

CARE Australia
End of pilot project evaluation

Integrated Community Development Project
Papua New Guinea

Evaluation Report



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FINAL Draft – July 22nd 2014

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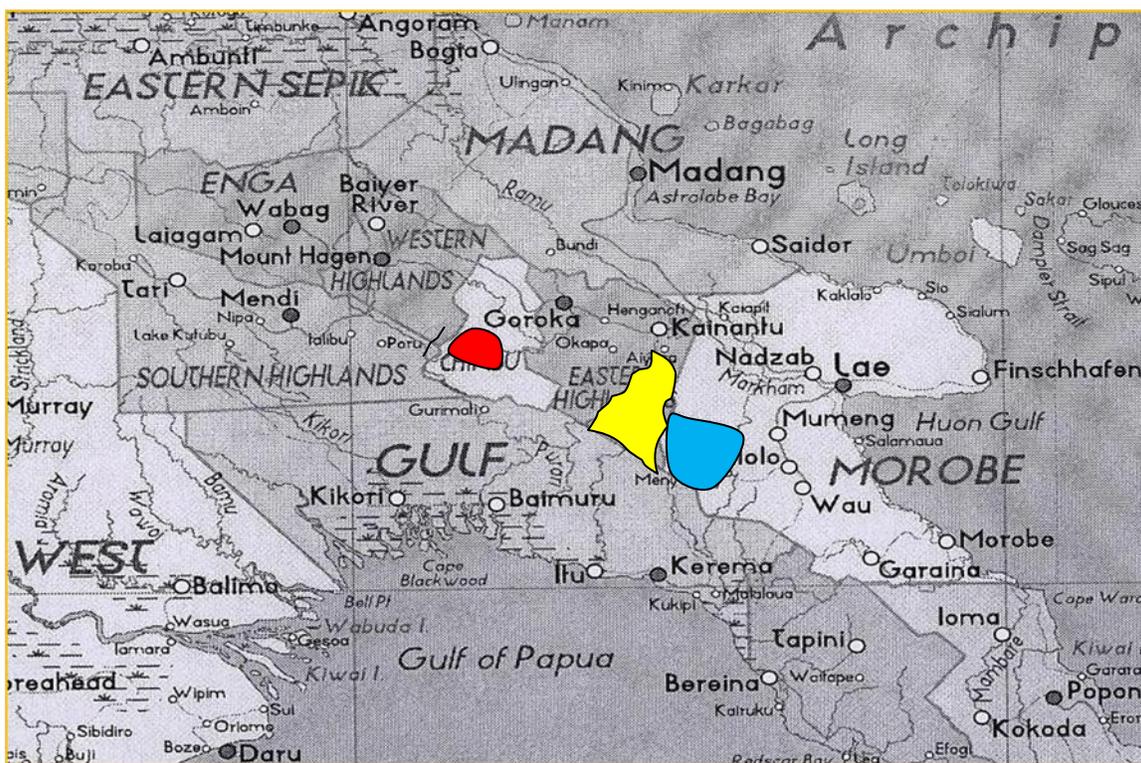
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Abbreviations

ANCP	Australian NGO Cooperation Program
BYF	Backyard Farmers
BOM	Board of Management
CARE PNG or CARE	CARE International in Papua New Guinea
CDA	Community Development Agency
CIC	Coffee Industry Corporation
CSDC	Capacity Strengthening for Disadvantaged Communities
DA	District Authority
DFAT	Department of Foreign Affairs and Trade (Australian)
DfCD	Department for Community Development
DPLLGA	Department of Provincial and Local Level Government Affairs
DSIP	District Services Improvement Program
FGD	Focus Group Discussion
FODE	Flexible and Open Distance Education
GoPNG	Government of Papua New Guinea
ICDP	Integrated Community Development Project
IEC	Information Education and Communication
JDP&BPC	Joint District Planning and Budget Priorities Committee
LIFE	Learning is for Everyone
LLG	Local Level Government
LLGSIP	Local Level Government Services Improvement Program
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MIH	Maternal and Infant Health
MTDS	Medium Term Development Strategy
NARI	National Agriculture Research Institute
NEFC	National Economic and Fiscal Commission
NGO	Non-Government Organisation
OIC	Officer in Charge
OW	Obura Wonenara
PDoE	Provincial Department of Education

PNG	Papua New Guinea
PRS	Poverty Reduction Strategy
PSIP	Provincial Services Improvement Program
RSDLGP	Rural Service Delivery and Local Governance Project
SIP	Service Improvement Program
SLIP	School Learning Improvement Plan
SPSN	Strongim Pipol Strongim Nesen
TG	Tairora Gadsup (LLG)
TOT	Trainer of Trainers
TTU	Touching The Untouchables
VBA	Village Birth Attendant
VHV	Village Health Volunteer
WDC	Ward Development Committee
WDP	Ward Development Planning
WEF	Women’s Empowerment Framework

Map of project districts and basic project data



Red is Gumine District in Simbu Province

Yellow is Obura Wonenara District in Eastern Highlands Province

Blue is Menyamya District in Morobe Province

Project Name:	Integrated Community Development Project (ICDP)
Objectives	ICDP's theory of change diagram, including objectives, is provided at Annex 1.
Duration:	2009-2015 (under current funding agreements with Australia)
Value:	Originally budgeted at A\$9m over 5 years.
Primary donor:	Australia's Department for Foreign Affairs
Executing agency:	CARE International in PNG
Potential direct and indirect beneficiaries:	Total of around 200,000. The 2011 census numbers are (approximately) 78,000 in OW and 82,000 in Menyamya, while for Gumine only the 2000 census figures have been confirmed at around 36,000.
Key stakeholders:	Communities (men and women), Ward Development Committees, LLGs and District and Provincial Authorities in the 3 targeted areas. Also local service providers such as NGOs. At national level primarily DFAT, DPLLGA and DfCD.

Executive summary

The main conclusion of this evaluation is that ICDP is making a significant and tangible contribution to improving the well-being of disadvantaged communities living in remote areas of PNG. Communities, Ward Development Committee (WDC) members, LLGs and District authorities are, in general, highly appreciative of the work that ICDP is supporting. It is a highly valued investment, is achieving tangible results, and the work should continue to be supported (taking into account lessons learned so far, including the recommendations contained in this evaluation report). Addressing disadvantage and poverty in remote rural areas requires a long-term and sustained commitment.

Relevance

CARE's work through the ICDP program remains relevant - given its primary focus on trying to improve the well-being of disadvantaged communities in remote areas of the country. Baseline data collected by CARE confirms the extreme disadvantage faced by the majority of people within the targeted areas, and the way in which the program is being delivered is supportive of GoPNG National and Subnational development strategies and local institutional structures.

ICDP also remains highly relevant in the context of Australia's new aid policy. Australian aid will maintain its focus on poverty reduction through investments in improved governance, basic health and education improvements as well as access to markets. This is the core focus of ICDP's work.

Effectiveness

ICDP has been effective in improving the well-being of targeted communities in Obura Wonenara (OW) District, particularly in **Yelia LLG**, where most direct interventions have been focused. **Access to education, village court services, information on improved health and hygiene practices, safer footbridges, sources of protein (namely fish) and improved coffee husbandry practices and marketing opportunities have been enhanced.**

Gender equality and women's empowerment objectives are also being systematically advanced through all areas of ICDPs work. CARE's Women's Empowerment Framework (WEP) is proving to be a practical tool in helping to **analyse the existing situation, stimulate discussion on issues and opportunities, and design appropriate messaging and interventions.**

Local governance systems have been strengthened – namely the operations of WDCs and their ability to prepare ward plans. In OW district, the engagement of the District and LLGs in the ward planning process has been strengthened, and there is evidence of District and LLG resources being allocated in support of locally identified development priorities. The Province has also increasingly been engaged, particularly in support for basic education services, village court services and the construction of footbridges. The current Provincial Governor has also committed to supporting improved functioning of WDCs and LLGs. However, little traction has been achieved in mobilising institutional support for improvements in health service delivery.

ICDPs support for ward planning and the consolidation of LLG plans has taken up a significant amount of the overall effort, time and resources. This is widely appreciated by those who have been involved, and it has clearly had an impact on galvanising community mobilisation and action in a number of communities (although not all). **In-kind community contributions to improving their own welfare have been very significant, and a clear success of the ICDP approach so far.** However, the evaluation concludes that the way ward planning has been supported could, in future, be re-balanced. There has been too much focus on the one-off preparation of a product (ward plans) – and **not enough on the practical functioning of WDCs and LLGs, including their ability to dialogue and work with their constituents, each other and with District and Provincial authorities.**

Comparison of the 3 approaches to working with government trialled in OW, Gumine and Menyamya districts is difficult, because there are as yet no developmental ‘results’ in Gumine and Menyamya, only ward plans that have yet to be consolidated into LLG plans. Nevertheless, the evaluation team’s judgement is that, on balance, an approach based on that being used in Menyamya (facilitating District and LLG staff to lead the ward planning process from the outset) is most likely to result in sustained governance improvements. Provincial-level support should also be garnered from the outset.

So far, no clear replicable and tested ‘model’ has emerged that could be confidently rolled out to other Districts. But the evaluation team believes that there probably is no one model. The most significant determinants of success are social, political and institutional – not technical. These determinants or ‘key enablers’ of success will vary from location to location, and are significantly outside the direct influence of an agency such as CARE.

Nevertheless, an agency such as CARE can have significant influence, over time, once it has established the trust and confidence of local partners in what it is trying to do. CARE’s role as a motivator, enabler, facilitator and broker is its key strength. It has become a trusted partner – particularly in OW. The challenge is to know when and how to exit from this role at some time in the future (although there should be no rush to do so). No one wants to say goodbye to a good and trusted friend.

Project management and efficiency

CARE has managed the ICDP resources efficiently and effectively. It has professional and committed staff, robust administrative and management systems, a focus on getting value for money, and a clear developmental commitment towards addressing poverty and advancing women’s empowerment. It has made good use of mobilising local development partners to deliver key services at reasonable cost (e.g. through local NGOs) and leveraging local resources from communities, LLGs, Districts and Provinces.

Through ongoing review of its work programs and approaches, and coordinating the work of its ICDP teams, efficiencies have been achieved through well-coordinated flight schedules in and out of remote airstrips and through organising its field work into ‘ward cluster’ areas.

The ICDP has been effectively and professionally monitored and evaluated, and learning opportunities promoted. There are nevertheless, as always, opportunities for improvement.

ICDP should not be considered an expensive investment. There are of course relatively high transport costs into remote (particularly fly-in) locations, and population densities tend to be low in these areas. But – ICDP is achieving demonstrable results and leveraging significant local resource commitments. Also, addressing poverty in remote areas does not come quickly, easily or cheaply.

Impact and sustainability

As highlighted in the main body of this report, tangible improvements in the well-being of targeted communities in OW District are being achieved. Such tangible benefits should also soon start to be delivered in Gumine and Menyamya Districts with the process of ward and LLG planning now almost complete - assuming communities, WDCs, LLGs and District authorities start to invest in implementing some of their identified priorities with ongoing support from ICDP.

Prospects for the sustainability of these benefits are being appropriately supported through the ICDP approach. Community, WDC, LLG, District and Provincial resource commitments are being increasingly leveraged in OW District, and at all times ICDP seeks to work with and through local institutional structures.

Nevertheless, sustainability of the governance and service delivery improvements achieved so far is by no means assured. Green shoots have emerged - but ongoing nurturing is required.

Recommendations

Recommendations are provided for CARE, GoPNG and DFAT. More details of each recommendation can be found in the main report.

Recommendations to CARE:

Recommendation 1: Based on achievements and lessons learned to date, initiate preparation of a Phase II ICDP design at the earliest opportunity.

Recommendation 2: In Obura Wonenara District, CARE should maintain support for selected ICDP initiatives for another 3 or 4 years.

Recommendation 3: In Gumine and Menyamya Districts, CARE should plan to implement a program of ICDP support for another 4 to 5 years.

Recommendation 4: Proceed cautiously with expansion into any new districts.

Recommendation 5: Continue to place gender equality and women's empowerment at the centre of all ICDP's work.

Recommendation 6 – LEAD: Continue to pursue an integrated approach, with support for enhanced local governance at its core. However, there is a need to adapt the ward planning approach for both existing and any potential new districts.

Recommendation 7 – LEARN: Continue the current phased approach of supporting the establishment of literacy, elementary, primary and then secondary schooling opportunities, working with and through communities/WDCs, LLGs, District and Provincial authorities.

Recommendation 8 – EARN: Give stronger focus to helping understand, and address, issues of market access and the financial viability of existing and new (potential) income earning opportunities for remote communities.

Recommendation 9 – LIVE: Continue to explore opportunities to facilitate and co-invest with GoPNG in high impact infrastructure projects, such as footbridges, road improvements and/or strategic health and education facilities. Also, increase the scope and scale of ICDP's potential support for basic health service delivery improvements and continue to provide selective support for the functioning of village courts.

Recommendation 10 – Program management and MEL: Strategically invest some additional resources in strengthening ICDP management and MEL capacities.

To GoPNG

1. Remove or significantly relax the restrictions on how SIP funding (particularly at LLG & District levels) should be allocated between sectors. This highly constrains the ability of LLGs and Districts to respond to locally identified priorities.
2. Allocate regular grant funding for basic WDC operations (e.g. K10,000 pa as being proposed in Eastern Highlands)
3. Increase funding to support recurrent LLG operations (e.g. both staff and operational costs) and improve LLG training and supervision
4. Institute a schedule of regular government funded air charters into targeted remote areas in order to support improved government service delivery, including regular visits by government officers.
5. Engage with CARE in the design of ICDP Phase II.

To DFAT

1. Help coordinate and direct some support from other DFAT financed programs into targeted remote areas where initiatives like ICDP are working. This would promote synergy of effort and mutual learning opportunities regarding matching top down and bottom up approaches.
2. Support ICDPs linkages with relevant national authorities and initiatives (e.g. DPLLGA, DfCD, NEFC and the World Bank RSDLGP pilot project). CARE is focused on communities and sub-national authorities – and it needs Moresby-based support to maintain and strengthen linkages at the national level.
3. Provide intellectual / research support for ICDP on governance and service delivery issues (e.g. through the new DFAT Governance Advisor)
4. Provisionally allocate funding for a further 5 year phase of support through ICDP, starting mid-2015, and engage actively with CARE in the design process.

Disclaimer

This evaluation report has been prepared by three independent consultants contracted by CARE Australia. The views presented in this report are those of the evaluation team members alone, and do not necessarily reflect the views of CARE, GoPNG or DFAT.

The evaluation team have done their best, in the time available, to ensure the accuracy and reliability of the information provided in this report. Any errors of fact nevertheless remain the responsibility of the evaluation team.

1 Introduction

1.1 Background¹

The Integrated Community Development Project (ICDP), funded by the Australian Government, has been implemented as a pilot project by CARE in the PNG highlands over a five year period since 2009. The goal of the project is to bring about significant and sustainable improvement in the lives of people living in remote and disadvantaged areas of PNG, primarily through strengthening existing governance and planning processes at the local level, complemented by targeted community development interventions.

Under an overall Theory of Change (attached as Annex 1), ICDP is implemented through five components with corresponding key objectives:

1. LEAD: Strengthening local level organisations and processes that include women’s meaningful participation
2. LEARN: Strengthening formal and non-formal learning environments and opportunities
3. LEARN: Improved household food security and income
4. LIVE: Improved social services and physical environment
5. Effective program learning and management

Project implementation commenced in 2009 in the Obura Wonenara (OW) District of Eastern Highlands Province. In OW District, work had been undertaken though all project components. In mid-2012 CARE expanded into Gumine District (Simbu Province) and Menyamya District (Morobe Province). To date, only the LEAD component (Ward Development Planning) has been implemented in these two ‘new’ districts.

The ICDP has a total budget of some A\$9m and is due to complete its current phase (following a one year extension) in June 2015.

1.2 Purpose of the evaluation and information users

Purpose

The purpose of the evaluation is to assess the pilot phase of ICDP with a particular focus on work in Obura Wonenara District as the most well established part of the pilot project.

The overarching evaluation question posed by the Terms of Reference (ToR) is: ***What has been the effectiveness of ICDP in reducing extreme poverty in remote, rural target areas of PNG?***

As required by the TOR, the evaluation has assessed achievements against the outcomes and outputs as set out in the Project Design Document (revision of 2011) and Monitoring and Evaluation Framework. The evaluation has examined both tangible improvements that have been made in target communities as well as changes in areas such as governance, service delivery and gender norms. Issues of implementation phasing and linkages between project components have also been examined.

The evaluation also provides recommendations for the future, primarily to help ensure on-going and sustainable improvements in the circumstances of the communities where ICDP has been implemented to date.

The full TOR for the evaluation are provided at Annex 2.

¹ Sections 1 to 3 of this paper are drawn from CARE’s Terms of Reference for this evaluation

Information users and use

The results of the evaluation will be reported to CARE, the PNG Government, Australian Government's aid program and other development partners.

Key decisions that the review is expected to inform relate to:

- choice of most appropriate / effective approaches for providing support to community development initiatives in PNG's remote and disadvantaged districts
- the design of a subsequent phase of the ICDP and CARE's first Long Term Program (LTP) in PNG

1.3 Evaluation method and limitations

Method

The evaluation was undertaken by three independent consultants, each under separate contracts with CARE Australia. The consultant team spent 32 days working together in PNG. The field work involved visits to each of the three target districts, including three trips to Obura Wonenara District, two of which were into remote fly in areas within the Yelia LLG area. Approximately half the 32 days was spent on field visits and the other half on meetings with CARE staff, institutional stakeholders (in Port Moresby and Goroka), review and reflection, writing up preliminary findings and recommendations, and presenting these to key stakeholders in Goroka in order to solicit their feedback.

The evaluation has been both summative and formative in nature. That is to say, time was spent both on analysing what had been achieved to date, as well as considering what this means for future programming.

The evaluation was conducted in a participatory way. Key stakeholders were encouraged to actively engage in the evaluation process, contribute their views and help shape the evaluation findings and recommendations. The evaluation was also conducted in the spirit of 'appreciative enquiry'. That is to say the evaluation was not looking to find faults or problems, but rather aimed to promote further learning about what works and what doesn't. The evaluation has been a significant learning experience for the evaluation team as well.

The evaluation involved interviews with a purposively selected number of key respondents (key institutional stakeholders) in order to solicit their opinions / feedback on key questions. It also involved numerous group and individual meetings with community members while undertaking field work. A total of 25 community-level meetings were held in the 3 Districts (6 in Gumine, 15 in OW and 4 in Menyamyra) involving around 500 people. Specific attention was given to promoting the participation of women as well as men in these meetings and interviews. A summary of the evaluation team's work itinerary and a list of key respondents are provided at Annex 3. Question checklists used by the evaluation team are provided at Annex 4.

The evaluation did not attempt to collect any additional primary data, except for the opinions of key respondents through Focus Group Discussions, key informant interviews and ad-hoc discussions. The evaluation has thus relied mainly on existing secondary sources of information, primarily from CARE records and reports. Some documents and data have also been sourced from GoPNG and NGO implementing partners. A list of key reference document is provided at Annex 5.

Physical inspection of facilities / activities supported by the ICDP was also undertaken in Obura Wonenara District at the locations visited.

The principle of triangulation has been applied throughout the evaluation. The team has sought to confirm key findings by looking at more than one source of evidence (different respondents, different locations, documented evidence compared to respondent opinions, etc).

Limitations

The scope and depth of the evaluation was limited, as ever, by the time and resources available. This was a rapid evaluation undertaken by a 3 person team over a period of 32 days in-country work. Following field work, a further 8 days was spent completing the write up of a first and then final draft evaluation report. There was therefore relatively little time for deep or iterative reflection. Also, this report has not been independently proof read or edited.

CARE's ICDP is a complex initiative, covering a range of different activities in multiple geographic locations and involving a wide variety of different stakeholders. The evaluation was not able to assess all activities in all locations, nor was it possible to solicit the views of all key stakeholders. Evaluation findings and recommendations need to be understood in this context.

The evaluation has not assessed the work of CARE's Maternal and Infant Health (MIH) project, which since 2011 has implemented the core of CARE's health work in ICDP targeted areas of Obura Wonenara District. This report therefore only references health related activities and achievements reported through ICDP – or health issues which the team directly observed while undertaking field work.

The evaluation has relied heavily on CARE's monitoring and evaluation records and reports for basic data. While the evaluation team has made specific effort to validate the information contained in these reports during field visits, much has had to be accepted at face value. Nevertheless, the evaluation has concluded that CARE ICDP's monitoring system is working well and collecting reliable and useful data.

During some village level meetings (particularly in the remote parts of Obura Wonenara district) communication with all participants was at times difficult because of language and cultural barriers. In the most remote areas many older women (and men) do not speak Tok Pisin. Most women are also generally reluctant to speak up in front of groups of men. To help address this, the female member of the evaluation team conducted separate interviews with groups of women and/or individuals whenever possible.

As with all such donor funded programs or projects, the issue of attributing longer-term benefits to the specific actions funded by a project can be methodologically complicated. Nevertheless, given that CARE ICDP is the only active external development agent in many of the remoter parts of OW District (particularly Yelia LLG) – most of the benefits arising in these communities over the project period can be directly attributed, in significant part, to CARE ICDP's activities.

The evaluation has been undertaken by practitioners, not academics. The report does not therefore attempt to follow academic conventions of referencing every significant idea to another document or piece of research. The evaluation team's ideas and opinions are presented for what they are, based on our own professional experience.

The main text of the evaluation report is somewhat longer than asked for in the Terms of Reference. However, those wishing to quickly get a sense of the main conclusions and recommendations can refer directly to the executive summary, the conclusions section and the recommendations.

Despite such limitations, the evaluation team is confident that this report's findings, conclusions and recommendations are based on adequately robust information and analysis.

1.4 Acknowledgements

The evaluation team would like to thank all the CARE staff who made the work of the evaluation team possible, both ICDP team members and other key support staff (e.g for logistics and security). Their support was at all times both highly professional and warmly provided.

GoPNG officers at National, Provincial, District, LLG and ward levels generously provided their time and numerous valuable insights. The same applies to staff from CARE's non-government partners. Thanks also go to all of them.

Last but not least, we must thank the community members, men and women, who gave us their time, ideas, hospitality and practical support. This report, in the hope that it will inform the design and delivery of further support that helps meet their basic needs, is dedicated to them.

2 FINDINGS AND ANALYSIS

2.1 Introductory note on governance and service delivery in PNG

In order to put the work of the ICDP in a broad context, it is useful to briefly reflect on some of the systemic challenges to improving governance and service delivery in PNG. The following boxed text is drawn from DFAT’s draft ‘PNG Governance Strategy document’ of August 2013:²

PNG’s system of decentralised governance and service delivery has not yet resulted in improved services for the bulk of its people.

The key problem underpinning poor governance in PNG is the inability of the state to extend its authority across the country, in particular to:

- *deliver basic services across the country*
- *enforce its own laws, rules and regulations*
- *control violent and criminal behaviour in families and communities.*

The state’s authority is weak because accountability does not function in a way which delivers improved living standards for all its citizens. For example:

- *Political accountability - citizens demand private goods, as well as public goods, directly from their MPs rather than through the bureaucracy. MPs tend to use their discretionary (e.g. DSIP) funding to directly provide these goods to their local supporters.*
- *Bureaucratic or official accountability – given the above, there is little incentive for MPs to direct the bureaucracy to deliver public goods or to hold government agencies/officers to account for the poor state of service delivery.*
- *Social accountability – citizens have few expectations of, and interactions with, the bureaucracy, in order to demand and receive public goods in line with legal requirements.*

There is thus a general lack of incentives for government performance and a lack of sanctions for non-performance at the institutional, organisational and individual levels.

The main implication of this analysis is that initiatives aimed at supporting improved governance and service delivery in PNG cannot rely solely on traditional forms of capacity building (e.g. skills training, policy development, technical advice). Long- term and lasting solutions also require the design of specific initiatives / approaches that take account of, and try to address, these accountability gaps. Understanding and working with the local political economy is therefore a key to remaining relevant and effective.

It also needs to be recognised that influencing these accountability gaps is extremely challenging. It requires the long-term commitment of skilled facilitators, the establishment of trust / effective partnerships, and significant flexibility in the scope and focus of the support that is provided as needs change and lessons are learnt.

As described in the following sections of this report, CARE ICDP has begun to make a contribution to addressing these underpinning constraints to improved governance and service delivery in the three target districts. But this work takes time and much remains to be done.

² This information is drawn from DFAT’s draft PNG Governance Strategy 2013-2020, 27th August 2013.

2.2 Relevance and quality of design

Relevance

The ICDP design was, and remains, highly relevant to helping address poverty and disadvantage in Papua New Guinea.

The design explicitly takes account of, and aims to address, the following key issues:

- Poverty in PNG is defined in terms of a lack of access to economic opportunities and limited access to basic services such as health, education and transport.
- Poverty in PNG is most acute and entrenched in remote rural areas. This is where the ICDP is targeting its support and learning lessons about what can make a difference from the bottom up.
- Sustainable improvements in community well-being require that gender inequalities be addressed. Women need to be empowered – with the support of men. ICDP is (increasingly) putting gender equality at the forefront of all its work.
- Improving access to better basic services requires specific attention to strengthening local governance capacities – working with and through existing and emerging GoPNG governance systems. ICDP is designed with a core governance component (LEAD) based on the requirements of the Organic Law on Provincial and Local Level Government to undertake bottom-up planning.
- Political, bureaucratic and social accountabilities are very weak in PNG. ICDP is designed to help address these accountability gaps, primarily through its focus on Ward Development Planning and promoting enhanced engagement between communities, their elected representatives and public servants,. ICDP has recently given greater focus to the issue of social accountability through creation of a specific unit to progress work in this area.

Other key features of the design which promote its ongoing relevance are as follows:

- The key components of the ICDP design were based on, and directly reflect, the GoPNG's Integrated Community Development Policy of 2007. The National Department for Community Development (DfCD) remains committed to implementing the principles of this integrated approach to community development, even though they are now being tasked with implementing additional policy priorities by the current O'Neil Government.
- The objectives of ICDP are in line with GoPNG's Vision 2050, which includes empowering the people through improved education and life-skills, and enhancing the level of service delivery and basic infrastructure. Vision 2050 explicitly acknowledges the critical role of good leadership for achieving transformational change and the need for citizen participation and ownership. 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 and reduce poverty.
- The Partnership for Development between the Government of Australia and the Government of PNG commits both countries to balancing governance with service delivery improvements. ICDP is designed to support both these elements.

The ICDP design also has remained responsive and flexible to emerging issues and lessons learned. From the start ICDP saw its program design as one that would evolve as the program rolled out, and was iterative in nature as new needs emerged. The overall project objectives and scope have remained the same, however implementation strategies (phasing, geographic coverage, balance of effort on different

components and activities) have been adapted as circumstances have changed and new insights come to light about what works and what doesn't.

Of key significance is the fact that this is one of only a handful of projects in PNG that tries to directly address poverty and service delivery issues at the community level – through sustained and comprehensive engagement with community members, LLG and District authorities.

Quality of design

The overall quality of design is considered to be good. It was based on appropriate analysis of poverty and service delivery issues in PNG (particularly in remote areas), provided an overall implementation strategy based on responding to locally identified needs and priorities. **Nevertheless, the design appears to have under-estimated (and under-analysed) the challenges associated with improving the capacity of LLGs and Districts to deliver improved services once the community has been mobilised through the preparation of their ward plans.**

The ICDP's theory of change states that, over a period of 7-10 years: *Strengthening local capacity in gender-sensitive governance and planning is a long term process which grounds, informs, and compounds the impact of community development interventions leading to more relevant development for all, improved access to basic services, improved and more secure livelihoods, and ultimately measurable and lasting improvements in wellbeing.*

The causal link between strengthened governance and planning processes 'compounding' the impact of community development interventions and more relevant development appears valid. **However, the claim that this will in turn lead to improved access to basic services is quite tenuous.** For the delivery of basic services to be improved, there are a range of enablers that must be in place. These include sufficient human resource capacity, collective and individual will amongst providers, timely availability of funds and other inputs - all brought together by effective policies, management practices and good team work. **At present in rural areas of PNG, these enablers are, for the most part, markedly absent.** In this context, strengthened governance and appropriate community development initiatives **will not ensure basic services are provided to remote communities**, at least by the bureaucracy. Stimulating demand for these services, through a participatory planning process for instance, represents only a part of the equation (a necessary but not sufficient condition).

It could be argued that addressing basic service delivery constraints within government was beyond the scope of the ICDP, and that ICDP's role was (and is) to focus primarily on building community-based planning capacities and demand for better services. Other major investment programs and projects (both GoPNG and donor funded) are already investing large sums of money into improving basic service delivery (primarily in the health, education, transport sectors and law and justice sectors). Not all programs/projects can, or should, try to solve all problems.

However, given that ICDP's theory **of change does include improved access to basic services** (and appropriately so), it could be argued that there is a weakness in the original design analysis and the current theory of change. Not enough attention is given to how ICDP can effectively support service delivery improvements by LLGs and Districts in particular. As will be seen later in this report, this is a key issue which the evaluation team believes ICDP now needs to give additional focus to.

Finally, with respect to the quality of the ICDP's Monitoring and Evaluation Framework, the evaluation team notes some weaknesses in the formulation of indicators, including overlap of indicators at output and outcome levels and the specification of some indicators that are not 'objectively verifiable'. Such weaknesses were also pointed out during the Independent Mid-Term review. Nevertheless, in practice, the ICDP has, over time, established a comprehensive approach to monitoring and evaluating its work, as described further below under Section 2.3.5 on Monitoring, Evaluation and Learning.

2.3 Effectiveness

This section provides:

- the evaluation team’s findings and analysis regarding the extent to which the ICDP’s expected outcomes and outputs have, or have not, been achieved so far for each project component; and
- a broader analysis of the ICDP’s integrated approach, the linkage between components and how this has influenced overall effectiveness.

Longer-term impact and sustainability issues are further assessed later in the report.

It should be noted that some of the output indicators (shown in the boxes below) include indicators that are shown at the outcome level in the ICDP’s Monitoring and Evaluation Framework. They have been included where it is felt that they help ‘indicate’ the scope and quality of the outputs.

2.3.1 LEAD component

The objective of the LEAD component is ‘*Strengthened local level organisations and processes that include women’s meaningful participation*’.

The core of this work to date has focused on establishing cooperation agreements with government and non-governments partners, supporting the process of ward plan development across the 3 targeted districts, and emphasising the importance of **enhanced women’s participation in all areas of decision making and community-based action.**

The evaluation team’s findings are first summarised under each of the component outputs listed below. Broader effectiveness issues are then analysed regarding the link between ward planning and increased allocation of funding to identified priorities, plus whether or not this approach to supporting ward planning is the most effective way to reach desired objectives of community empowerment and improved delivery of essential services. Finally, a comparative analysis of the three different approaches to working with government in the 3 target districts is provided.

Assessment of output delivery and contribution to outcomes

Output 1.1	Indicators
Strengthened linkages and engagement with government	<ul style="list-style-type: none"> • # of agreements signed with government and other institutional stakeholders

CARE ICDP has taken a methodical and structured approach to developing its linkages and engagement with government. Formal cooperation agreements or memoranda of understanding have been established with key implementing partners, including:

- Provincial and District administrations in Eastern Highlands, Simbu and Morobe in relation to support for ward planning and related activities.
- The Provincial Departments of Education, Health and Works in Eastern Highlands on implementation of education, health and road rehabilitation support activities in Obura Wonenara District.
- **The Village Court Secretariat in Goroka on the re-establishment and operations of village courts.**
- Eastern Highlands Provincial Government on the implementation of 8 footbridges.
- The National Agricultural Research Institute on implementation of climate change awareness activities and food security coping strategies.

- The *Strongim Pipol Strongim Nesen* program (SPSN) funded by DFAT and the Department for Provincial and Local Level Government Affairs (DPLGGA) in relation to providing ICDP and partners with training and technical support on ward planning.

These agreements have helped ensure mutual objectives and respective roles and responsibilities are clear with respect to implementing ICDP supported initiatives. There is nevertheless a need to review and revise the agreements with Provincial and District Authorities as they come up for renewal.

Feedback solicited by the evaluation team from all these key government / institutional partners indicate that they have good working relationships with CARE ICDP. It has been noteworthy throughout the period of the evaluation that CARE is generally viewed as a valued and trusted partner by key government officers. CARE’s role in brokering and facilitating improved engagement between formal institutions and communities has emerged as one of ICDPs most valued contributions to date.

It is nevertheless important to note that in most cases this has yet to lead to an increase in community trust in their government service providers. There is a very significant trust deficit still to be bridged. There is also still a long way to go in getting LLG, District and Provincial authorities to sustainably deliver a comprehensive suite of improved services to remote communities. Seeds have been sown, green shoots are emerging, but there remains a need for further support to consolidate the gains made so far.

<p>Output 1.2</p> <p>Increased capacity of communities, wards, LLGs and District to prepare plans</p>	<p>Indicators</p> <ul style="list-style-type: none"> • # of WDCs reactivated / established • Increased # of women are elected to WDCs • WDCs, LLGs and districts have increased understanding of government planning processes and their roles and responsibilities • # of ward plans developed through participatory processes • Women and marginalised groups feel that their views have been included in plans
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ICDP has invested a significant amount of time and resources on supporting ward planning in the 3 target districts over the past 5 years. It has been a cornerstone of the overall ICDP approach so far.

The LEAD component was first piloted in OW district in late 2010, with the training of community members and councillors from two wards (one in Yelia LLG area and the other in Tairora Gadsup LLG). The LEAD component subsequently expanded to support the development of ward plans throughout all 3 LLGs in the OW district (covering a total of 81 wards). The decision to cover all wards and all LLGs in each target district was made in early 2011, based on recognition that this was required if consolidated LLG and District plans were to be developed based on identified ward plan priorities. This work in OW was led by CARE staff, but did increasingly involve some LLG and District Administration officers in facilitating the training and ward plan preparation process.

ICDP support under the LEAD component then expanded to two new districts in 2012, namely Gumine District in Simbu Province and Menyamya in Morobe Province. In Gumine District CARE has contracted a local NGO to carry out the ward planning work (Community Development Agency) while in Menyamya CARE is working as a facilitator to the District Administration and LLGs to help them undertake the work. This was part of a conscious decision to pilot different methods of working with government on ward planning.

In all communities / wards visited by the evaluation team (in all three districts), respondents stated that there were no functioning Ward Development Committees (WDCs) prior to CARE’s engagement on this

issue. District and LLG officials also confirmed this to be the case. It is therefore clear that ICDP’s program of awareness raising, training and technical support to ward planning has been instrumental in stimulating the (re)-establishment of WDCs in the targeted LLG areas, as evidence by the fact that most of these WDCs have now completed their ward plans. The ongoing functionality of many of the WDCs nevertheless remains weak, as discussed further below.

With respect to women’s participation in the WDC’s, the requirement to have at least two female members on every WDC has generally been met. Interviews with WDC members during field work confirmed that they all understood this requirement and that 2 women had been either elected or appointed to their WDCs. While there remain significant barriers to women’s active and equal participation in such fora as WDCs (because of ‘custom’, low levels of literacy, women’s arduous workloads, etc), interviews with WDC and LLG members suggest that the strong focus on promoting gender equality in the WDC training has helped to positively influence attitudes – at least among those men and women attending the training. More conscious effort is being made to encourage women’s participation in village meetings and WDC meetings. The fact that many of ICDP’s key staff are women was also noted as an important factor in influencing both male and female attitudes towards gender equality. CARE is providing strong female role models and remains the only real source of information to counter cultural norms which promote male dominance in household and community domains

One notable example of the positive impact of ward planning support on women’s ‘agency’ and supporting ‘structures’, is the recent establishment of a women’s network of WDC female members in Kome LLG, Menyamya District. This network is being led by two women who attended ward planning training and have since been appointed as LLG council members. Their stated mission is now to help ensure that all female WDC members in the LLG area are supported with information and advice on how to promote women’s needs and interests, and help them to access support from each other as well as from the LLG budget.

With respect to increased understanding among WDCs, LLGs and Districts of government planning processes and their roles and responsibilities, there has clearly been positive impact on those attending ICDP supported training (albeit from a very low starting base). Knowledge has been enhanced about GoPNG planning systems, roles and responsibilities of WDCs and LLGs, how ward plans should be prepared and then consolidated into LLG plans, and the importance of understanding and incorporating the needs of different groups including men and women.

Figure 1 – WDC members from Ward 5 in Kome LLG, Menyamya District



This WDC had clearly been ‘energised’ through participation in the WDP training and the subsequent preparation of their ward plan. They were able to clearly articulate the purpose and process of ward planning, and what was in their ward plan.

The WDC members included 3 women, with specific responsibilities for Health, Social and Treasury/Finance matters.

Their main concern was how to implement their ward plan – particularly as they have little faith in the capacity of the LLG or District to support them.

During group meetings with WDC members who had been trained and then involved in preparing their ward plans, a recurring comment from many respondents was that they felt significantly empowered by being involved in the process. They had gained knowledge of how the GoPNG's bottom up planning system is supposed to work as well as practical experience in preparing their own ward plans based on a process of structured (and inclusive) community consultation. The simple fact that someone was showing interest in helping them identify their problems, developmental priorities and possible solutions, also seems to have been a strong motivating factor.

This sense of empowerment was noted among respondents in all 3 districts – including in Gumine and Menyamya where no actual community development project support has yet been provided (e.g. through EARN, LEARN and LIVE components). The evaluation team gained the sense that in Gumine, in particular, the ward planning training had been infused with a strong message of community empowerment, with the ward plans now widely referred to as 'the people's plans'. This is a very positive result in some respects – and bodes well for enhancing community demand for better services. However, it clearly has attendant risks for CARE (and CDA in Gumine District). Even though both CARE and CDA have continuously emphasised that their role is simply to facilitate the ward planning process in order that LLGs and Districts can then take on their responsibilities **to deliver improved services based on identified 'real' needs, the fact remains that if community expectations are not met, the facilitators will still most likely take some of the blame.**

As a result of ICDPs support for ward planning, most ward plans are now reported as complete in Obura Wonenara District (81), Gumine (46) and the two LLGs so far covered in Menyamya (31).

Discussions with Ward Committee Members, Councillors and other community members in all districts indicate that the processes applied for preparing ward plans were seen as participatory. Participatory Rural Appraisal (PRA) tools such as village mapping, seasonal calendars and services and opportunities diagrams have been used, women have been encouraged to attend and participate in village meetings, and voting on priority needs has been undertaken. Evaluation team inspection of copies of the ward plans produced confirm that these PRA tools were generally used, that numbers of women and men attending village meetings were recorded, and voting on priorities was carried out.

The evaluation team found some evidence that the needs of other marginalised groups (such as people with disabilities or those living with HIV/AIDs) had been incorporated into ward planning processes. In the review of selected ward plans (from Menyamya and Obura Wonenara), it was noted that some of these did include specific planned activities related to assisting people with disabilities and to raising awareness of HIV/AIDs issues (under their social sector priorities).

With respect to the quality of the ward plans so far prepared, the evaluation team can make the following general observations:

- The process of ward plan preparation is at least as important as the product – at least in terms of building community engagement and interest in local development planning and problem solving.
- The plans are not really plans. They do not include any detailed specification of the scope of work required to implement identified priority 'projects', nor implementation timelines, responsibilities for implementation or accurate budgets. They are better described as community profiles which include a listing of identified priority development needs.
- There is significant difference between ward plans as to the scope and scale of activities they list as priorities – from K250,000 water supplies down to K1,000 for sewing training. However, there is also a lot in common. Communities want better transport infrastructure, health and education facilities and services, water and power, income earning opportunities and improved law and order. No surprises there. **The concern is that many of the more ambitious ward plan priorities cannot possibly be met.** Also, it is not clear why every individual ward should have to request the most basic of services, such as adequate school facilities and functioning health

facilities. Provision of such facilities and services should be a basic entitlement and the primary responsibility of the LLG, District and Provincial authorities to plan for and deliver.

- The amount of detail and the accuracy of data in different ward plans also varies. Data contained in some ward profiles is clearly guesswork, inaccurately entered into the required forms and/or is missing.

It also became evident during the evaluation field work that most WDCs and community members do not have ready access to the information contained in their completed ward profiles or plans. While each councillor / WDC was supposed to keep a copy of their plan after it was prepared and submitted for LLG consolidation, this does not seem to have happened. The team met with only one WDC where a committee member had a copy of their activity plan in their possession. The evaluation team believe that this is a significant issue which needs to be addressed, as it undermines the WDC's ownership of their plan. Given the time and effort put into collecting the ward plan information, the main elements of the product need to be readily available for the community's / WDC's ongoing reference. This should be an important part of ICDP's (future) support for promoting social accountability.

Despite the generally positive feedback on the usefulness of the ward planning training and related support provided through ICDP, the evaluation team has noted an ongoing need to review and improve the training program and materials based on lessons learned. While CARE ICDP has been making some ongoing modifications / improvements to the materials, there remain opportunities for further improvement. Outstanding issues / concerns noted by both CARE staff and / or by the evaluation team include:

- The relative complexity of the Ward Planning Process participant's manual, particularly for WDC members in remote communities with low levels of basic education and literacy. There is also an outstanding need for a full version in 'real' Tok Pisin that can be understood by villagers who have little or no English language skills.
- The incremental addition of new materials into the overall training program, most recently with respect to CARE's Women's Empowerment Framework and use of the AIKIDO model, has led to concerns that the training program is becoming over-crowded, leaving inadequate time to focus on the core issues of preparing the ward plan and establishing functioning WDCs. There is also a related risk that the training becomes overly focused on explaining theory / conceptual models leaving less time for practical field-based learning / practice.
- The fact that many Ward Committee Members (including Councillors) who attended initial training activities are no longer active or present in their communities. While follow-up 'refresher' training sessions have been supported by ICDP, these sessions were designed to 'refresh', not meet the needs of those who had never received the previous full training.
- The process for future updating of ward plans is not clear in the training manual. The manual states that every year the full process of awareness, information collection, village planning meetings and ward plan preparation is repeated. This is scheduled as a six-month long process. However, this would seem to be neither feasible nor necessary – and merits clarification. The Organic Law does stipulate the need for an annual ward planning process – but the annual updates to the ward plan should not require the intensity of activity required while initiating the process for the first time.

Figure 2 – Meeting with the WDC and community members in Gema village, Yelia LLG



This meeting was held in the elementary school constructed by the community and resourced by ICDP.

*The community were very appreciative of ICDP support, and said that before CARE came to work with them they were ‘completely in the dark’. **Now they have a functioning school, a village court, improved coffee gardens and fish ponds.***

<p>Output 1.3 Integration of ward plans into LLG plans and submission to District</p>	<p>Indicators WDC plans consolidated into draft LLG plans</p>
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Consolidation of ward plans into draft LLG plans was completed in all 3 LLGs in OW District by early 2013, with the work in Tairora Gadsup LLG being the last to be completed.

A desk review of each of the LLG 5 year development plans (for Yelia, TG, and Lamari LLGs) indicate that the priorities listed in ward plans have been taken into account in the consolidation process. Interviews with the District Administrator and LLG managers in OW also confirm that ward plans have been used in framing the scope and focus of LLG plans (although not initially in Yelia LLG, where the previous Councillor had his own priorities). Other information generated through ICDP, such as the LLG baseline surveys, has also been used and referred to in the LLG plans.

The evaluation team was not able to get a copy of the current OW District 5 Year Development Plan to try and assess the extent to which ward priorities and LLG plans were taken into account in its preparation. However, interviews with both the District Administrator and with the District Member indicated that the LLG plans have been taken into account.

This is not to say that all ward priorities can or will be funded either through LLG or District Plans. Clearly that will not happen. The LLG Managers, the District Administrator and the District Member in OW are well aware of this fact. They know they have to juggle bottom up ‘demand’ with top down policies and funding allocation (from both the province and the national government). They also recognise the need for strategic ‘impact’ projects that provide benefits to the whole district, not just individual wards or even LLGs. **However, such issues are not so well understood at the WDC level, where there is high expectation that their individual ward plan priorities will be addressed by either the LLG, District and/or Province.**

As of the time of this evaluation, the LLG plans for Gumine and Menyamy Districts had not yet been consolidated. This is nevertheless expected to happen very shortly.

With respect to the LLG plan consolidation process, the evaluation team believe that this should, at least in future, be given more time and attention in the overall ward planning process. The LLG plans are in

some respects more important than the individual ward plans, at least in terms of resource allocation. The LLG has a reasonably significant budget, some operational / implementation capacities plus key links (through the LLG Presidents) into the District Administration (e.g. the JDP&BPC) and the Provincial Assembly. With ward plans now complete, ICDP’s attention now needs to shift more to supporting LLG and District implementation capacities, plus general WDC functionality.

Output 1.4	Indicators
Increased organisational capacity of local development partners	Local development partners can articulate the changes in their organisational capacity (by type / degree of change)

CARE ICDP has worked with and through a variety of local development partners. Two such partners have received specific assistance from ICDP to help develop their organisational capacities. This support was provided through using the services of another local NGO that specialises in organisational review and strengthening of NGOs (NGO Pro - based in Madang). Both these organisations have reported improvements in their organisational capacity as a result of ICDP support, as summarised below.

Touching the Untouchables (partner in health service delivery)

- Recognized the importance of program and financial sustainability as key organisational goals. *This was when we kick-started our fundraising activities.*
- Re-looked at their program delivery mechanism and re-organised it. This re-organisation covered both delivery techniques and staffing.
- Realized the importance of recording and measuring the results of their work. *We have purchased activity registry books and given them to our trained VBAs and VHVs and also developed a data collecting sheet which is in use.*
- *Now we are a stronger organisation with a clear sense of direction.*

Backyard Farms (partner in livelihood projects – particularly fish farming)

- Never did annual plans but do now.
- Didn't have good financial management systems but do now.
- Didn't do pond budgets but do now. Fish production has therefore increased while cost of production has decreased.
- Never did activity plans but do now.
- Can write funding proposals now and have assisted other groups to do so as well.

ICDP is also currently working with a local NGO (Community Development Agency) in Gumine, who have been contracted to support implementation of the ward planning process in Gumine’s 3 LLG areas. Through interviews with CDA members, they report that they have grown substantially as an organisation since taking on the work with CARE, including the development of improved:

- Knowledge and skills in ward planning – including the use of PRA tools.
- Understanding of how government planning and financing systems work.
- Contacts and relationships with the district and provincial administrations.
- Knowledge of how to better monitor and evaluate their field activities.

Figure 3 – CDA’s new office at Gumine Station



CDA strengthened relations with the provincial and district administrations have resulted in them being allocated a plot to locate a permanent office at Gumine station. CDA have recently constructed a new building with Oxfam and NARI funds.

CDA are nevertheless conscious of the risks that come with their new role and status in the district. Community expectations have been raised, and if benefits are not forthcoming from the ward planning process, CDA is likely to be in the firing line.

Assessment of broader effectiveness issues with respect to ICDP’s LEAD component

Have ward and LLG plans yet delivered tangible benefits?

In OW, the ward plans have been used to help identify priority needs that have then been supported through implementing activities under the other ICDP components. This has included support for education, health and livelihood activities – the bulk of which has been targeted at the remotest communities in Yelia LLG. The nature and effectiveness of this direct community support is assessed in following sections covering the LEARN, LEAD and LIVE components.

In addition to helping target the use of ICDP resources, the ward planning process has also helped mobilise LLG, District and Provincial financial and in-kind contributions for the implementation of some priority activities. Some examples are as follows:

- K100,000 committed by TG LLG for rehabilitation of Omaura health centre (from the LLGSIP)
- K500,000 to Marawka WDC for road upgrading (from the PSIP)
- K475,200.00 school subsidy for the 4 newly registered and operational elementary schools over 3 years: 2012-2014 (RECURRENT)
- K42,250.00 school subsidy for 1 re-opened and upgraded primary school: 2013-2014. (RECURRENT)
- K111,228.00 Primary and elementary teachers’ salaries: 2012- 2014 (RECURRENT)
- K250,000 DSIP contribution to ward plan priority footbridges
- K500,000 PSIP contribution to ward plan priority footbridges
- K10,000 Yelia LLGSIP contribution to Andakombi footbridge opening
- K420,183.92 each year for staffing and running 8 new village courts (Lamari and Yelia LLGs): (RECURRENT)

In addition, there have been significant in-kind community contributions, for example for building literacy and elementary schools and for community labour in building footbridges. The time of community volunteers (e.g. literacy and elementary school teachers, and village health volunteers and birth attendants) also represent major contributions from the community. **The evaluation team considers the mobilisation of these community contributions as one of ICDP’s outstanding achievements.**

The ICDP’s work on ward planning may also have influenced the Governor of Eastern Highlands, Hon. Julie Soso Akeke, to prepare her strategy for supporting ward / bottom-up planning in the province. This is called the ‘Kirapim Hausline Strategy’ 2013-17. The essence of the strategy is to invest in basic LLG and Ward Development Committee infrastructure across the province to help re-invigorate the role and status of local government. The Governor has also included a K10,000 allocation in the 2014 Provincial budget for every ward, and the plan is to roll this out first in OW District. The grant is to be used by wards to cover their basic operational and administrative expenses (including ward planning), not for development projects /activities. While this money has not yet been released, it would provide a real boost to the morale and operational capacities of WDCs.

Figure 4 – Gumine District Budget for 2013-14

Trust Code	Project Activity	DSIP 2012	DSIP 2013	Total DSIP 2012 + 2013	DSIP 2014
	Wing/Yuat Agro Projects		50,000		50,000
	Green Processing Plant - Feasibility Study		400,000		
	Economic Development - Warma Business Centre		500,000		
	Ward Intervention - Digne LLG		200,000		200,000
	Ward Intervention - Gumine LLG		400,000		400,000
	Ward Intervention - Kumai/Bomai LLG		400,000		400,000
	Micro - Project Assistance				

In Gumine District, while the ward planning process has yet to culminate in the preparation of consolidated LLG plans and their use to inform District Planning and resource allocation, the district budget estimates for 2013 and 2014 already include specific allocations for funding ‘Ward Interventions’ in each of the 3 LLGs. The budget (shown in Figure 4) includes K400,000 pa for Kumai Bomai and Gumine LLGs and K200,000 pa for Digne LLG. In discussion with district staff during the evaluation, the team was told that this had been allocated specifically to support priorities coming out of the ward planning process. However, none of this money has yet been spent, primarily because the district administration has been in limbo for most of the past 2 years waiting for

disputed national election results to be resolved. Also, the District Member and Administrator are now awaiting the preparation of LLG consolidated plans in order to see how this money should be allocated.

It does nevertheless need to be remembered that budgets and actual expenditures often vary considerably in the GoPNG system - at all levels. The first problem is getting the money on time. So far, none of the LLGs in the 3 target districts have received any of their 2014 SIP allocations (K500,000). The next problem is capacity to effectively spend – as discussed further below.

What of LLG and District implementation capacities?

While ward and LLG planning capacity has been supported by ICDP - and this has helped identify community driven priorities and provided a focus for action – what of LLG and District implementation capacities?

The first point to note is that ICDP has made no structured assessments of such capacities. This is now something that needs to be addressed if the work on planning is to effectively translate into improved service delivery. There is no doubt that ward, LLG and District-level capacities to implement their plans are generally weak.

Nevertheless, in Obura Wonenara, the District Administration and the Member are taking practical steps to try and address implementation capacities, for example by building up a District Works / Engineering Unit to design and supervise infrastructure projects.

In Gumine and Menyamya Districts the District Administrations currently appear weaker than in OW. In Gumine the administration was leaderless for almost 2 years following the 2012 national elections and a subsequent legal dispute over the election result – only recently resolved. In Menyamya district the District Administration has also been in a state of dysfunction for some years, with disagreement between the Open Member and the Province over the appointment of key district officials, including the District Administrator and the District Treasurer. At the time of the evaluation the District Treasury in Menyamya was reported to have been suspended pending investigation into the use and acquittal of funds. It was also reported that many key district staff are often not on duty when they should be, and that there is little in the way of collaboration between the district administration’s different officers or between them and the LLGs.

In all districts the LLGs and District Administrations therefore still face significant constraints in their capacity to actually implement activities and projects in the field (even with improved plans). Lack of appropriate skills/ technical capacity, weaknesses in management systems, low levels of accountability and limited motivation are all contributing factors – **let alone whether or not there is money available to do the work.** As already noted, at the time of this evaluation, **none of the LLGs in the 3 target districts had received any of their K500,000 SIP funding allocation for 2014.**

With the ward and LLG plan preparation process almost complete in all areas, helping to address local level implementation capacity constraints is an obvious focus for follow-up support from ICDP. There would be strong support for such a shift in emphasis from those District and LLG stakeholders interviewed by the evaluation team. Also, the Provincial Administrations in both Simbu and Eastern Highland provinces would likely welcome such support, given that they are themselves taking steps to direct more of their resources towards enhancing LLG and Ward operational and implementation capacities.

Has the focus on ward planning, and the way it has been supported, been appropriate and effective?

The evaluation team are of the view that ICDP support for ward planning has been an appropriate entry point for supporting improved governance and service delivery at the local level. The approach is consistent with GoPNG law, institutional structures and policy priorities. The recent increase in GoPNG financial allocations directly to Districts and LLGs (through SIP funding) has increased the relevance and importance of supporting ward and LLG planning capacities.

The ICDP approach has supported ward planning in all wards in all LLGs in a District. This has been driven by the logic that for ward-based planning to be effective, it must be directly linked to the formulation of LLG and District plans, and so all wards need to participate in the process (not just a sample). When ward based-planning as mandated under the Organic Law is the cornerstone of the approach, this logic is sound.

There is also evidence of emerging benefits, both in terms of community empowerment and, in OW District, improvements in community welfare (health, education, access) through the provision of improved support services based on identified ward and LLG priorities.

However, based on experience and lessons learned to date, should the same process and approach be used again in any ‘new’ districts and LLG areas? The evaluation team has identified the following issues that merit careful consideration in this regard:

- The active engagement of LLGs and District Administrations is critical to both mobilising resources for plan implementation and for sustaining WDC functionality. Greater focus on engagement with LLGs and DAs from the outset is therefore merited. Agreements with the DA and LLGs could include more specific detail on their required resource commitments to the process (both staff time and operational resources).
- The step by step bottom-up approach to generating ward plans has been thorough and has had an empowering effect on those involved. However it has resulted in the development of many individual ward plans that are of **questionable practical** value, given their lack of specificity as to **how priorities will actually be funded and implemented**. In future, greater attention could usefully be placed on guiding WDC’s, in close collaboration with LLG and District Administration staff, to prepare priority lists which are more realistic in terms of LLG, District and Provincial capacities to (potentially) deliver on. In this sense, the current approach might be seen as being **overly bottom-up**. Re-balancing of focus is required.
- Given the highly constrained capacities of WDCs and LLGs, particularly in remote areas, the current ‘requirement’ to develop a fully documented ward plan (using the current template) should be reviewed. The most important thing about ward planning is that a participatory and inclusive process is used (driven by the WDC) to engage community members, men and women, in problem identification and problem solving. Less emphasis could therefore be placed on generating the paper product of ward planning, and more on the operational functionality of WDCs, including the ability of Ward Councillors to articulate and advocate for their communities’ priorities at LLG and District levels.
- A key to continued, and strengthened, WDC functionality is their access to some basic operational resources. At the moment, most WDC’s receive virtually no financial support to help them do the work expected of them. **If some operational funding could be mobilised for WDCs from LLG, District and/or Provincial budgets, it would probably be the most significant contribution that could be made to enhancing their motivation and ability to function**. While there is the prospect that this might happen soon in Eastern Highlands (through a K10,000 operational allocation to each ward from the provincial budget), this is something that CARE ICDP might usefully lobby / advocate for more in future. It is not reasonable to expect WDC’s to be active in local governance without some operational resources.
- The evaluation team are of the opinion that the preparation of ward plans is not necessarily the right tool to identify the need for basic health, education and law & justice services for which communities should have a clear entitlement anyway. **More focus on influencing LLG, District and/or Provincial plans and budget allocations would be more likely to help deliver these basic services on a sustained basis. CARE can usefully play a facilitating and brokering role in this arena – moving on from, although not abandoning, its focus on ward planning.**

Comparison of the 3 different approaches to working with government on ward planning

In summary, the main differences in the approaches piloted by ICDP are:

- In *Obura Wonenara* CARE took the lead in delivering ward planning training at the ward level, supporting its roll out and facilitating the process through to LLG plan consolidation. Over time – District and LLG staff became increasingly involved.
- In *Gumine*, CARE has contracted a local NGO to work with the District / LLGs and communities to deliver the training, develop ward plans and consolidate these into LLG plans. CARE has provided capacity building and quality assurance support to CDA.
- In *Menyamyia*, CARE first established an office within the District Administration and then worked with and through the District Administration and LLGs to support them to deliver ward planning training, its subsequent roll out and LLG plan consolidation.

So what has been learned so far about the relative merits of the different approaches?

Overall costs. The costs of rolling out ward planning are impacted more by remoteness than by different approaches. For example, costs of rolling out ward planning training (per ward) have been greater in Obura Wonenara largely because of the many fly-in locations, particularly in Yelia LLG.³

Ownership and sustainability. Theoretically at least, the Menyamyia approach should support the strongest ownership of ward planning within the District Administration and LLG, and thus promote the best prospects for sustainability. However, this depends on whether or not the DA and LLGs actually commit to and actively engage in the process. So far in Menyamyia the results have been very positive with respect to LLG engagement. The commitment of LLG presidents and LLG officers appears to be high. However, the DA has yet to really commit itself to the process and DA officers have only been intermittently involved. In practice, CARE ICDP staff have continued to play an active role in driving the work program forward, albeit less directly than in the initial stages of ward planning roll out in Obura Wonenara.

In Gumine district, with CDA leading the process, there has also been relatively limited direct engagement in the ward planning process by District staff, although they are supportive in principle. It also appears as though LLG Presidents and officers have, for the most part, only been involved in a relatively peripheral role. They have been happy to allow CDA to run the process and are awaiting results. This does suggest that both District and LLGs capacity to ‘drive’ the ward plan preparation processes in the future may be limited. They are less likely to ‘own’ the results than if they had been more directly involved from the outset.

In Obura Wonenara, while CARE took a clear lead throughout the ward plan preparation process in each LLG area, the DA and LLGs now seem to be supportive of and familiar with the ward planning process. This is most likely because the process has been running much longer in OW than in the other two districts, the district has already seen some of the more tangible benefits of ward planning through implementation of CARE supported service delivery activities and, critically, because the current District Member and the District Management team appear to be committed to improving service delivery in partnership with agencies such as CARE.

Effectiveness. In terms of which approach might lead to more effective WDCs, ‘better’ ward plans and enhanced prospects for mobilising resources towards identified ward and LLG priorities, the evaluation team can make the following general observations:

³ This is based on ward planning cost analysis developed and provided by CARE ICDP.

- The preferred approach should be to work with and through the District Administration and Local Level Governments. The more they can take a lead role, the more likely the results will be used and the benefits sustained.
- More up front attention is required on working with the LLG, rather than just individual wards.
- An effective approach needs to focus on building LLG and WDC general relevance and functionality, of which preparing ward and LLG plans is just a part.

In conclusion, the approach being pursued in Menyamya appears to be the theoretical ideal, given that it specifically aims to facilitate the District and LLGs to lead the process. CDA in Gumine are doing a good job and delivering what they have been tasked with, but the District Administration and LLGs are for the most part just observing the process – at least for the moment. In Obura Wonenara, the CARE led approach is now delivering results, but on reflection it could have been better to place more emphasis at an earlier stage on directly engaging LLGs and the District Administration.

Nevertheless, it also clear that there is no one ideal model to promoting enhanced local governance that can be applied to all Districts. The specific circumstances in each District need to be taken into account, and approaches adapted accordingly. If the District Administration is weak and not fully committed, more emphasis and attention needs to be focused on working at the LLG and ward levels. If the District Administration is strong and committed, it can take a clear lead in the process from the outset. When there are suitable CSO partners like CDA available, working through a CSO makes good sense - but when they are weak or absent this modality would not be appropriate. But these circumstances also change over time. The key is therefore for projects such as CARE ICDP to understand the local political economy and be responsive to changing circumstances and opportunities, while remaining clearly focused on supporting the long term goal of poverty alleviation, through improved local governance capacities and enhanced service delivery for remote communities.

2.3.2 LEARN component

The stated objective of the LEARN component is '*Strengthened formal and non-formal learning environment and opportunities*'.

The LEARN component has only been implemented in OW District. Its main focus has been on helping to improve access to basic literacy and elementary schooling in remote communities, for both children and adults, targeting females and males.

The critical need for improved access to education was highlighted through the baseline survey conducted in Yelia LLG area in 2010. This showed that the literacy rate is around 27% cent, which is almost 30% below the national level of 56%, and 17% below the Eastern Highlands Province level of 44%. Also, levels of illiteracy are almost 20% higher for females than for males. This is reflective of the lower levels of schooling among females – with 78.6% of female respondents to the survey having had no formal education, as compared to 62% of male respondents.

With this context in mind, this section of the evaluation report first makes an assessment of ICDP achievements against each of the component outputs. It then provides a broader analysis of overall component effectiveness in terms of its impact on community welfare, how this work links to other elements of ICDP support, and issues impacting the likely sustainability of benefits going forward.

Assessment of output delivery

Achievements against Output 2.2 are described and analysed first, followed by Output 2.1, given that ICDP started working in support of community literacy programs prior to supporting the establishment of elementary schools.

<p>Output 2.2 Community basic literacy and numeracy enhanced</p>	<p>Indicators</p> <ul style="list-style-type: none"> • # of new literacy teachers trained and certified (M/F) • # of new adult functional literacy schools established and #s enrolled (M/F) • # of new child literacy schools established and #s enrolled (M/F) • # of adult learners completing basic literacy and numeracy programs (M/F) • #of child learners successfully completing the child literacy program (M/F) • Adults utilising their literacy skills
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With respect to the above indicators, CARE monitoring records show that the following has been achieved:

- 28 early childhood literacy teachers have been trained (26 males and 2 females) and 20 of these have now been certified. 38 adult functional literacy teachers have been trained (all male), and 16 of these have been certified.
- 9 adult functional literacy schools have been established, with current enrollment of 657 (278 males and 379 females)
- 6 early childhood literacy schools have been established, with current enrollment of 1,434 (752 males and 682 females)
- 33 adult learners (13 males and 20 females) have so far successfully graduated from the basic literacy and numeracy programs
- 83 children (50 males and 33 females) have so far successfully graduated from the child literacy program; and
- Adults who have acquired basic literacy skills are now increasingly confident to engage in community development (e.g. support for the school) and business activities (e.g. coffee buying).

CARE ICDP has supported these achievements by working in partnership with a Papua New Guinean NGO (Learning is for Everyone – LIFE) who delivered the teacher training, the National Literacy Awareness Secretariat (NLAS) which helped develop the adult literacy training manuals, and the Eastern Highland Provincial Department of Education (PDoE). Once again, effective partnerships have been a key to ICDP facilitating the delivery of results.

During field work interviews with community members, it also became apparent that other benefits have emerged from the support being provided to adult literacy. For example, some literacy teachers have returned to school to take grade 9 & 10 through FODE (Flexible and Open Distance Education) at Simogu. If they successfully complete Grade 10, this will open up the opportunity for them to access formal teacher training, become registered with the National Department of Education, and be paid a

regular teacher’s salary. Also, there are 3 adult literacy advanced learners who have now become elementary teachers. Five other adult learners in Simogu have gone back to primary school and are now doing grades 3-5.

Focusing initially on the establishment of literacy schools in areas with very low literacy rates and levels of formal schooling is a sound approach. Once established, they can then lead to the establishment of elementary schools, and these in turn become feeder schools into the community and primary school system. This is indeed what is happening in ICDP supported areas such as in Yelia LLG..

These achievements have only been possible because of the significant community contributions that have been made. Literacy teachers are volunteers, and their only immediate incentive to do this work is personal satisfaction plus the provision of community support in the form of food and housing. All the literacy school facilities have been constructed by the community, using local labour and materials. This demonstrates the level of community commitment to improving their educational opportunities, as well as CARE’s success in helping to transform interest into action.

However, some adult literacy schools have been closing due to declining interest from volunteer teachers as well as community members (especially women - who have many other competing demands on their time).

With respect to gender equity, it is difficult to find adequately educated and confident females to train as literacy or elementary teachers in remote areas given their low levels of education. However, this should change over time as more females access more schooling. Enrolment figures for both female children and adults are significant, and more female adults have so far completed basic literacy and numeracy training than male. CARE continues to actively promote female attendance at school through its regular interactions with school staff, community members and WDCs.

<p>Output 2.1</p> <p>Female and male elementary teachers trained and registered; and new elementary schools identified, registered and established⁴</p>	<p>Indicators</p> <ul style="list-style-type: none"> • # of teachers trained (M/F) • # of newly registered elementary teachers (M/F) • #of new schools identified for registration • # of new elementary schools established • # enrolled in newly established schools (M/F) • # of school board meetings held each year
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In tandem with supporting literacy training, CARE has provided support for the establishment, or re-establishment, of elementary schools. The project has in fact gone further than this, and where opportunities have arisen, community and primary schools have been established with CARE support – once again working with and through the Provincial Department of Education, based on a formal Agreement of Co-operation between CARE and PDOE.

With respect to the above indicators of achievement, ICDP monitoring records show the following:

⁴ This output statement and the corresponding indicators have been slightly adapted (from the ICDP M&E Framework) for the purpose of this report – so that they specifically include teacher registration, school establishment and enrolments. These are noted in the M&E Framework - but at the component objective level.

- 9 new elementary teachers have been recruited, trained and put on trainee teacher salaries (3 female and 6 male)
- 1 teacher now fully registered following inspection
- 36 new elementary schools have been registered with the National Department of Education
- 4 of the newly registered schools are in full operation, and have received tuition fees (totaling K475,200 for the period 2012-14)
- 228 males and 213 females are enrolled in 3 of the 4 new schools in 2014 (records from one school not reported)
- Each school supported has had at least one school board meeting each year

In addition, 1 community school has been upgraded and registered as a primary school (Nolambi Primary School in Simbari, Yelia LLG). Wandakia Community School has also re-opened, re-located to Simogu and been upgraded to a Primary School. Furthermore, 3 other Primary Schools have been upgraded to level 4 with new teacher positions created (at Wiyabo, To’okena and Suwairi). All this has been done through GoPNG systems – thus helping to ensure provision of recurrent funding for both teacher salaries and tuition fees. To date, an estimated K600,000 has been leveraged from the GoPNG for tuition fees and teacher salaries for those new or upgraded schools directly supported by CARE.

CARE’s main role in all this has been as a community mobiliser, information broker, communication facilitator, provider of logistical/transport support and provider of learning materials. PDoE staff have conducted staff professional development training for elementary teachers, undertaken supervised teaching visits, facilitated School Learning Improvement Plan (SLIP) training, and conducted elementary school scoping for registration.

Output 2.3	Indicators
A range of relevant IEC materials is available to communities	<ul style="list-style-type: none"> • # of schools accessing information • IEC materials are relevant to communities

As well as helping provide basic classroom learning materials (such as blackboards, chalk and writing materials), CARE has also been providing a range of general IEC materials (such as 7,000 copies of the Wantok newspaper and other general interest learning materials) as well as specific materials on climate change and food security issues.

At each of the literacy and elementary/community/primary schools visited by the evaluation team, IEC materials were clearly in evidence in most classrooms. Teachers and learners greatly appreciated these materials, including the newspapers which provide a wealth of relevant general information to use as part of both group and individual learning activities. However, at two sites visited by the evaluation team, the teachers mentioned that the original supplies provided by CARE had been exhausted and they no longer had materials for new enrolments.

Overall component effectiveness and sustainability of benefits

Improved access to literacy and formal education opportunities is clearly critical to advancing community welfare over the longer term. CARE’s partnerships, particularly with the PDoE, are contributing to this in a very tangible way.

Feedback generated from various school and broader community discussions during the evaluation team's field visits, clearly indicate that this support is highly valued by most community members, and has given them hope for the future. Around Simogu in particular, access to education seems to have been a clear factor in the overall development of the village over the past 4 years or so. More people are coming to live nearer to the village so they can access schooling, and, according to both WDC members and CARE staff, the station environment is looking more organized and better maintained.

CARE's program of support to education has been appropriately responsive and flexible, thus maintaining its relevance and effectiveness. For example, where there has been a clear lack of community interest and/or local security concerns (e.g. tribal conflict), CARE has withdrawn its activities. Also, as new requirements and/or opportunities have emerged, such as with respect to the requirement since 2011 to prepare School Learning Improvement Plans (SLIP), CARE has incorporated this into their work plans in collaboration with the PDoE.

With respect to gender equity, while female access to education is being effectively promoted, there remains a problem with female retention rates during formal schooling. Interviews with school staff and community members indicate that this is attributable to early marriage (from as young as 13), the high demands on girls to undertake a wide range of household and gardening tasks, and a continued tendency to prioritise male education over females. Nevertheless, it has also been noted that school has a 'protective' influence in that girls tend to marry later if they are receiving schooling.

CARE's work on literacy and formal education is generally well integrated into the work of other ICDP components, such as ward planning and the support for improving climate change resilience and food security. However, what is contained in individual ward plans has not driven all of the CARE supported education work. For example the literacy programs started in Andakombe and Omaura before ward plans had been prepared).

With respect to sustainability, the following main issues have been identified by the evaluation team

1. The literacy and elementary schools in remote areas are highly dependent on volunteer teachers. Those teachers who have adequate levels of formal education, have the future incentive of becoming qualified and registered teachers, and receiving a state salary. But this can take a long time, and some teachers have little prospect of ever becoming fully qualified. In order to maintain motivation and commitment, there is a need to find further ways to support volunteer teachers, not only through the community's provision of food, and sometimes basic housing. LLGs and the Districts in particular have the opportunity to provide some such support through their available resources.
2. CARE's exit strategy is not yet completely clear. While the underpinning approach of working with and through PDoE is sound and greatly increases the prospect for sustainability, there is still significant scope for a longer period of ICDP support to help bed down the progress made to date.
3. Local accountability for school operations lies with the teachers, the Board of Management (BOM) and community. Much of CARE's attention to date has been focused on the school teachers and the community. However it is the BOM that should take the lead role in sustaining school operations, mobilizing community support to allow teachers to get on with their main job of teaching (not fixing school buildings, solving community/family problems, etc. Further emphasis on strengthening the operations of BOMs would therefore likely be merited.

Figure 5 – Community built literacy classroom in Wonenara



2.3.3 EARN component

The stated objective of the EARN component is: *‘Improved household food security and income’*.

The EARN component has only been implemented in OW District. Its main focus to date has been on promoting fish farming, coffee production and quality, and community food security and resilience to climate change.

The need for improved access to income earning opportunities was confirmed by the Yelia baseline study of 2010. Some 45% of households surveyed had incomes of less than K100 in the previous month, and this was during the coffee harvesting and marketing season. Coffee sales are the main source of cash income for more than 60% of the households surveyed – the rest making small incomes from micro-enterprises such as locally marketed vegetables and re-sale of trade store goods. Increasing income opportunities also comes out as a clear priority from the ward planning process. Remote communities are also particularly vulnerable to natural disasters, including drought, given their high dependence on subsistence agriculture, lack of income and limited access to external sources of support.

This section of the evaluation report first makes an assessment of ICDP achievements against each of the component outputs. It then provides a broader analysis of overall component effectiveness including the likely sustainability of benefits going forward.

Assessment of output delivery

<p>Output 3.1 Enhanced capacity of men and women farmers to fish farm for subsistence</p>	<p>Indicators</p> <ul style="list-style-type: none"> • #of fish ponds established and maintained by participating farmers
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CARE ICDP monitoring and evaluation records indicate that a total of around 485 new fish ponds have been constructed and maintained by farmers since the start of CARE’s support for this activity. Most of these ponds have been established in Yelia LLG area, although some have also been established in Lamari LLG. There could indeed be more than this number, as community interest in fish farming seems to be growing and new ponds continue to be established by villagers using their own initiative and with support of the ‘extension’ volunteers trained by CARE. The evaluators found great appreciation and enthusiasm for the fish farming activities in all villages visited.

The support for inland fish farming appears to have been a notable success. Based on a Training of Trainers approach focusing on ward clusters (169 males and 46 females attending training), a significant number (though by no means all) of these individuals have subsequently established their own fish ponds and also then provided both advice and fingerlings to other community members interested in establishing their own ponds. Once again, CARE has worked in partnership with others to achieve these results, namely a local NGO called Backyard Farms (BYF), which has taken the lead in delivering the training and other technical support at the community level.

The evaluation team were able to inspect a number of fish ponds during the field work (in Simogu, Tsigami, Wonenara and Aziana) and talk to the owners. Key findings include the following:

- The initial socialization and training received was clear and practical – and appropriate for illiterate audiences. Training materials used clear pictures rather than just words. The timing and location of trainings has been adapted at different sites to try and promote female participation.
- Fingerling distribution (mostly Talapia and some carp) was effectively managed, with each trainee getting an equal number of fingerlings to establish their initial ponds. It was also made clear during the training that once farmers had successfully established their ponds, and the fish were breeding, they were to use some of these new fingerlings for further distribution to other interested community members. This appears to be happening.
- CARE (through BYF) initially also provided some other basic materials to trainees, such as PVC pipes, spades, tape measures and buckets. However, this was later discontinued, and farmers were instead encouraged to use bamboo piping and their own agricultural implements for pond construction. This approach aims to better support the sustainability of fish pond management as well as its further expansion.
- Both men and women are engaged in fish farming, although it is primarily undertaken by men.
- Fish ponds generally appear well constructed and well maintained.
- At 3 of the 5 sites visited by the evaluation team, fish are not yet being re-distributed or consumed as the fish are still growing and have not yet bred.
- 9 fish ponds in Wonenara were reported destroyed by river flooding, after having been initially established too close to the river. Existing fish stocks have consequently been lost.
- While the fish farming concept was developed and has been introduced primarily to provide a nutritional benefit (protein intake being generally low), many fish farmers are keen to try and sell their fish as fish stocks expand. However, fish marketing opportunities are extremely limited

both locally (because of low incomes and the expanding number of families with their own fish ponds) and outside the area (market access and fish preservation challenges). Farmer expectations that they can earn additional income from fish farming, if not fulfilled, may yet result in a loss of interest in fish farming.

- Fish ponds are seen as a safe and accessible source of protein, compared with hunting for wild animals which is hard and often dangerous work.

Figure 6 – Fish ponds at Simogu



Output 3.2	Indicators
Increased capacity of men and women farmers to grow income generating crops	<ul style="list-style-type: none"> • # of rehabilitated coffee gardens • #of coffee nurseries established and maintained

CARE has focused on helping improve the quality and quantity of coffee being produced within targeted remote communities. The evaluation team believes this has generally been a sound strategy, given that coffee is already the main income earning source for most households in these areas, and virtually no coffee extension services had been provided in the area for the past 30 years. As is shown below, CARE has also recently broadened the scope of its support to coffee by trying to support improved market access.

With respect to the above indicators, CARE monitoring records show that:

- Some 40 farmers (34 male and 6 female) are confirmed to have rehabilitated their own or family relative's coffee gardens subsequent to their participation in coffee training. However, the numbers are likely to be greater, given that a total of 90 farmers have been trained, although follow-up with all these trainees has not been possible. There is also likely an unrecorded demonstration effect on other farmers who have not attended training.
- A total of 16 farmer groups are reported as having established coffee nurseries following training (involving 45 male and 6 female farmers).

ICDP conducted a coffee survey in early 2011 after which it engaged Kumatega Coffee Development Services to work with Simogu cluster farmers and conduct training on: coffee harvesting and processing; nursery establishment; pulper operation and maintenance; and rehabilitation skills and techniques. After trialing the training and adapting the training program based on lessons learned, Kilebo Coffee Farmers were engaged to conduct the trainings in Andakombe and then Wonenara clusters. In total a series of 11 coffee training sessions have been conducted at community level (4 each in Andakombi and Simogu clusters, and 5 in Wonenara).

Interviews with coffee farmers during evaluation field work indicate that the training was highly appreciated. No one else has tried to help them improve their coffee production and quality. CARE cluster evaluation reports also indicate, based on farmer interviews, that coffee production has been improved in target areas following rehabilitation work.

In addition to supporting these improvements in coffee production, CARE has also supported two other initiatives. Firstly, in order to help with more efficient coffee processing, CARE trialed the distribution of coffee pulpers to Ward Development Committees and then to schools. Recipients were expected to charge for the use of the pulpers and subsequently generate some income for their own use. However, this does not appear to have been very successful, with difficulties faced by coffee pulper recipients with effectively managing and raising income from a donated community asset. CARE has subsequently discontinued any distribution of coffee pulpers.

CARE has also, more recently, helped with trying to address the critical issue of coffee marketing for remote areas. It has facilitated a coffee study tour for selected farmers (e.g. visiting CIC and coffee producers and exporters in Goroka), and also engaged directly with the Coffee Industry Corporation (CIC) in Goroka to try and facilitate greater use of the coffee freight surety and subsidy schemes in ICDP target areas. Data provided by CARE, through CIC, indicate that between September 2013 and May 2014, a total of K302,481 was paid by CIC in freight subsidy for coffee freighted out of EARN supported sites in Yelia LLG area. This should therefore be making a significant contribution to increased incomes for the coffee farmers in these areas.

However, the evaluation team cannot provide any detailed analysis of the effectiveness of the CIC freight subsidy scheme, or CARE's facilitating role, based on information gleaned during the evaluation. While in essence the subsidy scheme is quite straightforward (the government, through CIC, pays a 40% subsidy on the freight costs, which should result in a corresponding increase in income to the growers), the details of how it actually works, and who benefits, are more complex. Much depends on how well organized the coffee farmers are, the 'honesty' of buyers and how the front and/or backloads are managed to help cover charter costs. The evaluation team's interviews with coffee farmers in the Yelia LLG area certainly indicate that many of them are not yet clear how the system really works in practice and how the benefits are really being shared between growers and buyers. CARE could therefore usefully follow-up with doing some further analysis of the CIC scheme as well as then helping farmers to be better informed about how to maximize their own benefits.

With respect to gender equality issues, coffee marketing is still dominated by men, and they therefore also tend to control the income. Nevertheless, with CARE encouragement, a women's (informal) cooperative

was set up in 2010 in Aziana with the members establishing a coffee nursery and planting new coffee gardens for themselves. Four years on the cooperative appears to be still functioning, although not enough coffee is yet being produced from the new gardens to bulk up and sell.

CARE is also implementing another complementary coffee project that is specifically focused on empowering women to be more involved in the coffee industry, including at the smallholder production level. Promoting their decision making role in both production, sales and use of coffee income is the primary objective.

Figure 7 – Women’s coffee nursery being maintained in Wonenara



Output 3.3	Indicators
Enhanced capacity of local institutions to raise community awareness on climate-resilient agricultural practices	<ul style="list-style-type: none"> • # of school demonstration gardens maintained • # of climate resource units at schools established • Development of climate change resilience lesson plans • #of seeds / cuttings distributed to community members

CARE has been implementing this element of the project in partnership with the National Agriculture Research Institute (NARI) based in Aiyura. NARI has taken the lead in this work under a Memorandum

of Agreement with CARE, with CARE’s role being to provide financial and community mobilization support.

Based on CARE monitoring records, the following has been achieved with respect to the above indicators:

- school demonstration gardens have been established at Ontebura (TG LLG) and Andakombe primary schools (Yelia LLG)
- climate resource units have also been established at the two school sites noted above
- teachers at both schools have integrated climate change information into lesson plans and learning materials
- rice, wheat and corn seeds have been distributed to 239 school students at Ontebura (148 males and 91 females) and African yam cuttings have been distributed through both schools to local households.

Figure 8 – Climate resilience resource unit at Ontebura Primary School



The evaluation team can confirm these achievements at Ontebura primary school, which the team visited. The school has been actively engaged in the project and has appreciated the information, training and material support provided through CARE. Those teachers and students interviewed demonstrated understanding of the key information / messages provided, and recognized the value of promoting food security awareness and action. African yam tubers and other seeds from the demonstration garden are provided to graduating grade 8 students

each year to take home and plant and/or distribute to interested family and/or community members.

According to CARE’s monitoring reports and the recent Andakombe cluster evaluation report, African yams have been widely planted in the Andakombe area. It is reported that more than 90% of households are growing African yams and that yams are being widely consumed, however the evaluators did not visit Andakombe and cannot confirm this.

However, in discussions with NARI, CARE and/or community members, it is clear that there are also limitations to the effectiveness of this work, for example:

- Around Ontabura primary school, there are estimated to be only 5 farmers now actively engaged in growing African yams. Probably the main factor in this is that African yams require considerable labour input, at least initially when deep trenches have to be dug and filled with plant material. Any surplus to consumption needs is also not easily marketed. It may well be that it will not be until the next prolonged drought that the benefits of growing African yams will be tested and really demonstrated. Then, greater community interest may be stimulated.

- In Andakombe, while many households are reportedly growing yams, they are not following recommended yam cultivation and harvesting practices and there are concerns about the future health and productivity of the tubers. Also, the school demonstration garden is apparently not being well maintained during school holidays, and the resource centre has not yet been effectively used.

Overall component effectiveness and sustainability of benefits

Enhanced income generation from ICDP supported activities appears to have been limited to date, with coffee being the only ICDP ‘supported’ product which is being regularly marketed. Some increase in incomes from coffee have likely eventuated for targeted farmers through increased production and quality, and through CARE’s facilitation of the CIC’s freight subsidy scheme into remote sites in Yelia LLG area. However, this has not yet been clearly quantified.

European potatoes were also introduced as an income generating crop in partnership with Fresh Produce Development Agency (FPDA). It had some initial success, but the majority of farmers stopped growing after an attack of potato blight destroyed most of their crop.

Fish production and African yams were not promoted as income earning activities, and do not fit particularly well under the EARN component. They would be better ‘housed’ under the LIVE component.

The scope of activities supported under the EARN component has been quite narrow and has focused primarily on production. Based on the wider range of income earning activities being proposed through ward and LLG plans (e.g. sawmills, rice mills, piggeries, poultry) there could be scope for CARE to help investigate the economic and financial viability of a wider range of income generating options. A stronger focus on analysing marketing issues (including value chain analysis) would also be potentially useful.

The sustainability of nutritional and life-style benefits from fish ponds looks very promising. Farmers are clearly interested and committed to both establishing and maintaining their fish ponds, and now have the knowledge, skills and materials to do this on an ongoing basis. However, some farmers have the expectation of making money from selling fish, and may be disappointed. This could potentially reduce future interest in fish farming and maybe deterring producers from gaining the immediate nutritional benefits presented by having a source of protein on hand.

The knowledge and skills developed through coffee training will remain with farmers, and it is expected that coffee gardens will continue to be better maintained. However, it is the price coffee farmers receive for their product and market access that are the key factor in determining how much effort they will put into production. Ongoing assistance to help farmers improve their market access and achieve a better price for their product is therefore warranted.

2.3.4 LIVE component

The state objective of the LIVE component is: ***Improved social services and physical environment***

CARE has worked in support of this objective through: facilitating and brokering the building of footbridges; supporting limited health infrastructure improvements; the training of Village Birth Attendants (VBAs) and Village Health Volunteers (VHVs); and, the re-establishment of Village Courts.⁵

All of these areas of work respond to demonstrated needs, identified through both the baseline survey work in Yelia and the preparation of ward and LLG plans.

CARE has again partnered effectively with other agencies to undertake this work.

Project participants consulted in Obura-Wonenara district generally expressed a high level of satisfaction with these activities, although some shortcomings also became apparent to the evaluators, as described below.

This section first reviews the achievement of component outputs and concludes with a broader assessment of component effectiveness issues.

Assessment of output delivery

Output 4.1	Indicator
Improved community infrastructure	<ul style="list-style-type: none"> • Small-scale community infrastructure built/or upgraded • Usage of new/renovated community infrastructure and facilities, and by whom (gender/vulnerable group)

CARE has supported the construction of seven footbridges (of which three have been completed at time of writing) plus the maintenance/rehabilitation of two tertiary roads.

The footbridges are considered high impact projects by the District Administration and are highly appreciated by the communities that directly and indirectly benefit from them. The footbridges were identified as a priority through both individual ward plans and through the LLG plan consolidation process. They are located to either replace locally constructed cane and log bridges or at places where people have traditionally tried to wade across the river.

It was reported that numerous deaths had occurred at these traditional crossings. For example, villagers told AT Projects that over 50 lives had been lost over the years using the slippery log bridge over the Kopale River near Andakombi.⁶ This log bridge has now been replaced with an iron swing footbridge. The building of these bridges can thus be regarded as a life-saving activity. It has also reportedly significantly improved access to health and education facilities, farms and markets. Based on the estimated population of the wards that will access the footbridges (derived from the 2011 preliminary Census Figures for Lamari and Yelia LLG's) the number of direct beneficiaries is approximately 18,000.

⁵ CARE has also undertaken a few other activities - such as supporting minor road rehabilitation.

⁶ AT Projects, (Feb 2012), Feasibility Study Report Andakombi Footbridge Project

Figure 9 - Crossings of the Kopale River (Andakombi) that have now been replaced by an iron swing footbridge



The footbridges are being funded through a K500,000 contribution from Eastern Highlands Provincial Service Improvement Programme (PSIP), K250,000 from the District SIP and a contribution from CARE. CARE has acted as project manager. The grants are governed by Memoranda of Agreements and CARE has reported on progress to the Provincial and District Governments on the works and expenditure. CARE has sub-contracted the actual building of the bridges to AT Projects Inc which is a social enterprise with considerable experience in rural infrastructure based in Goroka.

CARE has also been responsible for community mobilisation. The community has played a vital role in providing volunteer labour, local knowledge about the characteristics of the river, agreements about use of land, and transporting and securing materials. In sites without road access (e.g. at the crossing near Simogu and the Kopale River crossing near Andakombi), over 3 MT of materials had to be carried by men and women (over mountains and along steep and slippery tracks) from the airstrip to the construction site. Communities from many kilometres away provided their labour, without remuneration, realising that they would directly and indirectly benefit from the new linkage. Steve Layton (Co-Director of AT Projects) described the community contribution as ‘amazing’ and reported no disputes or complaints arising. The footbridges are an excellent example of what can be done when parties work together, fulfilling roles appropriate to their expertise and resources, on a project that addresses a critical need that

is widely felt. According to AT, the bridges should be durable for at least 25 to 30 years only requiring AT to check and tighten the tension on the suspension cables approximately every five years.

Community members expressed a sense of pride and deep satisfaction in the footbridge project. They also see the bridges as tangible outputs of the ward planning process lending credence to the process and optimism for the future. CARE has also received significant kudos through their role in facilitating and managing the activity.

It is somewhat telling that the District Administration of Obura-Wonenara had more confidence in CARE to effectively manage the project and leverage their links with the communities than they had in themselves and would like such arrangements to be expanded to other development projects in the future. Such successful partnerships illustrate the high levels of trust that now exists between CARE and its development partners. The centrality of CARE in these relationships will nevertheless need to be carefully considered in the design of a future exit strategy for CARE.

Figure 10 - Completed swing iron footbridge near Simbari with a span of 76m



<p>Output 4.2</p> <p>Support to priority rural health initiatives</p>	<p>Indicators</p> <ul style="list-style-type: none"> • Number and type of partners and initiatives supported • Improved rural health facilities and infrastructure • Enhanced community awareness on options for improving health for men, women and vulnerable groups
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Since 2011, most of CARE’s health related support in Obura Wonenara District has been implemented through a separate Maternal and Infant Health (MIH) project. The evaluation team was not tasked with assessing the work of the MIH project. However, given that health is clearly a key element of any integrated community development initiative - some comments on what the evaluation team observed with respect to rural health initiatives are provided below.

Under ICDP, CARE has facilitated and funded improvements to three rural health centres at Andakombi, Simbari, Wonenara and at a Day Clinic at Simogu. The evaluators only visited the facilities at Simogu and Wonenara, so findings are largely based on our understanding of the situation there. In Simogu and Wonenara, CARE sub-contracted AT to install water tanks, piping and guttering to allow rain water catchment to the health facility in order to improve the sanitation and hygiene standards for patients and health workers. These improvements were made but have been rendered largely useless at both facilities

because the manual pumps are broken, and no one seems interested in fixing them. There are different versions of how this came to pass but the reality that these investments have failed to address the lack of water at these health facilities is clearly disappointing.

Figure 11 – Broken water pump at Simogu and CARE / AusAID signage



From visiting aid posts in the Simogu cluster area, which refer patients to the Simogu Day Clinic, it is apparent that the health system is barely functioning at this level and lives are being lost as a result. The following short story describes the situation the evaluation team found in Gema village:

Choosing who lives or dies

Soon after our arrival in Gema, we were told that the village and surrounding areas were experiencing a local epidemic of a sickness with malaria type symptoms. It had especially affected women and children. A young man and a young woman as well as an elderly person had recently died as a result of the sickness.

Whilst visiting the Gema Aid Post, the WDC member responsible for health explained that the aid post had been closed for the past two weeks as the health worker was away in the town.

He reported that the aid post was well stocked with medicine but was locked and the key was with the health worker. They had gone up the mountain to the place where they can get a signal and had rung the health worker informing him of the epidemic and requesting he return quickly. He said he would be back in two weeks.

The house of the medic had been well built by the community and they tended his garden to ensure he had enough food.

Community members said they would sometimes carry sick people to Marawaka station for treatment – a two day walk – as they did not have confidence in the treatment they might receive at Simogu Day Clinic.

Later, representatives from neighbouring Pinji village told how they had to choose who was worth trying to save by carrying them to Gema or Marawaka. Some died on the way. The less productive community members (such as the elderly) were often not afforded the option.

CARE has also supported the Provincial Health Department (now Provincial Health Authority) and a local NGO called Touching the Untouchables (TTU) to provide theoretical and practical training to VHVs and VBAs throughout the district. Based on ICDP records, a total of 120 VHVs have been trained (71 male and 49 female) and 58 VBAs (all female). Community members consulted, especially women, consistently praised CARE for this intervention. When asked separately to identify the ICDP activity that they most valued, the women from Pinji selected the VBA training. In Aziana, the key informants rated the support to VHVs and VBAs as the ICDP activity with the highest impact. It was apparent that the VHVs in Aziana have been particularly active and diligent in applying what CARE had taught them to promote better hygiene, sanitation and cleanliness in their community. Community members were adamant that there had been a decline in diseases related to poor sanitation and hygiene as a result of their work.

Julie Liviko (Technical Officer, Family Health Services, Eastern Highlands Provincial Health Authority) described the role of the VHV as being concerned with raising public health awareness especially on sanitation and hygiene. However she has seen where VHVs have taken on the role of a medic dispensing medicine when no one else is available

“Who else can do this work when we, the government, have not provided technical people out there?” she asked rhetorically.

Beyond these commendations from community members and numbers of VBAs and VHVs trained under ICDP, it was not possible to quantify the impact of the VBA and VHV training activities. As Julie Liviko concedes (see text box opposite), when there are no other options, it is understandable that VBAs and VHVs will be drawn in to fill the vacuum in the delivery of health services at village level. Whilst this might not have been the intent, and it may not be in accordance with government policies, it reflects the reality when health service delivery is at such a critically low baseline and lives are at stake.

With the health system itself so dysfunctional – CARE’s focus on VBA and VHV training is a practical response, given that the volunteers continue to work without direct health service support. Some lives, particularly mothers and their babies are almost certainly being saved. However, this is not going to have significant impact on the overall health status of the community, particularly when there are more serious medical complications that require professional health service support. CARE should therefore look at other ways it might support improved health service delivery, given how critical this is to community well-being, particularly for women, children and other vulnerable groups. Ward planning is not the answer, as critical health services must be planned, resourced and delivered on a more strategic basis.

CARE’s decision in 2011 to hive off a significant part of its health work to a separate project, the Maternal and Infant Health (MIH) project, also needs to be re-considered. The evaluation team are of the view that this was probably not a good idea. In future, given the pre-requisite of being healthy to participation in economic, political, and social development, the evaluation team believe that health should be re-integrated and strengthened within ICDPs work.

<p>Output 4.3</p> <p>Village court system established/re-established and strengthened</p>	<p>Indicators</p> <ul style="list-style-type: none"> • Number of village court networks established and operating in Obura Wonenara District by Dec 2014 • Number of village court magistrates and clerks trained and certified (by gender/vulnerable group) • Number of people accessing the village court system (by gender/vulnerable group) • Level of satisfaction with village court process and decisions (by gender/vulnerable group)
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With respect to the first 3 indicators listed indicators, CARE monitoring and evaluation records show the following:

- 8 village court networks established
- 96 village court magistrates trained and sworn in (55 male and 5 female in Yelia, and 32 male and 4 female in Lamari)
- 193 cases brought to the village courts in Yelia and Lamari between 2011-13, with 58 cases brought forward by female complainants

In response to baseline study findings regarding poor access to courts and priorities emanating from ward planning processes, CARE arranged for village court officials to be identified and trained by the Provincial Law and Justice Department. This was followed by village court inspections to recognise (and swear in) the Village Court magistrates, which were also facilitated by CARE. Reports from communities indicate that the village court system is now functioning (to varying extents) in all locations visited.

The process followed by CARE was sound, involving the appropriate institutions and duty bearers. This is important as it means the magistrates are now eligible to receive remuneration from the provincial authorities, which significantly increases the likelihood of magistrates continuing their work. Quality of village court decisions has been monitored through inspection by Village Court Division officers (whose visits have been facilitated by CARE) two or three times per annum. The inclusion of women magistrates has been highlighted as a particular achievement and is reported to have helped improve access to the village court system for women, especially with regard to domestic violence cases. As already noted above, of the 193 cases heard by the village court magistrates from 2011 to 2013, 58 were raised by female complainants. The District Administration also noted that they have seen (from the OW experience) that having more female Magistrates is a positive thing, and they are now actively promoting the inclusion of more women in the village court system.

Magistrates report that a considerable amount of their time is spent on mediation – rather than court adjudication. However, they have received very little formal training in this area of their work. They also hear and adjudicate on minor cases (that cannot be settled through mediation) and report on more serious cases (e.g. murder, rape, destruction of public property) that require police intervention. While Magistrates are supported by Peace Officers, no police are stationed in the Simogu or Wonenara clusters.

The lack of police back-up is a significant constraint to improving law and order. In Simogu it was reported that the last police visit was a year ago. However, according to CARE, the last time police visited the remote areas of Obura-Wonernara (including Simogu) was in 2012 when CARE covered the

expenses of their trip. The failure of the police to respond to requests from the village magistrates thus appears to be a major impediment to achieving the goal of improved law and order.

Not surprisingly the evaluators heard some complaints that magistrates were sometimes inconsistent in their rulings and biased when cases involved people they were connected to. Whilst it was beyond the scope of this evaluation to delve into such complaints (and it is not CARE’s role either), there is clearly a need for ongoing monitoring of, and support for, the work of village courts by the Provincial Law and Justice Department.

However, despite these shortcomings, community consultations suggest a positive level of satisfaction with the establishment of village courts and appreciation for CARE’s role in the process. Moreover, there was general agreement that the revived village court system has led to a reduced number of law and order problems by providing a deterrent to transgress and a mechanism by which minor issues can be dealt with effectively. In the past, community grievances would more easily escalate and become more serious in nature.

Output 4.4	Indicator
Increased community capacity in disaster risk reduction planning	Draft plans for community disaster reduction/preparedness prepared

CARE initially had ambitions to promote disaster risk reduction at community level through helping to prepare draft community Disaster Preparedness Plans. Although these plans never materialised, this is understandable as experience has shown that in very poor communities without access to basic services, such plans tend not be an effective means to reduce vulnerability.

Nevertheless, CARE might consider doing more to understand and document indigenous coping mechanisms (e.g. in times of drought or outbreak of disease). As an organisation with a mandate for humanitarian response, and significant experience in this area of work, CARE could usefully contribute to generating and sharing knowledge on how external agencies can best work with local institutions and communities to strengthen both disaster response and coping mechanisms.

Overall component effectiveness and sustainability of benefits

Although CARE has focused on only a limited number of initiatives under this component, it has managed to have a discernible impact on the lives of target beneficiaries through these interventions. CARE has demonstrated how its role as community mobiliser, broker and project manager can be sufficient to help communities realise some of their expressed development priorities, without having to spend heavily itself on input provision.

The work under this component has generally linked well with, and helped respond to, priorities coming out of the ward and LLG planning process. However, the evaluation team did not assess the work of CARE’s MIH project, and therefore cannot comment on the specifics of what has, or has not, been achieved through this initiative. Nevertheless, the evaluation team are of the general opinion that CARE should, going forward, carefully review its decision to ‘separate’ MIH related activities from the work of ICDP.

The benefits resulting from the footbridges are likely to be sustained for a long time to come, given their simple but robust construction and low maintenance requirements. The leveraging of Provincial, District and community resources has been a very effective approach, with an excellent outcome.

Benefits from the water and sanitation improvements at health facilities are already compromised because of faulty pumps and little discernable interest in fixing them. As already noted, the health system in remote areas seems to be broken, and it is not yet clear what an agency like CARE can do to help fix it.

The work of VHVs and VBAs is likely to be sustained while the volunteers maintain their interest and commitment, however without some moral and material support, this commitment will likely flag. Their volunteer status is inevitably a cause for concern over the longer-term, and WDCs, the LLGs and Districts should seriously consider how they can provide some ongoing support through their own resources, even if only nominal in nature. In many communities, these volunteers are the only people providing the community with access to health advice and support.

2.3.5 Monitoring, evaluation and learning

The stated objective of the MEL component is: *Effective program learning and management*

This section of the report focuses on the monitoring, evaluation and learning issues, while core ICDP management issues (staffing, finances, etc) are covered in Section 2.4 on ‘Efficiency’.

Achievements and issues arising are described below by each component output, including analysis of the broader effectiveness issues arising.

Assessment of output achievement⁷

Output 5.2	Indicators
Comprehensive research conducted to inform programming for target populations	<ul style="list-style-type: none"> • Project interventions implemented according to identified needs of target populations

During the inception phase of the project, CARE undertook a baseline survey in Yelia LLG in Obura-Wonerara district (Eastern Highlands Province) in collaboration with the Australian National University. From reviewing both the baseline report (December 2010) and subsequent ICDP project documents, it is easy to trace how the results of the survey fed into the design of the project and subsequent updated implementation plans. Real needs have thus been confirmed through adequately robust research.

CARE has also subsequently undertaken baseline studies in Kome and Kapao LLGs in Menyamya District (2013). These studies have used the same methodology as the Yelia Baseline, and very useful programming information has been generated. In Gumine District, it is understood that CARE is also going to support the analysis of baseline data collected by CDA.

As well as these baselines, CARE has also recently conducted a series of comprehensive cluster evaluation studies covering Andakombe, Simogu and Wonenara in Yelia LLG area. The study reports are still in draft form, however they are clearly thorough pieces of work which provide valuable and honest insights into the impact of ICDPs work at community level. Some other studies have also been conducted, such as the ‘Simogu Literacy Project Impact Study Report’ of April 2014.

There is nevertheless considered to be scope for CARE to facilitate the conduct of additional types of research in the future, for example with respect to identifying income enhancing opportunities for remote communities. CARE might also usefully be supported in developing a future research agenda on local level governance issues by DFAT’s recently appointed governance adviser.

⁷ Output 5.1 (effective & efficient project management systems and processes in place) is discussed under Section 2.4 of this report on ‘Efficiency’.

It is worth noting that although undertaking a baseline usually implies that a similar ‘endline’ survey will be conducted in order to help measure change, CARE has so far not opted to do so. Their primary reasoning is that because CARE has not directly addressed all those areas of enquiry (and need) covered in the baseline, repeating the baseline would not be an accurate or fair reflection of what CARE’s interventions had or had not achieved. CARE has instead opted to conduct more focused cluster evaluations, just covering the impact of initiatives that have been supported by CARE. This is considered to be an appropriate and practical decision. Nevertheless, looking ahead, it may well be possible to design and conduct some future end-line surveys that collect more statistically representative data in target communities focused on areas of intervention that CARE has supported. Some additional specialist inputs would be required to consider how this might best be done.

Output 5.3	Indicators
Effective M&E for continuous learning & improvement, including on women’s empowerment and gender equality	<ul style="list-style-type: none"> • Staff effectively use M&E tools and systems • Project delivery approaches revised and refined on a regular basis and are informed by quality M&E data collected

The ICDP has established a sophisticated Monitoring and Evaluation (M&E) System which reflects a serious commitment to delivering quality programming, being able to demonstrate results and a process of continuous learning and improvement. ICDP has a comprehensive array of M&E tools at its disposal and the proven ability to conduct baseline studies, ongoing monitoring as well as internal evaluation activities.

There are three primary agents in the ICDP monitoring system - the ICDP M&E Unit, the component teams and the ICDP Manager - as well as an organisational level Programme Quality Unit. The ICDP M&E unit consists of one coordinator and two Monitoring Officers. They are primarily responsible for oversight of monitoring and evaluation, developing and refining monitoring tools and processes, supporting the component teams and partners to gather and interpret data, as well as inputting into the preparation of reports for donors. The component teams are responsible for administering the monitoring tools to gather quantitative and qualitative information as part of their regular interactions with beneficiaries and partners. Information is collected at the beginning of and during an activity, on delivery of outputs and then through follow-up monitoring and evaluation activities to track outcomes and any impact. By recording and tracking details of all direct, and some indirect, beneficiaries, the monitoring system allows ICDP to follow up with the same individuals and their families to see what benefits have, or have not, eventuated over time. CARE staff conduct joint monitoring visits with their implementing partners, so they can verify the accuracy and quality of partner monitoring reports ‘on the ground’.

A strength of the M&E system is thus that it is largely embedded within the component teams and is not viewed as an add-on by staff in the field. Nevertheless, it is also clear that completing the numerous monitoring forms during field visits constitutes a significant work burden for staff.

Although the efforts to capture and track data are impressive, the volume and variety of quantitative and qualitative data being collected requires a more sophisticated system for capturing, analysing and summarizing key information. There is now a backlog of monitoring data to be inputted, and the existing excel spreadsheet system lacks the facility to readily extract cumulative data which is necessary to facilitate reporting and timely management decisions. The lack of capacity to manage large amounts of data might also explain why CARE’s regular reports to DFAT do not always contain comprehensive cumulative data on achievements. Nevertheless, in terms of the integrity of information contained in

internal and external reports, the evaluators found no evidence to suggest that CARE’s reports were inaccurate or misleading in any way.

With respect to the ICDP’s M&E Framework, it has proven fairly robust as a guiding structure for monitoring and reporting. Nevertheless, as with all such frameworks, it needs to be reviewed and improved as lessons are learned and circumstances change. As part of the design process for a subsequent phase of ICDP, such improvements can soon be made.

CARE has made efforts to ensure that ICDP M&E is sufficiently resourced in terms of personnel, however it has made little investment in formally building and broadening their knowledge of M&E. Staff have had to learn on the job. While they have done this very well, there is considered to be scope for CARE to provide some additional professional development opportunities for M&E staff.

In terms of internal information sharing, review and learning activities, ICDP staff identified regular planning and reflection workshops (every six months) plus ICDP and component team meetings as the primary means by which issues were identified and suggestions for improvement emerged. The frequency of ICDP monthly team meetings has been decreasing since 2012 and only one has been conducted to date during 2014. A review of the minutes of all ten ‘monthly’ ICDP meetings held since May 2012, as well as the component team meetings (many of which are not routinely minuted), showed that these meetings primarily addressed component specific implementation and administration issues rather than problem and solution identification based on learning.

Nevertheless there is evidence that the ICDP team are learning from their experiences and making changes to their ways of working to improve program quality. A good example of this is how the analysis of training reports by the ICDP M&E team revealed that many women were dropping out before completing the longer moduled training packages (e.g. on fish farming and coffee husbandry), given their many other family and community work commitments. In response ICDP changed its training delivery mechanism shifting from conducting trainings at cluster level (which required many participants to walk long distances) to facilitating more trainings at ward level. Furthermore, the schedule was altered so that sessions were conducted for only part of the day (or at night) to give time for participants to do their other work. This has meant that trainers (e.g. for fish farming and coffee) have needed to stay for longer periods in the field (3 weeks instead of 1), but as a result female participation has increased and this approach will be taken into next training cycle.

<p>Output 5.4</p> <p>Regular information sharing to stakeholders for learning & advocacy</p>	<p>Indicators</p> <ul style="list-style-type: none"> • Timely and accurate reports generated • Stakeholders (government, partner, communities) are aware of the project and lessons learned
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CARE has established strong and effective partnerships with a range of project stakeholders, and regularly shares information with them in informal ways. Some structured information sharing and learning events have also been supported, such as the ICDP Symposium which CARE conducted in Goroka in June 2014. This was a useful event which allowed interface between CARE, its partners and other stakeholders to discuss achievements, lessons learned and the way forward.

CARE has also produced regular six-monthly and annual progress reports for submission to DFAT. These have been prepared in the required DFAT formats, and appear to have been submitted in a timely manner.

However, the evaluation team have also noted opportunities to improve ICDPs approach to information sharing and communication, particularly with government and community partners. For example:

- ICDP does not have a documented communication / information sharing strategy in place. Development of such a strategy (one that is clear and practical) would help ICDP staff better understand what they can do, and how, to ensure stakeholders are kept well informed of key project developments on an ongoing basis (over and above the formal quarterly and six-monthly reporting). During the ward and LLG planning process, copies of ward plans have not been kept by, or subsequently made available to, most WDCs. Also, the content of District and LLG plans and budgets have not been systemically disseminated (in appropriate summaries) to WDCs and the broader community. More attention needs to be placed on this important element of information sharing to help promote social, bureaucratic and political accountabilities.
- In order to support the sharing of information and lessons learned, short readable newsletters in Tok Pisin containing interesting news from ICDP could be produced and disseminated to both GoPNG partners and community members. Distribution at community level could be made through the WDC clusters, as well as through the literacy and elementary/community schools being supported by ICDP.
- Commissioning EM TV to do (more) short programs on the service delivery situation faced by communities living in remote areas could be an effective advocacy and awareness raising tool.
- There is no clear system by which communities can lodge a complaint or concern with CARE, and have it systematically dealt with. Although the ICDP Manager confirmed that complaints had been received and were investigated, the lack of clear process means that ICDP does not have a structured feedback loop through which they can monitor the behaviour of their staff during field work. CARE might usefully clarify its own complaint handling procedures and then inform key stakeholders of how complaints or concerns can be submitted.
- There is scope to develop and make greater use of participatory monitoring tools that allow beneficiaries to take a more active role in gauging the relevance and quality of activities on an ongoing basis. This can promote more active community learning and engagement in problem solving.

While there are of course always opportunities for improvement the evaluation team concludes that CARE has been highly professional in the way it has approached the monitoring and evaluation of ICDP. The information generated has helped specify and confirm many of the significant benefits delivered so far, as well as highlighting areas of concern and remedial actions required.

2.3.6 The integrated approach and linkage between components

The integrated approach seems to refer to three main things, namely:

- Integrating ICDPs work into local governance arrangements and institutional structures.
- Integrating short-term practical improvements with longer-term systemic changes; and
- Integrating the work of different project components based on priorities developed through ward and LLG planning processes

So - to what extent have these elements of integration been achieved in practice by ICDP and how has this influenced effectiveness?

Integrating ICDPs work into local governance arrangements and institutional structures

ICDP has been successful in working with and through existing structures, rather than trying to set up new or parallel structures. Working in direct support of WDCs is the main case in point. ICDP has then worked with and through GoPNG systems to help establish or reactivate key services in OW such as for new schools, operations of village courts and the establishment of new footbridges. By doing so, ICDP has been able to leverage funding from the GoPNG system and help promote prospects for the sustainability of services and benefits.

However, there are still significant hurdles to overcome with respect to getting WDCs, LLGs and Districts to integrate their own work plans in order to work together more cooperatively and effectively.

There is also as yet virtually no traction being made in getting District or LLG staff to conduct more regular patrols / visits to remote areas taking their own initiative and using their own resources.

Integrating short-term practical improvements with longer-term systemic changes

The main way that ICDP is trying to support longer-term systemic changes is through building the capacity for bottom-up planning among WDC members, LLGs, Districts and the broader community – and in turn influence the way in which available development resources are allocated (particularly at District and LLG levels). In OW district the ward planning work was combined with initiating some ICDP financed education, health and livelihood improvement activities - even before all ward plans had been completed. This appears to have helped keep communities interested and engaged in the planning work – as well as providing the vehicle through which service delivery partners (both local NGO service providers and some government officers) could be mobilized and brought into communities at an early stage in the process. The two sets of activities appear to have been mutually supportive. It is clear that you don't need to have all ward plans prepared and consolidated in LLG plans in place before initiating some developmental support activities on the ground. What is more important that the plan is the process of mobilizing community interest and engagement so that they will support and sustain development activities.

In Menyamya and Gumine Districts only the ward planning process has been rolled-out over the past 2 years through LEAD, without any other community development activities being supported through other ICDP components. Nevertheless, ward level interest in pursuing the planning work seems to have been adequately maintained.

BUT, there are clearly high expectations among community members involved in the ward planning process in Gumine and Menyamya for benefits to start flowing soon after the LLG plans are consolidated. Some tangible benefits will need to be delivered soon if interest in ward planning is to be maintained. There is also clearly now a need to shift emphasis (in existing Districts) from ward planning to WDC, LLG and District implementation.

Integrating and linking the work of different ICDP components

The ICDP design does not provide for a pre-determined package of integrated interventions to be delivered in each community. Rather the integration should come from the bottom-up – based on priority needs determined by communities.

The key to effective integration in this respect is ensuring that what CARE supports is informed by identified community priorities, and then ensuring good communication and coordination between those CARE ICDP staff responsible for implementing different components within the same ward / cluster area. The important thing is therefore to make sure that all ICDP work in remote communities is mutually supportive, different work plans / training events don't clash, community engagement approaches and messages are consistent, etc.

In general, ICDP staff appear to be managing this kind of integration well. For example, community members generally see all CARE supported work in the context of responding to the priorities they have already articulated through the planning process. They do not distinguish between different ICDP components or indeed different CARE projects.

There is nevertheless a need to continue to reinforce the importance among CARE staff of coordinating all CARE work in remote communities, sharing information and collectively emphasizing consistent development messages. The practical way to ensure this happens is regular cross-component meetings, to keep all staff apprised of what each component is doing and issues arising. Such team meetings are held, but not with optimal regularity. The evaluation team also believes that MIH work needs to be re-integrated into ICDP – not managed as a separate project.

2.3.7 Gender and social inclusion

In line with CARE International's ambition to be a recognized leader in achieving significant, positive and sustainable impact on poverty and social injustice, gender equality and women's empowerment is embedded within CARE PNG's core programming principles.

CARE's approach to promoting gender equality is guided by two main documents: The CARE PNG Gender Strategy 2012-2014 and the Women's Empowerment Framework. These are comprehensive documents which provide clear policy and operational guidance on how CARE aims to promote gender equality in all its actions.

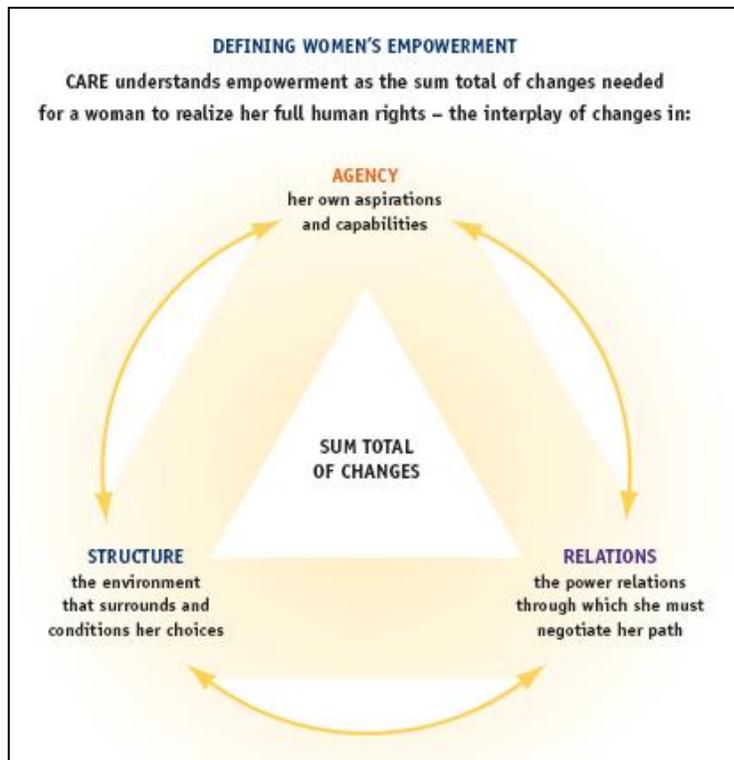
CARE is clearly serious about implementing these core commitments. For example:

- It has a full time gender advisor based in Goroka who actively works with all projects to help embed gender equality and women's empowerment principles (and practical actions) into their work plans.
- The majority of CARE staff are women, including in senior management and technical positions. CARE's female staff provide excellent role models, particularly when they are doing field work with remote communities.
- Under the LEAD component, the Ward Planning Manuals give significant emphasis to gender equality issues, including gender discrimination and violence against women. The training also involves learning about change as a non-threatening process, as well as about power dynamics and the obligations of those in power (such as WDCs, LLG managers, and District staff) to draw out all voices in the community. Feedback received during this evaluation from those participating in this training indicates that gender related attitudes and behaviours, of both men and women, have in many cases been positively influenced as a result. A women's network has been established in Menyamyra by two female LLG members after they were inspired to take action following their attendance at ward planning training.
- In the process of designing and implementing the LEARN, EARN and LIVE components, gender equality and women's empowerment issues have been consistently considered and, where possible, addressed. For example,
 - Female access to educational opportunities has been specifically advocated for and promoted. The fact that husbands have allowed or supported their wives to attend literacy training also reflects, in some cases, a positive change in the gender relations within households.
 - Women's participation in fish farming and coffee training has been supported through re-design of the training program to fit with their other work and family commitments.

- The appointment of women as Village Magistrates and to other village court positions has been effectively promoted, with the District Administration in OW now themselves advocating for more female Magistrates to be appointed. Available data also shows an increasing number of female complainants accessing the Village Courts, particularly in relation to cases of domestic violence and rape.
- Specific attention has been given to supporting the work of VBAs which is impacting positively on mother and infant health. Such training also empowers the women involved to be more vocal in promoting women’s interests within families and broader community fora (e.g. WDCs).

CARE’s Women’s Empowerment Framework (WEF) provides a practical guide to helping both CARE staff, as well as institutional and community stakeholders, understand and then try to address the underlying constraints to more active and effective women’s participation. Figure 12 below provides a schematic representation of the WEF.

Figure 12 – The WEF’s definition of women’s empowerment



The WEF starts with the understanding that it takes much more than simply including women in project activities (e.g. training) to make progress towards gender equality. CARE defines women’s empowerment as the combined effect of changes in a woman’s own knowledge, skills and ability (agency); the power of relationships through which she negotiates her path (relations); and the surrounding environment of norms, institutions and policies that shape her choices in life (structures).

Progress across all three dimensions of empowerment is needed to achieve sustainable results. This includes creating awareness of, and supporting the role women play in their communities and ensuring that women are represented and meaningfully involved in governance structures.

Some examples of how these different elements of women’s empowerment have been promoted through ICDP’s work are described below:

LEAD component. The LEAD component ensures that all ward planning trainings include the participation of women, as these are rare opportunities for women to gain new knowledge and skills about how they can engage in community decision making. Through this training, AGENCY is being supported.

With respect to RELATIONS, CARE works with both women and men to build understanding of gender equity and diversity and of the advantages of inclusive planning to address the different but equally important needs of different groups. CARE has found that speaking to men about the importance and benefits of gender-sensitive, inclusive planning is a key step towards greater gender equality. These men

are husbands, fathers, grandfathers, sons, uncles, and brothers with the power to help change the situation and status of women and girls in their communities.

With respect to STRUCTURES, CARE continually reinforces the stipulation in the Organic Law that every WDC must have at least two female representatives. In 2013 CARE also contributed to a revised national WDP manual to make it more relevant for low-literacy audiences. Participatory rural appraisal tools are also drawn on throughout the planning process to promote the meaningful involvement of men, women, youth, elderly, and vulnerable groups (such as people with disabilities or living with HIV and AIDS).

LEARN component. CARE's Women's Empowerment Framework guides work under this component by ensuring that women and girls are able to access education (AGENCY); focusing on support for all learners including women and girls to be able to attend classes and to have time for study (RELATIONS); and supporting local women and girls to gain basic education with a view to eventually becoming teachers in their local areas (STRUCTURES).

EARN component. Work under this component integrates WEF by promoting women's attendance in livelihood trainings (AGENCY); by promoting the attendance of both men and women at trainings - including husbands and wives (RELATIONS); and by adapting training programs and materials to address barriers to women's participation, such as their heavy daily workload, safety concerns, and low literacy levels (STRUCTURE).

CARE has thus taken a considered and structured approach to promoting women's empowerment in all its work that is consistent with its WEF.

Nevertheless, this is clearly the start of a journey, not the end. Achieving greater gender equality and women's empowerment is a long-term ongoing process involving attitudinal, behavioural and structural changes. Significant barriers remain with respect to women's heavy workloads; lack of access to capital and knowledge; lack of control in decision-making processes(including over use of household income); early marriage that limit girls' education; high levels of gender-based violence; and discriminatory customary and statutory laws and practices that favour men's over women's access to land and other productive resources.

It is worth noting that CARE has directed limited attention to the specific issues of disability or HIV/AIDs, except through general information and awareness raising and the need to be inclusive in community planning processes. While more attention to these areas of work may well be merited, the evaluation team is of the opinion that CARE's primary focus on gender equality issues is where most positive impact can be generated with respect to promoting general community welfare, with the time and resources available.

Recommendations for further strengthening CARE ICDPs work on gender equality and women's empowerment are provided under Recommendation 5 in Section 4 of this report.

2.3.8 Collaboration with other institutions and potential partners

ICDP collaboration with GoPNG agencies at the national level has focused on DPLLGA and DfCD. However this collaboration is inevitably somewhat 'remote', and in practice there is little that these two national departments are equipped or resourced to do in terms of providing guidance or support to the implementation of a project such as ICDP. Keeping these Departments informed of what ICDP is doing is about all that can be practically done by ICDP.

Collaboration with other DFAT funded programs has also been limited. While ICDP has had some ongoing contacts with the SPSN program, practical collaboration has been largely limited to information exchange on the development of the ward planning training manual and materials. There appears to have

been no substantive collaboration with other DFAT governance programs such as the PLGP or CPP, and certainly none with the large sectoral programs in health, education, law and justice and transport. The overall Australian aid program does not seem to have any mechanisms in place to promote such partnerships and collaboration between different program elements. It could nevertheless make a big difference to the potential impact of a small program like ICDP if it could mobilise additional resources and support from such programs for community priorities identified through bottom-up planning processes.

Helping find additional funding sources to jointly finance LLG and District Plan priorities is something that key local partners would like CARE to do. If DFAT is serious about impacting directly on the poorest in identified remote areas, it needs to look again at how to better link its national programs with work it is more directly supporting on the ground in remote areas – such as through ICDP.

There is a World Bank supported pilot project (Rural Service Delivery and Local Governance Project) being implemented through the DPLLGA in Western and Gulf Provinces which has similar objectives to ICDP and a focus on supporting ward and LLG developed priorities. There is likely to be value in ICDP tracking progress with this initiative – and looking at ways in which experiences and lessons learned can be shared.

ICDP has not yet developed any structured partnership arrangements with the mainstream churches which provide education and health services around the country. However, it is worth noting that in the most remote areas of Obura Wonenara at least (e.g. Yelia LLG) – church service providers are largely absent.

Nevertheless - it is the view of the evaluation team that CARE should not try to spread its efforts too broadly in terms of collaboration with all potential partners, particularly at national level or in other parts of the country. CARE's comparative advantage is to work at the local level – linking wards with LLGs, then with Districts and Provincial authorities. DFAT, and the managers of their programs such as SPSN, could therefore usefully be more proactive in facilitating information exchange / communication with relevant actual or potential partners at the national level and in other parts of the country.

2.4 Efficiency

2.4.1 Cost efficiencies

The total ICDP budget was originally estimated at some AUD 9 million over five years. To date, some AUD 9.9m has been allocated by DFAT. As of May 2014, an estimated AUD8.5m has been spent by ICDP.

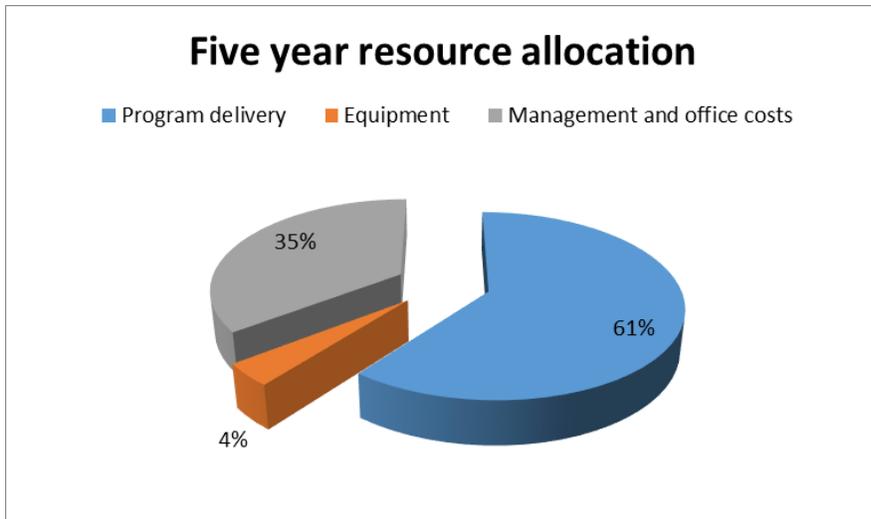
To analyse how these funds have been used, the evaluators looked at some key ratios, based on financial information provided by CARE from start of ICDP in 2009 to end of December 2013. The main ratios that are discussed in this section are:

- Personnel costs as a percentage of overall budget
- Programme delivery costs as a percentage of overall budget
- Direct activity costs as a percentage of overall budget
- Management and Office costs as a percentage of overall budget
- Ratio of costs across five components

Personnel costs have accounted for 53% of the total expenditure. Of this, about two-thirds was spent on ICDP specific project staff and one-third on CARE's 'indirect' support staff, such as a proportion of the Country Director, Assistant Country Director and Finance manager's salaries. Apportionment of such indirect staff costs was based on formulae which were logical and fair. Approximately one-third of the

direct and indirect staffing costs were spent on international staff. According to the most recent and reliable PNG salary survey that CARE participated in, its local staff salaries were in the 75th percentile when rated against comparable organisations. The remuneration package offered by CARE therefore seems to be appropriately competitive as they have managed to recruit staff of the calibre they require. Given the high costs of staffing in-country and that ICDP is, to a significant extent, a process-driven project, it is not unreasonable that personnel costs constitute the largest single component of expenditure.

Programme delivery costs have accounted for around 61% of total expenditure, as shown in the pie graph below. Program Delivery includes: direct project staff costs; project staff travel costs; project inputs and activities (project delivery costs) for all components; visibility; and Menyamya field office costs. These



provide an accurate representation of the types of expenditure that are necessary for the delivery of the ICDP and can be considered as valid program delivery costs. The equipment segment comprises of office equipment and vehicles (capital costs). All costs included in the Management and Office cost category are considered reasonable. When the CARE Australia Head Office allocation of

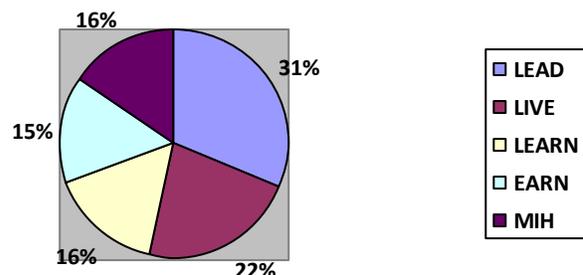
10% of total budget (as allowable under the DFAT contract) is taken out, the Management and Office Costs together with the Equipment costs come down from 39% to 26% of total expenditure.

Direct activity costs represent 21% of total ICDP expenditures to date. This covers all the activities (mostly training and inputs - but excluding all staff costs) implemented in communities across the four components of LEAD, LEARN, EARN and LIVE.

This relatively low % figure prompts the question ‘is this an appropriate balance for a project like ICDP?’

The evaluation team believe that it is an appropriate balance, in context. The primary aim of the project has been to facilitate development and strengthen the capacity of local institutions and structures to deliver services - using their own resources. ICDP was not designed to be the primary service delivery conduit, not did it intend to directly finance new infrastructure which is typically expensive. However, going forward, CARE should remain mindful of how much of the budget is being dedicated to direct activity costs, especially as the ward planning process becomes less dominant and more investments will need to be made in implementing the plans.

The chart opposite shows the proportion of expenditure made against each of the components including the MIH (Maternal Infant Health) project which was partially funded under ICDP during Years 3 and 4. Activities under LEAD have been the only ones conducted across all three Districts and includes ward planning which is the foundation for the other components. It is not



surprising therefore that the proportion of funds spent on LEAD (31%) is slightly higher than that spent on other components.

One of the most significant achievements of the ICDP has been its success in leveraging funding from the PNG government to pay for activities emanating from the ward planning process in Obura-Wonenara District. A total of K1,925,734 has so far been contributed by government at various levels from discretionary funds to activities under the ICDP. The largest of these outlays were K750,000 from DSIP and PSIP funds, managed by CARE, for construction of footbridges, K500,000 for road upgrading from PSIP, and a commitment of K100,000 towards rehabilitation of a health centre.

Also significant is a contribution of K25,000 from Menyama LLGs towards the costs of induction and ward planning training which indicates a tangible commitment to the central tenet of ICDP i.e. participatory planning processes. In addition CARE has helped mobilise recurrent funding from government coffers to pay allowances for village court officials, as well as salaries for teachers and subsidies for schools opened with support from ICDP. By doing so, ICDP has demonstrated that it is providing an efficient and effective means to bring both new government investment into the target areas as well facilitating government to meet its recurrent funding obligations.

One specific question about ICDP costs that the evaluation team was asked to consider (by the CARE Country Director) was ‘Is ICDP expensive?’ While the evaluation team has not had time or opportunity to do any quantitative comparative analysis with other projects/options – we feel strongly that the answer is ‘NO’. The only reason that ICDP is viewed, by some, as being ‘expensive’ seems to be that the costs of travel and transport into remote areas is high. But this goes without saying.

Working in remote locations is neither cheap nor easy. This is not the location for organisations and donors that are seeking quick or low cost remedies. It is commendable that both CARE and DFAT understand that improving the lives of people in remote parts of PNG in a sustainable manner takes multiple inputs and a measured investment over time.

2.4.2 ICDP management

CARE has put in place a sound management structure that is appropriate to deliver the ICDP. The ICDP team have taken a professional approach to all aspects of its work with solid organisational support from administrative, financial, human resource and security teams. There is a good balance of PNG and expatriate staff. ICDP staff are held in high esteem by villagers who appreciated their integrity and the respect they showed to community members. There is a very high degree of understanding of the role of CARE as a NGO within target communities.

Approximately half of the ICDP budget has been allocated to staffing costs. This is not surprising given that the ICDP is very much a process-driven project and also because of the relatively high costs of salaries in PNG. Recognising the significant investment in people (rather than physical inputs) under ICDP, it was important for the evaluators to consider whether this investment was worthwhile. The evaluation found that CARE’s Human Resources management practices are of a high standard that are akin to international best practices for international NGOs. The findings of the evaluation suggest that internal and external stakeholders would be justified to have confidence in the integrity of the HR systems. Overall, it would appear that there is an ICDP team with apt skills and attitude working within a positive work environment in a systematic way to deliver the project’s objectives. Given the many challenges associated with working in PNG, this is a commendable achievement.

CARE applies a rigorous selection process that meets the standards of being fair and getting the right people in post. In reviewing HR files, it was clear that CARE was attracting well qualified and experienced personnel into the organisation and had taken measures to retain staff that the organisation needed. CARE’s remuneration packages would appear to be competitive in terms of international NGOs

and the private sector, and although CARE does not try to compete with mining companies, losing staff to the minerals sector has reportedly not been an issue to date for CARE.

The budget for human resource development is probably less than one would expect given the small pool of qualified people that CARE is drawing upon to staff the ICDP. Each staff member has a training plan which is developed as part of an annual performance appraisal process following successful completion of a probation period. However, CARE does not have a human resource development plan or strategy and the small training budget is not systematically utilised. Nevertheless, managers have participated in a leadership development course conducted in modules by international trainers - which reflects the scarcity of quality training institutions for development sector managers in PNG.

Half of the sixteen current staff in the ICDP team are women and women fill most of the senior posts. CARE recognises its influence as a role model for villagers especially in terms of how male and female staff share work during field visits. Having a high number of women in the ICDP team has helped reinforce gender messages for both women and men in the villages as reported by female and male informants. CARE's policy of routinely asking staff directly about ideas to improve the situation of women after each field visit reflects the genuine effort of CARE to keep the needs of women central to its work and is an excellent way to promote constant reflection about practical application of women's empowerment through ICDP. CARE staff are not immune to the social problems and issues that afflict PNG, such as tribal fighting, clan disputes and domestic violence. During the evaluation, CARE showed a flexible approach to staff dealing with these issues by offering relocation and time off. CARE accommodates mothers who need to breastfeed at work as well as welcoming children to accompany their parents in the workplace.

The Project Manager is the only international staff member in the team, apart from a new Governance Manager who will soon take up his post. CARE has a healthy and transparent process by which more junior ICDP staff have advanced within the organisation after demonstrating that they have the skills and aptitude to be promoted. CARE has managed to find staff who seem to have a genuine interest in the well-being of those in disadvantaged communities and can adapt to basic conditions and strenuous requirements when visiting communities. The ICDP staff are a great asset to the organisation, project and beneficiaries. However, it is possible that CARE has not explicitly thought about career paths for Papua New Guineans into the most senior levels of management and into roles abroad with CARE. Opening up and formalising such possibilities could further strengthen CARE PNG's ability to attract and retain high calibre and ambitious personnel into its ranks.

CARE has opted to manage ICDP through a sectoral approach which compartmentalises teams into LEAD, LEARN, EARN, LIVE plus Monitoring and Evaluation - each headed by a Team Leader or Coordinator that reports to the Project Manager. Team members in each of the component teams tend to be generalists rather than specialists, which suggests that technical skills in education, livelihoods, health etc are not essential. This approach requires effective ongoing coordination between teams which are working in the same geographic areas /communities. An alternative approach might be to use area-based implementation teams focused on specific ward clusters or LLG areas, supported by technical specialists in education, health and livelihoods. The potential advantage of such an approach would be that a more holistic view of area needs and opportunities would be promoted. It is suggested that CARE think this issue through carefully during the design of the subsequent phase of ICDP.

2.5 Emerging issues

The evaluation team notes four main emerging issues that CARE needs to carefully assess and appropriately respond to going forward.

GoPNG establishment of District Authorities. The GoPNG is in the process of establishing new ‘District Authorities’. A preliminary step has already been taken, with the passing of legislation to change the role of the current Joint District Planning & Budget Priority Committees (JDP&BPC). The main purpose of this initiative appears to be to give Districts more operational autonomy, allowing them to be financed and managed in a more entrepreneurial manner. Cutting out some of the current provincial financing and decision making bottlenecks also seems to be the plan. The Chief Executive Officer of the new authorities is expected to be the District Member. While details are still not completely clear, this change could have significant impact on CARE ICDP’s governance work – either positive or negative, depending on the District and the District Member. Where the Member is committed to promoting inclusive planning and development, based on enhanced social, bureaucratic and political accountabilities, the District Authority could an excellent partner to work with. However, where these conditions are not met, CARE may have to either withdraw from working on governance issues in that District or pursue a somewhat compromised approach of working only at LLG and ward levels.

ICDP’s increased focus on social accountability. In late 2013, CARE ICDP decided to give more focus to issues of social accountability, with the appointment of 2 staff dedicated to this area of work. The evaluation team believe this is a good decision and should continue to be further supported. However, it is not yet clear what the scope and focus of the work will be under ‘social accountability’. The most significant initiative identified for support so far is the (planned) provision of ICDP counterpart funding (estimated at around K50,000) to help the Tairora Gadsup LLG rehabilitate and improve the Omaura Health Centre. The ‘social accountability’ logic of this is that because the TG LLG have identified this need through bottom-up planning, have allocated their own funds (K100,000) to do this work, and are committed to improving basic health services and maintaining the rehabilitated facility, CARE is supporting an initiative that has been developed and will be managed in a ‘socially accountable’ way. The evaluation team think that making such ICDP counterpart investments, based on this reasoning, is a good idea. However, there are many other ways in which social accountability objectives can be supported by ICDP, including initiatives which are less costly and have the prospect of broader impact. For example, support for making District and LLG plans, budgets, actual expenditures and information on service delivery initiatives/improvements more widely available to wards and the community in general would likely be very useful. This is an area of work that has not been given any significant attention to date. ICDP therefore needs to further develop and deepen its plans for promoting social accountability through ICDP.

Implementation of the World Bank supported Rural Service Delivery and Local Governance (RSDLG) pilot project. This project commenced in 2013 and has similar objectives to ICDP, although significantly different implementation modalities (much more top-down). It is being implemented through the National Department of Provincial and LLG with World Bank technical support. It is initially piloting in targeted LLG and ward areas of Western and Central provinces. It would be very useful for CARE to track the progress of this initiative, and share information and lessons with the RSDLG implementing team. It is suggested that DFAT and the current SPSN program could help actively facilitate such information sharing and potential future collaboration.

DFAT’s new aid policy and framework. The Australian Government’s recently released new development policy ‘*Australian aid: promoting prosperity, reducing poverty, enhancing stability*’ and new performance framework *Making Performance Count: enhancing the accountability and effectiveness of Australian aid*’ introduce key shifts in Australia’s aid program. The main shift seems to be increased focus on supporting economic growth as the means to alleviate poverty, including leveraging of private

sector and partner government finance. Greater geographic focus on East Asia and the Pacific is also part of the new approach. From the evaluation team's initial reading of these documents, ICDP would appear to remain highly relevant to achieving Australia's stated aims, give its focus on leveraging local partner resources to address poverty among PNG's most disadvantaged communities. Nevertheless, in designing Phase II of ICDP, CARE should consult closely with DFAT officials as to how ICDP can best demonstrate its relevance in the context of this new Australian aid paradigm.

3 Concluding comment on impact and sustainability

ICDP's overall impact statement is: *'The most economically, socially and politically marginalised communities, living within extremely disadvantaged districts of PNG, will have sustainable and measurable improvements in their well-being'*.

Impact

Based on CARE data, as well as the evaluation team's own observations, there are undoubtedly some measurable improvements in well-being in those communities / wards in OW District where the ICDP has supported ward planning and related community development activities. However, the scope and scale of such benefits varies in different locations, depending on a complex of local environmental factors linked to the peace/security situation, presence of strong local leaders, levels of community solidarity and common vision, access to local skills and expertise, and access to external support. Improvements in well-being are not uniform across all targeted communities.

In summary, the most significant improvements in well-being that have so far been identified and reported include the following:

- More women are empowered to participate in decision making at the household level with engagement in community level decision making also slowly increasing.
- Community members are better able to settle law and order issues through the newly established village courts (total of 193 cases brought to village court networks in Yelia and Lamari from 2011-2013, with 58 cases brought by or on behalf of female complainants). Many other cases have also been mediated.
- The registration of 36 new elementary schools (out of 72 locations that have been scoped) will allow an estimated 2,790 more children to access education in their first year of operations.
- Upgrading of community schools to Primary Schools (2 so far at Nalambi and Wandakia) means that children travel shorter distances to attend primary school. This also helps promote the attendance of girls.
- Adult and child literacy levels have been improved where schools have been established, and thus their access to future educational and work / life opportunities.
- Improvements have been achieved in basic health and hygiene practices in some communities, including an increase in assisted births. Lives have been saved.
- Approximately 18,000 people (men, women, children, elderly) will be able to more safely access markets and basic services once all 7 footbridges are completed (currently 3 out of 7 footbridges completed). This will also help save lives.
- An estimated 800 households could potentially be more food secure during drought periods through planting of African yams (primarily in the Andakombe area).
- There is increased (and safer) access to locally available protein in the diet through establishment of fish ponds (a total some 485 ponds established so far by both men and women).

- Coffee marketing opportunities and returns to growers are slowly improving as the Coffee Industry Corporation provides more freight subsidy assistance to fly-in sites in Obura Wonenara (a total of K302,481 paid to cover freight subsidy costs at EARN sites from September 2013 to May 2014).

Over time – the total number of direct and indirect beneficiaries in all 3 Districts could be almost 200,000 people (based on available census figures).

In terms of improved governance, the following general observations can also be made for Obura Wonenara District:

- **Political accountability.** This appears to have improved with the election of the current District Member in 2012, who is responding to ‘real’ developmental needs based on better data and community identified priorities. Whether or not this was influenced by CARE’s work on ward planning is difficult to confirm, but there is a credible link. The Member campaigned on the basis of improving ward, LLG and District capacities to plan and deliver services. The Provincial Governor in Eastern Highlands also plans to invest more provincial resources through the LLG and ward levels, based on locally determined priorities.
- **Bureaucratic or official accountability.** Over the past 2 years or so, the District Administration in OW also appears to have developed a greater sense of accountability. The District Management Team is supportive of ward and LLG planning, is using this information to help frame its District plans and budgets, and is keen to improve the delivery of basic services. The District Treasury also appears to be functioning openly and honestly. The District Administrator, District Treasurer and LLG Managers appear to be working as a team, and doing their jobs to the best of their ability. One key factor is certainly the leadership and support being provided by the District Member. But, the support being provided by CARE – particularly in its brokering and facilitation role – has also been key in helping them link back into working on community identified priorities.
- **Social accountability.** Communities / citizens in OW, particularly in Yelia LLG area, still have limited interactions with the bureaucracy, and see most of the improvements in their well-being as the result of CARE support, not the ‘government’. Community hopes have been raised, but not yet their trust in government, or their expectations that government can deliver. There is still a lack of information available in communities about what LLGs and Districts are actually doing to improve service delivery. A key ongoing constraint is simply the lack of regular patrols / visits from government officers to the most remote areas.

Sustainability

The impacts that are most likely to be sustained include the following:

- Access to additional protein from fish farming
- Access to justice / conflict mediation services through formal establishment and recurrent resourcing of Village courts
- Access to elementary and primary schooling through officially registered and subsidised schooling
- Access to basic health information and support through volunteer village health promoters
- Improved access to markets and services where the new footbridges are being built

However, the sustainability of some of these current impacts, as well as their further expansion and ‘deepening’, is still fragile in some respects. For example, support for ongoing development of elementary and primary schools is still being ‘driven’ by some key CARE staff – and it is not clear if this

would (or could) be continued by the local communities alone. Also – without the external motivation and moral support coming from CARE staff visits to WDCs, village health volunteers, etc – it is quite possible that interest will flag.

It is therefore critical that LLGs and the District Administration now begin to allocate some additional resources to maintain and build on the gains made so far –including for regular patrols to visit remote areas to consult with, learn from, advise and support the work of LLGs, WDCs and other community change agents.

The opportunity is there for Districts and LLGs to significantly improve basic services, in cooperation with the Provinces, building on the platform of enhanced community engagement that ICDP is helping to establish. NEFC calculations are that in 2013 each province had the resources to be able to meet (on average) 70% of their service delivery Minimum Priority Activities. Resource allocation to local levels is also predicted to further increase over the next few years. Thus in theory at least, when district and local level capacities are built, and political willingness exists, the activities initiated under a program such as ICDP can be sustained using ‘local’ resources.

4 RECOMMENDATIONS

4.1 To CARE

Strategic

Recommendation 1: Based on achievements and lessons learned to date, initiate preparation of a Phase II ICDP design at the earliest opportunity.

In doing so, CARE should:

- Involve Provincial, District and LLG authorities / leaders in the three existing Provinces ,plus DFAT and DPLLGA
- Look at the experience of the World Bank Rural Service Delivery and Local Governance project
- Aim to produce a full draft design by early 2015, for funding and implementation to commence by June / July 2015

Recommendation 2: In Obura Wonenara District, CARE should maintain support for selected ICDP initiatives for another 3 or 4 years

In doing so, CARE should consider:

- a) Pursuing the option of locating two or three staff at an office in Aiyura (provided by the District Administration).
- b) Strengthening the functioning of the District Management Teams and LLGs through technical advice, training and mentoring of District Officers, LLG officers, Ward Councillors and Presidents. Key areas meriting focus could include: (i) updating of annual District & LLG plans and budgets; (ii) conduct of effective District, LLG, ward and village meetings and improved mechanisms for promoting effective dialogue between these levels; (iii) project design, implementation and monitoring; (iv) information dissemination to and from communities to promote social accountability; and (v) practical application of the Women’s Empowerment Framework principles, particularly the establishment of women’s support structures.

- c) Advocating for more resourcing (from the District and Provinces) to LLGs and wards to enhance their operational capacities.
- d) Providing counterpart funding for the cost of a small number of identified priority ‘impact’ projects in each LLG (drawn from LLG priorities). Leveraging Provincial, LLGSIP and/or DSIP funds and recurrent funding commitments, plus community contributions, is the key.
- e) Consolidating progress and gains already made in education, health, and law and justice service delivery - continuing to work with and through Provincial, District and LLG structures.
- f) Assisting LLGs and District authorities to assess the financial and economic viability of commonly promoted economic sector projects - such as sawmills, rice mills, pig and poultry projects – as well as any ‘new’ potential income earning opportunities that come to light.
- g) Strengthening MOAs with local authorities to include clearer sustainability strategies (formalising CARE’s exit strategy in each target District). Provincial, District and LLG financial and human resource commitments to maintaining and building on ICDP achievements are critical.

More specific recommendations relevant to each of ICDPs components are provided further below (recommendations 6 to 10).

Recommendation 3: In Gumine and Menyamya Districts, CARE should plan to implement a program of ICDP support for another 4 to 5 years.

In doing so, CARE should:

- Complete its ongoing support for ward planning and LLG plan consolidation, including in the two LLG areas yet to be covered in Menyamya District
- Provide support, where the opportunity exists, for District plan and budget review and revision based on priorities emanating from the LLG plan consolidation process
- Negotiate new agreements with Provincial and District authorities on the scope of further CARE ICDP support (through the LEAD, LEARN, EARN and LIVE components), based on clear Provincial and District level commitments to continue to support bottom-up planning processes and allocate funding and staff resources to identified priorities. CARE’s exit strategy should also be clarified in such agreements.
- Shift its governance support focus from ward planning to WDC, LLG and District functionality. Strengthening both implementation capacities and accountability mechanisms merit specific attention.
- Refine approaches to supporting LEARN, EARN and LIVE initiatives, based on lessons learned so far and taking into account the component specific recommendations made by the evaluation team (see recommendations 6 to 10 below).

Recommendation 4: Proceed cautiously with expansion into any new districts.

There is still further experience and learning to be gained by working in the currently targeted Districts. There is no clear ‘model’ that can yet be confidently rolled out more widely. Without significant additional resources, there is also the risk that CARE ICDP’s expansion into other districts would mean less attention could be directed to the required follow-on work in OW, Gumine and Menyamya Districts.

If and when it is decided to move into other Districts, CARE should consider the suitability of such Districts as Okapa in Eastern Highlands and Karamui in Simbu. Working in such Districts would allow

existing partnerships with Provincial authorities to be built on and given that they are contiguous to the areas already being worked in, would potentially be easier and more cost effective to support from CARE's Goroka base.

Recommendation 5: Continue to place gender equality and women's empowerment at the centre of all ICDP's work

CARE's approach to mainstreaming gender equality and women's empowerment into all its work is sound and is beginning to deliver results. It should continue to be at the centre of ICDP's future work. This work might be further strengthened by:

1. Giving increased attention to influencing the attitudes and behaviours of men. Men are a key to helping transform the lives of women. Male role models and gender equality advocates could be identified and appropriately supported.
2. Looking for additional opportunities to help establish or strengthen practical supporting structures that improve the safety, health and/or economic empowerment of women and girls. For example, local women's networks (linked to the village court and/or WDC) that specifically help address the widespread problem of domestic or gender-based violence; promoting and advocating for LLGs and/or Districts to fund VBA activities on an ongoing basis; and/or facilitating improvements in women's financial literacy.
3. Working more with and through the Provincial Community Development Advisors and the District Community Development Officers to help them support LLGs and WDC members to implement identified priority women's empowerment initiatives, including through the provision of funding to support specific activity implementation costs.
4. Looking at opportunities to further support the implementation of NDoE's gender equity strategy, for example through support for relevant school learning materials / activities that promote gender equality knowledge, attitudes and practices.

Component specific recommendations

Recommendation 6 – LEAD: Continue to pursue an integrated approach, with support for enhanced local governance at its core. But adapt the ward planning approach for both existing and any potential new districts.

CARE ICDPs integrated approach to supporting the improved well-being of remote communities is sound and should be continued. However, there is always scope for improvement, and in this respect it is suggested that:

- Greater attention and focus needs to be given to brokering improved relations between community members and government officials/institutions. There is a high level of community mistrust (sometimes anger) based on many years of perceived neglect. Nevertheless, the government is not appropriately recognised for those things it is doing / providing, and CARE could more purposively support improved community relations with government.
- The LEAD component needs to refine its approach to supporting ward planning (as an entry point in new districts), and give more emphasis to ward and LLG functionality – including the ability of communities, WDC, LLGs and District officials to more effectively connect and dialogue with each other.

- In existing Districts, ICDP also needs to shift its focus from ward planning to WDC, LLG and District implementation capacities and strengthened accountabilities. A new program of governance support therefore needs to be designed, ICDP staff will require some new skill sets and some new partners will need to be engaged to support implementation of this support.
- ICDP component integration needs to be further strengthened. This might be supported through developing an area-based approach to implementing ICDP supported initiatives rather than a component led approach. For example, an ICDP ‘team leader’ could be designated for each LLG area, or even District, to help ensure that all component interventions are well coordinated and integrated. Menyamya, where there is already a core ICDP district-based team, is indeed already well set to support such an approach.
- Greater focus should be given to the production and dissemination of key planning and service delivery information, including through the use of maps and other visual tools. Such information could be made available at LLG chambers, community resource centres, at schools and health facilities.

Recommendation 7 – LEARN: Continue the current phased approach of supporting the establishment of literacy, elementary, primary and then secondary schooling opportunities, working with and through communities/WDCs, LLGs, District and Provincial authorities.

The ICDP approach to implementing LEARN activities is proving sound and effective.

Nevertheless, there are two areas of support that CARE could give additional focus to:

- Advocate for Provincial, District, LLG and/or WDCs to allocate some resources to pay for volunteer teacher allowances or other appropriate incentives. This should of course be based on adequate teacher attendance and performance.
- Identify opportunities to strengthen the capacities of school BOMs to more effectively undertake their roles and responsibilities

Recommendation 8 – EARN: Give stronger focus to helping understand, and address, issues of market access and the financial viability of existing and new (potential) income earning opportunities for remote communities

The primary focus of ICDP to date, in terms of helping generate increased family incomes, has been on increasing production of coffee and facilitating greater use of the CIC’s freight subsidy for remote areas. While this has been useful, there is scope for ICDP to help investigate, and potentially support, other income earning opportunities appropriate for remote communities. As part of such investigation, increased focus also needs to be placed on marketing issues and the financial viability of proposed initiatives.

With respect to fish farming, the only likely chance of this becoming a viable income earning opportunity, would be if surplus fish production can be preserved, such as by drying, salting and/or smoking. CARE could usefully therefore investigate whether or not this might be a sound follow-up activity to further support the evident interest community members already have in fish farming.

Recommendation 9 – LIVE: Continue to explore opportunities to facilitate and co-invest with GoPNG in high impact infrastructure projects, such as footbridges, road improvements and/or strategic health and education facilities. Also, increase the scope and scale of ICDP’s potential support for basic health service delivery improvements and continue to provide selective support for the functioning of village courts.

Implementing these recommendations would require that ICDP/CARE consider:

- Strengthening existing partnerships with agencies such as AT Projects and identify potential new implementing partners who can deliver infrastructure projects in remote areas. CARE could also support opportunities for government agencies to work directly with AT Projects as part of an exit strategy for CARE.
- Rethinking how the MIH and ICDP projects work together - to ensure that priority rural health initiatives are appropriately supported in ICDP focus areas. Also, ICDP could specifically advocate for and promote the payment of some kind of allowance, or other incentives, for remote area village health promoters (VHVs and VBAs) by WDC, LLG and/or District authorities.
- Working more to engage with and support church health service providers in those areas where government health services are particularly weak.
- Funding, on a selective and diminishing basis over time, the cost of transport (air charter) to get police patrols to follow-up on village court requests for assistance in remote areas. In addition, there is scope for supporting further training in mediation skills for village court Magistrates and officials.

Recommendation 10 – Program management and MEL: Strategically invest some additional resources in strengthening ICDP management and MEL capacities.

It is proposed that this could include:

- Investing in both the software and the technical skills of MEL team members to strengthen the ICDP M&E data management system
- Developing a clear and practical Communication Strategy for ICDP, which should identify key stakeholders and the type of information they require and how feedback and learning loops can be strengthened. This should specifically consider how ICDP’s communication activities can strengthen social accountability mechanisms. It should also articulate a clear mechanism that will allow community members to raise any concerns they have over ICDP activities or staff behaviour in their communities.
- Allocating some resources to support / contribute to applied research activities that are directly relevant to helping inform ICDPs work on the ground. This should be undertaken in collaboration with other PNG based institutions / agencies.
- Increasing the regularity of ‘monthly’ team meetings, as this is the only formal mechanism through which team members working on different ICDP components can learn about what is going on across the whole project. These meetings need to focus squarely on substantive implementation issues and problem solving, rather than administrative issues.

4.2 To GoPNG

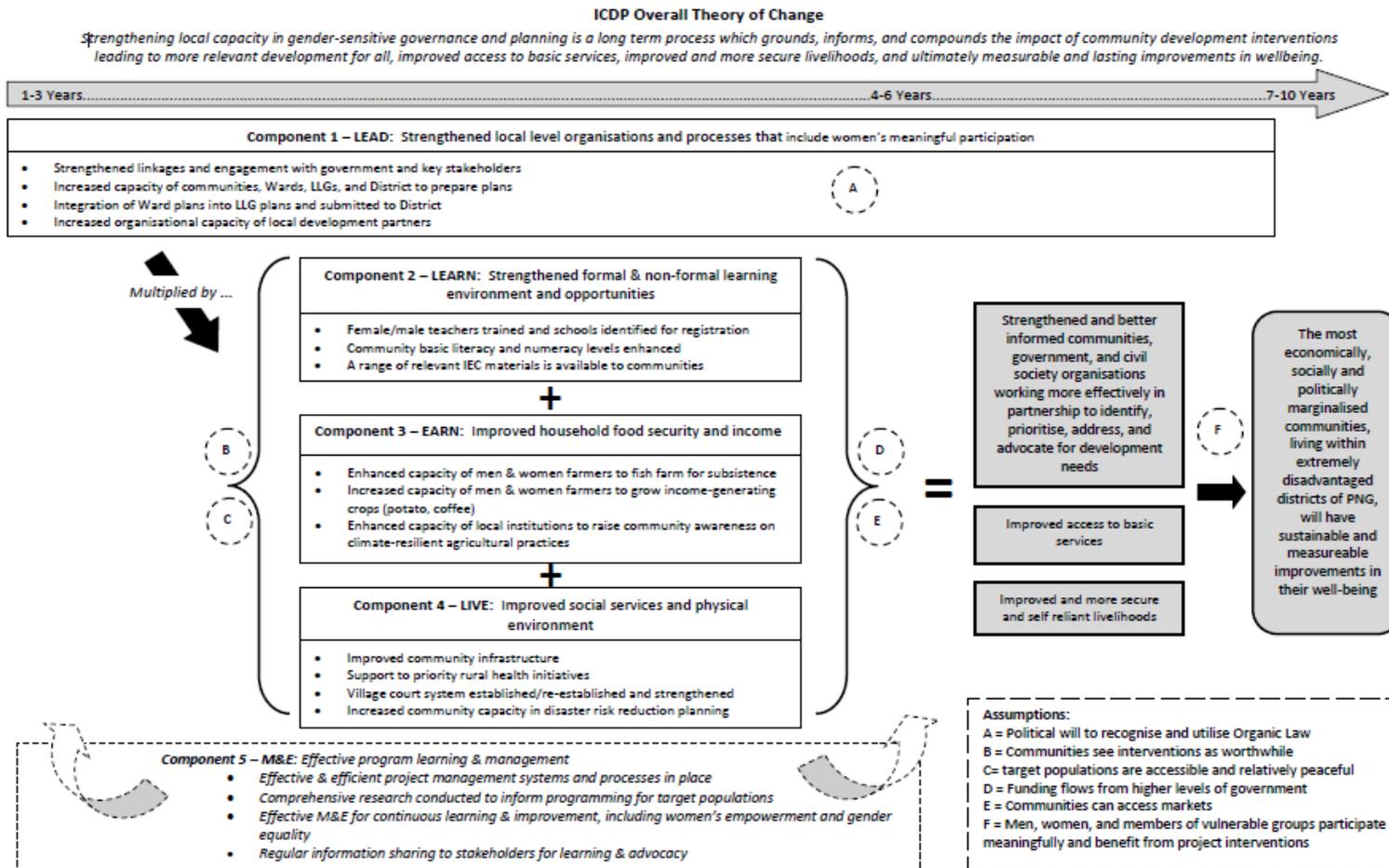
1. Remove or significantly relax the restrictions on how SIP funding (particularly at LLG & District levels) should be allocated between sectors. This highly constrains the ability of LLGs and Districts to respond to locally identified priorities.
2. Allocate regular grant funding for basic WDC operations (e.g. K10,000 pa as being proposed in Eastern Highlands)
3. Increase funding to support recurrent LLG operations (e.g. both staff and operational costs) and improve LLG training and supervision
4. Institute a schedule of regular government funded air charters into targeted remote areas in order to support improved government service delivery, including regular visits by government officers.
5. Engage with CARE in the design of ICDP Phase II.

4.3 To DFAT

1. Help coordinate and direct some support from other DFAT financed programs into targeted remote areas where initiatives like ICDP are working. This would promote synergy of effort and mutual learning opportunities regarding matching top down and bottom up approaches.
2. Support ICDPs linkages with relevant national authorities and initiatives (e.g. DPLLGA, DfCD, NEFC and the World Bank RSDLGP pilot project). CARE is focused on communities and sub-national authorities – and it needs Moresby-based support to maintain and strengthen linkages at the national level.
3. Provide intellectual / research support for ICDP on governance and service delivery issues (e.g. through the new DFAT Governance Advisor)
4. Provisionally allocate funding for a further 5 year phase of support through ICDP, starting mid 2015, and engage actively with CARE in the design process.

ANNEXES

Annex 1 - ICDP Theory of change



Annex 2 – Evaluation Terms of Reference

**CARE AUSTRALIA
END OF PILOT PROJECT EVALUATION
INTEGRATED COMMUNITY DEVELOPMENT PROJECT
PAPUA NEW GUINEA**

**MARCH 2014 TO MAY 2014
TERMS OF REFERENCE**

INTRODUCTION

The Integrated Community Development Project (ICDP), funded by the Australian Government,⁸ has been implemented as a pilot project by CARE in the PNG highlands over a five year period since 2009. The goal of the project is to bring about significant and sustainable improvement in the lives of people living in remote and very disadvantaged areas of PNG, primarily through strengthening existing governance and planning processes at the local level, complemented by key community development interventions.

CARE will engage in an evaluation of the pilot phase of the project in early 2014. The findings will be used to assess the achievements of the project against stated project objectives, and the efficacy of the piloted models, project approaches and project design. This will require a dual focus on results (broadly defined) and process, with a particular focus on lessons learned and success factors for possible replication of the model at scale. The evaluation will analyse the processes, dynamics and linkages behind the success of the project in order to better understand these important elements and enhance the success of a subsequent phase of programming. The evaluation's recommendations will inform the design of this subsequent phase of the ICDP and CARE's first Long Term Program (LTP) in PNG.⁹ The evaluation will also focus on gendered results, and where relevant, women's empowerment. The results of the evaluation will be reported to CARE, project participants and partners, the PNG Government, Australian Government's aid program, Strongim Pipol Strongim Nesen (SPSN) and other development partners.

⁸ From 2009 ICDP was funded under the Australian Government aid program's Democratic Governance Program in PNG, and from 2013 under the Key Partnership component of the Strongim Pipol Strongim Nesen (SPSN) program.

⁹ Consistent with CARE International practice, CARE PNG is in the early stages of developing its first Long Term Program. CARE's approach is to identify an impact group based on a clear understanding of the underlying causes of poverty in a specific context, and the programming of interrelated activities that aim to bring about sustainable change in the human condition for that impact group. The design will be finalised over the coming 12 months.

BACKGROUND

CARE is an international humanitarian aid organisation fighting global poverty, with a special focus on empowering women and girls to bring lasting change to their communities. CARE International has implemented development and humanitarian assistance projects in Papua New Guinea for more than 20 years. In 2006, CARE established a full country presence in PNG with the establishment of a Country Office in Goroka, Eastern Highlands Province, thereby strengthening local management and support to CARE's in-country operations. CARE International in PNG is guided by the vision, mission, core values and programming principles of CARE International and receives management support through CARE International member, CARE Australia.

Poverty in PNG is most prevalent in rural parts of the country and most extreme in remote areas. Research has identified a number of remote rural districts where the highest levels of poverty are consistently found.¹⁰ Geographical isolation is a major factor in rural disadvantage and contributes to the key characteristics of extreme rural poverty: poor access to markets and limited cash earning opportunities; very limited access to health and education services; poor nutrition; vulnerability to the impacts of natural disasters; poor access to information and invisibility from the main centres of the country. Women and girls in these areas experience these aspects of poverty disproportionately. These factors are interrelated and deep seated, requiring holistic approaches and concerted effort over time. CARE PNG is moving towards a more programmatic way of working, rather than only implementing single projects, and it is anticipated that ICDP will form the core of CARE's first 10–15 year Long Term Program in PNG.¹¹

CONTEXT AND PROJECT DETAILS

Despite national policies and legislation in support of rural service delivery and governance in PNG, development in this area continues to be lacking, especially in remote areas of the country where the most marginalised communities live. Research has consistently shown that PNG's highest levels of poverty and social injustice are found in PNG's most remote, rural districts including Obura Wonenara District in Eastern Highlands Province, Menyamya District in Morobe Province, and Gumine District in Simbu Province. This, together with CARE's identification of the underlying causes of poverty in this remote, rural context,¹² led to the emergence of CARE's ICDP.

¹⁰ Bourke M. R. and Harwood T. (ed) 2009; *Food and Agriculture in Papua New Guinea*, ANU 2009; Rogers et al, 2011, *Rural poverty in remote Papua New Guinea : Case study of Obura-Wonenara District*

¹¹ The design of the LTP is informed by CARE's *Governance Programming Framework* and its *Women's Empowerment Framework*, both of which could provide points of references for the evaluation. CARE is now using these frameworks to promote good governance, service delivery and gender equity across its projects and is seeking to incorporate them fully into its work.

¹² CARE International in PNG's Five Year Strategic Plan 2012-2016 discusses the underlying causes of poverty. This document will be provided to the consultant/s.

ICDP is a community development and governance strengthening initiative in the Highlands region of Papua New Guinea that 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 to their well-being*. Under an overall Theory of Change (attached as annex 1), ICDP is implemented through five components with corresponding key objectives:

- LEAD: Strengthening local level organisations and processes
- LEARN: Strengthening formal and non-formal learning environments and opportunities
- EARN: Improved household food security and income
- LIVE: Improved social services and physical environment
- Effective program learning and management

The project works towards its goal and key objectives through an integrated approach which builds capacity of, and strengthens partnerships between, local level government, non-governmental organisations (NGO), community-based organisations (CBO) and communities. The implementation strategy is driven by the governance work that falls within the LEAD component and modelled on PNG's Organic Law on Provincial Governments and Local Level Governments (1995) which mandates that planning for service delivery be bottom-up and identified at the ward level. The project works closely with District and Local Level Governments (LLGs) and administrations to strengthen mandated structures such as Ward Development Committees (WDC), creating demand for good governance through supporting communities to participate in local level planning processes. 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.

Strengthening local capacity in gender-sensitive governance and planning is a long term process which enhances the impact of community development interventions, with the aim of leading to more relevant development for all, improved access to basic services, improved and more secure livelihoods, and ultimately measurable and lasting improvements in wellbeing. CARE understands that empowering women and girls is necessary to achieve gender equality and reduce poverty, and that a threefold approach that strengthens women's agency; reduces structural barriers; and promotes relationships that are supportive of women's empowerment is necessary to achieve this.¹³ The Women's Empowerment Framework (WEF) was not considered in the original design of ICDP, however, understanding how best the WEF can be applied to ICDP to enhance outcomes has become a feature of the later stages of the project. In particular, ICDP has sought to strengthen the capacity of communities, Government and service providers to go beyond gender-sensitive planning to an approach which seeks

¹³ This approach is summarised in CARE's Women's Empowerment Framework (WEF) developed in 2009. The WEF acts as a theory of change for CARE and grew from a systematic effort to better understand women's disempowerment as an underlying cause of poverty. This was done through the Strategic Impact Inquiry, a four-year research effort looking at CARE's programming across 24 counties, and asking what impact, if any, CARE's work was having on women's empowerment.

to transform gender roles, alter structures that maintain inequality and promote gender-equitable relationships between men and women.

Project implementation commenced in Obura Wonenara District, and from 2012 expanded into Gumine and Menyamya Districts using adapted implementation approaches to working with Government. These locations were selected based on research outlining the strong geographic component to extreme poverty in PNG; as well as their relative accessibility to CARE's existing project location. The three different approaches for working with Government are summarised below.

Obura Wonenara, Eastern Highlands Province

Obura Wonenara was the first District where CARE commenced implementation of ICDP combining both a focus on governance through working with Ward Development Committees and Local Level Government, with targeted community development initiatives in the areas of education, food security and livelihoods, and social services and infrastructure. Through this approach CARE worked directly with communities and LLG and District staff to improve capacity and understanding of roles and responsibilities within the planning process. Over the course of the project there has been a gradual transfer of responsibilities to LLGs and Districts for planning, and to partner organisations for implementation of community development initiatives.

Menyamya, Morobe Province

CARE expanded into Menyamya in late 2012 following scoping and the development of a Memorandum of Understanding with the Morobe Provincial and Menyamya District Administrations. In Menyamya, CARE works with the LLGs in a capacity building role with the view to LLGs taking the lead in facilitation of bottom-up planning with communities. This approach has worked on governance and planning with no CARE supported community development initiatives.

Gumine, Simbu Province

CARE undertook a national selection process and considered more than 80 applications from local civil society organisations prior to expansion into Gumine in late 2012. A partnership was established with the successful applicant, Community Development Association (CDA), and a Memorandum of Understanding was entered into with Simbu Provincial and Gumine District Administrations in order for the expansion to take place. CARE provides organisational and programming support to CDA who then takes the lead in facilitating bottom-up planning with communities and engagement with LLGs and the District. While CDA do implement other activities in the region, the focus of the partnership with CARE through ICDP is on improved governance and community planning.

PURPOSE OF THE EVALUATION

The purpose of the evaluation is to evaluate the pilot phase of ICDP with a particular focus on work in Obura Wonenara as the most well established part of the pilot project. Based on the evaluation findings the consultant/s should also provide recommendations about future work including how the work of

ICDP might be scaled up across the approximately 1 million people living in extreme poverty in remote, rural PNG.

Evaluation of Project Outcomes

The overarching evaluation question is: *What has been the effectiveness of ICDP in reducing extreme poverty in remote, rural target areas of PNG?* The evaluation should review the outcomes and results of the pilot project for target communities and report on achievements against objectives and expected outputs as set out in the Project Design Document (revision 2011) and Monitoring and Evaluation Framework.

The evaluation will consider both tangible improvements that have been made in target communities as well as changes in areas such as governance, service delivery and gender norms, and assess the extent to which changes are likely to be sustainable. There are important linkages and processes that have developed within the project and a key purpose of this evaluation is to analyse how processes, linkages and sequencing have contributed to project outcomes.

Recommendations for a Second Phase Design

CARE's experience suggests that 3-5 years is a relatively short period of time to bring about sustainable changes in such remote, poor communities. The evaluation will assess what further work might be required to ensure on-going and sustainable improvements in the circumstances of the communities where ICDP has been implemented to date.

As already stated, ICDP was conceived as a pilot project to test approaches to reducing extreme poverty in remote, rural PNG. The consultant/s will consider and make recommendations on how the work undertaken in ICDP might be replicated and scaled-up. Recommendations should take into consideration relevant CARE frameworks and policy and CARE's emerging program approach in PNG.¹⁴ This should include the policy analysis undertaken for the Long Term Program, and additional contextual information including PNG Government laws and policies¹⁵, and the Australian Government aid program's work around governance, community driven development and service delivery, in particular the DFAT PNG Governance Strategy.

SCOPE OF THE EVALUATION

The evaluation consultant/s will review achievements and outcomes during the 5 years of implementation of the pilot project, as well as the effectiveness of processes and approaches that have emerged throughout the project period. This analysis should be **structured against the 5 components**

¹⁴ These include the Women's Empowerment Framework, Governance Programming Framework, Vision 2020, CARE International Program Strategy, CARE Australia Strategy 2015, and CARE PNG Five Year Strategic Plan 2012-2016. These documents will be provided to the consultant/s.

¹⁵ These include the Organic Law on Provincial Government and Local Level Government and the Department of Community Development's Integrated Community Development Policy.

of ICDP: LEAD; LEARN; EARN; LIVE; and Program Learning and Management, and will be evaluated against project frameworks including the Project Design Document (2011) and the Monitoring and Evaluation framework, and information contained in baselines undertaken throughout the project, specifically the Yelia baseline. There should be an implicit consideration of the standard DAC evaluation framework criteria of relevance, effectiveness, efficiency, impact and sustainability across the overall project and within each component.¹⁶ Application of CARE’s Women’s Empowerment Framework should be considered throughout the evaluation and in recommendations, and cross-cutting issues such as disability, child protection, and environment should be acknowledged throughout.

While the project should be evaluated against project frameworks and structured against the 5 ICDP components, a consideration should be given to a number of broader outcomes that have emerged which link components together and highlight the importance of an enabling environment for achievement of project objectives. The below categories are intended to guide bigger picture thinking throughout the evaluation and formation of recommendations. These categories and points for consideration should not limit the scope as they are neither exhaustive nor definitive; they should shape thinking around the linkages and processes within the project and assist analysis of outcomes.

Process and Approaches to Working with Government

- The extent to which the project has maintained relevance by building on existing strengths and capacities, and addressing identified gaps, of Government and other stakeholders to support Ward Development Planning and respond to local needs
- The extent to which processes within ICDP have enabled improved Government engagement with communities on bottom-up planning, and how these improvements can be attributed to the efficacy and relevance of the different approaches to working with Government
- The extent to which the three different approaches to working with Government have addressed the specific challenges of governance and remote service delivery within their context
- The extent to which the project, based on its research, approaches for working with Government and emerging results, has aligned with Government policies, and contributed to improving Government practices for better governance and remote rural service delivery priorities
- The extent to which the project has achieved enhanced political accountability and engagement of politicians with the bureaucracy at the District and Provincial levels

Linkages, integration and sequencing

- The extent to which community development activities have incentivised and improved community planning processes

¹⁶ Note that it is not necessary to explicitly report against the DAC criteria when evaluating the 5 ICDP components. However, in order to maintain sector standards, there should be an implicit consideration of the criteria, and the consultant/s may wish to include an annex addressing these more explicitly.

- The extent to which ICDP has enabled target communities to mobilise local strengths and resources to respond to local issues, and contribute to discussions and decisions regarding bottom up planning and community driven development initiatives
- The extent to which linkages between community development activities and improved community planning processes are attributable to enhanced Government and other service providers' engagement with communities and project outcomes
- How well linkages and coordination capacity have been developed in each of the three target districts between WDCs, LLGs, the District Government, and other service providers to sustain project impact beyond the pilot phase of the project

Leverage and sustainable impact

- The extent to which the project has achieved leverage through brokering partnerships with, and between, relevant stakeholders with shared interest, and the potential that these relationships have for future growth
- The extent to which the project has effectively organised, and used to its advantage, existing physical, natural, cultural, financial and political resources within communities
- A consideration of any outcomes and changes in target communities that have emerged over the life of the project but may not be captured in project documentation
- How well the structure and scale of ICDP components have enabled achievement of project objectives, and the extent to which the structures within each component present opportunities for scale and/or replication, such as the Maternal and Child Health Project as an example of increased scale for achievement of project objectives and greater impact

Gender equality, diversity and social inclusion

- The degree to which gender equality and diversity has been mainstreamed throughout project interventions, and the extent to which communities, local partner organisations and Government have an increased awareness and capacity to consider women's empowerment and gender equality in planning processes
- The extent to which project outcomes across all components reflect improved women's empowerment and gender equality
- How well the project has addressed the needs of the poorest and most vulnerable and identified any gaps in programming that could be better addressed

PROPOSED EVALUATION PLAN AND APPROACH

Following consultation with CARE, the consultant/s will develop a detailed evaluation plan and approach which draw on relevant CARE International, CARE Australia and CARE International in PNG frameworks (these will be provided to consultant/s). It is expected that the evaluation will draw on interviews with key CARE staff in Australia and PNG, partner organisations and stakeholders (full list will be provided to consultant/s); a review of original baseline studies, with a specific focus on the Yelia baseline, and the

sample Yelia mid-line household survey;¹⁷ and focus group discussions and key informant interviews conducted in-country. The evaluation plan and approach will be designed by the consultant/s in collaboration with CARE staff. It is expected that the method will include:

- Desk review of key ICDP documents, including the Project Design Document; relevant CARE International program and policy documents (will be provided to the consultant/s); and external documentation including relevant DFAT and PNG Government policies and guidelines.
- Design of an overall methodological approach to serve the evaluation purpose as outlined above, and to assess project impact, sustainability and identify critical success factors across project components.
- Details of evaluation tasks and key evaluation questions, drawn from the ICDP Design Document (including reference to the Theory of Change and Monitoring and Evaluation Framework) and consultation with key CARE stakeholders and staff.
 - Development of qualitative interview questions for key stakeholders and informants, which address the key evaluation questions
 - Questions should reference the Yelia LLG baseline survey, where relevant, in order to provide comparative analysis

The Evaluation Plan and Method must be submitted to CARE for consultation and final approval prior to the commencement of the evaluation. As many of the key achievements within the project have emerged from improved processes, linkages and creating an enabling environment for service delivery, the proposed evaluation plan and method should be able to adequately assess the importance of these more intangible outcomes in addition to those that are more easily quantifiable.

KEY TASKS

Key tasks will be discussed in detail with CARE staff and are outlined below.

- Briefing with key CARE staff in PNG and Australia
- Desk review of ICDP documents
- Initial workshop with key CARE ICDP staff and project partners
- Development of detailed Evaluation Plan including methodology and tools
- Data collection and field visits in line with evaluation plan
- Draft evaluation report including recommendations based on desk review, in-country evaluation, and analysis of Yelia mid-term survey¹⁸

¹⁷ A targeted mid-term household survey of Yelia LLG will be undertaken by CARE prior to the consultancy period with all data provided to the consultant/s for analysis and comparison with the Yelia LLG baseline.

¹⁸ Data from the mid-term Yelia household survey will be provided to the consultant/s for more in-depth analysis and comparison with the Yelia baseline study.

- Workshop with key CARE ICDP staff presenting initial findings and recommendations
- Submission of final report, incorporating any agreed changes or amendments requested by CARE in electronic format. The report will be of a standard that is appropriate for wide circulation, including with PNG Government, the Australian Government, SPSN and other NGOs and relevant stakeholders.
- A final presentation, debrief and workshop with CARE and relevant stakeholders including partner organisations, PNG Government officials, SPSN and Australian Government aid program staff

Report

The evaluation report should include two key sections: an evaluation of the pilot project including assessment of the three approaches to working with Government; and recommendations for future programming. Within the evaluation section of the report, there should be an overarching chapter that considers the strength of the integrated model and the linkages between the governance work within LEAD and the community development activities within the LEARN, EARN and LIVE components. Additional chapters should focus on each component. The consultant/s should submit their proposed report format to CARE for discussion and approval, however, the report should include the following as a minimum: executive summary; background & introduction; methodology; findings with reference to project approaches, processes, impact, effectiveness and sustainability; emerging issues; recommendations; and conclusion. The report should be no longer than 40 pages (excluding annexes) and should be submitted in electronic format.

MANAGEMENT

The evaluation will be undertaken both at home-base and in-country. The consultant/s shall be managed by CARE Australia with the support of the CARE PNG ICDP team. CARE will manage transport, accommodation and logistical arrangements for the in-country component of the evaluation. In the case of a team of consultants, there will be a team leader that reports directly to CARE. While CARE will maintain overall management of all consultants, it is expected that the team of consultants will work under the guidance of the team leader.

TIMEFRAME

The evaluation is planned for the period March to May 2014 depending on availability of consultant/s. The duration of the consultancy is expected to be approximately 44 days including travel (for the team leader) across the period mentioned. Number of days for any additional team members is expected to be no more than 20 days. An indicative timeframe for the team leader is below:

Key Task	Approx # of Days
Briefings with key CARE staff and desk review of ICDP (location TBC); initial workshop with key CARE ICDP staff (location TBC); and a detailed evaluation plan including methodology	6

and tools submitted to CARE (home-base)	
In-country evaluation including field work and interviews with key stakeholders and partners (in-country)	25
Draft evaluation report including recommendations based on desk review, in-country evaluation, and analysis of Yelia survey, submitted in electronic format (home-base)	5
Workshop with key CARE ICDP staff presenting initial findings and recommendations (location TBC)	2
Final Evaluation and Recommendations report, incorporating any agreed changes or amendments requested by CARE ICDP staff, submitted to CARE (home-base)	4
A final presentation, debrief and workshop with CARE and relevant stakeholders (location TBC)	2

Annex 3 - Evaluation itinerary and summary of key people consulted

Dates	Location	Key Task / activity
Prior to May 24 th	Home base	Preparatory work by evaluation team – including review of background documents, correspondence on field work itinerary and logistics, travel preparation, etc
Sun May 25 th	POM	Arrival of international team members in Port Moresby Preliminary discussions with Peter Raynes (CARE, Country Director)
Mon May 26 th	POM	Meetings with DFAT in POM DFAT: Doreen Iga (Senior programme manager), Jennifer Clancy (Second Secretary for DGU), Steve Hogg (new Councilor for DG), Rob Brink (Councilor for DG)
Tue May 27 th	POM / Goroka	Government meetings – travel to Goroka Joe Warus (Director LLG Division, Dept of Provincial and Local Level Govt Affairs) DfCD: Jack Simbau (Deputy Secretary Community Development) plus Dfcd colleagues
Wed May 28 th	Goroka	Briefings with CARE ICDP team and Yani Guman (CDA Advisor)
Thu May 29 th	Kundiawa	Travel to Kundiawa – meetings with provincial officials / partners. Overnight in Kundiawa. Met with Deputy District Administrator Gumine District (John Kum), Manager of Gumine LLG Moses Bomai), 3 x LLG Presidents (Rex Bilgan, John Yaa and Anton Kuman) and Provincial LLG Inspectorate (Kelly Boman). CDA: Michael Imunavu (M&E Officer), Benjamin Kamang (Project Office), Tine Duma (Director), Simon Marme (Coordinator).
Fri May 30 th	Gumine	Travel to Gumine district – meetings and interviews. Overnight in Dirima. Meetings with representatives from Wards 2, 4, 5, 8, 13, 11, 12 and 20 (including WDC members and Local Resource Persons). Also meetings with District administration staff, including deputy chairman of the JDP&BPC (Michael Kaupa)
Sat May 31 st	Goroka	Back to Goroka. Reflection and review / write up of field notes.
Sun Jun 1 st	Goroka	Reflection and finalization of evaluation plan. Preparation for next field trip.
Mon Jun 2 nd	Goroka	Travel to Aiyura. Meetings with OW District staff. Overnight Met with LLG Managers, PPOs (Education, Health), District Administrator, District HIV Coordinator, Constituency Officer, District Treasurer and District Member (Hon Mehrra Kipefa). Met with Dr Rama Krishna (NARI Highlands Director)
Tue Jun 3 rd	Ubo	Travel to Ubo. Meetings and then travel back to Goroka. Met with teachers and students at Ontabura Community School followed by Ward 18 WDC Councilor, members and other community members.
Wed Jun 4 th	Goroka	Symposium in Goroka Met with Steve Layton (Co-Director, AT Projects) plus officers from NEFC, DFAT, SPSN, BF, and from various GoPNG agencies.
Thu Jun 5 th	Goroka	Meetings with other Goroka based stakeholders. Preparation for next field

Dates	Location	Key Task / activity
		trip. Met with Karen Drapok (CARE HR Manager), CARE Governance team and others
Fri Jun 6 th	Obura Wonenara	Flight to Gema. Gema meetings and evaluation Met with WDC members (Ward 21), village court officials, VBAs, literacy teachers, and active citizens. Walk to Neri village and overnight
Sat Jun 7 th	Obura Wonenara	Walk to Barapa village. Met with WDC Councilor and members, village court officials, VBAs, literacy teachers, and active citizens from Pinji (Ward 22), Oringo (Ward 23) and Tsigami.
Sun Jun 8 th	Obura Wonenara	Walk Tsigami to Simogu. Met with WDC Councilor and members, school staff and BoM chair, village court officials, VBAs, literacy teachers, and active citizens. Inspection of fish ponds, health day clinic, school.
Mon Jun 9 th	Goroka	Fly back to Goroka. Prepare for next field trip
Tue Jun 10 th	Menyamya	Fly to Menyamya – but didn't land due to plane problems. Returned to Goroka. Met with Rebecca Robinson (ICDP Manager), ICDP M&E Team, ICDP Live Team
Wed Jun 11 th	Menyamya	Successfully flew into Menyamya. District, LLG and WDC meetings held – as well as with CARE staff. Met with WDC Councilors and members from Wards 14, 16 and 2. Also with LLG Presidents from Kome and Kapau LLGs, District Member and District Administrator.
Thu Jun 12 th	Goroka	Fly back to Goroka. Team reflection and write up. Met with Julie Liviko (Technical Officer, Family Health Services, Eastern Highlands Provincial Health Authority)
Fri Jun 13 th	Goroka	Meetings with remaining Goroka based stakeholders. Preparations for next field trip
Sat Jun 14 th	Goroka	Team write up
Sun Jun 15 th	Goroka	Team write up
Mon Jun 16 th	Goroka	Flight postponed to following day. Team meetings / discussion.
Tue Jun 17 th	Obura Wonenara	Flt to Wonenara station. . Met with representatives of Wards 24, 25, 26, 27, 34 (WDC Councilors, members, women's leaders, teachers, VBAs, VHV's, Village Court Officers, and active citizens
Wed Jun 18 th	Obura Wonenara	Walk to Aziana. Evaluation activities en route. Met with Yabiara (Ward 28) representatives including teachers, WDC members and active citizens Met with Aziana WDC members, Village Court officers, teachers, VBAs, VHV's Meeting with CIC in Goroka
Thu Jun 19 th	Goroka	Travel back to Goroka. Review and write up. Meeting in Kundiawa with Simbu Deputy Administrator, Alphonse Kee.
Fri Jun 20 th	Goroka	Discuss workshop preparations. Write up / reflection. Met with Laura York (CARE, ACD Systems)

Dates	Location	Key Task / activity
Sat Jun 21 st	Goroka	Write up of preliminary findings and recommendations and preparation for presentation
Sun Jun 22 nd	Goroka	Write up of preliminary findings and recommendations and preparation for presentation
Mon Jun 23 rd	Goroka	Workshop with CARE staff – presentation and feedback on preliminary findings and recommendations
Tue Jun 24 th	Goroka	Workshop with GoPNG, CDA and DFAT – presentation and feedback on preliminary findings and recommendations
Wed Jun 25 th	Goroka	Evaluation consultants fly out of POM and then international consultants on to home base
Jun 26 th – July 9 th	Home base	Finalisation of draft evaluation report and submission to CARE.
July 16 th	UK	Receipt of comments from CARE on draft evaluation report
July 21 st – 22 nd	UK	Editing and submission of Final draft report

Annex 4 - Question checklists used for field work

These questions are based on the M&E Framework and relate to each of the main ICDP components. X-cutting issues of gender and disability are integrated into relevant questions. These questions are most relevant to the planned field work in Obura Wonenara district – where all ICDP components have been implemented. In Gumine and Menyama districts – only the LEAD component is being implemented.

LEAD Component

1. Have ward plans been consolidated into LLG plans and integrated into district plans? If so – how has this process worked and who has done it?
2. Have any initiatives / priorities from ward / LLG plans been funded and/or implemented? If so, what type of activities, to what value and by whom / funding source (e.g. LLGSIP, DSIP, Province, donors, communities themselves)?
3. Have the ward plans been prepared using appropriate participatory processes? Is there any evidence of community empowerment / mobilisation as a result of this process? What do communities / stakeholders see as the benefits of Ward Planning?
4. To what extent has understanding of government/ward planning processes, roles and responsibilities etc been increased at ward, LLG and district levels? Is the process supported at technical and/or political levels? Has local partner organisational capacity to undertake ward / LLG planning been enhanced – and if so how?
5. How have women been involved in the ward planning process? Is there any evidence of increased women’s participation in community planning and decision making (e.g. as members of the Ward Committee)?
6. Have the needs of other vulnerable groups, such as those with disabilities or HIV, been taken into account in the planning and prioritisation process? If so - who and how?
7. How will ward planning activities and / or benefits be sustained after ICDP funding ends?

LEARN Component

1. Have any new elementary schools been established and registered in the community? If so - how many/where, how many teachers have been registered (M/F), and how many children are enrolled (M/F).
2. Have any adult and / or child functional literacy schools been established? If so – how many/where, how many teachers are in place (M/F), and how many adults and/or children have been enrolled (M/F)?
3. Has there been any change in the numbers of children attending school (M/F)?
4. What type of educational / learning materials have the community been provided with? How many people / who (M/F) accessed this information? Did they find it useful? What have they learned?
5. Have the needs of children with disabilities been considered and/or addressed?
6. Has the program contributed to improved literacy rates (M/F and children/adults)? If so – to what extent?

7. How have community members (M/F) been involved in the project / learning activities? What is the level / type of participation and ownership (e.g. active school board, community labour / resources)?
8. How will the activities and / or benefits be sustained after ICDP funding ends?

EARN Component

1. Have any households / farmers have taken up new crops / husbandry methods in the community (e.g. fish farming, improved coffee husbandry, potatoes)? If so how many (M/F) and which crops / methods?
2. Is there any evidence of increased household incomes? If so, from what and how is this income being used (M/F)?
3. Have any climate change awareness activities been implemented in the community? If so what and how (e.g. school demonstration gardens, school curricula/lessons, distribution of drought resistant crop seeds)?
4. How have community members (M/F) been involved in the project activities? What is the level / type of participation and ownership (e.g. community labour / resources)?
5. How will the activities and / or benefits be sustained after ICDP funding ends?

LIVE Component

1. What infrastructure has been built or renovated. Who built it and how? How is it being utilised?
2. Has access to markets been improved in any way (e.g. for selling coffee, fish)?
3. Have rural health facilities / services been improved and if so how? What options do communities now know about to improve their health? Are they being applied?
4. Have the needs of people with disabilities been considered and/or addressed?
5. Has the village court process / service been improved? If so – how are community problems / conflicts being better dealt with?
6. How many community draft risk reduction and preparedness plans have been prepared? Are these understood and being used?
7. How will the activities and/or benefits be sustained after ICDP funding ends?

Effective program learning and management Component

1. Are ICDP information / training materials provided in suitable formats/media and language, and do local stakeholders understand the key messages provided?
2. Have lessons learned been shared with stakeholders and how?
3. What evidence is there that the project interventions were implemented according to the identified needs of the target population?
4. How are ICDP field staff and partners using the M&E tools and systems?

Annex 5 - List of key reference documents

1. General

- 1.1 PNG ICDP program summary
- 1.2 ICDP Overall Theory of Change
- 1.3 M&E matrix revised June 2011
- 1.4 CARE Australia Strategy 2010-2015
- 1.5 CARE International in PNG – Gender Strategy 2012-2014
- 1.6 CARE 2020 (Version 2)
- 1.7 CARE International in PNG – Five Year Strategic Plan 2012-2016
- 1.8 Towards Better Governance – A Governance Programming Framework for CARE (Summary Document)
- 1.9 Working for Poverty Reduction and Social Justice: The CARE 2020 Program Strategy

2. Approaches (August 2013)

- 2.1 ICDP - The ICDP
- 2.2 ICDP - Improving Access to Education
- 2.3 ICDP - Livelihood and food security
- 2.4 ICDP - Planning together
- 2.5 ICDP - Rolling out Ward Development Planning
- 2.6 ICDP - Toward an Enabling Environment for Rural Service Delivery
- 2.7 ICDP - Toward Gender Equality
- 2.8 Women's Empowerment Framework Summary Sheet 2009
- 2.9 CARE PNG Strategy for Integrating Climate Change Adaptation into the ICD Program
- 2.10 CVCA Field Guide Process
- 2.11 CCA & DRR_ACD Programs Notes
- 2.12 Updated WDP Facilitator Manual _January 2014
- 2.13 Updated WDP Participant Manual_January 2014
- 2.14 Cloudy Thinking
- 2.15 The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services

3. Program Design Documents

- 3.1 CARE's Integrated Community Development Program Design PNG (Apr 2009)
- 3.2 CARE's ICD Program Design Version 2 FINAL (Jan 2010)
- 3.3 ICDP Program Design Document V3 revised June 2011

3.4 ICDP Program Design Document V3.1 (Nov 2011)

4. Baseline Study

4.1 ICDP Yelia LLG Baseline Report (December 2010)

4.2 Rural poverty in remote PNG (O-W) District

4.3 Kome LLG Baseline Survey 2013

5. Annual Plans

5.1 Annual Plan June 2009 to June 2010 (year 1)

5.2 Annual Plan July 2010 to June 2011 (year 2)

5.3 Annual Plan July 2011 to June 2012 (year 3)

5.4 Annual Plan July 2012 to June 2013 (year 4)

5.5 Annual Plan July 2013 to June 2014 (year 5) – now through SPSN.

6. Annual Reports

6.1 Annual report December 2010

6.2 Annual report December 2011

6.3 Annual report December 2012

6.4 Annual report July 2013

6.5 ICDP Progress Report for SPSN Jan 2014

7. MTR & IPR and Other Monitoring Reports

7.1 ICDP MTR Report (May 2012)

7.2 ICDP IPR (AusAID) & annexes

7.3 IPR Minutes

7.4 IPR CARE Management Response

7.5 CARE International in PNG Omaura Field Visit Report 4/9/2014

7.6 Simogu Literacy Impact Survey Report 180614

7.7 Mini Hydro & Footbridge Opening In Marawaka June 13th, 2014

8. Finance and HR

8.1 Job Descriptions of all ICDP positions

8.2 CVs of all current ICDP staff

8.3 CARE Training Report 31st May 2013

8.4 CARE PNG Salary Scale as at 01.10.13

8.5 CARE PNG Job Classification Guide

8.6 CARE PNG Organisational Chart as at 31.05.14

8.7 CARE PNG Training Calendar 2014

8.8 WDP Training costs

8.9 5 year summary v2

9. Monitoring and Evaluation

9.1 ICDP Activities and Participants May 2014

9.2 ICDP Sector Outcomes 2010 – Present

9.3 ICDP M&E Sub Tools (various)

9.4 The Most Significant Change Technique

9.5 ICDP Timeline of Key Events

9.6 Internal Evaluations of Yelia (Drafts)

10. Other

10.1 Ministerial taskforce on Maternal Health in PNG – National Department of Health

10.2 National Health Plan 2011-2020 Vol 1 Policies and Strategies

10.3 VHV Minimum Standards

10.4 Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s Health – PNG Case Study

10.5 National Policy Framework for Ward Planning Concept Revised (Draft) -DPLLGA

Annex 6 - M&E framework with CARE ICDP data / results summary

This table was prepared by CARE PNG.

Level of Impact	Indicators	Results against Indicators	Other Achievements
IMPACT			
<p>The most economically, socially and politically marginalised communities, living within extremely disadvantaged districts of PNG, will have sustainable and measureable improvements in their well-being</p>	<p>Men, women, and marginalized groups report an overall increase in wellbeing and satisfaction with their lives (in terms of health, education, livelihoods, income generation, household decision making, food security, social and political engagement, physical environment, and law & justice)</p>		<ul style="list-style-type: none"> • Many women are now able to participate in decision making in the household with community level decision making slowly increasing • Community members are able to settle their law and order issues through the newly established village courts • Over 17, 000 people (men, women, children, elderly) will be able to safely access markets and basic services once all 7 footbridges are completed. <i>*Currently 3 out of 7 footbridges completed</i> • More than 800 households will be food secure during drought periods • The establishment of 36 new elementary schools mean that more young children will be able to access elementary

Level of Impact	Indicators	Results against Indicators	Other Achievements
			<p>education closer to their homes.</p> <ul style="list-style-type: none"> • Upgrading of community schools to Primary Schools also mean that children travel shorter distances to school • Coffee marketing is slowly improving as the Coffee Industry Cooperation gives more freighting assistance to fly-in sites in Obura Wonenara
MEDIUM TERM OUTCOMES			
<p>Strengthened and better informed communities, government, and civil society organizations working more effectively in partnership to identify, prioritise, address, and advocate for development needs</p>	<p>Ward and LLG plans integrated into higher level plans</p>	<p>Obura Wonenara</p> <ul style="list-style-type: none"> • Ward plans for all three LLGs consolidated into LLG plans • Only two consolidated LLG plans endorsed by respective LLG assemblies with priorities being appropriated necessary funding • District plan aligned with all three LLG consolidated plans <p>Gumine</p> <ul style="list-style-type: none"> • 1 LLG plan consolidated from ward plans • All 3 46 ward plans and profiles 	<ul style="list-style-type: none"> • Gumine District Administration has shown support for bottom-up planning through office building allocation for local NGO partner • Induction training for all LLG presidents and managers in Simbu Province conducted upon request by the Simbu Provincial government • Menyamya District Administration support for bottom-up planning shown through office building and staff

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>across 3 LLGs completed</p> <ul style="list-style-type: none"> • Remaining 2 LLG plans being consolidated from ward plans <p>Menyamya</p> <ul style="list-style-type: none"> • Two LLG plans soon to be consolidated from completed ward plans 	<p>house allocation for CARE PNG Menyamya field office</p> <ul style="list-style-type: none"> • Induction training for newly elected LLG councillors, presidents and women’s representative on the LLG Assembly conducted in Menyamya and Obura Wonenara Districts. <i>*First since 1997 for Obura Wonenara District.</i> • Logistical support and personnel leveraged from Obura Wonenara and Menyamya LLG and District Administrations • LLG staff competent in implementing the ward planning process
	<p># and types of initiatives from Ward and LLG plans funded and/or implemented by external organizations, government, or the communities themselves</p>	<ul style="list-style-type: none"> • x7 Footbridges (x3 in Yelia and x4 in Lamari) • Marawaka - Menyamya road rehabilitation project - K500,000.00 funding from EHP Governor's Office • Coffee Extension Training (Andakombi, Simogu, Wonenara) 	<ul style="list-style-type: none"> • LLGSIP, DSIP and PSIP funding leveraged to support implementation of ward priorities, e.g. Footbridge • LLG and District staff competent to implement ward planning process • WDC using knowledge gained

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> • Inland-Fish Farming Training (Simogu, Wonenara, Marawaka, Obura, To'okena) • Village Birth Attendant Training (Andakombi, Wonenara, Simogu) • Village Health Volunteer Training (Andakombi, Wonenara, Simogu) • Early Child literacy School Establishment (Simogu, Wonenara) • Elementary School Registration and Establishment (Yelia and Lamari LLGs) • Adult Functional Literacy Training (Simogu, Wonenara) • Village Court Establishment (Yelia and Lamari LLGs) 	<ul style="list-style-type: none"> • from WDP trainings to write proposals to seek government funding, e.g. Jomuru Ward 8 – Yelia LLG • Provincial government recognition of WDCs trained in Obura Wonenara – first District to receive support from provincial level in Eastern Highlands
	<p>% of women and marginalized groups actively involved in governance and community development</p>	<ul style="list-style-type: none"> • All WDCs have at least 1 or 2 women members as stipulated in the OLPLLG 1995 • More women and marginalised people have been able to participate in ward development planning through village planning meetings • Women and other marginalised 	<ul style="list-style-type: none"> • Field Office staff working closely with District Division of Community Development to establish women's groups in Menyamy District • WDP training manuals incorporate GED and reinforce Organic Law stipulation of two women reps per WDC

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>groups are now able to actively participate in school administration governance through the social accountability work with the School Learning and Improvement Planning Program.</p>	<ul style="list-style-type: none"> • Involvement of LLG Assembly and JDP&BPC women’s reps in annual planning workshops to plan for increased engagement of women in their areas = 7 [6 on LLG Assembly (2 per LLG) and 1 on JDP&BPC] • Community & WDC awareness on the importance & benefits of women’s participation in decision-making • Training for WDCs, LLG Assembly, government and CSO partners incorporates the WEF, the importance of inclusive planning and women’s participation in decision-making processes at all levels
Improved access to basic services	<p>% increase in literacy and numeracy in target populations (by gender/vulnerable group)</p>	<ul style="list-style-type: none"> • Increased literacy and numeracy competencies among adult, youth, and child populations in Simogu and Wonenara areas as a result of literacy programs 	<ul style="list-style-type: none"> • 657 (278 males and 379 females) are enrolled in Adult Functional Literacy Classes • 1434 (752 males & 682 females) are enrolled in early child literacy classes
	<p>Increased % of girls and boys attending school regularly</p>	<ul style="list-style-type: none"> • Child learners consistently attending literacy classes • 4 newly registered elementary schools in operation with 441 students (228 male and 213 female) enrolled in 2014. <i>*This figure is only</i> 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p><i>from 3/4 schools.</i></p> <ul style="list-style-type: none"> • 114 [39 Female (3 married adults) and 75 male (4 married adults)] enrolled at re-opened and upgraded Wandakia Primary school in Yelia LLG. 	
	<p>Reported increase in access to basic services (health, education, markets, justice) by gender/vulnerable group</p>	<ul style="list-style-type: none"> • Communities are now accessing education and health services • Law and order issues being resolved by village courts • Coffee marketing improving with CIC freight assistance 	<ul style="list-style-type: none"> • Total no of cases brought to village court networks in Yelia and Lamari from 2011-2013 is 193 • Number of cases brought by or on behalf of <u>female claimants</u> from 2011 to 2013 is 58 • Eight courts, average five hearings per week each = 40 cases per week which would not otherwise be heard
<p>Improved and more secure and self reliant livelihoods</p>	<p>Reported benefits of uptake by households taking up new crops and farming methods:</p> <ul style="list-style-type: none"> • Reported increase in food security and protein intake (by gender/vulnerable group) • Reported increase in household income (by 	<ul style="list-style-type: none"> • Households in especially Andakombi and Ubo reported being more food secure because of African yam tuber distribution • Increased coffee production and selling ability through CIC assistance has meant that households are able to generate more income from coffee 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	gender/vulnerable groups) • Reported benefits from income generated (i.e. what cash earned from project activities went to buy/pay for and who controls decision making) (by gender/vulnerable grp)	than before • Most decision making in the households is made jointly by husband and wife with the majority of income generated spent on children’s school project fees and the rest going to household utensils and food, especially rice and canned fish.	
	% of households growing and storing African yam as a drought-resilient crop and response to climate change	• Over 800 households in Yelia and Tairora Gadsup growing African yams from direct CARE facilitated yam cutting distribution.	
	Reported decrease in vulnerability to disasters	N/A	
SHORT TERM OUTCOMES & OUTPUTS, & ACTIVITIES			
Component 1 – LEAD: Strengthened local level organisations and processes that include women’s meaningful participation	Ward plans are consolidated into LLG plans	• All 3 LLGs in Obura Wonenara have consolidated 5 Year LLG Plans that have been developed from ward plans • Obura Wonenara District Plan aligned to LLG Consolidated Plans • 2 LLGs in Menyamy District are	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>preparing to consolidate ward plans into LLG plans</p> <ul style="list-style-type: none"> All 3 LLG plans for Gumine District have been consolidated using ward plans and are undergoing finalisation for launching at the end of June, 2014. 	
	<p>Partner organizations demonstrate organizational growth</p>	<ul style="list-style-type: none"> Touching The Untouchables – a former partner that underwent capacity building training has developed into a flourishing local NGO and recently got a large long-term contract with Oxfam International to implement the healthy island concept Backyard Farms – Has further expanded its scope to include coffee work and in the process of signing a cooperation agreement with CARE that'll cover both the CISP and ICDP. 	
	<p># of women and vulnerable members actively involved in governance and community planning process</p>	<ul style="list-style-type: none"> All WDCs have at least 1 or 2 women members as stipulated in the OLPLLG 1995 More women and marginalised 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>people have been able to participate in ward development planning through village planning meetings</p> <ul style="list-style-type: none"> • Women and other marginalised groups are now able to actively participate in school administration governance through the social accountability work with the School Learning and Improvement Planning Program. 	
<p>Output 1.1 Strengthened linkages and engagement with government</p>	<p># of agreements signed with government & other stakeholders</p>	<ul style="list-style-type: none"> • MoU in place between Simbu Provincial Administration, Gumine District, LNGO and CARE PNG • MoU in place between Morobe Provincial Administration, Menyamya District and CARE PNG • MoU in place between CARE PNG and Eastern Highlands Provincial Division of Education • MoU in place between CARE PNG and Eastern Highlands Village Court Secretariat • MoU in place for construction of 6 footbridges between CARE PNG, Eastern Highlands Provincial 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>Government, and Obura Wonenara District Administration</p> <ul style="list-style-type: none"> • x 1 Partnership Agreement with Local NGO Community Development Agency • x 1 Cooperation Agreement between CARE PNG and EHP Village Courts Secretariat • x8 contracts for services signed with implementing partners: BYF; MY-CHE; TTU; NARI; Kilebo; Kumatega; LIFE; and ATP 	
	<p>Increased awareness of CARE’s work by government officials at LLG, District, Provincial, and National levels</p>	<p>Awareness of CARE's work made to:</p> <ul style="list-style-type: none"> • National Government: DPLGA, NEFC, DfCD, DIRD; • Eastern Highlands Provincial Government and Administration • Morobe Provincial Administration • Simbu Provincial Government and Administration • Obura Wonenara District Administration and LLGs; • Menyamya District Administration 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		and LLGs; <ul style="list-style-type: none"> Gumine District Administration and LLGs 	
<i>Activity 1.1.1 Peer review of ward planning training materials/process with stakeholders</i>	2 reviews held	<ul style="list-style-type: none"> 2 reviews held 	
	Manual updated	<ul style="list-style-type: none"> WDP Manual Training Manual Updated 3 times 	
<i>Activity 1.1.2 Awareness of CARE's programs and consultation meetings with government and stakeholders</i>	# awareness/consultation meetings convened	<ul style="list-style-type: none"> Obura Wonenara and Eastern Highlands Provincial Government/Administration - More than 30 meetings Menyamyia and Morobe Provincial Administration - More than 15 Gumine and Simbu Provincial Government/Administration - More than 10 meetings 	
	Participation at DMT/ PMT/ JDBPC meetings	<ul style="list-style-type: none"> Participated as an observer at one JDP&BPC Meeting for Obura Wonenara District Participated as an observer at one DMT Meeting for Menyamyia District 	
	# visits by government officials to communities	<ul style="list-style-type: none"> Obura Wonenara: 114 visits made by government officials 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> • Menyamyia: 57 visits made by government officials • Gumine: ?? 	
Output 1.2 Increased capacity of communities, Wards, LLGs, and District to prepare plans	#WDCs are reactivated/established	<ul style="list-style-type: none"> • Obura Wonenara: 81 • Menyamyia: 31 • Gumine:46 	
	Increased # of women are elected to WDCs	<ul style="list-style-type: none"> • An average of 2 woman are being appointed to WDCs by ward councillors throughout Obura Wonenara, Menyamyia, and Gumine Districts. In a few wards, there are three or more women members. <p>Examples:</p> <p>Obura Wonenara District</p> <p>Yelia LLG</p> <ul style="list-style-type: none"> - Ward 1 (Garipme) 5 females out of 10 WDC members. <p>Gumine District</p> <p>Gumine LLG</p> <ul style="list-style-type: none"> - Ward 2 (Omkolai 1) – 3 females out of 8 WDC members <p>Digine LLG</p> <ul style="list-style-type: none"> - Ward 8 (Gaima) – 3 females out of 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		11 WDC members - Ward 11 (Oldale/Dinidan) – 3 females out of 9 WDC members	
	WDCs, LLGs, and District have increased understanding of government planning processes and their roles and responsibilities	<ul style="list-style-type: none"> • WDCs throughout Obura Wonenara, Menyamya, and Gumine better understand the government’s bottom-up planning process and their roles and responsibilities as committee members. • Both the political and administrative arms of LLGs better understand how to go about implementing the government’s bottom-up planning process and have been instrumental in implementing this process especially in Obura Wonenara District where ICDP has worked the longest. • District administrations have been made more aware of the importance of bottom-up planning have given necessary support to this process. More work however needs to be done with them to better 	
	# of draft ward plans developed through participatory processes	<ul style="list-style-type: none"> • Obura Wonenara: All 81 ward plans completed 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> • Menyamyia: Kome 14/16 ward plans and profiles completed and submitted; Kapao 13/15 ward plans and profiles completed and submitted. Remaining wards still finalising theirs. • Gumine: All 46 ward profiles and plans completed 	
	<p>Women and marginalized groups feel that their views have been taken up in the development of plans</p>	<ul style="list-style-type: none"> • Women and marginalised groups have reported satisfied that they were consulted as part of the ward planning process and had their views taken up by the ward plans 	
<p><i>Activity 1.2.1 Ward Development Plan training and refresher/follow up trainings (which includes Roles and Responsibilities/leadership and good governance, gender sensitivity/people with disability sensitivity/HIV AIDS awareness)</i></p>	<p># of trainings held</p>	<ul style="list-style-type: none"> • Obura Wonenara: 39 trainings (13 WDP, 13 Follow-ups, and 13 WDP Refreshers). • Menyamyia: 20 trainings (10 WDP, and 10 Follow-ups) • Gumine: 	
	<p># of participants (by gender/vulnerable group)</p>	<p>WDP Training</p> <ul style="list-style-type: none"> • Obura Wonenara: 405 (243males and 162females) • Menyamyia: 153 (116males and 37females) 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> • Gumine: 369 (317males and 52females) <p>WDP Follow-up</p> <ul style="list-style-type: none"> • Obura Wonenara: 473 (311males and 162 females) • Menyamya: 97 (76males and 21females) • Gumine: <p>WDP Refresher</p> <p>Obura Wonenara: 369 (302males and 67females)</p> <p>Menyamya:</p> <p>Gumine:</p> <p>Roles & Responsibility Training</p> <p>Obura Wonenara: 405 (243males and 162females)</p> <p>Menyamya:</p> <p>Gumine:</p> <p>Leadership Training</p> <p>Gumine: 135 (117males and 18females)</p>	
	Development issues identified and prioritized	<ul style="list-style-type: none"> • Obura Wonenara District: Minimum of 81 village planning meetings held • Menyamya District: Minimum of 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>31 village planning meetings held</p> <ul style="list-style-type: none"> • Gumine District: Minimum of 46 village planning meetings held <p><i>Village planning meetings are the forum where community members come together to discuss development issues and prioritize needs. A voting system is used for development need prioritisation where men, women, youth, and other vulnerable and marginalised community members vote separately.</i></p>	
	Ward plans initiated		
Activity 1.2.3 Study Tours	# study tours held for lessons learning and cross-sharing	<p>4 study tours held</p> <ul style="list-style-type: none"> • x1 to Tambul Nebilyer District – Western Highlands • x2 to Bogia District - Madang • x1 to Obura Wonenara District – Eastern Highlands 	
	# participants (gender/vulnerable group)	<ul style="list-style-type: none"> • Tambul Nebilyer: 20 participants (14 males and 6 females) • Bogia 1: 11 participants (7 males, 4 females) • Bogia 2: 14 participants (8 males, 6 females) • Obura Wonenara: 19 participants 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		(18 males and 1 female)	
<p>Output 1.3 Integration of Ward plans into LLG plans and submitted to District</p>	<p>WDC plans consolidated into draft LLG plans</p>	<ul style="list-style-type: none"> • All three LLGs in Obura Wonenara District have completed consolidating ward plans into 5 year development plans • All three LLGs in Gumine District have draft 5 year LLG development plans developed from ward plans • Two pilot LLGs in Menyamya District preparing to do consolidation of ward plans into LLG plans 	
<p>Activity 1.3.1 <i>Consolidation workshops and follow up</i></p>	<p>Consolidation workshops held</p>	<ul style="list-style-type: none"> • Obura Wonenara: 3 Consolidation training workshops and 3 support workshops for actual LLG plan consolidation • Menyamya: 1 Consolidation training workshop • Gumine: 1 Consolidation training workshop and 1 support workshop for actual LLG plan consolidation 	
<p>Output 1.4 Increased organizational capacity of local development partners</p>	<p>Local development partners can articulate the changes in their organizational capacity (by type/degree of change)</p>	<p>Touching The Untouchables</p> <ul style="list-style-type: none"> • Realised that they had incorrectly registered as a business instead of an association. have since changed 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>registration status to association</p> <ul style="list-style-type: none"> • Recognized the importance of program and financial sustainability as key organisational goals. This was when we kick-started our fundraising activities. • The CBP made us recognise the importance of developing effective and efficient programs using appropriate tools and techniques. • Reviewed existing tools and develop additional tools • Re-looked at our program delivery mechanism and re-organised it. This re-organisation covered both delivery techniques and staffing. • Realized the importance of measuring results of our work and prompted us to take appropriate steps to ensure that this was done. • Among other things, training for staff and health workers has been conducted to collect and document data. In addition to this, we have purchased activity registry books and given them to our trained VBAs and 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>VHVs and also developed a data collecting sheet which is in use.</p> <ul style="list-style-type: none"> • We sort of had a rough idea of what our mission and vision were but not as well as we do now. The CBP prompted and enabled us to re-visit our mission and vision as well as other organisational goals and principles. • <i>We started off working on an ad-hoc basis with “rascal” processes and systems and in isolation! Now we are a stronger organisation with a clear sense of direction. We have found our niche, and are working in partnership with other stakeholders to deliver health outcomes for the people of EHP. Esther, TTU</i> <p>Backyard Farms:</p> <ul style="list-style-type: none"> • Never did annual plans but do now. • Didn't have good financial management systems but do now • Invested carelessly but are now making better decisions and reaping benefits 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> • Didn't do pond budgets but do now. Fish production has therefore increased while cost of production has decreased. • Never did activity plans but do now • Can write funding proposals now and have assisted other groups to do so as well. 	
<i>Activity 1.4.1 Trainings on leadership & governance (government planning process)</i>	# of trainings held # and type of participating organizations # participants (gender/vulnerable group)	<ul style="list-style-type: none"> • Good Governance and Leadership Training conducted at Andakombi for wards 11, 30, 31, and 32. 15 participants (12 men and 3 women) 	
<i>Activity 1.4.2 Organizational development trainings for current and new partners</i>	# of trainings held # and type of participating organizations	<ul style="list-style-type: none"> • 6 workshops held (x1 Training needs assessment, and x5 trainings) • Initially three participating organisations. One (MY-CHE) dropped out and two (Backyard Farms, and Touching The Untouchables) completed the program. 	
<i>Activity 1.4.3 Assessment and progress reviews on capacity development</i>	Semi-annual review workshops to assess progress of organizational development training	Not conducted.	
Component 2 – LEARN:	# new elementary schools	<ul style="list-style-type: none"> • 36 out of 72 locations scoped now 	<ul style="list-style-type: none"> • Once operational, student

Level of Impact	Indicators	Results against Indicators	Other Achievements
<p>Strengthened formal and non formal learning environment and opportunities</p>	<p>established and registered</p>	<p>registered as Elementary Schools by the National Department of Education</p> <ul style="list-style-type: none"> • 4 of the 36 newly registered Elementary schools are in operation • 1 Community School upgraded and registered as a Primary School (Nolambi Primary School) in Simbari, Yelia LLG. • Wandakia Community School re-opened, re-located, and upgraded to Primary School status in 2013 after 16 years of closure. 1 teacher was posted there in 2013 and taught grades 3 and 4. In 2014, 2 teachers have been posted there and are teaching grades 3 – 5. Student population is 113 who have all come from literacy schools , both early child and adult functional • Three primary schools upgraded to level four with new teaching positions created (Wiyabo Primary- 5 new teaching positions/9, To’okena Primary -4 new teaching positions/9, and Suwaira Primary school- 5 new teaching positions/10) • Two closed schools identified for re- 	<p>population in the first academic year of the newly established schools is estimated at 2790 students.</p> <ul style="list-style-type: none"> • K475,200.00 Tuition Free Fees for the 4 newly registered and operational elementary schools over 3 years-2012-2014 • K42, 250.00 Tuition free Fee for 1 re-opened and upgraded primary school in 2013 and 2014. • K5, 000.00 Tuition Free Fees subsidies for adult married students now in primary school in 2013 and 2014 (Aiziana, Wiyabo, and Wonenara). • K14, 250. 00 Tuition Free Fees subsidies for adult married students now in high school in 2013 and 2014 (Rintebe, Okapa and Tairora). <p>Total: K494, 742.00</p> <ul style="list-style-type: none"> • K45,708.00 (x2 primary school

Level of Impact	Indicators	Results against Indicators	Other Achievements
		opening in Lamari LLG (Mobotasa and Baira Primary School)	teachers gross annual salary) for re-opened Wandakia Primary School Total:K111, 228.00
	# new registered elementary teachers (by gender/vulnerable group)	<ul style="list-style-type: none"> 1 trainee Elementary teacher inspected and given fully registration thus on full benefits 	<ul style="list-style-type: none"> K65, 520 are paid as salary over 3 years for 9 new elementary teachers trained. 8 still trainees and 1 fully registered 10 new elementary teaching positions created by National Department of Education for newly registered and operational Elementary Schools 41 elementary teachers (29 male & 12 female) benefited from Curriculum Cluster workshop.
	# of girls/boys enrolled in newly established schools (by gender/vulnerable group)	<ul style="list-style-type: none"> 4 newly registered elementary schools in operation with 441 students (228 male and 213 female) enrolled in 2014. <i>*This figure is only from 3/4 schools.</i> 	
	# new adult functional literacy schools established	<ul style="list-style-type: none"> 9 adult functional literacy schools established 	<ul style="list-style-type: none"> K15, 000.00 for Library books and gifts for literacy graduation National Literacy Awareness Secretariat Office.
	# new Child literacy schools	<ul style="list-style-type: none"> 6 Early Child Literacy Schools 	<ul style="list-style-type: none"> Communities building literacy

Level of Impact	Indicators	Results against Indicators	Other Achievements
	established	established	school classrooms <ul style="list-style-type: none"> • Communities making gardens for volunteer literacy teachers • Communities contributing and giving some cash (as little as K20 per year) to teachers to purchase oil, salt, or soap for themselves and their families • Literacy and Elementary Support Program has linked communities with government, government with a local NGO and the local NGO with communities
	# school board meetings per year	<ul style="list-style-type: none"> • 1 School board meeting held per year per school worked with 	
	Type of information and knowledge that communities have increased access to	<ul style="list-style-type: none"> • Personal health and hygiene • Food and nutritional content • Climate Change and Food Security 	
	Adults utilizing literacy skills (by gender/vulnerable group)	<ul style="list-style-type: none"> • Functional literacy program has enabled both men and women to prepare new recipes using local food, make mattresses and pillows, and sew clothes 	<ul style="list-style-type: none"> • Couples attend functional skills training together (cooking and sewing)
Output 2.1 Female and male teachers trained and schools identified for	# of new elementary teachers trained (by gender/vulnerable group)	<ul style="list-style-type: none"> • 9 new elementary teachers have been recruited, trained, and put on trainee teacher salary (7 trained in EHP and 2 trained in Port Moresby - PNGEI) 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
registration		<ul style="list-style-type: none"> 8(3 female and 5male) out of 14 trainees underwent supervised teaching 	
	# of new schools identified for registration	<ul style="list-style-type: none"> 72 new school locations scoped and identified for Elementary School registration 	
<i>Activity 2.1.1 Professional trainings and supervisory visits</i>	# of professional trainings held # of participants (by gender/vulnerable group)	<ul style="list-style-type: none"> x6 trips for curriculum cluster workshops x4 trips for School Learning Improvement Plan training and follow –up activities. 2 Early Child Literacy Trainers from LIFE Youth Group (1 male, 1 female) underwent capacity building with PDoE to align early child literacy training manuals with elementary teaching curriculum. 	<ul style="list-style-type: none"> Early Child Literacy concept endorsed by the Provincial Division of Education for implementation in other districts in Eastern Highlands Province. 4 spaces allocated to training elementary teachers from CARE early child literacy sites
<i>Activity 2.1.2 School board training</i>	#School board trainings held # participants (gender/vulnerable group)	<ul style="list-style-type: none"> 24 head teacher (2 females and 22 males) and 24 Board of Management (All males) Chairpersons underwent training on management skills in Yelia LLG 	
<i>Activity 2.1.3 Scoping and supervision to new elementary school and community study centre locations</i>	Scoping visits and supervision to new elementary school and community study locations held	<ul style="list-style-type: none"> x15 trips for supervised teaching and scoping of new elementary school locations 	<ul style="list-style-type: none"> Marawaka and Garipme Elementary schools amalgamated with 6 new teaching positions created

Level of Impact	Indicators	Results against Indicators	Other Achievements
Output 2.2 Community basic literacy and numeracy levels enhanced	# adult learners complete basic literacy and numeracy through functional literacy programs by Dec 2014 (by gender/vulnerable group)	<ul style="list-style-type: none"> 33 (13 males and 20 females) adult learners had become literate and graduated from the functional literacy program 	<ul style="list-style-type: none"> x3 graduations for literacy teachers and learners 8 adult learners are now accessing formal education
	# child learners successfully complete the child literacy program by Dec 2014 (by gender/vulnerable group)	<ul style="list-style-type: none"> 83 (50 males and 33 females) children had successfully completed and graduated from the child literacy program. 	<ul style="list-style-type: none"> x3 graduations for literacy teachers and learners All these children have now progressed into formal education
Activity 2.2.1 Literacy teacher training	# of new literacy teachers trained (by gender/vulnerable group) by location by Dec 2014	<ul style="list-style-type: none"> 28 (26 males and 2 females) early child literacy teachers trained and 20 (18 males and 2 females) certified as early child literacy teachers 38 (All males) adult functional skills teachers trained and 16 certified as adult functional literacy teachers. 	<ul style="list-style-type: none"> x11 Early Child Literacy Training conducted x13 adult functional skills training conducted x10 start up kits distributed All Adult Functional Literacy Teachers trained as literacy trainers
Activity 2.2.2 Literacy classes held for children and adults	# participants (by gender/vulnerable group) attend the functional literacy program	<ul style="list-style-type: none"> 657 (278 males and 379 females) are enrolled in Adult functional literacy classes 	
	# child learners regularly attend the child literacy program (by gender/vulnerable group)	<ul style="list-style-type: none"> 1434 (752 males & 682 females) are enrolled in early child literacy classes 	
Activity 2.2.3 Supervised teaching	Provincial Education Division partners conduct supervisory visits to literacy	<ul style="list-style-type: none"> x4 mentoring and coaching conducted 	<ul style="list-style-type: none"> 3 Provincial government officials are committed to supporting the child and adult

Level of Impact	Indicators	Results against Indicators	Other Achievements
	schools/teachers		literacy programs through curriculum development and capacity building for literacy teachers.
<i>Activity 2.2.4 Visits to identify literacy schools for formal establishment</i>	Visits conducted by CARE staff and provincial Education Division	<ul style="list-style-type: none"> 15 visits by CARE staff and Eastern Highlands Provincial Division of Education 	
Output 2.3 A range of relevant IEC materials is available to communities	# of communities accessing information from school open days by end Dec 2014	<ul style="list-style-type: none"> All surrounding communities to Ontebura Andakombe Primary Schools have attended School Open Days and accessed various types of information provided for the general community. 	
	IEC materials made available are relevant to communities	<ul style="list-style-type: none"> All IE materials distributed to communities are in Tok Pisin to allow easy uptake 	
<i>Activity 2.3.1 Development of training manuals</i>	# of manuals developed by Dec 2014	<ul style="list-style-type: none"> 5 modules for early child literacy teacher training developed 1 manual for phonics 1 manual for literacy teacher Induction 	<ul style="list-style-type: none"> The literacy training induction manual addresses roles and responsibilities of teachers and other stakeholders
<i>Activity 2.3.2 Learning event days</i>	# of open days held by end Dec 2014	<ul style="list-style-type: none"> 4 open days held 	
<i>Activity 2.3.3 IEC</i>	# of copies of Wantok newspaper distributed by	<ul style="list-style-type: none"> 7000 wantok newspaper distributed 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
<p><i>materials distributed</i></p>	<p>Dec 2014</p>	<p>from 2011 to 2013</p>	
	<p># and type of IEC materials made available</p>	<ul style="list-style-type: none"> • 434 copies of 31 different types of Information and Education materials distributed to Primary, Elementary, and Literacy Schools in Yelia, Lamari, and Tairora-Gadsup LLGs in Obura Wonenara District • 34 different types of Climate Change posters distributed to Andakombi and Ontebura Primary Schools as well as nearby communities in Tairora-Gadsup • 45 different types of Climate Change Extension bulletins distributed to Andakombi and Ontebura Primary Schools as well as nearby communities in Tairora-Gadsup 	
<p>Component 3 –EARN: Improved household food security and income</p>	<p># of households taking up new crops and methods (fish farming, potato, coffee)</p>	<ul style="list-style-type: none"> • Over 1000 households have benefitted from various livelihoods and agriculture trainings including cultivation of drought tolerant crops, fish farming, coffee husbandry, and potato farming 	<ul style="list-style-type: none"> • Training approached including location and timing have been changed from site to site to cater for marginalised groups. • Certificates have been given in recognition of farmers’ participation.
	<p>Reported increase in awareness of the link</p>	<ul style="list-style-type: none"> • Target communities and student populations in Andakombe and 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	between climate change and food security among men, women, and children of the target population	Ontebura Primary Schools are now more aware of the link between climate change and food security	
	# of households growing climate-resilient agricultural crops (i.e. drought resistant African yam)	<ul style="list-style-type: none"> Over 800 households in Yelia and Tairora Gadsup growing African yams from direct CARE facilitated yam cutting distribution. 	
<p>Output 3.1 Enhanced capacity of men and women farmers to fish farm for subsistence</p>	<p># of fish ponds established and maintained by participant farmers</p>	<ul style="list-style-type: none"> 405 ponds - 113 males, 22 females (Yelia). Ave. of 3 per farmer 80 ponds - 56 males and 24 females (Lamari) <p>Total: 485 new ponds constructed and maintained</p>	<ul style="list-style-type: none"> 440 ponds identified through follow-up visits as established by community members assisted by TOTs. [263 fish ponds. (Andakombe – 42 by males and 6 by females, Marawaka – 12 by males, Wonenara – 90 by males and 23 by females, Simogu – 87 by males and 3 by females)] Fish Farming Manual produced Manuals adapted to be gender-sensitive Training has been adapted to address the barriers to women’s participation, i.e. heavy workloads, safety concerns & low literacy More equal distribution of resources – tools, seeds, fingerlings, knowledge – is

Level of Impact	Indicators	Results against Indicators	Other Achievements
			encouraged through training
<i>Activity 3.1.1 Socialization and awareness meetings</i>	Socialization and awareness meetings held in communities and participant farmer group identified	<ul style="list-style-type: none"> 30 socialisation and awareness meetings held in each of the wards in the 6 identified cluster areas 	
<i>Activity 3.1.2 Training, fingerling and equipment distribution and follow ups</i>	# of fish farming trainings held	<ul style="list-style-type: none"> 4 trainings held in Andakombe 3 trainings each for 5 other clusters (Wonenara, Simogu, Marawaka, Obura, To'okena) <p>Total: 19 Trainings</p>	
	Fingerling and equipment distributed	<ul style="list-style-type: none"> 7000 fish fingerlings distributed across 6 sites 60 Nylons 176 Spades 75 Scales 132 Buckets 145 PVC pipes 45 PVC elbows 160 Files 50 Tape measures 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	# of people trained (by gender/vulnerable group)	<ul style="list-style-type: none"> 215 people trained (169 males, 46 females) 	
Activity 3.1.3. Research and field studies	# of field studies produced generating lessons learned and best practice	<ul style="list-style-type: none"> x1 Fish Field Study conducted 	<ul style="list-style-type: none"> African Yam Study conducted
Output 3.2 Increased capacity of men and women farmers to grow income-generating crops	# rehabilitated coffee gardens	<ul style="list-style-type: none"> 40 (34 male and 6 female) farmers had rehabilitated their own or relatives' coffee gardens (Only from follow-up visits although it is expected that all 90 farmers trained would have rehabilitated their coffee gardens) 	<ul style="list-style-type: none"> Coffee Husbandry Training Manual produced
	# coffee nurseries established and maintained	<ul style="list-style-type: none"> 51 (45 male and 6 female) farmers were part of 16 groups that had established coffee nurseries 	
Activity 3.2.1 Socialization and awareness meetings	Socialization and awareness meetings held in communities	<ul style="list-style-type: none"> 24 (16 for coffee, and 8 for potato) socialisation and awareness meetings held throughout the 4 beneficiary clusters 	
Activity 3.2.2 Trainings, seed and equipment distribution, and follow ups	Seeds and equipment distributed to participants	<ul style="list-style-type: none"> x20 potato bags (25 kgs) 	
	# of recipients (gender/vulnerable group)	<ul style="list-style-type: none"> 1, 600 coffee seedlings distributed over 3 clusters 	
	# of coffee and potato trainings held	<ul style="list-style-type: none"> 11 Coffee Trainings Conducted 4 trainings each for Andakombe and Simogu 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<ul style="list-style-type: none"> 3 trainings for Wonenara 6 Potato Trainings conducted in Ubo 	
	# of people trained (by gender/vulnerable group)	<ul style="list-style-type: none"> Coffee farmers trained 90 (69 males and 21 female) farmers trained 40 farmers in Ubo (Tairora-Gadsup LLG) trained in potato farming (19 males and 21 females) 	<ul style="list-style-type: none"> Potato farmers are now benefiting from FPDA's extension services
<i>Activity 3.2.3. Research and field studies</i>	# of field studies produced generating lessons learned and best practice	<ul style="list-style-type: none"> x1 Coffee Study conducted 	
Output 3.3 Enhanced capacity of local institutions to raise community awareness on climate-resilient agricultural practices	# of school demo gardens maintained	<ul style="list-style-type: none"> 2 school demonstration gardens established and maintained (x1 Andakombe and x1 Ontebura) 	<ul style="list-style-type: none"> Rice, wheat and corn seeds distributed to 239 (148 males and 91 females) participants in Ontebura
	# climate change resource units at schools established	<ul style="list-style-type: none"> 2 school climate change resource units established (x1 Andakombe and x1 Ontebura) 	
	Development of climate change-related curriculum/lesson plans	<ul style="list-style-type: none"> Teachers at Andakombi and Ontebura Primary Schools have integrated climate change education into lesson plans and are teaching both theory and practical classes 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	# of seeds distributed by school to community members	<ul style="list-style-type: none"> Rice, wheat and corn seeds distributed to 239 Primary School students (148 males and 91 females) participants at Ontebura 325 students received a yam cutting each from Andakombi Primary School which they took home and planted in their family gardens 	
<i>Activity 3.3.1 Socialization</i>	Teachers and school staff (including boards) socialized # people socialized (gender/vulnerable group)	<ul style="list-style-type: none"> Teachers and board representatives from 8 Primary Schools underwent socialisation and awareness raising on climate change and food security. (15 participants - 1 female, 14 males) More than 100 (30% female, 70% male) people participated in community socialisation activities related to climate change and food security programming 	
<i>Activity 3.3.2 Trainings for teachers and school board</i>	Climate change trainings on African yam as a drought-tolerant crop held	<ul style="list-style-type: none"> 15 teachers and board members (10 males, 5 females) from Andakombi and Ontebura Primary Schools trained 	
	# of people trained (by gender/vulnerable group)	<ul style="list-style-type: none"> More than 90 per cent of households in Andakombi are growing and consuming African yam. Apart from those who directly benefitted from CARE yam distribution, many others 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		have sourced the yam elsewhere and are also growing it.	
<i>Activity 3.3.3 Distribution of African yam seeds and IEC materials to community</i>	Schools receive seeds and materials	<ul style="list-style-type: none"> • 235 yam cuttings distributed through Andakombe Primary School 	
	# and type of IEC materials received	<ul style="list-style-type: none"> • 34 different types of Climate Change posters distributed to Andakombi and Ontebura Primary Schools • 45 different types of Climate Change Extension bulletins distributed to Andakombi and Ontebura Primary Schools 	
<i>Activity 3.3.4 Planting demonstration African yam gardens</i>	Demonstration garden at the schools planted	<ul style="list-style-type: none"> • 2 schools' demo gardens in Andakombe and Ontebura Primary Schools planted and maintained by students 	
<i>Activity 3.3.5 Learning events and open days on climate change and food security</i>	# and type of open days and learning events by school	<ul style="list-style-type: none"> • X1 World food day at Ontebura Primary School (GT) • X2 World food day at Andakombi Primary School (Yellia) • X1 World food day at Obura Primary School (Lamari) 	
Component 4 – LIVE: Improved social services	Usage of new/renovated community infrastructure and facilities, and by whom	<ul style="list-style-type: none"> • Communities now able to safely cross dangerous rivers on metal 	<ul style="list-style-type: none"> • Infrastructure projects such as building bridges incorporate women and men working

Level of Impact	Indicators	Results against Indicators	Other Achievements
and physical environment	(gender/vulnerable group)	<p>footbridges</p> <ul style="list-style-type: none"> • Andakombi- 2, 657 people (4 Wards: Ward 11 - Nologwanzi, Ward 30 - Andakombi, Ward 31 - Yasukane, Ward 32 - Kwakapa) • Simogu - 3, 321 people (5 Wards: Ward 20 - Tsigami, Ward 21 - Gema, Ward 22 - Pinji/Asi, Ward 23 - Ororingo, Ward 33 - Simogu) • Simbari - 3, 985 people (6 Wards: Ward 14 - Malari, Ward 15 - Daveiei, Ward 16 - Sangei, Ward 17 - Tjestsai, Ward 18 - Kandui/Miniri, Ward 19 - Dungkwi) 	together.
	Improved rural health facilities and infrastructure	<ul style="list-style-type: none"> • x 4 health facilities rehabilitated (x3 rural-health centres and x1 day clinic) 	
	Enhanced community awareness on options for improving health for men, women,& vulnerable groups	<ul style="list-style-type: none"> • Communities reporting greater awareness of health promoting behaviours and practices and have changed negative health practices for the better 	
	<p># of community issues/conflicts dealt with satisfactorily by the village court system</p> <p># people accessing the village court system (by</p>	<ul style="list-style-type: none"> • Total no of cases brought to village court networks in Yelia and Lamari from 2011-2013 is 193 • Number of cases brought by or on behalf of <u>female claimants</u> from 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	gender/vulnerable group)	2011 to 2013 is 58 <ul style="list-style-type: none"> Eight courts, average five hearings per week each = 40 cases per week which would not otherwise be heard 	
	Level of satisfaction with village court process and decisions (by gender/vulnerable group)	<ul style="list-style-type: none"> Communities expressing a high level of satisfaction with village court processes and decisions. Although there are a few complaints, the benefits still outweigh the issues 	<ul style="list-style-type: none"> Training for VC officials reinforced the government policy of one seat for ♀. Training on gender, child rights and human rights was provided for Village Court officials
	# of community disaster risk reduction/preparedness plans developed and finalized	N/A	
Output 4.1 Improved community infrastructure	Small-scale community infrastructure built/or upgraded	<ul style="list-style-type: none"> Andakombi, Simogu and Simbari Footbridges constructed 	
<i>Activity 4.1 Construction of small-scale community infrastructure</i>	# and types of small-scale community infrastructure constructed or renovated	<ul style="list-style-type: none"> Rehabilitation work done at Andakombi, Wonenara, and Simbari rural health centres and Simogu Day Clinic. 	
Output 4.2 Support to priority rural health initiatives	# and type of partners and initiatives supported	<ul style="list-style-type: none"> VBA and VHV trainings conducted at Andakombi, Simogu, and Wonenara clusters 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
<p>Activity 4.2.1 Training and mentoring for WDCs on roles and responsibilities with respect to health service provision</p>	<p>Improved awareness of WDCs of their health related roles and responsibilities</p>	<ul style="list-style-type: none"> All WDCs including Health Reps have received training are also occasionally mentored. Roles and Responsibilities of Health Reps have been communicated to them and emphasized overtime. 	
	<p>Health reps take more proactive role</p>		
<p>Activity 4.2.2 Training, follow up, and workshops for rural health programs</p>	<p># of trainings and workshops held # participants (gender/vulnerable group)</p>	<ul style="list-style-type: none"> 27 theory, practical, and refresher trainings conducted for 5 cluster areas in Obura Wonenara. 13 Village Health Volunteer trainings and 14 Village Birth Attendant trainings. 120 (71 male, 49 female) VHV's trained across 4 cluster areas in Yelia LLG. 58 VBAs across 5 cluster areas (4 in Yelia LLG and 1 in Tairoa-Gadup LLG) 	
<p>Output 4.3 Village court system established/re-established and strengthened</p>	<p># village court networks established and operating in Obura Wonenara District by Dec 2014</p>	<ul style="list-style-type: none"> 8 village court networks established Total no of cases brought to village court networks in Yelia and Lamari from 2011-2013 was 193 Number of cases brought by or on behalf of <u>female claimants</u> from 2011 to 2013 were 58 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
	# village court magistrates and clerks trained and certified (by gender/vulnerable group)	<ul style="list-style-type: none"> 96 court officials trained and sworn in for Yelia (55 male, 5 female) and Lamari (32 male, 4 female) LLG Village Courts in Obura Wonenara District. 	
<i>Activity 4.3.1 Socialization and awareness raising in communities</i>	Socialization and awareness raising meetings	<ul style="list-style-type: none"> 400 people attended village cost socialisation activities throughout Yelia and Lamari LLGs. 	
<i>Activity 4.3.2 Contracts developed with provincial Village Court Secretariat</i>	MoU signed with Village Court Secretariat	<ul style="list-style-type: none"> MOU signed with Eastern Highlands Province Village Court Secretariat 	
<i>Activity 4.3.3 Trainings and follow up trainings/inspection visits</i>	# of trainings and follow up visits	<ul style="list-style-type: none"> 7 trainings conducted 6 follow-up and inspection visits conducted 	
	# of participants (by gender/vulnerable group)	<ul style="list-style-type: none"> 60 (55 male, 5 female) village court officials trained in Yelia and 36 (32 male, 4 female) village court officials trained in Lamari 	
Output 4.4 Increased community capacity in disaster risk reduction planning	Draft plans for community disaster reduction/preparedness prepared	N/A	
<i>Activity 4.4.1 Disaster risk reduction trainings and follow up</i>	# of participants (by gender/vulnerable group)	N/A	
	# of trainings and follow up visits	N/A	

Level of Impact	Indicators	Results against Indicators	Other Achievements
Component 5 – M&E: Effective program learning & management	Project meets accountabilities to donors, partners, staff, and participants	<ul style="list-style-type: none"> Narrative and Financial reports submitted on a timely manner to donors Quarterly government reports compiled and submitted to all provincial and district administrations we work with M&E activities are used to inform communities of progress in the project as well as hear from beneficiaries and reinforce messages otherwise misunderstand 	
	Lessons learned contribute to project planning and improvement	<ul style="list-style-type: none"> Project teams and management continuously learn and improve practices and approaches to program delivery and project management 	
Output 5.1 Effective & efficient project management systems and processes in place	Timely and accurate reports generated	<ul style="list-style-type: none"> Narrative reports undergo various check and balance exercises to ensure information reported is correct. 	
	Staff effectively use M&E tools and systems	<ul style="list-style-type: none"> M&E tools and processes have been developed with staff and partners slowly using them effectively 	
	Staff have capacity to perform their roles effectively	<ul style="list-style-type: none"> New staff are trained and mentored by various team members and supervisors so that they are able to 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		<p>perform their roles effectively.</p> <ul style="list-style-type: none"> Where training needs are identified, effort is made to meet the need internally or source training externally where funding permits. 	
<p>Activity 5.1.1 <i>Develop effective project management systems</i></p>	<p>Reporting templates developed and/or reviewed and revised</p>	<ul style="list-style-type: none"> Various activity and quarterly reporting templates have been developed, trialled, reviewed, and revised to over the life of the project to ensure that information needs are met. 	
	<p>M&E framework and data collection tools developed and/or reviewed and revised</p>	<ul style="list-style-type: none"> M&E Framework revised after mid-term review and appropriate data collection tools developed, trialed, reviewed and revised. As the need arises, new tools are developed to fill in information gaps. 	
	<p>ICDP team meetings held regularly</p>	<ul style="list-style-type: none"> ICDP team meetings held as regularly as possible. Scheduled for once a month but sometimes aren't convened because busy periods or not having enough staff in the office to meet. 	
	<p>Efficient information management tools in place</p>	<ul style="list-style-type: none"> Still working on information management systems. More progress to be made in next financial year. 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
<i>Activity 5.1.2 Staff recruitment</i>	Project sufficiently staffed	<ul style="list-style-type: none"> The project continues to recruit staff as the need arises. ICDP currently has 19 staff with new staff positions to assume duties in July 2014 	
<i>Activity 5.1.3 Staff capacity building</i>	Staff capacity building and trainings held	<ul style="list-style-type: none"> Staff capacity building trainings especially around M&E held (partners also involved in trainings were deemed necessary) 	
Output 5.2 Comprehensive research conducted to inform programming for target populations	Project interventions implemented according to identified needs of target populations	<ul style="list-style-type: none"> Baseline studies and ward planning exercises, and ongoing review of programs with the community ensure that project interventions meet the needs of target populations. 	
<i>Activity 5.2.1 Baseline studies and research</i>	Completion of baseline studies for all 3 districts (Obura Wonenara, Menyamya, and Gumine) by Dec 2014	<ul style="list-style-type: none"> 3 LLG baseline studies conducted in Obura Wonenara District (1 report done, 1 yet to complete, 1 study was prematurely terminated due to security issues) 2 LLG baseline studies conducted in Menyamya District (1 draft report, 1 yet to complete) 3 LLG baseline studies conducted in Gumine District (data still undergoing analysis for report) 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		writing)	
Output 5.3 Effective M&E for continuous learning & improvement, including on women’s empowerment and gender equality	Project delivery approaches revised and refined on a regular basis and are informed by quality M&E data collected	<ul style="list-style-type: none"> Livelihoods trainings delivery approaches have changed to encourage more female participation Longer combined series of trainings ensure that participant consistency is maintained 	
<i>Activity 5.3.1 Regular field/participatory monitoring visits</i>	Regular field visits to project sites	<ul style="list-style-type: none"> M&E exercises conducted on a regular basis with enough time given for results to become evident prior to the follow-ups. Follow-ups take place after 3 months, 6 months, and 12 months for some longer term interventions 	
<i>Activity 5.3.2 Selected reports/case studies on impact and process</i>	# case studies/field reports on ICDP approach, activities, and impact on community by Dec 2014	<ul style="list-style-type: none"> 7 information pieces written about the project and components 4 internal cluster evaluation reports written 1 Literacy Impact Survey conducted with report written on literacy programming in Simogu 3 Field studies conducted on Coffee, Fish, and Yam programming 	
<i>Activity 5.3.3 Reflection</i>	Internal quarterly meetings	<ul style="list-style-type: none"> Quarterly meetings held consistently 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
<i>and Planning workshops</i>	held to increase coordination across CARE projects	than changed to bi-annual meetings between ICDP and other Goroka based CARE projects to increase coordination and share learning across projects	
	Annual Reflection & Planning Workshops held every year	<ul style="list-style-type: none"> 4 Annual Reflection and Planning workshops with partners and stakeholders held consistently since 2011 	
<i>Activity 5.3.4 Collation of recommendations from reports for learning and improvement</i>	Recommendations and lessons learned compiled	<ul style="list-style-type: none"> Compilation of recommendations and learning emerging from activity reports started but not up-to-date Team meetings used to share strong recommendations and discuss way forward on them. 	
Output 5.4 Regular information sharing to stakeholders for learning & advocacy	Stakeholders (government, partner, communities) are aware of the project and lessons learned	<ul style="list-style-type: none"> Presentations on the project made to various stakeholders using appropriate communication means for the different audiences the messages are delivered to. Presentations always include challenges, lessons learned, and next steps. 	
<i>Activity 5.4.1 Meetings with National, Provincial, District, and LLG stakeholders</i>	Quarterly meetings held with national, provincial, district, and LLG representation	<ul style="list-style-type: none"> Meetings held as and when needed and not necessarily on a quarterly basis. Quarterly reports are submitted to government and provide an update 	

Level of Impact	Indicators	Results against Indicators	Other Achievements
		on what the project has done in the preceding quarter and will do in the next quarter.	
<i>Activity 5.4.2 Participation at conferences, seminars, and workshops</i>	Lessons learned and best practices shared at external events	<ul style="list-style-type: none"> Lessons learned and best practices shared at recent multi-stakeholder symposium 	
	# reports/presentations shared with stakeholders	<ul style="list-style-type: none"> More than 20 reports and more 30 presentations made to various stakeholders at district, provincial, and national levels 	
<i>Activity 5.4.3 Regular feedback to communities</i>	Communities understand the project process and lessons learned	<ul style="list-style-type: none"> Feedback is received and provided to project beneficiaries on every field activity trip undertaken but more intentionally during M&E trips. 	