INTERNAL REFLECTION REPORT FOR THE DELIVERY OF THE 'COMMUNITY HEALTH PROMOTION IN KIRIBATI' PROJECT

Australian Aid

Action on Poverty

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GLOSSARY OF ACRONYMS AND TERMS

ADPlan	Annual Development Plan for ANCP funded projects
AOP	Action on Poverty
ANCP	Australian NGO Cooperation Program
AUD	Australian Dollar
CDP	Community Development Plan
CEO	Chief Executive Officer
COVID-19	Coronavirus disease
DFAT	Australian Government Department of Foreign Affairs and Trade
FGD	Focus Group Discussion
FSPK	Foundation of the Peoples of the South Pacific - Kiribati
FY	Financial year (1 July to 30 June)
GESI	Gender Equality and Social Inclusion
iKiribati	the (Indigenous) people of Kiribati; the language of the people of Kiribati
ICG	Island Council Guesthouse
IDO	Island Development Officer
IRA	Internal Reflection Activity
IRL	Internal Reflection Lead
IRT	Internal Reflection Team
KII	Key informant interview
MoH	Kiribati Ministry of Health
MoIA	Kiribati Ministry of Internal Affairs
NCD	Non-communicable disease
PPM	Pacific Program Manager
ToR	Terms of Reference
WASH	Water, sanitation, and hygiene

ACKNOWLEDGEMENTS

While many people have made the completion of the internal reflection activity possible, the person I owe the greatest debt of gratitude to is Mrs. Ruiti Uriano Aretaake, CEO of the Foundation for the Peoples of the South Pacific – Kiribati. Ruiti was an essential part of the Internal Reflection Team. She provided input into the Terms of Reference (ToR); arranged accommodation, internal flights, and local transport in Kiribati; provided local knowledge, guidance, support and assistance; facilitated access to communities on Aranuka and Marakei; translated what key informants and community members said during interviews and focus group discussions; provided access to FSPK documents related to the project; organised interviews with the Chair of the Board and Administration and Finance Officer for Foundation for the Peoples of the South Pacific – Kiribati; made the office available for me to work from when needed; participated in a formal interview about the project; answered my many questions about the project, the local situation, and local culture and norms; and provided input into the final report on the internal reflection activity. Nothing was too much trouble for Ruiti, and she made me feel very welcome at every step of the way. I am extremely thankful for her kindness and generosity.

The Mayor of Aranuka, Mr. Tiebi K. Baraniko, and Mayor of Marakei, Mr. Mawanei Atannara, supported by their respective Clerks, welcomed the Internal Reflection Team to their islands and made access to communities possible. The two Mayors were also interviewed by the Internal Reflection Lead (IRL) as key informants. Island Development Officers Mrs. Teititaa Anterea (Aranuka) and Mr. Tioti Tebwebwe (Marakei) accompanied the Internal Reflection Team to the communities on their respective islands and were interviewed by the Internal Reflection Lead as key informants.

I am very grateful to the communities of Aranuka and Marakei for their time and for their willingness to share their thoughts on project activities, as key informants and as participants in focus group discussions (FGD). Not only has their feedback provided useful insights into project strengths and challenges, but it will also assist with the design and delivery of future projects. Following each FGD, communities also generously provided a meal to the visitors.

As Pacific Program Manager for Action on Poverty, Cameron Marchant was heavily involved in shaping and supporting the internal reflection activities. He led the development of the ToR; arranged international travel; liaised with FSPK; made sure I had access to ANCP and other project documents; provided general support and advice; assisted with data collection on Marakei; and provided input into the report. He was also a great ‘sounding board’ for my thoughts, ideas, and observations.

Other AOP staff also contributed to the successful completion of the internal reflection, and I would especially like to thank Praveen Lata, Deputy Director International Programs; Christine Murphy, International Program Advisor; and Anjuman Tanha, Program Officer for their insights and support, and for their contributions to the report on the internal reflection activity.

The Community Health Promotion in Kiribati Project was supported by the Australian Government and implemented by Action on Poverty, with local partner FSPK[1].

[1] This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government.

EXECUTIVE SUMMARY

In April 2023, Action on Poverty (AOP) lead an internal reflection activity (IRA) to better understand the effectiveness of the Australian Government Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP) funded project, 'Community Health Promotion in Kiribati'[2].

The project was delivered over three years from August 2020 to June 2023 by the Foundation for the Peoples of the South Pacific – Kiribati (FSPK), who are a long-term partner of AOP. FSPK implemented the project on three of the outer islands of Kiribati – Aranuka, Kuria, and Marakei.

Data for the IRA was collected through document analysis, interviews with staff and community leaders, focus group discussions with select communities and participant observation. The Internal Reflection Lead (IRL) collected data over several weeks, including during a 2-week trip to Kiribati.

Communities welcomed the opportunity to provide feedback on project delivery and responded favourably to the activities that FSPK carried out. Communities identified home gardens, food preserving workshops, support to improve household and environmental cleanliness, and proposal writing workshops as activities they had been involved in. They linked improved health outcomes to these activities, while also highlighting challenges and barriers like access to water, vegetable seeds, and gardening tools. This had implications for the community uptake of the project activities, and affects the sustainability of project outcomes.

While FSPK are well-known, respected, and appreciated by the communities they work in, are committed to the wellbeing of those communities, and have delivered benefits for them, it was challenging to readily link project activities to the outcomes stated in the ADPlans. There is, therefore, a significant opportunity for FSPK, assisted by AOP, to refine how projects are designed and subsequently described in project planning and implementation documents, including adopting any refinements that are identified during the AOP Project Proposal Appraisal process.

The communities of Aranuka, Kuria, and Marakei seek, and would benefit from, ongoing support from FSPK. There is significant scope to implement additional activities that would reinforce and embed the positive outcomes of the work that was done between 2020 and 2023, and to make use of the high level of trust communities have in FSPK to build on that work.

In addition, there is an opportunity to continue to work with communities to implement their Community Development Plans (CDP), the review of which was a feature of the project. The CDPs identify community priorities and along with data from the IRA, can help shape subsequent ANCP-funded projects. FSPK are well-positioned to continue their support for the target communities.

The eight recommendations on page 28 provide guidance on how AOP and FSPK can ensure future projects build on the strengths of the Community Health Promotion Project and learn from its weaknesses.

[2] The project is referred to by FSPK as the 'Health Promotion on Quality-of-Life Project' in their field trip reports. This was the original name of the project, but it was changed to Community Health Promotion in Kiribati.

INTRODUCTION

Action on Poverty is a registered, secular, not-for-profit, organisation that was established in Australia in 1968 and incorporated in the state of New South Wales in 1983. AOP is geared to make positive changes to the lives of vulnerable, marginalised, and disadvantaged people in parts of Africa, Asia, and the Pacific. In most cases, AOP works directly with local partners, who are independent organisations that employ local people who have cultural knowledge and understanding, and proven experience. AOP believes that locally led development, and strong local civil society organisations and community groups, is the most effective and sustainable way for people to meet their development aspirations.

AOP is fully accredited with DFAT to receive ANCP funding, funding which is used to support the work of local partners who are addressing the most pressing and at times intractable development needs within their communities. One of AOP's partners is the Foundation for the Peoples of the South Pacific – Kiribati.

FSPK has worked in Kiribati for more than 20 years, promoting sustainable community development in active partnership with the Government of Kiribati, local NGOs, church groups, and regional and international partners. FSPK's core strengths include non-formal education and training in the areas of health, water and sanitation; agroforestry; home food production and nutrition; environment; small business development; and good governance. FSPK works in urban South Tarawa, as well as the rural outer islands in the Gilbert and Line Groups. FSPK has partnered with AOP for over 10 years.

The 'Community Health Promotion in Kiribati Project' (hereinafter referred to as the health promotion project or the project) was implemented by FSPK over a three-year period from 1 August 2020 to 30 June 2023, on three of the outer islands of Kiribati – Aranuka (which has six communities), Kuria (which has six communities), and Marakei (which has 13 communities).

BACKGROUND AND CONTEXT

Country Context

Kiribati is a lower middle-income country made up of 33 low-lying atolls, which straddle the equator in the mid-Pacific Ocean. The atolls are clustered into three groups of islands – the Gilbert, Phoenix, and Line Island Groups. The atolls are widespread, mostly less than two metres above sea level, and extremely vulnerable to the impacts of climate change. The country of Kiribati totals 811 square kilometres of land distributed over 3.5 million square kilometres of ocean.

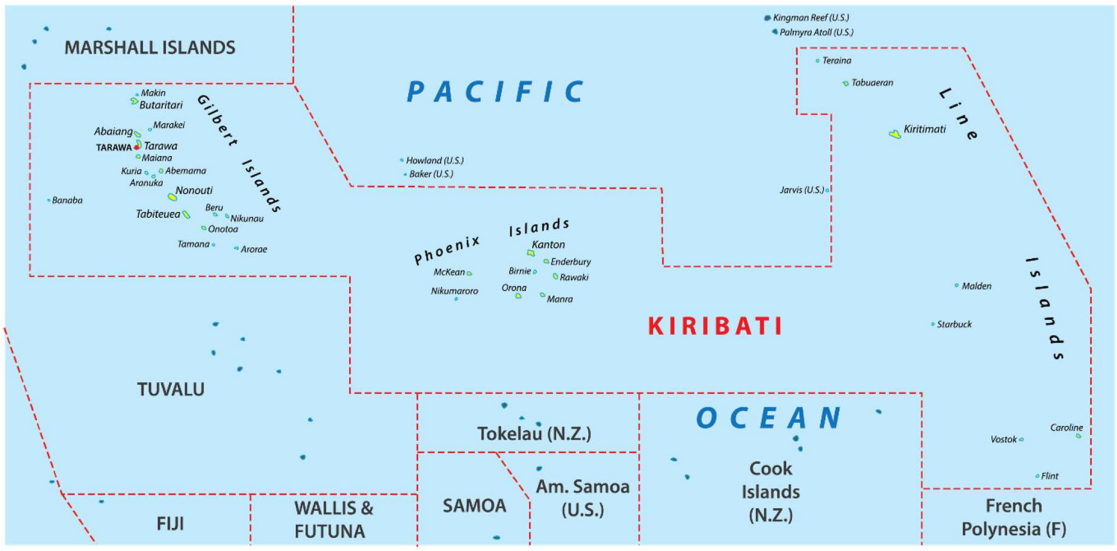

Figure 1: Map of Kiribati

Population estimates range from 115,000 (DFAT, 2023) to almost 130,000 (World Bank Group, 2023). The atoll of Tarawa in the Gilbert Group is the main island, and its southern part contains about half the country's population. Most of the remaining population also lives in the Gilbert Group, including on Aranuka (1,124 individuals), Kuria (1,043 individuals) and Marakei (2,794 individuals).

Kiribati is ranked 136 on the Human Development Index of countries and life expectancy at birth is currently 72 years for women and 64 years for men. Kiribati is classified as a 'Least Developed Country' by the United Nations (2023a).

In 2021, only 21.1% of the urban population and 6.7% of the rural population of Kiribati were using safely managed drinking water. Only 26.1% of the urban population and 27.4% of the rural population were using safely managed sanitation (UN, 2023b).

Kiribati faces significant challenges because of its remoteness, size, and vulnerability to external shocks and environmental stress. Kiribati relies heavily on fishing revenue and remittances from citizens employed abroad. In 2021, the Official Development Assistance received by Kiribati accounted for

19.4% of its Gross National Income. Despite its limited resources, Kiribati has a largely solid record of financial stability since independence from the United Kingdom in 1979 (DFAT, 2023).

In recent years Kiribati has experienced modest levels of economic growth. Revenue from fishing licence fees remain critical to economic stability and the introduction of a new social protection regime has been a major source of economic stimulus. Donor-financed infrastructure projects (notably in the water, energy, and education sectors) have also boosted growth. Steps are being taken to reduce the many hurdles to private sector growth that Kiribati faces, among which are high transportation and communication costs and the increasing impact of climate change (DFAT, 2023).

Project Overview

According to the ANCP ADPlans submitted to DFAT by AOP, the Community Health Promotion in Kiribati project, aimed to "strengthen communities' preparedness and response to public health problems, including emergencies of infectious diseases". Target communities were to be trained through a series of workshops focusing on goal setting, problem solving, health communication, and physical activity. The project was to run from 1 August 2020 to 30 June 2023 on three of the outer islands of Kiribati: Aranuka (Figure 2); Kuria (Figure 3), and Marakei (Figure 4).

Figure 2: Map of Aranuka

Figure 3: Map of Kuria

Figure 4: Map of Marakei

The project delivery sites were chosen based on their proximity to Tarawa, making them easier to access than islands further away. The choice of target islands was also influenced by the longstanding relationship FSPK have with the communities on the three target islands, which allows FSPK to build on the work they have done previously. This approach is likely to have increased project effectiveness. In addition, there was significant need for the kinds of activities that FSPK delivered on the target islands.

Each island is led by a mayor, who is popularly elected. Mayors are supported by clerks, who are employed by the government. There are several other government employees based on each island, including but not limited to:

- a Medical Assistant, Nurses, and Nurse Aids;
- an Island Development Officer;
- a Water Technician; and
- an Agricultural Officer.

Each individual community usually has a community health volunteer (CHV) attached to it as well.

Information drawn from ADPlans shows that the project would be delivered by FSPK at a relatively low cost per head (Table 1).

Table 1: Summary of Funds Provided to FSPK for Project Delivery

Financial Year	Funds Provided	Projected No. of Participants	Cost per Head
2020 - 2021	$85,000	1887	$45.05
2021 - 2022	$80,000	1776	$45.05
2022 - 2023	$85,000	1897	$44.80
Total	**$250,000**	**5,560**	**$44.96 (average)**

Project Description

As per the ADPlans, the project was to “promote health security, particularly for women and children. As Kiribati has limited health facilities or access to medical supplies, health promotion is critical in educating island communities on prevention, preparedness and responding to health issues, including COVID-19”. ADPlans indicated that the project would include COVID-19 response activities in addition to the original project design.

Each ADPlan stated that the project would “strengthen communities’ preparedness and response to public health problems, including the emergence of infectious diseases” and “support the target groups by creating awareness among rural and urban communities, in particular women and children, of the necessity and benefits of health service-seeking behaviour”. It would “involve encouraging people to

develop personal skills, create supportive environments, strengthen community understanding, influence governments to enact health programs, and reorient and improve health services".

Funding would go towards "training communities by engaging them in a series of workshops that focus on topics such as goal setting, problem solving, health communication, education on nutritional values of their garden produce and sharing information on how to access health services, including promotion of physical activities, offered to urban and rural communities".

The project would also "promote positive behaviours such as handwashing, hygiene, physical distancing, empowering communities to take ownership and responsibility for their own health and the health of their communities" and "document increased community healthy behaviours such as good nutrition, access to safe water and improved sanitation and hygiene".

Project outcomes and outputs are also detailed in the ADPlans but varied from year to year, with some ADPlans describing more than one set of outcomes for the same year of implementation. This anomaly created challenges for the IRL, and is discussed in more detail throughout the report.

PURPOSE AND SCOPE OF INTERNAL REFLECTION ACTIVITY

The purpose of the IRA was to reflect on project implementation, in line with the Terms of Reference (ToR) (Appendix 1), which were developed by AOP in consultation with FSPK. The main objective was to "reflect on the implementation of the project and identify any lessons that were learnt, to assist with the ongoing development of AOP's Health and Inclusive Development Program in the Pacific". The IRA was not intended to thoroughly evaluate delivery of the project in a way that a formal project evaluation would.

As per the ToR, the IRA was to:

a) Analyse the impact of project outcomes on the lives of beneficiaries:
    - Has the project resulted in positive changes for targeted beneficiaries?
    - To what extent have the project outcomes been achieved?
    - Were there any 'unintended outcomes' generated from the project?
    - Are there elements of the project design that need to be changed or updated?
    - Lessons learned.
b) Determine the project's equity and reach, including an analysis of geographical location, gender, disability, education, and age of targeted beneficiaries:
    - Were project activities inclusive of vulnerable community members?
    - What were the criteria used to determine the project site?
c) Determine the efficiency of the project using a basic cost analysis:
    - Were project activities cost-efficient and achieved within specified time frames?
d) Conduct a stakeholder analysis to further understand and build on existing relationships with Government and relevant non-Government partners:
    - Is the project likely to be scaled up successfully and replicable in other areas?

The IRL carried out the IRA during April and May 2023, including spending a total of 16 full days in Kiribati, seven of which were spent on the outer islands where FSPK delivered the project.

The IRA did not consider organisational governance, or the financial management of the project. The adequacy and appropriateness of the activities that were delivered also largely fell outside the scope of the IRA, although the author has made some observations and recommendations in this report about gaps in delivery and sustainability of outcomes.

The IRT visited two out of the three target islands for the project – Aranuka and Marakei. The selection of islands considered the time staff had available to undertake the IRA, the location of the target islands, and transport limitations within Kiribati. The selection of islands also meant that FSPK staff, supported by staff from the UTS Institute for Sustainable Futures, could visit the third project island, Kuria, to commence activities for a different project, without confusing or overloading participant communities.

METHODOLOGY

Approach

The IRL used a mixed methods approach and collected both qualitative and quantitative data. Data was collected through:

- a desktop review of AOP project documentation, including ADPlans;
- a desktop review of FSPK documentation, including field trip reports, and project-related collateral such as posters and pamphlets;
- semi-structured interviews with key informants (Appendix 2);
- focus group discussions with members of a sample of communities (Appendix 3); and
- two case studies (Appendix 4).

AOP will consider undertaking a cost benefit analysis at project end, when project finances can be reviewed and considered against the final number of beneficiaries, project effectiveness, and project impact.

The IRL visited the islands of Aranuka and Marakei to undertake key informant interviews and conduct focus group discussions, accompanied by the CEO of FSPK. The Pacific Program Manager also participated in the field trip to Marakei.

The FSPK CEO liaised with Mayors and Clerks to explain the IRA and seek their permission to proceed; provided introductions to the communities and key informants; explained the purpose of the visit; and translated from iKiribati to English and vice versa during meetings, interviews, and discussions.

The internal reflection involved the participation of a range of internal and external stakeholders including:

- AOP staff involved in the project;
- FSPK staff involved in the project;
- the Chair of the FSPK Board;
- community leaders on Aranuka and Marakei;
- government employees on Aranuka and Marakei;
- community members who participated in the project; and
- community members who are indirect project beneficiaries.

Selection of Participants for IRA

The communities that participated in focus group discussions were selected by the Mayor and Clerk of each of the two islands respectively, who considered community availability and willingness to participate. The Clerk sent out a letter to the selected communities advising them of the date, time, and

purpose of the IRT's visit and all community members were invited to attend focus group discussions (FGD).

Initially, the IRT had hoped to speak to more communities, but changes to Air Kiribati flight departure and arrival days and times meant that a smaller number of communities participated in FGDs. The IRT visited the communities identified by Mayors and Clerks and conducted FGDs with each of them in their community meeting place (maneaba).

Key informants too, were selected by the IRL and the FSPK CEO in consultation with Mayors and Clerks, and based on their availability, and with the aim of having a diverse cohort of key informants. The IRT had hoped to interview officials from the Office of the President and the Ministry of Health, but because the field visit overlapped with Parliamentary sitting weeks, government officials were not available. All key informant interviews (KII) were conducted at the Island Council Guesthouses of each island.

While the IRT had limited control of the gender of key informants and focus group participants, they tried to engage a significant number of women in reflection activities, given women were the primary beneficiaries of many project activities. 71% of key informants were male; 29% were female. 54% of those who participated in FGD were female; 46% were male (Table 3). The gender breakdown of key informants is indicative of how leadership positions on the islands are more likely to be filled by men than women.

Table 3: Participant Numbers and Gender

Activity	No. of Interviews or Discussions	Total Number Participants	Number of Females	Number of Males
Key Informant Interviews	7	7	2 (29%)	5 (71%)
Focus Group Discussions	7	79	43 (54%)	36 (46%)

Internal Reflection Activity Limitations

The IRL identified several limitations related to the IRA. These include:

- that the IRL does not speak iKiribati and therefore had to rely on a translator, which impacted the richness of the data because of a loss of nuance and detail;
- that the IRT only visited two of the three target islands, and yet there were noticeable differences in community responses between the two islands. Responses were influenced by island size, climate, geography, and geomorphology. These characteristics impacted the effectiveness of project delivery and the propensity of community members to embrace specific project activities. Data from Kuria may have added further complexity;

- clashes with other commitments of project participants, such as community celebrations, work commitments, and other commitments. This led to fewer community members attending some FGD's than would otherwise have attended;
- indirect beneficiaries, with little or no knowledge of the project, attending FGD, especially on Marakei. This meant that they were unable to provide much insight into project delivery. This mostly occurred when men attended instead of women. The men in attendance advised the IRT that the women were attending to their daily chores, so the men came to speak on their behalf. This was despite the men having had little or no involvement in project activities;
- the IRA relied on documentary analysis, and the opinions and perceptions of key informants and project beneficiaries. The team did not collect quantitative data in the form of statistical data related to project outcomes, such as government health statistics.

The biggest limitation, however, was lack of clarity in the project documents about what the project was expected to deliver. There were, for example, four different sets of outcomes and outputs documented in the ADPlan for Year 2 (2021 22) of the project:

- the set that appears in the Year 1 ADPlan
- the two different sets that appear in the Year 2 ADPlan
- the set that appears in the Year 3 ADPlan.

The ADPlans largely reflect what FSPK had indicated in the AOP Project Proposal they submitted. The proposal was appraised as only needing minor amendments including clarifying outcomes, outputs, and activities. A more detailed analysis of the ADPlans appears in Appendix 5.

INTERNAL REFLECTION ACTIVITY FINDINGS

Overview

As per the ToR, the IRA was undertaken in relation to project *outcomes* rather than *outputs* and the findings are structured accordingly.

Because there are seven *different* sets of outcomes documented in the ADPlans for the three-year project, however, the following comments are structured around project outcomes *as they are documented for the year of implementation in the ADPlan for that same year.* Further, *two* different sets of outcomes are documented in the 2021 – 22 ADPlan for that same year of implementation. The analysis below relates to the outcomes documented on page 13 of the 2021 – 22 ADPlan, rather than those documented on pages 9 - 10.

While focussed on outcomes, the IRA revealed, however, that most of the 26 unique outputs for the project have been either partially or wholly completed. Outputs are referred to when they specifically shed further light on the achievement or otherwise of an outcome. For a more detailed assessment of each output, see Appendix 6.

Importantly, the link between several outcomes and the associated outputs is hard to ascertain and, in some cases, the relationship between an output and an outcome appears tenuous. This is probably because of the way the outcomes have been written, and how complex they are, which makes it easy for different members of the IRT to arrive at different conclusions about what the project would need to deliver if an outcome was to be achieved.

Achievement of Project Outcomes

Year 1

<u>Outcome 1: Development of Community Plans of Action for Health Promotion Programs</u>

The FSPK document *AOP Project Annual Narrative Report* for Year 1 (FSPK, 2021) indicates that 26 Community Development Plans were *reviewed* as part of the community consultations FSPK undertook. This implies that they were *developed* prior to the commencement of the health promotion project and only *reviewed* as part of the project. FSPK provided a summary report on community priorities to the IRL, which shows that at least 24 CDPs are in place – 4 on Aranuka; 6 on Kuria; and 14 on Marakei.

Community members and leaders rarely mentioned their CDP during interviews and discussions, making it difficult to assess whether the plans have made an impact on the lives of beneficiaries. One key informant said they had participated in a review of the plans; another, when asked, said they thought most communities had one. CDPs were not raised in FGDs.

Outcome 2: Identification of Communities' Knowledge, Attitude, And Behaviour Towards Critical Issues of Health, Message Content, Placements, and Medium for Information Dissemination

FSPK conducted a survey between August and December 2020 that captured information on the knowledge, attitudes, and practices of 504 households (approximately 52% of all households) in Aranuka, Kuria and Marakei. The *KAP Survey Report FSP Kiribati Health Promotion on Quality-of-Life Program, August 2020 to June 2021* (FSPK, 2021) found that:

- hygiene, healthy living, disaster risk and climate change impacts are new concepts for respondents;
- the spread of disease, food shortages, lack of fresh water, sea level rise, road accidents, and droughts were the main problems for respondents, with sea level rise and drought being the most significant; and
- changing weather and heavy rain have serious repercussions for road conditions.

The survey results show that while communities are seeing the effects of climate change, they are unfamiliar with the concept and are not necessarily attributing things like sea level rise, drought, and changing weather patterns to climate change.

Given that the survey found hygiene and healthy living were new concepts for respondents, despite them identifying the spread of disease as a problem, the awareness-raising, and behavioural change elements of the project were useful and important.

Outcome 3: Through Advocacy, Awareness, Support and Counselling, Increased Numbers of Women and Children, can Seek Health Services

The *advocacy* work undertaken by FSPK involved the provision of training on the right-based approach, to empower and encourage communities to seek access to health services. Risk-Informed Development Workshops delivered by FSPK also involved advocacy training.

To raise *awareness*, FSPK distributed health-related information through schools. During the IRA, and largely due to time constraints, however, teachers, parents and children were not asked if their awareness had grown because of the information that was distributed or whether they believed they could now seek health services, because of increased awareness.

FSPK *supported* Medical Assistants and other health workers by distributing health supplies and materials. The FSPK CEO indicated that following were provided under this outcome:

- sinks for clinics;
- vegetable seeds; and
- pamphlets on cooking and composting.

Key informants and focus group participants did not mention *counselling* when asked what project activities they were aware of or had participated in. The FSPK CEO confirmed that no counselling work was undertaken.

When asked about any changes to health-seeking behaviour, only two participants in focus group discussions mentioned accessing government clinics either instead of, or in addition to, using traditional medicine.

Outcome 4: Increased Production and Supply of Locally Available Nutritious Food in Target Communities

FSPK facilitated food preserving workshops which communities said have increased the supply of nutritious food, especially when the food they have preserved is out of season or in short supply.

Some households indicated that they have established home gardens with support from FSPK, and said they are producing nutritious food. The home gardening activities were the project activities most referred to by participants. Respondents said that the gardens were important for good health but that they had encountered challenges in maintaining them.

To know if the production and supply of nutritious food available locally has increased overall, however, we would need to understand what volume of food was being produced and supplied before the project commenced. Project baseline data did not quantify production and supply of nutritious food, and data on the same was not collected for the IRA.

Outcome 5: Increased Technical Support to FSPK

FSPK's CEO, Finance and Administration Officer, and Board Chair indicated to the IRL that they had participated in training on several AOP policies via Zoom. They specifically mentioned the Child Protection and Safeguarding Code of Conduct, and Fraud Control training. They also said, however, that Internet problems in Kiribati meant they struggled to engage with the training. As a result, the training is likely to have been less effective than AOP would wish.

FSPK received support from AOP to:

- develop a new strategic plan for the period of 2023-2028; and
- develop an operations manual/procedures including financial management, human resource management and program performance management.

This work was completed in Year 2 of the project.

In addition, the Pacific Program Manager, Deputy Director of International Development, Program Advisor, and Project Accountant have all provided ad hoc support to FSPK, including with monitoring and evaluation framework development, gender assessments and financial management.

Other Activities

FSPK facilitated training for island health workers, including nurse-aids and volunteers, so that they could:

- advise households on how to locate their livestock, and arrange other features of their yards, so that they are living in a healthier environment;
- assist households to grow plants for food sustainability and nutrition;

- assist in emergency medical situations; and
- establish a compliance regime for healthy and hygienic household and yard management.

FSPK assisted communities to establish community groups including a gardening women's group, youth groups and a men's group. A total of nine groups were established, four each on Marakei and Aranuka, and one on Kuria. The groups were assisted to draw up a constitution that described their priorities and group member roles and responsibilities. Groups were then registered with Island Councils to apply for any small grants that relate to their priorities.

Governance training was provided to community leaders on each island.

Medical Assistants on each of the islands conducted training on the nutritional value of garden produce and FSPK distributed vegetable seeds through Island Agriculture Assistants.

Year 2

Outcome 1: Increased Community Knowledge of Targeted Diseases and Preventative Behaviours

Available documents and records do not indicate which diseases were targeted, but reports from FSPK indicate that a range of communicable and non-communicable diseases were included in health workshops that targeted community health workers and volunteers.

Several key informants indicated that they were aware of or had attended one of these workshops, which were delivered by Medical Assistants. FSPK's annual project report for 2020-21 shows that a total of 13 one-day workshops, called 'Hygienic and Environmental Health', were conducted by Medical Assistants and Agriculture Assistants.

Through these workshops, participants were able to increase their knowledge of:

- personal and household hygiene;
- symptoms of communicable and non-communicable diseases to seek treatment at clinics;
- healthy eating;
- composting;
- making liquid fertiliser; and
- seed production and plant propagation.

Key informants and focus group participants frequently referred to the preventative behaviours of household and environmental cleanliness. They especially mentioned a competition that FSPK ran, in which the winner won a large cooking pot. Case Study 1 (Appendix 4) is of a family on Aranuka that won the pot. Community members who did not win were keen to have another opportunity to demonstrate they were maintaining a clean household and surrounding environment so they too might win a pot.

Several focus group participants and key informants also discussed the importance of eating healthy locally produced food, saying that their diets had improved because of home gardens and food preserving activities.

Outcome 2: Increased Awareness, Knowledge and Support for Local Disease Outbreak Response and Prevention Efforts at the Community Level

To increase awareness and knowledge, FSPK delivered three 'Risk Informed Development' workshops, one per island, targeting community leaders, nurse aids, medical assistants, and other health workers. The workshops focussed on risk identification and mitigation, and building community resilience.

To support local response and prevention, FSPK produced a storybook on preserving fresh water, a poster about healthy foods, and a pamphlet on local medicine.

While community members and key informants did not specifically indicate that their awareness, and knowledge had increased in relation to local disease outbreaks, nor was the IRA able to shed light on better response or preparedness at the community level, the health workshops that Medical Assistants delivered were intended to increase knowledge and awareness among health workers and volunteers.

Outcome 3: Community Representation at all Levels of Health Planning, Promoting Good Governance; Increased Responsiveness of Service Providers to Community Need; and Increased Retention of Health Workers in Remote Locations

Under the auspices of the project, three taskforce committees were established to increase representation and build community leadership and capacity around health issues. The committees are made up of:

- Medical Assistants
- Nurses
- Nurse aids
- Community Health Volunteers
- Community Wardens
- Community Leaders.

FSPK only engaged with taskforce members when they participated in specific workshops or meetings and do not have access to information on meeting dates, agendas, or minutes, which are kept by the Taskforce Committees themselves.

The specific outputs for this outcome refer to: increased capacity of Community Health Volunteers (CHVs); the number of community members in governance roles; and the number of health workers equipped with supplies and materials. CHVs are likely to have increased capacity through their participation in workshops run by Medical Assistants, but to verify the other outputs, access to Ministry of Health data would be required and the IRL did not seek access this data from MoH staff.

The FSPK CEO indicated that the following supplies and materials were provided to health workers:

- sinks (Year 1);
- vegetable seeds (Years 1, 2, and 3); and
- pamphlets on cooking and composting (Years 1, 2, and 3).

The ANCP Project Annual Performance Report 2021-22 states that 'Simple Healthy Living' workshops were conducted for health workers by Medical Assistants.

Data collected as part of the IRA does not show whether service providers are now more responsive, or if worker retention has increased because of the project. Baseline data on service provider responsiveness and health worker retention rates was not available, and the IRL did not seek data on increases in these two components of the outcome.

Outcome 4: Increased Technical Support to FSPK

FSPK's CEO, Finance and Administration Officer, and Board Chair indicated that they had been offered and participated in policy training via Zoom, including Child Protection and Safeguarding Code of Conduct, and Fraud Control training. Internet problems in Kiribati meant that the provision of training online was less effective than is desirable, because FSPK missed some of what was being said.

FSPK received support from AOP to undertake strategic planning and develop an operations manual.

In addition, the ANCP Project Annual Performance Report 2021-22 states that 12 food preservation workshops were conducted against this outcome. Presumably, this relates to the outcome 'Increased production and supply of locally available nutritious food in target communities', which was listed in the alternative set of outcomes on page 9 of the Year 2 ADPlan.

Year 3

Outcome 1: Improved Preparedness for Potential Future Outbreaks and Other Highly Infectious Diseases

FSPK field reports show that they delivered 'Risk Informed Development' workshops, one per island, targeting Ward Councillors, church leaders, and community leaders. The workshops focussed on how leaders could work with community members to map out their community, identify health-related risks such as COVID-19, and consider risks associated with climate change, including natural disasters.

FSPK facilitated the delivery of First Aid Training on two of the three islands.

Other findings related to this outcome include:

- two key informants said that project beneficiaries are accessing health services more readily and in greater numbers than they were prior to project commencement; and
- several FGD participants and two key informants said that many households and their surroundings are now more hygienically managed, and that this was contributing to a reduction in the spread of infectious diseases.

Outcome 2: Improved Prevention and Communication on Epidemic Diseases and Other Public Health Threats

The project focussed on improving family diets, and improving household and environmental cleanliness. Healthier individuals and cleaner homes and environments are known to prevent or at least limit the spread of epidemic diseases and other public health threats.

Communication about health threats took place through workshops that Medical Assistants delivered to Community Health Volunteers, Nurses, and Nurse Aids.

The CHVs that were interviewed as part of the IRA were proactive in relation to their respective communities. They identified their roles as: helping their community to access water; overseeing and supporting household and environmental cleanliness and home garden maintenance; and liaising with MoH staff through the local health committee to raise community health-related matters.

Three of the seven focus groups thought that loss of life due to COVID-19 had been prevented in their community because of healthier lifestyles.

Outcome 3: Well-Informed and Empowered Communities, Including Women and Youths, Leading to Increased Health Service-Seeking Behaviour, Rights to Services, and Informed and Timely Decision-Making Skills

Data collected for the IRA does not indicate whether communities are well-informed, although they are likely better informed than they were prior to project commencement. Two key informants said that community members now know that they should visit a local health clinic when they are unwell, rather than just relying on local medicine.

It is also likely that community members who participated in specific workshops and training activities are more empowered than they were before. Community members who were not selected to attend training sessions and workshops may not be more empowered, given that community representatives did not always pass information on share what they had learnt, according to focus group participants. The IRL did not, however, specifically ask individual community members whether they felt more empowered to seek health services, whether they thought their rights to services had changed, if they were better informed, or if they made decisions in a timelier manner than they did before.

Data does not show that community members now have more rights to services or if their decision-making skills are now timely, although health and development workshops targeting community leaders did include information on applying a rights-based approach.

The project activities key informants and group discussion participants highlighted were home gardening, food processing, household and environmental cleanliness, and proposal writing. This makes it is hard to gauge if individual rights have changed or if people now make more timely decisions.

Where a community has a proactive and knowledgeable CHV, some components of this outcome will likely have been achieved. The participation of community leaders and representatives on taskforce committees also supports the achievement of this outcome.

In addition, and in partnership with Medical Assistants, FSPK again delivered workshops entitled ‘Simple Healthy Living’ for health workers and volunteers in Year 3 of the project. Workshops looked at:

- the importance of healthy eating, physical activity, and stress management;
- recognising how our surroundings impact our ability to live healthy;

- using appropriate messaging; and
- using specific and culturally relevant examples.

Other Activities

Other linked activities delivered by FSPK in Year 3 of the project included:

- food preservation workshops;
- proposal-writing workshops for Ward Councillors, church leaders, and community leaders; and
- monitoring and evaluation training.

Project Strengths

The project had several key strengths:

- The communities that participated in FGD and the community leaders that participated in KII generally demonstrated a high degree of faith in FSPK and hold the organisation in high regard. This likely led to people's willingness to participate in project activities.
- FSPK made the most of their visits to the three target islands. While there, they delivered multiple project activities and other tasks associated with project delivery, thereby saving time and money.
- The project was targeted to islands with which FSPK had an existing relationship, and that had a small enough population to reach most households.
- While the project sought to encourage community members to rely more on local health clinics, and grow introduced food plants like Chinese cabbage, it also sought to retain local knowledge on traditional medicines and food preservation techniques.

Equity and Reach

Gender Equality and Women's Empowerment

This cross-cutting theme was a significant element of project design and implementation. Data from key informant interviews and focus group discussions clearly indicates that women formed the bulk of the direct beneficiaries, especially for activities that focussed on 'women's work'. Examples include home gardening workshops, food preservation workshops, health-seeking behaviour, and household cleanliness-related activities. Women attending FGDs indicated that they had benefited from project activities, and this had in turn led to improved health outcomes for their families and communities.

While women's participation undoubtedly led to their increased knowledge and skills, thereby empowering them to take greater control of their health and the health of their families, existing cultural understandings of the role of women, and what constitutes 'women's work' are likely to have been reinforced. If communities continue to apply the knowledge and skills they gained, women's workload is likely to show an increase compared to their workload prior to project implementation.

One key informant mentioned that women's groups had been formed on Marakei, so that women could collaborate and work together.

The FSPK CEO confirmed that a women's group was formed in Bainuna Community to support households with home gardens, food preservation for increased food security, and income-generating activities.

Disability Inclusion

The project did not target this cross-cutting theme, and no data was collected during the IRA to indicate the inclusion or otherwise of people with disabilities.

Indigenous Peoples

Indigenous peoples make up most of the population of Kiribati – more so on the outer islands. This was reflected in project design and the IRA shows that Indigenous peoples were the project beneficiaries.

Unintended Outcomes

Unintended outcomes include Agricultural Officers failing to distribute packets of seeds that were entrusted to them by FSPK. Instead, they germinated the seeds and then sought to sell them to community members. As a result, some community members did not establish their home gardens.

The following additional unintended outcomes are based on conclusions reached by the IRL because of comments made by community members during interviews and focus group discussions. They should be treated cautiously. These unintended outcomes include:

- increased workloads for women;
- heightened community awareness of and dissatisfaction with the availability of water;
- resentment towards community representatives that did not pass on what they had learnt in workshops and training sessions; and
- envy towards households that won the pot competition.

Lessons Learned

The biggest lesson for FSPK and AOP is to allow more time to refine the project design, better describe how the project will be delivered, including in the logframe, and ensure an adequate monitoring and evaluation framework is both developed *and* implemented.

There was a missed opportunity to improve the original AOP Project Proposal and the subsequent ADPlans, especially to develop realistic and well-connected outcomes and outputs that accurately describe what the project will deliver.

Given the tight deadline for the submission of ADPlans, project planning will need to get underway well in advance to avoid these problems in the future.

Opportunities also exist to:

- better help community members to understand the benefit of behaviour change and adopting new activities, to increase uptake further;

- follow up with Island Councils to ensure that information is passed on to communities in a timely manner. Some communities raised this as an issue regarding the pot competition; and
- involve a wider range of community members in training, rather than relying on representatives to share what they have learnt.

Lessons were also learnt during the IRA. This includes:

- providing adequate notice to communities;
- ensuring communities understand the purpose of any field trips, including which project is being evaluated; and
- ensuring that direct beneficiaries are invited to and can attend any focus group discussions. This was a significant issue on Marakei, where indirect beneficiaries, with little knowledge or experience of the project, attended discussion in lieu of direct beneficiaries.

Scalability and Replicability

Some elements of the project could be scaled up to other outer islands, but a situational analysis would need to be completed first, to determine community need, and if the health promotion project in its current form would deliver an appropriate response to that need. There were, for example, notable differences in how the communities of Aranuka and Marakei engaged with the project and what their local challenges are.

Much more robust data collection, looking at baseline, midline and endline surveys, and incorporating more objective measures related to community health, would need to be carried out prior to trying to replicate the project elsewhere.

CONCLUSION

The primary challenge for the team carrying out the IRA was the lack of clarity in ADPlans about the purpose of the health promotion project. This led to numerous conversations about how to carry out the IRA, but these conversations were not, however, able to provide much more clarity to the IRL. The lack of clarity also meant that while FSPK delivered a suite of beneficial activities in the target communities, it was difficult to link these back to the outcomes and goals stated in the ADPlans. The outcomes are worded in a way that is unnecessarily complex and hard to interpret.

Despite these limitations, the IRA revealed that the project has delivered benefits to the target communities. These include:

- increased knowledge of healthy diets and lifestyles;
- better access to nutritious food;
- greater capacity for self-sufficiency; and
- cleaner homes and surrounding areas.

FSPK are committed to the wellbeing of the communities they serve and have delivered a wide range of health-related activities, for a relatively low cost, over the last three years. Their engagement with and support of these communities has led to high levels of trust, and FSPK are well-placed to continue working with these same communities.

AOP and FSPK should, however, be mindful of sustaining project outcomes given the ongoing challenges faced by the target communities. There is a risk that communities will be unable to maintain behavioural changes and continue to apply the knowledge they have gained. This is especially true in the case of home gardens and other health-related behaviours that rely on access to a good water supply. AOP and FSPK should consider how future projects could sustain and build on the benefits delivered by the health promotion project.

RECOMMENDATIONS

Recommendation	Type	Responsibility	Suggested Deadline
1. Spend more time working through original AOP Project Proposals with partners to ensure clarity and effectiveness of design.	Process	PPM; Program Design/ Grant Development Manager	30 June 2023 and ongoing
2. Think strategically about the order in which outputs/activities will be delivered, and how they relate to each other.	Project Design	FSPK; PPM; Program Design/ Grant Development Manager	30 June 2023 and ongoing
3. Ensure feedback from AOP Project Proposal Appraisal is taken into account.	Project Design	FSPK; PPM; Program Design/Grant Development Manager	30 June 2023 and ongoing
4. Use AOP Project Proposal Appraisal and updated Project Proposal to ensure ADPlans are unambiguous, consistent, and feasible.	Process	PPM; Program Design/ Grant Development Manager	30 June 2023 and ongoing
5. Local partner capacity building in project design and M&E, especially in how to articulate outcomes and outputs. Formal (external) training on how to develop a results framework should be considered.	Partner Support	AOP M&E Lead	30 June 2024
6. Ensure adequate inputs are available to sustain project outcomes. Households with gardens, for example, needed better access to seed, tools, and a suitable water supply.	Project Design and Delivery	FSPK	30 June 2023 and ongoing
7. Invite a wider group of people to attend workshops and training.	Project Delivery	FSPK	Ongoing
8. Leverage the opportunity to build on project outcomes through activities such as seed saving and germination workshops and mulching to reduce water evaporation. Other ideas include establishing a seed exchange mechanism, providing community-owned tools, and improving water access.	Project Design and Delivery	FSPK	2023 – 2026
9. Re-run the KAP Survey to see what has changed for participants	Project M&E	FSPK	July 2023
10. Seek quantitative data from Medical Assistants on increased health service seeking behaviour	Project M&E	FSPK	July 2023

REFERENCES

DFAT (2023) 'Kiribati Country Brief', https://www.dfat.gov.au/geo/kiribati/kiribati-country-brief, accessed 11 April 2023

The World Bank Group (2023a) 'Kiribati', https://data.worldbank.org/country/KI, accessed 11 April 2023

The World Bank Group (2023b) 'Data – Kiribati: Net ODA Received', https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS?locations=KI, accessed 11 April 2023

United Nations (2023a) 'Least Developed Country Category: Kiribati Profile', https://www.un.org/development/desa/dpad/least-developed-country-category-kiribati.html, accessed 11 April 2023

United Nations (2023b) 'UN Data - Kiribati, http://data.un.org/en/iso/ki.html, accessed 11 April 2023

BIBLIOGRAPHY

AOP (2020) 'AOP FSPK Gender Appraisal Checklist'

AOP (2020) 'AOP Project Appraisal FSPK'

AOP (2020) 'ANCP ADPlan Project 2020-21 Application ANCP08--PRG0006--PRJ80'

AOP (2021) 'Kiribati Logframe'

AOP (2021) 'ANCP ADPlan Project 2021-22 (Version 2 of 2) Application ANCP08--PRG0006--PRJ80'

AOP (2022) 'ANCP ADPlan Project 2022-23 (Version 2 of 2) Application ANCP08--PRG0006--PRJ80'

AOP (2022) 'ANCP Project APR 2021-22 Application ANCP08--PRG0006--PRJ80'

FSPK (2020) 'AOP Project Proposal FSPK FY20 – FY21 Final'

FSPK (2021) 'KAP Survey Report FSP Kiribati Health Promotion on Quality-of-Life Program'

FSPK (2021) 'AOP Project Annual Narrative Report' (report)

FSPK (2021) 'Preserving Fresh Water' (storybook)

FSPK (2021) 'Marin Abau ma Rikiana' (storybook)

FSPK posters (year of attribution not available) – healthy foods; composting; home gardening

FSPK (2022) 'Rinanin Aroka Aika Kabonganaki Ibukin Bain Aoraki Ni Kiribati' (pamphlet)

FSPK (2022) 'Field Report for Aranuka for the period April 9 – 22, 2022' (report)

FSPK (2022) 'Field Report for Kuria Island For the period September 5-19, 2022' (report)

FSPK (2022) 'Field Report for Marakei For the period July 15-29, 2022' (report)

APPENDICES

Appendix 1: Internal Reflection Terms of Reference

Background

About Action on Poverty (AOP)

AOP is a not-for-profit, fully accredited, secular organisation, which was established in Australia in 1968 and incorporated in the state of New South Wales in 1983. AOP is geared at making positive changes to the lives of people throughout Africa, Asia, and the Pacific. In most cases AOP works directly with local partners, who are independent agencies employing local professionals with cultural understanding and proven experience. AOP believes that community-led development, and strengthening local civil society organisations and community groups, is the most effective and sustainable way for people to meet their own development aspirations.

About the Foundation for the Peoples of the South Pacific Kiribati (FSPK)

FSPK has worked for more than 20 years in Kiribati promoting sustainable community development in active partnership with the Government of Kiribati, local NGOs, church groups, and regional and international partners. FSPK's core strengths include non-formal education and training in the areas of health, water and sanitation, agroforestry, home food production and nutrition, environment, distance education, small business development and good governance. FSPK works in urban South Tarawa, as well as the rural outer islands in the Gilbert and Line Groups. FSPK has been a partner with AOP for over 20 years.

Project Information

Since FY 2020/21, FSPK and AOP have partnered in implementing a community health project on Aranuka, Marakei, and Kuria Islands with funding from DFAT through the ANCP.

Kiribati is a remote Pacific Island nation where two-thirds of the population are considered poor or vulnerable. This project will promote health security, particularly for women and children. As Kiribati has limited health facilities or access to medical supplies, health promotion is critical in educating island communities on prevention, preparedness and responding to health issues, including COVID-19.

This project aimed to strengthen communities' preparedness and response to public health problems, including the emergence of infectious diseases. In 2015, Kiribati had 19 hospital beds (per 10,000 population - WHO Global Health Observatory country views) and hence, a significant outbreak of infectious diseases would overwhelm the overstretched and underfunded health system. This project will support target groups by creating awareness among rural and urban communities, in particular women and children, of the necessity and benefits of health service-seeking behaviour.

In essence, this health promotion action will involve encouraging people to develop personal skills, create supportive environments, strengthen community understanding, influence governments to enact health programs, and reorient and improve health services. We will use the community quality of life approach requiring a commitment to these principles. Funding will go towards training communities by engaging them in a series of workshops that focus on topics such as goal setting, problem solving, health communication, education on nutritional values of their garden produce and sharing information on how to access health services, including promotion of physical activities, offered to urban and rural communities.

The project will also promote positive behaviours such as handwashing, hygiene, physical distancing, empowering communities to take ownership and responsibility for their own health and the health of

their communities. The project will document increased community healthy behaviours such as good nutrition, access to safe water and improved sanitation and hygiene.

The overall objective of the project is to improved health for remote island communities in Kiribati (through improved access to services and nutritious food and increased local understanding of targeted health issues) through implementation of the project activities.
FSPK works to ensure the project is in line with the requirements of the Kiribati Development Plan (KDP); the Office of the President's Policy on Food Security and Poverty Reduction; the Ministry of Environment, Lands and Agricultural Development (MELAD) Strategic Plan; and the Agriculture and Livestock Division's (ALD) Strategic Plan. Under the KDP, WASH is also a priority. Goal 3 of the Plan states its intention to improve population health and health equity through continuous improvement in the quality and responsiveness of health services, and by making the most effective and efficient use of available resources. This includes a commitment to new initiatives that will be pursued to increase access to, and use of, safe water and basic sanitation services, and promote improved hygiene.
FSPK has implemented this project using DFAT funding acquired through the ANCP as illustrated in the table below:

ANCP Year	**Partner allocation AUD**
2020-2021	$85,000
2021-2022	$80,000
2022-2023	$85,000
TOTAL	**$250,000**

Internal Reflection Objectives

The objective of the internal reflection is to review the performance of the project against intended outcomes and outputs. We will also collect lessons learned to assist with the ongoing development of our health and inclusive development program in the Pacific.

The specific objectives of the internal reflection are:
a) To analyse the impact of project outcomes on the lives of beneficiaries.
- Has the project resulted in positive changes for targeted beneficiaries?
- To what extent have the project outcomes been achieved?
- Were there any ‘unintended outcomes’ generated from the project?
- Are there elements of the project design that need to be changed or updated?
- Lessons learned

b) To determine the project’s equity and reach, including an analysis of geographical location, gender, disability, education, and age of targeted beneficiaries.
- Were project activities inclusive of vulnerable community members?
- What were the criteria used to determine the project site?

c) To determine the efficiency of the project using a basic cost analysis.
- Were project activities cost-efficient and achieved within specified time frames?

d) To conduct a stakeholder analysis to further understand and build on existing relationships with Government and relevant non-Government partners.
- Is the project likely to be scaled up successfully and replicable in other areas?

Internal Reflection Methodology

We expect that a mixed methods approach, involving quantitative and qualitative activities will enable varied data to be collected. Information will be collected using the following methods:

- Desktop review of program documentation and relevant materials
- Semi-structured interviews with key informants
    - Key program partners and stakeholders will be interviewed to gain their feedback and insights into the program outcomes.
- Focus group discussions
    - Focus group discussions will be conducted with relevant stakeholder groups and their experience of the program.
- Case studies
    - Collect 3 – 4 case studies that illustrate project outcomes in more depth.
- Cost benefit analysis
    - Project financials will be reviewed, and activities will be examined to determine whether resources were cost-effectively used, and work plans achieved within specified time frames.
- Lessons learned
    - To be shared with other interested stakeholders to build on existing relationships with Government and non-Government partners.

A more detailed internal reflection methodology will be further developed by the AOP Internal Reflection Lead in collaboration with the team, as part of the assignment.

Internal Reflection Scope

The internal reflection is scheduled to be conducted in April/May 2023. The AOP Internal Reflection Lead will travel to districts depending on time constraints. Individual community participants will be interviewed in groups and 1:1 as appropriate at mutually agreed locations. Local authorities, and other key informants will be interviewed as individuals at agreed times and locations. Time will be allocated to interview relevant staff members at the FSPK office, including the CEO, Board members, and project managers, as well as relevant Government Ministries.

Internal reflection fieldwork is scheduled to be conducted in Kiribati over a 3-week period with time before and after this period to conduct a desk review and write a report. A more detailed timeline will be developed between the AOP Internal Reflection Lead, AOP and FSPK.

Stakeholder Involvement and Responsibilities

The internal reflection will involve participation from a variety of stakeholders, including AOP, FSPK, DFAT, local government and project participants. The following stakeholders will be interviewed as part of the internal reflection.

Organisation	Name
AOP	Pacific Program Manager
FSPK	Ruiti Uriano Aretaake, CEO
Relevant Kiribati Government ministries	TBC
Community leaders – perhaps leaders of women's groups, village heads, community health workers (confirm with Ruiti)	TBC
Community members	Specific communities to be identified in consultation with the FSPK CEO

Internal Reflection Team

The internal reflection team will consist of the following members

- AOP Internal Reflection Lead – Ngaire McCubben
- FSPK Representative – Ruiti Uriano Aretaake (CEO)
- AOP Pacific Program Manager – Cameron Marchant
- AOP Deputy International Programs Director – Praveen Lata
- AOP Program Officer – Anjuman Tanha.

Roles and Responsibilities of Team Members

Name	Roles and responsibilities
AOP Pacific Program Manager	• Lead the development of the internal reflection terms of reference in collaboration • Organise logistics from Australia
AOP Internal Reflection Lead	• Develop internal reflection methodology, in consultation with the rest of the internal reflection team • Conduct the internal reflection in country in collaboration with the AOP Pacific Program Manager • Conduct field-level internal reflection in collaboration with AOP Program Manager and FSPK Representative • Data analysis • Write report • Present initial findings in collaboration with the AOP Pacific Program Manager in country during debrief
In-country internal reflection team FSPK staff	• Translate materials • Logistical support, including community liaison • Support with focus group discussions and surveys as required

	• Transcribe and translate data • Provide feedback to AOP Program Manager • Assist in the development of the internal reflection terms of reference, including framework • Support the internal reflection by ensuring quality standards are maintained.

Internal Reflection Key Deliverables

1. An internal reflection framework clearly outlining how the internal reflection will be conducted and meet its objectives
2. Development of internal reflection tools to be used
3. Debrief forum to reflect on preliminary thoughts and discuss the process with key stakeholders at FSPK
4. Draft report to be submitted to AOP and FSPK for comments
5. Final internal reflection report in agreed structure that includes case studies.

Timeline

Activity	Responsible staff	Deadline
Internal reflection framework, including the clear design, methodology, methods, tools and timeline for the data collection and analysis for the internal reflection	AOP Internal Reflection Lead	3 – 6 April
Development of tools (***and translation if required)***	AOP Internal Reflection Lead /AOP Program staff/FSPK	3 – 6 April
Desktop review of documents	AOP Internal Reflection Lead / Pacific Program Manager	11 – 14 April
Data collection in country	AOP/project teams	18 April – 3 May
Analysis	AOP/project teams	9 – 15 May
First draft report	AOP Internal Reflection Lead / Pacific Program Manager	23 May
Feedback on first draft	AOP team; FSPK	By COB 30 May
Presentation of findings	AOP Internal Reflection Lead / Pacific Program Manager	7 June (TBC)
Final report	AOP Internal Reflection Lead / Pacific Program Manager	8 June

Appendix 2: Key Informant Interviews

The IRL interviewed13 people in total, including:

- three AOP staff
- three FSPK staff and board members
- three community leaders
- one community health volunteer
- three government employees.

Interviews were semi-structured in that they were guided by the following sets of questions as required for information flow but conducted to allow interviewees to share what they wanted to. The guide questions varied depending on the role of the interviewee and were as follows.

Community Leaders

- Explain your involvement in the project. What was your role?
- Are you involved in a governance role in your local health services?
- Does your community have a Community Development Plan? How does the community use it?
- What do you think are the strengths of the project? What do you think we could do differently or better next time?

Health Workers

- Explain your involvement in the project. What was your role?
- What resources and support were you given to carry out this role?
- What interactions did you have with female community members?
- What changes have you noticed in the community because of the project? If more women accessing services was not mentioned, then ask about this.

Community Health Volunteers

- Explain your involvement in the project. What was your role?
- Did you have the resources and support you needed to carry out this role?
- Describe the resources and support you received.
- What changes have you noticed in the community because of the project?

FSPK CEO

- Which organisations (external) have you established linkages with to support communities? (Y3 1.3)
- What training have you received from AOP in the last three years? (Outcome 5)
- Was it useful? How?
- What other support have you received from AOP? (Outcome 5)
- What else can AOP do to support FSPK?

FSPK Staff Member

- What training have you received from AOP in the last three years? (Outcome 5)
- Was it useful? How?
- What other support have you received from AOP?

FSPK Board Member

- What training have you received from or through AOP in the last three years?
- Was it useful? How?
- What other support have you received from or through AOP?

Other government employees working within communities were asked a similar set of questions to health workers.

Interviews lasted for 45 – 60 minutes and the IRL was assisted by the FSPK CEO when interviewing community leaders, volunteers, and government employees.

Name	Title/Position/Role	Date and Time of Interview	Location of Interview
Mrs. Ruiti Uriano Aretaake	Director, FSPK	2pm 18 April 2023	FSPK Office
Mrs. Kaoboataai Teang	Administration and Finance Officer	11am 19 April 2023	FSPK Office
Mr. Betarim Rimon	Chair of the FSPK Board	10am 25 April 2023	FSPK Office
Mr. Teibi K. Baraniko	Mayor, Aranuka	2pm 21 April 2023	Aranuka ICG
Mr. Tamaroa Koriri	Community Health Volunteer, Aranuka	3pm 21 April 2023	Aranuka ICG
Mrs. Teititaa Anterea	Island Development Officer, Aranuka	8am 23 April 2023	Aranuka ICG
Mr. Tioti Tebwebwe	Island Development Officer, Marakei	9am 27 April 2023	Marakei ICG
Mr. Teenati Tekaniti	Leader, Marewen Marakei	10am 27 April 2023	Marakei ICG
Mrs. Motufia Ariniiti	Medical Assistant, Marakei	11am 27 April 2023	Marakei ICG
Mr. Mawanei Atannara	Mayor, Marakei	3pm 29 April 2023	Marakei ICG

Appendix 3: Focus Group Discussions

Two project participant communities on Aranuka took part in a focus group discussion; five on Marakei took part. This represents 28% of the total number of participant communities across the three target islands.

Community members were invited to raise and discuss anything related to the project, however, four questions were used to spark conversation, as required. These questions were:

- Do you think it was important or helpful for your community to be part of this community health project? If yes, why?
- What things did you learn?
- How has your behaviour changed? What do you do now, that you weren't doing before?
- Have you noticed any improvements in your health, the health of your children, the health of your family, and/or the health of the community in the last one or two years, because of this new information or because of these new things you are doing?

The FSPK CEO translated community responses to the IRL, immediately following the response. Focus group discussions occurred in community maneabas (meeting places) and lasted about 1 ½ hours. More information about FGD is shown in the table below.

Island	Community	Date and Time	Gender of Participants	Venue
Aranuka	Baurua	Sat 22 Apr	F=3 M=5	Community Maneaba
Aranuka	Buariki Maiaki	Sat 22 Apr	F=12 M=5	Community Maneaba
Marakei	Ueen Te Mamaribo Bainuna	Thu 27 Apr	F = 9 M = 0	Community Maneaba
Marakei	Tekarakan	Fri 28 Apr	F = 0 M = 7	Community Maneaba
Marakei	Raweai	Fri 28 Apr	F = 9 M = 4	Community Maneaba
Marakei	Norauea	Sat 29 Apr	F = 0 M = 10	Community Maneaba
Marakei	Antaai	Sat 29 Apr	F = 10 M = 5	Community Maneaba

Appendix 4: Case Studies

Case Study 1: Aranuka

[Action on Poverty has been partnering with the Foundation for the Peoples of the South Pacific, Kiribati (FSPK) for over ten years. From 2020 – 2023, FSPK delivered a community health project on three of the outer islands of Kiribati, with a particular focus on awareness and behaviour change related to hygiene, diet, and lifestyle.]

The Koriri Family of Aranuka were heavily involved in the [community health] project. Mr Koriri is one of several community health volunteers that were supported in their roles by FSPK. He benefited from the training delivered by FSPK. He attended the proposal writing workshop, as well as a two-day training for Community Health Volunteers that Mr Koriri says is helping him to advise and support his community to live healthier lives through improved environmental cleanliness, hygiene, and dietary practices.

On the morning I met him, he had travelled half an hour to see the island's Agriculture Officer to borrow gardening tools, which he took back to his community so people could use them to work in their home gardens. They are growing local plants like pawpaw and pandanus, and encouraged and supported by FSPK, have recently started growing Chinese cabbage, so they can include green vegetables in their diet. He told me that he would make the return trip with the gardening tools later that day, and says he enjoys helping the community.

As salinity in the local water supply increases, however, people are having to travel further inland to get water that is suitable for them to consume and use in their gardens. And if people get sick, they are only able to collect enough water for the essentials, so home gardens don't get watered. So, when FSPK ran the pot competition that was a feature of the community health project, the Koriri Family decided to enter. If they won the large pot, it would mean fewer trips to collect water for the garden, and less time spent boiling the water for drinking. They would also be able to loan the pot to their neighbours so that they too would have more water.

Mr. Koriri says the family were delighted when they found out they had won the pot competition, and thanked FSPK. He thinks that the competition was a very effective way to encourage community members to adopt new behaviours to improve the health of families and communities.

Pictured here are Mr and Mrs Koriri, their two children, and Mr. Koriri's sister, with the pot that they won in the household and environmental cleanliness competition.

Case Study 2: Marakei

[Action on Poverty has been partnering with the Foundation for the Peoples of the South Pacific, Kiribati (FSPK) for over ten years. From 2020 – 2023, FSPK delivered a community health project on three of the outer islands of Kiribati, with a particular focus on awareness and behaviour change related to hygiene, diet, and lifestyle.]

When the focus group discussion got underway in her community maneaba, Mrs Arobati had already been there for some time, weaving mats out of pandanus leaves along with other older women from the community. She was curious about the focus group discussion and keen to share her story.

Mrs Arobati is an elderly widow. Her children have moved to the main island, Tarawa, for work, so she lives alone. In the focus group discussion, she spoke of how helpful the home garden, which she established with the support of FSPK, has been. Not only can she grow healthy food like pumpkins and papaya, but she also often has surplus she can share with neighbours or sell. One of her favourite recipes involves using the pumpkin leaves. She said she also did the food preservation workshop that FSPK ran but hasn't applied the knowledge yet because she has access to enough fresh food.

Mrs Arobati says that thanks to the project, she now has a better understanding of the importance of a balanced diet and thinks that her changed eating habits have led to improved health. She said the exercise she gets from maintaining her garden has improved her health as well. One of the benefits has been that her blood pressure is much lower than it was before, and she loves that the garden keeps her active.

A key challenge for Mrs Arobati is that she doesn't have any gardening tools. She uses her hands to prepare the ground. Seeds are also a challenge and while the island's Agriculture Officer came recently and showed some community members how to propagate papaya, they don't have the tools to apply this knowledge. Mrs Arobati hopes that FSPK will be able to provide ongoing training and support for the community as households continue to develop their home gardens.

Mrs Arobati standing in front of her papaya tree. She has already started harvesting the fruit.

Appendix 5: Comparison of AOP ADPlans and Project Activities

There are some differences between what is stated in ADPlans and what was delivered. This may be the result of how the ADPlans were written. It presents an opportunity to further refine the process of developing ADPlans, to better reflect what will be delivered. The most notable discrepancies are:

- The activities that were delivered don't fully reflect what is in the ADPlans:
    - The project description states that 'this project aims to strengthen communities' preparedness and response to public health problems including the emergence of infectious diseases' (p.8 in first ADPlan), but the activities that were delivered relate more to food security (through food processing), balanced diets and improved nutrition (through home gardening); hygiene (through improved household and environmental cleanliness); and community capacity-building (through proposal writing workshops). Some work was undertaken to support government employees (Medical Assistants and their staff) and Community Health Volunteers, and this may have led to improved community preparedness, but it was not the primary focus of the project. Healthier communities resulting from improved diets and better hygiene practices can also be said to lead to better preparedness. It is harder, however, to see how the community response to infectious diseases has been strengthened, except where taskforce committees are well-informed and proactive.
    - The project description states that 'in essence, this health promotion action will involve encouraging people to develop personal skills, create supportive environments, strengthen community understanding, influence governments to enact health programs, and reorient and improve health services' (ibid). While it does appear that community participants developed personal skills related to food processing, home gardening, and household and environmental cleanliness; that community leaders developed skills related to risk-informed development and proposal writing; and that health volunteers undertook first aid training and participated in a healthy living workshop, the IRL was unable to verify whether the government was influenced to enact health programs and reorient and improve health services.
    - The description further states that 'funding will go towards training communities by engaging them in a series of workshops that focus on topics such as goal setting, problem-solving, health communication, education on nutritional values of their garden produce and sharing information on how to access health services, including promotion of physical activities, offered to *urban* and rural communities'. The FSPK CEO has confirmed that urban communities did not participate in the project. The CEO further confirmed that workshops on goal setting and problem solving were not delivered. Workshops were delivered, however, on preserving food; healthy living; risk informed development; proposal writing; and monitoring and evaluation. In addition, support was provided to communities to develop a constitution and register their community, which will enable them to apply for small grants; First Aid Training was delivered on two of

the three islands; and health workers and volunteers on one target island participated in a workshop called 'Simple Healthy Living Messaging', facilitated by FSPK, and delivered by Medical Assistants.

    - The description also states that the project 'will promote positive behaviours such as handwashing, hygiene, physical distancing'. The FSPK CEO has confirmed that hand washing, and physical distancing were 'not part of our activities during the implementation'.

- The ADPlans for each year of the three-year project each have different outcomes and outputs. In Year 1 (2020-21), for example, the outcomes and outputs are different for each of the three years compared to what the 2021-22 and 2022-23 ADPlans state for those same years.
- In some cases, the link between the outcomes and the outputs seems tenuous and it is unclear how some of the outputs would necessarily lead to the stated outcomes. One example is Year 1 Outcome 2: Identification of communities' knowledge, attitude, and behaviour towards critical issues of health, message content, placements, and medium for information dissemination. The two related outputs are:
    - Training conducted to empower, inform, and lead communities to increased health service-seeking behaviour, rights to services, and timely decision-making skills; and
    - Health posters and one (1) story book developed for children.
- Even more confusing is that in the Year 2 ADPlan, two different sets of outcomes are given within the same document. Project outcomes appear on page 9, while the outcomes for Year 2, which are different, are documented on page 13.
- The IRL was not able to say that the quantities specified for several outputs were produced, in part because the ADPlan for each year had different figures, for the same year of implementation. So, for example, three posters, one storybook and one pamphlet were sighted and confirmed as having been produced, by the FSPK CEO, but ADPlans mention a total of seven posters, along with one storybook, three pamphlets and five health educational materials.
- Outputs are worded in a way that was a little confusing, in terms of roles and responsibilities. For example, Output 2.1 in Year 1 states that two training sessions will be conducted to empower, inform, and lead communities to increase health service-seeking behaviour, rights to service, and timely decision-making skills. This implies that FSPK would deliver the training, when in fact it was delivered by MA's and *facilitated* by FSPK.

AOP staff involved in project oversight were aware that there were some issues with how the ADPlans were written, and following ADPlan submission, attempted to better articulate outputs, outcomes, and goals in a separate logframe. This document was not finalised and, as it stands, does not shed any further light on the project outputs, outcomes, and goal.

Activities may have changed because of the KAP survey. It would be better to have a more flexible project design for any future projects. This could mean not being so specific about outputs where those outputs are likely to change because of survey results.

Appendix 6: Data Collected by Output

Year	Outcome	Outputs	Research Method	Form/s of Evidence	Notes
2020-21	**Outcome 1: Development of community plans of action for health promotion programs**	**1.1** 28 Community Development Plans developed and priorities identified	Desktop Review - FSPK	Plans	Documentary evidence in the form of the FSPK Annual Report for 2020 - 21 shows CDPs were reviewed, suggesting they predate this project.
		1.2 4 Taskforce committees established to include representatives from different bodies including partner NGOs, Government Departments, Island Councils, and community leaders	Desktop Review - FSPK	Names of communities and list of reps	Confirmed in a discussion with the CEO; established in Year 1 and meetings of the Executive noted in FSPK field trip reports.
		1.3 1 Survey conducted at the beginning of the project to assess communities' vulnerabilities and available resources	Desktop Review - FSPK	Survey results	Completed and report on file.
	Outcome 2: Identification of communities' knowledge, attitude, and behaviour towards critical issues of health, message content, placements, and medium for information dissemination	**2.1** 2 Training conducted to empower, inform and lead communities to increased health service-seeking behaviour, rights to services, and timely decision-making skills	Desktop Review - FSPK	Training records	CEO reports that training was conducted by health workers using training materials provided by FSPK. FSPK also provided meal allowances for participants.
		2.2 5 health posters and one story book developed for children	Desktop Review - FSPK	Posters and book	Three posters sighted in total - one on composting; one of food processing and one on healthy eating; there are two storybooks related to water - sighted e-versions only; pamphlet is about local medicines (only e-version sighted)

	Outcome 3: Through advocacy, awareness, support and counselling, increased numbers of women and children, can seek health services	**3.1** 200 women access health services and attend educational training and awareness	Interview - Health Worker	Secondary source - desktop review FSPK (training records)	Anecdotal evidence suggests this output was delivered but I was unable to verify these claims.
		3.2 28 health workers well equipped with health supplies and materials	Interview - Health Worker	Secondary source - desktop review FSPK (training records)	Unable to independently verify number of workers that received health supplies and materials.
	Outcome 4: Increased production and supply of locally available nutritious food in target communities	**4.1** 3 workshops conducted on food preservation techniques	Desktop Review - FSPK	Training records	Field trip reports show that 23 workshops on food preservation techniques were delivered, all in 2022 including 6 on Kuria; 4 on Aranuka; and 13 on Marakei.
		4.2 2 posters developed displaying vegetables with their nutritional value	Desktop Review - FSPK	Sight posters	One sighted (with green veg as hero and non-veg foods as villains) and already reported above.
	Outcome 5: Increased technical support to FSPK	**5.1** AOP provides policy training on child protection, fraud, and sexual exploitation	Interview - Pacific Program Manager	Secondary - interview with FSPK CEO	CEO confirmed that specific policy training was delivered via Zoom. FSPK has also received training on strategic planning and related policies. This was also delivered online.
		5.2 AOP provides institutional capacity building of partner organizations through platform for learning and exchange, sharing lessons learnt among the Pacific partners	Interview - Pacific Program Manager	Secondary - interview with FSPK CEO	Plans were to hold a joint workshop in Sydney but it was delayed as a result of pandemic restrictions and subsequently did not take place.

2021-22	**Outcome 1: Development of community plans of action for health promotion programs**	**1.1** 3 awareness-raising training and activities in targeted diseases	Desktop Review - FSPK	Training records	Confirmed verbally by CEO; no records sighted.
		1.2 14 communities that have adopted and implemented their Community Development Plans	Interview - Community Leader	Specific question	Anecdotal evidence suggests this output was delivered but I was unable to verify these claims.
	Outcome 2: Identification of communities' knowledge, attitude, and behaviour towards critical issues of health, message content, placements, and medium for information dissemination	**2.1** 2 training conducted to empower, inform, and lead communities to increased health service-seeking behaviour, rights to services, and timely decision-making skills and implemented	Desktop Review - FSPK	Training records; secondary source - focus group discussions	CEO reports that training was conducted by health workers using training materials provided by FSPK. FSPK also provided meal allowances for participants.
		2.2 250 women accessing health services and attend educational training and awareness workshops	Interview - Health Worker	Specific question	Anecdotal evidence suggests this output was delivered but I was unable to verify these claims.
		2.3 5 health educational materials developed	Desktop Review - FSPK	Sight materials	Nothing additional to what I have captured in Year 1 above.
	Outcome 3: Through advocacy, awareness, support and counselling, increased numbers of women and children, are able to seek health services	**3.1** 28 Community Health Volunteers with capacity to provide information through outreach activities	Interview - Community Health Volunteer	Specific question; secondary source - desktop review FSPK (training or other records)	FSPK Annual Report for Year 1 indicated that workshops for CHV were delivered; an FSPK-facilitated workshop called 'Simple Healthy Living Messaging' was conducted on Marakei in July 2022 by health staff for health volunteers. Two representatives from each of the fourteen communities attended.
		3.2 56 community members undertaking governance roles in health services at the local level	Interview - Community Leader	Specific question	Unable to verify exact number
		3.3 15 health workers well equipped with health supplies and materials	Interview - Health Worker	Specific question	Unable to verify exact number

	Outcome 4: Increased production and supply of locally available nutritious food in target communities				No outputs specified against this outcome in the ADPlan
2022-23	**Outcome 1: Development of community plans of action for health promotion programs**	**1.1** Participatory assessments conducted and 26 Community Development Plans reviewed and refreshed	Desktop Review - FSPK	Assessment records; updated plans	Yes, according to FSPK Year 1 Annual Report
		1.2 3 trainings on proposal writing conducted in order for communities to be able to apply for small grants to support their community development plan	Desktop Review - FSPK	Training records	Completed and documented in field trip reports; verified by community leaders.
		1.3 Improved linkages established with 4 relevant external organisations (e.g., government, private sector, NGOs) to increase access to basic services and support communities to become registered and eligible for funding opportunities	Interview - FSPK CEO	Secondary sources - meetings with Office of the President and MoH	Confirmed by FSPK CEO; unable to meet with ministry staff/government employees.
		1.4 3 monitoring and evaluation trainings conducted to enhance capacity of Taskforce Committees to maintain the supervisory roles in monitoring community programs	Desktop Review - FSPK	Training records	Completed and documented in field trip reports; training records not sighted.

	Outcome 2: Identification of communities' knowledge, attitude, and behaviour towards critical issues of health, message content, placements, and medium for information dissemination	**2.1** 3 competitions conducted on good household hygiene and planting vegetables to encourage and empower communities to improve awareness of healthy lifestyles	Desktop Review - FSPK	Competition entries; term and conditions etc.	Completed and documented in field trip reports. The prize was a large pot for boiling water. Families from 18 communities across the three islands took part.
		2.2 3 stories and 3 case studies documented for sharing and upscaling	Desktop Review - FSPK	Documentary evidence of case studies	FSPK will complete this activity in May - June 2023.
		2.3 Dissemination of 1,200 seed packets conducted to continue community gardening momentum	Desktop Review - FSPK	Evidence of purchase; distribution records (location and dates)	Verified through discussion with CEO. Seeds were purchased in Fiji, bagged then distributed through health and/or ag workers; IRL observed ongoing seed distribution during site visits.
	Outcome 3: Through advocacy, awareness, support and counselling, increased numbers of women and children, are able to seek health services	**3.1** 3 First Aid trainings provided to remote communities to improve local resilience until medical personnel arrive	Desktop Review - FSPK	Training records	FSPK CEO confirmed that two have been completed so far (Kuria and Marakei); there has been a delay with Aranuka due to trainer availability and not enough funding available.
		3.2 3 traditional knowledge and skills exchanges conducted within communities for easier access for health issue	Desktop Review - FSPK	Names of participating communities, dates, and locations	This was done as part of the food processing workshops in Year 2, by identifying a community member with food processing knowledge and getting them to run workshops for others.
		3.3 Pamphlets developed on local medicines and disseminated among communities	Desktop Review - FSPK	Pamphlet on local medicine	E-version sighted and on file.
		3.4 14 communities with increased awareness of COVID-19 and how to mitigate against it	Focus Group Discussion	Demonstrated knowledge of mitigation measures	Not mentioned by key informants or in FGDs; unable to verify delivery of this output.