



Evaluation of the Pacific Regional Food and Water Security Project Fiji component

July 2014 – June 2019

Funded by the Australian Department of Foreign Affairs and the people of Australia via the Australian NGO Cooperation Program (ANCP)

**Evaluation of the Australian NGO Cooperation Program
(ANCP) supported Pacific Regional Food and Water Security Project –
Fiji component**

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Executive Summary

Project Name:	Pacific Regional Food Security and Rural Water Management Project
Location and country:	Bua Province, Vanua Levu Island, Fiji Navakasiga District (2014-2018) Lekutu District (circa 2019) – Not covered by the evaluation
Implementing Partner:	Partners in Community Development Fiji (PCDF)
Donor:	Australian Department of Foreign Affairs (DFAT) – Australian NGO Cooperation Program (ANCP)
Duration:	Four implementation years (over a five-year period): June 2014 – July 2019
Budget:	Total: AUD 335,000
Beneficiaries:	1015 people (2016-17 Annual Progress Report). By December 2018, this had contracted to 697 adult participants in the project year (49.2% women) and 276 children under 18 (39.7% girls).

Introduction and Context

The Northern Division of Fiji has the highest percentage of population living below the basic-needs poverty line. This situation has impacted on health of children, who have a higher than national average deficiency of micronutrients as result primarily from diets lacking the essential vitamins and minerals such as iron, vitamin A and zinc. Children and women, not only in the northern division, but in Fiji in general, are affected by constraints in the health sector and diets that have very low nutritional value.

Action on Poverty (AOP) is a not-for-profit organisation based in Australia with community development projects throughout Africa, Asia and the Pacific. In most cases AOP works directly with local partners who employ local professionals with cultural understanding and proven experience. AOP's implementation partner, Partners in Community Development Fiji (PCDF) is a Fijian NGO that strives to improve the lives of isolated Fijian communities. PCDF specialise in education, the environment, economic development and health improvement in rural communities across the Fijian Islands.

Project Design

Since 2014, PCDF and AOP have partnered in implementing a project in **Bua Province** on Vanua Levu Island, in Fiji's Northern Division. The regional project works with rural communities to improve access to nutritious sources of locally grown produce, as well as securing safe and reliable water sources. This is underpinned through training and strengthening networks between community-based groups and relevant government and non-government stakeholders. From 2014-17, the project targeted four communities in Navakasiga District.

The outcomes of the regional program are:

- Increased production supply of locally available nutritious food in target communities
- Increased household income generated through the sale of surplus produce
- Enhanced household water security and sanitation in targeted areas – including increased irrigation for food production
- Increased community coordination and collaboration with Provincial/District government service providers
- Increased technical support for local partner NGOs

The Endline Evaluation

The purpose of the evaluation is to review the performance of the project against intended outcomes and outputs. It is to collect lessons learned to assist with the ongoing development of Action On Poverty's food and water security program in the Pacific.

The specific objectives of the evaluation are:

- a) To analyse the impact of project outcomes on the lives of beneficiaries.
- b) To determine the project's equity and reach, including an analysis of geographical location, gender, disability, education, and age of targeted beneficiaries.
- c) To determine the efficiency of the project using a basic cost analysis.
- d) To conduct a stakeholder analysis to further understand and build on existing relationships with Government and relevant non-Government partners.

The evaluation mainly applied qualitative data collection methods to optimise formative results: gaining experiential insights from stakeholders to guide the design of future project phases. Data collection comprised documentation review; two focus group discussions (with 15 men and 9 women); six key informant interviews (attended by eight men and one woman). A rapid survey questionnaire covered eleven project participants, and two checklist surveys were used to record the state of water supplies and sanitation infrastructure in communities. Given the small sample size, quantitative findings are, at best, only indicative of the attitudes of the wider project participant population and conditions of water and sanitation facilities.

Results

Among project participants, as signs of vulnerability, approximately 18% of households are female-headed and eight percent of adults have a disability. Levels of education were high with 91% having completed junior secondary or higher. Yet, incomes are low with 91% of households earning less than 6000FJD per year/ AUD 4,000).

Outcome 1: Water security, hygiene and sanitation

Water committees: All four target communities now have established and functioning water management committees. PCDF routinely performs refresher training for water committees, in relation to water, sanitation and hygiene.

Sanitation: The participant survey revealed that toilet coverage is now universal (100% of women, men and children use a toilet to defecate). 91% of HHs own their own toilet, and the remaining 9% share a toilet with other households. Comments suggest that coverage has been high for many years. However, the raised awareness of how illnesses spread has encouraged households to upgrade the quality of their toilets. The increase in availability of clean water as a result of the project was also a catalyst to households upgrading their toilet. The inspection survey of toilet facilities in the target communities revealed that toilets are kept clean and in good working condition. **Disability access** was moderate. As to whether this is a problem for disability inclusion depends on whether a person with disability lives in a household with insufficient design. Inspection of villages revealed that villages are almost completely **free of rubbish**.

Hygiene practices: Information from the district nurse revealed that hygiene-related illnesses have dropped significantly during the project lifetime. The nurse attributed this drop to the combination of the increased availability of clean water and the increased knowledge of how such diseases spread and are prevented. The nurse also affirmed that the project's focus on water supply and hygiene promotion in the district primary school has also yielded results. To optimise the use of partnerships, key informants and focus groups were consistent in reporting PCDF's utilisation of the provincial health inspector and the district nurse, together with the PCDF project officer to conduct hygiene training of trainers. All households store water correctly (in a sealed container with cover). However, only 9% of HHs sterilise water regularly. Water sterilisation may not be necessary most of the time. However, if there are still periods of seasonal water contamination, awareness and monitoring should be focussed on seasonal preparation campaigns.

The behavioural survey found that the practice of **handwashing** was quite high, with 82% of participants stating they washed their hands 3 times or more in 24 hours period. (the remaining 18% washed one or two times in the day). The main reasons for washing hands were; Before eating (82%); and after defecating (55%). The project has influenced the placement of taps closer to toilets. However, knowledge of handwashing is not translating into effective handwashing: the inspection survey of toilets at village level revealed that only 20% had soap to wash hands after toilet.

For body-washing, the evaluation found that water for self-cleaning is now abundant, but 40% of households did not have somewhere private for members to wash.

Knowledge of appropriate **treatment of children sick with diarrhoea** is very low. None of the survey respondents knew that children with diarrhoea should be treated with oral rehydration solution. Only 36% knew that a child with diarrhoea should have more liquids than normal times.

Access to safe water: Informants and focus group participants alike expressed delight in the improvement to clean water access that the project created. The water point inspection survey confirmed people's impressions. Water supply is clean, and coverage is universal in the target communities. 100% of water points were a faucet tap and 92% were within a minute's walk from the user households. Residents interviewed near each water point claimed all ran 12 months a year. However, the project coordinator clarified that there are two causes of temporary disruption to supply: firstly, in the dry season, the water committee rations water during the day. Secondly, site-specific breakages can cause a water point to be out-of-action until repaired.

Barriers and challenges in WASH programming:

The inspections revealed a number of opportunities to improve maintenance and design.

- 62% of water outlets worked correctly
- 31% worked but leaked when turned off
- 8% did not work because it was missing its tap handle
- 31% of water points suffered from puddling
- All were accessible to animals
- 23% were not considered child safe
- 38% (5/13) were considered not disability accessible
- The wooden stands for some tanks were not strong and is vulnerable to collapse under a full tank of water over the long-term.
- In many locations, fragile water supply pipes were exposed on the ground surface and in several instances pipes were broken and leaking.

Outcome 2: Community has increased food security

Evaluation informants confirmed that PCDF provided the women's committees in the four target villages with training, vegetable seeds, and some tools. Under the government ITaukei (indigenous people's) ministry, a village's women's committee is responsible for food security planning and action.

The behavioural survey revealed that 100% of sampled households have a home food garden now, and 45% are also members of a communal food garden. The findings affirmed that these results are primarily a result of the PCDF project. Eighty-two percent of food gardens were started in the project lifetime and 91% said they had acquired new garden production skills in the last 3 years. Of those who reported having gained new skills, all cited PCDF was a main source. Among survey respondents who have at least one child under 15, 100% of respondents said their child's vegetable intake has increased in the last 3 years, with 57% saying it had increased a lot. 100% also reported that their child had three or more meals and received three or more essential food groups in the previous 24 hours.

Barriers and challenges in Food Security programming

No informants raised any deficiencies about the food security activities. The evaluators' visits to a small selection of household vegetable gardens revealed that the vegetable plants were growing somewhat wild/unmanaged. The inspections did not see any evidence of the more nutrient-rich vegetables such as carrots, capsicum and pawpaw. Thus, a minor challenge for the project is participants' lack of prioritisation of home vegetable production. This conclusion does not negate the dietary/nutritional improvements that have resulted from the project, so much as to qualify the extent of those gains.

Another gap in the food security component is in relation to the extent to which this component addressed the most important dietary threats in Navakasiga. Like other parts of Fiji and the Pacific, the local population carries a high burden of hypertension and diabetes. While the project increasing the consumption of vegetables is

important, it has not impacted the overall underlying risk factor of diet and lifestyle causing high rates of non-communicable diseases (NCDs).

Outcome 3: Local governance, self-reliance and community engagement

Skills Training- Network & Funding

Committee formation and governance structures: The AOP/PCDF project was the driver of the formation or revitalisation of committee structures in target communities. It is noteworthy that PCDF did not simply conduct a one-time training for each community, but provided refresher training each year throughout the project lifetime. PCDF added value by mobilising capacity-building partnerships with relevant government ministries to provide expert training.

External fund-raising and advocacy capacity: The evaluation found evidence that target communities have received training on how to write proposals to potential funders, in order to fund their own community development plans. In Nasau, the water committee, youth group, and the women's committee have all used the proposal development skills taught to seek external funding. What's more, the very presence of the AOP project in remote Navakasiga district generated new government interest and advocacy.

Disaster Risk Preparedness: Support for disaster risk reduction (DRR) was a minor component of the overall project. However, the support covered all four communities, and was tangible. FGDs described how the project "know their roles and responsibilities during and after a cyclone" , "...provided skills for how to locate tropical cyclone using track-map [and] provided the disaster committee with safety gear: torch, helmet, reflector vest, gum boots and a hailer, reflectors... and a first aid kit."

Barriers and challenges in Local governance, self-reliance and community engagement

FGD at Nasau noted that their raised footpaths are a barrier to people with disability. The same FGD in Nasau noted that their current evacuation centre hall is not especially robust, and they are keen to upgrade to a safer building.

Households and also committees are not adequately managing their finances in a way that allows them to plan their own development initiatives. Evidence suggest that saving is something that only currently makes sense for short-term goals to people in target communities.

Project Equity and reach

Community members and key informants indicate that the project met minimum requirements for gender empowerment and disability inclusion. The FGDs stated that people with disability were present and consulted in village planning meetings in relation to design of the water projects.

DRR training from PCDF explicitly facilitated community trainees through the process of considering the evacuation needs of people with disability, and their development of plans to ensure their safety in emergencies.

In relation to gender equity, the evaluation found that male/female representation on project-initiated committees depended on the type of committee: water committees had men and women, but weighted more toward male membership. Whereas, food security is nested under village the women's committees, and is, therefore, exclusively managed by women.

Barriers and challenges to Disability Inclusion

A key informant who had been involved in conducting village-level trainings observed that people with disabilities were generally not present at trainings. When training often incorporates only one member of each household, it is not surprising that only an able-bodied member attends such gatherings. Nevertheless, planned inclusion of people with disability is among the most practical ways of ensuring that lessons, decisions and plans for all initiatives are disability inclusive in their outcomes. Most (73%) of household toilets provide enough space for a person with disability to be assisted by another person, yet half (47%) had obstructions that would make access difficult for a person with a mobility disability. In relation to water access, a third (38%) of new water points were not easily disability-accessible: mainly due to being sited on difficult terrain, being on a raised platform, or being behind a narrow doorframe.

Barriers and challenges to women's inclusion.

Informants noted that project-related meetings usually had twice as many men attending as women. They ascribed the reasons to a combination of (i) Fijian tradition whereby “men go the meetings and women stay to prepare the tea”, and (ii) PCDF's timing of meetings usually in the morning, when most women are too busy to attend, and children are at school.

Relationships with Government and relevant non-Government partners

In Annual progress reporting, project staff reported good engagement and participation from the Bua provincial office and the Department of Agriculture, but a period of poor reciprocation of communication from the district nurse. After some years of close and positive relations in the Bua provincial office, a turn-over of province managers in 2018 created a halt on project activities. This latter case was resolved and was the exception in otherwise positive findings in relation to the project's relations with government and non-government partners.

Barriers and challenges in government and partner relations

Provincial representatives expressed a concern that NGOs, including PCDF, were unilaterally supporting communities to develop Community Development Plans according to the NGO's specific project agenda. Such an approach risks creating piecemeal plans that do not holistically cover all five pillars of the national strategy:

1. Good Governance;
2. Well Being of people;
3. Economic Empowerment;
4. Conservation, Climate Change and Disaster Risk Management;
5. Traditional Leadership.

A couple of government partners raised that the project's approach to awareness-raising and capacity-building was not especially engaging. They noted that project staff made verbal presentations using general national data that people lost interest in after not too long. Government partners noted that, while committee formation and functioning is well-accomplished in the project, those same communities are not well equipped for continuity faced with turn-over of membership.

Conclusion

The evaluation has found evidence of **sustainable positive changes** in the lives of members of the four target communities, in connection with each of its core objectives related to water security and health, and community self-governance. What's more, the project generated additional unintended benefits for community members, including increased economic activity and women-controlled incomes. The project's approach of commissioning and training volunteer development agents in each community as their key contact point and mobiliser was successful. This has provided a conduit for engagement by government ministries into those communities as well.

Demographic information about the target community suggests that levels of literacy are high among women and men. Therefore, the project has had the advantage of being able to utilise detailed written information, education and communication materials. It also revealed a high proportion of households are female-headed, and that a high proportion of adults have a disability. Generally, household incomes are still very low. These indicators of household-specific vulnerability are important to recognise and address in future project designs.

Thus, the evaluation concludes that the project has been successful in meeting its own objectives in relation to water provision, improved dietary practices and community self-governance. Many of the project's approaches should be transposed to new communities. Nevertheless, the Navakasiga district remains relatively isolated by geography and transport gaps, and its development still has many gaps remaining in nutritional health, water security and other gaps such as income generation and money management.

Recommendations

(See [Section 9](#) for Details on each of the following recommendations)

Recommendations have been disaggregated into the project's sector themes and 'project management and implementation' categories.

Water, Sanitation and Hygiene programming

1. For community-level promotional activities, consider how to engage school teachers and the district health nurse.
2. Use water system construction programmes as on-the-job training and certification for local water technicians.
3. Ensure that construction materials used in the project are informed by the Ministry of Infrastructure.
4. Ensure all new water tanks are constructed on concrete bases.
5. Ensure all new tap stands (from piped systems and water tanks) have adequate drainage, level ground and no barrier hazards to access.
6. Ensure pipes are buried at least 30 centimetres below the ground, and their locations marked.
7. Incorporate inspection and public reporting of households' water and soap for hand-washing close to household toilets.
8. Incorporate biannual reporting meeting with the rural water officer in the Divisional Ministry of Infrastructure.

Food Security Programming

1. Target non-communicable diseases mitigation.

Governance and Disaster Risk Reduction programming

1. Introduce village Savings and Loans Clubs.
2. Mediate between target communities and government to revise Community Development Plans (CDPs).
3. Consider joint planning for a coastal sea wall to reduce erosion.
4. Ensure any construction designs are lodged with the Divisional Planning office after completion.
5. Ensure Community Disaster Preparedness facilitates plans for food and water self-sufficiency following a disaster.
6. Nurtured village council and committee structures to plan and fundraise for internal development needs.
7. Ensure community committees have process and basic filing capacity to document their policies, procedures and plans.

Project Management and Implementation

1. In a redesign, create a single multi-year design.
2. Establish baseline data for future project designs.
3. Seek iTaukei (Indigenous) Affairs Ministry and Divisional Planning Office inputs as part of project design process, or at project start-up activities.
4. For awareness and capacity-building in communities, develop learning strategies based around principles of adult learning and behaviour change communication.
5. In complementary to the above recommendation, identify and incorporate training for project staff on presentation skills and principles of adult learning.
6. Take steps towards the formation of national and divisional NGO exchange groups.
7. Deliberately design meetings and trainings with community to maximise women's participation as well as people with disabilities.
8. Establish a communication strategy targeting key stakeholders.

End of Executive Summary
