: Chimbu province but now living in Simogu Village, Ward 33 since 2001
Consent form signed (photo and interview consent given)
(Interviewer: Rebecca Kinakin)

Literacy is Hope

Since CARE came, many great changes have happened, but I think literacy is the biggest. Most people here have a hunger for education but there was no school before this project. Well, actually there was a school before and a teacher about 16 years ago, but the teacher received no support from the government and left. This left people with a real hopeless view and everything fell apart. When I first came to Simogu from Chimbu province, trying to get people to even come out and cut the grass on Community Day was challenging as most people didn't respond. All I heard was "we are outcasts from government services, there's no law and order, no respect from LLGs and the District, no element of government – why should we bother to care?" Since CARE has been here, I have seen this thinking die out. CARE has introduced good things and I hear from people, "CARE treats us like people, like human beings, like equals."

One of these good things introduced was literacy. CARE conducted literacy trainings and now we have teachers. Now, we have a school. And now, we want more than that, to go higher, to build a primary school and a high school. That's the next step, the dream! We will have to seek assistance from the LLG and District and if they help, we can move up.

Taking the trainings and being a teacher, I've learned many things. The way I talk to my kids has changed. When I teach, I learn! I can identify the gifted kids that need to go fast, and I can identify and help the slower-learning children. I enjoy being a teacher.

School is important. There is one girl in the village, she was burnt really badly when she was small. Her face is severely scarred and she was left with only one eye to see through. Last year, when we had the first literacy trainings, she was able to attend classes for the first time because the new school was built in the village here – easy to access. I saw her and she was so happy to attend, happy to be doing the same thing as the other "normal" students.

I see some light coming into us - our style of living is beginning to change. Before, people threw rubbish into the creek and onto the paths, but now we put rubbish in the right place, wash regularly, and keep the creek clean. We even made small bridges to cross over muddy sections of the road whereas before people just didn't care and would get all dirty. We have toilets now because of the project. And next week, we start classes. 150 children will get to learn.

Now, I believe we will come up. I am hopeful.

Annex 8: Significant Change Interview

Interviewer: Christina
Translator: Margaret
Date: 8 Feb 2011
Venue: Tampera Cluster, Ubo
Name: Bure Nokai
Age: mid to late 40s (doesn't know exact birth date)
Household: Husband and 7 children: 3 boys (30, 27, 20), 4 girls (24, 18, 12, 7)
Location: Tampera Cluster, Ubo.
Positions in community: Women's representative for group of settlers from Okapa cluster (husband's family); formed women's association to support women's needs (e.g. access medical services, opened account to support women to access care in Kainantu and in Goroka. She is also part of the Women's Group in her local Church.
Involvement in CARE project: Participated in potato training.

Bure's Story: Income from potatoes is helping me to better support my HIV-positive daughter

My eldest daughter went through Grade 9…got a job in Goroka and then got married. Then she got really sick and came home. I took her to the clinic and she tested positive for HIV. Her husband had already died.

Potato farming helped my daughter. I participated in potato training but didn't get any seedlings. My husband went to Mt. Hagen on his own to get seedlings. We planted the seedlings in our garden and after the harvest, we sold [the potatoes] in Marang on the coast and in Kainantu and raised a good income. We sold in the market, [piles of] 5 pieces for 2 Kina/each, and at the store, a 25 kilo bag for 150 Kina. We divided the money equally in the household.

My husband used [his portion] to buy more seedlings to plant and he bought some poultry, too. I used [my portion] to look after basic household items and to pay for my daughter's medicine and trips to the hospital.

Now my daughter is an advocate for people living with HIV, making awareness: 'Get tested before getting married!' I also make awareness to young women. I say, 'If you contract disease, don't keep it inside because it will kill you very fast.' I also make awareness on how to look after sick people, people living with HIV, and I provide support to mothers.

I don't know about other households that have people living with HIV…I think they are keeping it secret. We are one of the few people raising awareness.

My daughter is in Kainantu now to enrol in Vocational School.

Annex 9: IPR Aide Memoire

SECTION 1: BACKGROUND

Kokoda Development Program (KDP)					
Management arrangement:	Managed by AusAID				
Geographic location:	Kokoda Track corridor, across Oro and Central Provinces (1 LLG within each Province)			**Population:**	~8,000
Start date	July 2008	**End date**	June 2011	**AUD**	3.4 million
Access:	Road access to each station at end of track (Kokoda, Sogeri); access along the track is by air (often helicopter) or walking tracks				

Approach: two pronged approach to improving services (health, education, water & sanitation, community access):

- *Direct service delivery* interventions that include:
  - (i) Improvements to basic infrastructure (new facilities, renovations/maintenance to existing facilities, basic operating equipment);
  - (ii) HR improvements (staff training, supported supervision, improved staff continuity); and
  - (iii) regular supplies to health (e.g. drugs) and education (books).
- *Indirect service delivery* interventions (improvements to institutions and organisations responsible for aspects of service delivery) that include:
  - (i) community strengthening (to increase self-reliance and ability to demand better services); and
  - (ii) provincial support so that Provincial Government can better undertake their service delivery role. This is achieved by (where possible and practical) including provincial, district and local level administration staff in the implementation of KDP activities and supports their supervision processes.

Integrated Community Development Program (ICDP)					
Management arrangement:	Implemented by CARE				
Geographic location:	Obura-Wonenara District (the most remote district of EHP)			**Population**	~47,000
Start date	April 2009	**End date**	March 2013	**AUD**	6.7 million
Access:	Variable access to some parts by small road, mostly access is by air or walking tracks				

Goal: to improve the well-being of the population by implementing a community based program that has four technical Components / Objectives:

- LEAD: Strengthened local level organisations and processes;
- LEARN: Strengthened learning environment and opportunities;
- EARN: Enhanced community livelihoods and enhanced access; and
- LIVE: Improved physical and social environment. The most important of these is the LEAD (governance) component which underpins the other three components.

SECTION 2: OBJECTIVES OF THIS REVIEW

The purpose of the review is to inform senior management decisions around ongoing support to these initiatives and future programming where remote service delivery may be required, generating lessons learned and making recommendations on possible mechanisms (including the most appropriate implementing partner, intervention model and development model) for improving remote service delivery.

Key review questions also relate to program effectiveness, efficiency of implementation, and likely sustainability.

SECTION 3: FINDINGS

3.1 Effectiveness

KDP Achievements	So What?
Health: ▪ Health facilities, staff houses constructed /renovated/cleaned-up; ▪ Training in clinical/infection control, waste management, MCH, STI, HIV, TB DOTS ▪ VHV training undertaken to support the work of health personnel and improve community health through health promotion activities ▪ Hospital attachments supported ▪ Health supplies, clinical equipment, furniture distributed ▪ Rural laboratories established ▪ 6-weekly integrated outreach supported	▪ Anecdotal evidence – increased deliveries in health facilities ▪ Better immunisation rates ▪ Improved though not routine IC practices **Issues:** ▪ Concerns expressed by CHWs and VHV coordinators on VHVs – incomplete training, lack of community engagement, participation only in activities for which there is an allowance paid by KDP; VHVs are not a cohesive group ▪ HIV: difficulties discussing the issue; unclear about use being made of condoms (and access issue) ▪ Health workforce: ageing, ability to attract local people, irregular attendance ▪ AT Projects toilets
Education: ▪ Construction/renovations, most of which has commenced but few completed ▪ School curriculum materials supplied ▪ Training for BOMs, upgrading teacher qualifications ▪ Worked closely with BOMs to identify needs ▪ Teachers are being identified from communities to increase likelihood of retention in the area.	▪ Anecdotal evidence: more students enrolled – though not everywhere ▪ Better school planning **Issues:** ▪ Variable performance re: enrolment of girls ▪ Education workforce: ageing, ability to attract local people continues to be a challenge, irregular attendance ▪ For various reasons, there is no school operating (e.g. Vesilogo) – the children are being denied an education
Other: Communities have had opportunities for: ▪ Sports training programs ▪ Provision of sports equipment ▪ Women's leadership and organisational training, sewing and cooking classes, provision of sewing machines and cooking equipment	**Issues:** NB: these activities have been handed over to KTA, however communities expressed frustration and disappointment. There may still remain a communication and coordination issue between KDP and KTA (communities think these are KDP). ▪ Unclear outcomes as follow-up was poor and outcomes were not articulated ▪ Training for women not followed up; problems identified with use/distribution of sewing machines, completion of training, and outcomes of some of the trainings. ▪ Small scale business support had halted; women frustrated. ▪ Highly motivated women had their efforts thwarted by government/LLG leaders despite having support from the community, including men and chiefs. Remarkable persistence by these women, albeit interrupted by episodes of clinical depression, will result in overcoming these extraordinary obstacles, seeing these activities to the end.

Outstanding Achievements of KDP	Why
▪ 6 weekly integrated health patrols commenced ▪ Very good immunisation rates for children ▪ Increased number of waiting houses for pregnant women – should contribute to increase in supervised deliveries ▪ Adhering to national policies and guidelines in everything they do	▪ Actual implementation locally of national policies ▪ National indicators are improved ▪ NB: At the moment, activities appear to be entirely KDP-driven, but there is a view to moving soon toward greater provincial responsibility. This change needs to be appropriately transitioned over, with adequate support for the provincial administration to take this over. ▪ KDP activities must be in local, district and provincial plans.

ICDP Achievements	So What?
LEAD Component: ▪ 34 Ward Development Committees (WDC) established ▪ 348 WDC members elected ▪ Women represented in committees ▪ Training for WDCs	▪ Ward planning is occurring for the first time ever, with consolidated LLG plans progressing in Yelia and Lamari LLGs ▪ Active participation by women in these activities **Issues:** ▪ Top-down funding flow ▪ Unrealistic expectations being raised ▪ This is probably the most important component, in that it underpins everything else, but it is the weakest component
LEARN Component: ▪ Training literacy teachers; establishing 5 child and 3 adult literacy programs; training community members in literacy curriculum development ▪ Elementary school planning; in-service cluster workshops; elementary trainee supervision; registration of schools in 7 wards in Wonenara and Simogu; construction of 10 classrooms through local community contributions and support ▪ Strengthening village court system through various trainings (good governance/leadership, awareness, roles and responsibilities training for court officials)	▪ Improved school enrolments ▪ An early outcome of the village court activities has been the establishment (proclaimed and gazetted) of five village court networks in Yelia LLG and the signing of an MOU with Provincial Law and Justice. ▪ Very clear community support for education of their children **Issues:** ▪ Yet to demonstrate that they can attract and keep teachers ▪ Education workforce: ageing, ability to attract local people continues to be a challenge, irregular attendance ▪ Remoteness – challenges in collecting pay; etc.
EARN Component: ▪ Increasing the number and diversity of livelihood programs (coffee, aquaculture, potato cultivation), all supported with training to increase skills and provision of seed capital, fish fingerlings, tools and equipment to increase efficiency ▪ Communities are being supported to grow African yam as a drought resistant crop, with training, planting demonstrations and yam tuber distribution occurring	▪ Early outcomes include improvements in coffee and potato quantity and quality, and the ability to grow African yam ▪ Improved access to protein and an additional income source (fish farming - which communities have expanded). ▪ Clear evidence that fish farming needs little further support **Issues:** ▪ Access to markets (e.g. high cost of getting coffee to markets)
LIVE Component: ▪ Establishing VBA and VHV networks	Early outcomes include: ▪ Sense of community amongst the VHVs, supported

▪ School nutrition training and establishing school gardens ▪ Small scale community infrastructure	well by ICDP ▪ Increases in assisted deliveries and VBA referrals to health facilities for delivery ▪ Improved hygiene related behaviours ▪ 12 communities being certified as "healthy villages" **Issues:** ▪ Formal health service is very weak – workforce issues, poor infrastructure, supplies, equipment and supervision
Outstanding Achievements of ICDP	Why
▪ Successful inclusion of women in all program areas ▪ Key partnerships in delivery of the program, working with government is partly successful – provincial sectors, MOUs, etc; ▪ Community enthusiasm generated; engagement is clearly occurring ▪ Community-built tracks are high quality and maintained ▪ Small-scale income generation – e.g. fish ponds ▪ Story re: importance of the education component of the program – 'the children are brighter now' ▪ Linkages with District administration and LLGs are strong – has generated enthusiasm in those groups	▪ ICDP is on the ground ▪ A strong sense of 'community' is contributing to a lot of these achievements – this hasn't been undermined by a donor's presence / access to money (cf. Kokoda Track communities who have more access to income, and less enthusiasm for community-based work)

3.2 Efficiency

Value for money: The cost of operating in remote areas will always be more expensive (transport, freight, security) compared to areas that are easy to access. The integrated approach achieves efficiencies for remote, small population programs; and should contribute to greater coordination. This approach allows the community to broadly identify all their priorities, not just by sector.

Refer charts 1 + 2. Comparison with country-wide sectoral programs (eg. CBSC, BEDP). NB: these programs didn't have clear focus on remoteness/poverty

CARE's *comparative advantage* is its ability to mobilise communities, and engage with people at the grass roots. A strength of both programs is implementing national policies and programs locally (upgrading education qualifications; VHVs; VBAs; outreach services; HIV; etc.).

Implications for scale-up: Scale-up/expansion in theory is possible, but greater efficiencies will only occur if these prerequisites are met:

(i) Refine programs to improve implementation. Expansion should only occur when the pilot has been 'fine-tuned' (particularly for KDP).
(ii) Engage Provincial Administrations so they can be involved in the scale-up/expansion.
(iii) Better communication to ensure the lessons on what works and what does not are available and well-understood.

- NB: KDP should not scale-up until incomplete work is finished (construction/renovation work, follow-up required for training, completing training, improving the VHV program) and a robust 'design' and M&E logframe is developed. Greater coordination with other key stakeholders (KTA, KTF, DEC) would also contribute to better value for money and efficiencies.
- NB: ICDP scale-up should not happen without an 'independent' assessment (by an independent consultant, or the SNS team) of Provincial Government buy-in. Need to ascertain the true commitment from the Provincial Administrator.

3.3 **Sustainability** (Refer charts 2 & 3)

The biggest challenge to both programs is *government funding* being available to deliver on provincial responsibilities. There is no guarantee that funds received at the provincial level will flow to the district, let alone to LLG and communities. This binding constraint of access to services has not been addressed in these two programs.

Other issues that will affect sustainability:

- *Engaging with government:* unless this improves and there is government buy-in both programs will not survive without donor support.
- *Planning to attract funds:* Kokoda has 24 wards; the District plan expired in 2007; No planning has been occurring at the LLG or Ward levels to feed into a District consolidated plan since then. ICDP – while some excellent work on Ward Planning has been done, these Ward Plans fail to identify where funding will come from (although those that don't require funding are identified) – the plans are thus aspirational and not realistic.
- *Human Resources:* the workforce is aging; staff are undisciplined; the people being trained (in educ, health) by/for KDP are sometimes not from the area; competition with high wages for porters that affect incentives to be a health worker or teacher (KDP). ICDP has a greater focus on using local people (particularly in education); KDP is trying in education. In health – seems to be more challenging for both.
- *Absence of outcomes/follow-up* to some activities (KDP): activities are not reaching conclusion, therefore cannot be expected to be sustained (VHV, HIV).
- *Changes in counterparts:* some government officers report they want to know what's been good in the program and try to apply lessons in other districts (KDP). But communications is a barrier to this.
- *Women:* as a result of Leadership and Organisational (governance) training, some at least feel more empowered to get things working to the advantage of the community; they have been empowered to the extent that they did not give up dealing with a very important issue despite challenges from male leaders. ICDP has clearly included & empowered women.
- *VHVs:* if embedded and active within communities their contribution to health has great potential (better supervision and coordination is required).
- *Exit strategies:* Programs should have, right from the beginning, and in consultation with Provinces, a clear exit strategy, with appropriate timeframes. This 'exit strategy' should be, in effect, a 'sustainability strategy'.

3.4 **Program delivery mechanisms**

KDP is managed by AusAID; **ICDP** is managed and implemented by CARE, an INGO.

There was a political imperative to commence KDP quickly, resulting in absence of a design document and a robust monitoring framework, indicators to measure progress and identified expected outcomes. AusAID needs to strengthen staff management skills and establish and support robust financial and monitoring systems. There's scope for strengthening monitoring and coordination by the implementation team. An initial contracting arrangement whereby each team member worked separately to a different contractor has not helped – and should never be repeated. It may have been prudent to consider a full-time TL with management and M&E strengths, which could improve the situation.

ICDP developed a very good design document, has a cohesive team working under good leadership. M&E is an area that needs significant strengthening. It uses a team of field workers from the area who have the respect of local communities.

Compared to an MC model, assumed and sometimes actual benefits are that AusAID and INGO managed programs have a better understanding of what is happening on the ground; ICDP field staff are in the field more often than in the office; Program staff for both ICDP and KDP are frequently in the field.

SECTION 4: OVERALL FINDINGS

4.1 Appropriateness of objectives

These remote service delivery programs are in line with GoPNG's plans, including Vision 2050, which includes empowering the people through improved education and life-skills, enhancing the level of service delivery and basic infrastructure, and increasing trade volume. The GoPNG Medium Term Development Strategy (MTDS) together with its Poverty Reduction Strategy (PRS) also identify the government's responsibility to provide a number of core functions and basic services, improve governance, rural development, poverty reduction, and increase empowerment through human resource development. The MTDS identifies seven priorities: (i) Rehabilitation and maintenance of transport infrastructure; (ii) promotion of income earning opportunities; (iii) basic education; (iv) development oriented informal adult education; (v) primary health care; (vi) HIV and AIDS prevention; and (vii) law and justice.

As articulated in 'Making a Real Difference' – the Australian Government's response to the Aid Effectiveness Review – AusAID has an increased focus on poverty. As such, a focus on getting services to the most disadvantaged communities is in line with AusAID's mandate.

Early evidence collected ensured that both programs addressed the needs of beneficiaries (for KDP, the initial and subsequent audits; for ICDP, the location and objectives were informed by evidence – PNG poverty studies – indicating that Obura-Wonenara is one of the poorest populations in PNG, and a good baseline study). Ongoing close community consultation has ensured the needs of beneficiaries are being addressed (stronger in ICDP).
While KDP objectives are in line with GoPNG priorities, the program is occurring in the richest parts of the Oro and Central Provinces. This equity issue is a concern to many government stakeholders consulted during the review, who highlighted there were other more needy populations in their Provinces. For ICDP, Provincial administration considered that engaging with selected communities (Obura-Wonenara) while excluding others (in nearby remote districts) is inequitable.

4.2 Aspects of a good remote service delivery program

- An integrated program approach allows the community to broadly identify all their priorities, not just priorities in one sector
- Working closely with all appropriate levels of government (from national, through provincial, right down to ward level) – includes sharing information of progress and successes and requires a well articulated communications strategy understood by all the team
- Establishing agreements / MOUs / etc. to confirm buy-in and commitment.
- Strong partnerships (for example with provincial and local level governments, NGOs, etc.) to work jointly in the delivery of the programs
- Use partners with the appropriate comparative advantage (e.g. CARE has a long history of working in remote communities, focusing on poverty, using staff from the location)
- Work within government standards, guidelines and processes
- Engage/recruit local people where possible (e.g. for health and education positions) to enhance workforce retention
- Responsiveness to local needs: easy access to funds facilitates flexibility to initiate activities/change direction as needed
- Continual analysis and learning that results in changes to the program (e.g. ICDP expanded to all Wards in the District to achieve desired outcomes; articulation of the MIH – but note this initiative must be part of the ICDP, not a separate program)
- Community buy-in through initial community consultation on needs and ongoing engagement throughout implementation
- Good communication with communities to ensure expectations are realistic
- Generating community enthusiasm and ensuring engagement
- Inclusion of women throughout all elements of the program

4.3 Key challenges for remote service delivery programs

A number of factors common to both programs are likely to affect achievement of objectives of remote service delivery programs:

- The flow of provincial government funds to support services at the LLG and Ward level is not happening, either adequately or at all. Sustainability is not possible without the top-down funding issue being addressed. Engagement with provincial administrations is crucial to gain support and buy-in. Engagement at lower levels of government (eg. District, LLG) has often been easier for community development programs, but there remains a lack of realistic expectations in Wards planning in terms of identifying where funding will come from.
- The cost of getting services to remote, geographically challenging environments (including cost of transport, bad roads and the absence of regular scheduled air services) is high.
- Workforce issues – ageing workforce, staff attendance and attracting and retaining staff (remoteness is a hindrance to attracting and retaining government staff)
- Ensuring that expectations aren't raised beyond what can realistically be delivered; follow-through to ensure that activities are completed is important.
- Apparent apathy of some stakeholders demonstrates a reliance on donors/government to provide services, rather than considering what services could be provided by the LLG/Ward. This has implications for sustainability.
- Ensure adequate technical expertise to assess quality of sub-contracted work (e.g. sanitation – AT Projects VIP toilets).

4.4 Management strategies to overcome challenges/draw on strengths

Efficiencies gained through an integrated program approach overcome some logistics and cost issues, but also recognise that strict sectoral programs don't operate in isolation. This is particularly important because of the remoteness, the relative isolation and often the accompanying poverty. When asking communities to identify their needs they don't just focus on one sector.

Engagement with all key stakeholders is essential from commencement, including at the stage of conceptualisation of the program of activities and throughout implementation.

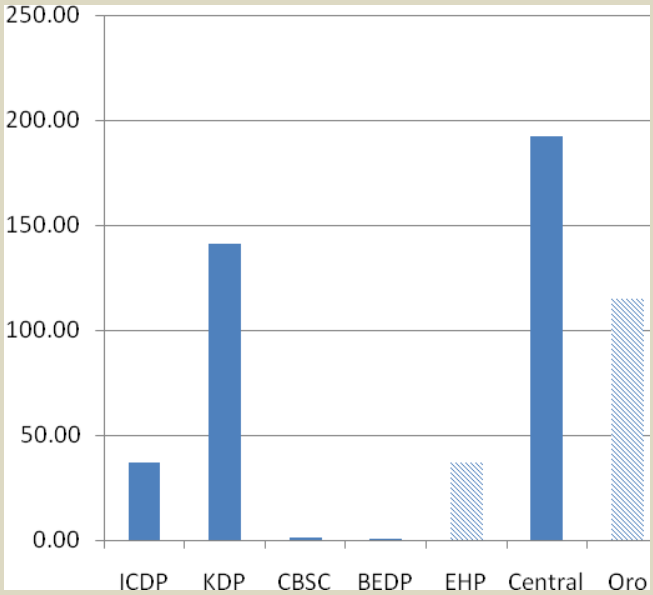
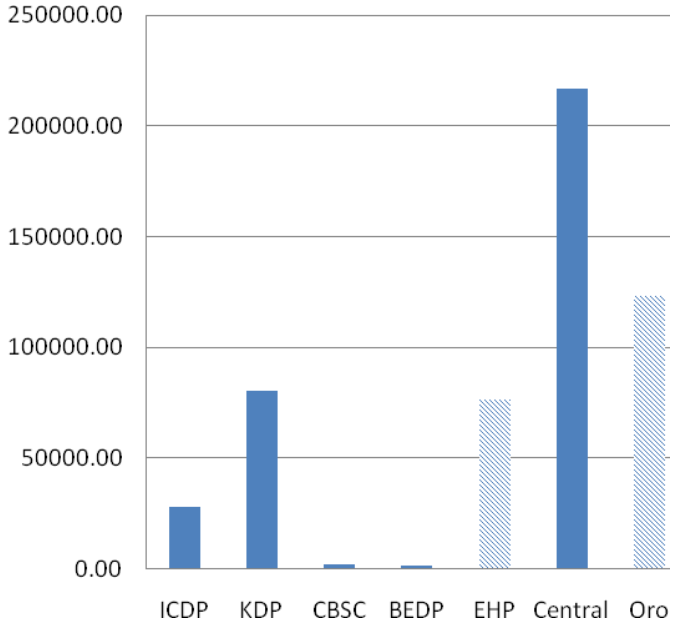
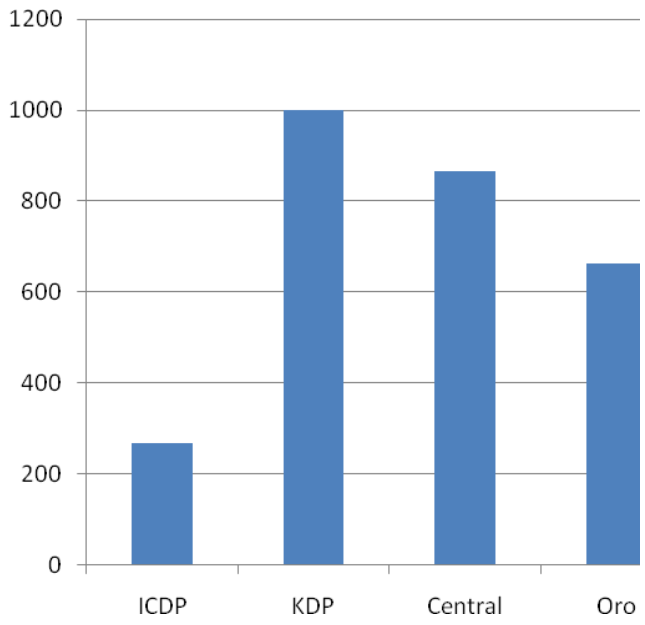
- Develop a communications strategy for each program; ongoing communications and regular sharing of information with stakeholders and beneficiaries regarding progress
  - Use the PCMC as a mechanism for disseminating information to government
  - This could be facilitated by AusAID where they have a provincial presence through SNS
  - Update and enforce protocols for entry into program sites
  - Communicate to subcontractors the need to work within and apply national standards / guidelines / processes.
- Have good consultations with communities and use local (paid & voluntary) local resources with the required skills wherever possible (construction, community development)
- Encourage community contribution (e.g. resources) to reduce reliance on government;

Good monitoring and evaluation – better knowledge of what's working and what is not; clearly articulated expected outcomes and impact.

- Closely monitor and follow-up program activities to identify and address barriers to achieving desired outcomes.
- Ensure clear, accurate and concise reporting.

Ensure strong *linkages with other AusAID programs*

- To ensure appropriate sharing of expertise and lessons (e.g. SNS have expertise and knowledge in working with Provincial administrations)

1. Annual Budget (AUD) / Person	2. Annual Budget (AUD) / Ward
	
3. Number of staff / million head of population	
	

Annex 10: MTR/IPR Action Plan

ICDP Component	Recommendation	Priority (H,M,L)	Actions & Responses	Timeline	Lead	Status *(updated each quarter)*
LEAD	1. "Fine tune" ward planning approach to deal with managing community expectations prior to expansion – plan to attract funds. a) Using the SPSN model and with support from AusAID, CARE should consider advocating at national, provincial and district government levels to effectively budget (with realistic projections) to bring development to remote areas.	**H**	Revision of process and templates to help guide Ward planning and communities to see where funds can realistically come from planned for 2012 (i.e. incorporating "sources of funding" into templates, as well as a prioritization process for what to submit to funding and what can perhaps be done by the community itself) Quarterly meetings with SPSN and AusAID planned and budgeted for in annual plan	May-Sept 2012 Sept/Dec 2012 Mar/June 2013	RK/MS RK/MS	Planned. Planned
	2. Engage Provincial administrators prior to expansion a) CARE's support to OW district on their 2012-2016 Plan will need to be carefully undertaken with clear communication and coordination with national & provincial levels, and specific attention to what is presented to the MP and JDPBPC for approval while also looking at other sources of funding. b) CARE should actively support the government at district and provincial level to regularly inform the MP of LLG	**H**	Draft annual plans have been developed jointly with partners and stakeholders, including government at various levels Draft annual plans will be shared with Deputy Provincial Administrators	March 2012 Sept/Dec 2012 Mar/June 2013	RK PR/DC/RK/ WO/ MS/ JN	Completed Planned

	activities and encourage him/her to participate in the district planning process. c) CARE to work through key contacts at Provincial Level (senior provincial administration representatives) to request Steering Committee (Advisory Team) to meet. d) CARE to encourage greater District Sectoral participation in meetings to increase linkages up to Provincial Sectors and down to LLG/WDCs.		During 2012-2013, the LEAD team will be following up on the formation of a steering committee with the Deputy Provincial Administrators.	Sept/Dec 2012 Mar/June 2013	PR/DC/RK/ WO/ MS	Planned
	3. As part of the re-entry into Ubo (and other Wards in Gadsup-Tairora district), CARE will need to carry out a thorough power analysis to understand the power dynamics of the community and how to achieve a more equitable level of participation while being mindful of CARE policies (e.g. Child Protection).	**H**	A security/risk assessment is planned for GT prior to re-entry. Resocialization/re-entry process to involve PRA with the different groups (women, men, etc) in order to understand who should participate	Sept-Oct 2012	DS/MS	Planned
	4. CARE should regularly interface with DPLGA, National Planning, Office of Rural Development (ORD) and Strongim Pepol Strongim Nesin (SPSN) on progress of WDC/WDP process and District/LLG role. a) CARE will need to regularly coordinate with SPSN to ensure consistency across WDC/WDP approach and tools and participate in relevant strategic planning/partnership exercises. b) In partnership with DPLGA and Provincial Planning Office (and in coordination with SPSN), CARE should consider supporting OW district on its	**H**	Meetings with DPLGA, NP, ORD, and SPSN are currently being scheduled for during election period. Follow-up/ongoing meetings have been scheduled into the 2012-2013 LEAD annual plan. CARE to facilitate field trip/visit to Goroka for national level stakeholders/AusAID, in coordination with AusAID in	May-June 2012 Sept/Dec 2012 Mar/June 2013 Sept/Oct 2012	RK/MS/PR/DC MS PR/DC/RK	Planned Planned Planned

	induction of newly elected government officials to be familiar with WDP process before they take public office.		Goroka			
	6 CARE should consider undertaking joint monitoring visits with relevant government officials to areas of operation, which could then feed into provincial level planning processes. a) CARE and LLG officials to determine how impact of WDP implementation will be assessed.	**H**	LEAD team will continue to co-facilitate planning processes and follow up visits with government counterparts at LLG and District. Trainings, follow ups, and consolidations planned for Nov 2012-June 2013.	Nov 2012-June 2012	MS/SN/ WO	Planned in Menyamya and Gumine, and continuing in Obura Wonenara
	7 CARE should review cascading training and outreach approach with partners and government and make sure it is linked to WDCs.	**M**	Will be build into entry/re-entry and socialization processes.	Aug-Oct 2012	RK/WO	Planned
	8 CARE and NGOPro to monitor progress of capacity building inputs provided to BYF and TTU.	**M**	Formative evaluations planned	June/Dec 2012 May 2012	MS/WO/ JW	In process and planned
LEARN	9 CARE needs to monitor if girl/vulnerable children's attendance in school is increasing.	**M**	M&E tools and framework being revised currently. Monitoring will be quarterly. See M&E framework.	May 2012 Sept 2012 Dec 2012 Mar 2013	BH/WF	Planned and In process
	10 Continue to train local people and get them formally certified.	**M**	Ongoing. See M&E framework.	Sept 2012-June 2013	BH	Planned and In process
	11 Continue to link local elementary and literacy schools to formal system.	**M**	Ongoing. See M&E framework.	Sept 2012-June 2013	BH	Planned and In process
EARN	12 Preceding any future major income generating activity, CARE should undertake a thorough market and demand analysis. a) CARE should review the risks associated with continuing coffee activities while the constraints with transport to/from these areas remain	**H**	In 2012-2013, the EARN component will be engaging key coffee agencies in discussions around marketing and linkages.	July-Dec 2012	CI/JN/DC /RK	Planned

	unresolved. b) CARE should follow-up with CIC and local commercial exporting companies to determine market for Yelia coffee and contracting arrangements with communities.					
	13 CARE needs to investigate people's access to land in areas of operation and determine if we and our partners are inadvertently excluding landless/vulnerable community members from livelihood opportunities, such as fish ponds. a) CARE needs to ensure it conducts a seasonal calendar exercise in each area of operation to address pervasive events and avoid delays in project activities.	**M**	This will be built into community socialization processes throughout the year. Specific times for this scoping will include Oct 2012 and March 2013.	Ongoing, and specifically Oct 2012 and March 2013.	CI/JN	Planned
	14 CARE needs to investigate what people are doing with the income earned from project activities.	**M**	Field research is currently being conducted involving this as it pertains to fish and yam crops. This aspect will be built into the M&E framework for regular monitoring.	April 2012-April 2013	CI/JN/RK / JW	Planned
LIVE	15 CARE will need to look at potential gaps that UNICEF's departure from human rights training in Village Courts may leave and determine if CARE can address any of these gaps as it pertains to gender and diversity.	**M**	Noted.	By Aug 2012	JN	Planned
	16 Clearly articulate MIH within CARE's program.	**L**	MIH will remain closely integrated and coordinated with ICDP, but in an arrangement that affords it the required levels of capacity and resources. Regular joint coordination meetings are scheduled quarterly.	Sept/Dec 2012; March/June 2013	BG/RK	Planned

M&E	17 CARE to revisit and revise the ICDP Theory of Change and M&E Framework during its next Annual Planning workshop, particularly in its preparations to undertake baselines in Morobe and Simbu Provinces.	**H**	M&E and ToC revision work In process.	April 23-May 11, 2012	JC/RK	In process
	18 CARE to provide regular reports to government and consider joint monitoring visits (partially as a capacity building exercise) a) CARE to attend quarterly government meetings and report accordingly	**H**	ICDP team is developing its next annual plan to include government officials accompanying the team to project sites. The establishment of a steering committee is part of this information sharing.	July 2012 Oct 2012 Dec 2012 April 2013	RK/JW	Planned
	19 CARE needs to undertake participatory monitoring via WDC and consistently monitor social impact of activities, not just quantitative outputs (number of trainings, potato yield, etc). a) CARE to monitor both intended and unintended changes, addressing any negative impacts.	**M**	ICDP team has incorporated into the annual plan to conduct monitoring visits and field research with communities to assess approach and impact of select activities.	July 2012 Oct 2012 April 2013	RK/JW	Planned
	20 CARE should set up a system of debriefing after each field visit (perhaps combined with the security debrief) to assist the next person that goes out to the same community. This debriefing can also capture visibility requirements. a) Consider setting up a folder on the shared drive that will include an ongoing visit record by community, which people can add to, print out and read before the next visit is undertaken.	**M**	Security team is taking the lead on this.	Ongoing	DS/RK	In process and planned
	21 CARE should engage partners much earlier in the project cycle to ensure they are clear on each other's roles but also how they contribute to the broader framework and overall goal of the project.	**M-L**	In many ways, this is already done or In process.	Ongoing	RK	In process

	a) CARE should regularly debrief with partners at key points during their contract/agreement to gauge progress, determine capacity to monitor. b) Partner terms of reference and contracts need to stipulate and resource monitoring, and debriefing meetings on key findings, with capacity building inputs as needed.					
Crosscutting	22 CARE needs to have a more strategic engagement at all levels of government (e.g. work more closely with AusAID in Goroka and Port Moresby, consider a dedicated representative based in POM or with frequent trips to POM to regularly interface).	**H**	EHP Deputy Provincial Administrators attended CARE's March 2012 Annual Planning – we will continue to nurture this relationship through sharing of reports and plans. Provincial and district linkages have been made in Morobe – the province has invited CARE to roll out its governance work in Menyamya district. Linkages are being facilitated in Simbu province through CAD. Refer to 1 and 4 above.	March 201 February 2012 onwards March 2012 onwards	RK RK/SN WO	Completed In process In process
	23 CARE should strengthen its entry/socialization process and definition of vulnerability to explain CARE's work, CARE's partners and their roles, participation of community, and "who" is the community (made up of men, women, children, people with disabilities, PLWHIV, etc). In doing so, CARE will also need to explore the associated risks of community's perception of project	**M**	Noted and this is an ongoing process. Community Entry Workshop planned during election time. Partner Socialization workshop	Ongoing July 25, 2012	SMT BG	In process Planned

	trainees and participants. a) CARE should develop strategies to increase the capacity of district government to improve women's engagement and undertake awareness raising on gender. b) CARE staff and partners need to be informed/trained about Disability Inclusive Development.[22] Consider including in CARE PNG's Gender & Diversity training. c) CARE and partners should work within existing government structures to increase awareness and involvement of people with disabilities, PLWHIV and other vulnerable groups. d) In future work with existing FBOs/ Disabled People's Organizations/disability centers and fora, CARE should investigate how activities can address needs of and engage people with disabilities. Use case studies from the project to advocate and raise awareness. e) More analysis should be conducted on community identity and representativeness, power relations, resources, and seasonal calendars when carrying out transitional/exit strategies with government and partners. This will also assist with CARE's ability to disentangle work done in other projects		planned for election time. CARE staff attend workshops and symposiums on disability in order to increase knowledge on vulnerable groups. CARE has hired a gender advisor to provide technical support and guidance to the program teams.	Aug 13, 2012 March 2012 Ongoing support	BG/RK AP AP	Planned Completed (and ongoing) Ongoing support

[22] CARE Australia provided ICDP Project Manager a disability presentation that can be edited to include the PNG context and shared with staff and partners.

	(e.g. ANCP, WASH) from ICDP and increase coordination.					
	24 CARE needs to always work within a government framework, but be prepared to support government plans through other funding sources to generate good examples of efficiency, transparency and accountability. a) CARE to coordinate with other government activities in areas of operation. b) CARE needs to support government systems that can follow its funds to community and assess effectiveness and efficiency as part of a broader accountability measure.	**M**	Noted. ICDP continues to work in this fashion through such mechanisms.	Ongoing	SMT/RK	Ongoing
	25 CARE staff should better coordinate and plan with one another about activities being carried out in the same area of operation.	**M**	ICDP and MIH engaged in joint annual planning. ICDP and MIH have scheduled quarterly coordination meetings.	March 2012 Sept/Dec 2012 Mar/June 2013	RK/BG RK/BG	Completed Planned
	26 CARE should consider a wider range of transport options (e.g. trucking to Hagen and then air link to communities) for the remaining project period.	**M**	Where possible, other options/partnerships will be considered. ICDP will feed into the development of a logistics strategy	Ongoing	SMT/SSM	Ongoing
	27 Develop clear exit strategies.	**M**	Transition strategies will become increasingly important from July 2013 onwards.	July 2013-Dec 2014	SMT/RK	Planned
	28 CARE needs to work on ensuring quality of partner work	**M**	Discussions on how to ensure trainings and construction quality to be held and determined.	By August 2012	RK/WO/MS/JN/DC/PR	Planned
	29 CARE needs to work on ways to ensure greater	**M**	Currently piloting a *wanbel* form	April 2012-	PR/DS/R	Underway

	accountability to communities		(community agreement with articulated roles, expectations, and procedures) in Wonenara.	onwards	K	
	30 CARE should consider using radio communication for broader outreach and awareness raising.	**L**	Many field sites unable to receive radio signal at present.	-	-	-
	31 CARE needs to ensure they are working at an organization to organization level and not wholly rely on a key individual to key individual level.	**L**	Noted.	-	-	-
	32 CARE needs to work with partners to not actively compete for staff and consider ways to undertake a greater portion of activities through partners.	**L**	Noted.	-	-	-
	33 CARE should consider working with NGOs and Provincial government to revitalize NGO Forum for information exchange, learning and coordination	**L**	Still waiting for government to formally announce the re-establishment.	-	-	-